



**DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE  
Program Committee Meeting  
October 12, 2021  
5:00 P.M.**

In lieu of attending the meeting in person, members of the public will be able to participate by webinar by using the following Zoom link:

<https://us02web.zoom.us/j/89445232020?pwd=RlFjcmtiMnBBaEZlMHpuM0lyUEpnZz09>  
**Password: 400241**

Participants will need to download the Zoom app on their mobile devices. Members of the public may also be able to participate by telephone, using the follow dial in information:

Dial in #:(669) 900-6833 To Listen and Address the Board when called upon:  
**Webinar ID: 894 4523 2020**

<i>Page(s)</i>	<b>AGENDA</b>	<i>Item Type</i>
	I. <b>Call to Order</b> – Director Evett PerezGil, Committee Chairperson	
1	II. <b>Approval of Agenda</b>	<b>Action</b>
2-7	III. <b>Meeting Minutes</b> 1. June 08, 2021	<b>Action</b>
	IV. <b>Public Comments</b> At this time, comments from the audience may be made on items <u>not</u> listed on the agenda that are of public interest and within the subject-matter jurisdiction of the District. The Committee has a policy of limiting speakers to not more than three minutes. The Committee cannot take action on items not listed on the agenda. Public input may be offered on an agenda item when it comes up for discussion and/or action.	
8-13 14	V. <b>Old Business</b> 1. Funding Requests Update 2. Grant Payment Schedule	Information Information
15-83	VI. <b>Program Updates</b> 1. Progress and Final Reports Update	Information
	VII. <b>Grant Funding Requests</b> 1. None at this time – awaiting direction from the Board of Directors as we continue developing the Strategic Plan	Information
	VIII. <b>Committee Member Comments</b>	
	IX. <b>Adjournment</b> Next Scheduled Meeting November 9, 2021	



**DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
June 08, 2021**

<b>Directors Present via Video Conference</b>	<b>District Staff Present via Video Conference</b>	<b>Absent</b>
Chair Evett PerezGil Vice-President Karen Borja Director Carmina Zavala	Conrado E. Bárzaga, MD, Chief Executive Officer Chris Christensen, Chief Administration Officer Donna Craig, Chief Program Officer Alejandro Espinoza, Program Officer and Director of Outreach Meghan Kane, Programs and Research Analyst Erica Huskey, Administrative and Programs Assistant Andrea S. Hayles, Clerk of the Board	

<b>AGENDA ITEMS</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>I. Call to Order</b>	The meeting was called to order at 5:01 p.m. by Chair PerezGil.	
<b>II. Approval of Agenda</b>	Chair PerezGil asked for a motion to approve the agenda.	<b>Moved and seconded by Vice-President Borja and Director Zavala to approve the agenda. Motion passed unanimously.</b>
<b>III. Meeting Minutes</b> <b>1. May 11, 2021</b>	Chair PerezGil asked for a motion to approve the May 11, 2021, meeting minutes.	<b>Moved and seconded by Vice-President Borja and Director Zavala to approve the May 11, 2021 meeting minutes. Motion passed unanimously.</b>
<b>IV. Public Comment</b>	There were no public comments.	
<b>V. Old Business</b>  <b>1. Funding Requests Schedule</b>	Donna Craig, Chief Program Officer, explained the most recent letters of intent from Alianza for \$149k related to the Salton Sea and fostering an equitable economy with an upcoming proposal conference to discuss the preliminary details. The additional grant request from the University of California Riverside (UCR) – \$2.9 million over three years for land acquired on the Palm Desert campus for a clinic buildout and a future FQHC look-alike.	

**DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
June 08, 2021**

<p><b>2. Grant Payment Schedule</b></p> <p><b>3. COVID-19 Grant Funding</b></p> <p style="margin-left: 20px;"><b>a. March 2020- May 2021</b></p>	<p>Vice-President Borja inquired on the grant balance and since the monies are not spent. Dr. B</p>
--	---

**DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
June 08, 2021**

<p><b>a. Strategic Planning Retreat – 09/09 &amp; 09/11</b></p>	<p>Communities (HARC) due to the lack of elevation on the Coachella Valley inequities, and the response to those inequities as the strategic plan will use the report for grant funding that should be updated and complete in the coming weeks in time for the September 9 and September 11 Strategic Planning Retreat.</p>	
<p><b>VIII. Grant Funding Requests</b></p> <p><b>1. Consideration to forward to the Board, IN CONCEPT, for approval: Grant #1188 Coachella Valley Housing Catalyst Fund: A Bold Housing Investment Solution, Lift to Rise &amp; Riverside County Housing Authority; reserve \$1 million from the District’s FY 20/21 grant budget to the Coachella Valley Housing Catalyst Fund for allocation over two years. The CEO and Legal Counsel will negotiate and execute a service/grant agreement.</b></p>	<p>Donna Craig, Chief Program Officer, provide the background and details on the request for the committee to approve, in concept, a \$1M reserve for Lift to Rise’s Coachella Valley Housing Catalyst Fund with a two-year allocation that includes contingencies, such as implementing a health action plan in the predevelopment process for shovel ready project sites as illustrated in the staff report, and authorization for Legal Counsel and the CEO to negotiate and execute a service/grant agreement.</p> <p>Chair PerezGil inquired on a Memorandum of Understanding as opposed to a grant request with Ms. Craig explaining that legal counsel reviewed the various types of funding and investments recommending the usual grant process for transparency and suitable use of taxpayer’s resources.</p> <p>Vice-President Borja described the various amounts in the grant</p>	



**DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
June 08, 2021**

	<p>request and the difficulty in comprehending the use of the \$2.5M, which Ms. Craig explained will be revised to \$1M for strengthening the goals and evaluations. Additionally, Mrs. Borja inquired about the details of the fund investment in the budget.</p> <p>Heather Vaikona, President and CEO, Lift to Rise, described the way funding will be distributed from the Housing Catalyst Fund and a community pipeline of projects from contributions across the Coachella Valley, including a lens of equity. The Housing Catalyst Fund has partnered with the Low Income Investment Fund that has managed other pools of funding, and working with their underwriting department will track the five projects moving forward with entire 522 units, with the start of the fund opening at the beginning of July with \$50M in leveraged resources by next year.</p> <p>Ms. Vaikona provided details of additional funders, such as Wells Fargo, REAP funding allocated through the Coachella Valley Association of Governments, the Southern California Association of Governments, Inland Empire Health Plan, First 5, and private contributions totaling \$1.2M, a request to the State of California for \$2M, and five additional</p>	
--	--	--

**DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
June 08, 2021**

	<p>funders with applications pending.</p> <p>Director Zavala requested a list of the current funders to include with the grant application.</p> <p>Greg Rodriguez, Government Relations and Public Policy Advisor, Office of Supervisor Perez, described the Housing Authority’s role, Supervisor Perez’s support to move the fund forward, a great opportunity for the District to fund a bold housing solution from a national and state model approach, a pipeline of projects that are ready to launch, and where the access of capital is available. Mr. Rodriguez explained the direct impact of housing as a social determinant of health, and the need for permanent housing a outlined in Barbara Poppe’s homelessness report – The Path Forward.</p> <p>Vice-President Borja recommended moving forward with the \$1M request after the strategic planning retreat in September to determine the remaining Board members’ input and after additional funding from other entities for the project is available.</p> <p>After much debate, examination, and consideration by the committee, Director Zavala motioned to reserve the \$1M,</p>	<p><b>Moved and seconded by Director Zavala and Director PerezGil to table the matter, forward to the July Program Committee meeting, and for staff to provide the additional details</b></p>
--	---	---



**DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
June 08, 2021**

	<p>but to continue conversations with Lift to Rise.</p> <p>Director Zavala motioned to move forward with the grant request to reserve the \$1M, continue conversations with Lift to Rise.</p> <p>Director Zavala amended her motion to table the matter, forward to the July Program Committee meeting, for staff to provide the additional details as outlined by Ms. Craig, such as the health action plan, revising the funding request in the application, and carrying over the \$1M from the grant budget to the next fiscal year.</p> <p>Dr. B�rzsaga, CEO, explained that at the June Board meeting, staff will recommend an allocation to carry over the remaining grant funding in the budget from this fiscal year to the next fiscal year.</p>	<p><b>as outlined by Ms. Craig, such as the health action plan, revising the funding request in the application, and carrying over the \$1M from the grant budget to the next fiscal year for the Coachella Valley Housing Catalyst Fund: A Bold Housing Investment Solution, Lift to Rise &amp; Riverside County Housing Authority Motion passed 2-1.</b></p>
<p><b>IX. Committee Members Comments</b></p>		
<p><b>X. Adjournment</b></p>	<p>Chair PerezGil adjourned the meeting at 6:28 p.m.</p>	<p><b>Audio recording available on the website at <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></b></p>

ATTEST: \_\_\_\_\_  
 Evett PerezGil, Chair/Director  
 Program Committee

*Minutes respectfully submitted by Andrea S. Hayles, Clerk of the Board*

New Grant Requests/Updates; Grants Team Review and Recommendations; Next Steps (October 2021)  
 The following LOIs (Letter of Interest) and/or Applications have been received and reviewed or under review by the Grants Team (Alejandro, Meghan, Jana, Erica, Vanessa, Chris, Eric, Donna)

Agency	Grant # & Project Title	Amount and Timeline	Description of what funds would support	Results of grants team review	Status
Alianza Coachella Valley	LOI: #1282 – <i>Our Salton Sea: Fostering an equitable thriving economy</i>	\$149,707.05 one year	Phase 1 of a Salton Sea Initiative- development of a regional-based redefinition of a “thriving economy” in the context of economic development and mobility	Proposal meeting resulted in the organization agreeing to send more documentation prior to Stage 2, the application	No receipt of documents to date
Alianza Nacional De Campesinas Inc	LOI: #1292 – CV <i>Farmworkers food distribution</i>	\$5,000 mini grant one year	Food distribution to farmworkers and families	Invited to a preproposal conference to learn more	Proposal conference date pending
Lift to Rise	#1188 <i>Coachella Valley Housing Catalyst Fund</i>	\$2.5 million request/staff was recommending \$1 million Two years	Provide seed capital to support the fund’s start up. Over the next 10 years, the fund will support 10,000 homes for low income families, reducing the number of rent-burdened households by approximately a third.	Staff made a recommendation at the June 8, 2021 Program Committee, asking for consideration to approve, in concept, a reservation of \$1 million (with certain contingencies) from the District’s FY 20/21 grant budget.	Stage 2, the application, has been received, but currently <b>tabled</b> for review by PC and BOD until Strategic Planning has been completed and focus areas and funding allocations



					have been approved.
FIND Food Bank	#1286 <i>Ending Hunger</i>	\$415,000 one year	<p>To fund 3.5 million pounds of healthy fresh fruits and vegetables for a total of 6million pounds that will be distributed through more than 120 distribution sites.</p> <p>Farmers donate the produce and food banks pay a fee for the labor and the processing to help cover the costs. The District's support go towards these harvesting fees that go towards the labor ensuring that the agricultural workers are paid for their work.</p>	A proposal conference was conducted with an invite to submit an application	<p>Stage 2, the application, has been received, but currently <b>tabled</b> for review by PC and BOD until Strategic Planning has been completed and focus areas and funding allocations have been approved.</p>
Desert Cancer Foundation	LOI: #1289 <i>Patient Assistance Program</i>	\$150,000 one year	Through the Patient Assistance Program, DCF will make payments to the healthcare providers, on behalf of qualified (means-tested) low-income individuals residing in the District region, to cover the		<p>Stage 2, the application, has not been generated due to PC and Board direction to <b>table all grants</b> until Strategic Planning has</p>

			costs of screening, diagnosis, and vital treatment of cancer and its allied diseases. The funds will cover insurance premiums and deductibles, co-pays/co-insurance, Medic-Cal Share of Cost, prescription medications, including IV infusions, chemo and radiation therapies. A portion of the funds will also cover staff wages to help run the program.		been completed and focus areas and funding allocations have been approved.
Coachella Valley Volunteers in Medicine	LOI: #1296 <i>Improving Access to Healthcare Services</i>	\$154,094 one year	Part-time salary for a certified Medical Assistant to facilitate services that will be provided at 2 proposed remote "clinics" in Desert Hot Springs and Mecca as well as covering direct and indirect patient care costs for a minimum of 1,000 scheduled contacts, both in-clinic and remote, for primary medical care, limited specialty care, ancillary services,	Site visit planned for Tuesday, October 12, 2021	Pending site visit

			general and diabetes care management, health education, medical outreach services to homeless persons, social service assessments (including SDOH assessment) and community referrals.		
HARC, Inc. (Health Assessment & Research for Communities)	LOI: #1297 2022 Coachella Valley Community Health Survey	\$293,724 two years	<p>Grant year 1: cover the costs of mailing the printed surveys to community members (including \$2 pre-incentives to each of the 15,000 randomly selected households); mailing reminders to non-responders, and \$25 Visa cards for approximately 3,000 completions.</p> <p>Grant year 2: cover 50% of the staff salaries/benefits for disseminating the result to the community and the cost of printing the reports.</p>	<p>The grants team recommends <b>DECLINE</b>: Do not see the need for this as DHCD just completed its CHNA (Community Health Needs Assessment) and will be using that community-driven data and information for our 5-year strategic plan. Total cost of the CHNA \$185,000.</p> <p>Additionally, for ongoing benchmarking and monitoring over the 5 year period, the District will utilize alternate data from the census</p>	

				(American Community Survey) and other sources, such as RUHS, Hospital data, etc. To dive deeper into overall data indicators, we will be using our grantees to identify <u>impact</u> within our focus areas via Clear Impact and Results Based Accountability (RBA) platforms	
UCR SOM	<i>#1293 – Providing Mental Health Resources to Alleviate Depression, Anxiety, and Alcohol Abuse in the COVID-19 Pandemic</i>	\$5,000 mini grant 10 months	Integration of behavioral health services into primary care settings with mental health screenings, treatment, and education will address COVID-19 related increases in emotional and psychological distress in Latinx farm-working communities in the eastern valley. Medical students will collaborate with promotoras to facilitate the “warm hand-off” to onsite professional	Grants team saw a necessary and important need for this project, especially for the farmworker community.	MINI GRANT AWARDED

			behavioral/mental health services.		
Variety Children's Charities of the Desert	LOI #1294 - <i>Caring Connections</i>	\$5,000 mini grant one year	Caring Connections, a pilot program of Variety's established Care Program, was created to meet the identified gap in service for early detection and intervention services for infants and young children who may have developmental delays or disorders. Funds will support core operations for staff expenses including salaries and professional development of staff for use of the ASQ-3 screening tool.	Grants team saw a necessary and important need for this project and generated Stage 2, the mini grant application	PENDING award

DESERT HEALTHCARE DISTRICT							
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE							
September 30, 2021							
TWELVE MONTHS ENDING JUNE 30, 2022							
Grant ID Nos.	Name	Approved Grants - Prior Yrs	6/30/2021 Bal Fwd	Current Yr 2021-2022	Total Paid Prior Yrs July-June	Total Paid Current Yr July-June	Open BALANCE
2014-MOU-BOD-11/21/13	Memo of Understanding CVAG CV Link Support	\$ 10,000,000	\$ 6,660,000		\$ -		\$ 6,660,000
2019-994-BOD-05-28-19	One Future Coachella Valley - Mental Health College & Career Pathway Development - 2 Yr	\$ 700,000	\$ 148,750		\$ 78,750		\$ 70,000
2020-1085-BOD-05-26-20	Olive Crest Treatment Center - General Support for Mental Health Services - 1 Yr	\$ 50,000	\$ 5,000		\$ 5,000		\$ -
2020-1057-BOD-05-26-20	Desert Cancer Foundation - Patient Assistance Program - 1 Yr	\$ 150,000	\$ 15,000		\$ 15,000		\$ -
2020-1139-BOD-09-22-20	1 CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr	\$ 50,000	\$ 5,000		\$ -		\$ 5,000
2020-1135-BOD-11-24-20	5 Hope Through Housing Foundation - Family Resilience - 1 Yr	\$ 20,000	\$ 2,000		\$ -		\$ 2,000
2020-1149-BOD-12-15-20	1 Voices for Children - Court Appointed Special Advocate Program - 1 Yr	\$ 40,000	\$ 22,000		\$ -		\$ 22,000
2021-1136-BOD-01-26-21	1 Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr	\$ 119,432	\$ 65,688		\$ 53,744		\$ 11,944
2021-1147-BOD-01-26-21	4 Alzheimer's Association - Critical Program Support - 1 Yr	\$ 33,264	\$ 18,295		\$ 14,969		\$ 3,326
2021-1162-BOD-01-26-21	2 Joslyn Center - Wellness Center Program Support - 1 Yr	\$ 109,130	\$ 60,022		\$ 49,108		\$ 10,914
2021-1170-BOD-02-23-21	2 Jewish Family Services - Mental Health Counseling for Underserved Residents - 1 yr	\$ 80,000	\$ 44,000		\$ 36,000		\$ 8,000
2021-1141-BOD-03-23-21	3 Martha's Village & Kitchen - Homeless Housing With Wrap Around Services - 1 Yr	\$ 210,905	\$ 115,998		\$ -		\$ 115,998
2021-1171-BOD-03-23-21	1 Blood Bank of San Bernardino/Riverside Counties - Bloodmobiles for Coachella Valley - 18 Months	\$ 150,000	\$ 82,500		\$ -		\$ 82,500
2021-1174-BOD-03-23-21	4 Mizell Center - Geriatric Case Management Program	\$ 100,000	\$ 55,000		\$ -		\$ 55,000
2021-1266-BOD-04-27-21	3 Galilee Center - Our Lady of Guadalupe Shelter - 1 yr	\$ 150,000	\$ 82,500		\$ -		\$ 82,500
2021-1277-BOD-04-27-21	5 Lift To Rise - United Lift Rental Assistance 2021 - 8 Months	\$ 300,000	\$ 210,000		\$ 90,000		\$ 120,000
2021-1280-BOD-05-25-21	1 Desert AIDS Project - DAP Health Expands Access to Healthcare - 1yr	\$ 100,000	\$ 55,000		\$ -		\$ 55,000
2021-21-02-BOD-06-22-21	Carry over of remaining Fiscal Year 2020/2021 Funds	\$ 1,854,873	\$ 1,854,873		\$ -		\$ 1,854,873
					\$ -		\$ -
<b>TOTAL GRANTS</b>		<b>\$ 14,217,604</b>	<b>\$ 9,501,626</b>	<b>\$ -</b>	<b>\$ 342,571</b>	<b>\$ -</b>	<b>\$ 9,159,055</b>
<b>Amts available/remaining for Grant/Programs - FY 2021-22:</b>							
<b>Amount budgeted 2021-2022</b>			\$ 4,000,000			G/L Balance:	9/30/2021
<b>Amount granted through September 30, 2021:</b>			\$ -				
Mini Grants:			\$ -			2131	\$ 4,169,055
Financial Audits of Non-Profits			\$ -			2281	\$ 4,990,000
Net adj - Grants not used: FY20-21 Funds, 1124			\$ 1,867,619			<b>Total</b>	<b>\$ 9,159,055</b>
Matching external grant contributions			\$ -				<b>\$ (0)</b>
<b>Balance available for Grants/Programs</b>			<b>\$ 5,867,619</b>				
<b>Strategic Focus Areas FY21-22:</b>							
		<b>Grant Budget</b>	<b>Granted YTD</b>	<b>Available</b>			
1	Healthcare Infrastructure and Services	\$ 1,500,000	\$ -	\$ 1,500,000			
2	Behavioral Health/Mental Health	\$ 500,000	\$ -	\$ 500,000			
3	Homelessness	\$ 500,000	\$ -	\$ 500,000			
4	Vital Human Services to People with Chronic Conditions	\$ 1,000,000	\$ -	\$ 1,000,000			
5	Economic Protection, Recovery and Food Security	\$ 500,000	\$ -	\$ 500,000			
	<b>Balance available for Grants/Programs</b>	<b>\$ 4,000,000</b>	<b>\$ -</b>	<b>\$ 4,000,000</b>			



**Date:** 10/12/2021

**To:** Program Committee – District

**Subject:** Progress and Final Grant Reports 5/1/21 – 9/30/21

---

**The following progress and final grant reports are included in this staff report:**

**Olive Crest, Grant #1085**

Grant term: 7/1/20 – 6/30/21

Original Approved Amount: \$50,000

**Final** report covering the time period from: 7/1/20 – 6/30/21

**CSUSB Philanthropic Foundation #1139**

Grant term 10/1/20 – 9/30/21

Original Approved Amount: \$50,000

**1st Progress** report covering the time period from: 10/01/20 – 3/30/21

**FIND Food Bank # 1045**

Grant term: 4/1/20 – 3/31/21

Original Approved Amount: \$401,380.

**Final** report covering the time period from: 4/1/20 – 3/31/21

**Desert Cancer Foundation #1057**

Grant term: 6/1/20 – 5/31/21

Original Approved Amount: \$150,000

**Final** report covering the time period from: 6/1/20 – 5/31/21

**Hope Through Housing #1135**

Grant term: 12/1/20 – 11/30/21

Original Approved Amount: \$20,000

**1st Progress** report covering the time period from: 12/1/20 - 5/31/21

**Grantmakers Concerned with Immigrants and Refugees # 1127**

Grant term: 7/1/20 – 6/30/21

Original Approved Amount: \$150,000.

**Final** report covering the time period from: 7/1/20 – 6/30/21

**CV Volunteers In Medicine # 1129**

Grant term: 6/1/20 – 5/31/21

Original Approved Amount: \$149,727.

**Final** report covering the time period from: 6/1/20 – 5/31/21

**Lift To Rise # 1177**

Grant term: 5/1/21 – 12/31/21

Original Approved Amount: \$300,000.

**1st Progress** report covering the time period from: 5/1/2021 - 7/31/2021

**Cove Communities Senior Association dba The Joslyn Center #1162**

Grant term: 2/1/21 – 1/31/22

Original Approved Amount: \$109,130.

**1st Progress** report covering the time period from: 2/1/2021 - 7/31/2021

**Alzheimer's Association # 1147**

Grant term: 2/1/21 – 1/31/22

Original Approved Amount: \$33,264.

**1st Progress** report covering the time period from: 2/1/2021 - 7/31/2021

**Inland Empire Ronald McDonald House # 1136**

Grant term: 2/1/21 – 1/31/22

Original Approved Amount: \$119,432.

**1st Progress** report covering the time period from: 2/1/2021 - 7/31/2021

**Public Health Institute # 1046**

Grant term: 3/1/20 – 2/28/23

Original Approved Amount: \$250,000.

**3rd Progress** report covering the time period from: 3/1/2021 – 8/30/2021

**Jewish Family Services of the Desert # 1170**

Grant term: 3/1/21 – 2/28/22

Original Approved Amount: \$80,000.

**1st Progress** report covering the time period from: 3/1/2021 - 8/31/2021

**Regents Of The University Of California At Riverside # 1124**

Grant term: 6/15/20 – 2/28/21

Original Approved Amount: \$149,976

**Final** report covering the time period from: 6/1/20 – 2/28/21



**Olive Crest Treatment Center, Inc., Grant#: 1085**

**General Support for Mental Health Services to Vulnerable Children and Families in Coachella Valley**

**Reporting Period: 7/1/2020 to 6/30/2021**

Tracy Fitzsimmons  
Tel: (951) 686-8500  
tracy-fitzsimmons@olivecrest.org

**Grant Information**

**Grant Amount:** \$50,000

**Paid to date:** \$45,000

**Balance:** \$5,000

**Proposed Goals and Evaluation**

The specific benefits or measurable impact to be achieved by (5/31/2021):

The Health Services Director trains the treatment team on collecting all outcome measurements necessary for evaluating all programs. Olive Crest uses a customized, client data base, management, and internal tracking systems to generate reports on the number of children and families trained and served. Regular reporting and oversight ensure that project goals are met, or any challenges addressed. In addition, Olive Crest will also use the Child and Adolescent Functional Assessment Score (CAFAS) to track and assess functional improvement for each child/teen enrolled in these programs.

Proposed number of District residents to be served:

**0-5:** 22

**6-17:** 288

**18-24:** 0

**25-64:** 0

**65 or more:** 0

Proposed geographic area(s) served:

All District Areas

## **Final Progress:**

**Final Outcomes:** Desert Healthcare District Foundation grant of \$50,000 was used to help Olive Crest respond to increasing community needs (exacerbated by Covid-19) for integrated community health services that provide access to primary care and mental health services for children and families.

Grant funding helped us fund core services needed to deliver both in-person mental health and tele-health services to 481 children and families in the Coachella Valley. This support has played an important role in helping us meet the increased community needs for safety-net support through mental health services for some of the most vulnerable families living in the Coachella Valley.

We are pleased to report that we met or exceeded most of our goals.

### **Final number of District residents served:**

**0-5:** 50

**6-17:** 431

**18-24:** 0

**25-64:** 0

**65 or older:** 0

### **Please answer the following questions**

1. Please describe any specific issues/barriers in meeting the proposed program/project goals:

The most significant issue/barrier for this project has been identifying and recruiting qualified and dedicated staff for key mental health roles in the Coachella Valley.

An additional challenge to the staff's efficiency has been the lack of 'hot spots' in the Coachella Valley area within which staff can provide mandatory notes/documentation of client visits. (Although this doesn't affect client care, it delayed required processing.)

2. Please describe any unexpected successes other than those originally planned

This past year of the COVID-19 pandemic has been an anomaly.

However, it has led our team to embrace tele-psychiatry and tele-health to a much more significant extent. This has led to increased services to each client and a reduction in in-person cancellation rates. The reduction in travel has also provided

teams with the opportunity to spend more time with clients (as needed) due to the elimination of travel time.

3. After the initial investment by the DHCD how will the program/project be financially sustained?

Much of mental health services will be paid through the County of Riverside on reimbursement basis.

Coverage of costs for the balance of mental health costs is covered through various private entities, including additional foundations and individual supporters.

Realistically, this continues to be an area of focus as the required and requested services are growing at a faster rate than private support. The opening of an out-patient clinic later this year will create an additional demand for community financial partnerships.

4. List five things to be done differently if this project/program were to be implemented again

1. Need to hire more clinicians as in-person, home-based therapy has returned, and a new out-patient clinic will open in 2021.
2. Need additional 24/7 peer specialist support for youth, teens, and young adults to help encourage and normalize receiving mental health services.
3. Need additional 24/7 parent partner support for at-risk parents to prevent entry into and support transition out of the child welfare system.
4. Provide new mental health resources and therapy games for each mental health staff member in order to support their client interactions.
5. Expand evidence-based trainings for staff in order to ensure best methods and grow an environment of continuous improvement.

**CSUSB Philanthropic Foundation, Grant#: 1139**

**Street Medicine Program/Department of Nursing**

**Strategic Area:** Healthcare Infrastructure and Services

**Reporting Period:** 10/01/2020 to 3/30/21

Robert Nava  
Tel: (909) 537-7769  
rjnava@csusb.edu

### **Grant Information**

**Grant Amount:** \$50,000

**Paid to date:** \$22,500

**Balance:** \$27,500

**Due Date:** 3/30/21

### **Proposed Goals and Evaluation**

The specific benefits or measurable impact to be achieved by: (9/30/2021):

**Goal #1:** To provide healthcare services to 100 individuals and 300 contacts (contacts may be duplicated individuals) through nurse and medical clinics serving the homeless, unsheltered and vulnerable populations in the Coachella Valley; additionally assisting with COVID-19 testing, education and immunization services by September 30, 2021.

**Goal #2:** To engage 32 CSUSB PDC nursing students at all degree levels in the Street Medicine Program activities for course credit or volunteer hours by September 30, 2021.

**Goal #3:** The program will monitor and track Street Medicine progress towards the development of additional collaborative partnerships and efforts to replicate the program reporting the new partner names and MOU agreements of the two new partnerships by September 30, 2021.

**Goal #4:** The program will hire four nursing student assistants to work with the Street Medicine teams in homeless outreach settings in the Valley by October 1, 2020

**Evaluation Plan:** The Evaluator will utilize both quantitative and qualitative methods to gather data throughout the grant term. Data will include, but not limited to, surveying of

nursing student assistants, 10 testimonials from partners or agencies and the numbers of persons served, services provided and referrals. The PI and evaluator will present findings at one national conference and two regional conferences by September 30, 2021; in addition to sharing the results with Desert Healthcare District & Foundation and other relevant agencies. The evaluator will be a CSUSB faculty researcher who will work with the Street Medicine nursing faculty and students to analyze data collection, conduct a project evaluation and suggest recommendations for improvement. Proposed hire date for evaluator is Fall 2020.

Proposed number of District residents to be served:

**Total:** 100

Proposed geographic area(s) served:

Coachella  
Indio  
Mecca  
Palm Springs  
Thermal

**Progress This Reporting Period**

**Progress Outcomes:**

The CSUSB Nursing Street Medicine Program has far surpassed the goals and evaluation plan proposed in the DHCF grant application. In the first six months we have had more than three times the number of patient encounters than proposed. Also, in the first six months of the program we have involved 54 nursing students and 22 more students than we proposed for the full year of the program. Three nursing student assistants were hired with one student serving the hours budgeted for two students at the Coachella Valley Volunteers in Medicine. We also involved two masters degree in nursing students as part of their course of study (this was not proposed in the grant proposal).

In our grant proposal we planned on presenting at one national and two regional conferences by the end of the grant period. This goal was accomplished and exceeded with an international conference presentation that will take place in July 2021.

We also anticipated the development of two new partnerships and MOUs by the end of the grant period. We are happy to report that we have developed new agreements with UCR School of Medicine, Desert Physicians Medical Group, Mary's Mercy and Lutheran Social Services in San Bernardino, and are in process with CVAG and the DHCD.

The street medicine nurse clinics have been praised by all the partners and by the vulnerable populations served.

Thus far we have not spent from the gift generously provided by the Desert Healthcare

District Foundation. The Street Medicine Program has been supported by many other partners who have contributed emergency relief funds towards the work we do. These funds were time sensitive and needed to be expended quickly due to the nature of the gifts and we are glad to report that all salary lines for the Street Medicine Program have just been directed to DHDF funds earlier this month. We expect the first expenses to hit the account in April and are on track to expend the granted amount in full by the end of the grant period.

Progress on the number of District residents served:

**Total:** 1,086

Geographic area(s) served during this reporting period:

Coachella  
Indio  
Mecca  
North Shore  
Palm Springs  
Thermal

Progress on the Program/Project Goals:

**Goal #1:**

Between October 1, 2020 to March 15, 2021, the program had 1086 patient encounters.

Demographic information is listed below (N/A is unspecified):

- Ages
  - 6-17: 9
  - 18-24: 34
  - 25-64: 587
  - 65+: 182
  - N/A: 274
- Gender
  - Female: 277
  - Male: 557
  - Trans (male/female): 8
  - Nonbinary: 3
  - N/A: 241
- Race/ethnicity:
  - American Indian/Alaskan Native: 13
  - Hispanic/latinx: 291
  - Black/A.A.: 129

- Caucasian: 268
- Native Hawaiian/Pacific Islander: 4
- Asian: 19
- Mixed race: 69
- Other race: 21
- N/A: 272
- Veteran status
  - 90
- Insurance status:
  - Medical/care: 621
  - Private: 32
  - Uninsured: 117
  - Don't know: 48
  - Military/tricare/VA: 3
  - N/A: 265

Reason for being seen and services provided:

- Patient encounter with nurses (includes VS, blood glucose, health education and prevention, medication management/education, chronic care management): 1,086
- Patient encounter with medical residents: 45
- Wound care: 156
- Care packs/prevention (includes essential hygiene supplies, wound care supplies): 686
- Referrals:
  - To primary care provider (new or current): 24
  - To urgent care/ER: 9
  - Other (includes clinics, COVID testing centers, OBGYN, dentist, mental health referrals, housing sources): 22
  - To other social services including ID and insurance application:

Testimonials:

To be provided in future report

**Goal #2:**

The program involved:

- 54 BSN nursing students in Coachella Valley
- For clinical credit: 35 nursing students
- For student volunteers: 19 nursing students

- At community sites in Palm Springs, Coachella, Mecca, Thermal, Indio,
- At encampments in Indio, Coachella

The attitude change survey is still under way and results will be reported in the final report to DHCF.

**Goal #3:**

Presentations:

The program presented the Nursing Street Medicine Program at the annual conference of the American Psychiatric Nurses Association and received first place award in the education category. The Program presented at two Rotary Club meetings. In addition, a student poster will be presented at Sigma's 32nd International Nursing Research Congress, Singapore, 22-26 July 2021

Replication:

The Program is replicated on the CSUSB San Bernardino campus where there are over 60 students involved in providing street medicine nurse clinics at Lutheran Social Services Men's Shelter and Mary's Mercy. The Program director consulted with Los Angeles County public health about replicating the program with universities in the County. A masters student at CSUSB is preparing a manual for replication that can be presented to other CSU campuses that are interested in starting programs.

**Goal #4:**

The following are three nursing student assistants hired to: assist with the nurse clinics; with student recruitment, orientation and monitoring; with data collection and analysis; and replication of the Program. Maria Morales was able to do the work of two nursing student assistants at Coachella Valley Volunteers in Medicine so only three students were hired.

The number of hours worked for each student is as follows:

- Michelle Rodriguez                      130 Hours
- Genevieve Marruffo                      107.75 Hours
- Maria Morales                              144 Hours

**Goal #5: N/A**

Program/Project Tracking:

1. *Is the project/program on track?*  
Yes
2. *Please describe any specific issues/barriers in meeting the desired outcomes:*

The Program is in negotiations with the DHCD leadership, the County public health administrators, and the Coachella Valley Association of Governments Homeless Initiative and other community agencies to provide COVID vaccination assistance.



We are working to overcome risk management and other management issues as well as trying to get vaccines/vaccinations for the vulnerable populations in the Valley. We have participated in several vaccination clinics with Central Neighborhood and Coachella Valley Volunteers in Medicine but we want to assist on a larger scale. We are hopeful to begin these efforts soon.

We are also collaborating on going out to encampments with Tom Cox and his group in a renovated mobile van.

One goal we have not been able to reach is being able to report on the number of distinct individuals served. We can report on the number of patient encounters but, because we have more and more nurse clinic sites with various faculty leaders, we redact the names of the individuals to protect patient privacy so we can text or email raw data to the persons who collect the data.

3. *What is the course correction if the project/program is not on track?*

N/A except for number of individuals served. We need to consider a protected electronic health record system that is inexpensive and portable to cell phones (if there is such a system).

4. *Describe any unexpected successes during this reporting period other than those originally planned:*

The Program has had several unexpected successes.

First the Program spawned the street medicine nurse clinics in San Bernardino which are serving large numbers of homeless and underserved populations in San Bernardino County.

Second, we have consulted with the Los Angeles public health department on replicating the program in Los Angeles.

Third, a nursing master's program student is developing a manual for replication that may prove useful in expanding the program to additional universities in the CSU system.

**FIND Food Bank, Grant#: 1045**

**Ending Hunger Today, Tomorrow, and for a Lifetime**

**Reporting Period: 4/1/20 to 3/31/21**

Lorena Marroquin

Tel: (760) 775-3663

Fax: (760) 775-0252

lmarroquin@findfoodbank.org

### **Grant Information**

**Grant Amount:** \$401,380

**Paid to date:** \$361,242

**Balance:** \$40,138

### **Proposed Goals and Evaluation**

The specific benefits or measurable impact to be achieved by (3/31/2021):

Because FIND Food Bank is recognized as the Desert's Regional Food Bank by the state of California, and nationally, by Feeding America, extensive qualitative and quantitative assessments are required by both entities. For example, the age groups specified above are for the west District only and are unduplicated numbers; however, we also track duplicated numbers.

FIND's qualitative assessments are based upon the percentage of healthy foods of the total pounds of food distributed, the percentage of healthy foods distributed to comprise nutritionally balanced meals based on the USDA My Plate recommendations, the number of people served and the geographic locations served throughout the region ensuring equitability, the types of services provided to food insecure clients, beyond food, that address increased self-sufficiency and/or the root causes of hunger.

Annually, FIND Food Bank is required to submit to Feeding America a comprehensive activity report that tracks more than 75 quantifiable metrics including food distribution benchmarks, the total pounds of food/number of meals distributed, outreach services, agency and community partner assessments, FIND's direct Mobile Market distributions, food insecurity and advocacy work, board governance, equity, diversity and inclusion, and financial health.

At the state level, FIND Food Bank submits monthly and quarterly reports on FIND's service numbers by city and by zip code and statistics on CalFresh outreach activities.

From these complex metrics, that are clear and transparent, FIND derives the majority of metrics that are specified below.

Specific goals and evaluations are noted for each goal in the next section.

Proposed number of District residents to be served:

**0-5:** 3,900

**6-17:** 9,000

**18-24:** 6,000

**25-64:** 12,000

**65 or more:** 10,500

Proposed geographic area(s) served:

All District Areas

**Final Progress:**

**Final Outcomes:**

FIND Food Bank exceeded all proposed Ending Hunger Today, Tomorrow, and for a Lifetime goals set forth in the Desert Healthcare District grant proposal, and did so in the wake of the COVID-19 emergency.

FIND exceeded the fresh produce Goal #1 by 126.7% (all areas) and 98.3% (western region).

FIND exceeded the Kids' Farmers Markets Goal #2 providing 570% more food than last year at the same Kids' Farmers Markets, and 50.2% of the food was in the form of nutritious, fresh fruits and vegetables.

FIND successfully hired a well-qualified, certified Community Health Worker who has been an asset to FIND Food Bank, and significantly, exceeded all of last year's Community Health Worker benchmarks.

FIND exceeded the CVHIP services Goal #4 by 48.3%.

FIND's Ending Hunger for a Lifetime Goal #5, to partner with the DHCD to support, promote, and assist in implementing their Behavioral Economics program, was successfully adapted and exceeded.

FIND Food Bank is proud to have achieved all DHCD grant goals within the challenging

crisis environment of the COVID-19 pandemic.

Final number of District residents served:

**0-5:** 8,821

**6-17:** 13,249

**18-24:** 11,504

**25-64:** 18,689

**65 or older:** 13,122

Please answer the following questions

1. Please describe any specific issues/barriers in meeting the proposed program/project goals:

As mentioned above, the COVID-19 pandemic dramatically impacted FIND Food Bank's programs and services, and in some cases, the logistics of the DHCD grant. Clearly, the need for food in our community skyrocketed and immediate resources were driven to address the food crisis.

FIND immediately launched 22 additional Mobile Markets augmenting the existing 21 Mobile Markets. FIND also successfully piloted contact-free "drive through" food distributions.

FIND was extremely successful moving into "emergency mode" as FIND was quickly deemed an "Essential Need" by the state of California and responsible for emergency food provision to a 5,000-square-mile area that reaches into 3 counties: Riverside, San Bernardino and Imperial. As FIND's volunteer corps waned due to social distancing mandates, FIND received emergency assistance through the National Guard, the California Conservation Corps, the Civil Air Patrol, local law enforcement, among other entities, and drastically increased the provision of food in our community.

With respect to the food distribution goals with the DHCD grant, FIND shattered all goals, in large measure, due to the instant mobilization of all of FIND's resources and FIND's strategic management that swiftly procured vast amounts of additional food and produce for our community.

The COVID-19 pandemic did, however, also create impediments and delays in hiring the new Community Health Worker, although FIND maintained impressive outreach service levels in the community, and an excellent Community Health Worker was ultimately hired.

The pandemic also limited DHCD's rollout of the Behavioral Economics program, but

FIND, working closely with DHCD personnel, successfully met DHCD's Behavioral Economics goals.

2. Please describe any unexpected successes other than those originally planned

The unexpected successes, throughout the COVID-19 pandemic and the concurrent DHCD grant period, were many.

Most importantly, FIND was successful at significantly procuring and distributing enormous amounts of additional food – and fresh produce, far beyond FIND's then existing operational capacity. Many, many more people in need were served in these difficult times.

FIND Food Bank also launched a new homebound delivery service to reach the disabled and senior populations in need. This extraordinary success remains a critical ongoing program for FIND, assisting numerous seniors and individuals who are confined to their homes and unable to reach out for any social services or food assistance.

FIND also strategically leveraged DHCD's cookbook and recipe card distributions, with a "mirror" nutrition education project in the East Valley, funded by Patient Centered Outcomes Research Institute (PCORI), Borrego Health, the University of California Riverside, and University of California Los Angeles. "Ancestral Recipes: From My Grandma's Kitchen to Yours" is a colorful, culturally targeted cookbook for the Hispanic/Latino community with appealing, healthy recipes based on the USDA's MyPlate nutritional guidelines. "Ancestral Recipes" is currently available in Spanish and English, and soon in Purépecha.

FIND also has been extremely successful in distributing baby diapers, in partnership with the City of Palm Springs. FIND continues to provide diaper assistance in the cities of Thousand Palms, Desert Hot Springs, and Cathedral City.

Most recently, FIND partnered with the County of Riverside and Unidos Por Salud to disseminate COVID-19 vaccine materials. FIND has helped dispel myths regarding the vaccine and provided clear information for individuals to make informed decisions regarding vaccinating themselves and their families.

3. After the initial investment by the DHCD how will the program/project be financially sustained?

FIND Food Bank has, throughout the years, solidified a multitude of critical partnerships.

Most important, however, is the Desert Healthcare District's shared vision for a healthy Coachella Valley and Desert Healthcare District's commitment to the provision of abundant fresh fruits and vegetables for our community.

FIND Food Bank is committed to healthy food banking, which relies upon a high percentage of fresh, nutritional produce, and actively seeks partners to secure a high quality diet to ensure the health of our community.

Without Desert Healthcare District's partnership, the Coachella Valley would, simply put, have less fresh produce.

FIND's shared vision for health food banking extends to Feeding America, the California Association of Food Banks' "Farm to Family Program", which provides a conduit for fresh produce from California and the west coast, and Hidden Harvest, who provides excess local produce to FIND.

As long as the shared vision and commitment continues, so will the abundant fresh produce which nourishes our valley.

4. List five things to be done differently if this project/program were to be implemented again

During FIND's DHCD grant period, the COVID-19 crisis engulfed and overwhelmed our community. As FIND Food Bank is an emergency response stronghold for the Coachella Valley and beyond, disaster plans and protocols were immediately engaged...and all things, all programs, all distributions, progressed differently.

Throughout the grant period, FIND had multiple pivots, always changing and adjusting its programs, operations and core business strategies to meet the needs of the community. While all of FIND's protocols were altered, success has nevertheless been well-measured and well-documented, and apart from the COVID-19 pandemic itself. In this very rare instance, FIND would do nothing differently, because we did almost everything differently to ensure that all food insecure people had equitable access.

Moving forward, the efficiency learned and partnership gained and/or strengthened will be incorporated into all future programming and aspects of FIND's core business practices and innovation work in Ending Hunger Today, Tomorrow, and for a Lifetime.

**Desert Cancer Foundation, Grant#: 1057**

**Patient Assistance Program**

**Reporting Period: 6/1/2020 to 5/31/2021**

Evet Edens

Tel: (760) 773-6554

Fax: (760) 773-6532

ED@DesertCancerFoundation.org

**Grant Information**

**Grant Amount:** \$150,000

**Paid to date:** \$135,000

**Balance:** \$15,000

**Proposed Goals and Evaluation**

The specific benefits or measurable impact to be achieved by (5/31/2021):

Our Patient Assistance Program pays for cancer care including but not limited to, biopsies, chemotherapy, radiation, prescriptions, insurance premiums, Medi-Cal Share-of-Cost, copays, deductibles, co-insurance, dental as well as screening and diagnostic services.

Desert Cancer Foundation is requesting funding from Desert Healthcare District in the amount of \$150,000 to assist in providing cancer care through our Patient Assistance Program, including patient navigation, for Desert Healthcare District residents of the zones as outlined in the grant request. With the expansion of the Desert Healthcare District zones, nearly all clients served by Desert Cancer Foundation are residents of Desert Healthcare District, however there remains some regions that we do serve outside of the district with very few clients. It is estimated 85 residents will receive approximately 1200 cancer care services through this program if funded by Desert Healthcare District. This is approximately 46% of all clients Desert Cancer Foundation will serve during a one year period. DCF will utilize other funding sources to meet the cancer care needs of residents in the other zones and regions we serve. DCF coordinates with health care systems across the valley to track patient navigation, referrals, applications and timely access to services and care. This process reduces barriers to care and increases access to early detection, with hopes of reducing late-stage diagnosis and associated increased burdens. We collect qualitative feedback from our clients and community partners. Furthermore, we track quantitative data specific to quantities in age, zip code, gender, race/ethnicity, type of cancer, providers, services rendered, amount billed, amount paid, providers, resources, and other data. We are able to quantify the number of individuals served, the total number of services provided,

the value of the services, the amount paid for services, and a variety of other information that indicates our success at serving a community in need.

Proposed number of District residents to be served:

**0-5: 0**

**6-17: 0**

**18-24: 1**

**25-64: 50**

**65 or more: 49**

Proposed geographic area(s) served:

All District Areas

**Final Progress:**

**Final Outcomes:** Desert Cancer Foundation's (DCF) Patient Assistance (PA) program continues to provide financial assistance and patient navigation for cancer care and treatment for Coachella Valley residents, the majority of whom reside in the DHCD districts - zone 1, 4, portions of 2, 3, and 5 along the Cook Street, Highway 74, and Thousand Palm lines.

The PA program supports patients in need of financial assistance to pay for vital cancer treatment, as well as screening and diagnosis. In working closely with social workers and other members of the healthcare community, DCF leverages existing health systems and programs to ensure patients have access to timely care, and all available programs, resources, and support services.

It was initially estimated that about half of DCF clients served would fall under the DHCD zones. Per reports obtained for this past year, the number of clients that DCF served who reside within the DHCD boundaries is at 74% of all DCF patient/clients.

For the reporting period from 6/1/2020 to 5/31/2021, for residents residing in the DHCD zones, DCF has served 177 clients, providing access to 1,744 cancer care services. DCF paid \$190,838 for cancer care and treatment, valued at a billed amount of over \$2.4 Million dollars.

The 1,744 cancer care services covered include insurance deductibles, co-pays/co-insurance, prescription medication, including chemo and radiation therapies, screening, diagnostic, as well as insurance premiums and Medi-Cal share of Cost.



Final number of District residents served:

**0-5:** 0

**6-17:** 0

**18-24:** 0

**25-64:** 90

**65 or older:** 87

Please answer the following questions

1. Please describe any specific issues/barriers in meeting the proposed program/project goals:

Per the two 6-month reports submitted to DHCD, there have been no issues or barriers in meeting our Patient Assistance Program goals for the entire grant contract period, June 1, 2020, to May 31, 2021.

On a positive note, despite the challenging times with respect to the COVID pandemic, and reduced funding due to canceled public events, DCF staff and board members remained focused and worked diligently to secure funding and ensure we continue to provide for local residents who rely on our services. Not only did we meet the demands of our current program recipients, we also were able to accommodate and process all new applications.

Desert Cancer Foundation's Patient Assistance program continued to provide the essential service to local residents, with the majority of clients (74%) being from the DHCD zones.

Due to the pandemic, we have seen some inconsistent fluctuations - a drop with the lockdown, followed by a surge when the state began to re-open. We had also anticipated that more individuals would be diagnosed, and indeed saw this up trend especially in the last 6 months. On the whole, the Patient Assistance program is on track and exceeds last year's same reporting period.

2. Please describe any unexpected successes other than those originally planned

Pandemic or otherwise, DCF staff and Board of Directors understand that cancer diagnoses would not cease, and local residents would continue to need DCF's assistance to pay for cancer care. We remained engaged, mission-focused, and determined to provide our financial support services for local residents, ensuring access to vital cancer care.

For the last quarter of 2020 and first quarter of 2021, two major DCF fundraising events were canceled due to the pandemic. All the while, we continued to see an increase in patient applications for support.

Through organizational re-structuring, cutting costs, while making sure to apply for any grant funding available, we were able to offset most of the lost revenue. DCF has both adjusted to the challenges of the pandemic, and met the demands for much needed financial assistance for individuals needing cancer treatment.

We THANK YOU for your support of our work and are honored to have a shared mission to ensure that local residents have access to healthcare.

3. After the initial investment by the DHCD how will the program/project be financially sustained?

DHCD provides the largest grant/ level of support which accounts for about 1/3 of our program cost. While we rely heavily on the grant, we nonetheless seek and apply for grants from other charitable foundations, local government grants, as well as sponsorships from local business entities.

Desert Cancer Foundation hosts two to three fundraising events per year, including Paint El Paso Pink walk and Corks & Cuisine wine dinner. With the sponsorship support from our local business community, and event participation, we are able to bring in funding that accounts for approximately another third of the dollar amount needed to sustain the PA program.

Finally, we work hard to advocate on behalf of our local residents who rely on our services. With many people relating to cancer, we see a robust level of support from what we call "third party" events where local groups such as businesses or country clubs host smaller events to benefit our program. Such events include the Dr. George Charity Car Show, golf tournament at several local country clubs and such.

4. List five things to be done differently if this project/program were to be implemented again

DCF has been running the patient assistance program for over 25 years. It is a clearly defined process, from initial application to ongoing financial support. While we don't anticipate drastic changes to our program, we continuously make amendments relative to any modifications in the healthcare industry and insurance landscape. Thinking ahead, we would like to focus on streamlining internal processes in order to improve the following:

1. Re-focus on the Suzanna Jackson Breast Cancer Fund for free mammograms and breast cancer screening. There has been a gradual reduction in this program given changes in healthcare (i.e. annual wellness checks are fully covered by insurance). Nonetheless, we will put

forth some communication tactics to reach both the healthcare community and local residents, and encourage everyone to take advantage of this program that offers free breast cancer screenings.

2. Over the past year, we have seen some patient applications from a new medical/oncology group here in the valley. It will be important to ensure that each medical group who sends patients to DCF for assistance, agree to a certain payment structure for uninsured individuals. Where necessary, we will implement agreements or MOUs with new providers. This helps to ensure that we maximize every dollar, and in turn, provide financial assistance for as many local residents as possible.
3. DCF has implemented internal ways and systems for intake of patient data. Since last fall, we have been placing more focus on ways to improve how client data is added and managed, with a goal to simplify the reporting process. This in turn can free up a little time for DCF staff members to focus on their respective roles. It can potentially facilitate the grant process and make way for additional grants.
4. Continue emphasis on cross-training where it pertains to processing patient applications. In order to better serve our clients, the ED will encourage all staff question pertaining to insurance and patient navigation, and schedule calls or meetings with the proper support teams from the healthcare community or insurance industry, to provide DCF staff with better understanding of doctor/hospital protocols, insurance plans, and the patient navigation process.
5. Marketing and increasing avenues of promotion. We will put forth marketing and branding efforts to ensure the local community understands DCF's mission and work. We also want to continue working to bridge a gap, if any, between the private donor and DCF clients, in order to show DCF's impact on our local community, both quantitative and qualitative.

## **Hope through Housing Foundation, Grant#: 1135**

### **Connections to Care**

**Strategic Area:** Economic Protection, Recovery, and Food Security

**Reporting Period:** 12/1/2020 to 5/31/2021

Suzanne Sproul  
Tel: 19092043511  
ssproul@hthf.org

### **Grant Information**

**Grant Amount:** \$20,000

**Paid to date:** \$9,000

**Balance:** \$11,000

**Due Date:** 6/1/2021

### **Proposed Goals and Evaluation**

The specific benefits or measurable impact to be achieved by: (11/30/2021):

**Goal #1:** By October 31, 2021, 400 Coachella Valley District residents will have received food/basic needs met along with individual resource assistance particularly during the COVID-19 health crisis. This will result in decreased financial stressors involved in preventing a healthy quality of life.

**Goal #2:** By October 31, 2021, 100 residents will have been served through resource coordination available via telephone or in-person, connecting residents with community resources and other important health information – including medication and grocery delivery, unemployment assistance and transportation.

**Goal #3:** By October 31, 2021, Hope will provide or make connections to economic assistance to ensure 40 residents remain housed and are able to meet their ongoing household needs. Short-term, this may include access to unemployment benefits, rent and utility assistance, HEAP, Section 8, CalFresh, and supplemental resources helping to reduce expenses. Long-term, Hope will help residents recover through employment and education assistance and the development of budgeting/money management skills.

**Goal #4:** By October 31, 2021, 200 residents will have been served through wellness checks, particularly for our very vulnerable senior residents, to ensure their physical and mental well-being while quarantined at home.

**Evaluation Plan:**

Hope currently tracks output data based on resident participation. Outcomes are evaluated utilizing a variety of tools to measure participant knowledge, plans, behavior, and accomplishments. Goals in each area will be measured and tracked. Service Coordinator will maintain records of food distribution and participation as well as wellness calls. If residents participate in the Pathways to Economic Empowerment program, data points being collected include baseline and delta measures for income, debt-to-income ratio, credit score, and savings. For group workshops, survey data collects changes in knowledge, attitude, and planned behavior change. For surrounding communities, public data on neighborhood conditions is used to evaluate changes including safety, health, employment rates, income levels.

Hope currently tracks output data based on resident participation. Outcomes are evaluated utilizing a variety of tools to collect and evaluate resident participation and progress. Service Coordinator will maintain records of food distribution and participation as well as wellness calls. If residents participate in the Pathways to Economic Empowerment program, data points being collected include baseline and delta measures for income, debt-to-income ratio, credit score, and savings. For residents receiving individual resource coordination, residents served and needs addressed are maintained in our Service Tracking Report (STR) database.

Proposed number of District residents to be served:

**Total:** 740

Proposed geographic area(s) served:

Cathedral City

Indio

La Quinta

**Progress This Reporting Period****Progress Outcomes:**

Connections to Care is on track.

Progress on the number of District residents served:

**Total:** 385

Geographic area(s) served during this reporting period:

Cathedral City

Indio

La Quinta

Progress on the Program/Project Goals:

**Goal #1:**

Our goal -- By October 31, 2021, 400 Coachella Valley District residents will have received food/basic needs during the COVID-19 health crisis. This will result in decreased financial stressors involved in preventing a healthy quality of life.

To date, we have helped 185 residents.

**Goal #2:**

Our goal -- By October 31, 2021, 250 residents will have been served through resource coordination by Hope Service Coordinators available via telephone connecting residents with community resources and other important health information – including medication and grocery delivery, unemployment assistance and transportation.

To date, we have served 110 residents.

**Goal #3:**

Our goal -- By October 31, 2021, Hope will provide economic assistance to ensure residents remain housed and are able to meet their ongoing household needs to 50 residents. Short-term, this may include access to unemployment benefits, rent and utility assistance and supplemental resources helping to reduce expenses. Long-term, Hope will help residents recover through employment and education assistance and the development of budgeting/money management skills.

To date, 18 residents have received economic assistance.

Program/Project Tracking:

- *Is the project/program on track?*

Yes

- *Please describe any specific issues/barriers in meeting the desired outcomes:*

COVID-19 temporarily halted programs/activities, but we were able to continue to deliver food and make wellness checks. To date with vaccinations and CDC safety protocols more relaxed our programs are beginning to safely return.

- *What is the course correction if the project/program is not on track?*

We shifted our efforts, but are slowly returning to in-person programming along with virtual ones.

- *Describe any unexpected successes during this reporting period other than those originally planned:*

Ironically, having to shelter in place has allowed our Service Coordinator to meet more people in person while safely going door to door delivering food and making wellness checks. Our programs also now have a virtual element to them, again, allowing us to reach more people.

## **Grantmakers Concerned with Immigrants and Refugees Grant #: 1127**

### **California Immigrant Resilience Fund**

**Reporting Period: 7/1/2020 - 6/30/2021**

#### **Grant Information**

**Grant Amount:** \$150,000.00

**Paid to date:** \$150,000.00

**Balance:** \$0.00

#### **Final Progress**

##### **Project/program description:**

In April 2020, faced with an unprecedented public health and economic crisis, Grantmakers Concerned with Immigrants and Refugees (GCIR) redoubled our commitment to realizing our vision of a just and equitable society in which everyone thrives, no matter where they were born. Guided by this vision, GCIR set out to engage philanthropy in addressing the profound structural inequities magnified by the Covid-19 pandemic and its disproportionate impact on people of color, women, and other marginalized communities. As part of a multi-faceted philanthropic response, GCIR launched the California Immigrant Resilience Fund (CIRF) to provide emergency relief to undocumented immigrants who were experiencing extreme economic hardship as a result of the pandemic but who were ineligible for federal Covid-19 relief and unemployment insurance. CIRF raised over \$50 million in direct and aligned grants from over 70 institutional funders, nearly 40 major donors, and more than 800 individual online donors.

##### **Program/project and/or organizational changes:**

In December 2020, CIRF moved into its second phase, and GCIR transferred the project to the Tides Foundation to manage and disburse the next round of funding. CIRF is a reflection of GCIR's commitment to developing philanthropic infrastructure that enables donors and policymakers to partner in order to meet the oft-overlooked needs of immigrant and refugee communities. That timing was right for GCIR to make the shift as we welcomed our new president, Marissa Tirona, in November 2020; refocused time and attention on our core work; rebuilt our staff capacity; and defined a new shared vision for our next chapter. We are grateful that former GCIR president Daranee Petsod agreed to manage CIRF's second phase as a donor advisor to Tides. This supported a seamless transition and the rapid disbursement of funds.



## How were the grant funds used?

*All funds from the Desert Healthcare District and Foundation will go directly to cash relief for families of undocumented immigrants in Coachella Valley who are ineligible for COVID-19 federal relief and most state safety-net programs.*

*There are an estimated 163,000 undocumented immigrants in Riverside County, many of whom live with family members who are U.S. citizens or have other legal status. Of those, the number of residents served will depend on how successful we are in raising funds. Based on our current fundraising goal of \$50 million, we anticipate granting a total of approximately \$2.7 million to the Riverside County region, including Coachella Valley. Each of our local partners determines the amount of the one-time emergency cash assistance based on local conditions, but on average, the amount per family is \$500.*

With a commitment to racial, economic, and social justice, CIRF achieved fair, timely, and equitable distribution of cash assistance. We developed a set of equity-focused criteria to guide the selection of local partner organizations that shared our values and had longstanding relationships with underserved immigrant populations and communities. Ultimately, we worked with 61 local partner organizations to provide one-time emergency cash assistance to more than 80,000 households across the state.

Set up as part of a public-private partnership with the State of California, CIRF leveraged an additional \$75 million in State funding that was distributed by the separate state-financed relief fund to 150,000 families. In December 2020, we received an additional \$25 million donation from MacKenzie Scott, the largest single grant to CIRF to date. This gift could not have been timelier as California experienced a disturbing surge in Covid-19 cases that exacerbated the public health crisis and escalated economic hardship among undocumented immigrants and other vulnerable populations across the state.

For many of the target communities, such as farmworker communities, in-person outreach was most effective due to their lack of access to technology, physical isolation, remote geographies, work conditions, and family living accommodations. This was especially important for vulnerable subgroups such as older adults and female-headed households that experience an even higher degree of isolation. However, this approach was extremely time-intensive given the sizable geographic areas that local partners had to traverse. Local partners also combined in-person outreach with other efforts such as personal protective equipment distribution, food distribution, health education and services, and other services. In addition to in-person outreach, other effective strategies included word of mouth, ethnic media, and partnerships with health and school systems or other community-based organizations.

In addition, CIRF local partners had the language capacity that was essential to reaching those who speak indigenous languages and little or no Spanish. This language capacity gave these groups even deeper access to the most vulnerable communities.

Trust and authenticity were essential for connecting with hard-to-reach undocumented immigrants, especially in the climate of fear that resulted from years of draconian immigration policies, increasingly arbitrary enforcement, and dehumanizing rhetoric.

**Geographical Area Served:**

All District Areas

**Target Population:**

Adults (25-64 years old)  
Children (6-17 years old)  
Infants (0 -5 years old)  
Seniors (65+ years old)  
Youth (18-24 years old)

**What was your biggest takeaway during your response to the COVID-19 crisis on the target population you serve?**

Local partner organizations reported that the scale of the pandemic's impact on undocumented communities is staggering, and the needs extend far beyond cash relief to housing, health care, mental health supports, language access, and more. Ultimately, the pandemic and related cash-relief efforts brought into sharp relief the reality that systems-level reforms are necessary to prevent undocumented immigrants from being so vulnerable to health, economic, and other crises. Cash relief is only part of the solution.

**Final number of unduplicated numbers of individuals and/or the number of services provided during the grant period.**

80,000

**Evaluation**

*G CIR will prepare a report with meaningful quantitative and qualitative data from participating local funds, including those in Coachella Valley. The report on the Fund's impact will be shared with all stakeholders and maintain philanthropic support of issues affecting undocumented immigrants.*

*We have a common intake form we are using to collect data from our local partners. Some basic metrics will be collected on a weekly basis, while more detailed data will be collected and aggregated at the end of the project. The weekly numbers will be posted on the Fund's website. In addition, we are sending a report to donors every 2-3 weeks.*

*The metrics include:*

- *Total amount disbursed (weekly)*
- *Amounts granted by region*

- *Number of households assisted (weekly)*
- *Number of individuals assisted (weekly)*
- *Average amount per household*

*Demographics:*

- *Number of household members 18 and over?*
- *Number of household members under 18?*
- *Were you enrolled in college at any point this year?*
- *Primary Source of Income*
- *Other Sources of Income*
- *What is your greatest financial need right now?*
- *Identity/Race/Ethnicity*
- *Age*
- *Gender*

*The Fund will conduct our operations in a way that protects applicants' privacy. Local funds with whom we partner will collect only limited information for verification purposes and refrain from asking directly about immigration status. In addition, some local funds plan to discard information after it has been verified.*

With technical expertise from Mobile Pathways, we created a centralized intake and reporting form to collect information on households receiving assistance and their needs. We also gave our local partner organizations the option of using their existing data collection systems and reporting the aggregate data to us. In these ways, we were able to collect both quantitative and qualitative data, including information on the impact of the fund, the demographics of the beneficiary populations, as well as successes, challenges, and lessons learned.

GCIR met and exceeded our goal of raising \$50 million for CIRF in direct and aligned grants from over 70 institutional funders, nearly 40 major donors, and more than 800 individual online donors. Recipients universally expressed their heartfelt gratitude for this cash assistance, which allowed them to meet basic needs, and our local partners were thankful for the opportunity to deliver this critical aid to their communities. Lost wages and lost jobs were far and away the most commonly reported ways in which recipients were impacted by the pandemic, but the challenges they faced also included anxiety and stress, uncertainty about returning to their jobs, furloughs, health issues, inability to seek employment due to childcare responsibilities, and loss of childcare or school closures. Most recipients reported that their greatest financial need was cash assistance for rent, followed by food, utilities, medication/healthcare, remittances made to support family members, and childcare.

A significant challenge was the intensive and extensive nature of this work and the limited staff capacity of local partner organizations to carry out this work while continuing their core work. These organizations took on the Herculean effort of conducting outreach and intake, distributing funds, and tracking payments on a

compressed timeline with extremely limited human and financial resources. Language and technology barriers in the communities made these tasks even more time- and labor-intensive. Organizations struggled to continue their primary work while also operating programs to distribute CIRF funds and training their staff and volunteers. Staff capacity was severely strained, and the volunteer base upon which these organizations relied dwindled over the course of the pandemic. It is critical to understand the true infrastructure and capacity needs of a direct relief effort like CIRF and to provide adequate administrative support to these groups.

## **Partnerships**

*The Fund partners with nearly 40 local funds, including the Regional Immigrant Emergency Relief Fund Coachella Valley. These partners will determine how best to distribute funds to immigrant families and at what levels. Recognizing the demands on partner organizations, the Fund will provide technical assistance to support effective implementation as well as tracking of impact. (List of partners: <https://www.immigrantfundca.org/about-local-partners>.)*

*The Fund partners with immigrant-serving organizations that meet the following criteria:*

- *Are community-based immigrant-serving organizations working in specific geographic regions of the state.*
- *Have proven expertise, track record, and established trust with undocumented families and communities.*
- *Work with hard-to-reach and underserved undocumented immigrants, including farmworkers, low-wage workers, and immigrants who are indigenous, LGBTQI, and/or living with disabilities, etc.*
- *Have a commitment to racial and gender equity, as well as social and economic justice, in their overall work and in the implementation of the relief fund.*
- *Hold good working relationships with other immigrant-serving organizations in the region.*
- *Have the capacity to manage a relief fund, distribute cash assistance, ensure privacy and security of aid recipients, and prepare aggregated reports on fund disbursement.*

*Strong preference is given to local relief funds that focus on undocumented individuals and families in a specific geographic region. Where an immigrant-focused fund does not exist, the Fund may consider partnering with local relief funds that do not specifically focus on undocumented immigrants, provided they meet the other stated criteria.*

*The Fund also considers factors in each region, such as the number of undocumented immigrants, the existence of other relief funds and community resources, donations designated for particular regions, and opportunity to leverage funding and partner with other efforts.*

*The Fund also coordinates closely with the State of California, which manages a separate \$75 million fund, the Disaster Relief for Immigrants Project.*

CIRF local partners were carefully selected for their established relationships of trust with their communities (among other key criteria), which enabled them to reach those most in need and, in turn, gave undocumented immigrants the assurance they needed to seek assistance.

## **Sustainability**

The cash assistance program has evolved into permanent fixtures at some of our local partner organizations. With newly developed systems for disbursement—and ongoing need—some of the organizations have committed to continue fundraising for emergency relief. The cash assistance programs also expanded the client base for many of the partners and gave their staff a deeper understanding of the issues impacting their communities. In addition, our local partner groups received media attention and visibility with funders that they would not have received otherwise.

As a national organization, GCIR seeks to undertake bodies of work that have a reverberating impact. As we had hoped, the California public-private partnership, the first of its kind in the nation, sparked great interest in other parts of the country. Our team provided consultation, as well as shared lessons and best practices, to help funders, advocates, and government officials navigate the establishment and operation of funds for their states, counties, and cities. We have been heartened to see the establishment of the following funds: Oregon Worker Relief Fund, Washington COVID-19 Immigrant Relief Fund, Left Behind Workers Fund in Colorado, and the New Jersey Pandemic Relief Fund. We have seen leaders in 20 cities across the country set up relief funds in partnership with the Open Society Foundations. And we supported leaders in Connecticut, Illinois, Harris County, Texas, Oklahoma, and Philadelphia, Pennsylvania in their efforts to assist undocumented immigrants in their communities.

While launched in response to Covid-19, CIRF established a long-term philanthropic infrastructure and statewide network that can be quickly mobilized to address future crises and opportunities, with the intention of supporting the long-term well-being and resilience of immigrant communities. GCIR has mobilized California funders by setting up specific efforts over the past 20 years, from citizenship to DACA to disaster response. Rather than setting up a new entity each time, the CIRF philanthropic infrastructure can be deployed for all future statewide rapid response, whether it is to address crises such as a natural or public health disaster, or to take advantage of policy opportunities like legalization for farmworkers or citizenship for DACA beneficiaries.

CIRF's primary immediate value to funders is the identification of immigrant grassroots organizations across the state that have developed experience in and processes for distributing cash assistance. With adequate staffing and other resources, these organizations can be quickly mobilized for future cash relief or other emergency efforts.

## **Coachella Valley Volunteers in Medicine Grant #: 1129**

### **Expanding access to healthcare in the eastern Coachella Valley during the COVID 19 pandemic**

**Reporting Period:** June 1, 2020 through May 31, 2021

#### **Grant Information**

**Grant Amount:** \$149,727.00

**Paid to date:** \$149,727.00

**Balance:** \$0.00

#### **Final Progress**

##### **Project/program description:**

In July of 2020, we utilized program staff to assist with COVID 19 testing focusing on eastern Coachella Valley residents. Donations were solicited from CVVIM donors to pay for lab testing and the program coordinator delivered flyers to numerous sites throughout the eastern Valley informing residents of the test sites. 200 tests were provided at a time when other testing efforts were focused in the mid and west Valley areas. Extensive outreach to eastern Valley communities continued for the remainder of the grant period, focusing on providing health access and COVID information, and giving flu vaccinations, ultimately to 1,000 individuals, the majority of whom had never had a flu vaccination before. Other vaccination opportunities for tetanus (TDAP) and hepatitis A were also provided but with less interest. When COVID vaccinations became possible in the winter of 2021, we suspended all vaccination clinics because of the CDC recommendation to not have any vaccination two weeks prior or after a COVID vaccination. We focused all of our outreach efforts after that to health education and increasing awareness of CVVIM services, screening patients for eligibility. Patients who were eligible could enroll for services with one of the promotoras (usually known to them) directly into our EMR, or bring an application to our clinic. We were even able to schedule a visit for those who presented with all of their eligibility documentation. We also increased our partnerships during this time,

##### **Program/project and/or organizational changes:**

Enrolled eligible individuals electronically for CVVIM services at community events. Programmed telemedicine consults for eligible patients. Those who did not qualify were referred to Clinicas de Salud del Pueblo or Borrego Health. Partnered with Lideres Campesinas to provide promotores to assist with registration, promotion of CVVIM

events, and distribution of health/resource flyers. Collaborated with UCR School of Medicine to hold a monthly free clinic at the Galilee Center. Employed two contracted Medical Assistants to assist with screening events for chronic conditions. Stopped vaccination events in mid-January once COVID-19 vaccinations became available for the general public per recommendation of CDC to not receive any vaccination two weeks prior/after receiving COVID-19 vaccination.

### **How were the grant funds used?**

*Awarded funds would be used to 1) hire one full-time coordinator (responsible for working in the community, arranging activities, purchasing, organizing supplies, etc.), 2) hire a contract consultant to assist with volunteer medical resident/student and nursing student recruitment, 3) purchase PPE (personal protective equipment), 4) miscellaneous program and office expenses, and 5) minimal administrative fees.*

One FT Coordinator was hired to work in the community, arranging activities, purchasing and organizing supplies, etc. One consultant was hired to oversee the clinical aspects of the program and to assist with volunteer medical and nursing students and student recruitment to attend and assist at organized outreach events/activities. PPE was purchased for staff and volunteers, as well as for community members attending outreach activities who were not protected. Miscellaneous program and office expenses were incurred, as well as charges for minimal administrative fees.

### **Geographical Area Served:**

Coachella  
Mecca  
North Shore  
Oasis  
Thermal

### **Target Population:**

Adults (25-64 years old)  
Uninsured

### **What was your biggest takeaway during your response to the COVID-19 crisis on the target population you serve?**

Accessibility to healthcare continues to be an issue for the residents of the Eastern Coachella Valley. Telemedicine consults are useful but limited in the treatment of chronic conditions such as diabetes, hypertension, and heart disease. Factors such as technological literacy, reliable internet connections, and provider availability continue to hinder the access to healthcare for East Valley residents.

**Final number of unduplicated numbers of individuals and/or the number of services provided during the grant period.**

1,133

**Evaluation**

Evaluation

We will consider: 1) The numbers of contacts made; 2) The numbers of vaccinations (all) given; 3) The number of uninsured persons enrolled for care at CVVIM, an FQHC or Covered CA. Finally we will survey persons re their availability to access care during current CVVIM opening hours.

flu = 1000

COVID Testing = 200 (general public and homeless)

other = 300

contacts = 85

We did make one change from our original plans, that being regarding use of promotores. Initially we contracted with Lideres Campesinas and attempted to utilize promotoras from their program, however, in the end we found it easier to individually contract directly with several promotoras, met with our initial outreach efforts, and schedule and pay them independently as contractors. This resulted in a much easier and smoother process for us and the promotoras.

**Partnerships**

We will utilize existing and informal relationships with other health providers (i.e. Borrego Health, Clinicas de Salud, Riverside County, Public Health) to access health navigators and as referral sources for persons not eligible for CVVIM care; other community organizations (i.e. FIND, Hidden Harvest) as community referral resources and to "piggy back" on already organized activities to provide health education and vaccinations, when appropriate; local educational institutions such as CSUSB and COD Nursing programs, Eisenhower Health Medical Residency Program (Internal Medicine) and; numerous public and nonprofit organizations existing in the areas we have targeted for outreach (i.e. schools, churches, community centers.). We have a robust community and social service referral program which has resulted in many effective relationships being formed in the community, as well as intimate knowledge of resources, such as CVHIP.



In July of 2020, we partnered with the CSUSB, Nursing Program and the College of the Desert, Nursing Program to assist with the registration and collection of PCR COVID-19 tests. Our partnership with CSUSB Nursing Program continued through January 2021 with our vaccination events. At this time, we also partnered with Lideres Campesinas to help with the pre-registration and promotion of our events for the remainder of the grant. Despite our best efforts we were unable to follow through on our partnership with Borrego Health. CVVIM partnered with various churches including, Sanctuary of Our Lady of Guadalupe, Primera Iglesia Bautista, and the Oasis Apostolic Church for events and flyer distribution. CVVIM also partnered with mobile home parks including; Mountain View Estates, Oasis Mobile Home Park, Desert Rose Mobile Home Park, and the St. Anthony Trailer Park (owned by Pueblo Unido CDC). Collaborated with Coachella Valley Housing Coalition to hold health screening events in their low-income housing complexes. CVVIM established a partnership with UCR School of Medicine in April of 2021 to hold a monthly free clinic at the Galilee Center.

### **Sustainability**

Program will continue for a minimum of six months with the Program Manager being added to the general budget. TDAP and Influenza vaccinations will continue to be offered at community events. Off-site chronic condition screenings will continue through the partnership with Coachella Valley Housing Coalition. Partnership with UCR School of Medicine to hold a monthly free clinic in the East Valley will also continue past the grant period.

**Lift to Rise, Grant#: 1277**

**United Lift Rental Assistance 2021**

**Strategic Area:** Economic Protection, Recovery, and Food Security

**Reporting Period:** 5/1/2021 - 7/31/2021

Heather Vaikona

Tel: (760) 348-8013

heather@liftrorise.org

### **Grant Information**

**Grant Amount:** \$300,000

**Paid to date:** \$90,000

**Balance:** \$210,000

**Due Date:** 8/1/2021

### **Proposed Goals and Evaluation**

The specific benefits or measurable impact to be achieved by: (12/31/2021):

**Goal #1:**

Goal #1: Total Households Served

By September 2021, a total of 4,500 qualified renter households (in the Lift to Rise geographic catchment) will have received rental assistance and utility assistance under the United Lift Rental Assistance program.

**Goal #2:**

Goal #2: Robust Valley-Wide Outreach

Conduct robust outreach that attracts a minimum of 6,500 applicants throughout our service region – especially in hard-to-reach areas that are difficult to access during the period of this project.

**Evaluation Plan:**

This program will provide a critical resource to households and a critical opportunity to learn about the efficacy of emergency aid programs that are in response to economic downturns and natural disasters. Specifically, evaluating this emergency aid program will be able to do the following:

- Provide important insights into a stronger understanding of the benefits and costs of emergency aid in economic downturns
- Provide insights into and strengthen the design of future programs to assess the role of eligibility criteria in providing effective emergency aid
- Provide insights into multiple outcomes for impacted households (“doubling up”, eviction, homelessness, food insecurity, health care, childcare)
- Provide insights into how landlords are impacted by the relief to tenants, including how these benefits to households are distributed to a variety of corporate and small business landlords

We will conduct a one-year evaluation to answer critical questions on the efficacy of this emergency aid program and on its impacts. The evaluation will have three main components. First, initial analysis of the applicant pool will provide insights into the representativeness of the sample of low income renters that applied to the program and received assistance. This initial analysis can highlight how well the program is targeting the sample of households most at risk of eviction and identify populations that the eligibility criteria excluded. Second, we will conduct two surveys of households over the year to determine how the receipt of rental assistance impacts households in Riverside County. Lastly, we will conduct qualitative interviews with select landlords to further generate qualitative insights into the impact of rental assistance programs on the broader rental market in Riverside County. A final report would be generated and delivered to the County of Riverside. A final report will be generated and delivered to the County, summarizing the research conducted and findings that emerged from the one-year study. A mid-term report will also provide a basic summary of the characteristics of the funded households based on the intake forms, and a summary of the project status, including survey protocols that have been developed.

Outcomes that will be tracked will include:

- The rate of “doubling-up”
- Residential mobility
- Eviction
- Homelessness
- Food insecurity
- Household budgeting
- Participation in other social service programs
- Mental and physical health; and
- Stress

*Proposed number of District residents to be served:*

**Total:** 4,500

Proposed geographic area(s) served:

Cathedral City  
Coachella  
Desert Hot Springs  
Indio  
Indian Wells  
La Quinta  
Mecca  
North Shore  
Oasis  
Palm Desert

**Progress This Reporting Period**

**Progress Outcomes:**

Goal #1: By September 2021, a total of 4,500 qualified renter households in the Lift to Rise geographic catchment) will have received rental and utility assistance under the United Lift Rental Assistance Program

Goal #2: Robust Valley-Wide Outreach: Conduct robust outreach that attracts a minimum of 6,500 applicants throughout our service region – especially in hard-to-reach areas that are difficult to access during the period of this project.

Progress on the number of District residents served:

**Total:** 2,789

Geographic area(s) served during this reporting period:

Cathedral City  
Coachella  
Desert Hot Springs  
Indian Wells  
Indio  
La Quinta  
Oasis  
Palm Desert  
Palm Springs  
Rancho Mirage

Progress on the Program/Project Goals:

**Goal #1:**

From May 1, 2021 to July 29, 2021, Lift to Rise has approved \$9,968,267.57 in rental and utilities assistance to 1,361 households. A total of 2,789 applications were received

with a 77% approval rating. These numbers do not include data from our program partner whose numbers were not available prior to submitting this report. As we receive that data, we will include it in future reports.

Of these households, the average combined (rental and utilities) allocation was \$7,324.22.

**Goal #2:**

Lift to Rise developed an aggressive outreach plan that combined traditional marketing, community outreach efforts, and follow ups with previously engaged clients that contributed to our success in working towards our volume goals for the project.

Activities included:

- 71K Unique Visitors on UnitedLift.org from May through July due to outreach efforts
- A June texting campaign that reached over 30K eligible households throughout Riverside County
- Out of roughly 2,400 applications from May through July, more than half of applicants found out about the program through word of mouth (30% through landlord/property manager, 25% through a friend or family member). The remainder of applicants learned of UnitedLift:
  - From a community organization/resource event: 13%
  - From the news/social media: 14%
  - Other: 12%
  - From Riverside Legal Aid/Fair Housing Council/court system: 8%
  - From an elected official: 1%

**Goal #3:** NA

**Goal #4:** NA

**Goal #5:** NA

Program/Project Tracking:

- *Is the project/program on track?*  
Yes
- *Please describe any specific issues/barriers in meeting the desired outcomes:*

There were no substantive challenges or barriers related to this project during this period

- *What is the course correction if the project/program is not on track?*

NA

- *Describe any unexpected successes during this reporting period other than those originally planned:*

Lift to Rise, in partnership with Inland SoCal United Way and Riverside County, runs the nation's third-largest rental assistance program, per capita. Based on the data on ERAP-assisted households so far, it appears that the COVID-19 pandemic is continuing to have a particularly devastating impact on low-income Riverside County renters, especially those who identify as Black/African American and as female. The data also shows that families led by single parents, especially single mothers, continue to be overrepresented among approved applicants, as well as workers from the food service and healthcare industries. The pandemic has resulted in unprecedented job losses, with 62% of approved applicants out of work. Debt to landlords continues to pile up as the pandemic rages on, leaving renters vulnerable to eviction, bankruptcy, and trauma associated with housing insecurity. These trends have generally remained consistent over the course of the pandemic, suggesting that the most acutely impacted demographics could benefit from targeted interventions to improve housing stability as Riverside County continues its recovery. A comprehensive report on our work through May 2021 can be found at [unitedlift.org](http://unitedlift.org).

**Cove Communities Senior Association dba The Joslyn Center,  
Grant#: 1162**

## **Joslyn Wellness Center and Food Program**

**Strategic Area:** Behavioral Health/Mental Health

**Reporting Period:** 2/1/21 to 7/31/21

Jack Newby  
Tel: 17603334969  
jackn@joslyncenter.org

### **Grant Information**

**Grant Amount:** \$109,130

**Paid to date:** \$49,108

**Balance:** \$60,022

**Due Date:** 8/1/2021

### **Proposed Goals and Evaluation**

The specific benefits or measurable impact to be achieved by: (1/31/2022):

**Goal #1:** By January 31, 2022, a total of 52 low-income older District residents age 60 and above, including 15% from the Coachella Valley's Latinx community, will have received behavioral health assessments by the Joslyn Wellness Center's mental health clinicians to identify behavioral health issues that result in development of a treatment/action plan with specified goals and timeline for goal achievement.

**Goal #2:** By January 31, 2022, a minimum of 31 low-income older District residents age 60 and above receiving behavioral health services through the program will demonstrate progress in resolving presenting issue through clinical assessment, self-report, and/or achievement of at least one treatment goal identified in behavioral health treatment plans developed in collaboration with the program's mental health clinicians.

**Goal #3:** By January 31, 2022, a total of 40 low-income older District residents age 60 and above will report experiencing reduced anxiety about food insecurity and decreased depression because of socialization with caring Joslyn Center volunteers by receiving up to seven nutritious meals per week with each meal meeting up to a minimum of one-

third of the Dietary Reference Intakes by the Food and Nutrition Board, Institute of Medicine, National Academy of Sciences.

**Evaluation Plan:** Success is measured by achieving benchmarks, objectives and positive mental health outcomes. Counseling benchmarks include number of unduplicated clients participating in behavioral health treatment; attendance at a minimum of three counseling sessions; meeting of treatment goals; and improvement in presenting problem demonstrated through clinical assessments and client self-reports. Last year, 94 clients participated in our counseling program; 100% received clinical assessments and treatment plans. Of these, 80% completed treatment with 67% achieving treatment goals. The Program Administrator tracks demographics and outcome data via an Excel spreadsheet from data collected by clinicians. Quantitative data includes gender, age, zip code, income, ethnicity, and other data. Qualitative data tracked includes the number of behavioral health outpatient treatment sessions, clinical assessments, treatment plan development, and achievement of treatment goals. Progress notes are maintained in confidential client files. Improvements in clinical assessments and achievement of treatment goals are reported at minimum of six-month intervals. All data is kept in secure, HIPAA-compliant electronic and printed client files that are maintained in locked cabinets with restricted access to authorized personnel only. We utilize evaluation processes that are consistent with the International Classification of Diseases and Related Health Problems (ICD 10), including the Patient Health Questionnaire (PHQ-9), which are collected at intake and at periodic treatment intervals. Client self-reporting of Quality of Life, reduction in food insecurity anxiety, and improvement in symptoms are measured by surveys administered by with results tracked via Excel spreadsheets and reported quarterly. Program results are analyzed by staff under the direction of the Program Director, a Licensed Clinical Social Worker, and reported monthly to the Executive Director and at regular intervals to the Board of Directors. We are investigating affordable options for HIPAA compliant, cloud-based Electronic Health Records databases to monitor and report client data, clinician notes, and program objectives and outcomes.

*Proposed number of District residents to be served:*

**Total: 92**

*Proposed geographic area(s) served:*

Cathedral City  
Coachella  
Indio  
Indian Wells  
La Quinta  
Palm Desert  
Rancho Mirage  
Thousand Palms  
Bermuda Dunes



## **Progress This Reporting Period**

### **Progress Outcomes:**

The Wellness Center program is meeting its goals in terms of client enrollment, although enrollment has decreased in the past two months. We have continued advertising in the Desert Sun and through social media to attract clients since direct outreach is very difficult during COVID. It appears to be a balance between individuals wanting on-site services and caution in having two or more individuals in a room for counseling even if distanced and wearing a mask. At this time, we are continuing with Zoom or telephone counseling. We are pleased to report that our outreach for Spanish speaking clients has resulted in the establishment of a group in collaboration with the Braille Institute which has proven to be very beneficial to the clients since they had been struggling without a licensed counselor. We are working on additional outreach to the Spanish speaking community to reach our goal of at least three sites by the end of the grant year. The counseling program is serving clients from more cities and areas of the Coachella Valley than originally anticipated. Our AMFT counselors are continuing with weekly supervision by the LCSW and all underwent training on HIPPA requirements in order to address a minimum of HIPPA training at least annually. All counseling clients have received clinical assessments, treatment plans and have achieved at least one or more treatment goals. Each of these areas are discussed weekly during supervision and client progress is discussed with techniques to improve outcomes. We are now regularly conducting the PHQ-9 assessments of new and continuing clients to add an additional evaluation aspect to the counseling program.

For the Meals on Wheels aspect of the program, we have served nearly 9,000 fresh and frozen meals to 118 unduplicated clients. This is on track to exceed total meals served last fiscal year as well as exceed unduplicated clients. We are serving meals in the cities of Rancho Mirage, Palm Desert (including the Del Webb communities) and Indian Wells. We have completed our survey and assessment for Meals on Wheels clients and will be tabulating results and outcomes to include in our next progress report.

### **Progress on the number of District residents served:**

**Total:** 155

### **Geographic area(s) served during this reporting period:**

Cathedral City  
Indian Wells  
Indio  
La Quinta  
Palm Desert  
Palm Springs  
Rancho Mirage  
Thousand Palms

### Progress on the Program/Project Goals:

#### **Goal #1:**

At the conclusion of this reporting period, 37 clients received a clinical assessment and treatment plan developed by the Wellness Center clinicians that identified behavioral health issues which included a timeline for achieving their goals. The clinical assessment and development of the treatment plan was under the supervision of the program LCSW. Weekly, the LCSW meets with the AMFT clinician and reviews treatment goals and progress on the treatment plan developed for each client. During this period, we collaborated with the Braille Institute in developing a group specifically for Spanish speaking individuals who were struggling with their disability. This group specifically requested a licensed professional to work with the group. Treatment plans and goals were developed for each group member and they were monitored for achievement of their respective goals. The Spanish speaking group initially consisted of twelve members with two dropping out due to other health concerns. Ten Spanish speaking individuals completed the group therapy in collaboration with the Braille Institute. Our supervising LCSW provided additional training to the counselors on developing and charting their assessment and treatment plan. Weekly supervisions for each client reviewed the charts and progress as well as determination of achieving the goals of the therapy. Our Spanish speaking therapist assisted in outreach to the Spanish speaking community. With COVID, it was difficult to complete many of the outreach opportunities. All therapy and group sessions took place via Zoom and in a few cases via telephone.

#### **Goal #2:**

At the conclusion of this reporting period, 37 clients received a clinical assessment and treatment plan developed by the Wellness Center clinicians that identified behavioral health issues which included a timeline for achieving their goals. This includes the members of the Spanish speaking group with the Braille Institute. As previously indicated, two of the Braille group therapy clients had to terminate their participation in the group because of health related issues. The progress toward achievement of treatment goals is monitored weekly by the LCSW supervisor. Part of the regular supervision includes evaluation of client progress and potential referral to appropriate providers such as Jewish Family Services. At the time of this report, all of the clients except for the two that dropped from the Braille group have been assessed by the counselor and LCSW supervisor to have achieved progress on at least one treatment goal. One-third of these clients have been assessed to have achieved progress on more than one goal. Additionally, all of the remaining clients have participated in at least three sessions. Of particular interest to us were comments and progress notes relating to the Spanish speaking group that was in dire need of a group therapy format. A few of these notes are set forth: AG shared "You must think before you do things because you cannot change your actions." RV shared: "I have strategies that I use to help deal with feelings of anxiety before a doctor appointment." CO shared her strategies for dealing with anxiety by "Listening to music and praying." AG shared that "I have learned that anxiety before a medical procedure is a normal feeling and I can better cope with it." CC reported that "I have learned good techniques for dealing with

anxiety and depression while in this group.” We have also begun administering PHQ-9 assessments to clients and will be able to report on client depression in our final report. The main focus of Problem Solving Therapy is an early intervention therapy to teach clients how to problem solve in order to avoid issues that could lead to depression and other mental health disorders. The LCSW Program Director continually monitors progress of clients and, along with the program administrator maintains confidential records to monitor that clinical assessments are undertaken, a treatment plan is developed and discusses progress on completing goals of treatment.

**Goal #3:**

As of the date of this progress report, we have served a total of 7,406 freshly prepared and 1,526 frozen meals to 118 unduplicated clients. Zip codes served include 92270, 92260, 92211, and 92210. Meals served to Rancho Mirage: 1,138; Meals served to Palm Desert: 6,898; Meals served to Indian Wells: 896.

In addition, we have prepared and have begun administering a general survey which includes questions to assess reduction in anxiety and depression related to food insecurity. We are awaiting results from this survey. A copy of the survey is available upon request.

Program/Project Tracking:

- *Is the project/program on track?*

Yes

- *Please describe any specific issues/barriers in meeting the desired outcomes:*

It is sometimes difficult to measure reduction in depression or anxiety in both Problem Solving Strategies and for individuals receiving Meals on Wheels. Much time was spent with counselors to standardize clinical assessments, monitor development and progress on treatment plans and measure progress on goals. We waited to also administer the PHQ-9 until the counselors and supervising LCSW were comfortable in regular assessments and monitoring progress to goals. Also, the PHQ-9 was not always indicated when a client first sought Problem Solving Therapy. It was an issue of using early intervention to help insure that the client did not let a problem become one that resulted in increased anxiety and depression. However, we are now beginning to administer the PHQ-9 as a regular course of our evaluation to determine if depression is a component of the inability to solve a problem. All new clients and continuing clients are being administered this assessment.

- *What is the course correction if the project/program is not on track?*

For the most part, the programs are on track and achieving their goals. We were a bit behind in including the PHQ-9 assessment as an additional evaluation

component in the counseling program, but the other evaluation components are on track and all clients are showing progress. We are at the beginning stages of the survey of Meals on Wheels clients and have completed the survey questionnaire which is available upon request. With respect to the declining enrollment in the counseling program that occurred in the past two months, we are continuing our advertising in The Desert Sun and social media. However, we are looking at other areas of advertising and more in-person outreach as COVID restrictions are eased. We received feedback from members and clients in our early June opening that there is some reluctance in engage in remote or Zoom counseling. Also, this is a population that does have difficulty accessing technology. As an organization, we are offering more technology and virtual programs to help seniors and older adults become accustomed to the technology and we have begin promoting telephone counseling as an alternative. Much of the course correction depends on the COVID pandemic and the comfort level in receiving in-person services. We are continuing to evaluate our enrollment levels and making course adjustments. All new enrollments are now being asked how they became aware of the program so we can better evaluate the effectiveness of our outreach efforts. Also, in-person outreach is anticipated to help improve enrollment levels.

- *Describe any unexpected successes during this reporting period other than those originally planned:*

While one of our goals was to outreach to the Spanish speaking community, we are particularly pleased with the success and gratitude shown by the participants in the Braille group counseling. These are individuals who are struggling with blindness or low vision, and did not have a professional to facilitate their group and guide them to find solutions to their challenges. The participants were clearly grateful for the group and the AMFT counselor in helping them to alleviate their fears and anxiety around their vision loss and medical visits. The Braille institute was also very grateful for our collaborative efforts and we expect this relationship to continue and expand beyond the Spanish speaking group.

**Alzheimer's Association, Grant#: 1147**

**Alzheimer's Association Critical Support**

**Strategic Area:** Vital Human Services to People with Chronic Conditions

**Reporting Period:** 02/01/2021-07/31/2021

Cortney Weir

Tel: (760) 996-0006

Fax: (760) 328-2747

cjweir@alz.org

### **Grant Information**

**Grant Amount:** \$33,264

**Paid to date:** \$14,969

**Balance:** \$18,295

**Due Date:** 8/1/2021

### **Proposed Goals and Evaluation**

The specific benefits or measurable impact to be achieved by: (1/31/2022):

#### **Goal #1:**

To continue to deliver Care Consultations to individual families. These entail a private individualized planning session with a Program Manager who does a full assessment of the current situation, challenges, and very often crisis management and mitigation. There is also significant follow up with these families, and multiple Care Consultations that take place as their loved one's disease progresses and needs change. Goal: To deliver 100 unduplicated Care Consultations to District families, which incorporates an average of two additional family members for a total of 300 District residents served.

#### **Goal #2:**

Goal: To deliver approximately 150 follow up Care Consultations with families who are established with us through a previous CC to monitor progress, changing circumstances and challenges related to their loved ones disease progression.

#### **Goal #3:**

Goal: To deliver a new Caregiver EssentiALZ 4 week series each month in 2021, with an average of 14 caregivers in attendance during each session. This will be a total of

168 district residents/families served, who will then go on through the programmatic continuum of services we provide, including ongoing support groups, additional targeted education and the opportunity to participate with their loved one in social engagement programs.

**Evaluation Plan:**

Utilizing our proprietary Association internal database, Personify, the Alzheimer's Association carefully collects data from every interaction that occurs between our staff, volunteers and community members. For each Care Consultation a record is made for the family in question, with detailed notes regarding their specific situation, challenges, and the resources, strategies and action plan that is developed with their Program Manager. Additionally, for every education class, data is entered regarding the name, email and zip code of each participant in attendance, whether in person or virtually. All class participants are also given a post class evaluation, including a pre and post survey for the Caregiver EssentiALZ 4 part series which measures their growth in knowledge, comfort level and overall stress level before they begin the series and after it is completed. After the class concludes, most Caregiver EssentiALZ class groups form their own Support Group, or migrate into an existing Support Group, where their knowledge base and self assessed stress levels are also routinely monitored. The Association collects unduplicated numbers with regard to family members utilizing our services; EG one family may access several of our programs and services multiple times, (attend a support group every week for several months/years, attend an occasional educational or social engagement class, participate in one of more Care Consultation. For our purposes of increasing our reach and focusing on serving the greatest number of families living with Alzheimer's, we count each of these instances as an unduplicated contact only one time for our yearly total number of families served. For the purposes of this grant request, some averages have been made based on the actual number of district residents that are being served by the programs in question.

*Proposed number of District residents to be served:*

**Total:** 468

*Proposed geographic area(s) served:*

Cathedral City  
Coachella  
Desert Hot Springs  
Indio  
Indian Wells  
La Quinta  
Palm Desert  
Palm Springs  
Rancho Mirage  
Bermuda Dunes

## **Progress This Reporting Period**

### **Progress Outcomes:**

The Alzheimer's Association has continued to serve our Coachella Valley community by offering programs and services throughout the onset and peak of the Covid-19 pandemic, and into the current calendar year where we saw enough of a downward trend in cases locally that we excitedly began offering in person programming from our office and out in the community in May of 2021. Recently, we have had to shift backward a bit as the Delta variant has had an impact locally and nationally, and out of an abundance of caution, we made the difficult decision to return to virtual platforms of all of our programming in early August. This, however, has not precluded us from delivering the critical care and support services to our Alzheimer's and dementia families, and we have remained on track to deliver the goals promised in our original proposal to the Desert Healthcare District.

### **Progress on the number of District residents served:**

**Total:** 178

### **Geographic area(s) served during this reporting period:**

All District Areas

### **Progress on the Program/Project Goals:**

#### **Goal #1:**

In this initial reporting period from February 1 2021 to July 31, 2021, we delivered 43 Care Consultations to local families of which 31 were held virtually via Zoom or by telephone, and 12 were delivered in person after our office opened back up in May. Typically, our numbers decrease during the summer months and we expect to hit the required number of 100 before the conclusion of the granting cycle.

#### **Goal #2:**

During this same time period, we delivered 58 follow up Care Consultations to district families, which included 47 virtual via Zoom or by telephone and 11 that were delivered in person. This number was also affected by our general slow down of service during the summer months, and we anticipate being able to reach our goal of approximately 150 total by the end of the granting cycle.

#### **Goal #3:**

Our Caregiver EssentiALZ class has been running every month, 4 weeks per session, throughout the reporting period. From February through May we offered this programming via Zoom and in June and July we returned to in person programming. Our class size has ranged from 10 to 16 participants per session, for a total of 77 participants during this reporting period. We feel that we are on track to reach our goal of serving 168 district residents through the delivery of this program.

Program/Project Tracking:

- *Is the project/program on track? Yes*
- *Please describe any specific issues/barriers in meeting the desired outcomes:*

Our main challenge now is that the issues with the Covid variant numbers are again significantly affecting our constituents, who represent the population most vulnerable to the effects of Covid 19. Just when we had reopened our office and moved all of our programming, including the specific programs funded by our DHCD grant back to in person delivery, we had to make the difficult decision to abandon that plan and again move everything back to virtual. Because Alzheimer's is intrinsically isolating and segregating for this population, we are seeing a renewed sense of fatigue and hopelessness among those we serve. We are intent on ensuring that their needs are met, even if the delivery is not ideal or preferred, and have kept our office open despite the fact that we are not holding in person classes there, for those who are in crisis and need this vital resource. We do feel that despite these challenges we will be able to achieve our stated goals before the end of the grant period.

- *What is the course correction if the project/program is not on track?*

Once "season" is upon us again, we plan to do some advertising about the fact that our office is open, and that we do continue to run multiple educational and support programs via virtual platforms. This should help boost our numbers for the second half of the granting cycle.

- *Describe any unexpected successes during this reporting period other than those originally planned:*

One unexpected and welcome success that has come about from this challenging pandemic time is that we are reaching more people geographically. We have noticed people in our support groups and educational programs, as well as our social engagement programs who are new to us, and are accessing these services because in person programs were never an option for a variety of reasons; transportation challenges, lack of care for their loved one with disease, proximity to our office too far from their home for comfortable travel, etc. This has opened our eyes to the fact that we must always have virtual options for everything, so that we are meeting all of our constituents needs. One additional note: our secondary expenses related to providing both Care Consultations and Caregiver EssentiALZ classes have been significantly lower during our virtual programming than during our in person programming, as the majority of materials, printing costs, paper, etc are delivered via email for the virtual classes and sessions. These expenses should increase when and if we again return to primarily in person mission delivery.



**Inland Empire Ronald McDonald House, Grant#: 1136**

**Temporary Housing and Family Support Services**

**Strategic Area:** Healthcare Infrastructure and Services

**Reporting Period:** 02/01/21 to 07/31/21

Karen Hooper

Tel: (909) 747-1260

khooper@rmhcsc.org

### **Grant Information**

**Grant Amount:** \$119,432

**Paid to date:** \$53,744

**Balance:** \$65,688

**Due Date:** 8/1/2021

### **Proposed Goals and Evaluation**

The specific benefits or measurable impact to be achieved by: (1/31/2022):

**Goal #1:** By January 31, 2022, 100 Coachella Valley families will be provided temporary housing for a total of 1,600 nights to alleviate the financial burden placed on these families who have to temporarily relocate.

**Goal #2:** By January 31, 2022, 80% of Coachella Valley families served will receive supportive services through the Family Support Services (FSS) program.

**Goal #3:** Provide supportive services to our medical partners to assist those pediatric parents from Coachella Valley that choose to stay bedside by providing comfort bedside bags, provide food and gas cards as available. The goal is to support an additional 50 families through this service. By January 31, 2022, \$25.00 gas cards will be provided to 50 Coachella Valley families to assist with travel expense due to financial hardship.

#### **Evaluation Plan:**

Our projects will be carefully evaluated by monitoring and collecting data on various levels. The House program collects surveys from every family regarding their guest experience and how it has impacted the child undergoing treatment and the family as a

whole. The comments provided are used to access where changes need to be made or what other types of support a family is requesting that we could potentially provide. For example, we had families that were struggling with transportation to get back and forth to one of our other medical facilities. After evaluating, we established a shuttle service specifically to that location. FSS also does independent surveys of the families seen through their program and a follow-up survey is done three months after the family has returned home. All survey data and comments are used to evaluate the effectiveness of each of our programs and to determine possible enhancements. The House also captures statistical data on each family (person), i.e., # of families served, # of in or out-patients, diagnosis, # of adults, # of children, ethnicity, income level, place of origin, # of new families, # of returning families, etc. FSS also collects statistical data such as # of hours in family meetings and support groups, # of check-ins with families, # of hours spent in therapeutic fun clubs for children, parents, and families, # of hours providing educational workshops, # of hours putting on activities. We will have very rich data to share on all these dimensions and look forward to reporting this information to you.

*Proposed number of District residents to be served:*

**Total: 325**

*Proposed geographic area(s) served:*

Cathedral City  
Coachella  
Desert Hot Springs  
Indio  
La Quinta  
Palm Desert  
Palm Springs  
Thermal  
Thousand Palms  
Bermuda Dunes

**Progress This Reporting Period**

**Progress Outcomes:**

During this reporting period, 02/01/21 to 07/31/21, we have been on pace to meet our goals in terms of housing, however, we need to continue to work with our partnering hospital social workers to identify those families from the Coachella Valley who are traveling back and forth to be with their child and need assistance with gas cards. We have been successful in meeting the needs of the families from the Coachella Valley requesting to stay at the IE Ronald McDonald House.

Progress on the number of District residents served:

**Total:** 117

Geographic area(s) served during this reporting period:

All District Areas

Progress on the Program/Project Goals:

**Goal #1:**

Within our reporting period, we have monitored our stay requests daily to provide temporary housing to the Coachella Valley Families. During this period, we have accommodated 37 CV families comprised of 117 residents utilizing 617 nights. These families have been provided a private guest room and restroom, free meals, sundries, toys, blankets, snack items, and much more, to make their stay as pleasant as possible. With the daily cost of a guest room being \$100, DHCD Foundation has covered the 617 nights at a cost savings to the families of \$61,700.

**Goal #2:**

Each of these families (100%) were assigned and met with one of our Family Support Services (FSS) team members. Their initial meeting is 45 minutes to 1 hour in length. Resources are provided for them and they are guided to join FSS on-line where additional support classes are offered. The FSS team member checks in with the family during their entire stay.

**Goal #3:**

During this reporting period, we have continued to support our partnering hospital to assist the pediatric parents by bedside. We have supplied 27 hygiene bags, 16 baby items bags, 22 food item bags, 22 bedside bags with journals, 28 boxes of miscellaneous items, blankets, and eleven (11) \$25 gas cards and two (2) \$50 gas cards to Coachella Valley families. The families who have received cards were extremely appreciative. When provided to the family, the card is placed in an envelope with a note stating that this gift is courtesy of the Desert Healthcare District Foundation. We will be working more diligently with the hospital social workers in identifying those families from the valley that need travel assistance (gas cards) over the next six months.

**Goal #4:** N/A

**Goal #5:** N/A

Program/Project Tracking:

- *Is the project/program on track?* Yes

- *Please describe any specific issues/barriers in meeting the desired outcomes:*

I believe that we are on track to meet the program/project goals. As mentioned above, we will be implementing weekly check ins with our partnering hospital social workers to identify families from the Coachella Valley needing travel assistance with gas cards. We got a late start as it took a while to work with the vendor to obtain the gas cards. The only other challenge that could potentially affect our progress in serving families is the recent restrictions set by the CA Department of Public Health regarding visitors at the hospitals where their child is receiving treatment, requiring them to be vaccinated or provide COVID tests valid within a 72 hour period for each visit.

- *What is the course correction if the project/program is not on track?*

The protocols set by the CA Department of Public Health is out of our control as it pertains to COVID and the Delta variant. Our role is to implement and adhere to the protocols which in turn impacts the families and their choice to stay. We will continue to provide our temporary housing and program services as long as we are able and are within the requirements of the CDHP and our charity. I have been working with our local government office to possibly obtain more on-site test kits to support the COVID testing timeframe requirement of those unvaccinated. This would, I believe, help parents decide to stay nearby utilizing our services if they choose not to be vaccinated.

- *Describe any unexpected successes during this reporting period other than those originally planned:*

None to report at this time

**Public Health Institute, Grant#: 1046**

## **Coachella Air Quality and Health Analysis**

**Reporting Period: 3/1/21 to 8/30/21**

Paul English  
Tel: (510) 620-3684  
paul.english@cdph.ca.gov

### **Grant Information**

**Grant Amount:** \$250,000

**Paid to date:** \$112,500

**Balance:** \$137,500

**Due Date:** 9/1/2021

### **Proposed Goals and Evaluation**

The specific benefits or measurable impact to be achieved by (2/28/2023):

This project evaluation plan emphasizes assessing the reach and effectiveness of outreach and engagement of target audiences in project activities. An outreach log will track activities to engage survey respondents, monitor hosts, and other target participants and stakeholders in the project. Example activities include presenting and distributing informational materials at health fairs and screening events, clinics, schools, senior centers, community meetings, and other venues.

Proposed evaluation activities for qualitative assessment of this project include:

1. Conduct testing of the sample survey instrument by community-based organization staff not involved in the project in both English and Spanish prior to distributing it to respondents, and ensure that questions included are appropriate and understandable for target audiences;
2. Debrief with project team members on project planning calls to obtain feedback on efficacy of project outreach and communications activities and materials, such as draft project fact sheets and written summaries of survey and analysis results;
3. Conduct informal interviews with project team members, monitor hosts, and/or other project participants to solicit their feedback on project progress and results;

4. Document and incorporate feedback received from project team members and other project stakeholders into ongoing project planning and implementation.

Proposed evaluation activities for quantitative assessment of this project include:

1. Develop and maintain an outreach log to track number of people reached and number of informational materials distributed to target audiences;
2. Develop and maintain a performance evaluation and monitoring spreadsheet to track data collected on specific evaluation metrics as listed below;
3. Analyze and summarize evaluation data to inform project implementation;
4. Share evaluation data with project team to inform required reporting and other communications about project results;
5. Incorporate evaluation results for the project into grant reporting and other communications about the project to key stakeholders, as appropriate.

Proposed number of District residents to be served:

**0-5:** 10,845

**6-17:** 44,304

**18-24:** 15,358

**25-64:** 94,833

**65 or more:** 32,850

Proposed geographic area(s) served:

All District Areas

## **Progress This Reporting Period**

**Progress Outcomes:** During the reporting period, we have accomplished the following in relation to our proposed goals and evaluation plan:

Goal #1:

In Year 1, conduct a sample survey of 250 respondents in English and Spanish by mobile device to estimate prevalence of undiagnosed and physician-diagnosed asthma and cardiovascular disease among permanent residents of the Coachella Valley, with oversampling of vulnerable communities in the Eastern portion of the valley and of tribal populations.

Accomplishments: We compiled and reviewed relevant survey questions on respiratory and cardiovascular symptoms from validated and field-tested questionnaires including the survey instrument used during the Loma Linda University (LLU) community health

survey directed by Dr. Ryan Sinclair in Eastern Coachella Valley. Since one of the points of feedback we had received from Dr. Sinclair was that there was underreporting of respiratory symptoms in the LLU survey responses, we carefully reviewed the Spanish translations of survey questions regarding respiratory symptoms for both children and adults with our community partner Comité Cívico del Valle (CCV). Based on this review we developed a draft survey questionnaire for our planned DHCF community health survey and held a series of planning calls with community health education team members at CCV to further tailor, refine and translate the draft survey questions into Spanish. During monthly planning calls with CCV and other project partners we also discussed the protocol we would be using to administer the survey and identified participants to recruit for a focus group to test the draft questionnaire and obtain feedback on the planned survey protocol. Potential focus group participants include community leaders from vulnerable populations in the area such as indigenous communities and community health workers including a respiratory therapist. Due to external circumstances including the current COVID-19 spike affecting the Eastern Coachella Valley area we are planning to conduct the focus group virtually via Zoom and then administer the survey in person later this fall.

**Goal #2:**

In Year 1, conduct an analysis of current and historic emergency room visits and hospitalizations for asthma and cardiovascular disease by zip code and comparable Indian Health Service data for the DHDF areas.

**Accomplishments:** This analysis of hospitalization and emergency room visits for the Coachella Valley by ZIP code, including diagnoses of asthma, COPD, bronchitis, pneumonia, heart disease, and myocardial infarction has been completed and submitted to DHCF for review. In June 2021, a presentation was made on the results to the South Coast Air Quality Management District and community stakeholders.

**Goal #3:**

In Year 1, conduct an analysis of available PM<sub>2.5</sub>, PM<sub>10</sub>, and ozone air pollution data for the DHDF areas, including seasonal trends, federal exceedances, and health benchmarks.

**Accomplishments:** This report was completed and submitted to DHCF for review and comments.

**Goal #4:**

During Years 1-3, conduct source apportionment monitoring at one primary site in the Coachella valley for a 12-month period to improve understanding of the sources of particulate matter in the Valley, with additional targeted PM<sub>2.5</sub> and PM<sub>10</sub> measurements at locations of interest, such as where high pollution levels are expected and where vulnerable populations are located.

**Accomplishments:** The project partner, Berkeley Air Monitoring Group, installed ASPEN gravimetric samplers at the Indio Jackson SCAQMD air quality monitoring site

in December, 2020, which allows for comparison and validation of air pollution data, and safe housing of the instrumentation. To date, between 40 and 42 samples have been attempted for PM2.5 and PM10, on Teflon and quartz filters, the two different types of filters that allow us to conduct gravimetric/elemental, and EC/OC/organics, respectively. Unfortunately, due to sampler errors and overheating, only 31-36 samples from each group are available for analysis. As a result of these errors, the sampler manufacturer has requested the samplers be sent back for maintenance, and we anticipate restarting sampling between September 7-10. As a component of the ambient samples collected in July, 4 community samples were collected at the Ave 52 community monitoring site in Coachella.

Thirteen samples, which were collected in March/April, have had the elemental and gravimetric analyses performed, but the data has not yet been provided to Berkeley Air for analysis. It will be incorporated into the full data set within the week.

Source apportionment analysis is currently under way. The source apportionment analysis is being conducted with 15 PM2.5 samples and 13 PM10 samples, and is not expected to be representative of the final results. Nonetheless, conducting it was a proof of concept, and with these results, we can now begin comparing with existing source profiles nationally, as well as regionally, and can start with additional downstream analyses. These include incorporating meteorological data such as wind speed and direction, temperature, and humidity, to better understand causal and possible mitigating effects of each source's contributions.

**Goal #5:**

By the project completion, produce a white paper outlining results of the monitoring and analyses, and summarize practical policy options to mitigate sources and reduce exposures harmful to health.

**Accomplishments:**

We have not started working on this goal at present.

*Progress on the number of District residents served:*

**0-5:** 10,845

**6-17:** 44,304

**18-24:** 15,358

**25-64:** 94,833

**65 or older:** 32,850

*Geographic area(s) served during this reporting period:*

All District Areas



Program/Project Tracking:

- *Is the project/program on track?*

Yes

- *Please describe any specific issues/barriers in meeting the desired outcomes:*

Goals 2 and 3 (analysis of patient data and air pollution data) are completed. We anticipate delays in conducting the survey (Goal 1) due to pandemic-related prohibitions on work in the field and travel from the Public Health Institute. We therefore moved this activity to Year 2. Goal #4 (source apportionment) has been slightly delayed as several samples had to be discarded due to sampler errors and overheating (see above).

- *What is the course correction if the project/program is not on track?*

We have to redo several samples in the source apportionment work, but will still complete all work within the project period.

- *Describe any unexpected successes during this reporting period other than those originally planned:*

We have been receiving support from the South Coast AQMD to help on the source apportionment activities and also increased support from Comité Civico del Valle on developing the questionnaire instrument.

**Jewish Family Service of the Desert, Grant#: 1170**

**Mental Health Counseling Services for Underserved Coachella Valley Residents**

**Strategic Area:** Behavioral Health/Mental Health

**Reporting Period:** 3/1/21 – 8/31/2021

Kraig Johnson  
Tel: (760) 325-4088  
Fax: (760) 778-3781  
grants@jfsdesert.org

**Grant Information**

**Grant Amount:** \$80,000

**Paid to date:** \$36,000

**Balance:** \$44,000

**Due Date:** 9/1/2021

**Proposed Goals and Evaluation**

The specific benefits or measurable impact to be achieved by: (2/28/2022):

**Goal #1:** By June 30, 2021, JFS will provide low- or no-cost mental health counseling services for 120 unduplicated clients using DHCD funds only (and an additional 1,080 using non-DHCD funds).

**Goal #2:** By June 30, 2021, at least 70% of mental health clients will attend three or more counseling sessions.

**Goal #3:** By June 30, 2021, JFS therapists will administer a depression scale to all counseling clients over 18 years of age.

**Goal #4:** By June 30, 2021, JFS will ensure that 100% of adult mental health clients are aware of case management services, including emergency financial assistance.

**Evaluation Plan:**

Success of the proposed project will be defined by providing affordable access to quality mental health care for all Coachella Valley residents. JFS's counseling program is measured by achieving objectives and positive mental health outcomes. Counseling

benchmarks include attendance at a minimum of three sessions and meeting of treatment goals. Quantitative evaluation is primarily measured through reports generated from the JFS Electronic Health Records (EHR) database, which is developed and maintained by Welligent, Inc. This data is compiled bi-annually, and treatment goal achievements are reported at year end. Qualitative evaluation is based on processes that are consistent with the International Classification of Diseases and Related Health Problems (ICD 10), including the Generalized Anxiety Disorder (GAD 7) scale, the Primary Care-PTSD (PC-PTSD) screen, the CAGE Adapted to Include Drugs (CAGE-AID) screen, and the Patient Health Questionnaire (PHQ-9). The PC-PTSD and CAGE-AID screening tools are used at admission, while the GAD-7 and PHQ-9 tools are utilized at periodic times during the course of treatment and recorded in the database. Outcome measurements are monitored by individual clinicians and agency management, and any unexpected outcomes brought to the monthly clinical roundtable for discussion.

*Proposed number of District residents to be served:*

**Total:** 120

*Proposed geographic area(s) served:*

Cathedral City  
Coachella  
Desert Hot Springs  
Indio  
La Quinta  
Mecca  
Palm Desert  
Palm Springs  
Rancho Mirage  
Thousand Palms

**Progress This Reporting Period**

**Progress Outcomes:**

Between March 1, 2021, and August 15, 2021\*, Jewish Family Service of the Desert (JFS) met its expected progress toward annual program goals, offering telecare sessions for remote care, as well as in-person sessions to those clients who prefer to meet face-to-face or who cannot complete telecare sessions for whatever reason. In total, 567 unduplicated clients were provided with low or no-cost mental health counseling (47% of the total goal of 1,200), with a majority attending at least three counseling sessions (77% compared to the goal of 70%) and 68% of those clients obtaining at least one mutually agreed-upon clinical goal (compared to the goal of 70%).

\*Note: Although the reporting period end date is August 31, 2021, JFS is reporting on progress for the period of March 1, 2021 to August 15, 2021 to allow for accurate, up-to-date data collection. JFS will include data from August 15-August 31, 2021, in the next progress report.

Progress on the number of District residents served:

**Total: 567**

Geographic area(s) served during this reporting period: Cathedral City

Coachella  
Desert Hot Springs  
Indio  
La Quinta  
Outside the Coachella Valley  
Palm Desert  
Palm Springs  
Rancho Mirage  
Thousand Palms

Progress on the Program/Project Goals:

**Goal #1:**

Goal #1: By June 30, 2021, JFS will provide low- or no-cost mental health counseling services for 1,200 unduplicated clients.

For the period of March 1, 2021, to August 15, 2021, JFS served 567 unduplicated clients, 47% of the total goal.

**Goal #2:**

Goal #2: By June 30, 2021, at least 70% of mental health clients will attend three or more counseling sessions; at least 70% will have obtained at least one mutually-agreed upon clinical goal.

77% of mental health clients—439 out of 567 clients—attended three or more counseling sessions.

Of adult counseling clients attending three or more sessions, 68% (298 of the 439 clients) obtained at least one mutually agreed-upon clinical goal.

**Goal #3:**

Goal #3: JFS therapists will administer a depression scale to all counseling clients over the age of 18.

JFS therapists administered a depression scale to 100% of their 567 mental health

clients over the age of 18. All clients were administered the depression scale at their first appointment.

**Goal #4:**

Goal #4: By June 30, 2021, JFS will ensure that 100% of adult mental health clients are aware of case management services, including emergency financial assistance.

100% of adult mental health clients—567 clients total—were made aware of case management services, including emergency financial assistance.

**Goal #5: N/A**

Program/Project Tracking:

- *Is the project/program on track?*

Yes

- *Please describe any specific issues/barriers in meeting the desired outcomes:*

The state of crisis that many Coachella Valley residents experienced due to the COVID-19 pandemic—including operating in a prolonged state of “fight or flight”—has made it challenging to recognize their need for mental health support. Many clients struggled to commit to longer-term goals due to the unpredictability of the pandemic and the related need to focus on immediate and urgent issues (e.g., loss of income). JFS anticipates that, as the grant period progresses, more clients will establish clear long-term goals as they feel greater stability. But, the emergence of the Delta variant and increased concerns regarding infection rates and accompanying increased mortality, may prolong the population’s fight-or-flight feelings leading to a delay in expected increases in counseling referrals.

- *What is the course correction if the project/program is not on track?*

As residents continue to experience the pandemic and pandemic recovery, it is evident that JFS needs to ensure that mental health care is readily available and accessible, particularly for those living with low incomes.

- *Describe any unexpected successes during this reporting period other than those originally planned:*

Related to Goal #4, ensuring that 100% of adult mental health clients are aware of case management services, including emergency financial assistance, JFS launched a new service to provide more substantial emergency assistance for clients experiencing COVID-19 pandemic related financial challenges. The Family Assistance Program (FAP) was embedded into JFS’s case management program

in March 2021 to provide long-term and client-guided support for larger households, including ones with seniors, affected by COVID-19. FAP offers up to \$1,000 to be used for up to 6 months and allows recipient households to direct their own support, maintaining dignity within the family unit. So far, 106 local families have been pledged \$77,500 in support for necessities such as overdue rent or utilities, food, and medications. Through these increased sources of emergency financial assistance, JFS has been able to connect residents with more substantial levels of financial support, thus having an even greater impact on their household stability.

## **Regents Of The University Of California At Riverside**

### **COVID-19 Testing for Farm working Communities in the Eastern Coachella Valley**

#### **Reporting Period Covered**

6/15/20 to 2/28/21

#### **Final Progress**

**Please describe your program/project final accomplishment(s) in comparison to your proposed goal(s) and evaluation plan.**

We originally proposed to collaborate with Riverside County Department of Public Health (RCDPH) to establish and implement COVID-19 testing for farm-working communities in the Eastern Coachella Valley (ECV). We proposed to do this by build on our Global Health at Home and Coachella Valley Free Clinic infrastructure of volunteer UCR clinical faculty and UCR pre-med and medical students. RCDPH originally proposed donating 5,000 tests with the expectation that our team implement pop-up testing sites tailored to the needs of farm workers in the eastern valley. however, logistically it was not possible to carry this out as promotores needed training from County on how to register patients and clinical faculty and students in COVID-19 testing. Furthermore, it was logically not possible at that time, to register patients within the County scheduling system as only limited testing locations were in the system. Consequently, we developed collaborations with Borrego Health who had the capacity to implement mobile unit, pop-up clinics and needed assistance with engaging members of farm-working communities in the eastern valley. Our team helped identify sites for clinics, promoted the clinics, and engaged community in testing services.

#### **Final Progress on Goal #1**

Goal #1 was to establish and implement COVID-19 testing and contact tracing for farmworkers in the eastern Coachella Valley (ECV). We collaborated with Borrego Health to establish routine testing for farm working communities in the ECV, as well as with RCDPH to set up contact tracing for patients in the ECV. From September 25 to December 31, 2020, we partnered with Borrego Health to hold COVID-19 testing sites in the eastern valley. We conducted focus groups to assess barriers and facilitators to use of COVID-19 testing services as well as to understand potential barriers to future vaccination. Additionally, we held capacity building trainings for promotores and pre-medical and medical students to conduct and analyze focus group data.

#### **Final Evaluation of Goal #1**

RCDPH hired and trained three bilingual promotoras who either lived in the ECV or served communities in the ECV to carry out contact tracing among positive cases in the ECV. We also developed a collaboration with Borrego Health for COVID-19 testing. Our team supported service delivery and brought our expertise of community engagement to bear on the collaboration. Through this partnership, we also worked with RCDPH so that the three trained contact tracers were assigned positive cases from our testing sites. In total, we conducted 26 COVID-19 testing clinics in collaboration with Borrego Health providing ~1470 tests. Among patients accessing services approximately 1/3 to 1/2 of all patients consistently identified as either a farmworker or member of a farm-working family. To evaluate testing services, we conducted seven focus groups with 55 members of the ECV. Promotores with assistance from medical and pre-medical students conducted the FGs and analyzed the qualitative data. Among the 55 participants, 36% indicated working in the fields, 74% indicated fearing coronavirus, and 83% had been affected by the virus. Participants most commonly cited having tested positive for COVID-19, having lost their jobs or having had their hours cut, and having quit their job to care for children as the primary ways COVID-19 affected them. Our qualitative analysis indicated that misinformation and limited access to public health information fostered lack of trust in institutions (the government, public health, science and medicine) and insecurity in employment and residency statuses, deterring many from utilizing COVID-19 testing services.

### **Final Progress on Goal #2**

From September 2020 to February 2021, we disseminated public health information on COVID-19 via social media, at COVID-19 testing events, and in-person socially distanced talks. Dissemination efforts focused on Latinx farm-working communities in Mecca, Thermal, North Shore, and Oasis. We developed a series, Platicas del COVID-19, 30-to-40-minute Facebook Live talks during which community members ask Spanish-speaking healthcare providers and medical students questions about COVID-19. We also developed Platicas en el Pueblo, in-person, socially distanced outdoor talks held by a doctor and promotoras that provide a history of the coronavirus and information about COVID-19. Finally, we originally proposed to conduct brief surveys (previously conducted in central valley with farmworkers) with ~150 farmworkers. Due to challenges with engaging growers and having to disseminate an online survey due to university restrictions of in-person data collection, we were only able to administer the survey to 13 participants. Thus, we collected information about community needs specific to farmworker communities through our monthly advisory board meetings, Platicas del COVID and en el Pueblo, which informed our public health outreach efforts. Additionally, we administered key questions on this survey (e.g., fear of COVID-19, barriers to testing) via the brief socio-demographic survey as part of the focus group data collection.

### **Final Evaluation of Goal #2**

Our public health outreach efforts, live and in-person platicas and handouts with public health resources, reached 30,137 members of the eastern valley. Using our Facebook page @Unidoporsalud we held 22 Platicas del COVID-19 with 29,657 Facebook users



viewing these talks. Each week anywhere from 2 to 4 infographs with COVID-19 information (testing and vaccination sites, resources) were published on our social media sites. Additionally, we held 10 Platicas en el Pueblo reaching 80 community members in the eastern valley. Our team of promotores also attended 10 COVID-19 testing events to disseminate public health information during which we disseminate hard copies of COVID-19 resources and collected contact information from more than 400 community members in the eastern valley interested to receive information on COVID-19 testing and public health information. This group received weekly text messages with COVID-19 testing site information.

### **Final Progress of Goal #3**

Goal #3 involved reducing the spread of COVID-19 among farm-working communities in the eastern valley. We worked with RCDPH to identify baseline data in July and August prior to establishing and implementing COVID-19 testing services in the eastern valley. A team of medical students identified these data and developed an initial report updating the report monthly to track changes in cases and deaths over time. We also established an advisory board with key stakeholders, including growers and contractors, to offer direction and input on connecting to growers and packing houses.

### **Final Evaluation of Goal #3**

Baseline public health data indicated steady increase of COVID-19 news cases in the eastern valley in the months of July to August with a rapid spike in the months of October, November, and December, which corresponded with increased community use of the COVID-19 testing services implemented in collaboration with Borrego Health in the eastern valley. We developed partners with Grow Coachella Valley and disseminated flyers on COVID-19 testing services through this organization and shared weekly information about testing sites with 9 growers and packing houses in the area. We also distributed flyers with stores, churches, and community based organizations. From September to December 2020 we disseminated a total of 28,933 flyers throughout the eastern valley.

### **Final Number of District Residents Served**

#### **0 to 5 served**

145

#### **6 to 17 served**

2500

#### **18 to 24 served**

5450

#### **25 to 64 served**

32676

#### **65 or older served**

4500

## **Final Geographic Area(s) Served**

Geographical Area(s) Served

Coachella

Mecca

North Shore

Oasis

Thermal

## **Describe any specific issues/barriers in meeting the proposed program/project goals**

A number of barriers arose to accomplishing the project goals. First, we planned to partner with RCDPH to support the delivery of 5,000 COVID-19 tests throughout communities in the eastern valley. Because of logistics of our team members, including promotores, medical students, and volunteer clinical faculty not having access to county's registration system we were unable to carry out the original plan. As such, we partnered with Borrego Health. We therefore did not meet the anticipated total number of tests conducted and the project start was delayed. Furthermore, due to changing partners and collaborating with Borrego Health, we had to set up a memorandum of understanding to permit UCR clinical faculty and medical students to participate in COVID-19 testing services. This is a lengthy process and was not finalized during the project period. As such, the only team members present at testing sites included promotores hired through Vision y Compromiso who had permission to collaborate with the clinical partner. Another barrier was UC-wide policy travel restrictions that did not permit students nor faculty to travel overnight thus limiting in-person public health dissemination and testing support.

## **Describe any unexpected successes other than those originally planned**

Despite the challenges, our team was creative and innovative. We used technology to hold weekly public health dissemination events (Platicas del COVID-19) engaged medical students through COVID-19 curriculum and created opportunities for them to provide educational talks focused on the coronavirus and COVID-19 testing and vaccination. Furthermore, we built the capacity of promotores and pre-med and medical students to collaboratively carry out research. The timing of focus group data collection in late November and early December 2020 permitted us to better understand concerns during the peak of the second wave of COVID-19 in the region as well as understand factors contributing to vaccine hesitancy. Last, the original model we proposed and identified in conversations with County was eventually realized and implemented in the eastern valley. I was incredible to see this model implemented on a large scale with numerous community partners and systems of care and for DHCD to serve as the central organizing partner in these efforts.

## **After the initial investment by the DHCD how will the program/project be financially sustained?**

Much of the initial investment by DHCD continues to be sustained through funding from the National Institutes of Health and the UCR School of Medicine Center for Health Disparities Research and Designated Emphasis in Medical Spanish program

(directed by Dr. Cheney). Dr. Cheney is currently co-PI of the NIH-funded study, STOP COVID-19 CA, that offers continued support to hold the Platicas del COVID-19 and Platicas en el Pueblo, both of which continue to engage promotores and medical students in public health dissemination efforts.

**List five things to be done differently if this project/program were to be implemented and /or funded again**

If this project were funded again, we would do the following things differently:

- 1) partner with an organization with established processes (e.g., training and support) for engaging promotores in COVID-19 testing and vaccination;
- 2) carry out the project over a longer duration of time such as up to 1 full year;
- 3) allocate more funds to the community investigator and promotores;
- 4) take the lead on community engagement and public health dissemination rather than proposing to take the lead in the delivery of services; and
- 5) spend more time with growers to understand their needs and ideas for supporting their employees