DESERT HEALTHCARE DISTRICT & FOUNDATION

DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE
Program Committee Meeting
November 09, 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/83614848442?pwd=R2U0aDRaWUtyaWxRc09qeTdzL3YxZz09
Password: 216912
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: 836 1484 8442

Page(s)		AGENDA	*Item Type*
	I.	**Call to Order –** Director Evett PerezGil, Committee Chairperson	
1-2	**II.**	**Approval of Agenda**	**Action**
	III.	**Meeting Minutes**	
3-7		1. October 12, 2021	**Action**
	IV.	**Public Comments** At this time, comments from the audience may be made on items not 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.	
	V.	**Old Business**	
		1. Clear Impact Platform/Results Based Accountability (RBA) - UPDATE	Information
8-12		2. Funding Requests Update	Information
13		3. Grant Payment Schedule	Information
	VI.	**Program Updates**	Information
14-46		1. Progress and Final Reports Update	
	VII.	**Grant Funding Requests**	
47-68		1. **#1296** Coachella Valley Volunteers in Medicine: *Improving Access to Healthcare Services* – $154,094	**Action**
	VIII.	**Committee Member Comments**	Information

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IX. Adjournment
Next Scheduled Meeting December 07, 2021

DESERT HEALTHCARE DISTRICT & FOUNDATION

DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
October 12, 2021

Directors Present via Video Conference	District Staff Present via Video Conference	Absent
Chair Evett PerezGil Vice-President Karen Borja Director Carmina Zavala	Conrado E. Bárzaga, MD, Chief Executive Officer Chris Christensen, CAO Donna Craig, Chief Program Officer Alejandro Espinoza, Chief of Community Engagement Meghan Kane, Senior Program Officer Jana Trew, Senior Program Officer, Behavioral Health Erica Huskey, Administrative and Program Assistant Andrea S. Hayles, Clerk of the Board	

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 5:00 p.m. by Chair PerezGil.	
II. Approval of Agenda	Chair PerezGil asked for a motion to approve the agenda.	**Moved and seconded by Vice-President Borja and Director Zavala to approve the agenda.** **Motion passed unanimously.**
III. Meeting Minutes **1. June 08, 2021**	Chair PerezGil asked for a motion to approve the June 08, 2021, meeting minutes.	**Moved and seconded by Vice-President Borja and Director Zavala to approve the June 08, 2021, meeting minutes.** **Motion passed unanimously.**
IV. Public Comment	There were no public comments.	
V. Old Business **1. Funding Requests Update**	Donna Craig, Chief Program Officer, provided an overview of the most recent letters of intent, also answering questions of the committee. The following individuals provided public comments in support of the declined letter of intent submission for the 2022 Coachella Valley Community Health Survey by Health	

	Assessment and Research for Communities (HARC): Jenna LeComte-Hinely, Chief Executive Director, PhD, Health Assessment and Research for Communities (HARC) Luz Moreno, Community Engagement Program Manager, Clinicas de Salud del Pueblo Armando Ehrenzweig, Executive Director, Get in Motion Entrepreneurs David Lo, MD, University of California Riverside, School of Medicine (SOM), Senior Associate Dean of Research, Distinguished Professor of Biomedical Sciences Teresa Hodgkins, PharmD, BCACP, President, Board of Directors, HARC, and Vice President Clinical Quality Initiatives, Desert Oasis Healthcare Edgar Bulloch, MD, Interim CEO, Chief Medical Officer, Borrego Health John Epps, Board Member, HARC, Retired Center for Nonprofit Advancement, Regional Access Project Foundation. Will Porter, PhD, University of Riverside, Department of Environmental Science	

	Bill VanHemert, Director of Institutional Giving, DAP Health Vice-President Borja described the public comments and the data sets from 2017 highlighting the increase in positive health rates to assist with additional funding for organizations, which is not as comprehensive as the District's community health needs assessment that included some deterrents for completion during the pandemic. Vice-President Borja requested that staff revisit the matter. Donna Craig, Chief Program Officer, outlined the strategies, the community focus groups, access to primary care, and healthcare that the community health needs assessment is driving, with the District funding over $3M to HARC. The District's community health needs assessment is Coachella Valley-wide for the entire community and other organization's use of the data for potential grant funding. Conrado Bárzaga, MD, CEO, explained that over 200 health indicators were completed by the same organization, HARC, and the community health needs assessment is comprehensive and complex for organizations to extract data to seek more funding and more information than the three-year data HARC	

2. Grant Payment Schedule	creates that are related to compliance with hospitals and health centers. Chair PerezGil inquired on any questions concerning the Grant Payment Schedule.	
VI. Program Updates **1. Progress and Final Reports Update**	Vice-President Borja inquired about various progress reports and requested a revision or resubmission of the California Immigrant Resilience Fund, which does not include the local partners, the grant is broad requiring more specifics about the funding partnerships, such as Alianza, to assist the farm working community, and other underserved populations. Additionally, Vice-President Borja inquired about Jewish Family Services (JFS) final progress report regarding focus groups to access barriers and how it relates to the District's community health needs assessment, for instance the added barriers JFS is tracking and how it compares to the community health needs assessment.	
VIII. Grant Funding Requests **1. None at this time – awaiting direction from the Board of Directors as we continue developing the Strategic Plan**	Donna Craig, Chief Program Officer, explained that at this time there are no current grant funding requests until the final approval of the District and Foundation's strategic plan.	

DESERT HEALTHCARE DISTRICT & FOUNDATION

DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
October 12, 2021

IX. Committee Members Comments		
X. Adjournment	Chair PerezGil adjourned the meeting at 6:06 p.m.	***Audio recording available on the website at http://dhcd.org/Agendas-and-Documents***

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	Nexus to 2022 5-year Strategic Plan
Desert Cancer Foundation	LOI: #1289 *Patient Assistance Program*	$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 costs of screening, diagnosis, and vital treatment of cancer and its allied diseases. The funds will cover insurance premiums and		Stage 2, the application, has been generated.	***Strong nexus to the high priority goals of Goal #2 (Proactively expand community access to primary health care and specialty health care services)/Strategy #2.7: Utilize an equity lens to expand services and resources to underserved communities***

			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.			
Coachella Valley Volunteers in Medicine	LOI: #1296 *Improving Access to Healthcare Services*	$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	Site visit planned for Tuesday, October 12, 2021 – ***site visit completed***	***On agenda for 11/9/21 Program Committee for consideration.***	***Strong nexus to the high priority goals of Goal #2 (Proactively expand community access to primary health care and specialty health care services)/Strategy #2.4 Provide funding support to community organizations providing primary and specialty care***

			minimum of 1,000 scheduled contacts, both in-clinic and remote, for primary medical care, limited specialty care, ancillary services, general and diabetes care management, health education, medical outreach services to homeless persons, social service assessments (including SDOH assessment) and community referrals.			***via telehealth***
UCR SOM	LOI #1301 *Community-based interventions to mitigate psychological*	$113,376 one year (start date January 2022)	Funds will pay for community capacity building (2 trainings), stipends for	Reviewed by grant team and will initiate a proposal review meeting with the grantee	Pending	***Possible nexus to Goal #3: Proactively expand community access to***

	trauma and mental health disparities in immigrant communities in the COVID-19 pandemic		mental health professionals and promotores to facilitate restorative circles, compensation for promotores, participant incentives for qualitative interviews, and salary support.			***behavioral/mental health services***
Vision to Learn	LOI #1302 *Vision to Learn – Desert Sands and CV Unified School Districts*	$25,000 for one year (start date January 2022)	Funds will support a portion of salaries of opticians, optometrists and other program staff; eyeglasses, supplies and some mobile unit expenses	Reviewed by grant team and will initiate a proposal review meeting with the grantee	Pending	***nexus to the high priority goals of Goal #2 (Proactively expand community access to primary health care and specialty health care services)/Strategy 2.3 – provide funding support to community organization's provided expanded mobile primary and specialty care services***
CSUSB Street Medicine	LOI #1303 *Nursing*	$54,056 one year (start	Support for faculty	Pending review by grants team	Pending	***Possible nexus to Goal #2:***

	Street Medicine Program	date January 2022)	supervision of CSUSB PDC nursing students; provide support for a faculty member to build collaborative partnerships; stipends for 4 nursing students			***Proactively expand community access to primary health care and specialty health care services***

DESERT HEALTHCARE DISTRICT
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE
October 31, 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		CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr	$ 50,000	$ 5,000		$ -		$ 5,000
2020-1135-BOD-11-24-20		Hope Through Housing Foundation - Family Resilience - 1 Yr	$ 20,000	$ 2,000		$ -		$ 2,000
2020-1149-BOD-12-15-20		Voices for Children - Court Appointed Special Advocate Program - 1 Yr	$ 40,000	$ 22,000		$ 18,000		$ 4,000
2021-1136-BOD-01-26-21		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		Alzheimer's Association - Critical Program Support - 1 Yr	$ 33,264	$ 18,295		$ 14,969		$ 3,326
2021-1162-BOD-01-26-21		Joslyn Center - Wellness Center Program Support - 1 Yr	$ 109,130	$ 60,022		$ 49,108		$ 10,914
2021-1170-BOD-02-23-21		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		Martha's Village & Kitchen - Homeless Housing With Wrap Around Services - 1 Yr	$ 210,905	$ 115,998		$ -		$ 115,998
2021-1171-BOD-03-23-21		Blood Bank of San Bernardino/Riverside Counties - Bloodmobiles for Coachella Valley - 18 Months	$ 150,000	$ 82,500		$ 67,500		$ 15,000
2021-1174-BOD-03-23-21		Mizell Center - Geriatric Case Management Program	$ 100,000	$ 55,000		$ 45,000		$ 10,000
2021-1266-BOD-04-27-21		Galilee Center - Our Lady of Guadalupe Shelter - 1 yr	$ 150,000	$ 82,500		$ -		$ 82,500
2021-1277-BOD-04-27-21		Lift To Rise - United Lift Rental Assistance 2021 - 8 Months	$ 300,000	$ 210,000		$ 90,000		$ 120,000
2021-1280-BOD-05-25-21		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
							$ -	$ -
TOTAL GRANTS			**$ 14,217,604**	**$ 9,501,626**	**$ -**	**$ 473,071**	**$ -**	**$ 9,028,555**

Amts available/remaining for Grant/Programs - FY 2021-22:								
Amount budgeted 2021-2022				$ 4,000,000			G/L Balance:	**10/31/2021**
Amount granted through October 31, 2021:				$ -			2131	$ 4,038,555
Mini Grants:		1293; 1294		$ 10,000			2281	$ 4,990,000
Financial Audits of Non-Profits				$ -				
Net adj - Grants not used:		FY20-21 Funds, 1124		$ 1,867,619			**Total**	**$ 9,028,555**
Matching external grant contributions				$ -				**$ (0)**
Balance available for Grants/Programs				**$ 5,877,619**				

Date: 11/9/2021

To: Program Committee – District

Subject: Progress and Final Grant Reports 10/1/21 – 10/31/21

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

JFK Memorial Foundation #1041
Grant term: 3/1/20 – 8/31/21
Original Approved Amount: $50,000
Final report covering the time period from**:** 3/1/20 – 8/31/21

Blood Bank of San Bernardino and Riverside Counties #1171
Grant term: 4/1/21 – 9/30/22
Original Approved Amount: $150,000
Progress report covering the time period from**:** 4/1/21 – 8/31/21

Mizell Center #1174
Grant term: 4/1/21 – 3/31/22
Original Approved Amount: $100,000
Progress report covering the time period from**:** 4/1/21 – 9/30/21

CSUSB Philanthropic Foundation #1139
Grant term: 10/1/20 – 9/30/21
Original Approved Amount: $50,000
Progress report covering the time period from**:** 4/1/21 – 9/30/21

Voices for Children #1149
Grant term: 1/1/21 – 12/31/21
Original Approved Amount: $40,000
Progress report covering the time period from**:** 1/1/21 – 6/30/21

John F Kennedy Memorial Foundation, Grant#: 1041

SafeCare Home Visitation Program

Reporting Period: 3/1/2020 to 8/31/2021

Susan Francis
Tel: (760) 776-1600
susanfrancis@jfkfoundation.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: (2/28/2021)

Desired Outcomes:

Evaluation Plan: SafeCare is an Evidence-Based Practice that is highly structured, involves data collection, and involves coaching to assist with adherence to the protocol. In order to become a Certified SafeCare Provider, a Home Visitor must perform at 85% fidelity or higher on 9 different sessions (3 sessions per module). Coaching for Providers is required at the onset of implementation and decreases as Providers become more knowledgeable in SafeCare, and complete certification.

Each SafeCare module begins with an observational assessment (session 1) to determine parents' current skills and to identify which skills to focus on during training. Providers work with parents during the training sessions (2 through 5) until they have mastered the module skills. SafeCare Providers conduct a final re-assessment (session 6) to confirm parents' mastery of skills.

SafeCare Assessments:

Safety Module - Home Accident Prevention Inventory (HAPI)

Parent Infant/Child Interaction Module - Daily Activities Checklist (DAC)

Health Module - Sick or Injured Child Checklist (SICC)

Parenting skills are taught by:

1. Explaining the targeted skills and noting their importance
2. Modeling targeted skills
3. Having parents Practice targeted skills
4. Assessment of targeted skills and providing positive and corrective Feedback

JFK Foundation's process for evaluating the SafeCare program includes a data collection strategy utilizing program records of participants. Client data is collected and entered into the SafeCare Portal database system. Monthly, mid-year and end-of-year program results are compiled into statistical reports and assessed focusing on attaining program goals, objectives and outcomes.

The Home Visitation Director:

Facilitates monthly Provider case presentation meetings

Tracks each Provider's caseload documenting program outcomes

Compiles individual Provider data into weekly / monthly / annual Reports

Verifies proof of service delivery

Measures overall success of the program by: Client Engagement Rate; Client Retention Rate; Graduation Rate; Decline Rate; Satisfaction and Exit Surveys; Pre-Post Assessments

Goal #1:
Parent-Infant/Child Interaction Module (PII/PCI) – Provided in 6 sessions 1 to 1.5 hours in length.

The goals of the PII/PCI are for parents to:

Learn positive interaction skills

Improve parent-child interactions

Use an organized process for all activities

Engage children in age-appropriate activities

Positive interactions minimize challenging child behaviors and alleviate parental stress. In addition positive parent interactions improve a child's social competence, academic performance, psychological development, and well-being. A feature of the PCI module is to encourage parents to talk to their children often and to use a wide variety of words. The amount and varied words used by parents directly impacts their children's future

academic performance.

Depending on the age of the target child, parents are trained in PII for infants up to the age of 18 months, and PCI for older children. PII and PCI focus on the same set of skills tailored to the developmental level of the infant or child. These skills are relevant as the child grows from infancy to toddler age. These similar skills promote a streamlined transition between the two age groups and helps parents to advance their skills as their child grows and develops.

Evaluation of goal #1:

Session 1:

Daily Activities Checklist (DAC) is completed to determine activities the parent wants to see change, and how much change is needed.

Baseline Assessment – Utilizing the Child Planned Activities Training (cPAT) Assessment Form, parent is formally assessed in “Play Time” and 2 other interactive home activities on the DAC that need the most change. Parents are observed for 3-10 minutes in each, and are then provided with general feedback. Developmental expectations of the child are discussed, lessons learned during the session are summarized, and an overview of the next session is provided.

Session 2 Training:

Parents are introduced and trained on how to structure activities using the cPAT skills. Providers work with parents to: Explain, Model, Practice, provide Feedback (E-M-P-F). E-M-P-F is repeated as appropriate to achieve mastery.

Session 3-5 Training:

Retention of skills practiced during previous sessions are formally assessed. Parents are encouraged to continue to practice cPAT skills in play and daily activities. Independent play (IP) skills are introduced and explained utilizing the cPAT IP. E-M-P-F is repeated as appropriate to achieve mastery.

Session 6 End-of-Module Assessment:

A separate cPAT Assessment Form is completed for each activity. A new DAC is completed to determine change/progress made.

Goal #2:

Safety Module - Provided in 6 sessions 1 to 1.5 hours in length.

The goals of the Safety Module are for parents to:

Understand the importance of home safety

Develop knowledge and skills in finding and removing hazards

Understand the importance of supervision

The Safety Module skills focus on identifying hazards, recognizing when hazards are reachable and accessible, understanding how to remove and reduce hazards, and understanding what adequate supervision is.

Accidental death from household hazards occurs most often in children younger than 5 years old. Most unintentional injuries and deaths are preventable. It is important that parents are aware of how to prevent the negative consequences linked to household hazards. Household hazards include everyday items that parents may recognize as a danger, like a gun or sharp knife; however, hazards also include less obvious yet common household items like cosmetics and soap. It is important that parents understand what can cause their child injury or potential death. Identifying and removing hazards is one major step towards protecting a child; supervision is just as important. Lack of or inadequate supervision negatively impacts child safety. Therefore, it is important that parents keep their children's environment free from hazards and supervise their children.

Evaluation of goal #2:

Session 1:

Home Assessment Consent – Written consent is obtained to access rooms and areas within the family's home.

Baseline Assessment – Utilizing the Home Accident Prevention Inventory Assessment Form (HAPI) for each room, hazards are formally assessed in 3 rooms. Any accessible and potentially life-threatening or serious hazards are addressed at this time.

Session 2-5 Training:

Provider "Explains" the 10 hazard categories noted on the HAPI; when a hazard is accessible; strategies to reduce hazards; and the importance of supervision. Provider "Models" identifying and removing 1 hazard from room during each session (starting with the room needing most work at baseline). Parent "Practices" identifying and removing remaining hazards. Positive and corrective "Feedback" is provided. Utilizing the Home Safety Overview parents continue removing remaining hazards in each room before the next session, noting hazards removed and steps taken to make them inaccessible. E-M-P-F is repeated at each session as appropriate until hazards in each room are removed.

Session 6 End-of-Module Assessment:

The 3 rooms that have been worked on are assessed utilizing the HAPI Assessment Form one per room. Repeat E-M-P-F as appropriate until all hazards are addressed in all 3 rooms and parent has achieved mastery on Safety skills.

Goal #3:

Health Module - Provided in 6 sessions 1 to 1.5 hours in length.

The goals of the Health Module for parents are to:

Keep children as healthy as possible

Recognize when children are sick or injured

Use a decision making process to decide when symptoms need emergency services, doctor's attention, or can be cared for at home

Use health reference materials and keep good health records.

The majority of the child maltreatment cases are due to neglect. Neglect includes not attending to a child's health needs appropriately. Parents who appropriately treat medical conditions and make sure that children have good nutrition, hygiene, exercise, and immunizations can prevent children from getting sick, and sick children from getting worse. This effect is even more powerful when combined with removing potential safety hazards and increasing positive parent-child interactions that decrease both parents' and children's stress. It is important for parents to make good health decisions by using proper health reference materials. Also, it is important for parents to use effective prevention strategies that can reduce the need for medical attention.

The Health Module skills focus on helping parents make informed health decisions when their child is sick or injured by learning a decision making process outlined in the Sick or Injured Child Chart (SICC). Using hypothetical scenarios, parents practice utilizing a systematic decision making process to respond to health situations. They also learn to use effective health reference materials and how to keep good health records as part of this process.

Evaluation of goal #3:

Session 1:

Baseline Assessment - Utilizing the Health Scenarios Book, Provider formally assess scenarios and trains parents through the Sick or Injured Child Chart-Parent (SICC-P) decision making process, from each type: Emergency (ER), Doctor's Appointment (DA), Care at Home (CH).

Parents receive Health Manual, Provider reviews Table of Contents and forms.

Provider observes and discusses parent's method of taking child's temperature. Parents are assigned tasks to complete. Parents are given general positive "Feedback".

Sessions 2-5 Training:

Provider reviews parent's completed tasks, and formally assesses and completes a SICC Assessment Form using a new scenario for each session covered (ER, DA, and CH).

Provider "Explains" SICC-P; ER - the Health Recording Chart; DA - Symptom and Illness Guide; CH – Prevention topics (Health Manual).

Provider "Models" the SICC-P steps with an ER, DA and CH scenario.

Parent "Practices" SICC-P steps with a new ER, DA, and CH scenario. Provider scores responses on the SICC Assessment Form.

Provider provides positive and corrective "Feedback" for ER, DA, and CH scenarios. E-M-P-F is repeated to achieve mastery.

Session 6 End-of-Module Assessment:

Provider formally assesses parent using a new scenario for each type of scenario (ER, DA, CH). Repeat E-M-P-F as appropriate to achieve mastery.

Proposed geographic area(s) served:

All District Areas

Final Progress:

Final Outcomes on Goals and Evaluation

Program/project final accomplishment(s) in comparison to the proposed goal(s) and evaluation plan.

During the reporting period from March 1, 2020 to August 31, 2021 we projected a minimum of 50 families in eastern Coachella Valley would be identified as families in need of this valuable program.

Final results indicate the following was accomplished for the period from March 1, 2020 to August 31, 2021:

90 families were identified and recruited

58 families enrolled in the program / consented to participate and received services

11 families are currently active and receiving services

19 families completed the SafeCare Program

8 families are pending

543 tele-visits have been provided

For those families who left the program prior to completion, there were positive outcomes the SafeCare Provider felt had been facilitated, by the families' participation in the program. Outcomes included:

Safer home environment

Improved responsiveness to child's needs

More effective behavior management

Better family relationships

Improvements relating to structured play activities

Increased knowledge of appropriate care when child is sick or injured

Goal #1:
Parent-Infant/Child Interaction Module

20 Families Improved on DAC Post Assessment and demonstrated "mastery" of targeted skills

• Increased positive interaction skills

• Increased parent-child interactions

• Increased use of an organized process for activities

• Increased engagement of children in age-appropriate activities

Evaluation of goal #1:
Final Results Indicate:

34 Parents received the Daily Activities Checklist (DAC) Pre-Assessment

59% of 34 or 20 Parents Improved on the DAC Post-Assessment

Goal #2:
Safety Module

22 Families Improved on HAPI-R Post Assessment and demonstrated “mastery” of targeted skills

• Increased understanding of the importance of home safety

• Increased knowledge of finding and removing hazards in the home

• Increased understanding of the importance of supervision

Evaluation of goal #2:
Final Results Indicate:

36 Parents received the HAPI-R Pre-Assessment

61% of 36 or 22 Parents Improved on the HAPI-R Post-Assessment

Goal #3:
Health Module

19 Families Improved on SICC Post Assessment and demonstrated “mastery” of targeted skills

• Increased knowledge on how to keep children healthy

• Increased knowledge on how to recognize when children are sick or injured

• Increased knowledge of using a decision-making process to decide when symptoms need

emergency services, doctor’s attention, or can be cared for at home

•Increased understanding of how to use health reference materials and health record keeping.

Evaluation of goal #3:
Final Results Indicate:

30 Parents received the SICC Pre-Assessment

63% of 30 or 19 Parents Improved on the SICC Post-Assessment

Please answer the following questions

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

   We did not encounter any specific issues/barriers in meeting the project goals.

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

   The six-month extension provided us the opportunity to increase the number of families served, and program outcomes achieved. We were able to continue telehealth services to families still enrolled in the program at the end of the original contract period of February 28, 2021; we were able to enroll families who were pending, and we were able to continue recruitment efforts to identify additional families in need of the services.

   The following is a client success story submitted by our SafeCare Provider Jazmin Quintanilla.

   The young man was referred by Child Protective Services to attend our program. As a first-time parent he expressed that he did not have a lot of knowledge about infant milestones, house safety, or what to do if his infant was sick. Client was very pleased to have learned different ways to interact with his baby because he did not know how to do that with his 4-month-old baby. He began to read books to his baby and began to notice that his baby enjoyed that activity. Client was happy to learn about the importance of tummy time and began to implement at least 5-10 minutes on his visitation days. Client was very relieved to get a better understanding of his baby and to learn about the milestones that he should be keeping an eye out for. As far as learning about the steps that are taught, this helped the client be more talkative with his baby through any activity for example diaper changing, bath time, and meal time. Client mentioned that he saw a difference when he would use the skills and his baby would respond positively by laughing, smiling, or cooing more. Client also mentioned that the Health and Safety module helped him understand the importance of supervision and writing down important information when his baby is sick. He enjoyed the different scenarios that were used because he said that it challenged him but was not difficult because he learned how to use the health manual that was provided. At the end of the program, the client felt confident about his relationship and interactions with his baby, as well as knowing where to go if his baby was sick. Client even mentioned he used it when his baby had a fever and was concerned about the temperature and felt happy knowing he knew exactly what to do next. Client appreciated the supplies that were provided to him such as books for the baby, safety kit, health kit, and diapers once a month which was a huge help. Client recommends this program to any first-time parent to learn more than they already know.

The following is a client success story submitted by our SafeCare Provider Della Ramirez. This client was pending when Provider Jazmin went on leave. Provider Della was able to enroll and continue services for this family.

Client was referred from The Resource clinic in Mecca. Family has older children and her youngest child is now 21 months old. We began with Parent Infant Interaction. Client wanted to focus on activities such as dressing, snack time/meal time, diapering, sharing and playtime. JFK Foundation provided books, diapers, assessments on child development, oral assessment and a gift card. Client practiced activities with her child during the sessions and outside of the sessions. Client stated, her youngest child is her fourth child and the Parent Infant Interaction module helped her to take more care of her child, communicate more and getting him to do things. The next Module we focused on was Home Safety. Client received a safety kit, utilized the safety kit and learned about household hazards and ways to reduce these hazards to keep her child safe and healthy. Client practiced removing hazards, to make her home safe for her child. Currently we are working on the Health Module, client received a first aid kit, health manual and thermometer. Client practiced keeping good health records for her child and how to determine what to do when her child is sick or injured. Client has one more session to successfully complete the SafeCare Program.

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

   Our five-year contract with First 5 Riverside for the expansion of our existing evidence-based SafeCare Home Visitation program ending June 30, 2021, was extended for an additional two years through June 30, 2023. In addition, we were awarded a one-year grant from Regional Access Project Foundation, grant terms from April 1, 2021 - April 1, 2022.

   Our F5R contract generates a major portion of the funding necessary to sustain our SafeCare program, but we continually research and submit proposal for additional funding to maintain program supplies and required staffing levels to continue expansion of the program throughout Coachella Valley and Eastern Riverside County.

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

   Based on JFK Foundation’s nine years of experience providing the highly structured Evidence-Based SafeCare program, and the highly trained paraprofessional SafeCare Providers who deliver the program, JFK Foundation would not do anything differently in the implementation of the program.

Our Certified SafeCare Providers meet/exceed the qualifications, background and previous training necessary to implement and perform the SafeCare Service Model. JFK Foundation has one Certified SafeCare “Coach”, with plans to train one additional Provider as a Certified Coach. JFK Foundation maintains the annual Agency Accreditation from the National SafeCare Training and Research Center (NSTRC), qualifying JFK Foundation as a stand-alone SafeCare agency, ensuring adherence to the protocols / model fidelity.

JFK Foundation’s commitment to equity is essential to the strength of our organization and our community, and connects our internal processes to our services. We strive to give our clients the support they need to enjoy full, healthy lives, treating everyone fairly by acknowledging everyone’s unique situation, and addressing barriers to services ensuring everyone has access to equal opportunities, outcomes and benefits.

If funded again, it would be beneficial to receive a multi-year grant, for program continuity.

Blood Bank of San Bernardino and Riverside Counties, Grant#: 1171

Bloodmobile for Coachella Valley

Strategic Area: Healthcare Infrastructure and Services

Reporting Period: 4/1/21 to 8/31/21

Daniel Ballister
Tel: (909) 885-6503
Fax: (909) 890-9816
dballister@lstream.org

Grant Information

Grant Amount: $150,000

Paid to date: $67,500

Balance: $82,500

Due Date: 10/02/21

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by: (9/30/2022):

Goal #1:
LifeStream Blood Bank will use grant funding to test 12,000 Coachella Valley blood donors (approximately 1,000 each month) for antibodies to COVID-19. Donors who test positive for COVID-19 antibodies will be made aware of the test results and be recruited to donate COVID-19 Convalescent Plasma. COVID-19 Convalescent Plasma donations will be used by local hospitals to treat seriously ill COVID-19 patients.

Goal #2:
Funding will help LifeStream Blood Bank purchase a new bloodmobile that will be deployed to approximately 300 mobile blood drives and collect approximately 4,800 units of blood and other life-saving blood products each year for approximately ten years. Each unit of blood helps 3 people. Therefore, in one year, blood collection would essentially help 14,500 patients.

The new bloodmobile will replace a bloodmobile that no longer meets State and Federal vehicle emissions guidelines. It will be equipped with a mobile ALYX system that is capable of collecting plasma (both transfusion and COVID Convalescent Plasma) or

double-red blood cells at mobile blood drives.

Goal #3:
Over a 12-month period, LifeStream bloodmobile staff will conduct 5,300 “mini-physicals” during the donor screening process at all blood drives in all communities, including underserved communities in the eastern portion of the county. Of those receiving mini-physicals, approximately 4,800 would be duplicative as their blood will also be tested and counted under Goal 1. However, about 500 people would not qualify to donate blood, but they would be given the mini-physical. Each “mini-physical" will assess each donor’s pulse, temperature, blood pressure, cholesterol, and hemoglobin. Additionally, all blood donations will be tested for infectious diseases including Hepatitis B, HIV, Hepatitis C, West Nile Virus, Chagas, and the presence of COVID-19 antibodies. Staff will communicate any serious health irregularities identified to donors and encourage them to consult their healthcare provider to discuss potentially life-saving treatment for the identified health issue. Additionally, donors will be given access to a secure online Donor Portal to review and track key results over multiple donations. LifeStream would gladly share the Desert Healthcare District’s medical service referral materials with donors who do not have established relationships with a physician.

Evaluation Plan:
LifeStream is only successful if we are able to meet the needs of our community. Therefore, we have developed sophisticated forecasting and tracking systems to ensure our daily, monthly, and annual goals are achieved. These tools include:

- A dedicated system to track future blood drives by location
- An appointment tracking system to monitor donor appointments and show rates
- Reporting capabilities to track actual donor collections compared to targeted goals

Data is reviewed each morning with our management team during a “production huddle”, which allows us to take appropriate and immediate actions, when necessary, to ensure all our goals are achieved.

We will forecast, track, and measure each of the three project goals with this exact same daily rigor. For example, if we forecast potential shortages in donor collections in the Coachella Valley, we will react swiftly to ensure we get back on course to meet the monthly established targets. We have a strong history of achieving daily, monthly, and annual goals and are confident that we will meet these project goals as well.

Proposed number of District residents to be served:

Total: 27,000

Proposed geographic area(s) served:

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

Progress This Reporting Period

Progress Outcomes:
During the reporting period, we exceeded our goal of testing 5,000 blood donations for the presence of COVID-19 antibodies to support our COVID-19 Convalescent Plasma (CCP) Program. Grant approval allowed us to place the order for our new Coachella Valley-based bloodmobile. Lastly, we performed slightly more than 1,700 “mini-physicals” at Coachella Valley mobile blood drives during the reporting period.

Progress on the number of District residents served:

Total: 4,929

Geographic area(s) served during this reporting period:
All District Areas

Progress on the Program/Project Goals:

Goal #1:
From 4/1/21 to 6/30/21, we tested 3,205 Coachella Valley blood donations for the presence of COVID antibodies—primarily to let donors know if they had been exposed to the virus. If donors tested positive for COVID antibodies, their blood donations were tested a second time to determine if they could donate plasma in support of our COVID-19 Convalescent Plasma (CCP) Program. This plasma is used to support patients severely ill with COVID-19. Approximately 2,642 donations were tested a second time during the reporting period. We exceeded our goal by 847. Of the $60,000 allocated for COVID testing, $29,208 was spent on testing during the reporting period.

Goal #2:

After receiving approval of our grant at DHDF's March meeting, we placed the order for the new Coachella Valley-based bloodmobile. As noted in our receipts, we remitted a down payment of $57,720 to the vendor on March 24, 2021. We expect the new mobile coach to be delivered and placed into service in the 1st QTR of 2022.

Goal #3: Even though we have not received the new bloodmobile as of the date of this report, we provided "mini-physicals" for all potential donors at mobile blood drives throughout the Coachella Valley from 4/1/21 thru 8/31/21. We provided this service for 1,724 Coachella Valley residents during the reporting period. This number is slightly below goal due to blood drive cancellations by several hosts, the smaller pool of donors in summer months, and the fact that school drives were not permitted due to the COVID-19 pandemic.

Program/Project Tracking:

- *Is the project/program on track?*

  Yes

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

  In mid-June, due to ample supply of COVID Convalescent Plasma (CCP) throughout the country and a subsequent drop in demand for CCP by hospitals, COVID antibodies testing was suspended at blood centers nationwide at the end of June. Due to the spike in COVID infections and hospitalizations over the summer months, primarily due to the Delta variant, COVID-19 antibodies testing was resumed by blood collection organizations in September. This change allowed LifeStream to resume COVID antibodies testing and our CCP Program. However, as a result of several factors that disqualify donors from participating in the CCP program, including COVID vaccinations, we do not expect to test the same number of donations that were forecasted when our grant was originally submitted and approved. In fact, we expect to only test approximately 125 blood donations per month for the presence of COVID antibodies. The substantial reduction in testing will result in a surplus of funding for this item. Additionally, blood drive cancellations by several hosts, fewer summertime Coachella Valley residents, and the loss of school drives, prevented us from achieving Goal #3 during the reporting period.

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

  If we test 125 blood donations per month, we anticipate spending approximately $4,375 for COVID antibodies testing over the next 7 months. This projected spending would leave us with a surplus of approximately $26,000 for this funded program. Consequently, we would like to submit a revised plan that would request approval to use this surplus funding toward the purchase of the DHDF funded

bloodmobile or to purchase a dedicated mobile ALYX Component Collection System for the DHDF funded bloodmobile. This ALYX system, which costs $25,109, will allow LifeStream to collect two units of blood from each donor which increases the overall blood supply for local patients. This device also allows for collection of plasma (including CCP) and other vital blood products and is more efficient for our mobile blood drives. Regarding Goal #3, we expect to see more school drives during the next 7 months and are determined to schedule more blood drives to erase our deficit and help us meet our goal of providing “mini-physicals” to approximately 450 residents each month.

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

  Our COVID testing and CCP program were so successful, we were able to fully support the COVID Convalescent Plasma needs of all seriously ill COVID patients in the Coachella Valley.

Mizell Center, Grant#: 1174

Geriatric Case Management Program

Strategic Area: Vital Human Services to People with Chronic Conditions

Reporting Period: 4/01/2021 - 9/30/2021

Harriet Baron
Tel: (760) 323-5689
Fax: (760) 320-9373
harrietb@mizell.org

Grant Information

Grant Amount: $100,000

Paid to date: $45,000

Balance: $55,000

Due Date: 10/1/21

Proposed Goals and Evaluation

The specific benefits or measurable impact to be achieved by: (3/31/2022):

Goal #1:
By February 28, 2022, a minimum of 173 predominantly low-income older District residents age 62 and above with chronic health conditions, including 20% from Coachella Valley's Latinx and African American communities, will have a received an assessment by Mizell Center's Geriatric Case Managers to evaluate service and resource needs and identify barriers to services.

Goal #2:
By February 28, 2022, a minimum of 87 predominantly low-income older District residents age 62 and above with chronic health conditions will achieve a minimum of one goal identified in the Case Plans developed in collaboration with Mizell Center Geriatric Case Managers that identify short and long-term needs, goals, an action plan and timeline for achieving goals.

Goal #3:
By February 28, 2022, a minimum of 87 predominantly low-income older District residents age 62 and above with chronic health conditions will have been linked to a minimum of three services or resources identified in their Case Plan, including medical

and/or behavioral health services, housing and financial assistance, benefits counseling, transportation access, caregiver support, and other needs.

Evaluation Plan:
Evaluation will be conducted by the Director of Geriatric Case Management. Mizell will measure success by achievement of benchmarks, objectives and positive program outcomes. Benchmarks include number of unduplicated clients participating in the program; number of clients receiving assessments; number of clients receiving case plans; achievement of goals identified in case plan; and linkage to needed services and resources either at the Mizell Center or through regional continuum of care partners. The Director of Geriatric Case Management, Geriatric Case Manager, and Program Support Coordinator track quantitative and qualitative data utilizing an Excel spreadsheet and/or in case notes in client files. Quantitative data includes gender, age, zip code, household income, number in household, ethnicity, marital status, living situation, language spoken, the number of case management sessions attended, and other data. Qualitative data and outcome indicators tracked include completed client assessments; completed case plans with identification of goals, barriers, and needed services and resources; achievement of case plan goals; resource/service linkages; and a measurable increase in service to communities of color. Additional outcome indicators include client self-reporting of improvement in quality of life, reduction in isolation, and increase in service access as measured by surveys administered by program staff on a pre/post basis. Progress notes are maintained in confidential client files. Client satisfaction surveys in English and Spanish are administered annually or upon program exit. Information is used to develop an action plan addressing necessary changes to programs, services, and administrative operations. Program results are analyzed by staff under the direction of the Director of Geriatric Case Management and reported monthly to the Executive Director and at regular intervals to the Board of Directors. 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.

Proposed number of District residents to be served:

Total: 173

Proposed geographic area(s) served:

Cathedral City
Coachella
Desert Hot Springs
Indio
Mecca
North Shore
Palm Desert
Palm Springs
Rancho Mirage
Thermal

Progress This Reporting Period

Progress Outcomes:
This was a nascent program when our proposal was approved, having launched in February of 2021 with a modest grant of CDBG funds from the City of Palm Springs. Our Director of Geriatric Case Management had already made significant progress in establishing relationships with community-based service providers and County and City resources by the time of our award from the Desert Healthcare District. With the addition of a full time Case Manager, the team of two made great strides from a base of operations that was closed to the public until June 15, 2021. The time invested in meeting with staff at organizations such as the Jessie O. James Desert Highlands Community Center, Jewish Family Services, DAP Health's Behavioral Health Services, our fellow senior centers throughout the Valley, the Galilee Center, and more, did much to establish our place in the community of service providers. Our alliances with other senior centers in the Valley and our regular "office hours," as a result of those relationships, have proven to be fertile ground for establishing our Geriatric Case Management as a significant source of relief, assistance and stability for vulnerable seniors. It has been a major factor in the program exceeding several of its midpoint goals.

Progress on the number of District residents served:

Total: 140

Geographic area(s) served during this reporting period:
All District Areas

Progress on the Program/Project Goals:

Goal #1:

By February 28, 2022, a minimum of 173 predominately low-income older District residents age 62 and above with chronic health conditions, including 20% from Coachella Valley's Latinx and African American communities, will have received an assessment by Mizell Center's Geriatric Case Managers to evaluate service and resource needs and identify barrier to service

The Mizell Center is pleased to report that we are on track to meet and exceed the minimum standards outlined in Goal #1. Our Geriatric Case Managers have enrolled a total of 140 clients, age 62 and above as of the writing of this report.

Of those for whom we have a verifiable age:

- 51 people are between the ages of 62 and 69
- 49 people are between the ages of 70 and 79
- 31 people are between the ages of 80 and 89

- 5 people are age 90 and older

Further, 43 identify as Latinx or African American (30%) and 88% are low income or very income residents. As noted in their assessments, clients are coping with chronic health conditions such as obesity, diabetes, high blood pressure, arthritis, fibromyalgia, neuropathy, mental illness and disability, with many suffering from comorbidities.

Goal #2:
By February, 29, 2022, a minimum of 87 predominately low income older District residents age 62 and above with chronic health conditions will achieve a minimum of one goal identified in the Case Plans developed in collaboration with Mizell Center Geriatric Case Managers that identify short and long-term needs, goals, and action plan and timeline for achieving goals.

Currently, 139 clients have identified one or more goals in their Case Plan, identifying short and long term goals, when appropriate, an action plan and a timeline for achieving those goals.

Among our current clients:

- 36 have completed 1 goal
- 15 have completed 2 goals
- 2 have completed 3 goals
- 1 has completed 6 goals

Goal #3:
By February 28, 2022, a minimum of 87 predominantly low-income older District residents age 62 and above with chronic health condition will have been linked to a minimum of three services or resources identified in their Case Plan, including medical and/or behavioral health services, housing and financial assistance, benefits counseling, transportation access, caregiver support and other needs.

Currently, we have linked 50 people to three services or resources identified in their Case Plans, which is 58% of our goal of 87.

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:*

  Two very significant issues temporarily impeded our progress toward meeting our goals, the first of which was the closure of our building until June 15, 2021. Our Case Managers were meeting with people on the bench directly outside our door. They were meeting with clients in Sunrise Park and spending hours on the phone. Connecting with their clients was difficult but they pushed through the impediments and did whatever was necessary to engage with them. The second issue was the Mizell Center's 100% vaccination policy that went into effect on August 9, 2021. Anyone entering the building for any reason must show their ID and proof of vaccination to be admitted. While most of our Case Management clients have been vaccinated, there were and continue to be those who are not. In those cases, contact is made via phone.

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

  Our Case Managers have urged their unvaccinated clients to get vaccinated and have provided them with all available information and local resources to get their shots

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

  Our Case Managers have reported unexpected successes as a result of their collaborative work with other senior centers in the District. Regular weekly hours have been established at the Desert Hot Springs, Indio and Cathedral City Senior Center. The Centers have identified a private space in which their members can meet with a Case Manager for services. Having a consistent presence at these locations has been an important factor in fostering trust. Also, members who have had positive experiences working with our Case Managers have shared that information with others and, presumably, been a factor in gradually increasing the number of clients served.

CSUSB Philanthropic Foundation, Grant#: 1139

Street Medicine Program/Department of Nursing

Strategic Area: Healthcare Infrastructure and Services

Reporting Period: 4/01/21 to 9/30/21

Kimberly Shiner
Tel: (909) 537-7295
kshiner@csusb.edu

Grant Information

Grant Amount: $50,000

Paid to date: $45,000

Balance: $5,000

Due Date: 10/1/21

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

Goal #5: None

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: To summarize the accomplishments compared to our proposed goals and the evaluation plan, the program met the goals and quantitative and qualitative measures in the reporting period in the following areas.

- Number of patient contacts far surpassed our projected numbers.
- We do not have an accurate record of unduplicated individuals and are instituting a plan to collect these data in the future.
- The demographic percentages of the contacts is equivalent to that which we projected
- We involved more students than projected.
- We surveyed the students on their attitude toward homelessness and poverty.

Unfortunately we were not able to compare by individuals the pre and post survey, but we were able to compare groups of students.

- We will present at two national conferences in early October.
- We replicated the program in San Bernardino at CSUSB's main campus.
- We hired four nursing students who worked more hours than originally projected.

In summary, we met all of our measures except a count of individual unduplicated people.

Progress on the number of District residents served:

Total: 423

Geographic area(s) served during this reporting period:
Cathedral City
Coachella
Desert Hot Springs
Indio
Mecca
Oasis
Palm Springs
Thermal

Progress on the Program/Project Goals:

Goal #1:
NURSING STREET MEDICINE DATA

APRIL 2021 – SEPTEMBER 2021

- # Lunches Given: 2767
- # Contacts seen by Nurses: 423
- # Contacts seen by doctors: 24
- # Wound care: 38
- # Care Packages: 485
- # Of veterans: 49
- # Who use ER for PCP: 144
- # Referrals: 40
- # Of referrals to residents on site: 13
- # Of referrals to PCP: 8
- # Of referrals to urgent care / ER: 6
- # Of referrals to “other”: 5

- # Female clients: 128
- # Male clients: 288
- # Transgender Clients: 1
- # American Indian / Alaskan Native: 10
- # Hispanic / Latino: 166
- # Black / African American: 36
- # Caucasian: 143
- # Native Hawaiian & Pacific Islander: 3
- # Asian: 13
- # Mixed-race: 20
- # Other: 11
- # Declined to State Race: 3
- # Medi-Cal / Medicare: 286
- # Private Insurance: 15
- # Uninsured: 85
- # Don't Know: 9
- # Military / Tricare / VA: 5
- # Age 6-17: 6
- # Age 18-24: 16
- # Age 25-64: 299
- # Age 65+: 93

In addition to the above services, CSUSB nursing students assisted with 950 COVID vaccinations during the total grant period.

The ten testimonials from patients or agencies about the services provided by faculty and students will be provided in a video format with interviews of clients, agency staff and nursing students.

*Number of contacts may include duplicated individuals.

Goal #2:
During the report period, 34 BSN students and two nursing graduate students participated in the Nursing Street Medicine Program. The graduate students received course credit. The BSN students received course credit during April and May and served at CVRM, CVVIM, Hope through Housing, Well in the Desert, and in the Under the Bridge program. In June, July, August, and September the BSN students volunteered and served every other Friday in the nurse clinics at the Well in the Desert free lunch program at Our Lady of Guadalupe; at CVVIM on Tuesday evenings with the outreach team; and at the Indio Shepherd of the Valley United Methodist Church Under the Bridge free breakfast program under a Highway 86 overpass in Coachella.

The COVID vaccinations were provided in partnership with DRMC and the Desert Physicians Medical Group and were administered in the following locations.

- Well in the Desert
- Cathedral Palms Hanson House
- Ajalon Baptist Church
- Sedona Surgery Center
- Our Lady of Guadalupe Church
- Neuro Vitality Center
- Desert Hot Springs Church
- Joslyn Center

Students were surveyed during the reporting period utilizing the internationally recognized survey tool Health Professional's Attitude Toward the Homeless Inventory.

Goal #3:
The Street Medicine Program will be presented at the following.

The Association of Psychiatric Nurses Association Annual Conference on Oct. 15, where the topic will be "Street Medicine Participation for Mental Health Nursing Students." Dr. Vines will be joined by two CSUSB nursing students, Emily Hagar and Cidney Silva.

The 17th Annual International Street Medicine Symposium on Oct. 21, where the topic will be "Student Nurse Clinics for Unsheltered Populations: Effect on Student Attitudes."

The replication of the program in San Bernardino continued to expand and add partners throughout the duration of this reporting period.

Goal #4:
Our four nursing student assistants continued to work during the reporting period. Their resumes are on file at CSUSB for examination as requested.

In the nurse clinics, the nursing student assistants worked with clients handling triage and treatments such as vital signs, blood glucose, wound care, referrals, health assessments, medication and chronic disease management, preventive healthcare and education, case management, and vaccinations. They also assisted with data collection, documenting activities, recruiting and orienting student nursing volunteers and reporting to the medical residents who are seeing clients.

The student assistants served for 774 hours from October 1, 2020 to mid-September 2021.

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:*

  We are on track to surpass our goals but have learned some important lessons.
  - There is a great need for patient education for medication and chronic disease management.
  - It is difficult to locate appropriate referrals to agencies that will accept these clients and we had to spend a great deal of time on the phone to get appointments for these clients.
  - The need for clothing, shoes, socks, hygiene products, blankets and sleeping bags is huge and getting donations of these items is important.
  - It is important to assess for depression, anxiety and PTSD while providing physical care.
  - We need to be able to identify the number of individuals served as well as the total number of patient contacts.
  - We are initiating a process to do so starting on October 1, 2021.

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

  N/A

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

  The COVID pandemic was a challenge for the project. The risk management officials of the California State University system were concerned about the exposure of faculty and students to the virus. We were very careful with PPE for faculty, students, and clients. We sanitized everything a client may have touched during the visit. We met outdoors even though the heat, rain, and wind were often problems. To our knowledge, we had no COVID cases among clients and staff.

  When the vaccines became available, we used the trust we and our partners had developed among the homeless, seniors and farm workers to address vaccine resistance and get our clients to accept vaccinations. We helped vaccinate 950 people in the vulnerable populations in the Valley.

  We started the funding period in October 2020 with partnerships with Well in the

Desert, Coachella Valley Volunteers in Medicine, and the Desert Physicians Medical Group. We developed relationships with Coachella Valley Rescue Mission, Hope through Housing, SAC Health Systems, and two non-profit organizations serving San Bernardino.

We are partners in the mobile medical van planned for the West Valley and expect to utilize the van for the Program in cooperation with our partners. We hope to develop a formal affiliation with Martha's Village and Kitchen in Palm Springs. We hope to expand the activities at CVRM by going out with the shower units and possibly the SAC dental van.

Voices for Children, Grant#: 1149

Court Appointed Special Advocate (CASA) Program

Strategic Area: Healthcare Infrastructure and Services

Reporting Period: 1/1/21 to 6/30/21

Jessica Munoz
Tel: (951) 472-9301
jessicam@speakupnow.org

Grant Information

Grant Amount: $40,000

Paid to date: $18,000

Balance: $22,000

Due Date: 7/1/21

Proposed Goals and Evaluation

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

Goal #1:
By December 31, 2021, Voices for Children (VFC) Court Appointed Special Advocates (CASAs) will advocate for 20 youth in the foster care system within the Desert Healthcare District boundaries.

CASAs will maintain monthly contact with the case children they serve, provide monthly case updates to their VFC staff Advocacy Supervisors, and submit formal court reports at least twice a year making key recommendations to the judge about the physical and mental health, educational and developmental, and other needs of the child. The court report requires CASAs to address the child's exams and immunizations, medication, and therapy. For children 10 and older, CASAs must confirm that the child has received the requisite reproductive and sexual health education and been informed of their right to access and receive confidential medical care.

Goal #2:
By December 31, 2021, VFC's Riverside County CASA program will recruit at least 20 new prospective CASA volunteers.

In order to meet our goal of providing advocacy to 20 youth, VFC needs to recruit new CASA volunteers in addition to the current CASAs who are already serving. VFC will achieve this goal by hosting 2-3 CASA virtual or in-person volunteer information sessions each month and presenting to local community groups who are interested in volunteerism.

Goal #3:
By December 31, 2021, VFC's Riverside County CASA program will train and match at least 20 new CASA volunteers to youth living in the foster care system.

We will hold 8 sessions of Advocate University during the grant period. Training requirements include 35 hours of classroom learning, two interviews, and a practice court report writing assignment. Trainees also prepare for their first court appearance by reviewing simulated court hearings. All classroom learning is currently being conducted virtually. Trainees are matched with a single child or sibling group for ongoing advocacy within 1-3 weeks of completing all training requirements.

Evaluation Plan:
VFC will monitor and track our progress on the program goals outlined above using CASA Manager, a database platform developed for CASA programs. CASA Manager allows VFC to gather and monitor qualitative and quantitative information about each child as they progress through the dependency system, including their demographic information, removal zip code, mental and physical health needs, educational progress, and foster care placement. On a weekly basis, Advocacy Supervisors meet with their manager to review their cases and develop strategies to support each child. CASAs provide their staff Advocacy Supervisor monthly updates about the status of their case child, which are recorded in CASA Manager. At six-month intervals, CASAs collaborate with their Advocacy Supervisor to develop a detailed, written court report in which they comment on each child's progress and highlight areas of unmet need that should be addressed. Staff also use CASA Manager to track each CASA volunteer's progress completing initial training requirements, monthly contacts with their supervisor, and continuing education activities. Each month, Advocacy Supervisors document at least one "program impact," which is a description of a successful case-related outcome. These program impacts add to the qualitative data available. VFC's program leaders will aggregate and review program quantitative data quarterly to ensure that we are on track to achieve each program goal outlined above.

Proposed number of District residents to be served:

Total: 20

Proposed geographic area(s) served:
Cathedral City
Coachella
Indio
Indian Wells
La Quinta
Oasis
Palm Desert
Palm Springs
Thermal
Bermuda Dunes

Progress This Reporting Period

Progress Outcomes:
As Voices for Children (VFC) nears the mid-year point in this grant period, we are pleased to report that we are on track to achieve each of our program goals.

Progress on the number of District residents served:

Total: 77

Geographic area(s) served during this reporting period:
Cathedral City
Coachella
Desert Hot Springs
Indio
La Quinta
Mecca
Palm Desert
Palm Springs
Thermal
Thousand Palms

Progress on the Program/Project Goals:

Goal #1:
Goal 1: By December 31, 2021, VFC Court Appointed Special Advocates (CASAs) will advocate for 80 youth in the foster care system within the Desert Healthcare District boundaries.

Progress: As of June 21, 2021, VFC CASAs have advocated for a total of 77 youth within the Desert Healthcare District boundaries. Each CASA is maintaining monthly contact with the case children they serve, providing monthly case updates to their VFC staff Advocacy Supervisors, and submitting formal court reports at least twice a year with key recommendations to the judge about the physical and mental health,

educational and developmental, and other needs of the child.

Goal #2:
Goal 2: By December 31, 2021, VFC's Riverside County CASA program will recruit at least 20 new prospective CASA volunteers.

Progress: As of June 21, 2021, 18 new volunteers, who have subsequently been matched with Coachella Valley children in foster care, have enrolled in our Advocate University (AU) training program. VFC has offered six AU training sessions thus far into 2021 and plans to offer five more by the end of the grant period.

Goal #3:
By December 31, 2021, VFC's Riverside County CASA program will train and match at least 20 new CASA volunteers to youth living in the foster care system.

Eighteen new CASA volunteers have completed all training requirements and been matched with children in foster care from cities within district boundaries. In total, these CASAs are providing ongoing advocacy to 24 new youth in foster care.

Program/Project Tracking:

- *Is the project/program on track?*

  Yes

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

  VFC has encountered no issues or barriers that will prevent us from meeting program goals.

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

  N/A

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

  Despite the challenges posed by the COVID-19 pandemic, VFC's Riverside County CASA program has provided uninterrupted service to 77 children from the Coachella Valley thus far into the grant period. We are on track to achieve each of our grant objectives.

DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: 11/09/2021

To: Program Committee

Subject: Grant # 1296 Coachella Valley Volunteers in Medicine

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Grant Request: Improving Access to Healthcare Services

Amount Requested: $154,094.00

Project Period: 12/1/2021 to 11/30/2022

Project Description and Use of District Funds:
Coachella Valley Volunteers in Medicine has provided quality, primary healthcare services in culturally competent and cost-effective ways for more than 10 years to over 4,000 unique patients. Annually, more than 240 volunteers donate over 350,000 hours to fulfill their mission of increasing access to healthcare in the Coachella Valley.

This funding ask will target healthcare access by providing no-charge in-person medical care and telehealth medical care while additionally providing telemedicine clinics in remote areas. Specifically, this program will provide healthcare services to a minimum of 300 qualified residents of the Coachella Valley through the provision of at least 1,000 scheduled services from their Indio clinic and at least two remote locations utilizing telemedicine services. CVVIM will partner with at least two community organizations – one in the Desert Hot Springs area and another in the Mecca area – to secure private space for local patients to receive telehealth visits from a medical provider.

District funds will support a part-time salary for a certified Medical Assistant and will help cover 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, general and diabetes care management, health education, medical outreach services to homeless persons, social service assessments and community referrals.

Strategic Plan Alignment:
Proactively expand community access to primary and specialty care services / Provide funding support to community organizations providing primary and specialty care via telehealth

Geographic Area(s) Served:
Cathedral City; Coachella; Desert Hot Springs; Indio; Mecca; North Shore; Oasis; Palm Desert; Palm Springs; Thermal

Action by Program Committee: (Please select one)

- Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of $154,094.00 be approved.
- Recommendation with modifications
- Deny

Full Grant Application Summary

Coachella Valley Volunteers in Medicine, Grant #1296

About the Organization

Coachella Valley Volunteers in Medicine
PO Box 10090
Indio, California 92202
Tel: (760) 342-4414 Ext: 103

http://cvvim.org

Primary Contact:
Doug Morin
Tel: (760) 625-0760
doug.morin@cvvim.org

Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
2011	Capacity Building 2012	$103,857	Achievement Building	5/22/2012	Grant budget
2012	Core Operating Support	$125,224	Grant	6/25/2013	Grant budget
2014	CVVIM's Evolution in the Era of Affordable Care Act	$112,924	Grant	9/23/2014	Grant budget
2015	Providing continued access to healthcare post implementation of the Affordable Care Act.	$120,798	Grant	5/24/2016	Grant budget
2017	Primary healthcare and support services to District residents	$121,500	Grant	9/26/2017	Grant budget
2018	Improving Community Health Through Affordable & Accessible Healthcare Services	$121,500	Grant	3/26/2019	
2019	Affordable and Accessible Healthcare Services For East Valley Residents	$50,000	Grant	1/14/2020	
2019	Expanding access to healthcare in the eastern Coachella Valley during the COVID 19 pandemic	$142,823	Grant	6/1/2020	

Program/Project Information

Project Title: Improving Access to Healthcare Services
Start Date: 12/1/2021 **End Date:** 11/30/2022
Term: 12 months
Total Project Budget: $444,688
Requested Amount: $154,094

Executive Summary:

CVVIM has provided quality, primary healthcare services in culturally competent and cost-effective ways for more than 10 years to more than 4,000 unique patients through provision of more than 40,000 individual service contacts. Each year, more than 240 volunteers from all backgrounds give their time, talent and skills to fulfill our mission, donating more than 350,000 hours annually to increase access to healthcare in the Coachella Valley.

According to the Coachella Valley Community Health Survey (HARC, 2019) there are more than 48,000 uninsured adults in the Valley, or nearly 21% of all residents. More than 23,000 adults have not been to a healthcare provider in more than two years, according to the Survey, and finally, 9.1%, or more than 30,800 Survey respondents reported using an emergency room or hospital as their usual source of care!

CVVIM provides a solution to this problem of inaccessible and costly healthcare at no cost to the patient.

Utilizing volunteer medical providers and administrative, reception and other volunteers, CVVIM is able to offer a health home for uninsured adults where they can receive not only primary medical care and ancillary services, but also care coordination, diabetes care management, health education, social service assessments using SDOH guidelines, and medical care delivered “on-the-street" to homeless persons.

These primary medical care services increase access to affordable healthcare services in our Valley. This project will increase healthcare access specifically by:

1. Providing no-charge in-person medical care;
2. Providing no-charge telehealth medical care;
3. Providing telemedicine clinics in remote areas.

Specifically, this program will provide healthcare services to a minimum of 300 qualified residents of the Coachella Valley through the provision of at least 1,000 scheduled services from our Indio clinic and at least two remote locations utilizing telemedicine services.

Our target population are adult residents of the Coachella Valley who have no health insurance or who cannot afford to use their insurance because of costly copayments or annual deductibles. Historically, approximately 7% of all patients are 65 years of age and older, represent all sexual genders and orientations, and reside in all cities of the Valley as well as many of the unincorporated areas locally.

CVVIM will monitor and track all projected outcomes to ensure project and organizational goals are met and more, that a minimum of 80% of all patients seen will report favorable satisfaction with the care and services received.

Program/project Background and Community Need:
CVVIM has provided quality, primary healthcare services in culturally competent and cost-effective ways for more than 10 years to more than 4,000 unique patients. Each year, more than 240 volunteers from all lifestyles give their time, talent and skills to fulfill our mission, donating more than 350,000 hours annually to increase access to healthcare in the Coachella Valley.

According to the Coachella Valley Community Health Survey (HARC, 2019) there are more than 48,000 uninsured adults in the Valley, or nearly 21% of all residents. More than 23,000 adults have not been to a healthcare provider in more than two years, according to the Survey, and finally, 9.1%, or more than 30,800 Survey respondents, reported using an emergency room or hospital as their usual source of care!

CVVIM provides a solution to this problem of inaccessible and costly healthcare.

Utilizing volunteer physicians, nurse practitioners and physician assistants, as well as volunteer medical assistants, reception, administrative and other volunteers, CVVIM is able to offer a medical home for uninsured, and underinsured, adults where they can receive not only primary medical care services, but also care coordination, diabetes case management, health education, social service and community referrals, and medical care delivered “on-the-street" to homeless persons. And, services are always provided at no charge to the patient, including ancillary services such as lab tests, x-rays, ultrasounds, CTs, MRIs and mammograms.

This project will increase healthcare access by:
1. Providing no-charge in-person medical care;
2. Providing no-charge telehealth medical care;
3. Providing medical care to individuals in consideration of barriers preventing them from visits to our Indio facility.

Strategic Plan Alignment:
Proactively expand community access to primary and specialty care services / Provide funding support to community organizations providing primary and specialty care via telehealth

Program/project description:
This program will provide healthcare services to qualified residents of the Coachella Valley through the provision of services from our Indio clinic, and, with this request, from at least two remote locations. We will partner with at least two community organizations – one in the Desert Hot Springs area and another in the Mecca area – to secure private space for local patients to receive telehealth visits from a medical provider. District funds will support a part-time salary for a certified Medical Assistant to facilitate a remote and secure audio-only, or audio and video connection, take vital signs and record them in the electronic health record, provide translation for Spanish-speaking

individuals, and facilitate referrals for labs, x-rays, imaging, and other services. We anticipate a minimum of two remote "clinics" each month.

Additionally, District funds will cover 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, general and diabetes care management, health education, medical outreach services to homeless persons, social service assessments and community referrals.

Description of the target population (s):
Adult patients who have household incomes no greater than 200% of Federal Poverty Level guidelines and who are also uninsured or underinsured, are the target population for service by this request.

Geographic Area(s) Served:
Cathedral City; Coachella; Desert Hot Springs; Indio; Mecca; North Shore; Oasis; Palm Desert; Palm Springs; Thermal

Age Group:
(18-24) Youth
(25-64) Adults
(65+) Seniors

Total Number of District Residents Served:
300

Program/Project Goals and Evaluation

Goal #1: Provide a minimum of 1,000 service contacts for healthcare and ancillary services during the grant period. Services shall include instances of medical appointments, health education, general and diabetes care management, social service assessments (using SDOH as a guide), labs, x-rays, imaging services, homeless medical outreach, and health/flu vaccination fairs. In-clinic, remote telemedicine and outreach services, such as homeless outreach and community fairs are all considered.	**Evaluation #1:** Track individual instances of scheduled service contacts on a monthly basis by service type and monitor ongoing patient volume to ensure overall service volume goals are being met.

Goal #2: Promote and provide a minimum of 24 remote telemedicine clinics to improve access to healthcare services in the community during the grant period.	**Evaluation #2:** Schedule and complete a minimum of 2 remote, telemedicine clinics each month. Numbers of clinics and patients scheduled and seen at each clinic, and services provided, will be monitored and tracked for recording purposes.
Goal #3: Ensure culturally competent services are provided at all times in the clinic, at remote clinics, and through our homeless medical outreach and community activities during the grant period.	**Evaluation #3:** Monitor and ensure all patient-focused marketing materials are provided in Spanish and other indigenous languages when appropriate; ensure Spanish speaking staff and volunteers are present at all times of service in the clinic, at remote telemedicine sites, during homeless outreach services and community activities.
Goal #4: Complete a minimum of 4 patient surveys from all patients receiving care during the grant period to evaluate patient perceptions of services received.	**Evaluation #4:** Using existing internal surveys, evaluate a random sampling of 20% of total patients served in each three-month period to solicit perceptions of quality of services received, culturally competency experienced, and overall satisfaction with CVVIM experience, and attain at least an 80% favorable rating from all surveys. Surveys will be reviewed for deficiencies and program changes will be identified, planned and implemented on an ongoing basis throughout the grant period to improve responses.
Goal #5:	**Evaluation #5:**

Proposed Program / Project Evaluation Plan
Quantitative assessment of service types and numbers, and patient volumes, will be monitored and tracked using data from the electronic medical record. Service and volume data will be monitored monthly, recorded and tracked over time for reporting at required intervals as requested. Qualitative assessment will be completed primarily from distribution of 4 surveys, each 3 months throughout the grant period, to a random sampling of 20% of all patients seen during that period. Results from these surveys will be compared to prior survey results collected previously and a minimum goal of 80% overall favorable satisfaction is strived for.

Organizational Capacity and Sustainability

Organizational Capacity

A part-time, Certified Medical Assistant (CME) will assist patients at remote locations to take and record vital signs in the cloud-based electronic medical record for a volunteer medical provider to review from our Indio clinic. They will also assist with other paperwork and arrange for the telemedicine visit using a CVVIM laptop and HIPPA compliant telemedicine platform, Doxy.me.. The CME will provide referrals for laboratory testing and imaging services as ordered by the medical provider. Prescriptions will be transmitted electronically to the pharmacy of patient choice for pick up. Follow-up appointments may also be scheduled for future telemedicine or in-facility visits as necessary in our Indio clinic. Limited funding is available to assist with transportation costs when patients are required to have an in-person visit with the medical provider and the CME can assist with providing such funds.

Organizational Sustainability:

Patient care is our primary focus and telemedicine visits provide opportunities for increased access to services from remote locations where barriers exist that prevent eligible patients from scheduling and receiving care at our Indio clinic. Our Strategic Plan identifies this as an ongoing strategy and board and staff annually develop work plans to ensure continued efforts for increased access. Informal patient need surveys and questionnaires identify issues of transportation and child care as two primary barriers preventing patients from coming to the clinic for care or having to cancel appointments. In the current 2021/2022 Work Plan, there is a specific plan to identify possible service locations in the west Valley to facilitate patient visits and telemedicine as a cost-effective and efficient means to do so without incurring expenses for rent, insurance and other office expenses.

Diversity, Equity, and Inclusion

How is diversity, equity, and inclusion addressed?

Issues of diversity, equity and inclusion are all ongoing discussions of the organization, from Board to staff levels. Our Executive Committee has responsibility for board development and considers these issues throughout the year when planning board development and education, and especially whenever a candidate is considered to fill a vacant position on our Board of Directors or one of its committees. Most recently, staff were directed to suggest current patients to approach for a Patient Advisory Committee to be charged with representing patient points of view to the full Board on such matters as satisfaction with services provided, program needs, marketing and even fundraising strategies.

Executive staff are involved in these Board discussions and also consider matters of diversity, equity and inclusion whenever new or replacement personnel are being recruited.

Currently, Board and committee volunteers, and staff represent diverse teams of gender diversity, ethnic diversity, sexual orientation, age, culture and religion. An equitable work environment is maintained through accessible job descriptions for all staff and volunteers, including board members, skills-based hiring, fair and objective

compensation and other benefits. And finally, inclusion of all employees and volunteers is promoted by celebrating individual differences, ensuring everyone has input into the Strategic Plan, distributing satisfaction surveys and implementing change, and planning more effective meetings.

What is preventing the organization from addressing diversity, equity, and inclusion? Not applicable

Partnerships:

Key Partners:

Our community partner for this project is primarily the Coachella Valley Housing Coalition (CVHC) who has generously offered us private, confidential space in community/meeting rooms located in their facilities across the Valley. Specifically, we have arranged for telemedicine clinics in Desert Hot Springs and Mecca, and with other CVHC facilities to promote CVVIM services, provide health education classes and health fairs/flu vaccination clinics, and distribute informational/educational flyers. Additional partners are being considered and approached for remote telemedicine sites and health /flu vaccination fairs.

Line Item Budget
Operational Costs

PROGRAM OPERATIONS		Total Program/Project Budget	Funds from Other Sources Detail on sheet 3	Amount Requested from DHCD
Total Staffing Costs Detail on sheet 2		38,188	19,094	19,094
Equipment (itemize)				
1				0
2				0
3				0
4				0
Supplies (itemize)				
1				0
2				0
3				0
4				0
Printing/Duplication				0
Mailing/Postage				0
Travel/Mileage		1,500	1,500	1,500
Education/Training				0
Office/Rent/Mortgage				0
Telephone/Fax/Internet				0
Utilities				0
Insurance				0
Other facility costs not described above (itemize)				
1				0
2				0
3				0
4				0
Other program costs not described above (itemize)				
1	3,000 medical contacts @135/contac	405,000	270,000	135000
2	(all-inclusive rate)			0
3				0
4				0
Total Program Budget		**444,688**	**290594**	**154094**

Budget Narrative

A Certified Medical Assistant, currently employed part-time, will be increased to full-time status to coordinate remote/telemedicine vists from two remote locations, one in Desert Hot Springs and another in Mecca. They will assist with new and curent patient eligibility determination, taking and recording a patient's vital signs, establishing a secure audio-only, or audio/video connection bvetween a patient and medical provider, and providing translation services if necessary. Depending upon need, they may also help to facilitate referrals for lab tests, imaging services, social service referrals and/or referrals to our Diabetes Case Manager or for heatlh education. Salary request is part-time hourly @$17/hour plus 8% tax and benefits. CVVIM projects providing a minimum of 3.000 medical contacts for eligible patients over a 12-month period and we request funding to support an all-inclusive rate of $135 per contact for 1,000 total contacts Contacts will include scheduled appointments (in-person and telehealth),care coordination, health education, Diabetes Case Management, social service referrals, and homeless outreach contacts. Contacts provided represent services to approximately 100 Valley residents, assuming a patient with a chronic illness requires an average of three contacts each in a 12-month period.

Line Item Budget
Staffing Costs

Staff Salaries		Annual Salary	% of Time Allocated to Program	Actual Program Salary	Amount of Salary Paid by DHCD Grant
Employee Position/Title					
1	Certified Medical Assistant (FT)	35,360	0.5	17,680	17,680
2					
3					
4					
5					
6					
7					
8					
Total Employee Benefits		2,829		1,414	1,414
Enter this amount in Section 1;Staffing Costs				**Total ›**	**19,094.00**
Budget Narrative	**Certified Medical Assistant (FT)** will work an average of 10 hours/week on the project from at least two remote locations to facilitate telemedicine vists with a medical provider located at the CVVIM clinic in Indio. They will assist with new patient screening and registration, taking and recording vital signs in our electronic health record, translating and facilitating referrals for ancillary services.				
Budget Narrative					

Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Fees Paid by DHCD Grant
Company and Staff Title					
1					
2					
3					
4					
5					
Enter this amount in Section 1;Staffing Costs				**Total ›**	**0**
Budget Narrative	Please describe in detail the scope of work for each professional service/consultant on this grant.				

Line Item Budget
Other Program Funds

Other funding received (actual or projected) SPECIFIC to this program/project			Amount
Fees			0
Donations			0
Grants (List Organizations)			
	1	Kaiser Permanente (projected)	25,000
	2	Coeta and Donald Barker Foundation (projected)	25,000
	3	Mickelson Foundation (projected)	40,000
	4	Guillermo J. Valenzuela Foundation (actual)	20,000
	5	Mickelson Foundation (actual)	50,000
	6	Various unrestricted contributions (actual)	125,000
	7	Grace Helen Spearman Foundation (actual)	7,500
	8	Various small grants (actual)	11,000
Fundraising (describe nature of fundraiser)			
	1	**VIMY/WLA (Auction/Dinner): 11/13/21**	100,000
	2		
Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)			
	1	In-kind contributions - volunteers	200,000
	2		
	3		
	4		
Total funding in addition to DHCD request			**603,500**

Budget Narrative

Various unrestricted contributions (actual) come from several sources: Eisenhower Health; Eisenhower Health, Medical Residency Program. .These funds are currently held in our general operating account and can be accessed if projected funding of all or part of $90,000 is not received. **Various small grants (actual)** named above include: Walmart ($4,500); City of Indio ($1,500); City of Rancho Mirage ($5,000). **VIMY/WLA** is our annual fundraising event, scheduled this year for November 13th. Historically, the event has raised $200,000 net revenue. **In-kind contributions for volunteer support** is shown to demonstrate a conservative estimate of the amount of volunteer contributions during a 12-month period. As these contributions have no direct impact on our general or project budget, it is listed only to demonstrate volunteer support and capacity for our mission and therefore, this project.

Grant Scoring Review

Grant Staff Review # 1 of 4

Executive Summary: 10

Community Need and Alignment: 9

Goals: 9

Proposed Evaluation Plan: 9

Applicant Capacity and Infrastructure: 8

Organizational Sustainability: 8

Budget: 9

Key Partners/Collaborations: 10

Total Score: 72.00

Reviewer Comments: CVVIM is the only free clinic in the Coachella Valley, serving populations that are underserved, uninsured, or under-insured. This request meets the nexus of the District's recently approved five year plan - Goal #2 PROACTIVELY EXPAND COMMUNITY ACCESS TO PRIMARY HEALTHCARE AND SPECIALITY HEALTH CARE SERVICES: .The two proposed pop-up mobile clinics, in partnership with CV Housing Coalition, will offer telehealth services to residents in underserved and hard-to-reach areas. CVVIM is the trusted go-to source for the undocumented and homeless residents as well.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 17.5 (2 of 2)

Grant Program Staff Review Stage: 70.5 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 35 (2 of 2)

Grant Program Staff Review Stage: 282 (4 of 4)

Total average proposal score: 88/100

Grant Scoring Review

Grant Staff Review # 2 of 4

Executive Summary: 9

Community Need and Alignment: 9

Goals: 9

Proposed Evaluation Plan: 9

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 8

Budget: 9

Key Partners/Collaborations: 10

Total Score: 72.00

Reviewer Comments: Coachella Valley Volunteers In Medicine continues to be the only free clinic in the Coachella Valley, who provides quality medical care and case management to uninsured and undocumented District residents. DHCD grant dollars will increase CVVIM capacity to reach and provide services to more District residents through their satellite clinics.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 17.5 (2 of 2)

Grant Program Staff Review Stage: 70.5 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 35 (2 of 2)

Grant Program Staff Review Stage: 282 (4 of 4)

Total average proposal score: 88/100

Grant Scoring Review

Grant Staff Review # 3 of 4

Executive Summary: 9

Community Need and Alignment: 8

Goals: 9

Proposed Evaluation Plan: 9

Applicant Capacity and Infrastructure: 8

Organizational Sustainability: 8

Budget: 9

Key Partners/Collaborations: 9

Total Score: 69.00

Reviewer Comments: The recent completion of the Coachella Valley Community Health Needs Assessment emphasized the fact that access to healthcare remains a high priority among residents and access related barriers and challenges have only been made worse by the pandemic. Volunteers in Medicine is targeting its efforts and adapting to an increase in telehealth need and telehealth services. Specifically, VIM is bringing telehealth access into harder to reach communities and areas where connectivity infrastructure is not always readily available. Additionally, to reach residents more appropriately, VIM is expanding its partnerships to get their telemedicine clinics located in familiar, trusted community settings. Their efforts directly relate to several strategies under the District's new Strategic Plan goal of proactively expanding community access to primary and specialty care services.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 17.5 (2 of 2)

Grant Program Staff Review Stage: 70.5 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 35 (2 of 2)

Grant Program Staff Review Stage: 282 (4 of 4)

Total average proposal score: 88/100

Grant Scoring Review

Grant Staff Review # 4 of 4

Executive Summary: 10

Community Need and Alignment: 10

Goals: 10

Proposed Evaluation Plan: 7

Applicant Capacity and Infrastructure: 8

Organizational Sustainability: 8

Budget: 9

Key Partners/Collaborations: 7

Total Score: 69.00

Reviewer Comments: This application identified a need in the communities to be served, the alignment with the DHCDF strategic focus areas and the goals that will result in an improvement in these identified areas is present. The proposed evaluation plan does not clearly articulate how the data collected will result in informing future practices. Applicant capacity in extending from 1 p/t MA position to full time may not be sufficient in relation to expected outcomes. Organizational sustainability for this work beyond the initial grant period while needed is unclear beyond current funding support. The budget information was helpful in understanding the allocations and the funding streams that are being pursued. Key partnerships identified in the application are limited to one organization and may not support advancement of this work if that partnership were to change.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 17.5 (2 of 2)

Grant Program Staff Review Stage: 70.5 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 35 (2 of 2)

Grant Program Staff Review Stage: 282 (4 of 4)

Total average proposal score: 88/100

Grant Scoring Review

Fiscal Staff Review # 1 of 2

Fiduciary Compliance: 9

Financial Stability: 9

Total Score: 18.00

Reviewer Comments: Fiduciary Compliance

The audit report is unmodified

Current Ratio is very strong (9:1) which represents the grantee's ability to pay it's short-term liabilities

The Net Assets increased by $118k as of 12/31/2020, the Balance Sheet is in good order

Financial Stability

Grantee demonstrates a strong financial position.

Grantee has diversified resources for this grant of $444,688. The District's grant of $154,094 is well supported by other resources

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 17.5 (2 of 2)

Grant Program Staff Review Stage: 70.5 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 35 (2 of 2)

Grant Program Staff Review Stage: 282 (4 of 4)

Total average proposal score: 88/100

Grant Scoring Review

Fiscal Staff Review # 2 of 2

Fiduciary Compliance: 9

Financial Stability: 8

Total Score: 17.00

Reviewer Comments: Audited financial statements presented and approved by Board of Directors. Positive cash flow documented for 2020, with ability to address liabilities with current assets. The strategic plan identifies needs but didn't establish detailed specifics to address. Multiple funding sources included in budget, with grant request reasonable in comparison to overall organizational budget.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 17.5 (2 of 2)

Grant Program Staff Review Stage: 70.5 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 35 (2 of 2)

Grant Program Staff Review Stage: 282 (4 of 4)

Total average proposal score: 88/100

FY 2020-2021: Grant Application Scoring Rubric

Category	Meets expectations *(10-6 points)*	Does not meet expectations *(0-5 points)*
Programmatic Review		
Executive Summary (10 points)	The applicant **includes and describes** the project's mission and vision, the target population the project will serve, the expected benefits to the community, the need for the project in the community with proposedevidence-based methods, interventions, and strategies that are realistic, attainable, effective, and outcome-oriented.	The applicant is unclear or **does not include or describe** the project's mission and vision, the target population the project will serve, the expected benefits to the community, the need for the project in the community with proposed evidence-based methods, interventions, and strategies that are realistic, attainable, effective, and outcome-oriented.
Community Need & Alignment (10 points)	The applicant **identifies and defines a specific need(s)** for the project within the identified community and effectively describes the alignment of that need to one of the Desert Healthcare District and Foundation five strategic focus areas by using one of more of the following: data, case studies, interviews, focus group results, media coverage, etc.	The applicant **does not sufficiently identify or describe a need** for the project and/or its alignment to one of the Desert Healthcare District and Foundation five strategic focus areas by using one or more of the following: data, case studies, interviews, focus group results, media coverage, etc.
Goals (10 points)	The applicant has provided SMART goals with an evaluation plan that is comprehensively developed. The **SMART** goals are **specific, measurable, attainable, realistic, and time-bound,** and the evaluation plan will accurately measure the project's effectiveness and impact.	The applicant has provided very limited goals and evaluation plans. The goals **are not specific, measurable, attainable, realistic, time-bound goals**and will not measure the project's effectiveness or impact.

Proposed Program/Project Evaluation Plan (10 points)	The applicant **provides a detailed plan of action for evaluation** that includes both qualitative and/or quantitative assessment(s). The plan includes well-defined data reporting mechanisms and/or a clear and transparent narrative. • Evaluation measures and methods are clear; the applicant defines how they envision success. • Evaluation is in alignment with the SMART goals of the project. • An explanation is provided on how the data collected from the project will be utilized for future programming, partnerships, and/or funding.	The applicant **does not provide, or vaguely describes, a plan of action** with limited qualitative and/or quantitative assessment(s). The plan includes poorly defined data reporting mechanisms and/or a narrative. • Evaluation measures and methods are not clear; the applicant vaguely defines how they envision success. • Evaluation is not in alignment with the SMART goals of the project. • An explanation is not provided on how the data collected from the project will be utilized.
Applicant Capacity and Infrastructure to Execute Proposal (10 points)	The applicant **includes examples that demonstrate** that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The **applicant demonstrates** reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support)	The applicant **does not include examples that demonstrate** the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The **applicant is limited in its ability to demonstrate** reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support)
Organization Sustainability (10 Points)	The applicant **demonstrates** that it has a current Strategic Plan with measurable outcomes and includes the proposed program. The applicant demonstrates strong Board engagement, governance, and fundraising support.	The applicant **does not sufficiently demonstrate** that it has a current Strategic Plan with measurable outcomes. The proposed program is not identified in the current Strategic Plan and the applicant organization has limited Board engagement, governance, and fundraising support.

Budget (10 points)	The budget is **specific** and **reasonable**, and all items **align** with the described project. The proposed budget is accurate, cost-effective, and linked to activities and outcomes. • There are no unexplained amounts. • The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are reasonable**.** • All line items are identified clearly in the budget narrative. • The budget shows committed, in-kind, or other funds that have been identified, secured, and in place to support the project.	The budget is **not specific** and/or **reasonable,** and the items are **poorly aligned** with the described project. The budget is included in the application but seems incomplete or not reflective of actual costs. • There are unexplained amounts. • The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are not reasonable**.** • Line items are not clearly defined in the budget narrative. • The budget does not show committed, in-kind, or other funds that have been identified, secured, and in place to support the project.
Key Partners / Collaboration (10 points)	The proposal **demonstrates a collaborative process** that includes multiple community partners involved in planning and implementation, with contributions from collaborators articulated in detail via letters of support and/or memorandums of understanding.	The proposal **does not demonstrate a collaborative process** and it does not involve multiple community partners in planning and implementation. Potential for collaboration exists but is not articulated.
Fiscal Review		
Fiduciary Compliance (10 Points)	**The applicant demonstrates** a financial history that shows a continuous cycle of fiduciary responsibility of the Board through unmodified audited financial statements produced in a timely fashion, positive cash flow at the end of each fiscal year, asset ratio meets required debt load, and the Board reviews financial statements regularly.	**The applicant does not demonstrate** a financial history that shows a continuous cycle of fiduciary responsibility of the Board through audited financial statements. Positive cash flow at the end of each fiscal year is not consistent. and the Board does not review financials regularly.

Financial Stability (10 Points)	Funding sources for operations and programs are from multiple sources and **are driven by a strategic plan** for stability for both short- and long-term growth. Fund development and/or business plan is in place to identify future sources of funding. The requested grant amount is **reasonable** in comparison to the overall organizational budget.	Source of funds for operations and programs are from limited sources and **are not driven by a strategic plan**. There is **no plan** for stability in place currently, including a fund development plan and/or business plan. The requested grant amount is **unreasonable** in comparison to the overall organizational operating budget.

Total Score: _____/ 100 **Recommendation:**

- ☐ Fully Fund
- ☐ Partially Fund – Possible restrictions/conditions
- ☐ No Funding