



**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE
Program Committee Meeting
May 10, 2022
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/87173427331?pwd=by9Hdm4rVFVmQWNhOWIEcmQ0N0VLQT09>
Password: 354874

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: 871 7342 7331

<i>Page(s)</i>	AGENDA	<i>Item Type</i>
	I. Call to Order – Vice-President Evett PerezGil, Committee Chairperson	
1-2	II. Approval of Agenda	Action
3-6	III. Meeting Minutes 1. April 12, 2022	Action
	IV. Public Comments At this time, comments from the audience may be made on items <u>not</u> listed on the agenda that are of public interest and within the subject-matter jurisdiction of the District. The Committee has a policy of limiting speakers to not more than three minutes. The Committee cannot take action on items not listed on the agenda. Public input may be offered on an agenda item when it comes up for discussion and/or action.	
7 8-9	V. Old Business 1. Grant Payment Schedule 2. Grant applications and RFP proposals submitted and under review	Information Information
10-19	VI. New Business 1. NPO Centric – Scope of Work (SOW) and vendor contract not to exceed (NTE) \$48,000 to provide services to the District and Foundation’s CEO and staff from May 2022 - September 2022 for the training and understanding of Results Based Accountability (RBA) and Clear Impact platforms	Information
20-43	VII. Program Updates 1. Progress and Final Reports Update	Information



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- | | VIII. Grant Funding Requests | Action |
|--------------|--|---------------|
| 44-67 | <ol style="list-style-type: none">1. Consideration to forward to the board of directors an approval of:<ol style="list-style-type: none">a. Grant #1314 Voices for Children: <i>Court Appointed Special Advocate (CASA) Program</i> - \$60,000. Goals 2 and 3 – Access to primary and specialty care and Access to behavioral care. Strategies 2.7 and 3.7 Utilize and equity lens to expand services and resources to underserved communities AND collaborate/partner with community providers to enhance access to culturally sensitive behavioral/mental health services. | |
| | IX. Committee Member Comments | |
| | X. Adjournment
Next Scheduled Meeting June 14, 2022 | |



**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
April 12, 2022**

Directors Present via Video Conference	District & Legal Counsel Staff Present via Video Conference	Absent
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 Jana Trew, Senior Program Officer, Behavioral Health Meghan Kane, Senior Program Officer, Public Health Andrea S. Hayles, Clerk of the Board	Chair/Vice-President/Secretary Evelt PerezGil

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 5:08 p.m. by President Borja in Chair PerezGil's absence.	
II. Approval of Agenda	President Borja asked for a motion to approve the agenda.	Moved and seconded by Director Zavala and President Borja to approve the agenda. Motion passed unanimously.
III. Meeting Minutes 1. March 08, 2022	President Borja asked for a motion to approve the March 08, 2022, meeting minutes.	Moved and seconded by Director Zavala and President Borja to approve the March 08, 2022, meeting minutes. Motion passed unanimously.
IV. Public Comment	There were no public comments.	
V. Old Business 1. Grant Payment Schedule	President Borja inquired with the committee concerning any questions related to the grant payment schedule.	
VI. New Business 1. Regional Access Project Foundation Mental	Donna Craig, Chief Program Office, provided a summary of	

**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
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<p>Health Initiative RFP and District partnership (\$300K) – grants awarded</p> <p>2. Grant writing Consultant: California Consulting, Inc. draft contract/scope of work</p>	<p>the District’s match to the Regional Access Project Foundation’s \$300k request for proposals describing the application process, review, and scoring procedures with recommendations from the agencies program committee to their board of directors.</p> <p>Conrado Bárzaga, MD, CEO, described the collective impact catalyst to hire a grant writer as outlined in the strategic plan, including the numerous challenges of employing a grant writer. The recommendation of California Consulting from the Coachella Valley Unified School District and their expertise in state and federal grants with other nonprofits and partners will benefit the district with funding opportunities, grant writing, and pass-through the funds to other agencies in the Coachella Valley.</p>	
<p>VI. Program Updates</p> <p>1. Progress and Final Reports Update</p> <p>2. Update – Request for Proposals (RFP) for the Mobile Clinic Operator</p>	<p>Donna Craig, Chief Program Officer, described the progress and final reports inquiring about any questions from the committee.</p> <p>Alejandro Espinoza, Chief of Community Engagement, explained that some organizations have inquired about the mobile clinic operator RFP with the application period closing on April 29. Once the</p>	

DESERT HEALTHCARE DISTRICT
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	<p>applications are received and a proposal is reviewed and identified for selection, the proposal will be presented to the Program Committee for recommendation to the Board.</p> <p>Public Comment: Linda Evans, Chief Strategy Officer, Desert Regional Medical Center, explained that the primary care and specialty group is working on the proposal for submission and is examining the best fit as a mobile clinic operator.</p>	
<p>VII. Grant Funding Requests</p> <p>1. Grant #1311 Desert Arc: Healthcare for Adults with Disabilities Project Employment of Licensed Vocational Nurses – \$102,741 Strategic Plan Goal #2: Access to Primary and Specialty Care/Strategy #2.7: Utilize an equity lens to expand services and resources to underserved communities</p> <p>2. Grant #1313 Angel View: Improving Access to Primary and Specialty Care Services for Children With Disabilities – \$76,790</p>	<p>Donna Craig, Chief Program Officer, described the \$102,741 grant request from Desert Arc in consideration of healthcare for adults with disability project and employment of licensed vocational nurses, explaining the association to the strategic plan – access to primary and specialty care with the disabled population.</p> <p>Liz Nabie, Director of Grant Development, Desert Arc, thanked the committee for reviewing and accepting the grant to forward to the Board for approval.</p> <p>Donna Craig, Chief Program Officer, described the \$76,790 Angel View grant request for improving access to primary and specialty care services for children with disabilities also</p>	<p>Moved and seconded by Director Zavala and President Borja to approve Grant #1311 Desert Arc: Healthcare for Adults with Disabilities Project Employment of Licensed Vocational Nurses – \$102,741. Motion passed unanimously</p>

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<p>Strategic Plan Goal #2: Access to Primary and Specialty Care/Strategy #2.7: Utilize an equity lens to expand services and resources to underserved communities</p> <p>3. Grant #1312 Sumaj Foundation aka Ventura Training Institute: \$25,000 requested to pay for training supplies, travel stipends for students, and cost of testing and certification for students. DECLINED: The Ventura Training Institute is 1) not accredited by an accrediting agency recognized by the United States Department of Education and 2) does not have audited financials</p>	<p>summarizing the strategic plan alignment.</p> <p>President Borja recused herself from the vote, and with the absence of a quorum, staff recommended forwarding the grant to the Board for review and approval.</p> <p>Donna Craig, Chief Program Officer, explained the denial of the Sumaj Foundation’s \$25,000 grant request due to lack of accreditation with the U.S. Department of Education, as well as the absence of audited financials.</p>	
<p>VII. Committee Members Comments</p>	<p>There were no committee member comments</p>	
<p>VIII. Adjournment</p>	<p>President Borja adjourned the meeting at 5:26 p.m.</p>	<p>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</p>

ATTEST: _____
Karen Borja, Acting Chair/Board President
Program Committee

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

DESERT HEALTHCARE DISTRICT							
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE							
April 30, 2022							
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 Yrs.	\$ 700,000	\$ 148,750		\$ 148,750		\$ -
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		\$ 1,098		\$ 902
	Unexpended funds Grant #1135						\$ (902)
2020-1149-BOD-12-15-20	Voices for Children - Court Appointed Special Advocate Program - 1 Yr.	\$ 40,000	\$ 22,000		\$ 22,000		\$ -
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		\$ 18,295		\$ -
2021-1162-BOD-01-26-21	Joslyn Center - Wellness Center Program Support - 1 Yr.	\$ 109,130	\$ 60,022		\$ 60,022		\$ -
2021-1170-BOD-02-23-21	Jewish Family Services - Mental Health Counseling for Underserved Residents - 1 Yr.	\$ 80,000	\$ 44,000		\$ 44,000		\$ -
2021-1141-BOD-03-23-21	Martha's Village & Kitchen - Homeless Housing With Wrap Around Services - 1 Yr.	\$ 210,905	\$ 115,998		\$ 94,907		\$ 21,091
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 1 Yr.	\$ 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		\$ 67,500		\$ 15,000
2021-1277-BOD-04-27-21	Lift To Rise - United Lift Rental Assistance 2021 - 8 Months	\$ 300,000	\$ 210,000		\$ 180,000		\$ 30,000
2021-1280-BOD-05-25-21	Desert AIDS Project - DAP Health Expands Access to Healthcare - 1Yr.	\$ 100,000	\$ 55,000		\$ 45,000		\$ 10,000
2021-21-02-BOD-06-22-21	Carry over of remaining Fiscal Year 2020/2021 Funds*	\$ 1,854,873	\$ 1,854,873		\$ 824,646		\$ 1,030,227
2021-1296-BOD-11-23-21	Coachella Valley Volunteers In Medicine - Improving Access to Healthcare Services - 1 Yr.			\$ 154,094		\$ 69,342	\$ 84,752
2021-1289-BOD-12-21-21	Desert Cancer Foundation - Patient Assistance Program - 1 Yr.			\$ 150,000		\$ 67,500	\$ 82,500
2022-1301-BOD-01-25-22	UCR Regents - Community Based Interventions to Mitigate Psychological Trauma - 1 Yr.			\$ 113,514		\$ 51,081	\$ 62,433
2022-1302-BOD-01-25-22	Vision To Learn - Palm Springs, Desert Sands, and Coachella Valley School Districts 1 Yr.			\$ 50,000		\$ 22,500	\$ 27,500
2022-1303-BOD-01-25-22	CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr.			\$ 54,056		\$ 24,325	\$ 29,731
2022-1306-BOD-02-22-22	Olive Crest Treatment Center - General Support for Mental Health Services - 1 Yr.			\$ 123,451		\$ 55,553	\$ 67,898
2022-1311-BOD-04-26-22	Desert Arc - Healthcare for Adults with Disabilities Project Employment of Nurses - 1 Yr.			\$ 102,741		\$ -	\$ 102,741
2022-1313-BOD-04-26-22	Angel View - Improving Access to Primary and Specialty Care Services for Children With Disabilities 1 Yr.			\$ 76,790		\$ -	\$ 76,790
							\$ -
TOTAL GRANTS		\$ 14,217,604	\$ 9,501,626	\$ 824,646	\$ 1,692,462	\$ 290,301	\$ 8,342,607
Amts available/remaining for Grant/Programs - FY 2021-22:							
Amount budgeted 2021-2022			\$ 4,000,000			G/L Balance:	4/30/2022
Amount granted through April 30, 2022:			\$ (824,646)			2131	\$ 3,352,607
Mini Grants:	1293; 1294		\$ (10,000)			2281	\$ 4,990,000
Financial Audits of Non-Profits			\$ -				
Net adj - Grants not used:	FY20-21 Funds, 1124, 1135		\$ 1,868,521			Total	\$ 8,342,607
Matching external grant contributions			\$ -				\$ (0)
Balance available for Grants/Programs			\$ 5,033,875				

* Value listed in Total Paid column reflects funds granted from carryover funds. Actual grant payments will be reflected under the respective grant.



**DESERT HEALTHCARE
DISTRICT & FOUNDATION**

Date: May 10, 2022
 To: Program Committee
 Subject: Grant Applications and RFP Proposals Submitted and Under Review

Staff Recommendation: Information only.

Grant Applications: The following grant applications have been submitted and under review by the grants team. Recommendations/suggested decisions will be brought forward to the June Program Committee for possible action:

1. Mini Grant #1315 Palms to Pines Parasports (dba So Cal Adaptive Sports)-
Expanding Adapted Sport Opportunities Throughout the Coachella Valley \$5,000 for six-month term is requested to pay for coaching fees and admin expense to continue to write more grants.
 - a. Strategic Goal and Strategy selected: Goal 1: Proactively increase the financial resources DHCD/F can apply to support community health needs. Strategy 1.5: Identify opportunities and implement selected joint venture/partnerships with community organizations to jointly support funding of selected community health needs.
2. Grant #1316 OneFuture Coachella Valley \$1,185,000 over 36 months (3 years)-
Building a Healthcare Workforce Pipeline – funds requested will go towards scholarships (\$675,000) and staff support services (\$450,000)
 - a. Strategic Goal and Strategy selected: Goals #1,2,3,5. Strategies #1.5, 2.1,2.7,3.1,5.3
3. Mini Grant #1317 Hidden Harvest – *Free Fresh Produce for Those In Need* \$5,000 requested towards fuel to deliver fresh produce to senior and low income farmers markets and staff (drivers)
 - a. Strategic Goals and Strategy selected: Goal 5: Be responsive to and supportive of selected community initiatives that enhance the economic stability of the District’s residents. Strategy 5.3: On a situational basis, play a role in raising awareness of/facilitating progress on the social determinants of health specific to poverty among community residents and be a catalyst for community organizations to act in implementing solutions.

Response to RFP#2022-001 – Medical Mobile Unit

DPMG/Health (Desert Physicians Medical Group Health) submitted a proposal requesting \$166,477 to cover the anticipated operational costs to achieve the Mobile Health Clinic Program goals and objectives. The mission of DPMG Health is to sponsor advance and provide charitable health care community outreach to those most vulnerable within the Coachella Valley, including the homeless, and develop the platform for graduate medical education, including medically related research.

Fiscal Impact: none – grant funds, if approved, would be allocated from FY 21/22 Grant Budget



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: May 10, 2022
To: Finance & Administration Committee
Subject: Consulting Services Agreement for NPO Centric – Results Based
Accountability (RBA) and Clear Impact – NTE \$48,000

Staff Recommendation: Consideration to approve a consulting services agreement for NPO Centric, not to exceed (NTE) \$48,000, that will provide services to DHCD/F's CEO and staff from May 2022 through September 2022 on the training and understanding of Results Based Accountability (RBA) and Clear Impact platforms.

Background:

- In October 2021 the Board of Directors approved the 2021-2026 five year strategic plan.
- Goal#4 of the Strategic Plan is to *proactively measure and evaluate the impact of DHCD/F funded programs and services on the health of the community residents.*
- Strategy 4.1 (HIGH Priority) – Adopt Clear Impact performance management and RBA (Results Based Accountability) platforms to track and report impact.
- The RBA approach is used as a means to demonstrate program success, improve programs that the DHCD/F administers and funds, and showcase these results in a meaningful, easy to understand way.
- As DHCD/F prepares to embrace RBA and implement the Clear Impact Scorecard, it is necessary to contract with a trained RBA/Clear Impact consultant to build the capacity of staff, the Board of Directors, and our community partners.

Scope of Work: NPO Centric will provide services to DHCD/F's CEO and staff from May 2022 through September 2022 on the training and understanding of Results Based Accountability (RBA) and Clear Impact platforms as well as to create and fulfill an Action Plan to implement RBA for DHCD/F.

Fiscal Impact: NTE \$48,000: covered under Education and Training line item in the annual budget.



Project Scope of Work

Desert Healthcare District and Foundation – RBA Capacity Building, Action Planning and Implementation

Project Summary

The Desert Healthcare District is a local government agency that was formed in 1948. Its mission is to achieve optimal health at all stages of life for all District residents. The agency's vision is equitably connecting Coachella Valley residents to health and wellness services and programs through philanthropy, health facilities, information and community education, and public policy.

The District includes more than 400,000 residents and encompasses the entire Coachella Valley. The District and Desert Healthcare Foundation, together, are one of the largest funders in the valley. These funds are used to assist residents -- especially the underserved -- in accessing vitally needed resources, such as primary and behavioral healthcare, housing, food, and transportation to medical appointments.

On October 26, 2021, the Desert Healthcare District and Foundation (DHCD/F) Board unanimously voted to approve a new Strategic Plan. The Strategic Plan identifies DHCD/F's priorities, goals, and strategies for the Coachella Valley -- with consideration given to the social determinants of health prevalent in the community. It is essentially the framework to inform and support the Board's future funding, program, and policy decisions.

Goal #4 of the Strategic Plan is to proactively measure and evaluate the impact of Desert Healthcare District and Foundation-funded programs and services on the health of community residents. Toward that end, the Desert Healthcare District and Foundation Board agreed to adopt a Results Based Accountability Framework (RBA) and to utilize the RBA-associated Clear Impact performance management tool to track and report impact.

Adopting the RBA framework will identify how well-funded programs are doing in achieving a particular quality of life result and where changes may need to be made. The RBA approach is used as a means to demonstrate program success, improve programs that the DHCD/F administers and funds, and showcase these results in a meaningful, easy-to-understand way.

The Desert Healthcare District and Foundation will be building, maintaining, and using Clear Impact Scorecards to strengthen how they measure, monitor, and continuously improve their organization and funded programs with a focus on whether the children, adults, and families they work with are "better off." These scorecards will be "live" and available on the DHCD/F's website.

As DHCD/F prepares to embrace Results Based Accountability and implement the Clear Impact Scorecard, the organization is seeking a consultant to build the capacity of staff, the Board of Directors, and their community partners.

Scope of Work

Per the project objectives outlined in the summary above, NPO Centric will provide services to the DHCD/F's CEO and staff from May 2022 to September 2022. The work will encompass two strategies: work with staff, the Board of Directors, and community partners to help them better understand RBA and Clear Impact, and to create and fulfill an Action Plan to implement RBA for DHCD/F.

Cost: \$300.00 per hour.

See the chart below:

Description of Activities and Results	Timeframe	Range of Hours
Planning Phase		
NPO Consultants to complete prerequisite work, development, and design.	Early May 2022	10-12
NPO Consultants will interview DHCD/F key staff to gain insight into the agency. This will include a historical look at DHCD/F to gain an understanding of where the agency has been, where they believe they currently are, and what the priorities are going forward.	Early May 2022	2-4
NPO Consultants to compile and aggregate the information from the interview listed above and perform a deep dive into RBA implementation that has been performed by DHCD/F staff so far.	Mid-May 2022	8-10

<p>Meeting with NPO Centric consultants and key members of staff:</p> <p>Discussion of common language and constructing a meaningful glossary.</p> <p>We will work together to determine and refine: What are DHCD/F's baselines? What is the story behind the baselines? Who are the partners? What works? What doesn't work? What additional community partners do we need to reach out to?</p> <p>We will work together to create a results list.</p> <p>We will co-design the next steps and action plan.</p>	<p>Late May 2022</p>	<p>10-12</p>
<p>Design and Development Phase</p>		
<p>Review of DHCD/F Strategy Mapping (What is the North Star?)</p> <p>NPO Centric Consultants prep work, planning and outreach to various community partners.</p> <ul style="list-style-type: none"> • Introduction to RBA • Talk about the priorities of DHCD • Strategy designing with community partners (We need their buy in) • Compile, organize, and analyze the information gathered from this supplemental outreach <p>Clear Impact Scorecard Work—NPO Centric Consultants will work with staff to make sure the Scorecard is set up correctly with all of the Results, Indicators, Programs and Performance Measures that will measure the impact for funding and easily communicate results to stakeholders.</p>	<p>Late May 2022</p>	<p>26-30</p>

We will also work to tell the “Story Behind The Curve” by identifying key factors— positive and negative, internal and external.		
NPO Centric Consultants to give presentation for DHCD/F staff on data and information gathered from the supplemental outreach. NPO Centric consultants to hold a performance hearing and a results hearing for DHCD/F staff.	Mid-June 2022	5-7
Consultants to plan, facilitate, co-design presentation about RBA and Clear Impact to the Board of Directors at their June 2022 Board meeting.	June 2022	3-5 (Includes prep time)
Staff to present to the Board for approval of the strategy map, implementation plan, and Turn the Curve Action plan for next fiscal year. Consultants on hand to present or answer questions as determined by staff.	June 2022	3-4
Launch Phase		
Consultants to work with DHCD/F staff on clear RFPs that include Results Based Accountability language and measurements.	July 2022	10-12
NPO Centric Consultants will help to train grantees to collect client-level data, track the performance of programs over-time, and report on the progress of their missions to improve the lives of children, families, and communities.	July 2022 – December 2022	30-36
Help expand, adapt and test the Clear Impact platform	July-August 2022	14-16
Scaling phase		

Refinement and development	August-September 2022	8-12
Estimated budget (Including presentation materials)		Not to exceed 160 hours \$48,000.00

Project Team:

Stephanie Minor
 Director
 NPO Centric
 41550 Eclectic Street
 Palm Desert, CA 92260

Kristal Granados
 NPO Centric Consultant and Executive Director of the United Way of the Desert

CONSULTING SERVICES AGREEMENT

This Professional Services Agreement (“Agreement”) is entered into by and between Desert Healthcare District (“District”), a public agency organized and operating pursuant to California Health and Safety Code section 32000 et seq., and NPO Centric, (“Consultant”) as follows:

R-E-C-I-T-A-L-S

1. District would like to retain the professional services of Consultant to provide the training and understanding of Results Based Accountability (RBA) and Clear Impact platforms.
2. Consultant is qualified and possesses the knowledge, skill, expertise, necessary to provide the professional services (“Services”) as more specifically outlined in the attached Exhibit “A” (“Consultant Proposal”).

C-O-V-E-N-A-N-T-S

1. CONSULTANT’S SERVICES.

1.1 Services. Consultant shall provide all labor, materials, equipment, and incidentals necessary to fully and adequately provide the District with the professional services described in the Consultant Proposal. All Services shall be performed by Consultant to the reasonable satisfaction of the District.

1.2 Compliance with Laws. In performing the Services, Consultant shall, at all times comply with all applicable laws, rules, regulations, codes, ordinances, and orders of every kind whatsoever issued, adopted, or enacted by any federal, state, or local governmental body having jurisdiction over the Services.

1.3 Performance Standard. Consultant shall perform the Services with efficiency and diligence and shall execute the Services in accordance with the standards of Consultant’s profession, generally described as that degree of skill and care ordinarily exercised by professionals providing similar services as Consultant practicing in California.

1.4 District and Foundation’s Representative. For purposes of this Agreement, the District and Foundation’s Representative shall be District’s Chief Executive Officer Conrado Barzaga, located at 1140 North Indian Canyon Drive, Palm Springs, CA 92262. All amendments to this Agreement shall be approved by the District Board.

2. FEES AND PAYMENTS.

2.1 Compensation for Services. For the full and satisfactory performance of the Services, District shall compensate Consultant Not to Exceed \$48,000, plus reimbursement of out-of-pocket expenses.

2.2 Invoices. Consultant shall deliver monthly invoices to the District no later than the 10th day of each month for Services.

2.3 Payment. The District shall remit payment for all amounts due to Consultant within thirty (30) days after receipt of invoices; provided, however, in the event District disputes any portion of Consultant's invoice, it shall timely pay any undisputed amounts invoiced and notify Consultant within thirty (30) days of its receipt of the invoice of the specifics of any disputed amounts. The parties shall expeditiously resolve the subject of any disputed amounts by way of negotiation or, if necessary, mediation. Any such dispute shall not relieve Consultant of its obligation to continue diligently performing the Services.

3. TERM; TERMINATION.

3.1 Term. The term of this Agreement shall run from execution of the agreement through September 30, 2022, subject to Section 1.3.

3.2 Termination for Convenience. District may, at any time in the exercise of its sole discretion, terminate this Agreement in whole or in part, with or without cause, by providing notice to Consultant of its intention to terminate the Agreement for convenience. So long as Consultant is not in default under this Agreement at the time of such termination, District shall pay Consultant for all Services incurred upto and including the date of termination.

4. INDEPENDENT CONTRACTOR.

District has retained Consultant to provide, and Consultant shall perform, the Services as an independent contractor maintaining exclusive direction and control over its employees; and, no personnel utilized by Consultant to perform the Services are employees of the District.

5. OWNERSHIP OF DOCUMENTS.

All deliverables and other documents generated by Consultant in the performance of the Services, including all work papers, work-in-progress, designs, documents, data, ledgers, journals and reports prepared by Consultant as a part of Consultant's Services shall belong to and be subject to the sole ownership and use of the District. The provisions of this Paragraph 5 shall survive any termination of this Agreement.

6. INDEMNIFICATION.

Consultant agrees to indemnify and hold the District and Foundation, its governing body, officers, employees, representatives, agents, successors and assigns (collectively the District/Foundation Indemnities), harmless from and against any and all losses, liabilities, claims, causes of action or costs and expenses of whatever nature or kind, incurred or suffered by the District or the District/Foundation Indemnities including indemnity claims arising by reason of any personal injury of any person or property loss, loss of use, or damage, to the extent the same arise out of or in connection with the negligent act(s) or omission(s), recklessness, or willful misconduct of Consultant, its officers, employees, subcontractors, or representatives, relating to the performance of the services outlined in this Agreement.

7. NOTICE.

All notices to be given under this Agreement shall be in writing and shall be deemed effective upon receipt when personally served or two days after mailing by certified, return receipt requested, to the following addresses:

To: District
Desert Healthcare District
Attention: Conrado Barzaga, Chief Executive Officer
1140 N. Indian Canyon Drive
Palm Springs, California 92262

To: Consultant
NPO Centric
Stephanie Minor
41550 Eclectic Street
Palm Desert, CA 92260

8. MISCELLANEOUS PROVISIONS.

8.1 Venue. Venue shall lie only in the federal or state courts nearest to the City of Palm Springs, in the County of Riverside, State of California.

8.2 Modification. This Agreement may not be altered in whole or in part except by a modification, in writing, executed by all the parties to this Agreement.

8.3 Entire Agreement. This Agreement, together with all Schedules attached, contains all representations and the entire understanding between the parties with respect to the subject matter of this Agreement. Any prior correspondence, memoranda, or agreements, whether or not such correspondence, memoranda, or agreements are in conflict with this Agreement, are intended to be replaced in total by this Agreement and its schedules.

8.4 Assignment. Consultant shall not be entitled to assign all or any portion of its rights or obligations contained in this Agreement without obtaining the prior written consent of the District. Nothing in this Agreement shall obligate the District to give such consent. Any purported assignment without the District's consent shall be void.

8.5 Binding Effect. This Agreement shall inure to the benefit of and be binding upon the parties and their respective purchasers, successors, heirs, and assigns.

8.6 Unenforceable Provisions. The terms, conditions, and covenants of this Agreement shall be construed whenever possible as consistent with all applicable laws and regulations. To the extent that any provision of this Agreement, as so interpreted, is held to violate any applicable law or regulation, the remaining provisions shall nevertheless be carried into full force and effect and remain enforceable.

This Agreement is entered into in the County of Riverside, State of California.

"District":

"Consultant":

Desert Healthcare District

NPO Centric

By: _____
Conrado Barzaga, CEO

By: _____
Stephani Minor, Director

Date: _____

Date: _____



Date: 5/10/2022

To: Program Committee – District

Subject: Progress and Final Grant Reports 4/1/2022 – 4/30/2022

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

Cove Communities Senior Association dba The Joslyn Center #1162

Grant term: 2/1/2021 – 1/31/2022

Original Approved Amount: \$109,130.00

Final report covering the time period from: 2/1/2021 – 1/31/2022

Jewish Family Services of the Desert #1170

Grant term: 3/1/2021 – 2/28/2022

Original Approved Amount: \$80,000.00

Final report covering the time period from: 3/1/2021 – 2/28/2022

Blood Bank of San Bernardino and Riverside Counties #1171

Grant term: 4/1/2021 – 9/30/2022

Original Approved Amount: \$150,000.00

Progress report covering the time period from: 9/1/2021 – 2/28/2022

California CareForce #1039

Grant term: 3/27/2020 - ~~3/28/2020~~ 3/31/2022

Original Approved Amount: \$5,000.00

Mini Grant Final report covering the time period from: 3/27/2020 - ~~3/28/2020~~ 3/31/2022

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

Joslyn Wellness Center

Strategic Area: Behavioral Health/Mental Health

Reporting Period: 2/1/21 to 1/31/22

Jack Newby
Tel: 17603334969
jackn@joslyncenter.org

Grant Information

Grant Amount: \$109,130

Paid to date: \$98,216

Balance: \$10,914

Proposed Goals and Evaluation

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

Evaluation Plan:

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

by surveys administered by with results tracked via Excel spreadsheets and reported quarterly. Program results are analyzed by staff under the direction of the Program Director, a Licensed Clinical Social Worker, and reported monthly to the Executive Director and at regular intervals to the Board of Directors. We are investigating affordable options for HIPAA compliant, cloud-based Electronic Health Records databases to monitor and report client data, clinician notes, and program objectives and outcomes.

Goal #1:

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

Evaluation of goal #1:

Progress towards goal achievement will be tracked and monitored by the Program Director, a Licensed Clinical Social Worker (LCSW), in conjunction with two Associate Marriage and Family Therapist (AMFT) peer counselors and the Program Administrator, who tracks data via an Excel spreadsheet from clinician notes and assessments. Quantitative data includes age, ethnicity, language preference, and zip code. Qualitative data includes counseling sessions, clinical assessments and treatment plans provided. Grant funds will service 52 clients, 30% of the projected 175 program clients for grant period. To monitor outreach to the Latinx community, the Program Director will track and report to the Executive Director the ability to secure at least three satellite counseling locations that are in neighborhoods accessible to the Latinx community. Ongoing program monitoring will track progress towards providing projected assessments and treatment plans, as well as enrolling clients from the Latinx community. A general client satisfaction survey is conducted annually or upon client's exit from program to elicit qualitative feedback on program and staff; and ask open-ended questions about overall agency performance. Results are reviewed, summarized, and presented to staff and Board. Information is used to develop an action plan addressing necessary changes to programs, services, and administrative operations.

Goal #2:

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

Evaluation of goal #2:

Evaluation of goal achievement will be tracked and monitored on an ongoing basis by the Program Director in conjunction with peer counselors and with support from the Program Administrator. Clients are eligible to participate in up to 12 counseling sessions at which point they are re-evaluated for resolution of presenting issues, and/or

manifestation of additional presenting issues that may require subsequent treatment at Joslyn or referral to other community-based behavioral health treatment providers. Clinicians monitor client engagement in treatment as indicated by participation in a minimum of three sessions. Clinicians administer Depression Screening tool Patient Health Questionnaire (PHQ-9) assessments on a pre and post treatment basis. Staff administer client surveys in both English and Spanish to ascertain improvement in quality of life and overall program satisfaction. Program success is evaluated by a minimum of 60% (31) of clients self reporting improvement or resolution in presenting issues, improvement in clinical assessments as measured by pre and post PHQ-9 assessments, and/or achievement of a minimum of one goal identified in treatment plans. The Program Administrator tracks quantitative and qualitative data via an Excel spreadsheet from reports provided by clinicians. Program results are monitored on an ongoing basis by the Program Director.

Goal #3:

By January 31, 2022, a total of 40 low-income older District residents age 60 and above will report experiencing reduced anxiety about food insecurity and decreased depression because of socialization with caring Joslyn Center volunteers by receiving up to seven nutritious meals per week with each meal meeting up to a minimum of one-third of the Dietary Reference Intakes by the Food and Nutrition Board, Institute of Medicine, National Academy of Sciences.

Evaluation of goal #3:

Evaluation of goal achievement will be tracked and monitored on an ongoing basis by the Executive Director in conjunction with the Program Director with support from the Program Administrator. The Program Administrator will track data via an Excel spreadsheet. Quantitative data includes number of unduplicated clients served, number of meals provided, age, ethnicity, language preference, and zip code. Qualitative data includes anxiety regarding food insecurity and depression as measured by client surveys. Wellness Center staff will follow-up with clients expressing anxiety, depression or other mental health issues for potential intake into the Problem Solving Strategies counseling program. Grant funds will service 40 clients, 32% of the projected 125 program clients for grant period. Clients are surveyed at periodic intervals to ascertain reduction in food insecurity anxiety. Surveys are conducted in English and Spanish. A general client satisfaction survey is conducted annually or upon client's exit from program to elicit direct feedback on program and staff; and ask open-ended questions about overall agency performance. Results are reviewed, summarized, and presented to staff and the Board. The information is used to develop an action plan addressing necessary changes to programs, services, and overall administrative operation.

Proposed number of District residents to be served:

Total: 92

Proposed geographic area(s) served:

Cathedral City
Coachella

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

Final Progress:

Final Outcomes on Goals and Evaluation

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

The Wellness Center program met its goals in terms of client enrollment, although enrollment decreased during the last two months of this grant term. It appears to be a balance between individuals wanting on-site services and caution in having two or more individuals in a room for counseling even if distanced and wearing a mask. We have continued advertising in the Desert Sun, started advertising in Mobile Home News, and through social media to attract clients since direct outreach is very difficult during COVID. During the last two months of this grant term, we began transitioning to “in person” programs and counseling as well as continuing with Zoom or telephone counseling. We are pleased to report that our outreach for Spanish speaking clients has resulted in the establishment of a group in collaboration with the Braille Institute which has proven to be very beneficial to the clients since they had been struggling without a licensed counselor. We are continuing in this collaboration with the Braille institute. The Wellness Center is also working on additional outreach to the Latino/Hispanic community. We have established a foundation for continued outreach to the Spanish speaking community by hiring Spanish speaking staff that can provide counseling and assist in outreach and registration for classes and counseling. We have also recruited a new Spanish speaking counselor to replace our Spanish speaking counselor who accumulated enough hours through our program to take his licensing exam. Our Spanish speaking counselor is conducting outreach and will be establishing a satellite program at Indio Senior Center as well as the on-going group counseling for Spanish speaking clients at Braille Institute. The counseling program is serving clients from more cities and areas of the Coachella Valley than originally anticipated. Our AMFT counselors are continuing with weekly supervision by the LCSW and all underwent training on HIPPA requirements in order to address a minimum of HIPPA training at least annually. All counseling clients have received clinical assessments, treatment plans and have achieved at least one or more treatment goals. Each of these areas are discussed weekly during supervision and client progress is discussed with techniques to improve outcomes. We are now regularly conducting the PHQ-9 assessments of new and continuing clients to add an additional evaluation aspect to the counseling program. We have provided counseling services to a total of 97 unduplicated clients, and at least 15% of those clients identify as Latino/Hispanic. In addition to counseling, the Wellness Center early intervention mental health educational

programs served a total of 284 unduplicated clients. The majority of clients served identify as low to moderate income.

For the Meals on Wheels aspect of the program, we have served 18,335 fresh and frozen meals to 141 unduplicated clients during this grant period. This is on track to exceed total meals served last fiscal year as well as exceed unduplicated clients. We are serving meals in the cities of Rancho Mirage, Palm Desert (including the Del Webb communities) and Indian Wells. We have completed our survey and assessment for Meals on Wheels clients and can report on the measurable results and the impact of the program on reducing anxiety related to food insecurity.

Goal #1:

At the conclusion of this reporting period, the stated goal of 52 low-income older adult clients received a clinical assessment and treatment plan developed by the Wellness Center clinicians that identified behavioral health issues which included a timeline for achieving their goals. A total of 97 unduplicated clients were served through the counseling program during the grant period, all of whom received a clinical assessment and treatment plan. The clinical assessment and development of the treatment plan was under the supervision of the program LCSW. Weekly, the LCSW meets with the AMFT clinician and reviews treatment goals and progress on the treatment plan developed for each client. During this period, we collaborated with the Braille Institute and continued facilitating a group specifically for Spanish speaking individuals who were struggling with their disability. This group specifically requested a licensed professional to work with the group. Treatment plans and goals were developed for each group member and they were monitored for achievement of their respective goals. Ten Spanish speaking individuals completed the group therapy in collaboration with the Braille Institute. In the final months of this grant, we continued with the Spanish speaking group at Braille institute as well as one-on-one counseling for some members of the group. Our supervising LCSW provided additional training to the counselors on developing and charting their assessment and treatment plan. Weekly supervisions for each client reviewed the charts and progress as well as determination of achieving the goals of the therapy. Our Spanish speaking therapist assisted in outreach to the Spanish speaking community. With COVID, it was difficult to complete many of the outreach opportunities. All therapy and group sessions took place via Zoom and in a few cases via telephone.

Evaluation of goal #1:

There were a total of 97 unduplicated clients that were served through the counseling program. All received a clinical assessment and treatment plan developed under the supervision of the LCSW Program Director and AMFT counselor, thereby meeting our stated goal of 52 under this grant. All clients self reported being low income under HUD income standards. All clients were tracked by the program administrator in Excel and were reviewed by the LCSW supervisor. Each client completes intake forms which include their age, residence, ethnicity and language preference. Each week, the counselor meets with the LCSW supervisor to update information regarding counseling sessions, progress toward meeting treatment goals, and advice and direction on helping

the client meet their treatment goals. Outreach continued during this grant period to establish satellite locations for individuals from the Latinx community. Outreach was hindered because of COVID and the inability to conduct in-person outreach. However, we were able to establish a group for counseling Spanish speaking individuals through a collaboration with the Braille Institute. The initial group started with 12 participants, however two had to drop out due to health reasons. A second group was established with 10 participants which is on-going. Additionally, outreach continued at Indio Senior Center and a Spanish speaking group/support group has been established which starts in March. At the conclusion of the grant period we served a total of 27 individuals who were Spanish speaking or from the Latinx community. This exceeded our goal of 15%. Client satisfaction was measured through attainment of treatment goals and their progress of meeting treatment goals. This information was related to the supervising LCSW who provided a report. The primary areas identified for improvement were the intake process during COVID. Clients were unhappy and confused with the email process and as a result, many did not complete their enrollment into the program. Attempting to complete the enrollment process, utilizing encrypted email was a barrier for many clients.

In order to be able to provide continuing outreach and enrollment of individuals in the Latinx community, we hired a Spanish speaking outreach specialist, Spanish speaking Administrator who can help guide individuals through the enrollment process and recruited and retained a Spanish speaking counselor who could provide services to Spanish speaking clients. We now have the necessary support structure in place to expand our outreach to the Latinx community.

Goal #2:

At the conclusion of this grant period, the stated overall goal of 31 clients received a clinical assessment and treatment plan developed by the Wellness Center clinicians and demonstrated progress in resolving their presenting issue and achievement of at least one treatment goal. A total of 97 unduplicated clients participated in the counseling program with some remaining in active counseling at the conclusion of this grant period. All of the remaining clients have participated in at least three sessions. This includes the members of the Spanish speaking group with the Braille Institute. The progress toward achievement of treatment goals for individual and group clients is monitored weekly by the LCSW supervisor. Each session note contains a section regarding progress in achieving treatment goals so the supervisor and AMFT can review that section in detail. Part of the regular supervision includes evaluation of client progress and potential referral to appropriate providers such as Jewish Family Services for more complex cases. A second Braille group was established during this grant period with ten (10) individuals. At the time of this report, all of the Braille clients have been assessed by the counselor and LCSW supervisor to have achieved progress on at least one treatment goal. Of particular interest to us were comments and progress notes relating to the Spanish speaking group that was in dire need of a group therapy format. A few of the notes from the new group are set forth: Maria stated: "I feel comfortable here in this group because I can express myself but is hard to do it in another places." Rigoberto shared: "I am shy to talk sometimes but I get a lot of support

from this group.” Miguel shared: “I am so motivated and happy for being in this group.”

”We have also administered PHQ-9 assessments to clients and saw slight to marked improvement in 90% of the clients. The main focus of Problem Solving Therapy is an early intervention therapy to teach clients how to problem solve in order to avoid issues that could lead to depression and other mental health disorders. The LCSW Program Director continually monitors progress of clients and, along with the program administrator maintains confidential records to monitor that clinical assessments are undertaken, a treatment plan is developed and discusses progress on completing goals of treatment. Following the client supervision, specific notes are shared with the counselors on suggested directions to take with the client to achieve the treatment goals.

Of many comments received from clients regarding the program, one from Fred M. stands out: “Being part of Joslyn Center has changed my life after talking with my counselor and taking Brain Boot Camp. I haven’t had any depression episodes lately. I’ve put the past behind me, started woodworking again and had a good talk with my daughter.” An additional observation by this client is that he was able to participate in activities and programs offered by The Joslyn Center and they were easily accessible to him in the same building. This also illustrates that many clients participate in multiple Wellness Center programs as well as having opportunities for socialization, supporting the holistic approach of the Joslyn Wellness Center in encouraging clients to participate in other activities at The Joslyn Center to help reduce their isolation and depression.

Evaluation of goal #2:

The program did reach the goal of a minimum of 31 low-income clients demonstrating progress in resolving their presenting issue through clinical assessment, self-report during treatment and achievement of at least one treatment goal. The LCSW supervisor developed a treatment reporting document that included this assessment in each report and developed a “Progress Toward Goal Achievement” spreadsheet that included client assessment, development of treatment plan, pre- and post administration of PHQ-9, progress on achieving at least one treatment goal, whether the client was still active and the date the file was closed. One client was referred to Jewish Family Services because their progress toward reaching treatment goals was difficult and related to more serious mental health difficulties than our program is designed to address. The program ultimately administered the PHQ-9 assessment to clients. Not all clients received this assessment at their first session, however prior to concluding treatment, they were administered the assessment. The evaluation goal was to have 60% of clients report improvement in presenting issues and/or achievement of at least one treatment goal. 80% of clients did report progress in achieving at least one treatment goal. Achievement of treatment goals was a focus of the progress notes form developed by the supervising LCSW. The progress notes were devised to ensure that the goals of the grant were always reviewed by the AMFT counselor and each weekly supervisory session included review of these goals and suggestions and advice on how to work with the client in achieving their treatment goal.

Goal #3:

As of the date of this final report, we have served a total of 18,335 fresh and frozen meals to 141 unduplicated clients. Zip codes served include 92270, 92260, 92211, and 92210.

Additionally, we have received surveys from our Meals on Wheels recipients based on the survey that was included in the previous report. With respect to our goal of reducing anxiety about food insecurity, we can report that over 85% of the respondents indicated that their anxiety regarding food insecurity has been reduced. Some of the comments on this question included: TH "With my arthritic and depuytrens contracture conditions, I cannot feel my hands, so I can't cook." PD "This way, I eat regularly." SM "They never let me down." JB "After losing my spouse and my being legally blind, I am not able to cook for myself." DB "I never worry about missing a meal."

Additional findings from the respondents included that 77% reported income ranging from extremely low to low income based on HUD guidelines. Freshly prepared meal quality was rated 90% in the range of "good" to "excellent."

Each client is called at least two times monthly by our Friendly Caller Program in order to help reduce loneliness and isolation and assess potential unmet needs. Also, the volunteer delivering meals takes time to assess the client and their living situation and report any issues. It must be noted that every client has some form of disability that prevents or severely hinders them in preparing their own meals and socializing.

Evaluation of goal #3:

All Meals on Wheels clients are tracked by the Social Services Director who manages the program. Client information is maintained along with their monthly meal preferences. Zip codes served include 92270, 92260, 92211, and 92210. A total of 18,335 fresh and frozen meals were served to 141 unduplicated clients. Client surveys were developed and sent to clients two times during the grant term in order to reach clients who were new to the program. It should be noted that there is a great deal of fluctuation in clients in this program. All individuals receiving Meals on Wheels are disabled and many in poor or declining health. Clients were reminded to return their surveys and we had an approximate 33% response rate. Given the age, disability and mental acuity of the clients being served, we determined that this provided a valid sample as well as the percentage of responses on key questions. Based on survey responses, 85% indicated that their anxiety regarding food insecurity had been reduced because of Meals on Wheels. Clients in the program are visually assessed by the volunteer delivering the meal and asked about any further needs they might have. This is reported directly to the Social Services Director. Additionally, clients on the program are called at least two times monthly by our Friendly Caller program to help reduce loneliness and isolation and assess unmet needs. Those who express the need for additional services are reported to the Social Services Director who provides a referral. Other items of note from the survey and client satisfaction were that 77% reported extremely low to low income based on HUD guidelines. Freshly prepared meal quality was rated 90% in the range of "good" to "excellent." 95% of the clients reported that

their meal was delivered “usually” or “always” in the time frame expected.

The Joslyn Center is currently engaged in a Strategic Planning process and the information from these surveys will be shared and evaluated by the staff and board to address any necessary changes or improvements in the program.

Final number of District residents served:

Total: 210

Please answer the following questions

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

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

Also, it is impossible to measure the impact of COVID on our outreach efforts and recruitment of low income and Spanish speaking clients. For the first eleven (11) months of this grant period, we were primarily conducting classes and counseling via Zoom. This makes it more difficult for many seniors, low income, and communities of color to participate because they either do not have the technical expertise, computers, or knowledge to utilize Zoom. This “digital divide” was explained in an October 2020 article stating: “The digital divide limits opportunities for those without ready access to Internet. Movement online of essential activities during COVID-19 took inadequate Internet service from inconvenient to emergency/crisis for many households” according to the National Institute of Health Library The Wiley Public Health Emergency Collection.

Finally, we determined that the program required stronger program management to maintain enrollment and coordinate among the counselors. A Program Manager was hired, however her husband died as a result of COVID and she was emotionally unable to continue in the position. This resulted in a loss of cohesion and strong direction and growth for the program.

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

While one of our goals was to outreach to the Spanish speaking community, we are particularly pleased with the success and gratitude shown by the participants in the Braille group counseling. These are individuals who are struggling with blindness or low vision, and did not have a professional to facilitate their group and guide them to find solutions to their challenges. The participants were clearly grateful for the group and the AMFT counselor in helping them to alleviate their fears and anxiety around their vision loss and medical visits. The Braille institute was also very grateful for our collaborative efforts and we expect this relationship to continue and expand beyond the Spanish speaking group. Additionally, our outreach to Indio Senior Center and offering facilitated group counseling was greeted enthusiastically and those groups will be starting in March. Finally, we realized that to engage in effective outreach to the Spanish speaking community that we needed to provide Spanish speaking outreach and enrollment opportunities. We have now developed that foundation and are well situated to continue and expand our outreach to the Spanish speaking community.

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

The Joslyn Wellness Center is a key component of our Strategic Plan. The specific stated goal is to: Continue Growing Wellness Center and Evaluate Programs and Services. Key objectives include refining programs and services that are suited to community collaboration; assess additional programs and services that can fall under the Wellness Center program services; assess the effectiveness of the programs and collaborations; and work with the Development Department to establish a stable funding base for the programs. Expanding staff capacity to service the Latinix community with a Spanish speaking counselor and support staff is expected to create more opportunities for funding.

The Board of Directors is updated monthly on the Wellness Center and on each of the strategic goals. Client statistics and outcomes are reviewed monthly as well as maintaining and building community collaborations. Regular contact is established with key partners and collaborators to provide services and assess the effectiveness of the programs being offered. Collaborations have expanded and now include services at the Braille Institute and solid plans to begin Spanish speaking support groups at Indio Senior Center in March, 2022.

The Joslyn Wellness Center has been nationally recognized for its holistic approach by the National Institute of Senior Centers/National Council on Aging as a Program of Excellence. This adds great credibility to the program and has helped increase funding. Since its inception, The Joslyn Wellness Center has maintained regular foundation and grant funding for the program which has included funding from the Desert Healthcare District, the Auen Foundation, the Grace Helen Spearman Charitable Foundation, Kaiser Foundation, Coachella Valley Wellness Foundation,

the City of Palm Desert Community Development Block Grant program and significant private contributors. Opportunities for funding are regularly reviewed and submitted.

4. List five things to be done differently if this project/program were to be implemented again
 1. Increase personal outreach and not placing extensive reliance on print and social media advertising;
 2. Develop a stronger program management component to build cohesion and direction for the program. The challenges experienced in doing this is reviewed in the “Barriers” section of this report. Although this is an additional expense, it is necessary for the development of a strong and sustainable program;
 3. Better integration of the Joslyn Wellness Center into the activities and programs of The Joslyn Center. This will add to the holistic approach of the program and improve recognition of the program with members and more participation by members;
 4. Improve the intake process and reduce the number of forms and questionnaires for clients. This can become a barrier to enrollment;
 5. Improve feedback from Meals on Wheels clients with more regular reporting from our Friendly Caller program to better assess their needs.

Jewish Family Service of the Desert, Grant#: 1170

Mental Health Counseling Services for Underserved Coachella Valley Residents

Strategic Area: Behavioral Health/Mental Health

Reporting Period: 3/1/2021 - 2/28/2022

Kraig Johnson

Tel: (760) 325-4088

Fax: (760) 778-3781

grants@jfsdesert.org

Grant Information

Grant Amount: \$80,000

Paid to date: \$72,000

Balance: \$8,000

Proposed Goals and Evaluation

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

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

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

Evaluation of goal #1: Of the 120 counseling clients, 100% will receive linguistically-, culturally-, and age-appropriate cognitive behavioral assessments to address symptoms of mental disorders. JFS utilizes evaluation tools to identify and measure the severity of the client's symptoms. Data is collected upon the onset of treatment and measured after approximately 6 sessions to show progress. Results are used to inform clinicians who can then implement alternative methods of treatment, refer out if necessary, or discharge clients or students as indicated. JFS's Electronic Health Records database tracks demographics, sessions, identification and achievement of treatment goals, and progress notes.

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

Evaluation of goal #2: Of adult counseling clients attending three or more sessions, 70% will have obtained at least one mutually-agreed upon clinical goal, leading to a more productive and satisfying life, the ability to cope with emerging situations, improved decision-making and self-worth, and more meaningful relationships and personal effectiveness.

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

Evaluation of goal #3: JFS will administer the depression scale to approximately 114 adults during the project period. Evaluations will be re-administered at 4 weeks and 8 weeks after counseling begins and at the therapist's discretion, to monitor progress. JFS depression scales have been integrated into the electronic health record, making the reporting and use of data much easier.

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

Evaluation of goal #4: JFS has integrated its mental health and case management programs to provide greater levels of service for mental health clients. JFS therapists actively refer clients to case managers for additional support, such as help locating a more reasonably priced apartment, assistance with CalFresh and Section 8 voucher applications, or emergency financial assistance to help cover the cost of medications, rent, or utilities. Additionally, JFS case managers have an increased level of commitment from therapists to address any behavioral health issues identified. Using this model, JFS case managers have been able to refer their clients to the counseling program, increasing the likelihood of compliance to instruction, improved communication, and better outcomes for both case management and mental health clients.

Proposed number of District residents to be served:

Total: 120

Proposed geographic area(s) served:

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

Final Progress:

Final Outcomes on Goals and Evaluation

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

Between March 1, 2021, and February 28, 2022, Jewish Family Service of the Desert (JFS) met most of its expected progress toward annual program goals, offering telecare sessions for remote care, as well as in-person sessions to those clients who prefer to meet face-to-face or who cannot complete telecare sessions for whatever reason. In total, 922 unduplicated clients were provided with low or no-cost mental health counseling. A majority of mental health clients attended at least three counseling sessions (75% compared to the goal of 70%), and 77% of adult clients (compared to the goal of 70%) obtained at least one mutually agreed-upon clinical goal.

Goal #1:

Goal #1: By the end of the 12-month program period, JFS will provide low- or no-cost, culturally-appropriate mental health counseling services for 1,200 unduplicated clients.

For the period of March 1, 2021, to February 28, 2022, JFS served 922 unduplicated clients, 77% of the total goal.

Evaluation of goal #1:

Participation was documented via intake/assessment forms administered by JFS mental health counselors and stored in the Electronic Health Records database.

Goal #2:

Goal #2: By the end of the 12-month program period, at least 70% of mental health

clients will attend three or more counseling sessions; at least 70% of adult clients attending 3 or more sessions will have obtained at least one mutually agreed-upon clinical goal.

75% of mental health clients (693 out of 922) attended three or more counseling sessions.

Of adult counseling clients attending three or more sessions, 77% (414 out of 541) obtained at least one mutually agreed-upon clinical goal.

Evaluation of goal #2:

Attendance and clinical progress (including mutually agreed-upon goals) were logged by JFS mental health counselors and stored in the Electronic Health Records database.

Goal #3:

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

JFS therapists administered a depression scale to 100% of the 701 mental health clients over the age of 18. The depression scale was administered to all clients at their first appointment. A review of additional scales helps determine clinical progress in clients.

Evaluation of goal #3:

Depression scale administration records and results are securely stored in the Electronic Health Records database.

Goal #4:

Goal #4: By the end of the 12-month program period, JFS will ensure that 100% of mental health clients are aware of case management services, including emergency financial assistance.

100% of adult mental health clients – 701 clients total – were made aware of case management services, including emergency financial assistance.

Evaluation of goal #4:

Discussion of JFS case management services, including emergency assistance, with mental health clients is logged in counselor notes and stored in the Electronic Health Records database.

Goal #5: N/A

Evaluation of goal #5: N/A

Final number of District residents served:

Total: 922

Please answer the following questions

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

The continuation and evolution of the COVID-19 pandemic and its pervasive variants caused a significant change in the mental health of Coachella Valley residents, not only in severity of symptoms but in clients' ability to seek and maintain counseling treatment. Particularly for community members living on low incomes, the pervasive persistence of the pandemic created an extended state of crisis – financially, pragmatically, and mentally – wherein the importance of and ability to prioritize mental healthcare was often compromised. This exacerbated a preexisting stigma prevalent in Latinx/Hispanic communities toward mental health treatment as well as that often seen in migrant communities toward systemic care and associated providers. Lastly, pragmatic limitations affect both clients, who may lack the time, transportation, and/or technology necessary to connect them with JFS services, and the agency itself, as community need for JFS services continues to surpass the organization's capacity confirming the need for additional behavioral health service providers in the Coachella Valley.

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

JFS implemented the Family Assistance Program (FAP) during the grant period as part of its case management program. The FAP provides long-term and client-guided support to larger households, including those with seniors affected by COVID-19. Through this new initiative, JFS has connected Coachella Valley residents with more substantial emergency financial assistance, further improving household stability in the community. In addition, JFS collaborated with the LGBTQ Community Center of the Desert to create a designated space in the Center Coachella facility where JFS clients can connect to telecare counseling sessions and/or JFS case managers securely and privately.

Lastly, Jewish Family Service of the Desert (JFS) experienced notable success in reallocating time and resources through the dissolution of its agreement with a behavioral health management organization. By expanding access to available services and cultivating judicious partnerships to best serve Coachella Valley residents, JFS was able to successfully adapt to the unexpected while supporting the community's critical needs.

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

JFS has provided mental health counseling to the Coachella Valley community since 1982. In that time, the agency has cultivated lasting relationships with community partners who seek to support that work.

JFS still faces significant financial challenges due to the impact of COVID-19, including revenue loss from reduced Medicare, Medicaid, and private insurance reimbursements. The agency has also seen decreased revenue in client fees due to decreased mental health counseling sessions and the postponement of major fundraising events. However, JFS has taken steps to address that decrease by increasing accessibility and availability of care. Furthermore, JFS has been encouraged to learn that the great majority of the agency's philanthropic supporters plan to continue to give to the agency. When asked why, responses invariably pointed toward the agency's good work being worth continued support, and most even noted that JFS services are more critical now than ever. JFS will also utilize fundraising events to continue to support its efforts.

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

In order to provide high-quality, accessible care over the last four decades, it has proven imperative that JFS learn to adapt with community needs. Currently, that adaptation involves the following:

- 1) Improvements to the telecare experience for both clients and staff, via improved equipment, training, and connectivity
- 2) Increased accessibility to services, particularly through providing secure spaces for clients to participate in services, such as that at the Center Coachella facility
- 3) Fostering valuable partnerships with local organizations to offer services to a larger population, such as that in the Inland Empire region, which provides telecare mental health counseling for members of the migrant community
- 4) Combatting barriers to care through educational events that help reduce the debilitating stigma associated with mental health
- 5) Amending and expanding upon agency capacity by hiring additional staff, allowing JFS to provide services at greater quality and quantity.

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

Bloodmobiles for Coachella Valley

Strategic Area: Healthcare Infrastructure and Services

Reporting Period: 9/1/21 to 2/28/22

Daniel Ballister

Tel: (909) 885-6503

Fax: (909) 890-9816

dballister@lstream.org

Grant Information

Grant Amount: \$150,000

Paid to date: \$135,000

Balance: \$15,000

Due Date: 4/1/2022

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:

We ended the majority of COVID-19 antibodies testing in support of our CCP Program at the end of June 2021. We received delivery of the new Coachella Valley-based bloodmobile in February 2022. Lastly, we performed 2,719 “mini-physicals” at Coachella Valley mobile blood drives during the reporting period.

Progress on the number of District residents served:

Total: 4,443

Geographic area(s) served during this reporting period:

All District Areas

Progress on the Program/Project Goals:

Goal #1:

We have spent \$30,000 of the \$60,000 in funds granted by the Desert Healthcare District & Foundation on COVID-19 antibodies testing. In late June 2021, 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 essentially suspended at blood centers nationwide. From September 2021 through March 2022, we conducted only a fraction of the COVID antibodies testing we originally planned and received approval from the DHCD to reallocate the funding to help cover the cost of the bloodmobile. We spent \$29,208 on testing from 4/1/21 through 8/31/21. We spent the remaining \$792 on COVID testing during this reporting period.

Goal #2:

We made an additional payment to CT Coachworks in October 2021 and received delivery of the new bloodmobile in February 2022 and have placed it into service in the Coachella Valley.

Goal #3:

We performed 2,719 "mini-physicals" at mobile blood drives throughout the Coachella Valley from 9/1/21 to 2/28/22. Of this number, 2,374 were individuals who donated blood once during the reporting period. The additional 345 "mini-physicals" were performed on individuals who donated more than once. We have performed a total of 4,443 "mini-physicals", slightly ahead of the 4,416 we projected in our original plan.

Program/Project Tracking:

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

Outside of the COVID Antibodies issue discussed in the Sept 2021 report, we did not experience any major issues during this reporting period.

- *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:*

As concerns over the pandemic have decreased in the past several months, we are once again registering numerous blood drives with our dedicated network of blood drive hosts and continuing to identify new mobile blood drive hosts in the Coachella Valley.

2022 COACHELLA CLINIC

\$477,077 WORTH OF BASIC HEALTHCARE SERVICES

356 Dental Patients Served...

Restorative: **166** fillings
Oral surgery: **206** extractions
Hygiene: **74** cleanings (18 root planning, 57 scaling)
X-rays: **1163**
Partials: **28** stay plates
Oral Education: **75**
Misc Dental Services: **18**



350 Vision Patients Served...

Comprehensive eye exams: **344**
Single vision glasses made on-site: **279**
Bifocals made on-site: **151**
Second pair of glasses: **78**
Essilor Referrals: **98**

295 Medical Patients Served...

Medical exams: **98**
COVID-19 Vaccinations: **11**
COVID-19 Tests: **290**
Chiropractic services: **45**
Acupuncture services: **10**
Counseling: **16**
Health Education: **37**



3,048 HOURS SERVED BY **380** VOLUNTEERS

Community Resources...

- **Borrego Community Health Foundation** accepted the warm transfers from California CareForce patients in need of future medical care
- **Riverside University Health System (RUHS) - Public Health** and **Coachella Valley Pharmacy** provided COVID-19 vaccinations - **RUHS Public Health** also provided a food truck that served free lunch to patients
- The **Desert Healthcare District & Foundation** and **Coachella Valley Equity Collaborative** helped provide general volunteer support and other resources at the clinic event
- **Desert Aids Project** offered free HIV testing & at-home STD testing kits to patients
- **La Botica Pharmacy** provided pharmacy supplies for the dental pharmacy and patient triage sections of the clinic
- In partnership with **Glidewell Laboratories**, stay plates were offered to dental patients
- **Morales & Galindo Marketing group, Inc.** helped coordinate community outreach and marketing efforts for the 2022 Coachella Clinic
- **FIND Food Bank, Santa Fe Mexican Restaurant,** and **Starbucks** donated food and refreshments for our clinic volunteers
- **Fitzhenry-Wiefels Cremation & Burial Service** provided water to our clinic patients
- Other community resources in attendance: **Coachella Valley Volunteers In Medicine, College of the Desert TRiO Veterans Program, Riverside University Health System - Community Health Centers, Safe Routes For ALL program,** and **Oral Health Program**

Our Sponsors...

A big shout out to this year's presenting sponsor, **The S. Mark Taper Foundation**, for their generous contribution to the 2022 Coachella Clinic.

Support The Force

S. MARK TAPER FOUNDATION



The City of Indio | Asian American Optometric Society | RAP Foundation | Starbucks Coffee | American Legion Ladies Auxiliary





Date: 5/10/2022

To: Program Committee

Subject: Grant # 1314 Voices For Children

Grant Request: Court Appointed Special Advocate (CASA) Program

Amount Requested: \$60,000.00

Project Period: 7/1/2022 to 6/30/2023

Executive Summary:

This year, an estimated 700 children from the communities served by the Desert Healthcare District & Foundation will spend time in Riverside County foster care after experiencing abuse and neglect. The mission of Voices for Children (VFC) is to transform the lives of abused, abandoned, or neglected children by providing them with trained, volunteer Court Appointed Special Advocates (CASAs). Each child has experienced multiple adverse childhood experiences at the hands of a caregiver or parent. These experiences are often the result of intergenerational trauma caused by poverty, racism, and/or discrimination. Once in the foster care system, children face new stressors: being separated from their families, living with strangers, and frequently lacking consistent and caring adult figures in their lives.

In fiscal year 2022–23, VFC’s Riverside County CASA program will provide advocacy and support approximately 80 from the Desert Healthcare District region. VFC is the only organization authorized by the Superior Court to provide CASAs to children in Riverside County. CASAs advance the physical and mental health of marginalized children living in foster care by ensuring that their health needs are not overlooked and helping them to consistently access physical and mental/behavioral health services. This individualized advocacy helps judges make the most informed decisions for each child’s future.

The organizational cost of recruiting, training, and supervising a CASA volunteer for a year is \$2,000. District funds will cover a portion of the salaries for VFC’s CASA program staff providing 30 Coachella Valley children with CASAs who will ensure that they have access to primary and/or specialty healthcare services and any necessary mental/behavioral health services.



Strategic Plan Alignment:

Goal 2: Proactively expand community access to primary and specialty care services
Strategy 2.7 Utilize an equity lens to expand services and resources to underserved communities (Priority: High)

Goal 3: Proactively expand community access to behavioral/mental health services
Strategy 3.7 Collaborate/Partner with community providers to enhance access to culturally sensitive behavioral/mental health services (Priority: Moderate)

Geographic Area(s) Served:

All District Areas

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 \$60,000.00 be approved.
- Recommendation with modifications
- Deny



Grant Application Summary

Voices For Children, Grant #1314

About the Organization

Voices For Children
PO Box 7219
Riverside, CA 92513
<http://www.speakupnow.org>

Tax ID #: 95-3786047

Primary Contact:

Jessica Munoz
Tel: (851) 357-9100
JessicaM@speakupnow.org

Organization History and Mission

Briefly describe the history AND mission of your organization

Voices for Children (VFC) has served children in Riverside County since 2015 and in San Diego County since 1980. After the previous Riverside County CASA nonprofit closed in 2014, the Judicial Council and the Riverside Superior Court asked VFC to expand our program to support children in Riverside County. Our mission is to transform the lives of abused, abandoned, or neglected children by providing them with trained, volunteer Court Appointed Special Advocates (CASAs). CASAs are community volunteers who advocate for the best interests of children in foster care, ensuring that their needs do not slip through the cracks of the overburdened foster care system.

Since its inception in 2015, VFC's Riverside County CASA program has achieved year-over-year growth in the number of children served. During fiscal year (FY) 2022–23, VFC will provide CASAs to 500 youth throughout Riverside County, including those in the Coachella Valley. All of these children were removed from their homes after suffering abuse or neglect. VFC is the only organization authorized by the Superior Court to provide CASAs to children in Riverside County.

Organization Annual Budget: \$7,065,895.00

Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
2018	Court Appointed Special Advocate (CASA) Program – Coachella Valley	\$24,000	Grant	6/4/2019	
2020	Court Appointed Special Advocate (CASA) Program	\$40,000	Grant	12/15/2020	

Project Information

Project Title: Court Appointed Special Advocate (CASA) Program

Start Date: 7/1/2022 **End Date:** 6/30/2023

Term: 12 months

Total Project Budget: \$1,069,918

Requested Amount: \$60,000

Executive Summary:

This year, approximately 4,000 children will spend time in Riverside County foster care after experiencing abuse and neglect, including an estimated 700 children from the communities served by the Desert Healthcare District & Foundation. The mission of Voices for Children is to transform the lives of abused, abandoned, or neglected children by providing them with trained, volunteer Court Appointed Special Advocates (CASAs). In fiscal year (FY) 2022–23, VFC’s Riverside County CASA program will provide advocacy and support to 500 children, including approximately 80 from the Desert Healthcare District region.

Children in foster care are more likely than their peers to have experienced multiple adverse childhood experiences (ACEs). As a result, they are at risk of chronic health issues and other negative outcomes, according to the Centers for Disease Control and Prevention (CDC). According to former California Surgeon General Dr. Nadine Burke Harris, having a safe, stable, and nurturing relationship with an adult can help a child to begin to reverse the negative impacts of trauma. VFC CASAs can provide children with this critical healing presence, as well as increased access to physical and mental health care.

The organizational cost of recruiting, training, and supervising a CASA volunteer for a year is \$2,000. We respectfully request \$60,000 from Desert Healthcare District to provide 30 Coachella Valley children with CASAs who will ensure that they have access to 1) primary and/or specialty healthcare services, and 2) any necessary mental/behavioral health services.

VFC will monitor our progress on these goals through CASA Manager, a database developed for CASA programs, where we will record the number of Coachella Valley children who are matched with a CASA for ongoing advocacy. We will also use CASA Manager to record information about each child’s physical and mental health needs,

medical and dental exams, immunizations, medications, therapeutic goals and progress, and access to physical health and mental health services. Every six months, each child's mental and physical health services and unmet needs will be documented through a biannual report to the court.

As a result of the CASA program, we expect that children in foster care will be better equipped to overcome past trauma and achieve safety, stability, and a healthier future. They will have improved access to physical, mental, and behavioral healthcare services, and they will have at least one consistent and caring adult in their lives who ensures their needs are addressed.

Community Need for the Project:

During fiscal year (FY) 2022–23, approximately 4,000 Riverside County children will spend time in foster care. We estimate that approximately 700 of these children will come from communities within the Desert Healthcare District. Each child has experienced multiple adverse childhood experiences (ACES) at the hands of a caregiver or parent. These experiences are often the result of intergenerational trauma caused by poverty, racism, and/or discrimination. Once in the foster care system, children face new stressors: being separated from their families, living with strangers, and frequently lacking consistent and caring adult figures in their lives.

Unfortunately, the overburdened and bureaucratic foster care system cannot meet the individual needs of children it is intended to protect. Its shortcomings—including daunting caseloads for social workers, attorneys, and judges and a high turnover rate for child welfare professionals—result in additional childhood trauma that has lifelong impacts. Children in foster care are twice as likely as their peers to have mental and physical health challenges, including developmental delays, anxiety, depression, asthma, obesity, and vision problems (Turney and Wildeman, "Mental and Physical Health of Children in Foster Care," *Pediatrics*, Nov. 2016). Research shows that children who experience ACES also have poor long-term health outcomes, which may include chronic illness, cancer, heart disease, and a shorter life expectancy (Felitti, et al., "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults," *American Journal of Preventive Medicine*, 1998). In addition, the COVID-19 pandemic has had a significant negative impact on children in foster care, and the long-term effects are still unknown.

Currently, there 19 District youth who have been referred to VFC by local social workers, attorneys, and judges. Each of these children is waiting to be matched with a CASA who will advocate on his or her behalf.

Strategic Plan Alignment:

Goal 2: Proactively expand community access to primary and specialty care services
Strategy 2.7 Utilize an equity lens to expand services and resources to underserved communities (Priority: High)

Goal 3: Proactively expand community access to behavioral/mental health services
Strategy 3.7 Collaborate/Partner with community providers to enhance access to culturally sensitive behavioral/mental health services (Priority: Moderate)

Project Description and Use of District funds:

VFC respectfully requests a \$60,000 grant to support the CASA Program. This grant will enable VFC to provide CASAs to 30 Coachella Valley children in foster care. CASAs are volunteers who provide an individual child or sibling group in foster care with comprehensive, individualized advocacy in court, in healthcare settings, and in the community. CASAs commit to serving 10-15 hours a month for a minimum of 18 months. CASAs advance the physical and mental health of marginalized children living in foster care by ensuring that their health needs are not overlooked and helping them to consistently access physical and mental/behavioral health services.

Physical Health: CASAs ensure that the health needs of foster youth are monitored and prioritized. They review a child's medical record, communicate with health professionals, and track a child's health needs, medical and dental exams, medications, immunizations, and referrals to specialty and allied health services such as speech therapy, occupational therapy, and physical therapy. When children change placements, CASAs ensure that caregivers, group homes, and temporary housing programs receive vital information about a child's medications, allergies, and health risks. They also work to connect children who have changed placements with new health providers expediently and to minimize gaps in care. CASAs help mediate barriers to healthcare, including transportation challenges or issues with Medi-Cal. CASAs can coordinate or provide transportation to medical appointments for a child. When CASAs determine that children are unable to access the healthcare services they need, they share their concerns with the social worker, attorney, and judge and advocate for solutions.

Mental and Behavioral Health: CASAs also play an important role in monitoring and advocating for a child's mental and behavioral health. CASAs observe a child's behavior during one-on-one visits and ask teachers and caregivers about a child's behavior at home and in school. Oftentimes, a CASA is the adult who has been in a child's life for the longest. As a result, they may be the first to notice changes in a child's behavior and mood that may warrant therapeutic assessment and intervention. CASAs also monitor and report on a child's progress on their therapeutic goals. If a child is not consistently accessing mental health services, not making progress, or otherwise struggling with mental and behavioral health, a CASA may notify a child's welfare team to address the issue.

Every six months, CASAs submit comprehensive, written reports to the Court about a child. This information provides judges with critical insight into a child's overall well-being and access to necessary healthcare services. If a child is not receiving adequate care, the judge can use their position to ensure a child's health needs are addressed.

A \$60,000 grant from the Desert Healthcare Foundation & District will cover a portion of the salaries for VFC's CASA program staff. Each year, VFC's program staff support more than 350 active CASAs in Riverside County, including at least 100 new CASAs who are recruited and trained each year. VFC program staff coordinate more than 35 hours of training for CASA trainees and screen CASAs through multiple background checks before matching them with a child. VFC staff members called Advocacy Supervisors provide guidance to each CASA volunteer. They educate CASAs about the

foster care system, assist them to identify beneficial services and resources, and accompany them to child welfare meetings and court hearings. Advocacy Supervisors are trained to respond to the most challenging questions from CASAs, such as: “My case child is having thoughts of suicide, how should I help?” and “My case child has not seen a dentist in three years. Where do I begin?”

Ultimately, VFC’s purpose is to provide children in foster care with a consistent, caring, and trusted adult who will advocate to remove any barriers that exist and ensure that they are safe, healthy, and have access to all of the services and supports they need.

Description of the Target Population (s):

Approximately 53% of the children served through the Riverside County CASA program are Hispanic/Latino; 22% are white/Caucasian; 18% are Black/African American; 2% are Native America; 1% are multiracial; 1% are Asian/Pacific Islander, and 3% are of unknown race/ethnic origins. Approximately 46% of the children we serve are female and 54% are male. Six percent are infants and toddlers ages birth-5, 79% are children ages 5-17, and 15% are non-minor dependents (youth who choose to remain in the foster care system after the age of 18) between the ages of 18-21. The project will specifically serve Coachella Valley children in foster care.

Geographic Area(s) Served:

All District Areas

Age Group:

- (0-5) Infants
- (06-17) Children
- (18-24) Youth

Total Number of District Residents Served:

Direct: 30
Indirect: 0

Project Goals and Evaluation

<p>Goal #1: By June 30, 2023, 30 underserved Coachella Valley youth in foster care will be matched with a CASA who will ensure that they receive primary and/or specialty healthcare services.</p> <p>This project goal coincides with the District and Foundation’s Strategic Plan performance measure: “# of individuals who were connected to primary and specialty healthcare services in underserved communities” under strategy 2.7: “Utilize an equity lens to expand services and resources</p>	<p>Evaluation #1: CASA Matching: We use CASA Manager, a database developed for CASA programs, to maintain a waitlist of children referred for CASA services by judges, attorneys, and social workers, and to track the progress of CASA trainees as they complete 35 hours of training. Our Director of Programs monitors the number of children matched with CASAs each month and adjusts our CASA volunteer recruitment strategies to ensure that we achieve our goals.</p> <p>Access to primary and specialty healthcare services: VFC Advocacy Supervisors monitor each child’s access to health services on a</p>
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<p>to underserved communities.”</p>	<p>monthly basis as they receive updates from CASAs.</p> <p>Every six months, Advocacy Supervisors and CASAs work together to complete a court report, which includes a comprehensive status update for the judge about a child’s health, including information about their medical and dental exams, immunizations, prescribed medications, developmental milestones, and access to health services.</p>
<p>Goal #2: By June 30, 2023, the 30 underserved Coachella Valley youth in foster care who have been matched with a CASA will receive access to any necessary behavioral/mental health services.</p> <p>This project goal coincides with the District and Foundation’s Strategic Plan performance measure “# of individuals who were connected to behavioral/mental health services” under strategy 3.7 “Collaborate/partner with community providers to enhance access to culturally-sensitive behavioral/mental health services.”</p>	<p>Evaluation #2: Access to behavioral/mental health services: VFC Advocacy Supervisors monitor each child’s behavioral and mental health on a monthly basis as they receive updates from CASAs. Every six months, Advocacy Supervisors and CASAs work together to complete a court report, which includes a comprehensive status update for the judge about a child’s mental health, including information about their access to behavioral and mental health services, therapeutic goals and progress, and prescribed medications.</p>
<p>Goal #3: n/a</p>	<p>Evaluation #3: n/a</p>
<p>Goal #4: n/a</p>	<p>Evaluation #4: n/a</p>
<p>Goal #5: n/a</p>	<p>Evaluation #5: n/a</p>

Proposed Project Evaluation Plan

VFC’s program staff members use the data we collect to continuously refine and improve our program, and to inform our supporters and community partners about the health needs of children in foster care. CASAs provide their VFC Advocacy Supervisor with monthly updates about each child. These notes include information about a child’s overall health, medical care, and emerging health issues, which inform the individual advocacy plan that a CASA implements for that child. We also identify broader themes that we observe among the 450+ children in our service population. When we notice changes in the needs of children in foster care, we adjust our program accordingly. For example, at the beginning of the COVID-19 pandemic, many CASAs reported that their case children were experiencing increased levels of anxiety, loneliness, and uncertainty. We responded by providing CASAs with training about managing anxiety and uncertainty through local mental health service providers, by providing CASAs with lists of relevant community resources, and by developing a remote advocacy guide that CASAs could use for additional ideas about how to creatively support children during

the pandemic. We also share information about current trends in conversations with community partners, including the Department of Public Social Services (DPSS), the Superior Court of California – Riverside County, and local attorneys and healthcare providers, as we work together to improve health outcomes for children in foster care.

VFC hopes that one day, there will be no need for our services. Until that time comes, we measure our success by our ability to provide each child who needs one with the dedicated, compassionate support of a CASA volunteer.

Organizational Capacity and Sustainability

Organizational Capacity

VFC's Riverside County CASA program is led by Executive Director Jessica Muñoz. Jessica practiced as an attorney for seven years, including four years in the dependency court system. She has been with VFC since 2016. In addition to her law degree, she holds a Master of Forensic Science degree and a professional certificate in nonprofit management.

The CASA program model is highly efficient. Our program staff of 10 oversee the recruitment, training, and supervision of more than 350 CASA volunteers annually. VFC is the only organization in Riverside County authorized by the Riverside Superior Court to recruit, train, and support CASA volunteers, demonstrating our credibility within the community and the capacity we have to serve children.

The Riverside County CASA program has a steady trajectory of responsible year-over-year growth since our program's inception and provided 467 children with CASAs during fiscal year 2020–21. During fiscal year 2022-23, we plan to provide 500 children with CASAs, including 80 children in the Coachella Valley.

Organizational Sustainability:

VFC has a singular mission: to transform the lives of children who have experienced abuse and neglect by providing them with trained CASA volunteers. All of our strategic and fundraising initiatives are directed toward this goal. VFC receives strategic and fundraising support from our 28-member Board of Directors and our Riverside County Community Advisory Council. The majority of VFC's funding comes from private philanthropy.

We solicit support through grant requests, direct mail campaigns, third-party events, and major gift solicitations. We have received significant grants over multiple years from funders including the Annenberg Foundation, Bluebird Legacy Inc., Focusing Philanthropy, the In-N-Out Burger Foundation, and S. Mark Taper Foundation. We also receive government funding through the Victims of Crime Act, county and municipal Community Development Block Grant (CDBG) programs, and the Riverside County Transportation Commission. VFC's philanthropy professionals work to increase funding by cultivating new donors and broadening our network in the communities we serve. VFC's Riverside County CASA program aims to strengthen philanthropic partnerships, especially with individuals, corporations, and foundations, to ensure the sustainability of the CASA program.

Diversity, Equity, and Inclusion

How is diversity, equity, and inclusion addressed?

Diversity, equity, and inclusion are essential values of the Riverside County CASA program. We believe that a commitment to racial equity is critical because the population we serve is disproportionately comprised of youth of color and LGBTQ youth. VFC's Board of Directors is 14% Hispanic/Latinx, 10% Asian, and 3% Black. In 2020, VFC changed its "give or get" policy in order to broaden the pool of prospective board members.

All leaders in VFC's Riverside program are women, as is VFC's President & CEO. Riverside County Executive Director Jessica Muñoz is Hispanic. VFC's senior leadership team includes nine members: seven are women, one is Latina, one is Asian, and two are Black. Over the past two years, VFC's board, leadership, and staff have responded to an increased awareness of racial inequities in society. The senior leadership team participated in a diversity-training program, and VFC engaged a diversity consultant for all staff and formed a diversity, equity, and inclusion committee to address staff and volunteer training and recruitment. Executive Director Jessica Muñoz is one of 40 CASA program leaders who is participating in a nine-month Train-the-Trainer diversity, equity, and inclusion course through California CASA and the Washington Consulting Group.

What is preventing the organization from addressing diversity, equity, and inclusion? n/a

Partnerships:

Key Partners:

Voices for Children collaborates with many institutions, organizations, agencies, and government offices to serve children in foster care. We work most closely with the Superior Court of California – Riverside County and the Riverside County Department of Public Social Services (DPSS). We have an MOU with the Superior Court of California – Riverside County; this MOU is in effect until December 31, 2022, and is typically renewed in two-year increments. Riverside County judges, attorneys, social workers, and other child welfare professionals refer children to our program. We also collaborate with attorneys and social workers as we work to address the unmet needs of youth. Other partners in service include California CASA, the Riverside County Department of Probation, Riverside County Tribal Alliance, the Department of Public Social Services' System Improvement Core, the Riverside County Office of Education, and local school districts, foster family agencies, and healthcare providers.

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Line Item Budget Project Operational Costs

PROJECT OPERATIONS		Total Project Budget	Funds from Other Sources Detail on sheet 3	Amount Requested from DHCD
Total Staffing Costs Detail on sheet 2		\$ 749,643.50	\$ 694,883.50	\$ 54,760.00
Equipment (itemize)				
1				\$ -
2				\$ -
3				\$ -
4				\$ -
Supplies (itemize)				
1	Office Supplies	\$ 8,000.00	\$ 8,000.00	\$ -
2	Dues, Fees, and Subscriptions	\$ 1,860.00	\$ 1,860.00	\$ -
3	Volunteer Recruitment/Marketing			\$ -
4	Other Expenses			\$ -
Printing / Duplication		\$ 1,200.00	\$ 1,200.00	\$ -
Mailing / Postage		\$ 3,600.00	\$ 3,600.00	\$ -
Travel / Mileage (use current Federal mileage rate)		\$ 108,000.00	\$ 108,000.00	\$ -
Education / Training		\$ 3,000.00	\$ 3,000.00	\$ -
* Items listed below are included for calculation of the total project budget only. For use of DHCD funds, these line items would be included in the allowable 10% indirect cost rate.				
Office / Rent / Mortgage*		\$ 47,256.00	\$ 47,256.00	\$ -
Telephone / Fax / Internet*		\$ 12,495.00	\$ 12,495.00	\$ -
Utilities*			\$ -	\$ -
Insurance*		\$ 12,000.00	\$ 12,000.00	\$ -
Other direct project costs not described above (itemize)				
1	Volunteer Recruitment/Marketing	\$ 40,300.00	\$ 40,300.00	\$ -
2	Other Expenses	\$ 21,600.00	\$ 21,600.00	\$ -
3				\$ -
4				\$ -
Indirect Cost Rate - Maximum of 10% Allowed				\$ 5,240.00
Total Project Budget		\$ 1,014,194.50	\$ 954,194.50	\$ 60,000.00
Budget Narrative	<p>The majority of our operational costs consist of mileage, rent, and volunteer recruitment/marketing.</p> <ul style="list-style-type: none"> - Mileage Reimbursement: Our organization is powered by volunteers who travel throughout the Coachella Valley in order to attend court hearings, visit children, and attend school conferences, health appointments, and child welfare meetings. Therefore, we budgeted \$108,000 this year on mileage reimbursement. Approximately 80% of this total is covered by a grant through the Riverside County Transportation Commission. - Rent: Our rent expenses include maintaining three offices throughout Riverside County, including one in Palm Desert. Our office space in Palm Desert is also heavily subsidized by the Regional Access Project (RAP) Foundation, Inc. - Volunteer Recruitment/Marketing: Because our organization relies heavily on the services of volunteers, we budgeted \$40,300 on volunteer recruitment/marketing. This includes the production of informational and promotional materials, including video, newsletters, and our website; public service announcements; and digital advertising on platforms including Facebook and VolunteerMatch. <p>VFC is also requesting \$5,240 to cover indirect expenses.</p>			

Line Item Budget Staffing Costs

Staff Salaries		Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD
Employee Position/Title					
1	Executive Director	\$ 150,087	50%	75,043.50	\$ 4,500.00
2	Philanthropy Manager	\$ 74,160	20%	14,832.00	-
3	Director of Programs	\$ 85,070	100%	85,070.00	\$ 12,760.00
4	Assistant Program Manager	\$ 65,253	100%	65,253.00	
5	Community Outreach Coordinator	\$ 50,012	100%	50,012.00	\$ 7,500.00
6	Advocacy Supervisor	\$ 52,451	100%	52,451.00	
7	Advocacy Supervisor	\$ 52,451	100%	52,451.00	
8	Advocacy Supervisor	\$ 50,012	100%	50,012.00	\$ 15,000.00
9	Advocacy Supervisor	\$ 50,012	100%	50,012.00	\$ 15,000.00
10	Advocacy Supervisor	\$ 50,012	100%	50,012.00	
11	Advocacy Supervisor	\$ 50,012	100%	50,012.00	
12	Flat rate for finance, marketing, grant, and marketing support from San Diego office.	\$ 75,000	100%	75,000.00	
Total Employee Benefits / Employer Taxes - proportional fringe costs and/or employer taxes based on % of time allocated to project				79,483.00	-
Enter this amount in Section 1; Staffing Costs				Total >	\$ 749,643.50
Enter this amount in Section 1; Staffing Costs				Total >	\$ 54,760.00
Budget Narrative	<p>A \$60,000 grant from the Desert Healthcare Foundation & District will cover a portion of the salaries for VFC's CASA program staff. Each year, VFC's program staff support more than 350 active CASAs in Riverside County, including at least 100 CASAs who are recruited and trained each year. VFC program staff coordinate more than 35 hours of training for CASA trainees and screen CASAs through multiple background checks before matching them with a child. VFC staff members called Advocacy Supervisors provide guidance to each CASA volunteer. They educate CASAs about the foster care system, assist them to identify beneficial services and resources, and accompany them to child welfare meetings and court hearings.</p> <p>The grant from the Desert Healthcare Foundation & District will specifically be applied to the following salaries:</p> <ul style="list-style-type: none"> o The Executive Director provides program oversight, including volunteer recruitment, training, and retention. She also facilitates case consultation and professional development for program staff. We are requesting \$4,296 to cover approximately 3% of her salary. o The Director of Programs oversees all program staff, case management, and training and volunteer recruitment. Each year, she facilitates 10 or more sessions of VFC's 35-hour CASA training program. We are requesting \$12,750 to cover approximately 15% of her salary. o The Community Outreach Coordinator facilitates volunteer recruitment activities, including eight community presentations and six volunteer information sessions each month. We are requesting \$7,500 to cover approximately 15% of her salary. o The Advocacy Supervisors each provide ongoing support and training to CASA volunteers. We are requesting \$30,000 to cover approximately 30% of the salaries of two Advocacy Supervisors. 				
Budget Narrative	<p>Total program-related employee benefits (\$79,483) include employee benefits (\$32,709), payroll taxes (\$41,704), and worker's compensation (\$5,070). Benefits (\$32,709) are calculated at a rate of 6% of Riverside County staff salaries (not all employees opt into healthcare and dental benefits). Payroll taxes (\$41,704) are calculated at a rate of 7.65% (6.2% Social Security + 1.45% Medicare). Worker's compensation (\$5,070) is calculated at a rate of .93%.</p>				
Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Total Project Fees
Company and Staff Title					
1					
2					
3					
4					
5					
Enter this amount in Section 1; Staffing Costs				Total >	\$ -
Budget Narrative	VFC will not use professional services or consultants for this project.				

Line Item Budget Other Project Funds

Other funding received (actual or projected) SPECIFIC to this project. "Total funding in addition to DHCD request" below should match or exceed value listed in Section 1 for "Funds from Other Sources".		Amount
Fees		
Donations - Individual Giving (Projected)		\$ 181,895.00
Grants (List Organizations)		
1	Cal OES VOCA Grants (Actual)	\$ 45,000.00
2	Riverside County Transportation Commission (Actual)	\$ 141,500.00
3	Foundation Grants (Projected)	\$ 335,000.00
4	Corporate Grants (Projected)	\$ 85,000.00
5	Additional Government Grants (Projected)	\$ 256,500.00
Fundraising (describe nature of fundraiser)		
1		
2		
Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)		
1		
2		
3		
4		
Total funding in addition to DHCD request		\$ 1,044,895.00
Budget Narrative	<p>VFC operates on an accrual accounting system. At the start of each fiscal year (beginning on July 1), we begin raising the budget for that year. Any foundation grants, corporate support, or individual giving that we receive on or after July 1, 2022 will go toward the project budget. However, VFC has secured three government grants that will fall within the project period: two Victims of Crime Act (VOCA) grants through Cal OES and a Measure A grant through the Riverside County Transportation Commission. The additional government grants include pending requests for additional VOCA funding; CDBG funding from the County of Riverside and the cities of Riverside, Hemet, Corona, Moreno Valley, Temecula, Perris, and San Jacinto; the California Judicial Council; and other county and city programs.</p>	

Grant Scoring Review

Grant Staff Review # 1 of 4

Executive Summary: 9

Community Need and Alignment: 10

Goals: 9

Proposed Evaluation Plan: 9

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 8

Budget: 9

Key Partners/Collaborations: 9

Total Score: 72.00

Reviewer Comments: Aside from Court appointed referrals, CASA's are instrumental in advocating for the primary and behavioral healthcare services for foster children residing in the Coachella Valley. CASA's are a critical piece of these vulnerable children's welfare. These CASA's become an ally and advocate for the foster children as they try navigate the judicial and foster system. CASA's also connect foster children with much need health and wellness resources, along with guidance as they prepare to leave the foster system. Desert Healthcare District funding will provide 30 foster children with their own CASA, who will have a lifelong impact in the life of these children.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 19.5 (2 of 2)

Grant Program Staff Review Stage: 74.5 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 39 (2 of 2)

Grant Program Staff Review Stage: 298 (4 of 4)

Total average proposal score: 94/100

Grant Scoring Review

Grant Staff Review # 2 of 4

Executive Summary: 10

Community Need and Alignment: 9

Goals: 9

Proposed Evaluation Plan: 9

Applicant Capacity and Infrastructure: 8

Organizational Sustainability: 9

Budget: 9

Key Partners/Collaborations: 10

Total Score: 73.00

Reviewer Comments: Voices for Children Court Appointed Special Advocate (CASA) Program is a very important and valuable support system for foster youth who are in the foster care system, which can be very traumatic and complex. With the assistance of a CASA volunteer, foster youth have a adult they can rely on for support, guidance, and case management as they navigate the foster care system. The CASA volunteers are vital to the physical health and mental health of these youth by ensuring they are connected to appropriate resources and programs. DHCD funds will assist Voices for Children recruit and train volunteers for the CASA program that ultimately assist 30 Coachella Valley foster youth. I support approving and funding this grant application.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 19.5 (2 of 2)

Grant Program Staff Review Stage: 74.5 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 39 (2 of 2)

Grant Program Staff Review Stage: 298 (4 of 4)

Total average proposal score: 94/100

Grant Scoring Review

Grant Staff Review # 3 of 4

Executive Summary: 10

Community Need and Alignment: 9

Goals: 9

Proposed Evaluation Plan: 10

Applicant Capacity and Infrastructure: 8

Organizational Sustainability: 9

Budget: 9

Key Partners/Collaborations: 9

Total Score: 73.00

Reviewer Comments: Voices for Children ensures children in foster care have every opportunity to achieve stability by advocating and supporting them after being placed in foster care. Advocacy occurs through their CASA program that matches each child with a caring volunteer that advances the child's proper access to necessary physical and mental health services. With foster children being more susceptible to poor mental and physical health conditions, they need continued support, through a consistent adult presence, to thrive and learn to prepare for life in and after the foster care system. The individualized advocacy of CASAs helps judges, social workers, and other support teams make informed decisions for the future of children. Our grant funding will specifically cover staff expenses to aid CASAs in supporting 30 Coachella Valley children. This is in direct alignment to both goal 2 and 3 of the District's Strategic Plan.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 19.5 (2 of 2)

Grant Program Staff Review Stage: 74.5 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 39 (2 of 2)

Grant Program Staff Review Stage: 298 (4 of 4)

Total average proposal score: 94/100

Grant Scoring Review

Grant Staff Review # 4 of 4

Executive Summary: 10

Community Need and Alignment: 10

Goals: 10

Proposed Evaluation Plan: 10

Applicant Capacity and Infrastructure: 10

Organizational Sustainability: 10

Budget: 10

Key Partners/Collaborations: 10

Total Score: 80.00

Reviewer Comments: Voices For Children (VFC) has been a provider in Riverside County since 2015. Their work to support children in need through the court system Court Appointed Special Advocates (CASA) network has proven itself as an impactful intervention option. This grant proposal has identified a need area in our community to serve children in foster care who through their experiences would benefit from the support provided by a stable and nurturing adult relationship as they work to reduce the negative impacts of trauma. VFC proposes to provide these types of supportive services to Coachella Valley youth to ensure access to healthcare services including mental/behavioral health services. The goals identified by VFC align with our Strategic Plan Goal 2, Strategy 2.7 (Utilize an equity lens to expand services and resources to underserved communities) and Strategic Plan Goal 3 Strategy 3.7 (Collaborate/partner with community providers to enhance access to culturally-sensitive behavioral/mental health services). The evaluation structure identified to highlight the impact of these services on the children for which these interventions are directed appear to be appropriate. The inclusion of these outcomes in the monthly VFC updates completed by the CASA workers and monitored by the Advocacy Supervisors will insure that shifts in need, access to services, and therapeutic progress are reviewed in order to continually refine the support plan for these children.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 19.5 (2 of 2)

Grant Program Staff Review Stage: 74.5 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 39 (2 of 2)

Grant Program Staff Review Stage: 298 (4 of 4)

Total average proposal score: 94/100

Grant Scoring Review

Fiscal Staff Review # 1 of 2

Fiduciary Compliance: 10

Financial Stability: 10

Total Score: 20.00

Reviewer Comments: Fiduciary Compliance

The audit report is unmodified. The Board of Directors and Audit Committee accepted the audit report.

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

The Net Assets increased by \$2.5M as of 6/30/21, the Balance Sheet is in good order

Financial Stability

Grantee demonstrates a strong financial position.

Grantee has diversified resources for this project of \$1,014,195. The District's grant of \$60,000 is well supported by other resources.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 19.5 (2 of 2)

Grant Program Staff Review Stage: 74.5 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 39 (2 of 2)

Grant Program Staff Review Stage: 298 (4 of 4)

Total average proposal score: 94/100

Grant Scoring Review

Fiscal Staff Review # 2 of 2

Fiduciary Compliance: 10

Financial Stability: 9

Total Score: 19.00

Reviewer Comments: Audited financial statements prepared and approved by Board. Positive cash flow documented with strong asset position to address liabilities. Overall organizational budget contains multiple funding sources and grant value is reasonable compared to overall budget. Strategic plan identified but did not contain timelines on future funding growth.

Response Notes:

Average Review Score:

Fiscal Staff Review Stage: 19.5 (2 of 2)

Grant Program Staff Review Stage: 74.5 (4 of 4)

Sum of all Reviews:

Fiscal Staff Review Stage: 39 (2 of 2)

Grant Program Staff Review Stage: 298 (4 of 4)

Total average proposal score: 94/100



Grant Application Scoring Rubric



Category	Meets expectations <i>(10-6 points)</i>	Does not meet expectations <i>(0-5 points)</i>
Programmatic Review		
Executive Summary of the Project (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 proposed evidence-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 for the Project & Strategic Plan 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 the Desert Healthcare District and Foundation 2021-2026 Strategic Plan goals and strategies 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 2021-2026 Strategic Plan goals and strategies by using one or more of the following: data, case studies, interviews, focus group results, media coverage, etc.
Project Goals, Performance Measures, and Evaluation (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. Within each goal, the applicant identifies a related performance measure as outlined in the Desert Healthcare District and Foundation 2021-2026 Strategic Plan.	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. Applicant did not identify related performance measures as outlined in the Desert Healthcare District and Foundation 2021-2026 Strategic Plan.

<p>Project Evaluation Plan (10 points)</p>	<p>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.</p> <ul style="list-style-type: none"> • Evaluation measures and methods are clear; the applicant defines how they envision success. • Evaluation is in alignment with the SMART goals of the project. • Evaluation is in alignment with identified performance measure(s). • An explanation is provided on how the data collected from the project will be utilized for future programming, partnerships, and/or funding. 	<p>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.</p> <ul style="list-style-type: none"> • 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. • Evaluation is not in alignment with identified performance measure(s). • An explanation is not provided on how the data collected from the project will be utilized.
<p>Applicant Capacity and Infrastructure to Execute Proposal (10 points)</p>	<p>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)</p>	<p>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)</p>
<p>Organization Sustainability (10 Points)</p>	<p>The applicant demonstrates that it has a current Strategic Plan. The applicant demonstrates strong Board engagement, governance, and fundraising support.</p>	<p>The applicant does not sufficiently demonstrate that it has a current Strategic Plan. The proposed program is not identified in the current Strategic Plan and the applicant organization has limited Board engagement, governance, and fundraising support.</p>

<p>Budget (10 points)</p>	<p>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.</p> <ul style="list-style-type: none"> • 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. 	<p>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.</p> <ul style="list-style-type: none"> • 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.
<p>Key Partners / Collaboration (10 points)</p>	<p>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.</p>	<p>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.</p>
<p>Fiscal Review</p>		
<p>Fiduciary Compliance (10 Points)</p>	<p>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.</p>	<p>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.</p>

<p>Financial Stability (10 Points)</p>	<p>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.</p>	<p>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.</p>
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Total Score: _____ / 100

Recommendation:

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