



**DESERT HEALTHCARE DISTRICT  
BOARD MEETING  
Special Meeting of the Board of Directors  
December 20, 2022  
5:30 P.M.**

In accordance with new authorization signed by the Governor – Executive Order N-17-21 on September 16, 2021 - (AB 361 - Government Code 54953 effective until January 1, 2024), which extends the provisions of the Governor’s Executive Order N-29-20 of March 12, 2020, revised on March 18, 2020, and Board-approved Resolution #21-03 on September 26, 2021, teleconferencing will be used by the Board members and appropriate staff members during this meeting.

In lieu of attending the meeting in person, members of the public can participate by webinar by using the following link:

<https://us02web.zoom.us/j/89959662353?pwd=RldZUVVpZmFFVWhFVm81RVJiSVA2dz09>  
**Password: 065966**

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

Dial in: **(669) 900-6833 or Toll Free (833) 548-0282** To Listen and Address the Board when called upon:  
**Webinar ID: 899 5966 2353**  
**Password: 065966**

You may also email [ahayles@dhcd.org](mailto:ahayles@dhcd.org) with your public comment no later than 4 p.m., Tuesday, 12/20

<i>Page(s)</i>	<b>AGENDA</b>	<i>Item Type</i>
	<i>Any item on the agenda may result in Board Action</i>	
	<b>A. CALL TO ORDER – Vice-President PerezGil</b> Roll Call Director Barraza____Director De Lara____ Director Zendle, MD____Director Rogers, RN____ Director Shorr____ Secretary Zavala____Vice-President PerezGil	
	<b>B. PLEDGE OF ALLEGIANCE</b>	
1-3	<b>C. APPROVAL OF AGENDA</b>	<b>Action</b>
	<b>D. PUBLIC COMMENT</b> At this time, comments from the audience may be made on items <u>not</u> listed on the agenda that are of public interest and within the subject-matter jurisdiction of the District. <b>The Board has a policy of limiting speakers to no more than three minutes.</b> The Board cannot take action on items not listed on the agenda. Public input may be offered on agenda items when they come up for discussion and/or action.	
	<b>E. CONSENT AGENDA</b> All Consent Agenda item(s) listed below are considered routine by the Board of Directors and will be enacted by one motion. <u>There will be no separate discussion of items unless a Board member so requests, in which event the item(s) will be considered following approval of the Consent Agenda.</u>	<b>Action</b>



4-5	1. BOARD MINUTES a. Special Meeting of the Board of Directors Study Session – November 21, 2022	
6-12	b. Board of Directors Meeting – November 22, 2022	
13-34	2. FINANCIALS a. Approval of the November 2022 Financial Statements – F&A Approved December 13, 2022	
35-64	b. Desert Regional Medical Center Capital Projects	
65-70	3. AGREEMENTS a. Huron Consulting Group – Professional Services Updated Statement of Work (SOW)	
71-79	4. POLICIES a. Policy #OP-5 Grant and Mini Grant Policy Structure Revisions	
80-117	5. GRANTS a. Grant #1330 One Future Coachella Valley – Building A Healthcare Workforce Pipeline \$ 605,000 (24 months)	
118-142	b. Grant #1369 ABC Recovery Center: Cost of Caring Fund Project - \$332,561 (12 months)	
143-155	c. Grant #1326 TODEC Legal Center – TODEC’s Equity Program- \$100,000 (24 months)	
156-187	d. Grant #1318 Riverside County Latino Commission On Alcohol and Drug Abuse Services, Inc.: Healthy Minds, Healthy Lives – Mente Sanas Vidas Sanas - \$605,507 (18 months)	
188-190	6. RESOLUTIONS a. Subsequent Emergency Resolution #22-30 Re-Ratifying the State of Emergency and Re-Authorizing Remote Teleconference Meetings	
191-194	<b>F. ANNUAL ELECTION OF OFFICERS</b> 1. Jeff Scott, General Counsel	<b>Action</b>
195	<b>G. DESERT HEALTHCARE DISTRICT CEO REPORT</b> – Conrado E. Bárzaga, MD, Chief Executive Officer 1. Consideration to reappoint two (2) directors to the Desert Regional Medical Center Governing Board 2. Resume to In-Person Board and Committee Meetings – March 2023 3. 2022 Annual Report 4. Recertifications – Association of California Healthcare Districts (ACHD) Certified Healthcare District & California Special Districts Association (CSDA) District Transparency Certificate of Excellence	<b>Action</b>   Information Information
196-197	5. CEO Community Engagements and District Media Visibility	Information



- H. **DESERT REGIONAL MEDICAL CENTER CEO REPORT** Information  
– Michele Finney, CEO
- I. **DESERT REGIONAL MEDICAL CENTER GOVERNING BOARD MEETING** Information  
– Les Zendle, MD and Carole Rogers, RN
- J. **COMMITTEE MEETINGS**
  - 1. **FINANCE, LEGAL, ADMINISTRATION & REAL ESTATE COMMITTEE** – Chair/Director Arthur Shorr and Director Les Zendle, MD
    - 198-200 1. Draft Meeting Minutes – December 13, 2022 Information
    - 2. **PROGRAM COMMITTEE** – Chair/Vice-President Evett PerezGil and Secretary Carmina Zavala
      - 201-204 1. Draft Meeting Minutes – December 13, 2022 Information
      - 205 2. Grant Payment Schedule Information
      - 206-207 3. Grant applications and Request for Proposals Submitted and Under Review Information
      - 208-224 4. Progress and Final Reports Update Information
- K. **LEGAL**
- L. **IMMEDIATE ISSUES AND BOARD COMMENTS**
- M. **ADJOURNMENT**

The undersigned certifies that a copy of this agenda was posted in the front entrance to the Desert Healthcare District offices located at 1140 North Indian Canyon Drive, Palm Springs, California, and the front entrance of the Desert Healthcare District office located at the Regional Access Project Foundation, 41550 Eclectic Street, Suite G 100, Palm Desert California at least 72 hours prior to the meeting. If you have a disability which requires an accommodation to enable you to participate in this meeting, please email Andrea S. Hayles, Special Assistant to the CEO and Board Relations Officer, at [ahayles@dhcd.org](mailto:ahayles@dhcd.org) or call (760) 567-0298 at least 72 hours prior to the meeting.

*Andrea S. Hayles*

---

Andrea S. Hayles, Board Relations Officer



**DESERT HEALTHCARE DISTRICT**  
**SPECIAL MEETING OF THE BOARD OF DIRECTORS MEETING MINUTES**  
**MEETING MINUTES**  
**November 21, 2022**

Directors Present – Video Conference	District Staff Present – Video Conference	Absent
President Karen Borja Vice-President Evett PerezGil Secretary Carmina Zavala, PsyD Director Arthur Shorr Director Carole Rogers, RN Director Les Zendle, MD Director Leticia De Lara, MPA	Conrado E. Bázquez, MD, CEO Chris Christensen, CAO Donna Craig, Chief Program Officer Alejandro Espinoza, MPH, Chief of Community Engagement Andrea S. Hayles, Board Relations Officer  <u>Legal Counsel</u> Jeff Scott	

AGENDA ITEMS	DISCUSSION	ACTION
<b>A. Call to Order</b>  <b>Roll Call</b>	President Borja called the meeting to order at 5:32 p.m.  The Clerk of the Board called the roll with all directors present except Director Rogers who joined the meeting at 5:36 p.m.	
<b>B. Pledge of Allegiance</b>	President Borja asked Director Zendle to lead the pledge of allegiance.	
<b>C. Approval of Agenda</b>	President Boja asked for a motion to approve the agenda.	<b>#22-36 MOTION WAS MADE by Director Shorr seconded by Director Zendle to approve the agenda.</b> <b>Motion passed unanimously.</b> <b>AYES – 6 President Borja, Vice-President PerezGil, Secretary Zavala, Director Shorr, Director Zendle, and Director De Lara</b> <b>NOES – 0</b> <b>ABSENT – 1 Director Rogers</b>
<b>D. Public Comment</b>	There were no public comments.	
<b>E. Study Session – FY 2022 Audited Financials</b>  <b>1. FY 2022 Audit Reports – District &amp; RPP</b>	Chris Christensen, CAO, described the background of the audit reports presented at the October F&A Committee meeting for discussion, the	



**DESERT HEALTHCARE DISTRICT  
SPECIAL MEETING OF THE BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
November 21, 2022**

<p><b>a. Communication Letter &amp; Internal Controls Report</b>  <b>b. District Audit Report</b>  <b>c. Retirement Protection Plan Audit Report</b>  <b>d. Desert Healthcare Foundation &amp; A-133 Single Audit (Informational Purposes Only, Approval during the Desert Healthcare Foundation meeting)</b></p>	<p>2020 significant deficiency audit finding at no fault to the District, and updating the finding language in the audit report. Mr. Christensen introduced Shannon Maidment, Andrea Olivei, and Gary Dack, Coachella Valley Accounting and Auditing, who provided a thorough overview of the District, Retirement Protection Plan audited financials and the Foundation.</p> <p>The auditors answered questions from the Board about the concerns of community members and the two-page write-up of the timing issue related to the grant's allocation.</p>	<p><b>#22-37 MOTION WAS MADE by Director Zendle and seconded by Director Shorr to approve the FY 2022 Audit Reports – District &amp; Retirement Protection Plan. Motion passed unanimously. AYES – 7 President Borja, Vice-President PerezGil, Secretary Zavala, Director Shorr, Director Rogers, Director Zendle, and Director De Lara</b>  <b>NOES – 0</b>  <b>ABSENT – 0</b></p>
<p><b>F. Adjournment</b></p>	<p>President Borja adjourned the meeting at 6:32 p.m.</p>	<p><b>Audio recording available on the website at <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></b></p>

ATTEST: \_\_\_\_\_  
 Carmina Zavala, PsyD, Secretary  
 Desert Healthcare District Board of Directors

*Minutes respectfully submitted by Andrea S. Hayles, Board Relations Officer*



**DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
November 22, 2022**

Directors Present – Video Conference	District Staff Present – Video Conference	Absent
President Karen Borja Vice-President Evett PerezGil Secretary Carmina Zavala, PsyD Director Arthur Shorr Director Carole Rogers, RN Director Les Zendle, MD Director Leticia De Lara, MPA	Conrado E. Bázquez, MD, CEO Chris Christensen, CAO Donna Craig, Chief Program Officer Alejandro Espinoza, MPH, Chief of Community Engagement Meghan Kane, Senior Program Officer, Public Health Jana Trew, Senior Program Officer Will Dean, Marketing and Communications Director Andrea S. Hayles, Board Relations Officer  <u>Legal Counsel</u> Jeff Scott	

AGENDA ITEMS	DISCUSSION	ACTION
<b>A. Call to Order</b>  <b>Roll Call</b>	President Borja called the meeting to order at 5:30 p.m.  The Clerk of the Board called the roll with all directors present except Secretary Zavala who joined the meeting at 6:26 p.m.	
<b>B. Pledge of Allegiance</b>	President Borja led the pledge of allegiance.	
<b>C. Approval of Agenda</b>	President Boja asked for a motion to approve the agenda.	<b>#22-38 MOTION WAS MADE by Director Rogers and seconded by Director De Lara to approve the agenda.</b> <b>Motion passed unanimously.</b> <b>AYES – 6 President Borja, Vice-President PerezGil, Director Shorr, Director Rogers, Director Zendle, and Director De Lara</b> <b>NOES – 0</b> <b>ABSENT – 1 Secretary Zavala</b>
<b>D. Public Comment</b>	Christina Peterson, RN, Desert Regional Medical Center	

DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
November 22, 2022

	<p>Rachel Garcia, RN, Desert Regional Medical Center Linda Serrano, RN, Desert Regional Medical Center Sherry Lynn Macmanes, RN, Desert Regional Medical Center Caroline Ng'ang'a, RN, Desert Regional Medical Center, provided comments related to operations and capital improvements at the hospital.</p>	
<p><b>E. Consent Agenda</b></p> <p><b>1. BOARD MINUTES</b></p> <p>a. Special Meeting of the Board of Directors Closed Session – October 25, 2022</p> <p>b. Board of Directors Meeting – October 25, 2022</p> <p><b>2. FINANCIALS</b></p> <p>a. Approval of the October 2022 Financial Statements – F&amp;A Approved November 16, 2022</p> <p><b>3. AGREEMENTS</b></p> <p>a. Consulting Services Agreement for Park Imperial Land Lease Appraisal – Mr. Larry Simons – NTE \$6,500</p> <p>b. Addendum #1 to Consulting Services Agreement for Hospital Inspections – Dale Barnhart – Time Extension from December 31, 2022 – December 31, 2024</p> <p>c. Consulting Services Engagement Letter – Steve Hollis – \$750/hr.</p> <p>d. Consulting Services Agreement for a Coachella Valley Healthcare Infrastructure Assessment –</p>	<p>President Borja asked for a motion to approve the consent agenda.</p> <p>Director De Lara pulled item 3. d. – consulting services agreement for a Coachella Valley Healthcare Infrastructure Assessment – Huron Consulting Group – NTE \$95,000 for discussion.</p> <p>Conrado Bárzaga, CEO, MD, provided an overview of the demand for healthcare services in the Coachella Valley associated with the proposal for Huron consulting group outlining the services and deliverables.</p> <p>Once Huron's report is complete, Director De Lara requested a workshop to understand the results.</p>	<p><b>#22-39 MOTION WAS MADE by Director De Lara and seconded by Director Zendle to approve the consent agenda except item 3.d. consulting services agreement for a Coachella Valley Healthcare Infrastructure Assessment – Huron Consulting Group. Motion passed unanimously. AYES – 6 President Borja, Vice-President PerezGil, Director Shorr, Director Rogers, Director Zendle, and Director De Lara NOES – 0 ABSENT – 1 Secretary Zavala</b></p> <p><b>#22-40 MOTION WAS MADE by Director De Lara and seconded by Director Shorr to approve the consent to approve item 3.d. consulting services agreement for a Coachella Valley Healthcare Infrastructure Assessment – Huron Consulting Group – NTE \$95,000. Motion passed unanimously. AYES – 6 President Borja, Vice-President PerezGil, Director Shorr, Director Rogers, Director Zendle, and Director De Lara</b></p>



**DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
November 22, 2022**

<p>Huron Consulting Group – NTE \$95,000</p> <p><b>4. RESOLUTIONS</b></p> <p><b>a. Subsequent Emergency Resolution #22-27 Re-Ratifying the State of Emergency and Re-Authorizing Remote Teleconference Meetings</b></p>		<p><b>NOES – 0</b> <b>ABSENT – 1 Secretary Zavala</b></p>
<p><b>F. Desert Healthcare District CEO Report</b></p> <p><b>1. CV Link Q3 Report – Tom Kirk, Executive Director, Coachella Valley Association of Governments (CVAG)</b></p> <p><b>2. Monkey Pox in the Coachella Valley – Update</b></p> <p><b>3. Spitfire Development Workshop – December 8</b></p>	<p>Conrado E. Bárzaga, MD, CEO, introduced Tom Kirk, Executive Director, Coachella Valley Association of Governments (CVAG), to provide an overview of the CV Link Q3 report.</p> <p>Tom Kirk, Executive Director, CVAG, presented details on the background of CV Link, the completed trails throughout the Valley, community support at the grand opening, current construction, including the east Valley, and upcoming funding. Mr. Kirk answered questions of the Board with feedback from the directors, also thanking President Borja for her four years of service to the District.</p> <p>Dr. Bárzaga, CEO, described the decline in Monkey Pox cases describing only 3 new cases as a result of the vaccinations in the community.</p> <p>Dr. Bárzaga, CEO, described the December 8 development workshop facilitated by Spitfire</p>	



DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
November 22, 2022

	<p>Strategies chief innovation officer, Erin Hart.</p>	
<p><b>4. November 8 General Election Results – Zone 6</b></p>	<p>Dr. Bárzaga, CEO, requested that the board relations officer provide an overview of the November 8 general election results. The board relations officer described the director's expiring terms for zones 2, 4, and 6, the two candidates for zone 6, the election results with Kimberly Barraza receiving 78% of the votes, and the upcoming oaths of office.</p>	
<p><b>5. CEO Community Engagements and District Media Visibility</b></p>	<p>Dr. Bárzaga, CEO, provided an overview of his community engagements highlighting event at the Desert Hot Springs Senior Center with Secretary Xavier Becerra, Department of Health and Human Services (HHS), Regional Director Jeffrey Reynoso, and U.S. Congressman Dr. Raul Ruiz. Dr. Bárzaga also emphasized his presentation on income gaps and disparities in the region at the Coachella Valley Economic Partnership (CVEP) Summit and the District's VIMY Award from Volunteers in Medicine (VIM).</p>	
<p><b>6. Consideration to close the District and Satellite Office between Christmas and New Year's Day – December 27 through December 30</b></p>	<p>Dr. Bárzaga, CEO, described the consideration to close the office between Christmas and New Year's Day as in prior years and the positive aspects of the office closures.</p>	<p><b>#22-41 MOTION WAS MADE by Director Rogers and seconded by Director De Lara to approve closure of the District and Satellite Office between Christmas and New Year's Day – December 27 through December 30. Motion passed unanimously.</b></p>



**DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
November 22, 2022**

		<p><b>AYES – 6 President Borja, Vice-President PerezGil, Director Shorr, Director Rogers, Director Zendle, and Director De Lara</b>  <b>NOES – 0</b>  <b>ABSENT – 1 Secretary Zavala</b></p>
<p><b>F. Desert Regional Medical Center CEO Report</b></p>	<p>Michele Finney, CEO Desert Care Network, Desert Regional Medical Center, presented on activity for the Ambulatory Surgery Center (ASC) Trauma Recertification Survey and Accreditation Council for Graduate Medical Education (ACGME) Family Medicine Residency accreditation review results. Additional updates included the CMO position interviews, internal promotions, the increased flu-positive cases (200), Monkey Pox status, RSV Pediatrics positive cases, and surge coordination with the county. An overview of the capital projects, clinical contracts, and community events.</p>	
<p><b>H. Desert Regional Medical Center Governing Board</b></p>	<p>Director Zendle, MD, provided an overview of the November Governing Board meeting describing the semi-annual compliance report and a marketplace report on insurance company profits with hospital and medical group's less profitable revenue. The governing board received an overview of the quality report on the healthy people index concerning the social determinant's of health and hospital scores pre- and post-hospital care of quality scores in the surrounding</p>	

**DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
November 22, 2022**

	<p>communities. The governing board discussed peer review and credentialing, the capital projects report, and the Department of Healthcare Access and Information's (HAI) approval of the CATH lab requiring authorization by the District Board.</p>	
<p><b>I. Committee Meetings –</b></p> <p><b>I.1. Finance, Legal, Administration, &amp; Real Estate Committee</b></p> <p><b>1. Draft Meeting Minutes – November 16, 2022</b></p> <p><b>2. Capital Projects at Desert Regional Medical Center</b></p> <p><b>I.2. Program Committee</b></p> <p><b>1. Draft Meeting Minutes – November 15, 2022</b></p> <p><b>2. Grant Payment Schedule</b></p> <p><b>3. Grant applications and Request for Proposals Submitted and Under Review</b></p> <p><b>4. Progress and Final Reports Update</b></p>	<p>President Borja inquired if there were any questions concerning the November F&amp;A Committee meeting minutes.</p> <p>The Board inquired about the delay of the capital projects and the relation to Kaufman Hall Associates, with Director Shorr providing clarification for discussion at the December Board meeting.</p> <p>President Borja inquired if there were any questions concerning the November Program Committee meeting minutes.</p> <p>Vice-President PerezGil pointed out that there were no grants for consideration at the November meeting.</p> <p>President Borja described the Board's approved vote at the October Board meeting to forward the Grant and Mini-Grant Policy to the Program</p>	



**DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
November 22, 2022**

	Committee for consideration, which will be presented at the December meeting.	
<b>J. Legal</b>	There was no legal update by Jeff Scott, Legal Counsel, but the Board inquired about the public comments of the nurses. Mr. Scott explained that although they are critical aspects of Desert Regional Medical Center, the matters are operational issues.	
<b>K. Immediate Issues and Comments</b>	President Borja thanked the staff for their professionalism, including thanking the Board, and the reelected directors, congratulating the newly elected director, Kimberly Barraza, further detailing that since her appointment, it has been an honor to serve. Mrs. Borja thanked the Coachella Valley residents, including legal counsel Jeff Scott.	
<b>L. Adjournment</b>	President Borja adjourned the meeting at 7:01 p.m.	<b>Audio recording available on the website at <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></b>

ATTEST: \_\_\_\_\_  
 Carmina Zavala, PsyD, Secretary  
 Desert Healthcare District Board of Directors

*Minutes respectfully submitted by Andrea S. Hayles, Board Relations Officer*

<b>DESERT HEALTHCARE DISTRICT</b>
<b>NOVEMBER 2022 FINANCIAL STATEMENTS</b>
<b>INDEX</b>
Year to Date Variance Analysis
Cumulative Profit & Loss Budget vs Actual - Summary
Cumulative Profit & Loss Budget vs Actual - District Including LPMP
Cumulative Profit & Loss Budget vs Actual - LPMP
Balance Sheet - Condensed View
Balance Sheet - Expanded View
Accounts Receivable Aging
Deposit Detail - District
Property Tax Receipts - YTD
Deposit Detail - LPMP
Check Register - District
Credit Card Expenditures
Check Register - LPMP
Retirement Protection Plan Update
Grants Schedule

**DESERT HEALTHCARE DISTRICT  
YEAR TO DATE VARIANCE ANALYSIS  
ACTUAL VS BUDGET  
FIVE MONTHS ENDED NOVEMBER 30, 2022**

<b>Scope: \$25,000 Variance per Statement of Operations Summary</b>				
	YTD		Over(Under)	
Account	Actual	Budget	Budget	Explanation
4000 - Income	\$ (237,803)	\$ (40,945)	\$ (196,858)	Lower interest income and market fluctuations (net) from FRF investments \$182k; lower property tax revenues \$15k
4500 - LPMP	\$ 591,954	\$ 564,995	\$ 26,959	Higher rent revenue \$23k; higher CAM revenue \$4k
5000 - Direct Expenses	\$ 538,797	\$ 759,600	\$ (220,803)	Lower wage related expenses \$111k due to open positions; lower board expenses \$60k; lower education expense \$29k; lower health insurance expense \$23k; higher retirement expense \$2k
6500 - Professional Fees Expense	\$ 527,366	\$ 445,095	\$ 82,271	Higher Professional Services expense \$85k; higher legal expense \$9k; lower PR/Communications expense \$12k
7000 - Grants Expense	\$ 20,000	\$ 1,666,665	\$ (1,646,665)	Budget of \$4 Million for fiscal year is amortized straight-line over 12-month fiscal year. As of November 30, 2022, there is \$3,980,000 remaining in the fiscal year grant budget as well as \$727,298 in carryover funds.
<b>Las Palmas Medical Plaza - Net</b>	<b>\$ 140,875</b>	<b>\$ 94,115</b>	<b>\$ 46,760</b>	LPMP revenue higher \$27k; LPMP expenses lower \$20k

**Desert Healthcare District**  
**Profit & Loss Budget vs. Actual**  
 July through November 2022

	MONTH			TOTAL		
	Nov 22	Budget	\$ Over Budget	Jul - Nov 22	Budget	\$ Over Budget
<b>Income</b>						
4000 · Income	581,456	(24,237)	605,693	(237,803)	(40,945)	(196,858)
4500 · LPMP Income	119,154	112,999	6,155	591,954	564,995	26,959
4501 · Miscellaneous Income	0	750	(750)	0	3,750	(3,750)
<b>Total Income</b>	<b>700,610</b>	<b>89,512</b>	<b>611,098</b>	<b>354,151</b>	<b>527,800</b>	<b>(173,649)</b>
<b>Expense</b>						
5000 · Direct Expenses	106,658	151,920	(45,262)	538,797	759,600	(220,803)
6000 · General & Administrative Exp	54,175	46,245	7,930	216,374	231,225	(14,851)
6325 · CEO Discretionary Fund	3,000	2,083	917	18,000	10,415	7,585
6445 · LPMP Expenses	93,742	94,176	(434)	451,079	470,880	(19,801)
6500 · Professional Fees Expense	147,168	89,019	58,149	527,366	445,095	82,271
6700 · Trust Expenses	5,458	6,021	(563)	32,091	30,105	1,986
<b>Total Expense Before Grants</b>	<b>410,201</b>	<b>389,464</b>	<b>20,737</b>	<b>1,783,706</b>	<b>1,947,324</b>	<b>(163,618)</b>
7000 · Grants Expense	0	333,333	(333,333)	20,000	1,666,665	(1,646,665)
<b>Net Income</b>	<b>290,409</b>	<b>(633,285)</b>	<b>923,694</b>	<b>(1,449,555)</b>	<b>(3,086,189)</b>	<b>1,636,634</b>

**Desert Healthcare District**  
**Profit & Loss Budget vs. Actual**  
July through November 2022

	MONTH			TOTAL		
	Nov 22	Budget	\$ Over Budget	Jul - Nov 22	Budget	\$ Over Budget
<b>Income</b>						
<b>4000 · Income</b>						
<b>4010 · Property Tax Revenues</b>	198,217	32,096	166,121	225,770	240,720	(14,950)
<b>4200 · Interest Income</b>						
<b>4220 · Interest Income (FRF)</b>	57,523	75,000	(17,477)	365,252	375,000	(9,748)
<b>9999-1 · Unrealized gain(loss) on invest</b>	323,716	(133,333)	457,049	(838,825)	(666,665)	(172,160)
<b>Total 4200 · Interest Income</b>	381,239	(58,333)	439,572	(473,573)	(291,665)	(181,908)
<b>4300 · DHC Recoveries</b>	2,000	2,000	0	10,000	10,000	0
<b>Total 4000 · Income</b>	581,456	(24,237)	605,693	(237,803)	(40,945)	(196,858)
<b>4500 · LPMP Income</b>	119,154	112,999	6,155	591,954	564,995	26,959
<b>4501 · Miscellaneous Income</b>	0	750	(750)	0	3,750	(3,750)
<b>Total Income</b>	700,610	89,512	611,098	354,151	527,800	(173,649)
<b>Expense</b>						
<b>5000 · Direct Expenses</b>						
<b>5100 · Administration Expense</b>						
<b>5110 · Wages Expense</b>	98,410	121,344	(22,934)	491,512	606,720	(115,208)
<b>5111 · Allocation to LPMP - Payroll</b>	(6,363)	(5,470)	(893)	(31,815)	(27,350)	(4,465)
<b>5112 · Vacation/Sick/Holiday Expense</b>	17,451	11,667	5,784	88,461	58,335	30,126
<b>5114 · Allocation to Foundation</b>	(27,936)	(27,936)	0	(139,680)	(139,680)	0
<b>5119 · Allocation-FED FUNDS/CVHIP-DHCF</b>	(15,786)	(13,823)	(1,963)	(80,392)	(69,115)	(11,277)
<b>5120 · Payroll Tax Expense</b>	6,313	9,633	(3,320)	38,287	48,165	(9,878)
<b>5130 · Health Insurance Expense</b>						
<b>5131 · Premiums Expense</b>	18,078	21,576	(3,498)	90,483	107,880	(17,397)
<b>5135 · Reimb./Co-Payments Expense</b>	1,370	1,950	(580)	3,745	9,750	(6,005)
<b>Total 5130 · Health Insurance Expense</b>	19,448	23,526	(4,078)	94,228	117,630	(23,402)
<b>5140 · Workers Comp. Expense</b>	427	399	28	2,587	1,995	592
<b>5145 · Retirement Plan Expense</b>	8,674	8,895	(221)	46,662	44,475	2,187
<b>5160 · Education Expense</b>	0	7,083	(7,083)	6,385	35,415	(29,030)
<b>Total 5100 · Administration Expense</b>	100,638	135,318	(34,680)	516,235	676,590	(160,355)
<b>5200 · Board Expenses</b>						
<b>5210 · Healthcare Benefits Expense</b>	1,092	1,096	(4)	5,468	5,480	(12)
<b>5230 · Meeting Expense</b>	636	2,667	(2,031)	5,390	13,335	(7,945)
<b>5235 · Director Stipend Expense</b>	3,187	3,465	(278)	9,671	17,325	(7,654)
<b>5240 · Catering Expense</b>	1,105	833	272	1,880	4,165	(2,285)
<b>5250 · Mileage Reimbursement Expense</b>	0	208	(208)	153	1,040	(887)
<b>5270 · Election Fees Expense</b>	0	8,333	(8,333)	0	41,665	(41,665)
<b>Total 5200 · Board Expenses</b>	6,020	16,602	(10,582)	22,562	83,010	(60,448)
<b>Total 5000 · Direct Expenses</b>	106,658	151,920	(45,262)	538,797	759,600	(220,803)



**Desert Healthcare District**  
**Profit & Loss Budget vs. Actual**  
 July through November 2022

	MONTH			TOTAL		
	Nov 22	Budget	\$ Over Budget	Jul - Nov 22	Budget	\$ Over Budget
<b>6000 · General &amp; Administrative Exp</b>						
6110 · Payroll fees Expense	187	208	(21)	968	1,040	(72)
6120 · Bank and Investment Fees Exp	5,427	4,500	927	28,077	22,500	5,577
6125 · Depreciation Expense	1,003	4,917	(3,914)	4,943	24,585	(19,642)
6126 · Depreciation-Solar Parking lot	15,072	15,072	0	75,360	75,360	0
6130 · Dues and Membership Expense	4,136	4,159	(23)	17,584	20,795	(3,211)
6200 · Insurance Expense	3,929	2,667	1,262	19,845	13,335	6,510
6300 · Minor Equipment Expense	0	42	(42)	0	210	(210)
6305 · Auto Allowance & Mileage Exp	462	500	(38)	2,540	2,500	40
6306 · Staff- Auto Mileage reimb	49	625	(576)	242	3,125	(2,883)
6309 · Personnel Expense	0	375	(375)	0	1,875	(1,875)
6310 · Miscellaneous Expense	0	42	(42)	0	210	(210)
6311 · Cell Phone Expense	654	725	(71)	2,748	3,625	(877)
6312 · Wellness Park Expenses	0	83	(83)	0	415	(415)
6315 · Security Monitoring Expense	29	50	(21)	245	250	(5)
6340 · Postage Expense	100	333	(233)	943	1,665	(722)
6350 · Copier Rental/Fees Expense	488	500	(12)	1,996	2,500	(504)
6351 · Travel Expense	10,723	1,667	9,056	18,276	8,335	9,941
6352 · Meals & Entertainment Exp	2,430	875	1,555	5,536	4,375	1,161
6355 · Computer Services Expense	6,486	4,263	2,223	19,601	21,315	(1,714)
6360 · Supplies Expense	632	1,917	(1,285)	4,423	9,585	(5,162)
6380 · LAFCO Assessment Expense	205	208	(3)	1,025	1,040	(15)
6400 · East Valley Office	2,163	2,517	(354)	12,022	12,585	(563)
<b>Total 6000 · General &amp; Administrative Exp</b>	<b>54,175</b>	<b>46,245</b>	<b>7,930</b>	<b>216,374</b>	<b>231,225</b>	<b>(14,851)</b>
6325 · CEO Discretionary Fund	3,000	2,083	917	18,000	10,415	7,585
6445 · LPMP Expenses	93,742	94,176	(434)	451,079	470,880	(19,801)
<b>6500 · Professional Fees Expense</b>						
6516 · Professional Services Expense	125,542	72,094	53,448	446,043	360,470	85,573
6520 · Annual Audit Fee Expense	1,458	1,458	0	7,290	7,290	0
6530 · PR/Communications/Website	168	5,467	(5,299)	15,088	27,335	(12,247)
6560 · Legal Expense	20,000	10,000	10,000	58,945	50,000	8,945
<b>Total 6500 · Professional Fees Expense</b>	<b>147,168</b>	<b>89,019</b>	<b>58,149</b>	<b>527,366</b>	<b>445,095</b>	<b>82,271</b>
<b>6700 · Trust Expenses</b>						
6720 · Pension Plans Expense						
6721 · Legal Expense	0	167	(167)	0	835	(835)
6725 · RPP Pension Expense	5,000	5,000	0	25,000	25,000	0
6728 · Pension Audit Fee Expense	458	854	(396)	7,091	4,270	2,821
<b>Total 6700 · Trust Expenses</b>	<b>5,458</b>	<b>6,021</b>	<b>(563)</b>	<b>32,091</b>	<b>30,105</b>	<b>1,986</b>
<b>Total Expense Before Grants</b>	<b>410,201</b>	<b>389,464</b>	<b>20,737</b>	<b>1,783,706</b>	<b>1,947,324</b>	<b>(163,618)</b>
<b>7000 · Grants Expense</b>						
7010 · Major Grant Awards Expense	0	333,333	(333,333)	20,000	1,666,665	(1,646,665)
<b>Net Income</b>	<b>290,409</b>	<b>(633,285)</b>	<b>923,694</b>	<b>(1,449,555)</b>	<b>(3,086,189)</b>	<b>1,636,634</b>

**Las Palmas Medical Plaza**  
**Profit & Loss Budget vs. Actual**  
 July through November 2022

	MONTH			TOTAL		
	Nov 22	Budget	\$ Over Budget	Jul - Nov 22	Budget	\$ Over Budget
<b>Income</b>						
<b>4500 · LPMP Income</b>						
4505 · Rental Income	85,239	80,018	5,221	423,086	400,090	22,996
4510 · CAM Income	33,915	32,898	1,017	168,868	164,490	4,378
4513 · Misc. Income	0	83	(83)	0	415	(415)
<b>Total 4500 · LPMP Income</b>	<b>119,154</b>	<b>112,999</b>	<b>6,155</b>	<b>591,954</b>	<b>564,995</b>	<b>26,959</b>
<b>Expense</b>						
<b>6445 · LPMP Expenses</b>						
6420 · Insurance Expense	4,338	3,125	1,213	21,690	15,625	6,065
6425 · Building - Depreciation Expense	24,455	27,441	(2,986)	122,275	137,205	(14,930)
6426 · Tenant Improvements -Dep Exp	16,959	16,667	292	84,795	83,335	1,460
6427 · HVAC Maintenance Expense	2,465	1,333	1,132	4,021	6,665	(2,644)
6428 · Roof Repairs Expense	0	208	(208)	0	1,040	(1,040)
6431 · Building -Interior Expense	0	625	(625)	0	3,125	(3,125)
6432 · Plumbing -Interior Expense	0	667	(667)	1,619	3,335	(1,716)
6433 · Plumbing -Exterior Expense	0	208	(208)	0	1,040	(1,040)
6434 · Allocation Internal Prop. Mgmt	6,363	5,470	893	31,815	27,350	4,465
6435 · Bank Charges	31	42	(11)	155	210	(55)
6437 · Utilities -Vacant Units Expense	(412)	183	(595)	(78)	915	(993)
6439 · Deferred Maintenance Repairs Ex	9,680	1,250	8,430	9,680	6,250	3,430
6440 · Professional Fees Expense	11,150	11,150	0	55,750	55,750	0
6441 · Legal Expense	0	83	(83)	0	415	(415)
6458 · Elevators - R & M Expense	253	1,000	(747)	4,400	5,000	(600)
6460 · Exterminating Service Expense	275	333	(58)	10,870	1,665	9,205
6463 · Landscaping Expense	0	750	(750)	0	3,750	(3,750)
6467 · Lighting Expense	0	500	(500)	0	2,500	(2,500)
6468 · General Maintenance Expense	0	83	(83)	0	415	(415)
6471 · Marketing-Advertising	0	1,250	(1,250)	1,475	6,250	(4,775)
6475 · Property Taxes Expense	6,250	6,500	(250)	31,250	32,500	(1,250)
6476 · Signage Expense	0	125	(125)	379	625	(246)
6480 · Rubbish Removal Medical Waste E	1,699	1,500	199	6,942	7,500	(558)
6481 · Rubbish Removal Expense	2,651	3,058	(407)	12,559	15,290	(2,731)
6482 · Utilities/Electricity/Exterior	566	625	(59)	1,798	3,125	(1,327)
6484 · Utilities - Water (Exterior)	644	625	19	4,487	3,125	1,362
6485 · Security Expenses	6,375	9,208	(2,833)	44,987	46,040	(1,053)
6490 · Miscellaneous Expense	0	167	(167)	210	835	(625)
<b>Total 6445 · LPMP Expenses</b>	<b>93,742</b>	<b>94,176</b>	<b>(434)</b>	<b>451,079</b>	<b>470,880</b>	<b>(19,801)</b>
<b>Net Income</b>	<b>25,412</b>	<b>18,823</b>	<b>6,589</b>	<b>140,875</b>	<b>94,115</b>	<b>46,760</b>

**Desert Healthcare District**  
**Balance Sheet Previous Year Comparison**  
As of November 30, 2022

			Nov 30, 22	Nov 30, 21
<b>ASSETS</b>				
<b>Current Assets</b>				
<b>Checking/Savings</b>				
	1000	CHECKING CASH ACCOUNTS	1,117,160	1,321,294
	1100	INVESTMENT ACCOUNTS	60,575,217	61,511,265
<b>Total Checking/Savings</b>			<b>61,692,377</b>	<b>62,832,559</b>
<b>Total Accounts Receivable</b>			104,013	102,603
<b>Other Current Assets</b>				
	1204.1	Rent Receivable-Deferred COVID	71,606	131,517
	1270	Prepaid Insurance -Ongoing	61,502	45,408
	1279	Pre-Paid Fees	32,190	26,898
	1281	CalFresh Receivable	0	16,369
<b>Total Other Current Assets</b>			<b>165,298</b>	<b>220,192</b>
<b>Total Current Assets</b>			<b>61,961,688</b>	<b>63,155,354</b>
<b>Fixed Assets</b>				
	1300	FIXED ASSETS	5,089,624	4,910,941
	1335-00	ACC DEPR	(2,457,819)	(2,242,983)
	1400	LPMP Assets	7,021,096	7,162,576
<b>Total Fixed Assets</b>			<b>9,652,901</b>	<b>9,830,534</b>
<b>Other Assets</b>				
	1700	OTHER ASSETS	3,514,745	3,957,720
<b>TOTAL ASSETS</b>			<b>75,129,334</b>	<b>76,943,608</b>

**Desert Healthcare District**  
**Balance Sheet Previous Year Comparison**  
As of November 30, 2022

				Nov 30, 22	Nov 30, 21
<b>LIABILITIES &amp; EQUITY</b>					
<b>Liabilities</b>					
<b>Current Liabilities</b>					
<b>Accounts Payable</b>					
			<b>2000 - Accounts Payable</b>	215,009	476,655
			<b>2001 - LPMP Accounts Payable</b>	4,441	7,325
			<b>Total Accounts Payable</b>	219,450	483,980
<b>Other Current Liabilities</b>					
			<b>2002 - LPMP Property Taxes</b>	(6,780)	(6,134)
			<b>2003 - Prepaid Rents</b>	0	9,121
			<b>2131 - Grant Awards Payable</b>	4,238,446	3,806,055
			<b>2133 - Accrued Accounts Payable</b>	179,550	139,550
			<b>2141 - Accrued Vacation Time</b>	90,891	89,488
			<b>2188 - Current Portion - LTD</b>	8,636	8,635
			<b>2190 - Investment Fees Payable</b>	9,488	10,000
			<b>Total Other Current Liabilities</b>	4,520,231	4,056,715
			<b>Total Current Liabilities</b>	4,739,681	4,540,695
<b>Long Term Liabilities</b>					
			<b>2171 - RPP-Deferred Inflows-Resources</b>	492,802	675,732
			<b>2280 - Long-Term Disability</b>	2,981	16,281
			<b>2281 - Grants Payable - Long-term</b>	3,520,000	4,990,000
			<b>2290 - LPMP Security Deposits</b>	64,960	59,101
			<b>Total Long Term Liabilities</b>	4,080,743	5,741,114
			<b>Total Liabilities</b>	8,820,424	10,281,809
<b>Equity</b>					
			<b>3900 - *Retained Earnings</b>	67,758,461	67,408,928
			<b>Net Income</b>	(1,449,555)	(747,127)
			<b>Total Equity</b>	66,308,906	66,661,801
<b>TOTAL LIABILITIES &amp; EQUITY</b>				<b>75,129,334</b>	<b>76,943,608</b>

**Desert Healthcare District**  
**Balance Sheet Previous Year Comparison**  
As of November 30, 2022

				Nov 30, 22	Nov 30, 21
<b>ASSETS</b>					
<b>Current Assets</b>					
<b>Checking/Savings</b>					
<b>1000 · CHECKING CASH ACCOUNTS</b>					
			<b>1010 · Union Bank - Checking</b>	0	1,089,717
			<b>1012 · Union Bank Operating - 9356</b>	741,768	0
			<b>1046 · Las Palmas Medical Plaza</b>	374,892	231,077
			<b>1047 · Petty Cash</b>	500	500
			<b>Total 1000 · CHECKING CASH ACCOUNTS</b>	1,117,160	1,321,294
<b>1100 · INVESTMENT ACCOUNTS</b>					
			<b>1130 · Facility Replacement Fund</b>	63,290,166	61,351,040
			<b>1135 · Unrealized Gain(Loss) FRF</b>	(2,714,949)	160,225
			<b>Total 1100 · INVESTMENT ACCOUNTS</b>	60,575,217	61,511,265
			<b>Total Checking/Savings</b>	61,692,377	62,832,559
<b>Accounts Receivable</b>					
			<b>1201 · Accounts Receivable</b>		
			<b>1204 · LPMP Accounts Receivable</b>	(26,724)	(17,258)
			<b>1205 · Misc. Accounts Receivable</b>	0	1,500
			<b>1211 · A-R Foundation - Exp Allocation</b>	130,737	118,361
			<b>Total Accounts Receivable</b>	104,013	102,603
<b>Other Current Assets</b>					
			<b>1204.1 · Rent Receivable-Deferred COVID</b>	71,606	131,517
			<b>1270 · Prepaid Insurance -Ongoing</b>	61,502	45,408
			<b>1279 · Pre-Paid Fees</b>	32,190	26,898
			<b>1281 · CalFresh Receivable</b>	0	16,369
			<b>Total Other Current Assets</b>	165,298	220,192
			<b>Total Current Assets</b>	61,961,688	63,155,354
<b>Fixed Assets</b>					
<b>1300 · FIXED ASSETS</b>					
			<b>1310 · Computer Equipment</b>	91,664	80,487
			<b>1320 · Furniture and Fixtures</b>	50,846	33,254
			<b>1321 · Mobile Medical Unit</b>	197,214	59,500
			<b>1322 · Tenant Improvement - RAP #G100</b>	32,794	20,594
			<b>1325 · Offsite Improvements</b>	300,849	300,849
			<b>1331 · DRMC - Parking lot</b>	4,416,257	4,416,257
			<b>Total 1300 · FIXED ASSETS</b>	5,089,624	4,910,941

**Desert Healthcare District**  
**Balance Sheet Previous Year Comparison**  
As of November 30, 2022

	Nov 30, 22	Nov 30, 21
<b>1335-00 - ACC DEPR</b>		
1335 - Accumulated Depreciation	(223,741)	(212,319)
1337 - Accum Deprec- Solar Parking Lot	(2,034,891)	(1,854,027)
1338 - Accum Deprec - LPMP Parking Lot	(199,187)	(176,637)
<b>Total 1335-00 - ACC DEPR</b>	<b>(2,457,819)</b>	<b>(2,242,983)</b>
<b>1400 - LPMP Assets</b>		
1401 - Building	8,705,680	8,705,680
1402 - Land	2,165,300	2,165,300
1403 - Tenant Improvements -New	2,271,406	2,185,396
1404 - Tenant Improvements - CIP	129,550	129,550
1406 - Building Improvements		
1406.1 - LPMP-Replace Parking Lot	676,484	676,484
1406.2 - Building Improvements-CIP	459,999	815,518
1406 - Building Improvements - Other	2,153,527	1,582,543
<b>Total 1406 - Building Improvements</b>	<b>3,290,010</b>	<b>3,074,545</b>
1407 - Building Equipment Improvements	444,268	423,000
1409 - Accumulated Depreciation		
1410 - Accum. Depreciation	(7,987,288)	(7,737,725)
1412 - T I Accumulated Dep.-New	(1,997,830)	(1,783,170)
<b>Total 1409 - Accumulated Depreciation</b>	<b>(9,985,118)</b>	<b>(9,520,895)</b>
<b>Total 1400 - LPMP Assets</b>	<b>7,021,096</b>	<b>7,162,576</b>
<b>Total Fixed Assets</b>	<b>9,652,901</b>	<b>9,830,534</b>
<b>Other Assets</b>		
<b>1700 - OTHER ASSETS</b>		
1731 - Wellness Park	1,693,800	1,693,800
1740 - RPP-Deferred Outflows-Resources	836,699	494,388
1742 - RPP - Net Pension Asset	984,246	1,769,532
<b>Total Other Assets</b>	<b>3,514,745</b>	<b>3,957,720</b>
<b>TOTAL ASSETS</b>	<b>75,129,334</b>	<b>76,943,608</b>

**Desert Healthcare District**  
**Balance Sheet Previous Year Comparison**  
As of November 30, 2022

			Nov 30, 22	Nov 30, 21
<b>LIABILITIES &amp; EQUITY</b>				
<b>Liabilities</b>				
<b>Current Liabilities</b>				
<b>Accounts Payable</b>				
		2000 - Accounts Payable	215,009	476,655
		2001 - LPMP Accounts Payable	4,441	7,325
		<b>Total Accounts Payable</b>	<b>219,450</b>	<b>483,980</b>
<b>Other Current Liabilities</b>				
		2002 - LPMP Property Taxes	(6,780)	(6,134)
		2003 - Prepaid Rents	0	9,121
		2131 - Grant Awards Payable	4,238,446	3,806,055
		2133 - Accrued Accounts Payable	179,550	139,550
		2141 - Accrued Vacation Time	90,891	89,488
		2188 - Current Portion - LTD	8,636	8,635
		2190 - Investment Fees Payable	9,488	10,000
		<b>Total Other Current Liabilities</b>	<b>4,520,231</b>	<b>4,056,715</b>
		<b>Total Current Liabilities</b>	<b>4,739,681</b>	<b>4,540,695</b>
<b>Long Term Liabilities</b>				
		2171 - RPP-Deferred Inflows-Resources	492,802	675,732
		2280 - Long-Term Disability	2,981	16,281
		2281 - Grants Payable - Long-term	3,520,000	4,990,000
		2290 - LPMP Security Deposits	64,960	59,101
		<b>Total Long Term Liabilities</b>	<b>4,080,743</b>	<b>5,741,114</b>
		<b>Total Liabilities</b>	<b>8,820,424</b>	<b>10,281,809</b>
<b>Equity</b>				
		3900 - *Retained Earnings	67,758,461	67,408,928
		Net Income	(1,449,555)	(747,127)
		<b>Total Equity</b>	<b>66,308,906</b>	<b>66,661,801</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>			<b>75,129,334</b>	<b>76,943,608</b>

**Desert Healthcare District**  
**A/R Aging Summary**  
As of November 30, 2022

	<b>Current</b>	<b>1 - 30</b>	<b>31 - 60</b>	<b>61 - 90</b>	<b>&gt; 90</b>	<b>TOTAL</b>	<b>COMMENT</b>
<b>Coachella Valley Volunteers in Medicine-</b>	0	(2,635)	0	0	0	(2,635)	Prepaid
<b>Derakhsh Fozouni, M.D.</b>	0	(6,414)	0	0	0	(6,414)	Prepaid
<b>Desert Healthcare Foundation-</b>	43,722	43,200	0	43,815	0	130,737	Due from Foundation
<b>Desert Oasis Healthcare</b>	0	(2,499)	0	0	0	(2,499)	Prepaid
<b>Laboratory Corporation of America</b>	0	(5,280)	0	0	0	(5,280)	Prepaid
<b>Quest Diagnostics Incorporated</b>	0	(4,154)	0	0	0	(4,154)	Prepaid
<b>Steven Gundry, M.D.</b>	0	(5,743)	0	0	0	(5,743)	Prepaid
<b>TOTAL</b>	<b>43,722</b>	<b>16,475</b>	<b>0</b>	<b>43,815</b>	<b>0</b>	<b>104,012</b>	



**Desert Healthcare District**  
**Deposit Detail**  
November 2022

Type	Date	Name	Amount
<b>Deposit</b>	<b>11/01/2022</b>		<b>198,217</b>
		Riverside County Treasurer - Property Taxes	(198,217)
<b>TOTAL</b>			<b>(198,217)</b>
<b>Deposit</b>	<b>11/02/2022</b>		<b>2,000</b>
		T-Mobile	(2,000)
<b>TOTAL</b>			<b>(2,000)</b>
		<b>TOTAL</b>	<b>200,217</b>

DESERT HEALTHCARE DISTRICT										
PROPERTY TAX RECEIPTS FY 2022 - 2023										
RECEIPTS - FIVE MONTHS ENDED NOVEMBER 30, 2022										
	FY 2021-2022 Projected/Actual					FY 2022-2023 Projected/Actual				
	Budget %	Budget \$	Act %	Actual Receipts	Variance	Receipts %	Receipts \$	Act %	Actual Receipts	Variance
July	2.5%	\$ 182,825	2.2%	\$ 162,345	\$ (20,480)	0.0%	\$ -	0.0%	\$ 3,676	\$ 3,676
Aug	1.6%	\$ 117,008	0.2%	\$ 11,529	\$ (105,479)	0.0%	\$ -	2.2%	\$ 175,271	\$ 175,271
Sep	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%	\$ 3,382	\$ 3,382
Oct	2.6%	\$ 190,138	0.0%	\$ 130	\$ (190,008)	2.6%	\$ 208,624	0.0%	\$ -	\$ (208,624)
Nov	0.4%	\$ 29,252	2.5%	\$ 181,286	\$ 152,034	0.4%	\$ 32,096	2.5%	\$ 198,217	\$ 166,121
Dec	16.9%	\$ 1,235,897	18.3%	\$ 1,337,681	\$ 101,784	16.9%	\$ 1,356,056	0.0%		
Jan	31.9%	\$ 2,332,847	37.8%	\$ 2,763,324	\$ 430,477	31.9%	\$ 2,559,656	0.0%		
Feb	0.0%	\$ -	2.5%	\$ 180,240	\$ 180,240	0.0%	\$ -	0.0%		
Mar	0.3%	\$ 21,939	0.5%	\$ 35,819	\$ 13,880	0.3%	\$ 24,072	0.0%		
Apr	5.5%	\$ 402,215	6.1%	\$ 443,891	\$ 41,676	5.5%	\$ 441,320	0.0%		
May	19.9%	\$ 1,455,287	45.0%	\$ 3,288,706	\$ 1,833,419	19.9%	\$ 1,596,776	0.0%		
June	18.4%	\$ 1,345,592	0.7%	\$ 47,936	\$ (1,297,656)	22.5%	\$ 1,805,400	0.0%		
<b>Total</b>	<b>100%</b>	<b>\$ 7,313,000</b>	<b>115.6%</b>	<b>\$ 8,452,887</b>	<b>\$ 1,139,887</b>	<b>100.00%</b>	<b>\$ 8,024,000</b>	<b>4.7%</b>	<b>\$ 380,547</b>	<b>\$ 139,827</b>

**Las Palmas Medical Plaza  
Deposit Detail - LPMP  
November 2022**

Type	Date	Name	Amount
<b>Deposit</b>	<b>11/04/2022</b>		<b>14,714</b>
Payment	11/03/2022	Cure Cardiovascular Consultants	(3,212)
Payment	11/03/2022	Aijaz Hashmi, M.D., Inc.	(3,101)
Payment	11/03/2022	Brad A. Wolfson, M.D.	(3,699)
Payment	11/03/2022	Cohen Musch Thomas Medical Group	(4,703)
TOTAL			(14,715)
<b>Deposit</b>	<b>11/08/2022</b>		<b>11,438</b>
Payment	11/08/2022	Laboratory Corporation of America	(5,190)
Payment	11/08/2022	Ramy Awad, M.D.	(3,494)
Payment	11/08/2022	WestPac Labs, Inc.	(2,755)
TOTAL			(11,439)
<b>Deposit</b>	<b>11/08/2022</b>		<b>10,022</b>
Payment	11/08/2022	Pathway Pharmaceuticals, Inc.	(2,471)
Payment	11/08/2022	EyeCare Services Partners Management LLC	(7,552)
TOTAL			(10,023)
<b>Deposit</b>	<b>11/14/2022</b>		<b>3,835</b>
Payment	11/14/2022	Desert Family Medical Center	(3,835)
TOTAL			(3,835)
<b>Deposit</b>	<b>11/15/2022</b>		<b>3,410</b>
Payment	11/15/2022	Peter Jamieson, M.D.	(3,410)
TOTAL			(3,410)
<b>Deposit</b>	<b>11/17/2022</b>		<b>7,194</b>
Payment	11/17/2022	Palmtree Clinical Research	(7,194)
TOTAL			(7,194)

**Las Palmas Medical Plaza  
Deposit Detail - LPMP  
November 2022**

Type	Date	Name	Amount
<b>Deposit</b>	<b>11/18/2022</b>		<b>4,123</b>
Payment	11/18/2022	Global Premier Fertility	(4,123)
TOTAL			(4,123)
<b>Deposit</b>	<b>11/22/2022</b>		<b>54,359</b>
Payment	11/22/2022	Coachella Valley Volunteers in Medicine-	(3,123)
Payment	11/22/2022	Laboratory Corporation of America	(5,369)
Payment	11/22/2022	Desert Regional Medical Center	(5,690)
Payment	11/22/2022	Tenet HealthSystem Desert, Inc.	(33,683)
Payment	11/22/2022	Tenet HealthSystem Desert, Inc	(6,494)
TOTAL			(54,359)
<b>Deposit</b>	<b>11/23/2022</b>		<b>12,827</b>
Payment	11/23/2022	Derakhsh Fozouni, M.D.	(6,414)
Payment	11/23/2022	Derakhsh Fozouni, M.D.	(6,414)
TOTAL			(12,828)
<b>Deposit</b>	<b>11/25/2022</b>		<b>4,154</b>
Payment	11/25/2022	Quest Diagnostics Incorporated	(4,154)
TOTAL			(4,154)
<b>Deposit</b>	<b>11/29/2022</b>		<b>8,242</b>
Payment	11/29/2022	Desert Oasis Healthcare	(2,499)
Payment	11/29/2022	Steven Gundry, M.D.	(5,743)
TOTAL			(8,242)
		<b>TOTAL</b>	<b>134,318</b>

**Desert Healthcare District**  
**Check Register**  
As of November 30, 2022

Type	Date	Num	Name	Amount
<b>1000 - CHECKING CASH ACCOUNTS</b>				
<b>1012 - Union Bank Operating - 9356</b>				
Bill Pmt -Check	11/03/2022	1345	Kaufman Hall	(77,650)
Bill Pmt -Check	11/03/2022	1346	Mangus Accountancy Group, A.P.C.	(500)
Bill Pmt -Check	11/03/2022	1347	Meghan Kane - expense reimbursement	(18)
Bill Pmt -Check	11/03/2022	1348	Rogers, Carole - stipend	(441)
Bill Pmt -Check	11/03/2022	1349	So.Cal Computer Shop	(810)
Bill Pmt -Check	11/03/2022	1350	Trakstar	(4,999)
Bill Pmt -Check	11/03/2022	1351	Underground Service Alert of Southern Cal	(9)
Bill Pmt -Check	11/03/2022	1352	Blood Bank of San Bernardino - Thanks4Giving Gala	(3,000)
Bill Pmt -Check	11/03/2022	1353	Strategies 360, Inc.	(9,500)
Bill Pmt -Check	11/08/2022	1354	First Bankcard (Union Bank)	(4,081)
Bill Pmt -Check	11/08/2022	1355	California Consulting	(4,250)
Bill Pmt -Check	11/08/2022	1356	Erica Huskey - expense reimbursement	(11)
Bill Pmt -Check	11/08/2022	1357	First Bankcard (Union Bank)	(3,631)
Bill Pmt -Check	11/08/2022	1358	Jewish Family Service of the Desert - grant payment	(36,000)
Bill Pmt -Check	11/08/2022	1359	Regents of the University of CA, Riverside - grant payment	(51,081)
Bill Pmt -Check	11/08/2022	1360	Staples Credit Plan	(33)
Bill Pmt -Check	11/08/2022	1361	State Compensation Insurance Fund	(427)
Bill Pmt -Check	11/08/2022	1362	Xerox Financial Services	(377)
Liability Check	11/10/2022		QuickBooks Payroll Service	(53,909)
Bill Pmt -Check	11/15/2022	1364	CoPower Employers' Benefits Alliance	(1,750)
Bill Pmt -Check	11/15/2022	1365	Jana Trew - expense reimbursement	(1,121)
Bill Pmt -Check	11/15/2022	1366	Leticia De Lara - stipend	(761)
Bill Pmt -Check	11/15/2022	1367	Palm Springs Alarm	(29)
Bill Pmt -Check	11/15/2022	1368	Purchase Power	(100)
Bill Pmt -Check	11/17/2022	1369	Alejandro Espinoza Santacruz - expense reimbursement	(1,387)
Bill Pmt -Check	11/17/2022	1370	Association of Fundraising Professionals	(340)
Bill Pmt -Check	11/17/2022	1371	Donna Den Bleyker - expense reimbursement	(207)
Bill Pmt -Check	11/17/2022	1372	Principal Life Insurance Co.	(2,001)
Bill Pmt -Check	11/17/2022	1373	Regional Access Project Foundation	(184)
Bill Pmt -Check	11/22/2022	1374	Blood Bank of San Bernardino - grant payment	(15,000)
Bill Pmt -Check	11/22/2022	1375	Dale Barnhart - hospital inspection services	(650)
Bill Pmt -Check	11/22/2022	1376	Regional Access Project Foundation	(2,000)
Bill Pmt -Check	11/22/2022	1377	Spectrum (Time Warner)	(226)
Bill Pmt -Check	11/22/2022	1378	Blood Bank of San Bernardino - grant payment	(63,000)
Bill Pmt -Check	11/22/2022	1379	Shred-It	(32)
Bill Pmt -Check	11/22/2022	1380	Chris Christensen - expense reimbursement	(7,611)
Check	11/23/2022	Auto Pay	Calif. Public Employees'Retirement System	(15,435)

**Desert Healthcare District**  
**Check Register**  
As of November 30, 2022

<b>Type</b>	<b>Date</b>	<b>Num</b>	<b>Name</b>	<b>Amount</b>
Liability Check	11/25/2022		QuickBooks Payroll Service	(54,033)
Check	11/28/2022		Bank Service Charge	(411)
Bill Pmt -Check	11/29/2022	1381	Image Source	(122)
Bill Pmt -Check	11/29/2022	1382	Mangus Accountancy Group, A.P.C.	(500)
Bill Pmt -Check	11/29/2022	1383	Palms to Pines Printing	(168)
Bill Pmt -Check	11/29/2022	1384	Verizon Wireless	(593)
Bill Pmt -Check	11/29/2022	1385	Zendle, Les - stipend	(551)
<b>TOTAL</b>				<b>(418,939)</b>

Desert Healthcare District						
Details for Credit Card Expenditures						
Credit card purchases - October 2022 - Paid November 2022						
Number of credit cards held by District personnel -2						
Credit Card Limit - \$25,000 - Conrado, \$20,000 - Chris						
Credit Card Holders:						
Conrado Bárzaga - Chief Executive Officer						
Chris Christensen - Chief Administration Officer						
Routine types of charges:						
Office Supplies, Dues for membership, Computer Supplies, Meals, Travel including airlines and Hotels, Catering, Supplies for BOD meetings, CEO Discretionary for small grant & gift items						
Statement						
Year	Month Charged	Total Charges	Expense Type	Amount	Purpose	Description
		\$ 7,712.51				
Chris' Statement:						
2022	October	\$ 3,631.13	District			
			GL	Dollar	Description	
			6130	\$ 3,275.75	GuideStar Pro Plus - Annual Subscription	
			6355	\$ 250.76	Zoom videoconference/webinar expense	
			6355	\$ 26.62	Premiere Global Services - September 2022	
			6355	\$ 78.00	Microsoft Office subscription	
				\$ 3,631.13		
Conrado's Statement:						
2022	October	\$ 4,081.38	District			
			GL	Dollar	Description	
			5160	\$ (125.00)	Refund for Coachella Valley Economic Summit - Donna Craig	
			5230	\$ (250.00)	Refund for Coachella Valley Economic Summit - Director De Lara, Director Rogers	
			6352	\$ 90.38	Eight4Nine Meeting - Conrado Barzaga, Stephen Bennett (California Endowment)	
			5230	\$ 38.77	PSUSD Alumni Present: One Night Out: Havana Nights - Vice-President PerezGil	
			5230	\$ 49.37	Martha's Village Fundraiser (Woody Mankowski Blues Band) - Vice-President PerezGil	
			5240	\$ 25.00	Uber Eats - 09/27/22 Board Meeting Food	
			5240	\$ 175.00	Doordash - 09/27/22 Board Meeting Food	
			5240	\$ 25.00	Grubhub - 09/27/22 Board Meeting Food	
			5230	\$ 250.00	Coachella Valley Economic Summit - Director De Lara, Director Rogers	
			5230	\$ 1,100.00	CHA Behavioral Health Symposium, Riverside, CA - Vice-President PerezGil, Director De Lara	
			5230	\$ 39.59	Palm Springs Life Market Watch Fall Seminar - Director Rogers	
			6355	\$ 60.00	Grammarly quarterly plan	
			6351	\$ 213.94	Mission Inn - Hotel deposit for CHA Behavioral Health Symposium - Vice-President PerezGil	
			6351	\$ 213.41	Mission Inn - Hotel deposit for CHA Behavioral Health Symposium - Director De Lara	
			6352	\$ 10.66	El Pollo Loco - Vision Y Compromiso Conference - Conrado Barzaga	
			6352	\$ 28.64	Starbucks - Vision Y Compromiso Conference - Conrado Barzaga	
			5160	\$ 125.00	Coachella Valley Economic Summit - Donna Craig	
			6360	\$ 40.93	Amazon	
			5160	\$ 550.00	CHA Behavioral Health Symposium, Riverside, CA - Jana Trew	
			6351	\$ 213.94	Mission Inn - Hotel deposit for CHA Behavioral Health Symposium - Vice-President PerezGil	
			5230	\$ 582.75	An Evening in Casablanca by Hanson House - Director Rogers +1	
			6355	\$ 300.00	DocuSign Annual subscription	
			5230	\$ 99.00	Indio State of the City - President Borja	
			5240	\$ 25.00	Uber Eats - 10/25/22 Board Meeting Food	
			5240	\$ 200.00	Grubhub - 10/25/22 Board Meeting Food	
				\$ 4,081.38		

**Las Palmas Medical Plaza  
Check Register - LPMP  
As of November 30, 2022**

Type	Date	Num	Name	Amount
<b>1000 - CHECKING CASH ACCOUNTS</b>				
<b>1046 - Las Palmas Medical Plaza</b>				
Bill Pmt -Check	11/03/2022	10648	Desert Water Agency	(730)
Bill Pmt -Check	11/03/2022	10649	Stericycle, Inc.	(1,356)
Bill Pmt -Check	11/08/2022	10650	Amtech Elevator Services	(250)
Bill Pmt -Check	11/08/2022	10651	Frazier Pest Control, Inc.	(275)
Bill Pmt -Check	11/08/2022	10652	Imperial Security	(2,125)
Bill Pmt -Check	11/08/2022	10653	Palm Springs Disposal Services Inc	(2,651)
Bill Pmt -Check	11/08/2022	10654	Matthew Jennings Riverside Co. Treasurer	(38,030)
Bill Pmt -Check	11/10/2022	10655	Imperial Security	(2,125)
Bill Pmt -Check	11/15/2022	10656	County of Riverside-Dept of Env. Health	(553)
Bill Pmt -Check	11/15/2022	10657	Frontier Communications	(253)
Bill Pmt -Check	11/15/2022	10658	Imperial Security	(2,125)
Bill Pmt -Check	11/17/2022	10659	Southern California Edison	(154)
Bill Pmt -Check	11/22/2022	10660	Desert Air Conditioning Inc.	(2,465)
Bill Pmt -Check	11/22/2022	10661	Imperial Security	(2,125)
Bill Pmt -Check	11/22/2022	10662	INPRO Environmental Management Services	(20,830)
Check	11/23/2022		Bank Service Charge	(437)
<b>TOTAL</b>				<b>(76,484)</b>





**MEMORANDUM**

DATE: December 13, 2022  
 TO: F&A Committee  
 RE: Retirement Protection Plan (RPP)

Current number of participants in Plan:

	<u>October</u>	<u>November</u>
Active – still employed by hospital	79	79
Vested – no longer employed by hospital	54	54
Former employees receiving annuity	<u>7</u>	<u>7</u>
Total	<u>140</u>	<u>140</u>

The outstanding liability for the RPP is approximately **\$3.3M** (Actives - \$2.0M and Vested - \$1.3M). US Bank investment account balance \$4.6M. Per the June 30, 2022, Actuarial Valuation, the RPP has an Overfunded Pension Asset of approximately **\$1.0M**.

The payouts, excluding monthly annuity payments, made from the Plan for the five (5) months ended November 30, 2022, totaled **\$156K**. Monthly annuity payments (7 participants) total **\$1.0K** per month.

DESERT HEALTHCARE DISTRICT								
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE								
November 30, 2022								
TWELVE MONTHS ENDING JUNE 30, 2023								
Grant ID Nos.	Name	Approved Grants - Prior Yrs	6/30/2022 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	\$ 4,990,000		\$ -		\$ 4,990,000	
2021-1136-BOD-01-26-21	Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr.	\$ 119,432	\$ 11,944		\$ 11,944		\$ -	
2021-1171-BOD-03-23-21	Blood Bank of San Bernardino/Riverside Counties - Bloodmobiles for Coachella Valley - 18 Months	\$ 150,000	\$ 15,000		\$ 15,000		\$ -	
2021-1266-BOD-04-27-21	Galilee Center - Our Lady of Guadalupe Shelter - 1 Yr.	\$ 150,000	\$ 15,000		\$ 15,000		\$ -	
2021-1277-BOD-04-27-21	Lift To Rise - United Lift Rental Assistance 2021 - 8 Months	\$ 300,000	\$ 30,000		\$ 30,000		\$ -	
2021-1280-BOD-05-25-21	Desert AIDS Project - DAP Health Expands Access to Healthcare - 1Yr.	\$ 100,000	\$ 10,000		\$ 10,000		\$ -	
2021-1296-BOD-11-23-21	Coachella Valley Volunteers In Medicine - Improving Access to Healthcare Services - 1 Yr.	\$ 154,094	\$ 84,752		\$ 69,342		\$ 15,410	
2021-1289-BOD-12-21-21	Desert Cancer Foundation - Patient Assistance Program - 1 Yr.	\$ 150,000	\$ 82,500		\$ 67,500		\$ 15,000	
2022-1301-BOD-01-25-22	UCR Regents - Community Based Interventions to Mitigate Psychological Trauma - 1 Yr.	\$ 113,514	\$ 62,433		\$ 51,081		\$ 11,352	
2022-1302-BOD-01-25-22	Vision To Learn - Palm Springs, Desert Sands, and Coachella Valley School Districts 1 Yr.	\$ 50,000	\$ 27,500		\$ 22,500		\$ 5,000	
2022-1303-BOD-01-25-22	CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr.	\$ 54,056	\$ 29,731		\$ 24,325		\$ 5,406	
2022-1306-BOD-02-22-22	Olive Crest Treatment Center - General Support for Mental Health Services - 1 Yr.	\$ 123,451	\$ 67,898		\$ 55,553		\$ 12,345	
2022-1311-BOD-04-26-22	Desert Arc - Healthcare for Adults with Disabilities Project Employment of Nurses - 1 Yr.	\$ 102,741	\$ 56,508		\$ 46,233		\$ 10,275	
2022-1313-BOD-04-26-22	Angel View - Improving Access to Primary and Specialty Care Services for Children With Disabilities 1 Yr.	\$ 76,790	\$ 42,235		\$ -		\$ 42,235	
2022-1314-BOD-05-24-22	Voices for Children - Court Appointed Special Advocate Program - 1 Yr.	\$ 60,000	\$ 60,000		\$ 27,000		\$ 33,000	
2022-1325-BOD-06-28-22	Vision Y Compromiso - CVEC Unrestricted Grant Funds - 2 Yrs.	\$ 150,000	\$ 150,000		\$ 33,750		\$ 116,250	
2022-1327-BOD-06-28-22	Youth Leadership Institute - Youth Voice in Mental Health - 2 Yrs.	\$ 50,000	\$ 50,000		\$ 11,250		\$ 38,750	
2022-1328-BOD-06-28-22	EI Sol - Expanding Access to Educational Resources for Promotoras - 2 Yrs.	\$ 150,000	\$ 150,000		\$ 33,750		\$ 116,250	
2022-1331-BOD-06-28-22	Pueblo Unido - Improving Access to Behavioral Health Education and Prevention Services - 2 Yrs.	\$ 50,000	\$ 50,000		\$ 11,250		\$ 38,750	
2022-0965-BOD-06-28-22	Desert Healthcare Foundation - Behavioral Health Initiative Expansion - 3 Yrs.	\$ 2,000,000	\$ 2,000,000		\$ 2,000,000		\$ -	
2022-22-15-BOD-06-28-22	Carry over of remaining Fiscal Year 2021/2022 Funds*	\$ 2,566,566	\$ 2,566,566		\$ 1,839,268		\$ 727,298	
2022-1324-BOD-07-26-22	Galilee Center - Our Lady of Guadalupe Shelter - 2 Yr.			\$ 100,000		\$ 22,500	\$ 77,500	
2022-1332-BOD-07-26-22	Alianza CV - Expanding and Advancing Outreach Through Increasing Capacity Development - 2 Yrs.			\$ 100,000		\$ 22,500	\$ 77,500	
2022-1329-BOD-09-27-22	DPMG - Mobile Medical Unit - 3 Yrs.			\$ 500,000		\$ 50,000	\$ 450,000	
2022-1350-BOD-09-27-22	JFK Memorial Foundation - Behavioral Health Awareness and Education Program - 1 Yr.			\$ 57,541		\$ 25,893	\$ 31,648	
2022-1355-BOD-09-27-22	Joslyn Center - The Joslyn Wellness Center - 1 Yr.			\$ 85,000		\$ 38,250	\$ 46,750	
2022-1361-BOD-09-27-22	DAP Health - DAP Health Monkeypox Virus Response - 1 Yr.			\$ 586,727		\$ -	\$ 586,727	
2022-1356-BOD-10-25-22	Blood Bank of San Bernardino/Riverside Counties - Coachella Valley Therapeutic Apheresis Program - 1 Yr.			\$ 140,000		\$ 63,000	\$ 77,000	
2022-1358-BOD-10-25-22	Foundation for Palm Springs Unified School District - School-Based Wellness Center Project - 1 yr.			\$ 110,000		\$ -	\$ 110,000	
2022-1362-BOD-10-25-22	Jewish Family Service of the Desert - Mental Health Counseling Services for Underserved - 2 yrs.			\$ 160,000		\$ 36,000	\$ 124,000	
<b>TOTAL GRANTS</b>		<b>\$ 16,670,644</b>	<b>\$ 10,552,067</b>	<b>\$ 1,839,269</b>	<b>\$ 4,374,746</b>	<b>\$ 258,143</b>	<b>\$ 7,758,447</b>	
<b>Amts available/remaining for Grant/Programs - FY 2022-23:</b>								
<b>Amount budgeted 2022-2023</b>			\$ 4,000,000			G/L Balance:	11/30/2022	
<b>Amount granted through November 30, 2022:</b>			\$ (1,839,269)			2131	\$ 4,238,446	
Mini Grants:	1321; 1322; 1323; 1364	\$ (20,000)				2281	\$ 3,520,000	
Financial Audits of Non-Profits; Organizational Assessments			\$ -					
Net adj - Grants not used: FY 21-22 Funds			\$ 2,566,566			<b>Total</b>	<b>\$ 7,758,447</b>	
Matching external grant contributions			\$ -				<b>\$ 0</b>	
<b>Balance available for Grants/Programs</b>			<b>\$ 4,707,297</b>					

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



## **Chief Administration Officer's Report**

**December 13, 2022**

### **Las Palmas Medical Plaza - Property Management:**

#### **Occupancy:**

See attached unit rental status report.

**100%** currently occupied –

Total annual rent including CAM fees is **\$1,433,065**.

#### **Leasing Activity:**

Renewals on existing leases will be brought to future meetings as they approach the end of the lease term.

**Las Palmas Medical Plaza**

**Unit Rental Status**

**As of December 1, 2022**

Unit	Tenant Name	Deposit	Lease Dates		Term	Unit Sq Feet	Percent of Total	Monthly Rent	Annual Rent	Rent Per Sq Foot	Monthly	Total Monthly Rent Inclg CAM	Total Annual Rent Inclg CAM
			From	To							CAM		
											\$ 0.69		
<b>Total - Vacancies</b>						<b>0</b>	<b>0.00%</b>						
<b>Total Suites - 31 - 31 Suites Occupied</b>		<b>\$64,959.90</b>				<b>49,356</b>	<b>100.0%</b>	<b>\$ 85,507.17</b>	<b>\$1,026,086.04</b>	<b>\$ 1.73</b>	<b>\$ 33,914.88</b>	<b>\$ 119,422.05</b>	<b>\$ 1,433,064.60</b>
<b>Summary - All Units</b>													
		<b>Occupied</b>	<b>49,356</b>	<b>100.0%</b>									
		<b>Vacant</b>	<b>0</b>	<b>0.0%</b>									
		<b>Pending</b>	<b>0</b>	<b>0.0%</b>									
		<b>Total</b>	<b>49,356</b>	<b>100%</b>									



October 26, 2022

Desert Healthcare District  
Board of Directors  
1140 N Indian Canyon Drive  
Palm Springs, CA 92262

Dear District Board Members:

The attached capital expenditure requests are being included pursuant to Sections 3.5 and 15.5(a) of the Lease Agreement (as amended). Pursuant to the terms of the Lease we anticipate that each of the projects will have a net book value greater than \$1,000,000 (subject to CPI adjustments) upon the termination of the Lease. Based upon historical and projected CPI adjustments, the forecasted approval threshold at the termination of the lease is expected to be approximately \$2,400,000.

Given the anticipated net book value we are required to obtain your prior approval in order for each of these projects to be treated as a Termination Asset upon the expiration of the Lease. Upon the expiration or termination of the Lease, Section 15.5(a) provides that the District may repurchase these Termination Assets at the net book value. Please let us know if you approve these projects for purposes of Section 3.5 and Section 15.5(a) of the Lease.

Sincerely,

Michele Finney  
Group CEO  
Desert Care Network

Accepted and agreed to as of the date set forth above:

DESERT HEALTHCARE DISTRICT

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

### Capital Request: Cardiac Cath Lab #1 and Cardiac Cath Lab #3

#### Project Description:

This request is part of the planned replacement of both Cardiac Cath Labs, inclusive of Cardiac Cath Lab #1 and Cardiac Cath Lab #3. This request is for all major equipment products, minor equipment necessary for contingency operations, all associated construction, and professional fees.

#### Projected Construction Expense:

Total anticipated project expense of \$4,551,679

Cath Labs 1 & 3 Replacement	Total
Professional Fees	244,200
Permits	78,000
Construction	2,645,073
Equipment/Furniture	1,347,566
Tests and Inspections	65,000
Real Estate Administration	62,901
Capitalized Interest	108,939
<b>Total Project Cost Estimate:</b>	<b>\$ 4,551,679</b>

#### Project Rationale:

The existing General Electric Innova 3100 Cath Lab was installed more than fourteen years ago in 2008. Over the past few years, the Cardiac Cath lab has been experiencing significant service issues. Additionally, the existing older technology lacks the image resolution and small parts definition for complex cardiac procedures. The limitations of our existing Cardiac Cath Lab imaging systems has further resulted in limited access to cardiac catheterization services to the community. By upgrading the cath labs, we anticipate providing the community with state-of-the-art technology in order to enhance cardiac care delivery.

#### Project Process:

The equipment age, service history, and limitations in functionality have been reviewed with the DRMC Medical Staff and more specially all Interventional Cardiologists, who have recommended the best course of action to be replacement of Cardiac Cath Lab #1 & #3. The required Architectural and Engineering (A&E) plans have already been completed and are in final stages of approval with The California Department of Health Care Access and Information. Construction is expected to be completed in eleven (11) months of approval.

**Anticipated Book Value at Termination of current DRMC Lease (May 2027):** \$3,069,902 (est.)

**Capital Request: El Mirador Cooling Tower**

**Project Description:**

This request is part of the planned replacement of the cooling tower on the El Mirador Medical Office Building (“MOB”)

**Projected Construction Expense:**

**Total anticipated project expense of \$3,366,889**

El Mirador Cooling Tower	Total
Professional Fees	-
Permits	-
Construction	3,286,500
Equipment/Furniture	-
Tests and Inspections	-
Real Estate Administration	50,000
Capitalized Interest	30,389
<b>Total Project Cost Estimate:</b>	<b>\$ 3,366,889</b>

**Project Rationale:**

The existing cooling tower supports the cooling for the majority of the El Mirador Medical Office Building. The existing unit has recently had some failures that are not able to be repaired and which has provided interruption in cooling capabilities to the building. This uncertainty has impacted the entire building including the Cancer Center and the ambulatory surgery center.

**Project Process:**

For this project, we are utilizing the same mechanical contractor (Active Air Control) that completed a previous installation of a new chiller on the same roof at El Mirador. The project is complex and requires one of the largest cranes in Southern California to place the unit. Given their previous experience with the building, we have selected this contractor to complete installation and limit any risks associated with business interruption.

**Anticipated Book Value at Termination of current DRMC Lease (May 2027): \$2,776,738 (est.)**



**TENET HEALTHCARE CORPORATION**

Real Estate - Project Cost Estimate (PCE)

Facility: **Desert Regional Medical Center**  
 Project: **Cath Labs 1 & 3 Replacement (DESIGN)**  
 Project No.: **000-00-000**  
 Prepared By: **MLA**  
 Date: **9/10/2021**

Revision: 1  
 Print Date: 9/10/2021 11:46  
 Inflation Rate: 0.00%

CER Category	Budget
1 Professional Fees	\$178,400.00
2 Construction	\$0.00
3 Equipment/Furniture	\$0.00
4 Permits and Fees	\$78,000.00
5 Tests and Inspections	\$15,000.00
6 Real Estate Administration	\$10,000.00
7 Other Real Estate	\$0.00
8 Project Administration	\$0.00
9 Pre CER Expenditures (CIP)	\$0.00
10 Capitalized Interest	\$9,501.53
11 Land Purchase	\$0.00
12 Other (Non Real Estate)	\$0.00
<b>TOTAL PROJECT COST ESTIMATE INCLUDING CAPITALIZED INTEREST</b>	<b>\$290,901.53</b>

Project Manager's Comments:

This PCE is for the design to replace existing Cath Labs 1 & 3. The design for these projects will be expedited due to the current condition and reliability of the existing equipment. We will work with OSHPD to try and expedite the approval as well. Fees for the design and OSHPD approval are included in this PCE as well as initial testing that will be needed to complete the design. We will finalize construction pricing during the OSHPD review and issue a supplemental PCE.

**Proposed Durations (Post Approval Process)**

0. CER Approval Projected	9/17/2021
1. Drawings Submitted to City/State	10/14/2021
2. Agency Reviews Completed	4/15/2022
3. Construction Start	4/17/2022
4. Construction Completed	4/17/2022
5. Construction Occupancy Date	4/19/2022
<b>PROJECT DURATION (From CER Approval)</b>	<b>7 Months</b>





**TENET HEALTHCARE CORPORATION**  
**Construction and Design - Project Cost Estimate (PCE)**

Facility: **Desert Regional Medical Center**  
 Project: **Cath Labs 1 & 3 Replacement (DESIGN)**  
 Project No.: **000-00-000**

rev. 1  
 print date 9/10/2021 11:46

**CER SETUP / DURATIONS / ASSUMPTIONS**

Project Start Date:	9/17/2021	Duration	Start	Completion
Default Inflation Date:	9/10/2021	(Months)	Date	Date
<b>Pre CER Study Phase:</b>				
Program / Block Design		0.0	9/10/2021	9/10/2021
Cost Estimate		0.0	9/10/2021	9/10/2021
<b>Approvals Phase:</b>				
Internal (CER, CERC, etc.)		0.0	9/17/2021	9/17/2021
External (CON, Agency, etc.)		0.0	4/15/2022	4/15/2022
<b>Architectural / Engineering Phase:</b>				
Schematic Design		0.2	9/20/2021	9/27/2021
Design Development		0.2	9/28/2021	10/5/2021
Construction Documents		0.2	10/6/2021	10/13/2021
<b>Agency Review Phase:</b>				
City/County/State Review		6.0	10/14/2021	4/14/2022
City/County/State Corrections		0.0	4/15/2022	4/15/2022
<b>Construction Phase:</b>				
Bidding / Negotiation / Contract Execution		0.0	4/16/2022	4/16/2022
Construction Period		0.0	4/17/2022	4/17/2022
Commissioning (Testing / inspections)		0.0	4/18/2022	4/18/2022
Occupancy Date				4/19/2022

<b>01. PROFESSIONAL FEES</b>	01. Contract	02. Reimburs.	03. Changes	Sub-total
01. Architect	173,400.00	5,000.00	0.00	178,400.00
02. MEP Engineer	0.00	0.00	0.00	0.00
03. Structural Engineer	0.00	0.00	0.00	0.00
04. Civil Engineer	0.00	0.00	0.00	0.00
05. Telecommunications Planner	0.00	0.00	0.00	0.00
06. Equipment Planner	0.00	0.00	0.00	0.00
07. Interior Design	0.00	0.00	0.00	0.00
08. Landcape Designer	0.00	0.00	0.00	0.00
09. Healthcare Planner	0.00	0.00	0.00	0.00
10. Geotech Engineer	0.00	0.00	0.00	0.00
11. Signage Designer	0.00	0.00	0.00	0.00
12. Dietary Consultant	0.00	0.00	0.00	0.00
13. Transition Planner	0.00	0.00	0.00	0.00
14. Physicist/Shielding	0.00	0.00	0.00	0.00
<b>Total Professional Fees</b>	<b>173,400.00</b>	<b>5,000.00</b>	<b>0.00</b>	<b>178,400.00</b>



**TENET HEALTHCARE CORPORATION**  
 Construction and Design - Project Cost Estimate (PCE)

Facility: **Desert Regional Medical Center**  
 Project: **Cath Labs 1 & 3 Replacement (DESIGN)**  
 Project No.: **000-00-000**

rev. 1  
 print date 9/10/2021 11:46

**02. CONSTRUCTION**

**01. General Contractor (Phase I)**

*Phase I Start:* 4/17/2022                      *Phase I Completion:* 4/17/2022

	qty.	unit	cost	total
01. New Hospital	0	Sq. Ft. @	0.00	0.00
02. Heavy Renovation	0	Sq. Ft. @	0.00	0.00
03. Light Renovation	0	Sq. Ft. @	0.00	0.00
04. Central Energy Plant	0	Sq. Ft. @	0.00	0.00
05. Parking Lot/Paving	1	Lump Sum	0.00	0.00
06. Miscellaneous Sitework	1	Lump Sum	0.00	0.00
07. Unusual Site Work (Wetlands/	1	Lump Sum	0.00	0.00
08. Unsuitable Soils	1	Lump Sum	0.00	0.00
09. Demolition of Existing Structu	1	Lump Sum	0.00	0.00
10. Temporary Utilities	1	Lump Sum	0.00	0.00
11. Inflation	0	0	0.00	0.00
12. Contingency	5.00%	%		0.00
<b>Subtotal Phase I</b>				<b>0.00</b>

**02. General Contractor (Phase II)**

*Phase II Start:* --                                      *Phase II Completion:* --

	qty.	unit	cost	
01. New Construction	0	Sq. Ft. @	0.00	0.00
02. Heavy Renovation	0	Sq. Ft. @	0.00	0.00
03. Light Renovation	0	Sq. Ft. @	0.00	0.00
04. Central Energy Plant	0	Sq. Ft. @	0.00	0.00
05. Parking Lot/Paving	1	Lump Sum	0.00	0.00
06. Miscellaneous Sitework	1	Lump Sum	0.00	0.00
07. Unusual Site Work (Wetlands/	1	Lump Sum	0.00	0.00
08. Unsuitable Soils	1	Lump Sum	0.00	0.00
09. Demolition of Existing Structu	1	Lump Sum	0.00	0.00
10. Temporary Utilities	1	Lump Sum	0.00	0.00
11. Inflation	0	0	0.00	0.00
12. Contingency	5.00%	%	0.00	0.00
<b>Subtotal Phase II</b>				<b>\$0.00</b>



**TENET HEALTHCARE CORPORATION**  
Construction and Design - Project Cost Estimate (PCE)

Facility: **Desert Regional Medical Center**  
Project: **Cath Labs 1 & 3 Replacement (DESIGN)**  
Project No.: **000-00-000**

rev. 1  
print date 9/10/2021 11:46

**03. General Contractor (Phase III)**

<i>Phase III Start.</i>		<i>Phase III Completion:</i>			
--		qty.	unit	--	
				cost	
01.	New Construction	0	Sq. Ft. @	0.00	0.00
02.	Heavy Renovation	0	Sq. Ft. @	0.00	0.00
03.	Light Renovation	0	Sq. Ft. @	0.00	0.00
04.	Central Energy Plant	0	Sq. Ft. @	0.00	0.00
05.	Parking Lot/Paving	1	Lump Sum	0.00	0.00
06.	Miscellaneous Sitework	1	Lump Sum	0.00	0.00
07.	Unusual Site Work (Wetlands/	1	Lump Sum	0.00	0.00
08.	Unsuitable Soils	1	Lump Sum	0.00	0.00
09.	Demolition of Existing Structu	1	Lump Sum	0.00	0.00
10.	Temporary Utilities	1	Lump Sum	0.00	0.00
11.	Inflation	0	0	0.00	0.00
12.	Contingency	5.00%	%	0.00	0.00
<b>Subtotal Phase III</b>					<b>\$0.00</b>

**TOTAL CONSTRUCTION: 0.00**

**03. EQUIPMENT AND FURNITURE**

**01. Medical Equipment**

01.	Cost	0.00	04.	Storage	0.75%	0.00	
02.	Tax	7.00%	0.00	05.	Install	0.25%	0.00
03.	Freight	3.00%	0.00	06.	Contingency	0.00%	0.00
<b>Subtotal Equipment with Surcharges</b>						<b>0.00</b>	

**02. Dietary Equipment**

01.	Furniture	0.00	04.	Storage	0.75%	0.00	
02.	Tax	7.00%	0.00	05.	Install	0.25%	0.00
03.	Freight	3.00%	0.00	06.	Contingency	0.00%	0.00
<b>Subtotal Dietary Equipment</b>						<b>0.00</b>	

**03. Pneumatic Tube**

01.	Equipment	0.00	04.	Storage	0.75%	0.00	
02.	Tax	7.00%	0.00	05.	Install	0.25%	0.00
03.	Freight	3.00%	0.00	06.	Contingency	0.00%	0.00
<b>Subtotal Pneumatic Tube Equipment</b>						<b>0.00</b>	



**TENET HEALTHCARE CORPORATION**  
 Construction and Design - Project Cost Estimate (PCE)

Facility: **Desert Regional Medical Center**  
 Project: **Cath Labs 1 & 3 Replacement (DESIGN)**  
 Project No.: **000-00-000**

rev. 1  
 print date 9/10/2021 11:46

**04. Medical Communications / IT**

01. IT Equipment	0.00	16. Radiology/PACS	0.00
02. Nurse Call	0.00	17. Laboratory	0.00
03. Intercom	0.00	18. Order Entry	0.00
04. Paging	0.00	19. Other	0.00
05. Televisions	0.00	20. Other	0.00
06. Security System	0.00	24. Other	0.00
07. Central Dictation	0.00	25. Tax	0.00
08. Infant Abduction	0.00	26. Freight	0.00
12. Access Control	0.00	27. Storage	0.00
13. Cabling Allowance	0.00	28. Installation	0.00
14. Computers/Printers	0.00	29. Contingency	0.00
15. Patient Accounting	0.00		
<b>Subtotal Medical Comm. / IT</b>			<b>0.00</b>

**05. Furnishings**

01. Furniture	0.00	08. Other	0.00
02. Artwork	0.00	09. Tax	0.00
03. Cubicle Curtains	0.00	10. Freight	0.00
04. Window Treatments	0.00	11. Storage	0.00
05. Interior Signage	0.00	12. Installation	0.00
06. Other	0.00	13. Contingency	0.00
07. Other	0.00		
<b>Subtotal Furnishings</b>			<b>0.00</b>

**06. Exterior Signage**

**0.00**

**04. Permits and Fees**

01. Local Plan Review/Building P	0.00	06. Water Meter Hook-up I	0.00
02. State Plan Review/Inspections	78,000.00	07. Electrical Hook-up Fee	0.00
03. Development Fee	0.00	08. Storm Drainage Fee	0.00
04. Impact Fees	0.00	09. School Tax	0.00
05. Sewer Hook-up Fee	0.00	10. Heliport Application Fe	0.00
<b>Subtotal Permits and Fees</b>			<b>78,000.00</b>

**05. Tests and Inspections**

01. Geotechnical	0.00	05. Threshold Inspector/Ins	0.00
02. Environmental Survey / Phase	0.00	06. Commissioning Consul	0.00
03. Hazardous Materials Survey/I	0.00	07. Construction Testing	15,000.00
04. Traffic Study	0.00		
<b>Subtotal Tests and Inspections</b>			<b>15,000.00</b>



TENET HEALTHCARE CORPORATION  
Construction and Design - Project Cost Estimate (PCE)

Facility: **Desert Regional Medical Center**  
Project: **Cath Labs 1 & 3 Replacement (DESIGN)**  
Project No.: **000-00-000**

rev. 1  
print date 9/10/2021 11:46

**06. Real Estate Administration**

01. Construction Administration	10,000.00
02. Project Manager	0.00
03. Other	0.00
<b>Subtotal Construction Administration</b>	<b>10,000.00</b>

**07. Other Real Estate**

01. Travel and Expense Reimbursement	0.00
02. Study	0.00
03. Other	0.00
<b>Subtotal Administration Other</b>	<b>0.00</b>

**08. Project Administration**

01. Facility S W B	0.00
02. Facility Other	0.00
03. Division S W B	0.00
04. Legal / Certificate of Need	0.00
05. Other	0.00
<b>Subtotal Project Administration</b>	<b>0.00</b>

**09. Pre CER Expenditures (CIP)**

01. Previously Expended / CIP	0.00
02. Pre-Opening Costs	0.00
03. Other	0.00
<b>Subtotal Pre CER Expenditures</b>	<b>0.00</b>

**10. Capitalized Interest**

**\$9,501.53**

**11. Land Purchase**

01. Site Study	0.00
02. Land Option 1	0.00
03. Land Option 2	0.00
04. Land Option 3	0.00
05. Land Purchase 1	0.00
06. Land Purchase 2	0.00
07. Land Purchase 3	0.00
<b>Subtotal Land Purchase</b>	<b>0.00</b>

**12. Other (Non Real Estate)**

01. --	0.00
02. --	0.00
03. --	0.00
04. --	0.00
<b>Subtotal Other Substituted Funds</b>	<b>0.00</b>



PREST | VUKSIC | GREENWOOD  
ARCHITECTS • INTERIORS

September 6, 2021

Mr. Mark Atteberry  
**Desert Regional Medical Center**  
1150 North Indian Canyon Drive  
Palm Springs, CA 92262

Re: **Proposal for Architectural Services**  
**Desert Regional Medical Center**  
**CATH Lab #1 – Equipment Replacement**

**PVG Project # 221142**

Dear Mark,

The following is Prest Vuksic Greenwood Architects' proposal for Architectural and Consulting Engineering Services for the above-referenced project located at Desert Regional Medical Center, 1150 North Indian Canyon Drive, Palm Springs, CA. The Master Agreement between Tenet HealthSystem Desert, Inc. (CA) dba Desert Regional Medical Center and Prest Vuksic Architects, Inc. dated August 28, 2016 will govern our relationship.

**1.0 Project Description**

1.1 Replacement of an existing CATH Lab #1 Imaging System within room SU-69 with new equipment (Vendor to be determined)

**2.0 Scope of Services**

2.1 Provide architectural, structural, mechanical and electrical drawings for an OSHPD plan review submittal & approval.

- Structural Engineer – CHG, Brad Hawn
- Mechanical Engineer – RTM – Marc Anderson
- Electrical Engineer – AG Design – Adam Sloan

2.2 Construction Documents will be provided within an expedited timeframe as requested by Owner. The submittal timeframe will be predicated upon receipt and coordination with the equipment vendor site specific drawings. Once received, construction documents will be submitted to OSHPD within 3 weeks.

2.3 Process the project through the required OSHPD review process.

2.4 Provide Construction Administration Services ( 4 Month Expedited Schedule)

2.5 Submit verified reports of construction as required.

2.6 Fire sprinkler, physicist, fire alarm and any equipment design, if required, will be by others and coordinated by the Architect.

44530 SAN PABLO AVE SUITE 200 PALM DESERT CA 92260 T • 760 779 5393

### **3.0 Assumptions/Exclusions**

- 3.1 Hospital will provide TAB reports & Electrical load readings as required.
- 3.2 Hospital to provide Physicist report
- 3.3 Project may be accomplished without major Structural and Electrical system upgrades.
- 3.4 It is assumed that the selected vendor equipment will work within the existing Cath Lab #1 boundary and the project will not require any room expansion.
- 3.5 Fire Alarm, Fire Sprinkler will be a Differed Submittal and coordinated by the Architect.
- 3.6 Cath Lab #3 schedule will begin upon submittal of Cath Lab #1 into OSHPD
- 3.7 Vendor drawings will be provided for all equipment.
- 3.8 It is assumed that the equipment replacement will be one for one and no added equipment is being proposed for this project.

### **4.0 Additional Services**

- 4.1 Any additional work required due to unforeseen conditions.
- 4.2 Bidding & Negotiation
- 4.3 Any revisions to approved documents.
- 4.4 Additional services will be provided on an hourly basis at the rates listed below.
- 4.5 Mobile Trailer to supplement Cath Lab #1
- 4.6 If construction exceeds 4 month schedule, Owner / Architect can discuss additional services for Construction Administration Services.

### **5.0 Proposed Fee for Architectural Services**

- 5.1 Prest Vuksic Greenwood Architects will provide the services described under Section 2.0 through 2.6 above for a fixed fee of **One Hundred Twenty Four Thousand Dollars (\$124,000)**.

- Architectural: \$ 33,500 (Through OSHPD Approval)
- Consulting Engineers: \$ 57,500 (Through OSHPD Approval)
- Construction Administration \$ 33,000 (Including Consultants) (Based on 4 month expedited schedule)

- 5.2 Reimbursable expenses are included in the compensation for Architectural Services and include expenses incurred by Prest Vuksic Greenwood Architects and our employees and consultants directly related to the project as identified in the following clauses. We estimate these charges not to exceed **Five Hundred Dollars (\$500.00)**.

5.2.1 OSHPD Building Permit Fee is not included. If paid by PVG, it will be billed as a reimbursable.

5.2.2 Mileage in connection with the Project out of the Coachella Valley.

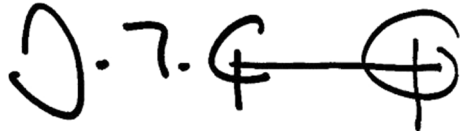
5.2.3 Reproductions, plots, standard form documents, postage, handling and delivery of instruments of service.

Mark, the above fee represents our understanding of the requested services as this time. Please review this proposal and call should you have any questions or require additional information. If this proposal meets with your approval, please sign and return to me at your earliest convenience.

Sincerely,

Prest Vuksic Greenwood Architects, Inc.

Desert Regional Medical Center

A handwritten signature in black ink, appearing to read "J. G. F." followed by a circled symbol.

John Greenwood  
Principal

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Date





PREST | VUKSIC | GREENWOOD  
ARCHITECTS • INTERIORS

September 6, 2021

Mr. Mark Atteberry  
**Desert Regional Medical Center**  
1150 North Indian Canyon Drive  
Palm Springs, CA 92262

Re: **Proposal for Architectural Services**  
**Desert Regional Medical Center**  
**CATH Lab #3 – Equipment Replacement**

**PVG Project # 221143**

Dear Mark,

The following is Prest Vuksic Greenwood Architects' proposal for Architectural and Consulting Engineering Services for the above-referenced project located at Desert Regional Medical Center, 1150 North Indian Canyon Drive, Palm Springs, CA. The Master Agreement between Tenet HealthSystem Desert, Inc. (CA) dba Desert Regional Medical Center and Prest Vuksic Architects, Inc. dated August 28, 2016 will govern our relationship.

**1.0 Project Description**

1.1 Replacement of an existing CATH Lab #3 Imaging System within room T1150 with new equipment (Vendor to be determined)

**2.0 Scope of Services**

2.1 Provide architectural, structural, mechanical and electrical drawings for an OSHPD plan review submittal & approval.

- Structural Engineer – CHG, Brad Hawn
- Mechanical Engineer – RTM – Marc Anderson
- Electrical Engineer – AG Design – Adam Sloan

2.2 Construction Documents will be provided within an expedited timeframe as requested by Owner. The submittal timeframe will be predicated upon receipt and coordination with the equipment vendor site specific drawings. Once received, construction documents will be submitted to OSHPD within 3 weeks.

2.3 Process the project through the required OSHPD review process.

2.4 Provide Construction Administration Services ( 4 Month Expedited Schedule)

2.5 Submit verified reports of construction as required.

2.6 Fire sprinkler, physicist, fire alarm and any equipment design, if required, will be by others and coordinated by the Architect.

44530 SAN PABLO AVE SUITE 200 PALM DESERT CA 92260 T • 760 779 5393

### **3.0 Assumptions/Exclusions**

- 3.1 Hospital will provide TAB reports & Electrical load readings as required.
- 3.2 Hospital to provide Physicist report
- 3.3 Project may be accomplished without major Structural and Electrical system upgrades.
- 3.4 It is assumed that the selected vendor equipment will work within the existing Cath Lab #3 boundary and the project will not require any room expansion.
- 3.5 Fire Alarm, Fire Sprinkler will be a Differed Submittal and coordinated by the Architect.
- 3.6 Vendor drawings will be provided for all equipment.
- 3.7 It is assumed that the equipment replacement will be one for one and no added equipment is being proposed for this project.

### **4.0 Additional Services**

- 4.1 Any additional work required due to unforeseen conditions.
- 4.2 Bidding & Negotiation
- 4.3 Any revisions to approved documents.
- 4.4 Additional services will be provided on an hourly basis at the rates listed below.
- 4.5 Mobile Trailer to supplement Cath Lab #3
- 4.6 If construction exceeds 4 month schedule, Owner / Architect can discuss additional services for Construction Administration Services.

### **5.0 Proposed Fee for Architectural Services**

- 5.1 Prest Vuksic Greenwood Architects will provide the services described under Section 2.0 through 2.6 above for a fixed fee of **One Hundred Twelve Thousand Two Hundred Dollars (\$112,200)**.

- Architectural: \$ 29,500 (Through OSHPD Approval)
- Consulting Engineers: \$ 52,900 (Through OSHPD Approval)
- Construction Administration \$ 29,800 (Including Consultants) (Based on 4 month expedited schedule)

- 5.2 Reimbursable expenses are included in the compensation for Architectural Services and include expenses incurred by Prest Vuksic Greenwood Architects and our employees and consultants directly related to the project as identified in the following clauses. We estimate these charges not to exceed **Five Hundred Dollars (\$500.00)**.

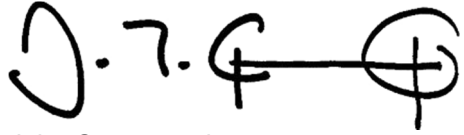
- 5.2.1 OSHPD Building Permit Fee is not included. If paid by PVG, it will be billed as a reimbursable.
- 5.2.2 Mileage in connection with the Project out of the Coachella Valley.
- 5.2.3 Reproductions, plots, standard form documents, postage, handling and delivery of instruments of service.

Mark, the above fee represents our understanding of the requested services as this time. Please review this proposal and call should you have any questions or require additional information. If this proposal meets with your approval, please sign and return to me at your earliest convenience.

Sincerely,

Prest Vuksic Greenwood Architects, Inc.

Desert Regional Medical Center

A handwritten signature in black ink, appearing to read "J. G. F." followed by a circled symbol.

John Greenwood  
Principal

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Date



**TENET HEALTHCARE CORPORATION**

Real Estate - Project Cost Estimate (PCE)

Facility: **Desert Regional Medical Center**  
 Project: **Cath Labs 1 & 3 Replacement (Supplemental)**  
 Project No.: **694-21-210-1**  
 Prepared By: **MLA**  
 Date: **9/13/2022**

Revision: 1  
 Print Date: 9/13/2022 13:41  
 Inflation Rate: 0.00%

CER Category	Budget
1 Professional Fees	\$65,800.00
2 Construction	\$2,645,073.20
3 Equipment/Furniture	\$374,192.77
4 Permits and Fees	\$0.00
5 Tests and Inspections	\$50,000.00
6 Real Estate Administration	\$52,901.46
7 Other Real Estate	\$0.00
8 Project Administration	\$0.00
9 Pre CER Expenditures (CIP)	\$0.00
10 Capitalized Interest	\$99,437.27
11 Land Purchase	\$0.00
12 Other (Non Real Estate)	\$0.00
<b>TOTAL PROJECT COST ESTIMATE INCLUDING CAPITALIZED INTEREST</b>	<b>\$3,287,404.70</b>

**Project Manager's Comments:**

This Supplemental PCE is for the construction to replace existing Cath Lab 1. Construction costs have been provided by Tiller Constructors based on drawings provided by PVG Architects. This PCE also includes additional equipment from Steris (lights) and ACIST (Injectors). The quotes are attached.

<b>Proposed Durations (Post Approval Process)</b>	
0. CER Approval Projected	9/22/2022
1. Drawings Submitted to City/State	5/3/2022
2. Agency Reviews Completed	11/2/2022
3. Construction Start	11/2/2022
4. Construction Completed	8/30/2023
5. Construction Occupancy Date	9/1/2023
<b>PROJECT DURATION (From CER Approval)</b>	<b>11 Months</b>



**TENET HEALTHCARE CORPORATION**  
**Construction and Design - Project Cost Estimate (PCE)**

Facility: **Desert Regional Medical Center**  
 Project: **Cath Labs 1 & 3 Replacement (Supplemental)**  
 Project No.: **694-21-210-1**

rev. 1  
 print date 9/13/2022 13:41

**CER SETUP / DURATIONS / ASSUMPTIONS**

Project Start Date:	9/22/2022	Duration	Start	Completion
Default Inflation Date:	8/24/2022	(Months)	Date	Date
<b>Pre CER Study Phase:</b>				
Program / Block Design	0.0		8/24/2022	8/24/2022
Cost Estimate	0.0		8/24/2022	8/24/2022
<b>Approvals Phase:</b>				
Internal (CER, CERC, etc.)	0.0		9/22/2022	9/22/2022
External (CON, Agency, etc.)	0.0		11/2/2022	11/2/2022
<b>Architectural / Engineering Phase:</b>				
Schematic Design	3.3		11/1/2022	2/8/2023
Design Development	3.3		2/9/2023	5/19/2023
Construction Documents	3.3		5/20/2023	8/27/2023
<b>Agency Review Phase:</b>				
City/County/State Review	6.0		5/3/2022	11/1/2022
City/County/State Corrections	0.0		11/2/2022	11/2/2022
<b>Construction Phase:</b>				
Bidding / Negotiation / Contract Execution	0.0		11/1/2022	11/1/2022
Construction Period	9.9		11/2/2022	8/30/2023
Commissioning (Testing / inspections)	0.0		8/31/2023	8/31/2023
Occupancy Date				9/1/2023

<b>01. PROFESSIONAL FEES</b>	01. Contract	02. Reimburs.	03. Changes	Sub-total
01. Architect	62,800.00	0.00	0.00	62,800.00
02. MEP Engineer	0.00	0.00	0.00	0.00
03. Structural Engineer	0.00	0.00	0.00	0.00
04. Civil Engineer	0.00	0.00	0.00	0.00
05. Telecommunications Planner	0.00	0.00	0.00	0.00
06. Equipment Planner	0.00	0.00	0.00	0.00
07. Interior Design	0.00	0.00	0.00	0.00
08. Landcape Designer	0.00	0.00	0.00	0.00
09. Healthcare Planner	0.00	0.00	0.00	0.00
10. Geotech Engineer	0.00	0.00	0.00	0.00
11. Signage Designer	0.00	0.00	0.00	0.00
12. Dietary Consultant	0.00	0.00	0.00	0.00
13. Transition Planner	0.00	0.00	0.00	0.00
14. Physicist/Shielding	3,000.00	0.00	0.00	3,000.00
<b>Total Professional Fees</b>	<b>65,800.00</b>	<b>0.00</b>	<b>0.00</b>	<b>65,800.00</b>



**TENET HEALTHCARE CORPORATION**  
 Construction and Design - Project Cost Estimate (PCE)

Facility: **Desert Regional Medical Center**  
 Project: **Cath Labs 1 & 3 Replacement (Supplemental)**  
 Project No.: **694-21-210-1**

rev. 1  
 print date 9/13/2022 13:41

**02. CONSTRUCTION**

**01. General Contractor (Phase I)**

*Phase I Start:* 11/2/2022

*Phase I Completion:* 8/30/2023

	qty.	unit	cost	total
01. New Hospital	0	Sq. Ft. @	0.00	0.00
02. Heavy Renovation	1	Lump Sum	2,404,612.00	2,404,612.00
03. Light Renovation	0	Sq. Ft. @	0.00	0.00
04. Central Energy Plant	0	Sq. Ft. @	0.00	0.00
05. Parking Lot/Paving	1	Lump Sum	0.00	0.00
06. Miscellaneous Sitework	1	Lump Sum	0.00	0.00
07. Unusual Site Work (Wetlands/	1	Lump Sum	0.00	0.00
08. Unsuitable Soils	1	Lump Sum	0.00	0.00
09. Demolition of Existing Structu	1	Lump Sum	0.00	0.00
10. Temporary Utilities	1	Lump Sum	0.00	0.00
11. Inflation	0	0	0.00	0.00
12. Contingency	10.00%	%		240,461.20
<b>Subtotal Phase I</b>				<b>2,645,073.20</b>

**02. General Contractor (Phase II)**

*Phase II Start:* --

*Phase II Completion:* --

	qty.	unit	cost	
01. New Construction	0	Sq. Ft. @	0.00	0.00
02. Heavy Renovation	0	Sq. Ft. @	0.00	0.00
03. Light Renovation	0	Sq. Ft. @	0.00	0.00
04. Central Energy Plant	0	Sq. Ft. @	0.00	0.00
05. Parking Lot/Paving	1	Lump Sum	0.00	0.00
06. Miscellaneous Sitework	1	Lump Sum	0.00	0.00
07. Unusual Site Work (Wetlands/	1	Lump Sum	0.00	0.00
08. Unsuitable Soils	1	Lump Sum	0.00	0.00
09. Demolition of Existing Structu	1	Lump Sum	0.00	0.00
10. Temporary Utilities	1	Lump Sum	0.00	0.00
11. Inflation	0	0	0.00	0.00
12. Contingency	10.00%	%	0.00	0.00
<b>Subtotal Phase II</b>				<b>\$0.00</b>



**TENET HEALTHCARE CORPORATION**  
Construction and Design - Project Cost Estimate (PCE)

Facility: **Desert Regional Medical Center**  
Project: **Cath Labs 1 & 3 Replacement (Supplemental)**  
Project No.: **694-21-210-1**

rev. 1  
print date 9/13/2022 13:41

**03. General Contractor (Phase III)**

<i>Phase III Start</i>		<i>Phase III Completion:</i>		<i>--</i>	
		qty.	unit	cost	
01.	New Construction	0	Sq. Ft. @	0.00	0.00
02.	Heavy Renovation	0	Sq. Ft. @	0.00	0.00
03.	Light Renovation	0	Sq. Ft. @	0.00	0.00
04.	Central Energy Plant	0	Sq. Ft. @	0.00	0.00
05.	Parking Lot/Paving	1	Lump Sum	0.00	0.00
06.	Miscellaneous Sitework	1	Lump Sum	0.00	0.00
07.	Unusual Site Work (Wetlands/	1	Lump Sum	0.00	0.00
08.	Unsuitable Soils	1	Lump Sum	0.00	0.00
09.	Demolition of Existing Structu	1	Lump Sum	0.00	0.00
10.	Temporary Utilities	1	Lump Sum	0.00	0.00
11.	Inflation	0	0	0.00	0.00
12.	Contingency	10.00%	%	0.00	0.00
<b>Subtotal Phase III</b>					<b>\$0.00</b>

**TOTAL CONSTRUCTION: 2,645,073.20**

**03. EQUIPMENT AND FURNITURE**

**01. Medical Equipment**

01.	Cost		329,131.76	04.	Storage	0.00%	0.00
02.	Tax	9.25%	30,444.69	05.	Install	0.00%	0.00
03.	Freight	1.00%	3,291.32	06.	Contingency	0.00%	0.00
<b>Subtotal Equipment with Surcharges</b>							<b>362,867.77</b>

**02. Dietary Equipment**

01.	Furniture		0.00	04.	Storage	0.75%	0.00
02.	Tax	9.25%	0.00	05.	Install	0.25%	0.00
03.	Freight	3.00%	0.00	06.	Contingency	0.00%	0.00
<b>Subtotal Dietary Equipment</b>							<b>0.00</b>

**03. Pneumatic Tube**

01.	Equipment		0.00	04.	Storage	0.75%	0.00
02.	Tax	9.25%	0.00	05.	Install	0.25%	0.00
03.	Freight	3.00%	0.00	06.	Contingency	0.00%	0.00
<b>Subtotal Pneumatic Tube Equipment</b>							<b>0.00</b>



**TENET HEALTHCARE CORPORATION**  
Construction and Design - Project Cost Estimate (PCE)

Facility: **Desert Regional Medical Center**  
 Project: **Cath Labs 1 & 3 Replacement (Supplemental)**  
 Project No.: **694-21-210-1**

rev. 1  
print date 9/13/2022 13:41

**04. Medical Communications / IT**

01. IT Equipment	0.00	16. Radiology/PACS	0.00
02. Nurse Call	0.00	17. Laboratory	0.00
03. Intercom	0.00	18. Order Entry	0.00
04. Paging	0.00	19. Other	0.00
05. Televisions	0.00	20. Other	0.00
06. Security System	0.00	24. Other	0.00
07. Central Dictation	0.00	25. Tax	925.00
08. Infant Abduction	0.00	26. Freight	300.00
12. Access Control	0.00	27. Storage	75.00
13. Cabling Allowance	10,000.00	28. Installation	25.00
14. Computers/Printers	0.00	29. Contingency	0.00
15. Patient Accounting	0.00		
<b>Subtotal Medical Comm. / IT</b>			<b>11,325.00</b>

**05. Furnishings**

01. Furniture	0.00	08. Other	0.00
02. Artwork	0.00	09. Tax	0.00
03. Cubicle Curtains	0.00	10. Freight	0.00
04. Window Treatments	0.00	11. Storage	0.00
05. Interior Signage	0.00	12. Installation	0.00
06. Other	0.00	13. Contingency	0.00
07. Other	0.00		
<b>Subtotal Furnishings</b>			<b>0.00</b>

**06. Exterior Signage** **0.00**

**04. Permits and Fees**

01. Local Plan Review/Building Permits	0.00	06. Water Meter Hook-up Fee	0.00
02. State Plan Review/Inspections	0.00	07. Electrical Hook-up Fee	0.00
03. Development Fee	0.00	08. Storm Drainage Fee	0.00
04. Impact Fees	0.00	09. School Tax	0.00
05. Sewer Hook-up Fee	0.00	10. Heliport Application Fee	0.00
<b>Subtotal Permits and Fees</b>			<b>0.00</b>

**05. Tests and Inspections**

01. Geotechnical	0.00	05. Threshold Inspector/Inspection	50,000.00
02. Environmental Survey / Phase	0.00	06. Commissioning Consult	0.00
03. Hazardous Materials Survey/Testing	0.00	07. Construction Testing	0.00
04. Traffic Study	0.00		
<b>Subtotal Tests and Inspections</b>			<b>50,000.00</b>





TENET HEALTHCARE CORPORATION  
Construction and Design - Project Cost Estimate (PCE)

Facility: **Desert Regional Medical Center**  
Project: **Cath Labs 1 & 3 Replacement (Supplemental)**  
Project No.: **694-21-210-1**

rev. 1  
print date 9/13/2022 13:41

**06. Real Estate Administration**

01. Construction Administration	52,901.46
02. Project Manager	0.00
03. Other	0.00
<b>Subtotal Construction Administration</b>	<b>52,901.46</b>

**07. Other Real Estate**

01. Travel and Expense Reimbursement	0.00
02. Study	0.00
03. Other	0.00
<b>Subtotal Administration Other</b>	<b>0.00</b>

**08. Project Administration**

01. Facility S W B	0.00
02. Facility Other	0.00
03. Division S W B	0.00
04. Legal / Certificate of Need	0.00
05. Other	0.00
<b>Subtotal Project Administration</b>	<b>0.00</b>

**09. Pre CER Expenditures (CIP)**

01. Previously Expended / CIP	0.00
02. Pre-Opening Costs	0.00
03. Other	0.00
<b>Subtotal Pre CER Expenditures</b>	<b>0.00</b>

**10. Capitalized Interest**

**\$99,437.27**

**11. Land Purchase**

01. Site Study	0.00
02. Land Option 1	0.00
03. Land Option 2	0.00
04. Land Option 3	0.00
05. Land Purchase 1	0.00
06. Land Purchase 2	0.00
07. Land Purchase 3	0.00
<b>Subtotal Land Purchase</b>	<b>0.00</b>

**12. Other (Non Real Estate)**

01. --	0.00
02. --	0.00
03. --	0.00
04. --	0.00
<b>Subtotal Other Substituted Funds</b>	<b>0.00</b>



**TENET HEALTHCARE CORPORATION**

Real Estate - Project Cost Estimate (PCE)

Facility: **Desert Regional Medical Center (El Mirador)**  
 Project: **Cooling Tower Replacement (Supplemental #1)**  
 Project No.: **401-21-961-1**  
 Prepared By: **MLA**  
 Date: **9/8/2022**

Revision: 1  
 Print Date: 9/8/2022 15:35  
 Inflation Rate: 0.00%

CER Category	Budget
1 Professional Fees	\$0.00
2 Construction	\$3,286,500.00
3 Equipment/Furniture	\$0.00
4 Permits and Fees	\$0.00
5 Tests and Inspections	\$0.00
6 Real Estate Administration	\$50,000.00
7 Other Real Estate	\$0.00
8 Project Administration	\$0.00
9 Pre CER Expenditures (CIP)	\$0.00
10 Capitalized Interest	\$30,389.22
11 Land Purchase	\$0.00
12 Other (Non Real Estate)	\$0.00
<b>TOTAL PROJECT COST ESTIMATE INCLUDING CAPITALIZED INTEREST</b>	<b>\$3,366,889.22</b>

**Project Manager's Comments:**

This Supplemental PCE is for the replacement of the cooling tower serving El Mirador Medical Plaza. Construction costs have been provided by Active Air Control.

<b>Proposed Durations (Post Approval Process)</b>	
0. CER Approval Projected	9/19/2022
1. Drawings Submitted to City/State	9/19/2022
2. Agency Reviews Completed	11/1/2022
3. Construction Start	1/31/2023
4. Construction Completed	3/28/2023
5. Construction Occupancy Date	3/30/2023
<b>PROJECT DURATION (From CER Approval)</b>	<b>6 Months</b>



**TENET HEALTHCARE CORPORATION**  
**Construction and Design - Project Cost Estimate (PCE)**

Facility: **Desert Regional Medical Center (El Mirador)**  
 Project: **Cooling Tower Replacement (Supplemental #1)**  
 Project No.: **401-21-961-1**

rev. 1  
 print date 9/8/2022 15:35

**CER SETUP / DURATIONS / ASSUMPTIONS**

Project Start Date:	9/19/2022	Duration	Start	Completion
Default Inflation Date:	10/21/2021	(Months)	Date	Date
<b>Pre CER Study Phase:</b>				
Program / Block Design		0.0	10/21/2021	10/21/2021
Cost Estimate		0.0	10/21/2021	10/21/2021
<b>Approvals Phase:</b>				
Internal (CER, CERC, etc.)		0.0	9/19/2022	9/19/2022
External (CON, Agency, etc.)		0.0	11/1/2022	11/1/2022
<b>Architectural / Engineering Phase:</b>				
Schematic Design		0.5	1/30/2023	2/13/2023
Design Development		0.5	2/14/2023	2/28/2023
Construction Documents		0.9	3/1/2023	3/29/2023
<b>Agency Review Phase:</b>				
City/County/State Review		1.4	9/19/2022	10/31/2022
City/County/State Corrections		0.0	11/1/2022	11/1/2022
<b>Construction Phase:</b>				
Bidding / Negotiation / Contract Execution		0.0	1/30/2023	1/30/2023
Construction Period		1.8	1/31/2023	3/28/2023
Commissioning (Testing / inspections)		0.0	3/29/2023	3/29/2023
Occupancy Date				3/30/2023

<b>01. PROFESSIONAL FEES</b>	01. Contract	02. Reimburs.	03. Changes	Sub-total
01. Architect	0.00	0.00	0.00	0.00
02. MEP Engineer	0.00	0.00	0.00	0.00
03. Structural Engineer	0.00	0.00	0.00	0.00
04. Civil Engineer	0.00	0.00	0.00	0.00
05. Telecommunications Planner	0.00	0.00	0.00	0.00
06. Equipment Planner	0.00	0.00	0.00	0.00
07. Interior Design	0.00	0.00	0.00	0.00
08. Landcape Designer	0.00	0.00	0.00	0.00
09. Healthcare Planner	0.00	0.00	0.00	0.00
10. Geotech Engineer	0.00	0.00	0.00	0.00
11. Signage Designer	0.00	0.00	0.00	0.00
12. Dietary Consultant	0.00	0.00	0.00	0.00
13. Transition Planner	0.00	0.00	0.00	0.00
14. Physicist/Shielding	0.00	0.00	0.00	0.00
<b>Total Professional Fees</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>



**TENET HEALTHCARE CORPORATION**  
 Construction and Design - Project Cost Estimate (PCE)

Facility: **Desert Regional Medical Center (El Mirador)**  
 Project: **Cooling Tower Replacement (Supplemental #1)**  
 Project No.: **401-21-961-1**

rev. 1  
 print date 9/8/2022 15:35

**02. CONSTRUCTION**

**01. General Contractor (Phase I)**

*Phase I Start:* 1/31/2023

*Phase I Completion:* 3/28/2023

	qty.	unit	cost	total
01. New Hospital	0	Sq. Ft. @	0.00	0.00
02. Heavy Renovation	0	Sq. Ft. @	0.00	0.00
03. Light Renovation	0	Sq. Ft. @	0.00	0.00
04. Central Energy Plant	1	Lump Sum	3,130,000.00	3,130,000.00
05. Parking Lot/Paving	1	Lump Sum	0.00	0.00
06. Miscellaneous Sitework	1	Lump Sum	0.00	0.00
07. Unusual Site Work (Wetlands/	1	Lump Sum	0.00	0.00
08. Unsuitable Soils	1	Lump Sum	0.00	0.00
09. Demolition of Existing Structu	1	Lump Sum	0.00	0.00
10. Temporary Utilities	1	Lump Sum	0.00	0.00
11. Inflation	0	0	0.00	0.00
12. Contingency	5.00%	%		156,500.00
<b>Subtotal Phase I</b>				<b>3,286,500.00</b>

**02. General Contractor (Phase II)**

*Phase II Start:* --

*Phase II Completion:* --

	qty.	unit	cost	
01. New Construction	0	Sq. Ft. @	0.00	0.00
02. Heavy Renovation	0	Sq. Ft. @	0.00	0.00
03. Light Renovation	0	Sq. Ft. @	0.00	0.00
04. Central Energy Plant	0	Sq. Ft. @	0.00	0.00
05. Parking Lot/Paving	1	Lump Sum	0.00	0.00
06. Miscellaneous Sitework	1	Lump Sum	0.00	0.00
07. Unusual Site Work (Wetlands/	1	Lump Sum	0.00	0.00
08. Unsuitable Soils	1	Lump Sum	0.00	0.00
09. Demolition of Existing Structu	1	Lump Sum	0.00	0.00
10. Temporary Utilities	1	Lump Sum	0.00	0.00
11. Inflation	0	0	0.00	0.00
12. Contingency	5.00%	%	0.00	0.00
<b>Subtotal Phase II</b>				<b>\$0.00</b>



**TENET HEALTHCARE CORPORATION**  
 Construction and Design - Project Cost Estimate (PCE)

Facility: **Desert Regional Medical Center (El Mirador)**  
 Project: **Cooling Tower Replacement (Supplemental #1)**  
 Project No.: **401-21-961-1**

rev. 1  
 print date 9/8/2022 15:35

**03. General Contractor (Phase III)**

<i>Phase III Start</i>		<i>Phase III Completion:</i>		<i>--</i>	
		qty.	unit	cost	
01.	New Construction	0	Sq. Ft. @	0.00	0.00
02.	Heavy Renovation	0	Sq. Ft. @	0.00	0.00
03.	Light Renovation	0	Sq. Ft. @	0.00	0.00
04.	Central Energy Plant	0	Sq. Ft. @	0.00	0.00
05.	Parking Lot/Paving	1	Lump Sum	0.00	0.00
06.	Miscellaneous Sitework	1	Lump Sum	0.00	0.00
07.	Unusual Site Work (Wetlands/	1	Lump Sum	0.00	0.00
08.	Unsuitable Soils	1	Lump Sum	0.00	0.00
09.	Demolition of Existing Structu	1	Lump Sum	0.00	0.00
10.	Temporary Utilities	1	Lump Sum	0.00	0.00
11.	Inflation	0	0	0.00	0.00
12.	Contingency	5.00%	%	0.00	0.00
<b>Subtotal Phase III</b>					<b>\$0.00</b>

**TOTAL CONSTRUCTION: 3,286,500.00**

**03. EQUIPMENT AND FURNITURE**

**01. Medical Equipment**

01.	Cost	0.00	04.	Storage	0.75%	0.00	
02.	Tax	7.00%	0.00	05.	Install	0.25%	0.00
03.	Freight	3.00%	0.00	06.	Contingency	0.00%	0.00
<b>Subtotal Equipment with Surcharges</b>						<b>0.00</b>	

**02. Dietary Equipment**

01.	Furniture	0.00	04.	Storage	0.75%	0.00	
02.	Tax	7.00%	0.00	05.	Install	0.25%	0.00
03.	Freight	3.00%	0.00	06.	Contingency	0.00%	0.00
<b>Subtotal Dietary Equipment</b>						<b>0.00</b>	

**03. Pneumatic Tube**

01.	Equipment	0.00	04.	Storage	0.75%	0.00	
02.	Tax	7.00%	0.00	05.	Install	0.25%	0.00
03.	Freight	3.00%	0.00	06.	Contingency	0.00%	0.00
<b>Subtotal Pneumatic Tube Equipment</b>						<b>0.00</b>	



**TENET HEALTHCARE CORPORATION**  
 Construction and Design - Project Cost Estimate (PCE)

Facility: **Desert Regional Medical Center (El Mirador)**  
 Project: **Cooling Tower Replacement (Supplemental #1)**  
 Project No.: **401-21-961-1**

rev. 1  
 print date 9/8/2022 15:35

**04. Medical Communications / IT**

01. IT Equipment	0.00	16. Radiology/PACS	0.00
02. Nurse Call	0.00	17. Laboratory	0.00
03. Intercom	0.00	18. Order Entry	0.00
04. Paging	0.00	19. Other	0.00
05. Televisions	0.00	20. Other	0.00
06. Security System	0.00	24. Other	0.00
07. Central Dictation	0.00	25. Tax	0.00
08. Infant Abduction	0.00	26. Freight	0.00
12. Access Control	0.00	27. Storage	0.00
13. Cabling Allowance	0.00	28. Installation	0.00
14. Computers/Printers	0.00	29. Contingency	0.00
15. Patient Accounting	0.00		

**Subtotal Medical Comm. / IT** **0.00**

**05. Furnishings**

01. Furniture	0.00	08. Other	0.00
02. Artwork	0.00	09. Tax	0.00
03. Cubicle Curtains	0.00	10. Freight	0.00
04. Window Treatments	0.00	11. Storage	0.00
05. Interior Signage	0.00	12. Installation	0.00
06. Other	0.00	13. Contingency	0.00
07. Other	0.00		

**Subtotal Furnishings** **0.00**

**06. Exterior Signage** **0.00**

**04. Permits and Fees**

01. Local Plan Review/Building Permits	0.00	06. Water Meter Hook-up Fee	0.00
02. State Plan Review/Inspections	0.00	07. Electrical Hook-up Fee	0.00
03. Development Fee	0.00	08. Storm Drainage Fee	0.00
04. Impact Fees	0.00	09. School Tax	0.00
05. Sewer Hook-up Fee	0.00	10. Heliport Application Fee	0.00

**Subtotal Permits and Fees** **0.00**

**05. Tests and Inspections**

01. Geotechnical	0.00	05. Threshold Inspector/Inspection	0.00
02. Environmental Survey / Phase	0.00	06. Commissioning Consult	0.00
03. Hazardous Materials Survey/Testing	0.00	07. Construction Testing	0.00
04. Traffic Study	0.00		

**Subtotal Tests and Inspections** **0.00**



TENET HEALTHCARE CORPORATION  
Construction and Design - Project Cost Estimate (PCE)

Facility: **Desert Regional Medical Center (El Mirador)**  
Project: **Cooling Tower Replacement (Supplemental #1)**  
Project No.: **401-21-961-1**

rev. 1  
print date 9/8/2022 15:35

**06. Real Estate Administration**

01.	Construction Administration	50,000.00
02.	Project Manager	0.00
03.	Other	0.00
<b>Subtotal Construction Administration</b>		<b>50,000.00</b>

**07. Other Real Estate**

01.	Travel and Expense Reimbursement	0.00
02.	Study	0.00
03.	Other	0.00
<b>Subtotal Administration Other</b>		<b>0.00</b>

**08. Project Administration**

01.	Facility S W B	0.00
02.	Facility Other	0.00
03.	Division S W B	0.00
04.	Legal / Certificate of Need	0.00
05.	Other	0.00
<b>Subtotal Project Administration</b>		<b>0.00</b>

**09. Pre CER Expenditures (CIP)**

01.	Previously Expended / CIP	0.00
02.	Pre-Opening Costs	0.00
03.	Other	0.00
<b>Subtotal Pre CER Expenditures</b>		<b>0.00</b>

**10. Capitalized Interest**

**\$30,389.22**

**11. Land Purchase**

01.	Site Study	0.00
02.	Land Option 1	0.00
03.	Land Option 2	0.00
04.	Land Option 3	0.00
05.	Land Purchase 1	0.00
06.	Land Purchase 2	0.00
07.	Land Purchase 3	0.00
<b>Subtotal Land Purchase</b>		<b>0.00</b>

**12. Other (Non Real Estate)**

01.	--	0.00
02.	--	0.00
03.	--	0.00
04.	--	0.00
<b>Subtotal Other Substituted Funds</b>		<b>0.00</b>

Depreciation Schedule - Cath Lab

TYPE		Construction	Med Equip	IT	Inspection	RE Admin	Cap Interest	Prof Fees	Cath Lab
AMOUNT		2,645,073	1,347,566	-	143,000	62,901	108,939	244,200	4,551,679
LIFE		40	7	5	5	5	5	5	
SAVLGAGE		-	-	-	-	-	-	-	
5/30/23		264,507	770,038	-	114,400	50,321	87,151	195,360	
YEAR		Depreciation							
5/31/24	1	66,127	192,509	-	28,600	12,580	21,788	48,840	
5/31/25	2	66,127	192,509	-	28,600	12,580	21,788	48,840	
5/31/26	3	66,127	192,509	-	28,600	12,580	21,788	48,840	
5/31/27	4	66,127	192,509	-	28,600	12,580	21,788	48,840	
5/31/28	5	66,127	192,509	-	28,600	12,580	21,788	48,840	
5/31/29	6	66,127	192,509	-	28,600	12,580	21,788	48,840	
5/31/30	7	66,127	192,509	-	28,600	12,580	21,788	48,840	
5/31/31	8	66,127	192,509	-	28,600	12,580	21,788	48,840	
5/31/32	9	66,127	192,509	-	28,600	12,580	21,788	48,840	
5/31/33	10	66,127	192,509	-	28,600	12,580	21,788	48,840	
5/31/34	11	66,127	192,509	-	28,600	12,580	21,788	48,840	
5/31/35	12	66,127	192,509	-	28,600	12,580	21,788	48,840	
5/31/36	13	66,127	192,509	-	28,600	12,580	21,788	48,840	
5/31/37	14	66,127	192,509	-	28,600	12,580	21,788	48,840	
5/31/38	15	66,127	192,509	-	28,600	12,580	21,788	48,840	
5/30/23									
5/31/24	1	2,578,946	1,155,056	-	114,400	50,321	87,151	195,360	4,181,235
5/31/25	2	2,512,820	962,547	-	85,800	37,741	65,363	146,520	3,810,791
5/31/26	3	2,446,693	770,038	-	57,200	25,161	43,576	97,680	3,440,346
5/31/27	4	2,380,566	577,528	-	28,600	12,580	21,788	48,840	3,069,902
5/31/28	5	2,314,439	385,019	-	-	-	-	-	2,699,458
5/31/29	6	2,248,312	192,509	-	-	-	-	-	2,440,822
5/31/30	7	2,182,185	-	-	-	-	-	-	2,182,185
5/31/31	8	2,116,059	-	-	-	-	-	-	2,116,059
5/31/32	9	2,049,932	-	-	-	-	-	-	2,049,932
5/31/33	10	1,983,805	-	-	-	-	-	-	1,983,805
5/31/34	11	1,917,678	-	-	-	-	-	-	1,917,678
5/31/35	12	1,851,551	-	-	-	-	-	-	1,851,551
5/31/36	13	1,785,424	-	-	-	-	-	-	1,785,424
5/31/37	14	1,719,298	-	-	-	-	-	-	1,719,298
5/31/38	15	1,653,171	-	-	-	-	-	-	1,653,171

Depreciation Schedule - Cooling Tower

TYPE		Construction	RE Admin	Cap Interest	Total Chiller
AMOUNT		3,286,500	50,000	30,389	3,366,889
LIFE		25	5	5	
SAVLGAGE		-	-	-	
5/30/23		525,840	40,000	24,311	
YEAR		Depreciation			
5/31/24	1	131,460	10,000	6,078	
5/31/25	2	131,460	10,000	6,078	
5/31/26	3	131,460	10,000	6,078	
5/31/27	4	131,460	10,000	6,078	
5/31/28	5	131,460	10,000	6,078	
5/31/29	6	131,460	10,000	6,078	
5/31/30	7	131,460	10,000	6,078	
5/31/31	8	131,460	10,000	6,078	
5/31/32	9	131,460	10,000	6,078	
5/31/33	10	131,460	10,000	6,078	
5/31/34	11	131,460	10,000	6,078	
5/31/35	12	131,460	10,000	6,078	
5/31/36	13	131,460	10,000	6,078	
5/31/37	14	131,460	10,000	6,078	
5/31/38	15	131,460	10,000	6,078	
5/30/23					
5/31/24	1	3,155,040	40,000	24,311	3,219,351
5/31/25	2	3,023,580	30,000	18,234	3,071,814
5/31/26	3	2,892,120	20,000	12,156	2,924,276
5/31/27	4	2,760,660	10,000	6,078	2,776,738
5/31/28	5	2,629,200	-	-	2,629,200
5/31/29	6	2,497,740	-	-	2,497,740
5/31/30	7	2,366,280	-	-	2,366,280
5/31/31	8	2,234,820	-	-	2,234,820
5/31/32	9	2,103,360	-	-	2,103,360
5/31/33	10	1,971,900	-	-	1,971,900
5/31/34	11	1,840,440	-	-	1,840,440
5/31/35	12	1,708,980	-	-	1,708,980
5/31/36	13	1,577,520	-	-	1,577,520
5/31/37	14	1,446,060	-	-	1,446,060
5/31/38	15	1,314,600	-	-	1,314,600





**DESERT HEALTHCARE**  
**DISTRICT & FOUNDATION**

Date: December 20, 2022  
To: Board of Directors  
Subject: Consideration to approve the Professional Services Statement of Services to the consulting services agreement with Huron Consulting Group approved at the November 22, 2022, Board of Directors meeting.

---

**Recommendation:**

Consideration to approve the Professional Services Statement of Services to the consulting services agreement with Huron Consulting Group approved at the November 22, 2022, Board of Directors meeting.

**Background:**

- DHCD's Strategic Plan highlights the need for a strategic valley-wide understanding of healthcare infrastructure demands. The Plan catalogs this as Goal 1 Strategy 1. *"Develop a healthcare delivery system vision for the Coachella Valley"*
- Staff has met with various consultants and explored an approach that is consistent with the District's needs at this time.
- Huron Consulting Group offers a cost-effective proposal to the District, utilizing a predictive analytics suite of solutions to understand current and future healthcare demands for the Coachella Valley population, including demand fluctuations due to seasonal residential patterns.
- The proposed work will provide the District with a clear understanding of our healthcare needs; an analysis of the currently available health assets to district residents to identify critical gaps between community demand for services and health district supply; and consolidate short-and long-term recommended initiatives for gap closure, measures of success, and timelines into an actionable strategic plan to spur district development.

**Update:**

- At the November 22, 2022, Board of Directors meeting, the Board approved a consulting services agreement with Huron Consulting Group to complete a Coachella Valley Health Assessment Not to Exceed \$95,000.
- The Professional Services Statement of Work presented with the consulting services agreement has subsequently been revised and updated to refine the scope of work and other details.
- Staff believed it was appropriate to bring the Statement of Work to the Committee for review and approval.
- At the December 13, 2022, Finance & Administrative Committee meeting, the Committee recommended forwarding the updated Statement of Work for

consideration of approval by the full Board.

- Staff recommends approval of the Professional Services Statement of Work with Huron Consulting.

**Fiscal Impact:**

- The consulting services agreement approved by the Board in November is NTE exceed \$95,000.
- No additional fiscal impact for approval of the revised Professional Services Statement of Work.



## PROFESSIONAL SERVICES STATEMENT OF WORK

This is a Professional Services Statement of Work (“SOW”) to the Professional Services Agreement dated December 1, 2022 (“Agreement”) between Huron Consulting Services LLC, a Delaware limited liability company with an office located at 550 West Van Buren Street, Chicago, IL 60607 (“Service Provider”, “we”, “us”, “our”) and the Client identified in the box below (also referred to as “Client”, “you”, “your”).

This SOW is entered into as of December 1, 2022 (the “Effective Date”). This SOW and the Professional Services Agreement (collectively, the “Agreement”), sets forth the Services to be provided by Service Provider to Client for the fees set forth herein. By signing this SOW, Client agrees to be bound by this Agreement. Any capitalized terms used but not defined herein shall have the meaning given in the Professional Services Agreement. Any capitalized terms used herein shall have the meaning given in this Professional Services Agreement.

In consideration of the mutual promises set forth in this SOW, the parties agree as follows:

<b>Name of Client:</b> <b>Desert Healthcare District, a California Healthcare District and public agency</b>	<b>Contact Name:</b> <b>Conrado E. Bárzaga, MD, Chief Executive Officer</b>
<b>Address:</b> <b>1140 N. Indian Canyon Road Palm Springs, CA 92262</b>	<b>Contact Phone and Email Address:</b> <b>760-219-5619 (m)</b> <a href="mailto:cbarzaga@dhcd.org">cbarzaga@dhcd.org</a>

### Objectives and Scope

The objective of the project is to provide the Desert Healthcare District with detailed insights into their market including population health trends, gaps in care, patient migration patterns, and overall community health needs.

### Services

Service Provider will obtain data extracts and provide Client with insights based on the following parameters:

- The in-scope market will include a study group of patients as identified within the Palm Springs, California CBSA (Core Based Statistical Area).
- Service Provider will provide Client a one-year Share of Care report for patients within the identified market.
- Additionally, Service Provider will analyze patient migration patterns to track all subsequent visits for next site of care after they receive clinical services within the Desert Healthcare District (Patient Track Report). The data will be provided by Unique Patients, Total Visits, and Charges for each output format.

Due to the unique population shifts driven by temporary residents in the winter months, data will be segmented further by calendar date as needed to compare care patterns of full-time residents against care needs of the seasonal residents.

### Deliverables

Service Provider will provide the following deliverables in support of the overall project objectives described above (collectively, the “Package”), subject to the timely receipt of requested Client information, as outlined below:

1. Report on overall community physician needs, based on the service area population compared to blended national benchmarks
  - a. Report will be broken out by provider service lines (e.g., primary care, medicine, surgery)
  - b. Report will identify gaps in local healthcare supply as compared to blended benchmarks based on current service area resources
2. Report on the overall market share and position of Desert Healthcare District clinical providers and facilities.
  - a. Client will provide relevant information to inform report parameters including service area zip codes, provider/organization NPI numbers, and specialty or service line definitions to insure report relevance
  - b. Report will compare top service lines of Desert Healthcare District clinical resources compared to local competitors, trended over time as needed
3. Report on patient migration patterns for patients seeking subsequent care after a clinical encounter within the Desert Healthcare District.
  - a. Results will track patient migration to other local or out of town health systems to determine out of market movement
  - b. Results will be segmented by key markets, organizations, providers, and specialties
  - c. Results will be segmented by calendar date to account for seasonal population shifts
  - d. Results will be presented by number of patients, visits, or charges as necessary
4. Consumer Segmentation Analysis
  - a. Report will identify local consumer segments based on zip code and census block
  - b. Report will focus on both demographic and psychographic profiles on key consumer segments and market locations, based on proximity to Desert Healthcare District resources and relevance to the overall district mission
5. Roadmap Forward
  - a. Service Provider will deliver a comprehensive roadmap based on all the data extracts, related findings, and working/vetting sessions with the Client
  - b. Roadmap will include recommended initiatives and related sequencing to act on the insights generated from the analysis described above

## Terms

Client will use the Package of deliverables provided by Service Provider for site location research purposes and will not resell the data or information to any third parties. Notwithstanding anything herein to the contrary, Client may use Service Provider Materials, as defined in the Agreement, in the normal course of its business, including, without limitation, by incorporating limited excerpts from the Service Provider Materials in the analysis, advice and consulting reports which Client provides to its customers.

## Approach

Given the time-sensitive nature of Client's request, Service Provider will begin obtaining the Commercial and Medicare data extracts needed to conduct the above-described services as soon as Client provides all requested information, including, without limitation, the Service Area Definitions and Medical Staff Roster needed for this project, *provided*, that such data extract process generally takes a minimum period of approximately 20-30 days. Once the Commercial and Medicare data extracts are obtained by Service Provider, Service Provider will then use such information to conduct the analyses and create the deliverables described above.

While Service Provider will attempt to comply with your requests for specific individuals, Service Provider retains the right to assign and reassign its personnel, as appropriate, to perform the services.

**Client Responsibilities**

In connection with this project, Client will perform the tasks, furnish the personnel, provide the resources, and undertake the responsibilities specified below:

- Client will designate an employee or employees within its senior management who will make or obtain all management decisions with respect to this engagement on a timely basis.
- Client will provide Service Provider with certain data and information as described above, as well as further information, as needed, to ensure the assumptions stated herein are accurate and complete.
- Client will cause all levels of its employees and contractors to cooperate fully and timely with Service Provider. Service Provider will be entitled to rely on all of Client’s decisions and approvals and Service Provider will not be obligated to evaluate, advise on, confirm, or reject such decisions and approvals.
- To maximize the value of Service Provider’s work and to keep the project moving on schedule, Client agrees to comply with all of Service Provider’s reasonable requests and to provide Service Provider timely access to all information and locations reasonably necessary to perform the services.

The successful delivery of services, and the fees charged, are dependent on (i) Client’s timely and effective completion of its responsibilities, (ii) the accuracy and completeness of any assumptions, and (iii) timely decisions and approvals by Client’s management. Client will be responsible for any delays, additional costs, or other liabilities caused by any deficiencies in the assumptions or in carrying out Client’s responsibilities.

The successful delivery of services, and the fees charged, are dependent on (i) Client’s timely and effective completion of its responsibilities, (ii) the accuracy and completeness of any assumptions, and (iii) timely decisions and approvals by Client’s management. Client will be responsible for any delays, additional costs, or other liabilities caused by any deficiencies in the assumptions or in carrying out Client’s responsibilities.

**Professional Services and Fees**

<b>Professional Services</b>	<b>Fees</b>
<b>Claims Based Market Analysis Extracts</b>	<b>\$25,000</b>
<b>Market Clinical Need &amp; Consumer Segmentation Extracts</b>	<b>\$20,000</b>
<b>Insight Generation &amp; Consulting Support</b>	<b>\$50,000</b>
<b>Additional Ad-Hoc Data Requests</b>	<b>\$250.00 Per Hour (If applicable)</b>

Service Provider will invoice Client within 30 days of the Effective Date for the above-outlined Fees. All invoices are due Net 30 days from the date of invoice.

If applicable, out of pocket expenses (including transportation, lodging, meals, supplies, etc.) will be billed as incurred. Technology-related expenses (including mobile phones, mobile internet access, databases, routine copying, faxing, printing, etc.) will be charged at a rate equal to 1% of professional fees.

Amounts remaining outstanding for more than 30 days (past due), will be subject to an interest charge of 1.5% per month from the date of invoice. Service Provider reserves the right to suspend further services until payment is received on past due invoices, in which event Service Provider will not be liable for any resulting loss, damage or expense connected with such suspension. Service Provider understands that its bills should be sent to:

**Chris Christensen, Chief Administrative Officer**  
**Desert Healthcare District**  
 1140 N. Indian Canyon Road  
 Palm Springs, CA 92262  
 Phone: 760-567-0051  
 Email: [cchristensen@dhcd.org](mailto:cchristensen@dhcd.org)



Please indicate your agreement to this SOW by signing and returning this SOW.

We appreciate the opportunity to be of service to you and look forward to working with you on this project. You can be assured that it will receive our close attention.

**ACKNOWLEDGED AND ACCEPTED:**

**HURON CONSULTING SERVICES LLC**

**DESERT HEALTHCARE DISTRICT, a  
California Healthcare District and public  
agency**

Signed By:
Print Name:
Title:
Date:

Signed By:
Print Name:
Title:
Date:



**DESERT HEALTHCARE**  
**DISTRICT & FOUNDATION**

Date: December 20, 2022  
To: BOARD OF DIRECTORS  
Subject: Policy # OP-5 Grant and Mini Grant Policy Structure Review

---

**Program Committee Recommendation:** Bring forward to the Board of Directors a recommendation to approve Policy #OP-5 Grant and Mini Grant Policy Structure as submitted.

**History/Background:**

- On July 26<sup>th</sup>, the DHCD Board of Directors President, Karen Borja requested a review of the current District practices related to grant application review and a declinations appeal process. The **current** District process did not include a declinations appeal process.
- On October 18, 2022, additions/changes to the existing District grant review process and Policy #OP-5 were reviewed and discussed at the October 18, 2022 Board and Staff Communications and Policies Committee meeting, bringing a recommendation to the Board of Directors to approve the grant process chart and revisions of Policy #OP-5 at the October 25, 2022 Directors meeting.
- As per Section 6.1 of Policy BOD-03 Appointment & Duties for Committees it was voted at the October 25, 2022 Board of Directors meeting to exercise Section 6.1 and bring back to the Program Committee for its review of Section 5.1 of Policy #OP-5 Grant & Mini Grant Policy that includes the addition of a grant declination appeal process.
- Direction was given to bring Policy #OP-5 to the November Program Committee for committee members to review Policy #OP-5, and in particular, the grant declination appeals process.
- The management staff was at a conference and unable to make the necessary revisions to Policy #OP-5 in time for the November 15<sup>th</sup> Program Committee meeting.
- #OP-5 Grant and Mini Grant Policy was brought before the Program Committee at the December 17<sup>th</sup> meeting for review and a vote.
- The Program Committee reviewed the policy and recommended approval by the Board of Directors.

**Fiscal Impact:** None



**POLICY TITLE:** GRANT & MINI GRANT POLICY

**POLICY NUMBER:** OP-05

**COMMITTEE APPROVAL:** ~~10-1811-15-2022~~02-10-2022

**BOARD APPROVAL:** ~~10-1811-22-2022~~02-22-2022

---

**POLICY #OP-05:** In accordance with Desert Healthcare District’s mission and strategic plan it is the policy of the Desert Healthcare District (“District” or “DHCD”) to provide guidelines for Grants & Mini Grants to provide health and wellness programs/projects for the benefit of the District residents and in alignment with the California Health and Safety Code requirements. Each year the Board of Directors will allocate a budget for both grants and mini grants.

The District Board may amend this policy as needed to be consistent with any state legislation regarding healthcare district grant programs.

**GUIDELINES:**

1. The District will administer the grant funds to assure transparent and responsible distribution of monies and to maximize the benefit to community members and fairness to grant recipients.
  - 1.a. All grants must align with the Desert Healthcare District & Foundation’s (“DHCD/F”) strategic plan. The strategic plan is available on our website, [www.dhcd.org](http://www.dhcd.org)
  - 1.b. The Board will adopt a grant budget allocation each fiscal year during the annual budget process. (July – June).
  - 1.c. Grant recipients should not assume there exists an entitlement to continued funding nor that similar funding will be available in future years.





**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

1.d. Grant recipients must accept the District's standard grant/contract terms and conditions as a stipulation of any grant award. A Grantee who is not in compliance as identified in the Grant Contract may become ineligible to apply for future grants for a period of up to two (2) years.

1.e. The District will place a priority on collaboration with community agencies applying for grants, to maximize use of funds and impact while avoiding the fostering of competing programs that may make each such competing programs to become less effective.

Applicants who choose not to collaborate must demonstrate a distinction between their proposed services and those that may already be in place.

1.1 Grant requestors utilizing a fiscal agent may be considered; the application shall include a copy of a resolution adopted by the fiscal agent organization's board of directors approving of the action to act as an agent on behalf of the requestor.

1.2 Per AB 2019 and revised California Health and Safety Code Section 32139(c)(5), individual meetings regarding grants between an applicant and a District Board member, officer, or staff outside of the established grant process is prohibited. Staff may provide technical assistance, upon request, from potential and current Grantees.

**2. Mini Grants** allow the Desert Healthcare District community to access support for small health initiatives that possibly do not have the capacity for a large program or project. The mini grant application is processed by the administration of DHCD. Consideration is contingent upon the availability of funds, community health priorities, and the ability of the applicant to effectively administer the project programmatically



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

and financially. The mini grant provides up to ~~\$10,000~~\$5,000 per one request in a fiscal year. The request must align with the DHCD strategic goals and objectives.

### 3. Grant Application Process

#### a. Program Committee

The Program Committee shall be responsible for oversight and for making recommendations to the Board, where appropriate, on District matters related to grant-making and related programs.

#### b. Eligibility/Criteria

3.b.1 The District awards grants only to organizations exempt from federal taxation under Section 501(c) (3) of the Internal Revenue Code or equivalent exemption; such as a public/governmental agency, program or institution. Except for mini grant recipients, all organizations must have current audited financial statements.

3.b.2 Some small organizations (annual revenue of \$500,000 or less) may be financially unable to provide audited financial statements. Under certain circumstances defined by the ability of the organization and if the organization is able to provide a service to meet the mission of the District, the District may consider providing grant funds to complete a financial audit. The District may also consider providing grant funds to develop capacity building.

3.b.3 Organizations must directly serve residents of the Desert Healthcare District. Agencies physically located outside District boundaries would be eligible for funds upon demonstration that the residents of the District will be proportionately served.

3.b.4 Grants are available to organizations whose activities improve residents' health within one priority area of the District's strategic plan. Through



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

investment of its grant dollars, the District supports programs, organizations and community collaborations with potential for achieving measurable results. Through the use of a grant scoring structure, consideration is given to projects or organizations that:

- Have proven records of success and capacity
- Have potential to impact the greatest numbers of District residents in alignment with strategic goals
- Can demonstrate the greatest potential to positively change health-related behaviors
- Are based on research and/or best practices that demonstrate effectiveness
- Have data available to measure progress, outcomes and relevance
- Have strong fiscal and operational governance

**4. Funding Restrictions**

4.1 The District's grants will NOT support the following:

- Individuals
- Endowment campaigns
- Retirement of debt
- Annual campaigns, fundraising events, or expenses related to fundraising
- Programs that proselytize or promote any religion or sect, or deny services to potential beneficiaries based upon religious beliefs
- Expenses related to lobbying public officials
- Political campaigns or other partisan political activities
- Unfunded government mandates



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

- Replacement funds to allow funding to be shifted to other programs or budget areas
- Any organization who discriminates against others based on, including, but not limited to race, color, creed, gender, gender identity, sexual orientation or national origin.

## 5. Application Process

Please refer to attached Application Process flowchart

### 5.1 Grant Declination ~~Declination~~ Appeals Process

Any applicant who wishes to appeal their grant declination must follow the guidelines below:

1. Submit in writing the request for appeal and the specific focus point/criteria the DHCD/F is being asked to consider.
2. The written request must be submitted to the Chief Program Officer within 30 calendar days of receipt of the declination notification.
- 4-3. The DHCD/F will review said request and will respond in writing within 60 calendar days of receipt of the grant ~~declination~~ declination—appeal request (process for review and final determination).

## 6. No-Cost Grant Extension

- 6.1 Under a No-Cost Extension, grantees may extend a grant's project period one time for up to 12 months. A No-Cost Extension may be requested when the following conditions are met:



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

- 6.1.1 No term of award specifically prohibits the extension
- 6.1.2 Project's originally approved scope will not change
- 6.1.3 The end of the project/grant period is approaching
- 6.1.4 There is a programmatic need to continue
- 6.1.5 There are sufficient funds remaining to cover the extended effort

6.2 The Desert Healthcare District always retains the right to decline the request. Examples of reasons to decline might include:

- a. An extension may not be granted solely because there is money left over. Programmatic benefit must be justified.
- b. Deliverables as outlined in Exhibit B (Payment Schedule, Requirements & Deliverables) have been met.

6.3 Process:

Grantee must submit a written request to the DHCD/E at least 30 days before the end of the current project period. The request should be sent to the Grant Department and include the following information:

1. The amount of funds remaining, and an explanation for why they have not been spent
2. Rationale for continuing the project
3. An explanation of why the project has not been completed
4. Inclusion of a detailed work plan and how all unfinished activities will be completed by the proposed end date



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

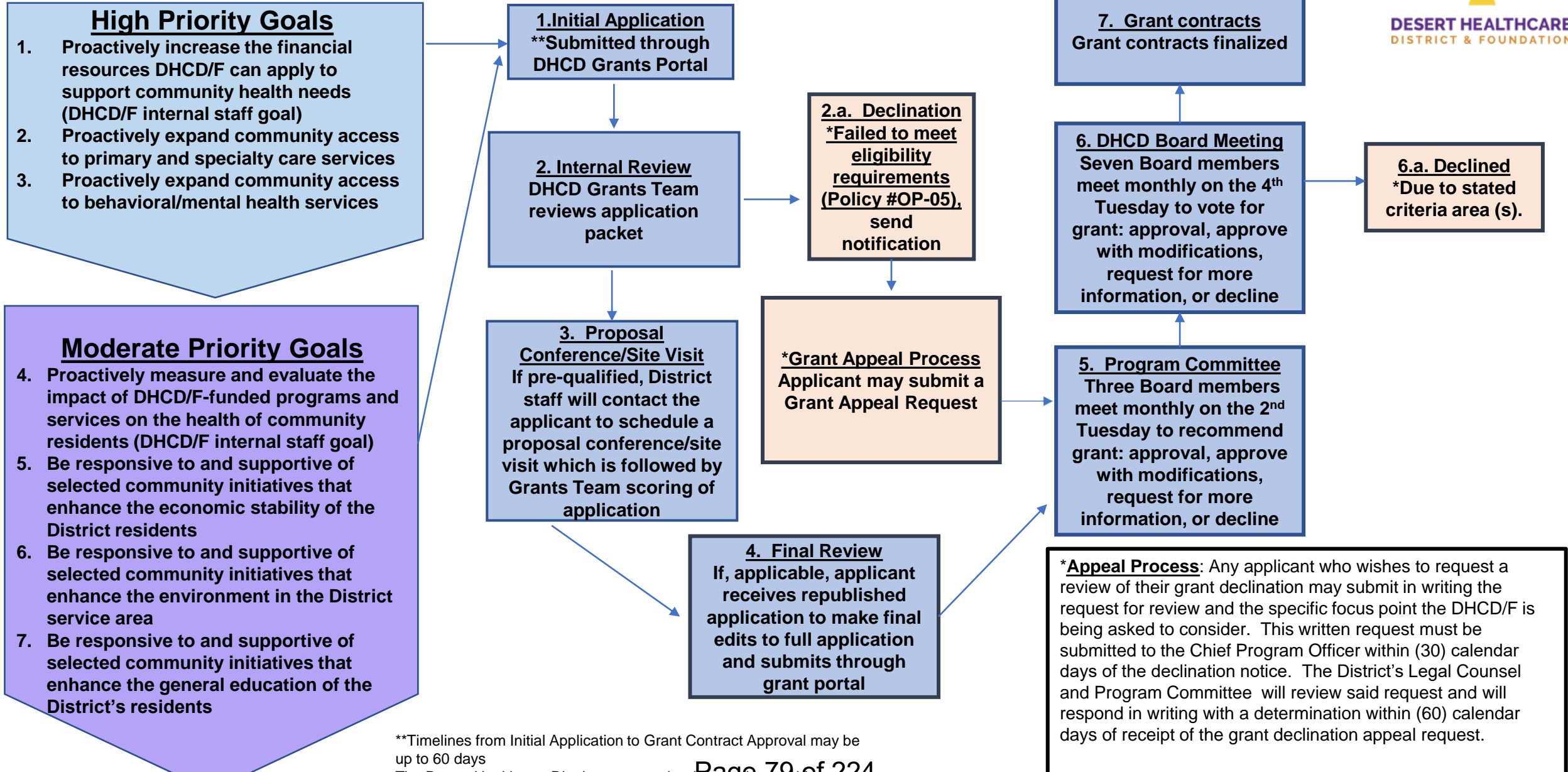
**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6

**DOCUMENT HISTORY**

<u>Revised</u>	<u>1210-13225-2022</u>
Revised	02-22-2022
Revised	02-23-2021
Revised	03-24-2020
Revised	05-28-2019
Revised	05-24-2016
Approved	02-20-2012

DRAFT



\*\*Timelines from Initial Application to Grant Contract Approval may be up to 60 days  
The Desert Healthcare District reserves the right to change this process at any point in time.



## Grant Application Scoring Rubric



Category	Meets expectations <i>(10-6 points)</i>	Does not meet expectations <i>(0-5 points)</i>
<b>Programmatic Review</b>		
<b>Executive Summary of the Project</b> (10 points)	The applicant <b>includes and describes</b> 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 <b>does not include or describe</b> 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.
<b>Community Need for the Project &amp; Strategic Plan Alignment</b> (10 points)	The applicant <b>identifies and defines a specific need(s)</b> 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 <b>does not sufficiently identify or describe a need</b> 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.
<b>Project Goals, Performance Measures, and Evaluation</b> (10 points)	The applicant has provided SMART goals with an evaluation plan that is comprehensively developed. The <b>SMART</b> goals are <b>specific, measurable, attainable, realistic, and time-bound</b> , 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 <b>are not specific, measurable, attainable, realistic, time-bound goals</b> 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><b>Project Evaluation Plan</b> (10 points)</p>	<p>The applicant <b>provides a detailed plan of action for evaluation</b> 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"> <li>• Evaluation measures and methods are clear; the applicant defines how they envision success.</li> <li>• Evaluation is in alignment with the SMART goals of the project.</li> <li>• Evaluation is in alignment with identified performance measure(s).</li> <li>• An explanation is provided on how the data collected from the project will be utilized for future programming, partnerships, and/or funding.</li> </ul>	<p>The applicant <b>does not provide, or vaguely describes, a plan of action</b> 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"> <li>• Evaluation measures and methods are not clear; the applicant vaguely defines how they envision success.</li> <li>• Evaluation is not in alignment with the SMART goals of the project.</li> <li>• Evaluation is not in alignment with identified performance measure(s).</li> <li>• An explanation is not provided on how the data collected from the project will be utilized.</li> </ul>
<p><b>Applicant Capacity and Infrastructure to Execute Proposal</b> (10 points)</p>	<p>The applicant <b>includes examples that demonstrate</b> that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The <b>applicant demonstrates</b> reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support)</p>	<p>The applicant <b>does not include examples that demonstrate</b> the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The <b>applicant is limited in its ability to demonstrate</b> reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support)</p>
<p><b>Organization Sustainability</b> (10 Points)</p>	<p>The applicant <b>demonstrates</b> that it has a current Strategic Plan. The applicant demonstrates strong Board engagement, governance, and fundraising support.</p>	<p>The applicant <b>does not sufficiently demonstrate</b> 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><b>Budget</b> (10 points)</p>	<p>The budget is <b>specific</b> and <b>reasonable</b>, and all items <b>align</b> with the described project. The proposed budget is accurate, cost-effective, and linked to activities and outcomes.</p> <ul style="list-style-type: none"> <li>• There are no unexplained amounts.</li> <li>• The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are reasonable.</li> <li>• All line items are identified clearly in the budget narrative.</li> <li>• The budget shows committed, in-kind, or other funds that have been identified, secured, and in place to support the project.</li> </ul>	<p>The budget is <b>not specific</b> and/or <b>reasonable</b>, and the items are <b>poorly aligned</b> 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"> <li>• There are unexplained amounts.</li> <li>• The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are not reasonable.</li> <li>• Line items are not clearly defined in the budget narrative.</li> <li>• The budget does not show committed, in-kind, or other funds that have been identified, secured, and in place to support the project.</li> </ul>
<p><b>Key Partners / Collaboration</b> (10 points)</p>	<p>The proposal <b>demonstrates a collaborative process</b> 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 <b>does not demonstrate a collaborative process</b> and it does not involve multiple community partners in planning and implementation. Potential for collaboration exists but is not articulated.</p>
<p><b>Fiscal Review</b></p>		
<p><b>Fiduciary Compliance</b> (10 Points)</p>	<p><b>The applicant demonstrates</b> 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><b>The applicant does not demonstrate</b> 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><b>Financial Stability</b> (10 Points)</p>	<p>Funding sources for operations and programs are from multiple sources and <b>are driven by a strategic plan</b> 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 <b>reasonable</b> in comparison to the overall organizational budget.</p>	<p>Source of funds for operations and programs are from limited sources and <b>are not driven by a strategic plan</b>. There is <b>no plan</b> for stability in place currently, including a fund development plan and/or business plan. The requested grant amount is <b>unreasonable</b> in comparison to the overall organizational operating budget.</p>
---	---	--

Total Score: \_\_\_\_\_ / 100

**Recommendation:**

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



**Date:** December 20, 2022

**To:** Board of Directors

**Subject:** Grant # 1330 OneFuture Coachella Valley

---

**Grant Request:** Building a Healthcare Workforce Pipeline

**Amount Requested:** \$605,000.00

**Project Period:** 1/1/2023 to 12/31/2024

OneFuture Coachella Valley (OFCV) is well established in the community and has developed strong partnerships and pathways to help students succeed in college, career, and life. With OneFuture's long commitment to the students in our valley, they have worked to transform the relationship between local educators and employers, so Coachella Valley's young people can stay in the community at well-paying jobs. By convening local educators, civic leadership, and business leaders, OFCV helps Coachella Valley plan for this economic outcome while implementing services that boost youth education and employment outcomes. Since 2006, OneFuture has led a community-based, regional collaborative to increase career readiness, college access, degree completion and economic mobility for students from low-income families and communities of color. OneFuture serves historically marginalized students and provides services that address racial and economic inequities in education and career attainment, including work-based/experiential learning, college and career pathway planning, scholarships and financial aid coaching, one on one counseling, mental wellness support, undergraduate internships, career mentorship, networking, and job connections.

This application focuses on supporting Black and African American Health students who are underrepresented in health professions and students in graduate level programs preparing for in-demand clinical professions, by providing direct scholarship awards with holistic student supports. Wrap-around support services includes OneFuture support staff working with students to develop a college and career plan, to participate in one-on-one college and career coaching sessions, and to participate in leadership and professional development workshops/conferences. Additionally, funds will be used for the facilitation of the Black and African American Healthcare Scholars Advisory Committee. Lastly, District funds will be used for OneFuture to increase support for graduate students and address the local shortage of clinicians by expanding its



scholarship funding to cover graduate education costs beyond tuition, including exam/test fees, internships, preceptor fees and other expenses.

The funds provided by the Desert Healthcare District will be utilized for direct scholarships to an estimated 50 students pursuing healthcare related fields and partial funding for three staff members that each have a unique role in supporting the students, fostering collaboration, and building the pipeline. This multi-year initiative focuses on increasing the number of healthcare professionals in Coachella Valley which is in direct alignment to the District's goals 2 and 3.

**Strategic Plan Alignment:**

**Goal 2** Proactively expand community access to primary and specialty care services

**Goal 3** Proactively expand community access to behavioral/mental health services

**Strategy 2.1** Provide funding to support an increase in the number of primary care and specialty professionals (clinicians, physicians, physician assistants, nurses, nurse practitioners, etc.) (Priority: High)

**Strategy 2.7** Utilize an equity lens to expand services and resources to underserved communities (Priority: High)

**Strategy 3.1** Provide funding to support an increase in the number of behavioral/mental health professionals (includes training) (Priority: High)

**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 \$605,000.00 be approved.

Recommendation with modifications

Deny



## **Grant Application Summary**

### **OneFuture Coachella Valley, Grant #1330**

#### **About the Organization**

OneFuture Coachella Valley  
41550 Eclectic Street, Suite 300E  
Palm Desert, CA 92260  
Tel: 760-413-5990  
<http://onefuturecv.org>

**Tax ID #:** 813653698

#### **Primary Contact:**

Jacqui Tricco  
Tel: 17609894211  
[jacqui@onefuturecv.org](mailto:jacqui@onefuturecv.org)

#### **Organization History and Mission**

The mission of OneFuture Coachella Valley (OneFuture) is to cultivate the Coachella Valley's next generation workforce so that both its youth and its economy thrive.

Since 2006, OneFuture has led a community-based, regional collaborative to increase career readiness, college access, degree completion and economic mobility for students from low-income families and communities of color. Recognizing these students as the future workforce, entrepreneurs, and leaders in our region, OneFuture has convened education, civic, employer and nonprofit organizations to improve educational, employment and economic outcomes for youth.

In 2012, OneFuture led the development of the Coachella Valley's first Regional Plan for College & Career Success, coordinating the activities and resources of partners to address the greatest barriers facing students. In 2019 the plan was updated to expand strategies on college access and degree and career technical/certificate completion, scholarships and financial aid, and bridge to careers.

OneFuture serves historically marginalized students and provides services that address racial and economic inequities in education and career attainment, including work-based/experiential learning, college and career pathway planning, scholarships and

financial aid coaching, one on one counseling, mental wellness support, undergraduate internships, career mentorship, networking, and job connections.

The work has produced significant improvements including: a 52% increase in valley-wide FAFSA (Free Application for Federal Student Aid) completion - a proven strategy to increase equity in college access, an increase in the number of students in high school career academies - from 600 in 2005 to 7,700 in 2021, 274 full-time, paid internships in healthcare to increase diversity in the healthcare workforce and meet the needs of underserved communities, \$16 million in scholarships and wrap-around support services provided to more than 2,700 students, 85% of whom are Hispanic or Latinx, 61% are first generation college students. The average household income for students served by OneFuture's scholar success programming is \$35,995. For the 2019 academic year, approximately 11% of scholars were DREAMers (Development, Relief, and Education for Alien Minors Act students).

In 2020, OneFuture partnered with DHCD to address obstacles facing Black and African American students pursuing health degrees and careers. As a result, the BAA Health Scholars Initiative was formed. Prior to the partnership, 1% of OneFuture awarded scholars were Black and African American. In 2022, 6% of scholars identified as Black or African American. Mobilizing the BAA Advisory Committee and providing funds to these students has seeded a sustained focus on the specific barriers BAA student face, and development of targeted outreach and support services to address those needs.

**Organization Annual Budget:** \$2,119,430.00

**Historical (approved Requests)**

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
2017	Health Career Connection Summer Intern for DHCD	\$7,314	Grant	5/22/2018	Grant budget
2018	Mental Health College and Career Pathway Development Initiative	\$700,000	Grant	4/16/2019	
2018	HCC Summer 2019 Internships for DHCD and FIND	\$14,628	Grant	5/28/2019	
2020	Coachella Valley Black/African American Healthcare Student Scholarships	\$200,000	Grant	2/24/2021	

## **Project Information**

**Project Title:** Building a Healthcare Workforce Pipeline

**Start Date:** 1/1/2023 **End Date:** 12/31/2024

**Term:** 24 months

**Total Project Budget:** \$879,494

**Requested Amount:** \$605,000

### **Executive Summary:**

With this grant, OneFuture will use its proven scholar success model that pairs scholarship awards with wrap-around services and case-management to provide a minimum of 50 students with funding and support services to complete degrees and certificates that lead to in-demand healthcare careers. The scholar success project will serve two groups: 1) Black and African American Health students who are underrepresented in health professions and 2) students in graduate level programs preparing for in-demand clinical professions.

Scholarships alone do not ensure success. Through the project, all scholars will receive OneFuture's wrap-around/holistic support services and be required to:

- Develop a college and career plan
- Participate in one-on-one college and career coaching sessions to review financial aid packages, optimize financial aid capture and reduce loan debt, review academic progress, and complete mental wellness check-ins
- Participate in leadership and professional development workshops or conferences focused on critical thinking/problem solving, collaboration/teamwork, emotional intelligence, networking activities and bridge to career, workforce context/culture

OneFuture uses these requirements to ensure that students who are historically underrepresented in college and higher-level health professions gain the resources, skills and support needed to persist and complete degrees or certificates.

Through the project, OneFuture will also facilitate the Black and African American Healthcare Scholars Advisory Committee comprised of community members, educators and local healthcare professionals representing the student population served.

The group's purpose is to identify obstacles facing Black and African American youth pursuing health professions and secures resources, mentorship, and connections to diverse health professionals to support student success. This community and employer-based support will increase persistence rates, healthcare degree completion among Black and African American students and, ultimately, address the local shortage of healthcare workers and related lack of diversity in higher level health professions.

Last, to identify priorities for this grant, OneFuture recently surveyed current scholars and alumni pursuing healthcare degrees or who are in health professions graduate programs. The students identified the greatest challenges to completing graduate and health professions educations as follows:



- Tuition & Fee's: Students struggled financially to pay for their postsecondary education - undergraduate and graduate level costs - and stated that financial aid (state, federal, institutional and local scholarships) for entrance exams, tuition and fees for graduate programs is scarce.
- Graduate School Exam Prep Fees: The cost of entrance exam prep classes and the cost of the exams have made it difficult for students to apply for graduate school and complete degrees required for higher level health professions.
- Loan Reduction: The accrual of loans has created financial barriers for students during college and post-graduation, which delays economic mobility and generational wealth building for low-income and students of color.
- Internships, Apprenticeships, Mentoring: Many students face challenges securing required internships, mentoring and clinical experience to complete degrees. These barriers need to be addressed at the regional level to secure institutional/employer commitment to providing work experience at scale. OneFuture's health workforce alignment teams will be used to define gaps and create a regional approach to offering these opportunities to students.

As a result, through this project, OneFuture will increase support for graduate students and address the local shortage of clinicians (nursing, primary care, behavioral health and other specialties) by expanding its scholarship funding to cover graduate education costs beyond tuition, including exam/test fees, internships, preceptor fees and other expenses. The goal of this expansion is to reduce future financial burden that comes with excessive loan debt for education that will decrease the time to completion of degrees and entry into the workforce.

### **Community Need for the Project:**

OneFuture's work is framed around equitable access to education and economic success for our students. We address systemic barriers and offer resources and programming designed to remove these barriers so that historically marginalized and underrepresented students can reach their full potential. 81% of local K-12 students are Latino(a) and an equal percentage are eligible for Free and Reduced lunch (a key measure of economic need). OneFuture's work directly addresses the needs of this population. 85% of OneFuture scholarship awardees are Hispanic/Latino and 61% are first in their family to attend college.

Many local students have little or no experience in healthcare careers and have not completed career explorations and career pathway planning needed to provide direction on college and program selection.

In addition, without personal context for these careers (i.e. a relative in the field or familiarity with healthcare professionals who share the same ethnic or racial background), students lack awareness and access to resources to achieve these careers.

Recent studies identify that in the next decade, 70% of U.S. jobs will require postsecondary education, but only 30% of Coachella Valley residents meet that standard. Meanwhile, more than 75% of Coachella Valley K-12 students are of color, and 22.2% of residents earn less than the poverty level compared to the state rate of 13.3%, a rate that is both unacceptable from the lens of DEI and detrimental to our

students, families, and local community. People of color and those from low-income households are less likely than their peers to enter postsecondary education, and when they do enroll, they are more likely to drop out. Students of color take longer to graduate, are left with more debt, and earn less than their white colleagues with comparable credentials. Because of these inequities, many young people in Coachella Valley are not achieving their full economic potential, and local employers cannot find local talent that meets their needs.

The Coachella Valley and Riverside County has a dire shortage of health care professionals, including those who represent the racial diversity of the community served. This is particularly due to the area's growing population, especially among people of color and seniors. Currently, there is a pronounced lack of primary care physicians in the Inland Empire and surrounding areas. Medical Service Study Areas 126 and 127, the most rural and largest geographical sections of Coachella Valley, are designated as "high needs" primary care Health Professional Shortage Areas (HPSAs) by the U.S. Health Resources & Services Administration. California is forecasted to see a drastic decrease in its already struggling number of behavioral health professionals in the next decade, and the Inland Empire already has one of the lowest per capita ratios of such professionals in the state, according to Healthforce Center at UCSF. Moreover, Coachella Valley healthcare workforce needs are projected to increase dramatically based on population aging, growth, and diversity.

In addition, the Coachella Valley Black and African American residents are underrepresented in health professions, causing disparities in access to culturally competent health care and opportunities for students to pursue well-paying health professions. Black and African American students from our region have not readily accessed existing opportunities for scholarships and support services. Locally, 55% of African Americans are enrolling in college vs. 83% for Asians, and 70% for whites.

At the Graduate level, scholarships and financial aid become less available, and the additional expenses associated with graduate degrees fall outside typical tuition and fees for an undergraduate. Both are obstacles students from low-income families and students of color face when attempting to enter the clinical workforce.

### **Strategic Plan Alignment:**

**Goal 2** Proactively expand community access to primary and specialty care services

**Goal 3** Proactively expand community access to behavioral/mental health services

**Strategy 2.1** Provide funding to support an increase in the number of primary care and specialty professionals (clinicians, physicians, physician assistants, nurses, nurse practitioners, etc.) (Priority: High)

**Strategy 2.7** Utilize an equity lens to expand services and resources to underserved communities (Priority: High)

**Strategy 3.1** Provide funding to support an increase in the number of behavioral/mental health professionals (includes training) (Priority: High)

**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:**

The proposed grant supports scholar success programming for two high-need groups of students: 1) Black and African American Healthcare scholars (BAA) students pursuing careers in healthcare degrees and certificates and 2) graduate students – offering flexible scholarship funding for graduate students pursuing higher level, in-demand health professions.

OneFuture proposes a two-year grant of \$605,000 to support scholar success programming (including scholarships) for students from low-income families and communities of color in the Coachella Valley. Distribution of the scholarships will be as follows:

- \$200,000 across two years to support Black and African American Healthcare Scholars,
- \$250,000 across two years to support students in graduate level health professions education programs and,
- \$100,000 to provide OneFuture wrap-around/holistic student support services and case management
- \$55,000 to cover indirect costs

District funds for scholarships are “last dollars in” for students’ tuition, fees, and other expenses. This ensures state, federal and college/institutional aid is applied first to the student’s financial aid package, followed by OneFuture/DHCD funds to cover the unmet need for the students. Scholarship amounts are determined through OneFuture’s financial aid package review process. This strategy means more students can be served with the funding.

Because the financial needs of graduate students include more than tuition and living expenses, the scholarship funds for healthcare graduate students will be flexible to provide assistance for degree completion and will assist in reducing future financial burden. The graduate scholarships will support preceptor fees, entrance exams and prep fees, internships, mentoring with healthcare professionals, and the reduction of financial obligations to reduce college debt.

In order to support region-wide and sustained health career pathways resources, OneFuture will embed health career pathways information and resources into annual events including the Regional College and Career Fair, Annual Leadership Conference, health professions workshops and Health Academy Lead Teachers meetings. Through these events, a minimum of 1,000 students will be exposed to information on health careers, college planning tools for health majors, assistance with scholarships and financial aid and referrals to resources that remove barriers to successful completion of healthcare degrees. All students supported through this grant will be encouraged to participate in the regional events and resources.

**Description of the Target Population (s):**

The target populations(s) for this grant request are Coachella Valley residents/students who are Black and African American and pursuing health careers and students who are from low-income families and/or communities of color who are pursuing graduate level education leading to higher level healthcare positions.

Providing support to these students will result in a community that is able and equipped to combat disparities in healthcare through a more diverse and culturally responsive healthcare workforce, and economic mobility through increased education and gainful employment of its healthcare professionals.

Furthermore, a community that receives appropriate screenings, preventative care, and treatment of chronic conditions sees lower preventable death rates and decreased health expenses for the individual, the taxpayer, and the local healthcare system. By investing in local students to build a more diverse workforce that is culturally competent for our community, OFCV promotes equity for the region and ultimately prosperity in the Valley.

**Geographic Area(s) Served:**

All District Areas

**Age Group:**

(18-24) Youth  
(25-64) Adults

**Total Number of District Residents Served:**

**Direct:** Minimum of 50 students receiving scholarships

**Indirect:** 1,800 students, 50 business and education partners

**Project Goals and Evaluation**

**Goal #1:**

Increase the number of local students who represent the racial and ethnic backgrounds of the community by awarding scholarships to a minimum of 50 students pursuing healthcare degrees and careers.

Maximize DHCD scholarship funds to award as many students as possible by applying funds as last dollar in for students' financial aid package.

**Evaluation #1:**

On an annual basis measure the number of applicants to the BAA and Graduate Scholarship fund and compare to prior year.

Track the number of scholarships awarded to students who represent the racial and ethnic backgrounds of the community and are historically underrepresented in health careers.

Review all student financial aid packages annually to assess capture of available state, federal and institutional aid.

Track the completion of the scholar information and outreach cycle on an annual basis:

- By May 2023 and for the following 2 years, OneFuture will provide high school counselors across all Coachella Valley with information about scholarships to distribute to all eligible students (Step A).

	<ul style="list-style-type: none"> <li>• By May 2023 and for the following 2 years, OneFuture will confirm that information regarding webinars, workshops, and other communications (social media, radio, tv, and flyers) have reached eligible students (Step B).</li> <li>• By March 15, 2024, OneFuture will repeat Steps A and B for the previous year’s scholarship awardees.</li> <li>• By August 2023 for the first cohort and August 2024 for the second cohort, OneFuture will complete the selection, notification, and processing of scholarship awardees.</li> <li>• By August 2023 and for the following year (Aug 2024), a minimum of 50 students who mirror underserved residents’ ethnic and racial backgrounds will be awarded.</li> </ul>
<p><b>Goal #2:</b>          Increase access to resources, mentorship and connections to diverse health professionals and remove barriers for Black and African American students by facilitating the Black and African American Healthcare Scholar Advisory Council.</p> <p>The council is comprised of community members with relevant knowledge and experience to help remove barriers facing Black and African American youth in the Coachella Valley.</p>	<p><b>Evaluation #2:</b>          On an annual basis measure GPS Mindset (Growth, Purpose, and Sense of Belonging) among BAA scholars. *Utilizing the University of Virginia’s – Navigate Project Motivation Tool.          Track the number of new resources accessed by students as a result of the BAA Advisory Committees support.</p>
<p><b>Goal #3:</b>          Increase the number of local students who are completing Graduate degrees in high demand healthcare professions by providing support services aligned with their identified needs (i.e. tuition assistance, loan debt reduction, test fees, support for internship preceptors).</p>	<p><b>Evaluation #3:</b>          Track completion of case management milestones: Student Leadership Conference, Mid-Year Networking Summit, Bridge to Career Series and one-on-one counseling sessions to assess academic readiness, explore professional development opportunities that support their career path and review financial aid capture to assess need gap and loan debt to determine resource needed.</p> <p>Review all student financial aid packages annually to assess capture of available</p>

	<p>state, federal and institutional aid. Assess reduction in loan debt and capture of available financial aid on an annual basis.</p> <p>Measure college and career planning progress by reviewing transcripts, professional resume, and College &amp; Career Plan at beginning of each term.</p> <p>Track the number of additional resources accessed by scholars as a result of supports they received through OFCV and its community partners by documenting it in case files and through the use of an annual survey.</p>
<p><b>Goal #4:</b> 90% of scholars will participate in OFCV case management and Student Support Services and complete college and career milestones.</p> <p>90% of scholars will persist and complete the academic year or degree as a result of holistic support services and scholarships provided.</p>	<p><b>Evaluation #4:</b> Track completion of case management milestones: Student Leadership Conference, Mid-Year Networking Summit, and one-on-one counseling sessions to review academic progress, financial aid capture and career planning progress.</p> <p>Measure academic progress, persistence, and degree complete rates by reviewing transcripts and College &amp; Career Plan at beginning of each term.</p> <p>Milestones:</p> <p>By July 2023:</p> <ul style="list-style-type: none"> <li>• 95% scholarship awardees have signed their award letters and completed verification of their Financial Aid packages.</li> </ul> <p>By August 2023:</p> <ul style="list-style-type: none"> <li>• 100% of scholars complete class schedule and college and career plan verification.</li> </ul> <p>By September 2023,</p> <ul style="list-style-type: none"> <li>• Undergo evaluation by a third party to assess program effectiveness through the lens of diversity, equity, and inclusion.</li> </ul> <p>By January 2024</p> <ul style="list-style-type: none"> <li>• Assess scholar college enrollment, GPA, and first-year persistence rates for the current cohort.</li> </ul> <p>By April 2024:</p>

	<ul style="list-style-type: none"> <li>• Complete interim assessments, ensuring participation in workshops, Leadership Program, experiential learning, and networking with healthcare professionals.</li> <li>• Evaluate students receiving financial aid compared to similar student groups.</li> <li>• Confirm publication of student spotlights/features to communicate the impact of DHCD/F students' progress.</li> </ul> <p>By June 2024:</p> <ul style="list-style-type: none"> <li>• Evaluate scholar data, 1st and 2nd year persistence rates and number of degree completers</li> </ul> <p>By July 2023:</p> <ul style="list-style-type: none"> <li>• Repeat the above steps for the 2024-2025 scholar cohort.</li> </ul>
--	---

**Proposed Project Evaluation Plan**

OneFuture Counselors will utilize counseling sessions, and scholars' completed College and Career Plan to assess progress on personal, educational, and professional student goals. During assessments at the end of each term, Advisors will ensure students' full-time enrollment (12-15 units) and alignment with 4–6-year degree completion goals. OFCV will also assess scholar's optimization of local (scholarships), state (Cal-Grant), and federal (Pell Grant) financial aid, identify eligibility for additional financial aid, assist additional financial aid applications, and address financial gaps.

OCFV collects data to capture college persistence, enrollment, GPA, degree completion, and holistic student support services, including student participation in meetings/webinars, 1-1 counseling, and total funding received. College persistence, enrollment and degree completion data is captured through The National Student Clearinghouse. Demographic data, such as the number of scholars of color studying a healthcare field and other indicators of demonstrated need, will be measured against the general population and population of the same demographics; i.e. low income measured by Expected Family Contribution (EFC) and/or Pell grant eligibility. In addition, the total number of students with healthcare degrees completed will be included annually towards the OFCV Regional Plan goal of 70% completion in 5 years or less.

In 2021, OneFuture was selected by the University of Virginia's Motivate Labs to pilot an evaluation on the impact of OneFuture's wrap-around/holistic support services on student's growth mindset, purpose, and sense of belonging (GPS). GPS is a known indicator of college and career success and economic mobility for students from low-income families and communities of color. The results of the 12-month project validated the design of OneFuture's wrap-around services and helped refine strategies. Through the proposed grant, the GPS evaluation tool will be used to assess the impact of OneFuture and the BAA Advisory Committee's support services to BAA Health Scholars.

To assess long term outcomes, OneFuture matches scholar data to the National Student Clearinghouse data set which provides individual and aggregate level data on number and types of degrees completed by students and the amount of time students took to complete degrees. These data inform OneFuture's programming and regional college completion strategies.

Students who have completed a year of OneFuture's programming are entered into an alumni database and receive surveys every three years to track their career progression after OneFuture program participation. This helps OneFuture track economic mobility of students.

### **Organizational Capacity and Sustainability**

#### **Organizational Capacity**

OFCV provides support services for healthcare scholars through financial aid and college planning, as follows:

- Provides skill development through college success leadership workshops and 1-on-1 counseling
- Assures students have resources and support to continue and complete degrees leading to health careers
- Manages the online scholarship/college and career navigation portal (C2Nav): application intake, reviewer trainings, application review, scholar selection
- Embeds health careers resources into the portal, marketing scholarships, recruiting applicants, and providing career path resources.

Staff responsible:

- Vice President of College Success
- Director of Student Success
- Student Success Coordinator
- Scholarship Data Analyst
- Scholarship Coordinator
- Administrative Assistant

Program, Scholarship, and Financial Management: Scholarship disbursement, scholarship partnership administration, expenditure tracking, reconciliation, financial reporting, college/university verification. Staff responsible:

- VP Finance & Operations
- Scholarship Data Analyst
- Scholarship Coordinator
- Vice President of College Success

Program Data Management: Collect data on college pathways, financial aid counseling, and scholarships. Measure contribution to broader goals outlined in Regional Plan for College & Career Success 2.0. Staff responsible:

- CEO/President
- Vice President of Regional Strategy
- Vice President of College Success



- Director of Student Success
- Student Success Coordinator
- Scholarship Coordinator

OFCV provides support services for healthcare scholars through financial aid and college planning, as follows:

- Provides skill development through college success leadership workshops and 1-on-1 counseling
- Assures students have resources and support to continue and complete degrees leading to health careers
- Manages the online scholarship/college and career navigation portal (C2Nav): application intake, reviewer trainings, application review, scholar selection
- Embeds health careers resources into the portal, marketing scholarships, recruiting applicants, and providing career path resources.

Staff responsible:

- Vice President of College Success
- Director of Student Success
- Student Success Coordinator
- Scholarship Data Analyst
- Scholarship Coordinator
- Administrative Assistant

Program, Scholarship, and Financial Management: Scholarship disbursement, scholarship partnership administration, expenditure tracking, reconciliation, financial reporting, college/university verification. Staff responsible:

- VP Finance & Operations
- Scholarship Data Analyst
- Scholarship Coordinator
- Vice President of College Success

Program Data Management: Collect data on college pathways, financial aid counseling, and scholarships. Measure contribution to broader goals outlined in Regional Plan for College & Career Success 2.0. Staff responsible:

- CEO/President
- Vice President of Regional Strategy
- Vice President of College Success
- Director of Student Success
- Student Success Coordinator
- Scholarship Coordinator

### **Organizational Sustainability:**

For the past 17 years, OneFuture has worked as a catalyst to drive student success in partnership with the region's three unified school districts, colleges and universities, business, and community organizations. This collaborative has developed targeted success strategies and goals defined in the Regional Plan for College and Career Success. In addition to establishing a sustained structure to coordinating partners in service to our community's students and families, OneFuture has provided direct

programs and services to ensure students are prepared and supported throughout their college career.

The proposed healthcare scholar success program will build on OneFuture's solid infrastructure that helps students complete healthcare degrees and enter the health workforce.

The project mobilizes multiple organizations to deliver community-based, wrap around/holistic student support services that mitigate barriers to college enrollment, certificate and degree attainment, and entry into health careers. By tailoring these services to more effectively address the disproportionate and unique challenges faced by educationally and economically disadvantaged students, OneFuture is actively building a diverse workforce and advancing economic and racial equity in the Coachella Valley.

OneFuture services, partnerships, and planning teams have produced tangible outcomes for Coachella Valley residents, including:

- 1,291 new bachelor's degrees completed since 2009, 537 in healthcare majors; 131 nursing degrees
- 120 new master's and/or doctorate degrees completed since 2009, 59 in healthcare majors
  - o 39 Master's degrees (nursing, PA, Athletic Training, Mental & Behavioral Health, Occupational Therapy, Biology, Medical Science, Speech and Language Pathologist, Public Health, Cell Biology, Biomedical Sciences)
  - o 11 doctoral degrees; 13 more in process (NP, Medicine, Pharmacy, Psychology, Physical Therapy, Veterinary)
- 274 full-time, paid healthcare internships for local college students
  - o \$950,000 in internship stipends
  - o 60% of those students have been offered local jobs
- In total, OneFuture has awarded \$16 million in scholarships to more than 2,700 students who are from low-income families and communities of color; \$6.9 million in funding in healthcare scholarships
  - o All scholars are provided holistic support services - approx. \$1 million raised from foundations, employers, nonprofits, and individuals to support these services
  - o Higher persistence and degree completion rates for scholars
- Increase in FAFSA completion, college readiness and enrollment regionally

Employment - Alumni and Current Scholars\*:

- Among students who completed any degree:
  - 84% employed
  - 56% working locally
- Among students who completed healthcare degrees:
  - 89% employed
  - 51% working locally

\*From 2018-19 Scholar and Alumni Survey (2022 survey is in process)

The proven impact of OneFuture's programs and Regional Plan leadership has attracted increasing financial and strategic support from a cross-section of business, education, community, public and philanthropic entities.

## **Diversity, Equity, and Inclusion**

### **How does your organization address diversity, equity, and inclusion at the board and executive staff levels?**

OneFuture was established to address low educational attainment among students from low-income families and communities of color. Program and systems/regional strategies are informed by students, lived experience of staff and partners, proven practices and published research on removing barriers to college, career and economic mobility of students.

To ensure DEI, the staff and board is representative of the communities we serve: people of color, bilingual, first-generation college students; 58% of the staff were raised in Coachella Valley. Additionally, five staff members directly benefited from OFCV services while in high school and/or college.

DEI-Demographics: OneFuture is committed to building a board and staff team that represents the community we serve and has the expertise to provide students what they need to succeed in college and the workforce.

#### OneFuture Students:

2009 - 2020 OneFuture Scholarship Students (N = 3733 awards):

- First in Family / Generation to attend college (2274 scholars): 61%
- Racial Background:
  - o Hispanic / Latinx (3159 scholars): 85%
  - o Asian (47 scholar): 1%
  - o Native American (4 scholars): .001%
  - o Black / African American (56 scholars): 1% - addressing through BAA
  - o White (339 scholars): 9%
  - o Decline to State (109 scholars): 3%
  - o Pacific Islander / Hawaiian (8 scholars): .002%
  - o Two Races or More (11 scholars): .003%

2021 - 22 OneFuture Scholarship Student Cohort (N=138):

- First in Family / Generation (85 scholars): 62%
- Racial Background:
  - Hispanic / Latinx (127 scholars): 92%
  - White (1 scholar): 1%
  - Asian (2 scholars): 1%
  - Black / African American (8 scholars): 6%
  - Federal Pell Grant Eligible (115 scholars): 83% (indicator of higher financial need)
- Average Household Income: \$35,997

#### Staff and Board:

The leadership composition reflects the lived experience and expertise to design and manage programming that is relevant and ensures diversity, equity, and inclusion. It is at the center of our work with students.

Staff (12):

- First in Family/Generation: 83%

- Hispanic/Latinx: 58%
- White: 42%
- Female: 67%
- Male: 43%
- LGBTQ: 8% (1 staff)
- Grew up in the Coachella Valley: 58%
- Alumni of OneFuture Scholar Success Program: 42%

Executive Team (6):

- First in Family/Generation: 50%
- Hispanic/Latinx: 33%
- White: 67%
- Female: 67%
- Male: 33%
- LGBTQ: 16% (1)
- Grew up in the Coachella Valley: 50%

Board of Directors (10):

- Hispanic or Latinx: 30%
- White: 40%
- Black/African American: 20%
- Persian American: 10%
- Female: 50%
- Male: 50%

In 2022, OneFuture's board adopted a policy for election of student and alumni members of the board to include integrate lived experience into organizational leadership.

**If your organization is not currently addressing diversity, equity, and inclusion at the board and executive staff levels, please explain the barriers, such as knowledge, financial investment, capacity, etc., that are preventing you from doing so. n/a**

**Partnerships:**

**Key Partners:**

Alignment Team & Bridge-to-Careers Partners

- Eisenhower Health
- Desert Care Network
- Desert Oasis Healthcare
- Riverside University Health System
- Agua Caliente
- Riverside County Office of Education
- UC Davis
- College of the Desert
- California State University Palm Desert Campus
- City of Desert Hot Springs

Alignment Team & Bridge-to-Careers Partner Role

These organizations work with OFCV to provide a solution to the healthcare workforce shortage and education barriers through OneFuture Coachella Valley's Alignment

Teams, Bridge-to-Career services, and the placement of local students in the workforce. These are thought partners who are active participants in creating solutions to student barriers and workforce issues.

#### Scholarships and Student Support Initiative Partners

- CW Health Fund
- Dr. Reynaldo Carreon Foundation
- Boys & Girls Club of Coachella Valley
- Modernism Week
- Desert Regional Medical Center Auxiliary
- Desert Hot Springs Women's Club
- The Living Desert
- Charles Rechlin Memorial Fund
- Women Leaders Forum
- James Buchner Memorial Fund
- Theresa A. Mike Foundation
- Pueblo Unido
- Greater Palm Springs Tourism Foundation
- City of Desert Hot Springs
- BBS Brokers Realty
- Agua Caliente
- PGA WEST
- Private Philanthropy

#### Scholarships and Student Holistic Supports Partner Role

By collaborating with OFCV on the OneFuture Coachella Valley Student Success Program, these partners provide scholarships and holistic student support systems needed for students to persist, graduate with a degree, and be prepared for the workforce.

#### Alignment Team & Bridge-to-Careers Partners

- Eisenhower Health
- Desert Care Network
- Desert Oasis Healthcare
- Riverside University Health System
- Agua Caliente
- Riverside County Office of Education
- UC Davis
- College of the Desert
- California State University Palm Desert Campus
- City of Desert Hot Springs

#### Alignment Team & Bridge-to-Careers Partner Role

These organizations work with OFCV to provide a solution to the healthcare workforce shortage and education barriers through OneFuture Coachella Valley's Alignment Teams, Bridge-to-Career services, and the placement of local students in the workforce. These are thought partners who are active participants in creating solutions to student barriers and workforce issues.

### Scholarships and Student Support Initiative Partners

- CW Health Fund
- Dr. Reynaldo Carreon Foundation
- Boys & Girls Club of Coachella Valley
- Modernism Week
- Desert Regional Medical Center Auxiliary
- Desert Hot Springs Women's Club
- The Living Desert
- Charles Rechlin Memorial Fund
- Women Leaders Forum
- James Buchner Memorial Fund
- Theresa A. Mike Foundation
- Pueblo Unido
- Greater Palm Springs Tourism Foundation
- City of Desert Hot Springs
- BBS Brokers Realty
- Agua Caliente
- PGA WEST
- Private Philanthropy

### Scholarships and Student Holistic Supports Partner Role

By collaborating with OFCV on the OneFuture Coachella Valley Student Success Program, these partners provide scholarships and holistic student support systems needed for students to persist, graduate with a degree, and be prepared for the workforce.

## Line Item Budget Project Operational Costs

PROJECT OPERATIONS	2 Year Total Project Budget	2 Year Funds from Other Sources <span style="color: red;">Detail on sheet 3</span>	2 Year Amount Requested from DHCD
<b>Total Staffing Costs</b> <span style="color: red;">Detail on sheet 2</span>	\$ 159,894.00	\$ 59,894.00	\$ 100,000.00
<b>Equipment (itemize)</b>			
1			\$ -
2			\$ -
3			\$ -
4			\$ -
<b>Supplies (itemize)</b>			
1	Meeting Supplies	\$ 1,500.00	\$ 1,500.00
2			\$ -
3			\$ -
4			\$ -
<b>Printing / Duplication</b>		\$ 1,500.00	\$ 1,500.00
<b>Mailing / Postage</b>		\$ -	\$ -
<b>Travel / Mileage (use current Federal mileage rate)</b>		\$ 600.00	\$ 600.00
<b>Education / Training</b>			\$ -
* 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.			
<b>Office / Rent / Mortgage*</b>		\$ 20,000.00	\$ 20,000.00
<b>Telephone / Fax / Internet*</b>		\$ 4,000.00	\$ 4,000.00
<b>Utilities*</b>		\$ 4,000.00	\$ 4,000.00
<b>Insurance*</b>		\$ 3,000.00	\$ 3,000.00
<b>Other direct project costs not described above (itemize)</b>			
1	Marketing	\$ 30,000.00	\$ 30,000.00
2	Scholarships - Black & African American	\$ 300,000.00	\$ 100,000.00
3	Scholarships - Graduate Students	\$ 300,000.00	\$ 50,000.00
4			\$ -
<b>Indirect Cost Rate - Maximum of 10% Allowed</b>			\$ 55,000.00
<b>Total Project Budget</b>		<b>\$ 879,494.00</b>	<b>\$ 274,494.00</b>
<b>Budget Narrative</b>	<p><b>Indirect</b> Portion of overhead costs including accountant, book-keeping, audit, rent, utilities, insurance policies, scholarship disbursement and reconciliation.</p> <p><b>Scholarships</b> 'Last in' financial support, maximizing dollars and the number of awards to students who are pursuing healthcare degrees, masters, doctorates or certificates. OFCV determines the mix of awards based on the application pool and financial need.</p>		

### Line Item Budget Staffing Costs

Staff Salaries		2 Year Total Annual Salary	% of Time Allocated to Project	2 Year Project Salary	2 Year Grant Amount Requested from DHCD
<b>Employee Position/Title</b>					
1	Vice President College Success	\$202,500.00	20%	40,500.00	\$ 30,000.00
1	Sr. Director Curriculum & Instruction	\$172,000.00	30%	51,600.00	\$ 40,000.00
2	Sr. Coordinator College Success	\$116,000.00	30%	34,800.00	\$ 30,000.00
<b>Total Employee Benefits / Employer Taxes - proportional fringe costs and/or employer taxes based on % of time allocated to project</b>			26%	32,994.00	-
<b>Enter this amount in Section 1; Staffing Costs</b>			<b>Total &gt;</b>	<b>\$ 159,894.00</b>	<b>\$ 100,000.00</b>
<b>Budget Narrative</b>	<p><b>Vice President College Success</b> Leads the OneFuture Student Success Program, assuring students most at-risk have opportunity, resources, and knowledge to make informed decisions about higher education enrollment, career planning, increase college persistence and increase degree and certificate completion and workforce readiness. Manages and leads the OneFuture Scholarship initiative, including alignment of partners to maximize dollars and students awarded, marketing scholarships and awarding of scholarships.</p> <p><b>Sr. Director Curriculum &amp; Instruction</b> Specializes in college counseling, providing a menu of holistic supports that understand low-income and underrepresented student barriers. Plans Bridge-to-Career workshops and works with students to align education plans with career plan. Works with the VP Regional Plan Strategy and VP College Success to provide essential skills and assist students in making the bridge to a successful career.</p> <p><b>Sr. Coordinator Student Success</b> Assists Director of College Success in coordinating holistic support services to students, coordinates networking events, webinars and resources as needed. Assists in the connection of students to employers, recognizing and providing resources to essential skills.</p>				
<b>Budget Narrative</b>	Each position includes wage/salary plus payroll taxes, worker's compensation, payroll fee and medical and 401k benefits. Benefits are calculated at 26% per staff member.				
Professional Services / Consultants		Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD
<b>Company and Staff Title</b>					
1					\$ -
2					\$ -
3					
4					
5					
<b>Enter this amount in Section 1; Staffing Costs</b>				<b>Total &gt;</b>	<b>\$ -</b>
<b>Budget Narrative</b>	Please describe in detail the scope of work for each professional service/consultant on this grant.				



## Line Item Budget Other Project Funds

<b>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".</b>		<b>2 Year Amount</b>
<b>Fees</b>		
<b>Donations</b>		\$ 25,000.00
	<b>1</b>	College Futures Foundation - (actual) \$ 25,000.00
	<b>2</b>	Community Partners - See Partner List (Scholarships)- (actu \$ 15,000.00
	<b>3</b>	Riverside County Office of Education - (actual and projected) \$ 35,000.00
	<b>4</b>	Grants - (projected) \$ 25,000.00
<b>Fundraising (describe nature of fundraiser)</b>		
	<b>1</b>	Scholarships (projected) \$ 135,000.00
	<b>2</b>	Scholarships (actual) \$ 5,000.00
<b>Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)</b>		
	<b>1</b>	Contract Revenue- (actual) \$ 25,000.00
	<b>2</b>	Contract Revenue - (projected) \$ 10,000.00
	<b>3</b>	
	<b>4</b>	
<b>Total funding in addition to DHCD request</b>		<b>\$ 300,000.00</b>
<b>Budget Narrative</b>	<p>Donations (projections) - this is based on a average amount of donated dollars every year. This amount was then calculated for a 2 year period.</p> <p>College Futures Foundation (actual) - this grant has been awarded for multi-years.</p> <p>Community Partners (acutal and projection) - this is scholarships based on actuals and prior year funds projected over a 2 year period .</p> <p>Riverside County Office of Education (actual and projection) - based on actual contributions and projections to cover a 2 year period.</p> <p>Grants (projection) - additional funds written over a 2 year period.</p> <p>Scholarships (projection) - additional funds to raise for healthcare scholarships.</p> <p>Scholarships (actual) - funds committed to healthcare scholarships.</p> <p>Contract Revenue (actual) - contract revenue earned to support the program.</p> <p>Contract Revenue (projected) - fee for service for student support services and alignment team work</p> <p>Community Partner (projected) - projected revenue from community partners towards the OneFuture Coachella Valley Student Success Program.</p>	

## Grant Scoring Review

### Grant Staff Review # 1 of 4

---

**Executive Summary:** 10

**Community Need and Alignment:** 10

**Goals:** 9

**Proposed Evaluation Plan:** 10

**Applicant Capacity and Infrastructure:** 10

**Organizational Sustainability:** 9

**Budget:** 9

**Key Partners/Collaborations:** 10

---

**Total Score:** 77.00

#### **Reviewer Comments:**

OneFuture CV mission to cultivate the CV's next generation workforce through a community-based regional collaborative developed the CV first regional plan to address the greatest barriers facing students as they pursue education attainment. With a scholarship program offered to historically marginalized students barriers are removed and access to holistic support for career readiness is available. District funds addresses scholarship opportunities for the continuation of the Black and African American students pursuing health degrees, certification and careers as well as support for students in graduate level programs preparing for in-demand clinical professions. The scholarship award is combined with intensive wrap-around/holistic support services that help the student gain resources, skills and support needed to persist and complete degrees of certification. It is further hoped that by "growing" the Valley's own workforce, students will return to the CV and serve the residents to close the gap in the much-needed health care workforce.

#### **Response Notes:**

---

#### **Average Review Score:**

Grant Program Staff Review Stage: 75.75 (4 of 4)

Fiscal Staff Review Stage: 17.5 (2 of 2)

#### **Sum of all Reviews:**

Grant Program Staff Review Stage: 303 (4 of 4)

Fiscal Staff Review Stage: 35 (2 of 2)

**Total average proposal score: 93/100**

## 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:** 9

**Organizational Sustainability:** 10

**Budget:** 9

**Key Partners/Collaborations:** 10

---

**Total Score:** 75.00

---

#### **Reviewer Comments:**

OneFuture Coachella Valley has been the cornerstone organization in the Coachella Valley increasing academic opportunities, guidance, support, and scholarships to local students. The proposed Healthcare Pipeline Initiative will help address the local workforce shortages in healthcare, specifically students of color in the healthcare fields by promoting healthcare fields and providing scholarships to underserved students and African-American students.

#### **Response Notes:**

---

#### **Average Review Score:**

Grant Program Staff Review Stage: 75.75 (4 of 4)

Fiscal Staff Review Stage: 17.5 (2 of 2)

#### **Sum of all Reviews:**

Grant Program Staff Review Stage: 303 (4 of 4)

Fiscal Staff Review Stage: 35 (2 of 2)

**Total average proposal score: 93/100**

## Grant Scoring Review

### Grant Staff Review # 3 of 4

---

**Executive Summary:** 10

**Community Need and Alignment:** 9

**Goals:** 7

**Proposed Evaluation Plan:** 10

**Applicant Capacity and Infrastructure:** 9

**Organizational Sustainability:** 9

**Budget:** 10

**Key Partners/Collaborations:** 10

---

**Total Score:** 74.00

---

#### **Reviewer Comments:**

OneFuture Coachella Valley exists to assure students succeed in college, career and life — expanding and enhancing the local workforce so that Coachella Valley's youth and economy thrive. OneFuture has worked for years to establish the best way to support students as the transition into college and careers with direct scholarships to offset tuition costs, well-rounded holistic support services, and the facilitation of collaboratives to further address and remove barriers faced by students. They continue to support sustainable health career pathways, address systemic barriers, promote equity, and create a more diverse and culturally responsive healthcare workforce. Similar to most regions, Coachella Valley's healthcare workforce cannot keep up with demand and OneFuture is working to address this issue. District funds will be utilized directly for student scholarships and support staff.

#### **Response Notes:**

---

#### **Average Review Score:**

Grant Program Staff Review Stage: 75.75 (4 of 4)

Fiscal Staff Review Stage: 17.5 (2 of 2)

#### **Sum of all Reviews:**

Grant Program Staff Review Stage: 303 (4 of 4)

Fiscal Staff Review Stage: 35 (2 of 2)

**Total average proposal score: 93/100**

## Grant Scoring Review

### Grant Staff Review # 4 of 4

---

**Executive Summary:** 10

**Community Need and Alignment:** 10

**Goals:** 10

**Proposed Evaluation Plan:** 9

**Applicant Capacity and Infrastructure:** 9

**Organizational Sustainability:** 10

**Budget:** 9

**Key Partners/Collaborations:** 10

---

**Total Score:** 77.00

---

#### **Reviewer Comments:**

One Future has structured this project to increase the flow of future practitioners and professionals to join the Coachella Valley workforce and assist in the provision of much needed services to our community members. One Future is a highly visible organization that has demonstrated a consistent focus in this area since 2006. This includes collaborative partnerships with multiple organizations along the career pathways pipeline capable of contributing to the ongoing development needed to support our scholars in need.

This equity focused project will provide a wraparound support structure to assist scholars along their path from scholarship to enhanced career planning, coaching, leadership and professional development which are all necessary elements in order to cement real completion of their academic pursuits. The facilitation of the Black and African American Healthcare Scholars Advisory Committee will include community members, and critical educational stakeholders who work with this student population and can be helpful throughout this process. Working collectively to remove barriers, and increase connectiveness to support higher rates of degree completion.

As the majority of positions in healthcare continue to require post-secondary education, the work of One Future will assist with the necessary framework of support to increase the number of Coachella Valley residents who can complete their education to close the current gap that exists.

The budgeted breakdown of how the District funds would be disseminated across the two year span focuses on scholarships, support to students working on graduate level healthcare studies and wraparound support services which include case management and will promote sustainable change for those being served.

## **Grant Scoring Review**

Due to the long term experience as a provider in this area, the well developed coordination of partnerships along the extent of the workforce development pipeline and proven success in the provision of targeted services to this identified population, this project is being recommended for consideration for approval.

### **Response Notes:**

---

#### **Average Review Score:**

Grant Program Staff Review Stage: 75.75 (4 of 4)

Fiscal Staff Review Stage: 17.5 (2 of 2)

#### **Sum of all Reviews:**

Grant Program Staff Review Stage: 303 (4 of 4)

Fiscal Staff Review Stage: 35 (2 of 2)

**Total average proposal score: 93/100**

## Grant Scoring Review

### Fiscal Staff Review # 1 of 2

---

**Fiduciary Compliance:** 9

**Financial Stability:** 9

---

**Total Score:** 18.00

---

### **Reviewer Comments:**

Audited financials presented and approved by Board. Positive cash flow for 2020 notes with sufficient assets to address liabilities. Detailed strategic plan with future funding defined. Grant value is reasonable compared to organizational budget. The organizational budget includes funding from multiple sources.

### **Response Notes:**

---

### **Average Review Score:**

Grant Program Staff Review Stage: 75.75 (4 of 4)

Fiscal Staff Review Stage: 17.5 (2 of 2)

### **Sum of all Reviews:**

Grant Program Staff Review Stage: 303 (4 of 4)

Fiscal Staff Review Stage: 35 (2 of 2)

**Total average proposal score: 93/100**

## Grant Scoring Review

### Fiscal Staff Review # 2 of 2

---

**Fiduciary Compliance:** 8

**Financial Stability:** 9

---

**Total Score:** 17.00

---

#### Reviewer Comments:

##### Fiduciary Compliance

The FY 06/30/22 audit report is unmodified. The Board of Directors accepted the audit report.

Audit report Current Ratio is strong (4:1), which represents the grantee's ability to pay its short-term liabilities.

The Net Assets decreased by \$327k as of 6/30/22, with Total Net Assets of \$1.1M. Internal financial statements, as of 9/30/22, demonstrates an increase of \$513k. The Balance Sheet is in good order.

##### Financial Stability

Grantee demonstrates a sound financial position.

Grantee has additional resources for this project of approximately \$879k. The District's grant of \$605,000 is supported by potential other resources.

#### Response Notes:

---

#### Average Review Score:

Grant Program Staff Review Stage: 75.75 (4 of 4)

Fiscal Staff Review Stage: 17.5 (2 of 2)

#### Sum of all Reviews:

Grant Program Staff Review Stage: 303 (4 of 4)

Fiscal Staff Review Stage: 35 (2 of 2)

**Total average proposal score: 93/100**



**EXHIBIT B**

**PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES**

<u>Project Title</u>	<u>Start/End</u>
Building a Healthcare Workforce Pipeline	1/01/2023 12/31/2024

**PAYMENTS:**

(8) Payments: \$68,062.50  
 10% Retention: \$60,500.00

Total request amount: \$ 605,000.

**GRANT AND PAYMENT SCHEDULE REQUIREMENTS:**

Scheduled Date	Requirement Number	Grant Requirements for Payment	Payment
1/01/2023		Signed Agreement submitted & accepted.	Advance of \$68,062.50 for time period 1/01/2023 - 3/31/2023
5/01/2023		Quarterly (1/01/2023 - 3/31/2023) progress report, budget reports and receipts submitted & accepted	Advance of \$68,062.50 for time period 4/01/2023 - 6/30/2023
8/01/2023		Quarterly (4/01/2023 - 6/30/2023) progress report, budget reports and receipts submitted & accepted	Advance of \$68,062.50 for time period 7/01/2023 - 9/30/2023
11/01/2023		Quarterly (7/01/2023 - 9/30/2023) progress report, budget reports and receipts submitted & accepted	Advance of \$68,062.50 for time period 10/01/2023 - 12/31/2023

2/01/2024		Quarterly (10/01/2023 - 12/31/2023) progress report, budget reports and receipts submitted & accepted	Advance of \$68,062.50 for time period 1/01/2024 - 3/31/2024
5/01/2024		Quarterly (1/01/2024 - 3/31/2024) progress report, budget reports and receipts submitted & accepted	Advance of \$68,062.50 for time period 4/01/2024 - 6/30/2024
8/01/2024		Quarterly (4/01/2024 - 6/30/2024) progress report, budget reports and receipts submitted & accepted	Advance of \$68,062.50 for time period 7/01/2024 - 9/30/2024
11/01/2024		Quarterly (7/01/2024 - 9/30/2024) progress report, budget reports and receipts submitted & accepted	Advance of \$68,062.50 for time period 10/01/2024 - 12/31/2024
2/01/2025		Quarterly (10/01/2024 - 12/31/2024) progress report, budget reports and receipts submitted & accepted	\$0
2/15/2025		Final report (1/01/2023 - 12/31/2024) and final budget report submitted & accepted	\$60,500.00 (10% retention)

**TOTAL GRANT AMOUNT: \$ 605,000.**

**DELIVERABLES:**

**Project Goals and Evaluation**

<p><b>Goal #1:</b> Increase the number of local students who represent the racial and ethnic backgrounds of the community by awarding scholarships to a minimum of 50 students pursuing healthcare degrees and careers.</p>	<p><b>Evaluation #1:</b> On an annual basis measure the number of applicants to the BAA and Graduate Scholarship fund and compare to prior year.  Track the number of scholarships awarded to students who represent the racial and ethnic backgrounds of the</p>
---	---

<p>Maximize DHCD scholarship funds to award as many students as possible by applying funds as last dollar in for students' financial aid package.</p>	<p>community and are historically underrepresented in health careers.</p> <p>Review all student financial aid packages annually to assess capture of available state, federal and institutional aid.</p> <p>Track the completion of the scholar information and outreach cycle on an annual basis:</p> <ul style="list-style-type: none"> <li>• By May 2023 and for the following 2 years, OneFuture will provide high school counselors across all Coachella Valley with information about scholarships to distribute to all eligible students (Step A).</li> <li>• By May 2023 and for the following 2 years, OneFuture will confirm that information regarding webinars, workshops, and other communications (social media, radio, tv, and flyers) have reached eligible students (Step B).</li> <li>• By March 15, 2024, OneFuture will repeat Steps A and B for the previous year's scholarship awardees.</li> <li>• By August 2023 for the first cohort and August 2024 for the second cohort, OneFuture will complete the selection, notification, and processing of scholarship awardees.</li> <li>• By August 2023 and for the following year (Aug 2024), a minimum of 50 students who mirror underserved residents' ethnic and racial backgrounds will be awarded.</li> </ul>
<p><b>Goal #2:</b> Increase access to resources, mentorship and connections to diverse health professionals and remove barriers for Black and African American students by facilitating the Black and African American Healthcare Scholar Advisory Council.</p> <p>The council is comprised of community members with relevant knowledge and experience to help remove barriers facing Black and African American youth in the Coachella Valley.</p>	<p><b>Evaluation #2:</b> On an annual basis measure GPS Mindset (Growth, Purpose, and Sense of Belonging) among BAA scholars. *Utilizing the University of Virginia's - Navigate Project Motivation Tool.</p> <p>Track the number of new resources accessed by students as a result of the BAA Advisory Committees support.</p>
<p><b>Goal #3:</b> Increase the number of local students</p>	<p><b>Evaluation #3:</b> Track completion of case management milestones: Student</p>

<p>who are completing Graduate degrees in high demand healthcare professions by providing support services aligned with their identified needs (i.e. tuition assistance, loan debt reduction, test fees, support for internship preceptors).</p>	<p>Leadership Conference, Mid-Year Networking Summit, Bridge to Career Series and one-on-one counseling sessions to assess academic readiness, explore professional development opportunities that support their career path and review financial aid capture to assess need gap and loan debt to determine resource needed.</p> <p>Review all student financial aid packages annually to assess capture of available state, federal and institutional aid. Assess reduction in loan debt and capture of available financial aid on an annual basis.</p> <p>Measure college and career planning progress by reviewing transcripts, professional resume, and College &amp; Career Plan at beginning of each term.</p> <p>Track the number of additional resources accessed by scholars as a result of supports they received through OFCV and its community partners by documenting it in case files and through the use of an annual survey.</p>
<p><b>Goal #4:</b> 90% of scholars will participate in OFCV case management and Student Support Services and complete college and career milestones.</p> <p>90% of scholars will persist and complete the academic year or degree as a result of holistic support services and scholarships provided.</p>	<p><b>Evaluation #4:</b> Track completion of case management milestones: Student Leadership Conference, Mid-Year Networking Summit, and one-on-one counseling sessions to review academic progress, financial aid capture and career planning progress.</p> <p>Measure academic progress, persistence, and degree complete rates by reviewing transcripts and College &amp; Career Plan at beginning of each term.</p> <p>Milestones:</p> <p>By July 2023:</p> <ul style="list-style-type: none"> <li>• 95% scholarship awardees have signed their award letters and completed verification of their Financial Aid packages.</li> </ul> <p>By August 2023:</p> <ul style="list-style-type: none"> <li>• 100% of scholars complete class schedule and college and career plan verification.</li> </ul> <p>By September 2023,</p> <ul style="list-style-type: none"> <li>• Undergo evaluation by a third party to assess program effectiveness through the lens of diversity, equity, and inclusion.</li> </ul> <p>By January 2024</p>

	<ul style="list-style-type: none"><li>• Assess scholar college enrollment, GPA, and first-year persistence rates for the current cohort.</li></ul> <p>By April 2024:</p> <ul style="list-style-type: none"><li>• Complete interim assessments, ensuring participation in workshops, Leadership Program, experiential learning, and networking with healthcare professionals.</li><li>• Evaluate students receiving financial aid compared to similar student groups.</li><li>• Confirm publication of student spotlights/features to communicate the impact of DHCD/F students' progress.</li></ul> <p>By June 2024:</p> <ul style="list-style-type: none"><li>• Evaluate scholar data, 1st and 2nd year persistence rates and number of degree completers</li></ul> <p>By July 2023:</p> <ul style="list-style-type: none"><li>• Repeat the above steps for the 2024-2025 scholar cohort.</li></ul>
--	--



**Date:** December 20, 2022

**To:** Board of Directors

**Subject:** Grant # 1369 ABC Recovery Center

---

**Grant Request:** Cost of Caring Fund Project

**Amount Requested:** \$332,561.00

**Project Period:** 1/1/2023 to 12/31/2023

For almost 60 years, ABC Recovery Center has promoted wellness and healing for all stages of substance use recovery to the Coachella Valley community. Their mission is to provide an environment for those with substance use disorders to achieve lifelong sobriety and re-enter the community as healthy and responsible individuals. Clients are provided an individually tailored, holistic approach to overcoming their battles with drug and alcohol addiction. Being a dual diagnosis facility, clients and their families are supported by a multi-disciplinary team of professionals to address their physical and mental health challenges. Every client is screened for mental health conditions, social/cultural factors, and biological conditions that may contribute to their primary substance-use diagnosis. Additionally, ABC Recovery provides support to their client's family during the recovery process.

The demand for recovery centers targeting substance use addictions has increased. The District funds will help ABC Recovery reach 428 clients directly for addiction related services and 856 family members indirectly through their family support program. The ABC Recovery grant request aligns with the District's strategic goal of expanding services and resources to underserved communities. Funds will be used to offset uncompensated care expenses and help ABC Recovery services continue to be accessible to those that are unable to pay. The Desert Healthcare District funds will provide financial relief for uncompensated care by mitigating costs around staffing, contracted consultants, and prescription/medical supplies.

**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

**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 \$332,561.00 be approved.

Recommendation with modifications

Deny



## Grant Application Summary

### **ABC Recovery Center, Grant #1369**

#### **About the Organization**

ABC Recovery Center  
 44-359 Palm Street  
 Indio, 92201 92201  
 Tel: (760) 342-6616  
 Fax: (760) 347-8276  
<http://www.abcrecoverycenter.org>

**Tax ID #:** 75-1006381

#### **Primary Contact:**

Maureen Girouard  
 Tel: (760) 342-6616  
[mgirouard@abcrecoverycenter.org](mailto:mgirouard@abcrecoverycenter.org)

#### **Organization History and Mission**

ABC Recovery Center was founded in 1963 with next year marking our 60th anniversary of service. Our mission: To provide an environment for those with substance use disorders to achieve lifelong sobriety and re-enter the community as healthy and responsible individuals.

In addition to having our 60th anniversary of service recognized next year, next year will be breaking ground on a new facility, enabling us to expand our client capacity by 160 percent.

**Organization Annual Budget:** \$7,830,932

#### **Historical (approved Requests)**

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
2000		\$25,000	Grant	12/31/2000	
2003	Residency fees for low-income clients	\$25,000	Grant	12/23/2003	Grant budget



## **Project Information**

**Project Title:** Cost of Caring Fund Project

**Start Date:** 1/1/2023 **End Date:** 12/31/2023

**Term:** 12 months

**Total Project Budget:** \$4,385,322

**Requested Amount:** \$332,561

### **Executive Summary:**

Taking care of the whole client, meeting their physical addiction as well as their mental and emotional needs takes multi-disciplinary caregivers working in tandem with each other in order to provide the most successful outcomes. Some local for-profit providers of care, charge as much as \$35,000.00 for 30 days of on-site treatment. ABC Recovery Center provides our community with comparable services for as low as \$7,500 for a thirty-day period up to \$25,000 when billing on a sliding scale depending on the financial abilities of the client.

These costs to clients are further mitigated as ABC Recovery Center is one of only a few local recovery centers that accepts Medi-Cal for payment and provides care for STOP clients. We don't cap the number or overall percentage of clients who are Medi-Cal and STOP recipients. ABC Recovery Center provides comprehensive, evidence-based programming and services to parolees in their first year of release during their transition into the community in order to support a successful reentry through the STOP program.

ABC Recovery Center also accepts clients who have no means of payment, providing a significant safety net for anyone who needs it.

If the underserved are not provided opportunities to have their significant healthcare needs addressed, the issues exacerbate. It resolves itself in joblessness, homelessness, and more significant mental health conditions.

Desert Healthcare Foundation funding could help mitigate our costs for uninsured/unreimbursed medical and therapeutic services for clients whose insurance won't cover their costs and for those who are uninsured and under insured.

Addiction involves complex interactions among an individual's brain circuits, genetics, the environment, and the client's life experiences. Racism disproportionately shapes the environment and life experiences of Black, Hispanic/Latino, Asian, Pacific Islander, Native American, and other racially oppressed and disenfranchised people, adversely influencing both their risk of developing addiction and their access to evidence-based addiction treatment services. Most of ABC's clients are members of this disproportionately served population.

Earlier this year, ABC was provided a letter of intent from Riverside County to provide for capacity expansion based on the growing need locally for our services. ABC is anticipating breaking ground on a new facility in 2023 which when completed, will help us provide greater opportunity to serve more of our underserved community. Having funding

from DHF will assist us in providing relief for uncompensated/unreimbursed care which will go far in helping us plan for our imminent expansion.

**Community Need for the Project:**

ABC is the oldest program of its kind in the Coachella Valley. We provide care to the lower-socioeconomic, justice involved (through STOP), LGBTQIA, and mental health affected populations, all underserved populations. ABC also serves homeless individuals through Drug Medi-Cal and state funded programs with evidence-based treatment.

ABC provides supportive housing in conjunction with outpatient services available to our clients after residential care. There are two other Residential Substance-Use Providers in the Coachella Valley, neither of which is currently expanding their facilities to meet this growing need.

ABC is on the frontline of the opioid epidemic. Overdose rates, deaths due to drug overdose have increased in California from 12.7 per 100,000 in 2015 to 24.2 per 100,000 in 2020 Overdose is the leading cause of accidental death for those 18 to 45 years of age. Overdoses are the #1 cause of accidental death in our country.

ABC does not treat our clients solely through the lens of substance use. Meaning, we treat the whole person. Our Medical Director is a licensed psychiatrist. Every client is screened for mental health conditions, social/cultural factors, and biological conditions that may contribute to their primary substance-use diagnosis. Of the 21 million people in the U.S. with a substance use disorder, 8 million also live with a mental illness. In other words, it's not an exception when nearly one-third of those with substance abuse have a mental illness as well. ABC is a dual diagnosis facility.

Someone with a dual diagnosis needs to be treated for both their physical addictions as well as their mental health issues concurrently to have the greatest opportunity for wellness. ABC Recovery Center is the only option for the Medi-Cal population and justice referral population to be treated for dual diagnosis in the Coachella Valley. We are it.

**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

**Project Description and Use of District funds:**

ABC would anticipate utilizing DHF funding to further establish and provide for the "Cost of Caring" fund. ABC Recovery Center has created a fund that will help sustain the ongoing treatment and medical care that do not get compensated through reimbursements or which are considered "charity care".

Neither Medi-Cal or STOP reimburses ABC Recovery Center fully for services. The gap between our necessary operating expenses and our reimbursements grows as we do. For most businesses, having more clients helps to close their gap in funding. For ABC Recovery, the opposite occurs because of the significant safety net population that is served.

The rate for Detox care per day is \$1,080. STOP reimburses us \$200 per day for the clients that they refer to us. Medi-Cal reimburses us \$300 for this same service. The gap in funding for services is significant when you consider that STOP and Medi-Cal together are 89 percent of our reimbursement revenues.

Last year, ABC Recovery Center had almost \$19 million in billable client revenue. The monies realized after receiving the reimbursements for these billable services was just over \$5.65 million.

ABC's unreimbursed/uncompensated medical costs are approximately \$335,000 annually.

ABC would like to use the grant money provided and dedicate it to fully serving our clients treatment needs with the consultation and care of medical/mental health professionals that they require for optimal care and health. Because exact annual costs cannot be known now, we ask that the funds provided be fungible to cover unreimbursable/charity care treatment costs through our next fiscal year to help insure we can provide the maximum care possible for all those who seek treatment

**Description of the Target Population (s):**

Addiction is quite literally, everywhere. It's a disease that is growing at an incomprehensible rate, exacerbated by the isolation of a global pandemic and the epidemic use of opioids. Just a fraction of our addicted population seek treatment. Why? Because addiction is stigmatized. It's not shown the empathy and compassion of other life-threatening diseases. Why? Because mental health is so closely associated with addiction. Being a dual diagnosis facility, ABC Recovery Center treats both the physical disease as well as the mental/psychological disease.

Once those struggling with substance abuse confront their addiction and seek help, they need to knock on a door they know will open. Only a fraction of organizations provides for those who do not have the resources to commit to care, or they enter a facility that will treat them for as long as their insurance will provide reimbursement, which often results with their client's continuum of care unfulfilled.

Addiction is the perfect storm. There is a growing number of people who need services, amidst the lessening of services available. ABC Recovery Center is the shelter from the storm for many. We will accept anyone who needs us regardless of their ability to pay. And we will care for them until they identify when they are ready to leave our facility. ABC Recovery Center takes the remarkable step to cover these healthcare costs for the client.

The 2019 survey conducted by DHD identified "vulnerable populations" under these categories: Spanish speaking, undocumented persons, persons experiencing homelessness, persons with a disability and LGBTQ+. ABC Recovery Center also recognizes the Medi-Cal and STOP populations as being particularly vulnerable. And across all of these segmented populations, are the racial inequalities throughout our healthcare system.

While much of the coverage of the opioid epidemic has focused on white, rural populations, the epidemic affects white, Black and Latino people proportionally. In fact, overdoses are rising more quickly among communities of color. The annual growth rate from 2018 to 2020 for Black individuals (16.1%) and Latino individuals (12.6%) well surpassed the rate of white individuals during the same period (3.8%). What's more, overdoses among Native Americans are above the national average, and the rate continues to grow. Nearly half of ABC's client census over the last three years represent people of color. And, as you know, the Coachella Valley is predominately of Hispanic origin. This is 1.3 times the rate of Riverside County, and about 10% higher than the rate in California. As part of our expansion project, with groundbreaking next year) we have the intention to provide all services in Spanish, hiring Spanish speaking professionals and deferential pay structures to those who are bilingual.

There are many national studies addressing the inequities in substance-use treatment. One such Yale School of Medicine study really spoke to the issue with data revealing that treatment gaps are enormous. In 2018, only 18% of people identified as needing treatment, received it. These gaps are greater for minoritized communities. For Black and Latino groups in the US, 90% and 92%, respectively, diagnosed with a SUD did not receive addiction treatment.

Addiction involves complex interactions among an individual's brain circuits, genetics, the environment, and life experiences. Racism disproportionately shapes the environment and life experiences of Black, Hispanic/Latin, Asian, Pacific Islander, Native American, and other racially oppressed and disenfranchised adversely influencing both their risk of developing addiction and their access to evidence-based addiction treatment services.

When assisting Medi-Cal clients, the impact reverberates throughout the entire community. According to the Recovery Research Institute, the average cost reduction of care is \$185-\$192 per person, per month, after receiving a brief addiction intervention and \$238-\$269 per person, per month, in cost reduction associated with inpatient hospitalization from emergency department admissions for those with addiction issues.

DHD's impact would be heightened in many ways. It's not just the number of people that ABC Recovery Center serves that other facilities won't, it's the extended impact of what wellness does for a community at large.

From the Recovery Research Institute, the cost-to-benefit of early intervention is:  
Every \$1 in treatment saves \$4 in healthcare costs  
Every \$1 in treatment saves \$7 in law enforcement and other criminal justice costs

Regarding our service to undocumented persons: these clients are often "organic referrals", meaning they hear about our services and contact us for placement, but most often, they are a CARES line referral. We cover the costs of their treatment for up to a 60-day residential stay and/or the same benefits as someone with Medi-Cal who has a social security number. Treatment is provided regardless of their personal circumstances. They are screened to confirm a primary diagnosis of substance use disorder before services can begin.

One of the questions on our intake survey is “are you homeless?” These surveys are input into the Riverside University Health System, Behavioral Health’s “ELMR” platform (Electronic Management of Records). Using this data we estimate that approximately 70% of our clients are homeless or at risk of being homeless. These clients may stay in our residential village for 60 days and can stay in post treatment housing for an additional 3 months through the SAPT block grant. Initial detox and treatment costs are not compensated (unless the client is covered through Medi-Cal, then a portion of the costs are covered). Recovery residents are covered by the SAPT block grant for post treatment housing.

For the years of 2019 (pre-pandemic), 2020 (pandemic), and 2021 (COVID vaccine’s available), and for the first 10 months of 2022, our Medi-Cal inpatient admissions to Detox had 21.75 percent represented as homeless. For our Medi-Cal inpatient admissions to Residential, 27.25 percent represented as homeless. Together, that’s 49 percent of our inpatient population that self-identified as homeless. That percentage rises when clients become outpatients, or, as whoever is providing shelter for them, ends that housing.

The ADA considers mental health illness a disability. As a dual diagnosis facility, every client is screened for mental health conditions, social/cultural factors, and biological conditions that may contribute to their primary substance-use diagnosis. Of the approximately 21 million people in the U.S. with a substance use disorder, 8 million also live with a mental illness. In other words, it’s not an exception when nearly one-third of those with substance abuse have a mental illness as well. ABC Recovery Center’s census is greater than the general US population as nearly 70 percent of our clients have a mental health illness. Someone with a dual diagnosis needs to be treated for both conditions concurrently to have the greatest opportunity for wellness. ABC Recovery Center is the only option for the Medi-Cal population and justice referral population to be treated for dual diagnosis in the Coachella Valley.

People who identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ) often face social stigma, discrimination, and other challenges not encountered by people who identify as heterosexual. They also face a greater risk of harassment and violence. As a result of these and other stressors, sexual minorities are at increased risk for various behavioral health issues. National surveys have estimated that anywhere from 2%–11% of Americans self-identify as LGBTQ. ABC Recovery Center’s census is in sync with the estimates of the greater US population.

Comparisons of treatment-seeking rates between LGBTQ and non-LGBTQ individuals have determined that LGBTQ individuals seek treatment for substance abuse and mental health disorders at a significantly higher rate than heterosexual individuals. Despite this, there are surprisingly few programs specifically geared toward treating LGBTQ clients. ABC Recovery Center is such a provider.

Several years ago, a study was conducted of gay and lesbian alumni from various treatment programs who identified three ideals for service providers: (1) A separate unit or facility welcoming to sexual minorities and LGBTQ allies; (2) Safe and supportive treatment programming including LGBTQ and/or affirming staff; and (3) Specialized

treatment modalities for different substances and/or addictions. ABC Recovery Center provides all three of these ideals.

Lastly, ABC serves STOP (Specialized Treatment for Optimized Programs) who represents 12 percent of ABC Recovery Center's service revenue. The STOP provides comprehensive, evidence-based programming, and services to parolees released from correctional institutions during their transition into the community in order to support a successful reentry and reduce recidivism.

Even before entering a prison or jail, incarcerated people are more likely than those on the outside to have experienced abuse and trauma. An extensive 2014 study found that 30% to 60% of men in state prisons had post-traumatic stress disorder (PTSD), compared to 3% to 6% of the general male population. Trauma is a widespread experience among persons with mental and substance use disorders, inside and outside of the criminal justice system. Rates of traumatic experiences among justice-involved populations, particularly those with mental illness are "so high as to be considered an almost universal experience" (SAMHSA's GAINS Center, 2015; SAMHSA et al., 2013). A study of over 7,500 inmates in New Jersey found 56 percent of males reported physical abuse as children (Wolff, Shi, & Siegal, 2009), while another study of female offenders found that 88 percent reported some exposure to a traumatic event and 74 percent had childhood sexual or physical trauma.

ABC Recovery Center is an anomaly in our region in that we accept clients from the STOP, and that we don't "cap" on how many clients from STOP we will accept at any one time.

ABC Recovery Center is working to address the interrelated principles of social justice, equity, access, participation and rights. ABC Recovery Center is working to help alleviate these roadblocks to care, on a population that society often overlooks and when seen, is seen as a burden.

Philanthropic support not only enables us to keep our doors open, it helps us care for clients at the lower end of the income spectrum who need our services desperately but cannot afford them. Philanthropy enables us to close our compensation gap and provide a significant safety net for anyone who needs us.

**Geographic Area(s) Served:**

All District Areas

**Age Group:**

(18-24) Youth

(25-64) Adults

(65+) Seniors

**Total Number of District Residents Served:**

**Direct:** 428

**Indirect:** 856

**Project Goals and Evaluation**

<p><b>Goal #1:</b> By December 31, 2023, ABC Recovery Center is projecting we would directly serve 428 clients for addiction related services based on recent year's data.</p>	<p><b>Evaluation #1:</b> ABC will track the type of treatment, costs of treatment, the reimbursement amounts allocated to each client's services, and how the reimbursements of care are being fulfilled.</p>
<p><b>Goal #2:</b> By December 31, 2023, ABC is projecting to support 856 people served indirectly through our Family Program.</p> <p>ABC offers a one-day in person family program that meets once every six weeks. The program is centered around education and is facilitated in a supportive environment that explores the depth of addiction, family systems, boundaries, communication skills and recovery for the entire family. The program is free and opened to family members who would like to improve their relationship with their loved one who struggles with substance use disorders.</p> <p>ABC also provides a weekly webinar on Saturdays at 10:00am. The webinar series is a 5-week series that guides supporting family members with loved ones who struggle with substance use disorders utilizing the CRAFT (Community Reinforcement and Family Training) method.</p> <p>Additionally, there is the option of attending Al-anon meetings located both here at ABC and around the community on a weekly basis.</p>	<p><b>Evaluation #2:</b> At the conclusion of participation in the Family Program, we have participants complete a program evaluation. Survey questions include; did you feel welcome, were you comfortable, was the program informative and helpful. Participants are asked what they learned about addiction and what strengths and challenges they were able to identify in themselves. They're asked what new coping skills they learned, and how it can benefit their loved one's recovery. We also give them an opportunity to share what could be improved.</p> <p>As part of our regular reporting we can include the outcomes of these surveys and track the success of our Family Program.</p>
<p><b>Goal #3:</b></p>	<p><b>Evaluation #3:</b></p>
<p><b>Goal #4:</b></p>	<p><b>Evaluation #4:</b></p>
<p><b>Goal #5:</b></p>	<p><b>Evaluation #5:</b></p>

**Proposed Project Evaluation Plan**

Desert Healthcare Foundation funds would provide for our Cost of Caring Fund, enabling ABC Recovery Center to alleviate significant treatment costs while enabling necessary budget relief. We will use our collected data throughout the funding year to help us assess medical care in the future and best deliver these fundamental services.

The grant will inform our exploration of expansion of social justice measures and further our commitment to our underserved community and the multiple marginalized groups that are being supported through our treatment.

This funding provides us an opportunity to expand our story and have informed clinical data which will provide a foundation for future grant requests and other philanthropic funding for medical and therapeutic needs.

The confidence of the Desert Healthcare Foundation will translate to other potential funders enabling ABC Recovery Center to meet our future client's needs and to reach an even greater population of those who are underserved through all measures of society.

ABC's success comes primarily through alleviating addiction and mental illness. Secondly, it's the lives affected that surround those who have completed their treatment, and what it will mean to have their loved one back with them, clean and sober. Lastly, it's having healthy people returned to society so that they become contributors to society instead of being life-long dependents on safety net programs, and/or incarceration, or having their health deteriorate, ending in premature death.

ABC is anticipating breaking ground on a new facility in 2023 which will expand our current capacity by 160 percent, providing us greater opportunity to serve more of our community. Having this significant support as we anticipate new needs, would help tremendously.

Desert Healthcare would be a part of our success story, providing for our population to reach wellness, while reaching your strategic goals.

### **Organizational Capacity and Sustainability**

#### **Organizational Capacity**

Staff to assist with this project are members who already oversee the medical, therapeutic and dietary care as well as data collection of these cost centers. The only addition to staff would be the development director who would assess the data and ensure that the grant funding was being utilized in accordance with the funding intentions and creating a stewardship report for this purpose.

Staffing to include: Psychiatrist/Medical Director (1) Physician Assistants (2), Nurse Manager (1), Nurses (8), Behavioral Technicians, Finance Assistant (1), Development Director (1), Dietary Staff (2).

The Physican Assistant and the Doctor will include their consultation and medical office visits in the digital client care records system (KIPU) as all records are maintained in accordance with our licensing. All prescriptions are input into this system as well. The system tracks how reimbursements are identified and from which agency/company they will be billed to.

The CFO, tracks the reporting that is generated by the KIPU system and identifies how this care is compensated. Sandra (CFO) will share with the Development Director what



funding from the Desert Healthcare Grant was utilized for reimbursement according to the grant agreement. Maureen (DD) will collect this data to share with the grantor.

**Organizational Sustainability:**

ABC Recovery Center does an extraordinary job of providing a significant safety net for anyone who needs it. If the underserved are not provided opportunities to have their significant healthcare needs addressed, the issues for this demographic exacerbate. It resolves itself in joblessness, homelessness, and more significant mental health conditions.

Expanding our services is what we can do to address our community's needs, as well as assist us as an organization in attaining more significant financial security. Capital funding for our planned expansion has been approved by the county and all of the county's grant funding is for capital expenditure/capacity building.

Our expansion (ground breaking is expected in March 2023) enables us to more than double our organization's capacity for residential services. At present we have 75 licensed residential beds. Our expansion will allow an additional 120 beds, expanding capacity for the two counties served to 195 licensed beds, a 160% increase. This expansion allows us to serve 1300 more individuals annually.

Expanding services has been an urgent need. Being able to have funding from other local stakeholders to assist us with budget relief for our current services, helps us mitigate costs for expansion beyond the capital needs.

**Diversity, Equity, and Inclusion**

**How does your organization address diversity, equity, and inclusion at the board and executive staff levels?**

ABC Recovery Center shares Desert Healthcare Foundation's ideals for diversity. Because of the clients we care for, we need to know that those who are fundamentally tasked with ensuring their care are unbiased and without judgement. Our board is made up of a diversity in racial background and gender. Our executive/management leadership is reflective of the same as well as representation from our LGBTQIA community and those who have been in the justice system as they can address from an empathetic lens how marginalized these communities are.

**If your organization is not currently addressing diversity, equity, and inclusion at the board and executive staff levels, please explain the barriers, such as knowledge, financial investment, capacity, etc., that are preventing you from doing so. NA**

**Partnerships:**

**Key Partners:**

There are no partners in this project. Should it not be funded by the Desert Healthcare Foundation, ABC Recovery Center will look to submit grant requests to other organizations.

## Line Item Budget

## Project

## Operational Costs

PROJECT OPERATIONS		Total Project Budget	Funds from Other Sources <i>Detail on sheet 3</i>	Amount Requested from DHCD
<b>Total Section 2 - Staffing Costs (Details on worksheet)</b>		<b>\$ 6,065,170</b>	<b>\$ 5,787,543</b>	<b>\$ 277,627</b>
<b>Equipment (itemize)</b>				
1	Equipment Expenses	\$ 40,168	\$ 40,168	\$ -
2	Repairs and Maintenance	\$ 109,513	\$ 109,513	\$ -
3				
<b>Subtotal Equipment</b>		<b>\$ 149,681</b>	<b>\$ 149,681</b>	<b>\$ -</b>
<b>Supplies (itemize)</b>				
1	Prescription Medications (Uncompensated)	\$ 64,800	\$ 55,600	\$ 9,200
2	Medical Supplies (Uncompensated)	28,702	26,345	2,357
3	All other Supplies	63,945	63,945	-
<b>Subtotal Supplies</b>		<b>\$ 157,447</b>	<b>\$ 145,890</b>	<b>\$ 11,557</b>
<b>Printing/Duplication</b>		\$ -	\$ -	\$ -
<b>Mailing/Postage</b>		\$ -	\$ -	\$ -
<b>Travel/Mileage (use current federal mileage rate)</b>		\$ -	\$ -	\$ -
<b>Education/Training</b>		\$ -	\$ -	\$ -
<i>* 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 15% indirect cost rate.</i>				
<b>Facility Costs</b>		\$ 371,763	\$ 371,763	\$ -
<b>Depreciation</b>		\$ 312,633	\$ 312,633	\$ -
<b>Program Expenses</b>		\$ 276,617	\$ 276,617	\$ -
<b>Information Technology</b>		\$ 190,554	\$ 190,554	\$ -
<b>Insurance*</b>		\$ 152,811	\$ 152,811	\$ -
<b>All Other Expenses</b>		\$ 154,256	\$ 154,256	\$ -
<b>Other direct project costs not described above (itemize)</b>				
1		\$ -	\$ -	\$ -
2		\$ -	\$ -	\$ -
3		\$ -	\$ -	\$ -
4		\$ -	\$ -	\$ -
<b>Subtotal Indirect</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Indirect Cost Rate - Maximum of 15% Allowed</b>				<b>\$ 43,378</b>
<b>Total Project Budget</b>		<b>\$ 7,830,932</b>	<b>\$ 7,541,748</b>	<b>\$ 332,561</b>
<b>Total Project Revenue Budget (Section 3 - Other Funds)</b>			<b>\$ 8,050,892</b>	
<b>Total Coachella Valley Amount (Based on Coachella Valley Clients Served percent - 56%)</b>		<b>\$ 4,385,322</b>		<b>7.58%</b>
<b>Budget Narrative</b>	Total ABC budgeted expenses are \$7,830,931 of which 56% represents the average percentage of the clientele we serve from the Coachella Valley. Of the total Coachella Valley portion of expenses, our 56% which is \$4,385,322, our total ask of \$332,561 represents less than 10% of the amount that is the Coachella Valley attributable expenses.			
	As an organization we do not populate balanced budgets (budgeted revenues equal budgeted expenses). We do this because our estimated budgeted revenues can significantly vary from the actual revenues we receive, and we don't want to significantly over expend funds. Additionally, our budgeted revenues are based on an average of our previous payor mix of Medi-Cal, Insurance, STOP, and Self-paying clientele, not based on local of the clients served. As such, all the revenues that are reported in our organization wide budget are not going to be received from Clientele from the Coachella Valley, and therefore will not be attributable to the expenses for Coachella Valley clientele.			

### Line Item Budget Staffing Costs

Staff Salaries		Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD	
<b>Employee Position/Title</b>						
1	Nursing Staff (8 FTEs)	468,764	\$ 1	468,764	\$ 41,772	
2	Counselor Staff (11 FTEs)	610,121	1	610,121	\$ 54,369	
3	BH Techs (19.5 FTEs)	855,870	1	855,870	\$ 76,268	
4	Case Managers (3 FTEs)	145,751	1	145,751	\$ 12,988	
5	Kitchen Staff (2 FTEs) plus benefits	102,335	1	102,335	\$ -	
6	Development Director	100,000	1	100,000	\$ -	
7	All other Staff and related benefits	2,317,843	-	2,317,843	\$ -	
8						
<b>Total Employee Salaries</b>				<b>4,600,684</b>	<b>\$ 185,396</b>	
<b>Total Employee Benefits / Employer Taxes - proportional fringe costs and/or employer taxes based on % of time allocated to project</b>			<b>28%</b>	<b>639,195</b>	<b>\$ 51,911</b>	
<b>Enter this amount in Section 1; Staffing Costs</b>				<b>5,239,880</b>	<b>237,307</b>	
<b>Budget Narrative</b>	<p style="color: red;">Please describe in detail the employee benefits including the percentage and salary used for calculation.</p> <p>Employee Salary data above represents the entire organization wide budget for the fiscal year. However, of the clients ABC serves approximately 56% are Coachella Valley residents. Therefore if you take the total Salaries and Benefits budget amount of \$5,239,879 the Coachella Valley portion represents \$2,934,332 and the amount ABC is requesting represents less than 10% of the Coachella Valley attributable amount.</p> <p>Benefits include: Medical, Dental, Vision, Long Term Disability, and life insurance coverage.</p>					
<b>Budget Narrative</b>	<p>During the COVID years of 2020-2021, ABC's census was down and we were treating around 600 clients per year. Pre COVID our census was approximately 1000 clients per year. Each client is provided medical care and as a dual diagnosis facility, that includes mental healthcare as well as physical healthcare. Most clients are treated for 30 days. Some less, some more. We treat them for their medical needs for the duration of their time in treatment. As shared, most of our clients are Medi-Cal recipients. Medi-Cal does not reimburse ABC Recovery fully for services. Neither does STOP. Both pay a fraction of billable service. The gap in what is reimbursed for services vs. the cost of the services is the struggle in providing the best care possible for the people who need our services, desperately, and having these costs mitigated enables ABC the preparation of fully expand services and increase our capacity with the capital project underway in 2023.</p>					
Professional Services/Consultants		Hourly Rate	Hours/Week	Monthly Fee	Total Annual Project Fees	Amount Requested from DHCD
1	Nancy Waite-O'Brien (Psy)	\$ 100	4/4	\$ 1,600	\$ 19,200	\$ 1,920
2	A.J. Botwin, M.D.	250	20/4	20,000	240,000	24,000
3	Villareal & Associates, Jim Herndon (PA)	150	20/4	12,000	144,000	14,400
4	All other Professional services	-	-	\$ -	422,090	-
5						
<b>Total Professional Services/Consultants</b>				<b>\$ 825,290</b>	<b>\$ 40,320</b>	
<b>Enter this amount in Section 1; Staffing Costs</b>				<b>\$ 6,065,170</b>	<b>\$ 277,627</b>	

<b>Budget Narrative</b>	<p>ABC recovery has adopted an evidence-based approach to improve their approach to substance abuse treatment. Specifically, ABC is utilizing a well-established evidence-based practice to provide integrated substance abuse treatment and mental health treatment services. This approach is known as the Illness Management and Recovery Program (ILM). ILM was developed by the Robert Wood Johnson Foundation and is recommended by SAMSHA. The program created a multidisciplinary mental health services department, consisting of a social worker, registered nurse, and psychiatrist, to triage and screen each new client at ABC. Clients with mental health issues receive customized treatment to build a recovery program around his/her mental health issues while receiving medication and therapy to manage their issues. The mental health services team remain with the client throughout their continuum of care at ABC (detox to inpatient to outpatient treatment, one year's time) and are then transitioned to a community provider after their year with ABC. The staff utilized to manage this care have the following responsibilities:</p> <p>Counselors are required to have supervision and support hours, which is provided by a contracted vendor, Nancy Waite-O'Brien. Additionally, we contract with an MD, Dr. Botwin, and a PA, Villareal &amp; Associates who assess our clients, and provide MAT services if needed.</p>
-------------------------	--

**Line Item Budget**

**Other**

**Project Funds**

<b>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".</b>		<b>Amount</b>
<b>Client Service Fees</b>		\$ 7,471,495
<b>Donations</b>		-
<b>Subtotal Fees and Donations</b>		<b>\$ 7,471,495</b>
1	Rental Revenue from Transitional and Sober Living Program	517,700
2	Grants and Donations	31,300
3		
4		-
<b>Subtotal Other Revenues</b>		<b>\$ 549,000</b>
<b>Fundraising (describe nature of fundraiser)</b>		
1	Gala Fundraising Event	\$ 20,000
2	Misc Fundraising Events	5,600
<b>Subtotal Fundraising</b>		<b>\$ 25,600</b>
<b>Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)</b>		
1	Miscellaneous revenues	\$ 4,796
2		-
3		-
4		-
<b>Subtotal Other Income</b>		<b>\$ 4,796</b>
<b>Total funding in addition to DHCD request</b>		<b>\$ 8,050,892</b>
<b>Budget Narrative</b>	<p>Throughout the calendar year, ABC Recovery Center receives support through revenues from provided services, living program rents, grants, special events, solicited gifts as well as donations. We budget our revenues based on an estimation of average clients served by payor mix. Additionally, we provide Medi-Cal services to both Riverside County Clients and Imperial County Clients. These budgeted revenues are based on an average of actual census data, which can fluctuate from actual throughout the year, so we do not create a balanced budget in the event that our revenue census does not meet our budgeted assumptions. This allows us a buffer as to prevent our expenses from not greatly exceed our actual revenues received. Any unrestricted grants and donations are purposed for general operating support and other unrestricted needs. ABC Recovery Center introduced "The Cost of Caring Fund", which is used to support non-specific projects. It funds:</p> <ul style="list-style-type: none"> <li>Uncompensated doctor/patient visits</li> <li>Uncompensated pharmacy/medication costs and supplies</li> <li>Uncompensated care/charity care</li> <li>Gap funding from service reimbursements that don't fully cover treatment</li> </ul> <p>If ABC gains the support of the Desert Healthcare Foundation for our uncompensated medical care, we can utilize other philanthropic support to help us cover the balance of our annual uncompensated/unreimbursed care.</p>	

## Grant Scoring Review

### Grant Staff Review # 1 of 4

---

**Executive Summary:** 10

**Community Need and Alignment:** 9

**Goals:** 9

**Proposed Evaluation Plan:** 8

**Applicant Capacity and Infrastructure:** 9

**Organizational Sustainability:** 9

**Budget:** 9

**Key Partners/Collaborations:** 9

---

**Total Score:** 72.00

---

### Reviewer Comments:

ABC Recovery has been providing much needed substance abuse programs and supportive services to Coachella Valley residents. Desert Healthcare District Funds will be used to directly assist 428 individuals and 856 individuals through their Family Program. ABC Recovery does not receive reimbursement from Medi-Cal or STOP for services rendered to individuals going through their various programs, District funds will cover some of those expenses.

### Response Notes:

---

### Average Review Score:

Fiscal Staff Review Stage: 18.5 (2 of 2)

Grant Program Staff Review Stage: 69.25 (4 of 4)

### Sum of all Reviews:

Fiscal Staff Review Stage: 37 (2 of 2)

Grant Program Staff Review Stage: 277 (4 of 4)

**Total average proposal score: 88/100**

## Grant Scoring Review

### Grant Staff Review # 2 of 4

---

**Executive Summary:** 8

**Community Need and Alignment:** 8

**Goals:** 9

**Proposed Evaluation Plan:** 8

**Applicant Capacity and Infrastructure:** 9

**Organizational Sustainability:** 9

**Budget:** 9

**Key Partners/Collaborations:** 5

---

**Total Score:** 65.00

---

#### **Reviewer Comments:**

ABC Recovery provides invaluable services and support to our community members and their families suffering from substance use addiction. With Riverside County reporting an increase in overdose deaths by 16% from 690 in 2020 to 805 in 2021, there is an increased demand for recovery centers. Internally, ABC Recovery is a dual diagnosis facility with a multi-disciplinary team of professionals that work together to address a client's physical and mental health issues as well as providing indirect support to families. They offer a financial safety net for those that are unable to pay for services and, according to the Recovery Research Institute, show a high cost-to-benefit ratio of early intervention. Specifically, every \$1 in treatment saves \$4 in healthcare costs and \$7 in law enforcement and other criminal justice costs. District dollars will assist in providing relief for uncompensated client care. I am hoping that with the anticipated expansion of beds, ABC will expand their external partnerships and work more with local community organizations for a increased collaborative approach to providing care.

#### **Response Notes:**

---

#### **Average Review Score:**

Fiscal Staff Review Stage: 18.5 (2 of 2)

Grant Program Staff Review Stage: 69.25 (4 of 4)

#### **Sum of all Reviews:**

Fiscal Staff Review Stage: 37 (2 of 2)

Grant Program Staff Review Stage: 277 (4 of 4)

**Total average proposal score: 88/100**

## Grant Scoring Review

### Grant Staff Review # 3 of 4

---

**Executive Summary:** 10

**Community Need and Alignment:** 9

**Goals:** 9

**Proposed Evaluation Plan:** 8

**Applicant Capacity and Infrastructure:** 8

**Organizational Sustainability:** 8

**Budget:** 8

**Key Partners/Collaborations:** 7

---

**Total Score:** 67.00

---

#### **Reviewer Comments:**

ABC Recovery has been providing physical (addiction withdrawal) and mental health services to successfully help clients to sobriety and stay on the road to recovery for 60 years. The organization accepts clients who have no means of payment as well as provide comprehensive, evidence-based programming and services to parolees in their first year of release. The District's funding will help mitigate ABC Recovery's costs for uninsured/unreimbursed medical and therapeutic services for clients whose insurance will not cover their costs and for those who are uninsured and underinsured.

#### **Response Notes:**

---

#### **Average Review Score:**

Fiscal Staff Review Stage: 18.5 (2 of 2)

Grant Program Staff Review Stage: 69.25 (4 of 4)

#### **Sum of all Reviews:**

Fiscal Staff Review Stage: 37 (2 of 2)

Grant Program Staff Review Stage: 277 (4 of 4)

**Total average proposal score: 88/100**

## Grant Scoring Review

### Grant Staff Review # 4 of 4

---

**Executive Summary:** 9

**Community Need and Alignment:** 9

**Goals:** 9

**Proposed Evaluation Plan:** 10

**Applicant Capacity and Infrastructure:** 10

**Organizational Sustainability:** 9

**Budget:** 9

**Key Partners/Collaborations:** 8

---

**Total Score:** 73.00

---

### Reviewer Comments:

ABC Recovery Center has provided recovery services for 60 years. This project will seek to provide on-site recovery services to those in need in the Coachella Valley as part of its Cost of Caring Fund project. This project is focused on services that are not reimbursable or the client is uninsured and has no means by which to cover the cost of the necessary services. In alignment with their mission to serve all that require their services, ABC Recovery turns no one away.

ABC Recovery endeavors to provide "whole person care" which includes physical addiction care, along with support from a multidisciplinary team of providers working in an integrated fashion. Supportive housing is also an aspect of this program for clients after they complete the residential program setting. This allows for the support of sustainable new behaviors and activities.

Desert Healthcare District funds would support the gap that exists between the reimbursable services and those that are provided to the uninsured. The target population for these services includes those who struggle with addiction and whose condition has been exacerbated by the impact of the isolation that accompanied the COVID pandemic. The whole person approach is necessary as addiction and mental health are often linked and require integrated care. ABC Recovery is unique in the region as it does not "cap" the number of STOP (Specialized Treatment for Optimized Programs) clients to be served. These clients instead receive a detailed level of service utilizing evidence based practices. Client progress is tracked and subsequent responses to the interventions employed will inform future practice.



## Grant Scoring Review

Getting these much needed services to the most vulnerable members of the community free of the stigma associated with addiction and not having the proper insurance to cover treatment is an important wellness aspect that can be achieved. This project aligns with the District Strategic Plan Goal #2 (Proactively expand community access to primary and specialty care services).

### **Response Notes:**

---

#### **Average Review Score:**

Fiscal Staff Review Stage: 18.5 (2 of 2)

Grant Program Staff Review Stage: 69.25 (4 of 4)

#### **Sum of all Reviews:**

Fiscal Staff Review Stage: 37 (2 of 2)

Grant Program Staff Review Stage: 277 (4 of 4)

**Total average proposal score: 88/100**

## Grant Scoring Review

### Fiscal Staff Review # 1 of 2

---

**Fiduciary Compliance:** 9

**Financial Stability:** 9

---

**Total Score:** 18.00

---

#### **Reviewer Comments:** Fiduciary Compliance

The FY 06/30/21 audit report is unmodified. The Board of Directors accepted the audit report.

Audit report Current Ratio is strong (7:1), which represents the grantee's ability to pay its short-term liabilities.

The Net Assets increased by \$821k as of 6/30/21, with Total Net Assets of \$7.3M. Internal financial statements, as of 6/30/22, demonstrates an increase of \$417k. The Balance Sheet is strong.

#### Financial Stability

Grantee demonstrates a sound financial position. The project is in alignment with the 2021 Strategic Plan.

Grantee has diversified resources for this project of approximately \$4.3M. The District's grant of \$332,561 is well supported by potential other resources.

#### **Response Notes:**

---

#### **Average Review Score:**

Fiscal Staff Review Stage: 18.5 (2 of 2)

Grant Program Staff Review Stage: 69.25 (4 of 4)

#### **Sum of all Reviews:**

Fiscal Staff Review Stage: 37 (2 of 2)

Grant Program Staff Review Stage: 277 (4 of 4)

**Total average proposal score: 88/100**

## Grant Scoring Review

### Fiscal Staff Review # 2 of 2

---

**Fiduciary Compliance:** 10

**Financial Stability:**

---

**Total Score:** 19.00

---

**Reviewer Comments:** Unmodified audited financial statements presented to and approved by board. Positive cash flow noted for 2020 and 2021 with a strong current ratio. Grant budget is reasonable in comparison to overall organizational budget. Organizational budget contains multiple sources of funding. Strategic plan in place which highlights short and long-term funding (fundraising and pending expansion).

**Response Notes:**

---

### **Average Review Score:**

Fiscal Staff Review Stage: 18.5 (2 of 2)

Grant Program Staff Review Stage: 69.25 (4 of 4)

### **Sum of all Reviews:**

Fiscal Staff Review Stage: 37 (2 of 2)

Grant Program Staff Review Stage: 277 (4 of 4)

**Total average proposal score: 88/100**

**EXHIBIT B**

**PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES**

<u>Project Title</u>	<u>Start/End</u>
Cost of Caring Fund Project	1/01/2023 12/31/2023

**PAYMENTS:**

(4) Payments: \$74,826.00  
 10% Retention: \$33,257.00

Total request amount: \$ 332,561

**GRANT AND PAYMENT SCHEDULE REQUIREMENTS:**

Scheduled Date	Requirement Number	Grant Requirements for Payment	Payment
1/01/2023		Signed Agreement submitted & accepted.	Advance of \$74,826.00 for time period 1/01/2023 - 3/31/2023
5/01/2023		Quarterly (1/01/2023 - 3/31/2023) progress report, budget reports and receipts submitted & accepted	Advance of \$74,826.00 for time period 4/01/2023 - 6/30/2023
8/01/2023		Quarterly (4/01/2023 - 6/30/2023) progress report, budget reports and receipts submitted & accepted	Advance of \$74,826.00 for time period 7/01/2023 - 9/30/2023
11/01/2023		Quarterly (7/01/2023 - 9/30/2023) progress report, budget reports and receipts submitted & accepted	Advance of \$74,826.00 for time period 10/01/2023 - 12/31/2023

2/01/2023		Quarterly (10/01/2023 - 12/31/2023) progress report, budget reports and receipts submitted & accepted	\$0
2/15/2023		Final report (1/01/2023 - 12/31/2023) and final budget report submitted & accepted	\$33,257.00 (10% retention)

**TOTAL GRANT AMOUNT: \$ 332,561**

**DELIVERABLES:**

**Project Goals and Evaluation**

<p><b>Goal #1:</b> By December 31, 2023, ABC Recovery Center is projecting we would directly serve 428 clients for addiction related services based on recent year's data.</p>	<p><b>Evaluation #1:</b> ABC will track the type of treatment, costs of treatment, the reimbursement amounts allocated to each client's services, and how the reimbursements of care are being fulfilled.</p>
<p><b>Goal #2:</b> By December 31, 2023, ABC is projecting to support 856 people served indirectly through our Family Program.</p> <p>ABC offers a one-day in person family program that meets once every six weeks. The program is centered around education and is facilitated in a supportive environment that explores the depth of addiction, family systems, boundaries, communication skills and recovery for the entire family. The program is free and opened to family members who would like to improve their relationship with their loved one who struggles with substance use disorders.</p> <p>ABC also provides a weekly webinar on Saturdays at 10:00am. The webinar series is a 5-week series that guides supporting family members with loved ones who struggle with substance use disorders utilizing the</p>	<p><b>Evaluation #2:</b> At the conclusion of participation in the Family Program, we have participants complete a program evaluation. Survey questions include; did you feel welcome, were you comfortable, was the program informative and helpful. Participants are asked what they learned about addiction and what strengths and challenges they were able to identify in themselves. They're asked what new coping skills they learned, and how it can benefit their loved one's recovery. We also give them an opportunity to share what could be improved.</p> <p>As part of our regular reporting we can include the outcomes of these surveys and track the success of our Family Program.</p>

<p>CRAFT (Community Reinforcement and Family Training) method.</p> <p>Additionally, there is the option of attending Al-anon meetings located both here at ABC and around the community on a weekly basis.</p>	
--	--



**Date:** December 20, 2022

**To:** Board of Directors

**Subject:** Grant # 1326 TODEC Legal Center

---

**Grant Request:** TODEC's Equity Program

**Amount Requested:** \$100,000.00

**Project Period:** 1/1/2023 to 12/31/2024

TODEC's mission is to empower disenfranchised immigrant communities to become economically, socially, educationally, and civically self-sufficient while enhancing individual self-esteem and community health. The overall purpose of TODEC is to ensure equitable access to information, immigration legal services, community education, advocacy, and civic engagement for limited and non-English speaking people including immigrants and migrant workers. Our funding will support TODEC's Health Equity program which will provide outreach and education and raise awareness about affordable housing and poverty to frontline farm and food workers who were deemed essential workers during the COVID-19 pandemic. With grant funds, TODEC will manage the outreach and education program to reach 2,000 unduplicated farm and food workers

This application is focused on the District's goal 5 to be responsive to and supportive of selected community initiatives that enhance economic stability of District residents. Specifically, strategies 5.2 and 5.3 that look to raise awareness of/facilitating progress on the social determinants of health specific to affordable housing for community residents and raise awareness of/facilitating progress on the social determinants of health specific to poverty among community residents.

District funds will be utilized for education and training events and funds for their outreach organizer. This grant is focused on core operating support for the continuation of the collective efforts of the Coachella Valley Equity Collaborative.

**Strategic Plan Alignment:**

Goal 5: Be responsive to and supportive of selected community initiatives that enhance the economic stability of the District residents



Strategy: 5.2 On a situational basis, play a role in raising awareness of/facilitating progress on the social determinants of health specific to affordable housing for community residents and be a catalyst for community organizations to act in implementing solutions (Priority: Moderate)

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 (Priority: Moderate/Low)

**Geographic Area(s) Served:**

All District Areas

**Grant Application Revisions:**

- At the June 2022 Program Committee meeting Board Members requested edits to the grant application that included the addition of information and several points of clarification to strengthen the grant application.
- Based on that feedback the grant application was revised and resubmitted by TODEC Legal Center for Program Committee approval.

**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 \$100,000.00 be approved.

Recommendation with modifications

Deny





## Grant Application Summary

### **TODEC Legal Center, Grant #1326**

#### **About the Organization**

TODEC Legal Center  
 1486 SIXTH ST  
 Mailing: PO BOX 1733 Perris CA 92570  
 COACHELLA, CA 92236  
<http://www.todec.org>

**Tax ID #:** 33-0711527

#### **Primary Contact:**

Luz Gallegos  
 Tel: (951) 943-1955  
[LuzGallegos@todec.org](mailto:LuzGallegos@todec.org)

#### **Organization History and Mission**

TODEC's mission is to empower disenfranchised immigrant communities to become economically, socially, educationally, and civically self-sufficient while enhancing individual self-esteem and community health. The overall purpose of TODEC is to ensure equitable access to information, immigration legal services, community education, advocacy, and civic engagement for limited and non-English speaking people including immigrants and migrant workers throughout Riverside, San Bernardino, Inyo, and Imperial counties.

**Organization Annual Budget:** \$3,527,459.00

#### **Historical (approved Requests)**

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
2020	Sembrando Prevencion	\$120,000	Grant	11/10/2020	
2020	Sembrando Prevencion	\$95,000	Grant	2/11/2021	
2020	Sembrando Prevencion	\$425,000	Grant	5/28/2021	

## **Project Information**

**Project Title:** TODEC's Equity Program

**Start Date:** 1/1/2023 **End Date:** 12/31/2024

**Term:** 24 months

**Total Project Budget:** \$100,000

**Requested Amount:** \$100,000

### **Executive Summary:**

TODEC's Health Equity program will provide outreach, education, case management, and raise awareness about housing to frontline farmworkers (including those working in the fields, with livestock, and in meatpacking). With grant funds, TODEC will manage the case management, outreach and education program to reach 2,000 unduplicated farm workers who live or work in the Coachella Valley. From July 1, 2022 to June, 2024, TODEC will work with its extensive network of public and nonprofit partners to reach frontline farm workers using effective, linguistically and culturally appropriate outreach. TODEC will provide outreach through the combined influence of our committed membership, volunteers, and extensive network of project partners, and phone banks, as well as through door-to-door canvassing in farm worker communities and worksites, and with comprehensive local radio, television, and social media campaigns.

For the past few years, TODEC has been working to successfully deliver emergency assistance to farm workers in the Coachella Valley through the Housing for the Harvest program. This program provides temporary housing for people who work in the fields or food processing. The program also provides people with grocery delivery, transportation, a dedicated caseworker who calls and provides daily wellness checks and, critically, a \$1,000 check to ensure that they can isolate and fully recover at home without facing financial fallout from lost wages.

We have the infrastructure to implement programs rapidly to address community needs. We do this by utilizing existing best practices, strategic communications, targeted outreach, and building on existing programs for efficient program delivery, all of which are routinely evaluated and fine-tuned. Our call center is a well-known resource for connecting community members to available resources, services, immigration and legal support, evictions legal support, labor rights, and financial assistance., and anything that intersects with immigration.

We use Results-Based Accountability (RBA) to solve problems using data-driven, decision-making processes and ensure we are meeting program goals. RBA helps TODEC identify the specific community members who benefit from the services we provide, so our performance measures to assess community-wide improvements focus on whether our community is better off as a result of our services. These performance measures also look at the quality and efficiency of these services

### **Community Need for the Project:**

The Eastern Coachella Valley, is home to approximately 8,000 agricultural workers and a large farm network. Farmworkers are the backbone of the food system that supplies

our grocery stores and puts food on the tables of households in California and across much of the nation. The majority of these farmworkers live in scattered mobile home communities that pose a unique challenge to efforts to provide safe drinking water to these Coachella residents.

TODEC's own surveys show that more than half of the farm workers surveyed in our region have annual household incomes of less than \$25,000. Many of them are ineligible for unemployment insurance, cash assistance, housing assistance, or other existing relief programs, so cash assistance is critically needed to help impacted families cover basic expenses such as rent and food. Approximately 25% of the immigrant population in the Inland Empire does not have health insurance (Center for Social Innovation, UC Riverside, 2019). Their living environments, generally overcrowded, multigenerational spaces, put them in close physical contact with others. They typically experience generational poverty, are an aging population with an average age of 45, and often have little access to healthy food. This population is also vulnerable because many of them are going to work when sick because they cannot afford to lose their jobs and their pay.

As a nationally-acclaimed grassroots organization, TODEC has worked with the immigrant families who comprise the overwhelming majority of California's frontline farm workers for almost 40 years.

#### **Strategic Plan Alignment:**

**Goal 5:** Be responsive to and supportive of selected community initiatives that enhance the economic stability of the District residents

**Strategy: 5.2** On a situational basis, play a role in raising awareness of/facilitating progress on the social determinants of health specific to affordable housing for community residents and be a catalyst for community organizations to act in implementing solutions (Priority: Moderate)

**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 (Priority: Moderate/Low)

#### **Project Description and Use of District funds:**

TODEC's Health Equity program will provide outreach and education and raise awareness about affordable housing and poverty to frontline farm workers. With grant funds, TODEC will manage the outreach and education program to reach 2,000 unduplicated farm workers who live or work in the Coachella Valley. From July 1, 2022 to June, 2024, TODEC will work with its extensive network of public and nonprofit partners to reach frontline farm and food workers using effective, linguistically and culturally appropriate outreach. TODEC's partners for this project include Desert Healthcare District and Foundation, Riverside University Health System, Galilee Center, ECV collaborative, and California Catholic Diocese of San Bernardino. TODEC will provide outreach through the combined influence of our committed membership, volunteers, and extensive network of project partners, and phone banks, as well as through door-to-door canvassing in farm worker communities and worksites, and with comprehensive local radio, television, and social media campaigns.

**Description of the Target Population (s):**

Seniors, farmworkers, food workers, uninsured/underinsured, Latino immigrants, and the Purepecha indigenous community

**Geographic Area(s) Served:**

All District Areas

**Age Group:**

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

**Total Number of District Residents Served:**

**Direct:** 2,000

**Indirect:** 5,000

**Project Goals and Evaluation**

<p><b>Goal #1:</b> By December 31, 2024, provide outreach, education and awareness to 2,000 Latino farm workers about the social determinants of health specific to poverty, and be a catalyst to act in implementing solutions.</p>	<p><b>Evaluation #1:</b> This project goal coincides with the District and Foundation’s Strategic Plan performance measure of 2,000 district residents receiving awareness on the social determinants of health specific to poverty for community residents under strategy 5.3</p>
<p><b>Goal #2:</b> By December 31, 2024, provide outreach, education and awareness to 2,000 Latino farm workers about the social determinants of health specific to affordable housing, and be a catalyst to act in implementing solutions.</p>	<p><b>Evaluation #2:</b> This project goal coincides with the District and Foundation’s Strategic Plan performance measure of 2,000 district residents receiving awareness on the social determinants of health specific to affordable housing for community residents under strategy 5.2</p>
<p><b>Goal #3:</b></p>	<p><b>Evaluation #3:</b></p>
<p><b>Goal #4:</b></p>	<p><b>Evaluation #4:</b></p>
<p><b>Goal #5:</b></p>	<p><b>Evaluation #5:</b></p>

**Proposed Project Evaluation Plan**

TODEC will collect qualitative data through direct observation, interviews, case files, and success stories. Staff will be required to provide participant sign-in sheets, complete intake forms and record case notes. We will also track calls to the hotline and report back on response times to our clients.

TODEC will also collect quantitative data by administering pre- and post-gatherings. Data is collected daily and tracked weekly; internal capacity is in place to meet evaluation requirements to avoid additional program costs. The work plan and strategic planning include ongoing evaluation designed to track goals, activities/actions, and measure success/outcomes and to shift strategies when necessary. TODEC also has the capacity to report on deliverables on a monthly to quarterly basis, depending on the program requirements.

TODEC staff will continue to collect and analyze our results, indicators, baselines, strategies, and performance measures, to determine if our programs and services are working. It will be important to understand and track the measures to show about where we've been and where we're headed. Furthermore, if provided support, TODEC will partner with an outside firm, to develop and implement a process and outcome evaluation, specifically working with this consultant to help us further our work using the RBA framework to help TODEC staff implement this evaluation framework.

RBA enables organizations, like TODEC, to identify how well we are doing in achieving a particular quality of life result and where we might need to make changes. Furthermore, the RBA methodology will help us identify what changes will be needed to "turn the curve," that is, move the trend line in a positive direction.

### **Organizational Capacity and Sustainability**

#### **Organizational Capacity**

TODEC has 40 years of experience working across our three regional and six satellite offices in rural, disenfranchised immigrant communities in the Coachella Valley. The overall purpose of TODEC is to ensure equitable access to information, immigration legal services, community education, advocacy, and civic engagement for limited- and non-English speaking people including immigrants and migrant workers throughout Riverside, San Bernardino, Inyo, and Imperial counties. All of our staff are from the communities we serve; thus, we have significant and deep-rooted credibility and understanding about the most important issues our communities face right now. We have direct experience engaging our communities through targeted outreach, including in-person events, canvassing, text message, email, and social media. We are nimble at providing emergency assistance and can produce culturally relevant messaging in multiple formats very quickly.

#### **Organizational Sustainability:**

TODEC is currently sustaining its work by diversifying its revenue. We currently receive funding from individual donors, private and corporate foundations, and government contracts and grants. This project aligns with our current strategic plan, which aims to ensure that all of our community members have a fair chance to succeed and thrive.

### **Diversity, Equity, and Inclusion**

#### **How does your organization address diversity, equity, and inclusion at the board and executive staff levels?**

At TODEC, diversity, equity, and inclusion are at the core of who we are. Our commitment to these values is unwavering – across all of our work across the

Coachella Valley. They are central to our mission and to our impact. We know that having varied perspectives helps generate better ideas to solve the complex problems and challenges of a changing—and increasingly diverse—world.

Furthermore, TODEC is managed by a diverse and dedicated Board of Directors. As an organization we enjoy stable, diverse, experienced executive leadership who are deeply committed to recruiting and sustaining a highly effective team. We foster a vibrant organizational culture that inspires diverse people and teams to achieve results. We are currently engaged in a staff and board-wide JEDI (Justice, Diversity, Equity, and Inclusion) initiative to strengthen our current systems, policies, practices, and procedures to advance equity.

**If your organization is not currently addressing diversity, equity, and inclusion at the board and executive staff levels, please explain the barriers, such as knowledge, financial investment, capacity, etc., that are preventing you from doing so.**

**Partnerships:**

**Key Partners:**

TODEC's partners for this project include Desert Healthcare District and Foundation, Riverside University Health System, Galilee Center, ECV collaborative, and California Catholic Diocese of San Bernardino. TODEC will provide outreach through the combined influence of our committed membership, volunteers, and extensive network of project partners, and phone banks, as well as through door-to-door canvassing in farm worker communities and worksites, and social media campaigns

## Line Item Budget Project Operational Costs

PROJECT OPERATIONS		Total Project Budget	Funds from Other Sources <span style="color: red;">Detail on sheet 3</span>	Amount Requested from DHCD
<b>Total Staffing Costs</b> <span style="color: red;">Detail on sheet 2</span>		\$ 70,242.00	\$ -	\$ 70,242.00
<b>Equipment (itemize)</b>				
1				\$ -
2				\$ -
3				\$ -
4				\$ -
<b>Supplies (itemize)</b>				
1				\$ -
2				\$ -
3				\$ -
4				\$ -
<b>Printing / Duplication</b>				
<b>Mailing / Postage</b>				
<b>Travel / Mileage (use current Federal mileage rate)</b>				
<b>Education / Training</b>		\$ 20,667.09		\$ 20,667.09
<p><b>* 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.</b></p>				
<b>Office / Rent / Mortgage*</b>			\$ -	\$ -
<b>Telephone / Fax / Internet*</b>			\$ -	\$ -
<b>Utilities*</b>			\$ -	\$ -
<b>Insurance*</b>			\$ -	\$ -
<b>Other direct project costs not described above (itemize)</b>				
1				\$ -
2				\$ -
3				\$ -
4				\$ -
<b>Indirect Cost Rate - Maximum of 10% Allowed</b>				\$ 9,090.91
<b>Total Project Budget</b>		<b>\$ 100,000.00</b>	<b>\$ -</b>	<b>\$ 100,000.00</b>
<b>Budget Narrative</b>	<p style="color: red;">Fully describe items above in this cell. You may insert rows or create additional worksheets if more space is needed to fully describe your budget. <b>INDIRECT CHARGES*</b>                      Educational Events consist but is not limited to:                      food, cultural entertainment, art supplies @ \$861.15/mo. x 24 mo =\$20,667.52                      Indirect cost consists but is not limited to expenses to cover direct support of administrative staff including executive director, accounting services. It also includes the cost of administrative telephones, supplies and utilities, Headquarter Rent, Telephone, Payroll fees, Audit/990, Outside Services, Postages, Payroll Services, and other Administration Fees. Estimated indirect cost for the year will be \$9,090.91 rounded to the nearest dollar.</p>			

### Line Item Budget Staffing Costs

Staff Salaries		Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD
<b>Employee Position/Title</b>					
1	Outreach Organizer@ \$25/hr. 24 mo. x20%	\$ 104,000.00	55%	57,200.00	\$ 57,200.00
2				-	
3				-	
4				-	
5				-	
6				-	
7				-	
8				-	
<b>Total Employee Benefits / Employer Taxes - proportional fringe costs and/or employer taxes based on % of time allocated to project</b>				13,042.00	13,042.00
<b>Enter this amount in Section 1;Staffing Costs</b>			<b>Total &gt;</b>	<b>\$ 70,242.00</b>	<b>\$ 70,242.00</b>
<b>Budget Narrative</b>	Please describe in detail the scope of work and duties for each employee on this grant.				
<b>Budget Narrative</b>	Please describe in detail the employee benefits including the percentage and salary used for calculation. FICA@ 7.65% (Social Security 6.2%, Medicare 1.45%) for 24 mo. = \$4,376; SUI (6.8% for up to \$7,000) = \$262; Health insurance @ \$550 x 20% x 24 mo.= \$7,260; Workers Compensation @ 2% = \$1,144 TOTAL FRINGE BENEFITS = \$13,042 rounded				
Professional Services / Consultants		Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD
<b>Company and Staff Title</b>					
1					
2					
3					
4					
5					
<b>Enter this amount in Section 1;Staffing Costs</b>				<b>Total &gt;</b>	<b>\$ -</b>
<b>Budget Narrative</b>	Please describe in detail the scope of work for each professional service/consultant on this grant.				



## 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".		<b>Amount</b>
<b>Fees</b>		
<b>Donations</b>		
<b>Grants (List Organizations)</b>		
	1	
	2	
	3	
	4	
<b>Fundraising (describe nature of fundraiser)</b>		
	1	
	2	
<b>Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)</b>		
	1	
	2	
	3	
	4	
<b>Total funding in addition to DHCD request</b>		<b>\$ -</b>
<b>Budget Narrative</b>	Describe project income listed above. Note whether income is "projected" or actual.	

**EXHIBIT B**

**PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES**

Project Title  
 TODEC's Equity Program

Start/End  
 1/01/2023  
 12/31/2024

**PAYMENTS:**

(4) Payments: \$22,500.00  
 10% Retention: \$10,000.00

**Total request amount: \$ 100,000.**

**GRANT AND PAYMENT SCHEDULE REQUIREMENTS:**

Scheduled Date	Requirement Number	Grant Requirements for Payment	Payment
1/01/2023		Signed Agreement submitted & accepted.	Advance of \$22,500.00 for time period 1/01/2023 - 6/30/2023
8/01/2023		1st six-month (1/01/2023 - 6/30/2023) progress report, budget reports and receipts submitted & accepted	Advance of \$22,500.00 for time period 7/01/2023 - 12/31/2023
2/01/2024		2nd six-month (7/01/2023 - 12/31/2023) progress report, budget reports and receipts submitted & accepted	Advance of \$22,500.00 for time period 1/01/2024 - 6/30/2024
8/01/2024		3rd six-month (1/01/2024 - 6/30/2024) progress report, budget reports and receipts submitted & accepted	Advance of \$22,500.00 for time period 7/01/2024 - 12/31/2024

2/01/2025		4th six-month (7/01/2024 - 12/31/2024) progress report, budget reports and receipts submitted & accepted	\$0
2/15/2025		Final report (1/01/2023 - 12/31/2024) and final budget report submitted & accepted	\$10,000.00 (10% retention)

**TOTAL GRANT AMOUNT: \$ 100,000.**

**DELIVERABLES:**

**Project Goals and Evaluation**

<p><b>Goal #1:</b> By December 31, 2024, provide outreach, education and awareness to 2,000 Latino farm workers about the social determinants of health specific to poverty, and be a catalyst to act in implementing solutions.</p>	<p><b>Evaluation #1:</b> This project goal coincides with the District and Foundation’s Strategic Plan performance measure of 2,000 district residents receiving awareness on the social determinants of health specific to poverty for community residents under strategy 5.3</p>
<p><b>Goal #2:</b> By December 31, 2024, provide outreach, education and awareness to 2,000 Latino farm workers about the social determinants of health specific to affordable housing, and be a catalyst to act in implementing solutions.</p>	<p><b>Evaluation #2:</b> This project goal coincides with the District and Foundation’s Strategic Plan performance measure of 2,000 district residents receiving awareness on the social determinants of health specific to affordable housing for community residents under strategy 5.2</p>



**Date:** December 20, 2022

**To:** Board of Directors

**Subject:** Grant # 1318 Riverside County Latino Commission on Alcohol & Drug Abuse Services Inc.

---

**Grant Request:** Healthy Minds Healthy Lives - Mentes Sanas Vidas Sanas

**Amount Requested:** \$605,507.00

**Project Period:** 1/1/2023 to 6/30/2024

Riverside County Latino Commission provides programs and services for those in the Coachella Valley community who are facing problems with substance abuse and/or mental health issues by improving healthcare access, prevention, and treatment. To enhance the Latino Commission's ability to meet increased demand for understanding, navigating, and being connected to mental healthcare services, the Latino Commission is partnering with Vision y Compromiso. Vision y Compromiso will bring more highly trained community experts and trusted members into our region to educate, empower, and connect residents to local resources and services.

The Latino Commission's request seeks funding support to expand their reach and improve community member's access to mental health services. Working in partnership with Vision Y Compromiso, the project will utilize four promotoras who will directly engage residents by providing outreach around available resources, resource and referral navigation through case management, and direct connections to the Latino Commission for mental healthcare services. Additionally, funding will go to expanding the Latino Commission's capacity to supervise behavioral health graduate students and trainees and ultimately help to retain behavioral health professionals in the valley. The grant request aligns with the District's Strategic Plan goal of proactively expanding community access to behavioral/mental health services. Funds will be directed towards the salaries of four Vision y Compromiso promotoras and related expenses for their outreach efforts and partial salary support to several behavioral health professionals at the Latino Commission.



**Strategic Plan Alignment:**

**Goal:** Proactively expand community access to behavioral/mental health services in the Coachella Valley within the geographical areas identified by this project.

Five strategies will be addressed:

- **3.1** Provide funding to support an increase in the number of behavioral/mental health professionals (includes training) (Priority: High)
- **3.3** Provide funding to Community-Based Organizations enabling an increase in the number and the geographic dispersion of sites providing behavioral/mental health services (consider co-location with other health services) (Priority: High)
- **3.4** Provide funding support to Community-Based Organizations providing tele-behavioral/mental health services (Priority: High)
- **3.6** Educate community residents on available behavioral/mental health resources (Priority: Moderate)
- **3.7** Collaborate/Partner with community providers to enhance access to culturally sensitive behavioral/mental health services (Priority: Moderate)

**Geographic Area(s) Served:**

Cathedral City; Coachella; Desert Hot Springs; Indio; Mecca; North Shore; Oasis; Palm Springs; Thermal

**Grant Application Revisions:**

- At the October 11, 2022 Program Committee meeting Board Members requested edits to the grant application that included the addition of information and several points of clarification to strengthen the grant application.
- Based on that feedback the grant application was revised and resubmitted by Riverside County Latino Commission for Program Committee approval.

**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 \$605,507.00 be approved.

Recommendation with modifications

Deny



## **Grant Application Summary**

### **Riverside County Latino Commission on Alcohol & Drug Abuse Services Inc., Grant #1318**

#### **About the Organization**

Riverside County Latino Commission on Alcohol & Drug Abuse Services Inc.  
1612 1st Street  
Coachella, CA  
<http://https://www.latinocommission.com>

**Tax ID #:** 33-0572113

#### **Primary Contact:**

Lucero Fabela  
Tel: (760) 398-9000  
[lfabela@latinocommission.com](mailto:lfabela@latinocommission.com)

#### **Organization History and Mission**

The mission of the Riverside County Latino Commission is to provide programs and services for those in our community who are facing problems with substance abuse and/or mental health issues. We see ourselves as an extension of our community and have dedicated ourselves to develop access, prevention, and treatment for individuals and families suffering from substance abuse and/or mental health issues.

**Organization Annual Budget:** \$6,663,104.00

#### **Historical (approved Requests)**

#### **Project Information**

**Project Title:** Healthy Minds Healthy Lives - Mentas Sanas Vidas Sanas

**Start Date:** 1/1/2023 **End Date:** 6/30/2024

**Term:** 18 months

**Total Project Budget:** \$740,937

**Requested Amount:** \$605,507

**Executive Summary:**

These monies will allow for Riverside County Latino Commission to provide comprehensive services - beginning with community outreach services, outpatient community services, telehealth mental health services, and ending with social media marketing platforms to promote services and maintain community engagement. The various aspects of the plan will help increase accessibility to underserved communities, living in rural communities, thus will increase not only the quality of life for individual community members but also increasing equity for this community. As previously mentioned, these services will help to increase accessibility to human rights such as – access to adequate housing, healthcare – mental healthcare, and physical healthcare. A component of accessibility is for community members to have access to appropriate and accurate information, thus an aspect of this program will be comprehensive communication services, inclusive of case management services, who will serve as brokers to community services, promotoras who will provide direct communication to community members, and social media communications which will provide additional support to bridge community gaps and further promote education and program information. RCLC will partner with Vision y Compromiso to directly engage community members. This will go hand in hand with the mobile community centers provided by RCLC, as well as telemedicine alternatives. Promotoras oversee linkage to RCLC to further access to community resources, mental healthcare, and substance use services. Accessibility and equity in accessibility will improve community outcomes by further reducing stigma surrounding mental healthcare and will improve emotional and physical wellbeing.

**Community Need for the Project:**

The Coachella Valley region served by the Desert Healthcare District (DHCD) has nearly 450,000 residents; 53% identify as Hispanic/Latino – populations are significantly higher in communities such as Coachella, Indio, Thermal, Mecca, North Shore, and Oasis. In 2019, DHCD conducted a Mental and Behavioral Health Needs Assessment including a survey of providers, community residents, and other stakeholders; 81% of survey respondents reported that mental and behavioral health service providers were “only somewhat” available. In fact, major access barriers were identified such as few bilingual and culturally competent mental and behavioral health providers, long waiting lists for services, unaffordable care (especially for the uninsured), many services are difficult to reach with public transportation, not being in rural areas where many people live, and not available outside traditional work hours. The Assessment also reported a need for increased knowledge among community members about mental and behavioral health issues as well as available services.

With the start of the COVID-19 pandemic, Latinos in California have been disproportionately impacted by COVID-19 experiencing higher rates of job loss, illness, and deaths, with limited access to technology or educational resources, childcare, support in the healthy grieving of loved ones, and more. Families continue to feel anxious, worried and stressed. In order to improve the mental health and well-being of Latino residents, and support families to continue to recover from trauma experienced during the pandemic, and reduce the stigma of accessing mental health and substance abuse services. RCLC proposes to increase the number of mental health professionals serving the eastern region of the Coachella Valley (therapists, graduate students, trainees), RCLC will hire graduate students and trainees who will be providing

supervised graduate work (this is a requirement of their degree completion towards Licensure). After completion of degree requirements, RCLC will retain them to continue to work in the Coachella Valley by offering them positions with competitive pay to continue working with underserved communities – further increasing accessibility to services, while increasing the number of mental health providers in this region. This will limit the number of associate therapists (associate – “registered with the Board of Behavioral Sciences and working toward licensure”) that are taking jobs outside of the area.

In addition, RCLC will partner with Visión y Compromiso (VyC) in Coachella Valley to train and support at least 3 promotoras (3.0 FTEs) and 1 Lead promotora who will deliver culturally competent outreach and education related to mental health and provide individuals and families with navigational support. Trusted messengers from the community who share similar characteristics as the Latino community to be reached, promotoras will reduce stigma, build relationships, promote protective factors and skills, increase support, and reduce risk factors or stressors. Promotoras will work closely with the RCLC team to deliver outreach and education via one-on-one conversations and small and large group presentations to raise awareness about mental health topics, share mental health resources, and provide information about how to access programs and services at RCLC. Promotoras will reach the community in non-threatening and non-stigmatizing locations (i.e., libraries, schools, community centers, laundromats, markets, cultural events, and faith communities), share strategies about how to navigate the mental health system, and provide a warm handoff to increase access to mental health and substance abuse services at RCLC. The need for further accessing culturally humble mental health access to strengthen our communities comes from input from parents as well as educators. Palm Springs Unified School District as well as Coachella Valley Unified School District identify the need for services and resources to be provided in a culturally appropriate manner as a key instrument in the prevention of violence, substance abuse, and healing of our communities.

### **Strategic Plan Alignment:**

Goal: Proactively expand community access to behavioral/mental health services in the Coachella Valley within the geographical areas identified by this project.

Five strategies will be addressed:

- 3.1 Provide funding to support an increase in the number of behavioral/mental health professionals (includes training) (Priority: High)
- 3.3 Provide funding to Community-Based Organizations enabling an increase in the number and the geographic dispersion of sites providing behavioral/mental health services (consider co-location with other health services) (Priority: High)
- 3.4 Provide funding support to Community-Based Organizations providing tele-behavioral/mental health services (Priority: High)
- 3.6 Educate community residents on available behavioral/mental health resources (Priority: Moderate)
- 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:**

Support from the DHCD will allow for Riverside County Latino Commission to provide comprehensive mental health services The various aspects of the plan will help



increase accessibility to underserved communities, living in rural communities, thus increasing the quality of life in the community. This project has a strong component of accessibility is for community members to have access to appropriate and accurate information, thus a strong aspect of this program will be our partnership with Vision y Compromiso which will hire and train a team of promotoras, trusted members of their community, to provide direct outreach, education, comprehensive communication, case management, and navigational support to increase community members' access to services. Social media communications will further promote education and program information. Promotoras will work to ensure linkage to RCLCs and community resources, as linkage to mental healthcare, and substance use services. Accessibility and equity in accessibility will improve community outcomes by reducing the stigma surrounding mental healthcare with the goal of improving our underserved communities. Funds will be used to address Goal 3 of DHCD Strategic Plan, for salaries of mental health professionals; promotoras, case managers, and, program administrator/supervisor, and social media communications. RCLC Will use DHCD funds for salaries as follows: Clinical Therapists will provide direct behavioral mental health services (individual, family, conjoint, group counseling) referrals for psychiatric evaluations, and referrals to other types of care, if needed, such as medical, housing assistance, etc. The projected costs for therapists may be less if RCLC is able to hire additional cost for each trainee is #3 and #4, instead of associate or licensed level to support SP 3.1. Social Worker will provide psychoeducational work such as workshops, support community outreach projects, liaison with promotoras, and act as case manager to support clinical therapist work.

Trainees and Associates will work under the license of the clinical supervisor and the clinical supervisor will provide direct oversight, training, and support to clinical therapists. The program supervisor will manage the contract, ensuring that the program meets contract requirements, handle the evaluation process, track data, progress, outcomes, etc. The social media/marketing/communications position will be used to give more time to Latino Commission's social media accounts, consultation on what other virtual platforms Latino Commission should be utilizing to reach community members, etc. Funds from DHCD will also allow for equipment costs to create workstations and will allow for users to be added to the EHR system. These are the only costs being requested to be funded for this project.

**Description of the Target Population (s):**

Services will be available to all, genders, ages, religions, creeds, income status, Spanish-speaking/ Latino communities, and insured/uninsured.

**Geographic Area(s) Served:**

Cathedral City; Coachella; Desert Hot Springs; Indio; Mecca; North Shore; Oasis; Palm Springs; Thermal

**Age Group:**

(0-5) Infants  
 (06-17) Children  
 (18-24) Youth  
 (25-64) Adults  
 (65+) Seniors

**Total Number of District Residents Served:**

**Direct:** At least 200

**Indirect:** At least 3,120

**Project Goals and Evaluation**

<p><b>Goal #1:</b> By June 30, 2024, RCLC will provide direct services to at least 200 community members served by RCLC’s mental health service providers (in a region yet to be determined such as Thermal, Indio, North Shore, Palm Springs, or Desert Hot Springs).</p> <p>In addition to telehealth options, promotores will be serving as case managers in assistance to access these services, ongoing telephone and in-person follow up as needed, and referrals to other community resources in response to individual and family needs (Addressing strategy 3.3 and 3.4).</p>	<p><b>Evaluation #1:</b></p> <ul style="list-style-type: none"> <li>• Within three months from the project start date (by March 2023), RCLC will have hired and trained culturally humble staff members to serve the community.</li> <li>• RCLC’s partnership with Vision y Compromiso will allow promotoras to engage consumers in a culturally humble and appropriate way, to serve as brokers in linkage to receive RCLC’s mental health and substance use services.</li> <li>• Increasing equal accessibility to mental health/substance use services by establishing mobile clinics that will encompass the use of spaces within the areas served (i.e., libraries, schools, community centers) and satellite clinics (a freestanding outpatient facility that is physically separate from but administratively attached to a parent medical facility) in the Coachella Valley. Telemedicine options will also be provided to community members.</li> <li>• At least 200 community members will receive mental health services with professional, culturally aware, and equipped mental health RCLC professionals.</li> <li>• RCLC will gather quantitative data by maintaining accurate records, tracking demographic identifiers including – name, gender, ethnicity, and age as well as data about the treatment provided – number of sessions, diagnosis, type of counseling/service received, etc.</li> <li>• Upon completion of treatment, consumers will be invited to participate in an exit survey that will be used to capture consumer outcomes. This information will be shared with DHCD in a written report.</li> </ul>
<p><b>Goal #2:</b> By June 2024, RCLC will improve community awareness of mental health/substance services</p>	<p><b>Evaluation #2:</b></p> <ul style="list-style-type: none"> <li>• RCLC and promotoras will track the number of individuals reached through outreach and education activities, the number of individuals</li> </ul>

<p>available to community members in the eastern Coachella Valley. This goal will be accomplished through the delivery of at least 4 community awareness activities that will provide education surrounding mental health services/resources. At least one community awareness activity will be provided each quarter, with the intended goal of having 75 individuals in attendance (Addressing strategy 3.6).</p>	<p>referred to mental health/substance use services, the number of individuals who receive ongoing support and navigation from community-based promotoras, and the number/type of referrals made to local community resources</p>
<p><b>Goal #3:</b> By June 30, 2024, RCLC in partnership with VyC will train promotoras to conduct outreach and education to reduce stigma and increase awareness among community residents (in a region yet to be determined but within the geographic areas identified in this project) about mental and behavioral health topics such as depression, anxiety, trauma, substance use, suicidal ideation, etc., how to access resources and navigate the health system; each promotor/a will reach at least 20 individuals per week: 20 people/promotor/week x 52 weeks x 3 promotoras = a minimum of 3,120 people reached to reduce stigma and raise awareness about mental health resources (Addressing Strategy 3.7).</p>	<p><b>Evaluation #3:</b></p> <ul style="list-style-type: none"> <li>• Promotoras will link community members to RCLC's mental health/substance services and will track their outreach and education contacts as well as the referrals made to local resources. Case management/navigational support services will also be delivered to consumers so that they may receive assistance in accessing other services that can help to eliminate barriers impairing functioning (linkage to educational resources, food/housing assistance, legal/human rights services, medical services, etc.)</li> <li>• These interventions will be utilized throughout the duration of the remaining 15 months of this program.</li> </ul>
<p><b>Goal #4:</b> Every 6 months, 4 part-time employees who are current graduate students, in the behavioral mental health field, who are deemed "trainees/interns," by the Board of Behavioral Health Sciences will be hired by RCLC. Per the California Board of</p>	<p><b>Evaluation #4:</b></p> <ul style="list-style-type: none"> <li>• RCLC will continue community outreach to local graduate programs to secure partnerships as an approved provider of graduate clinical hours. RCLC is currently an approved site with 3 local universities. Wages will be provided to graduate students working towards fulfilling intern/trainee work positions.</li> </ul>

<p>Behavioral Health Sciences, these trainees/interns will need to complete clinical hours to graduate from their programs and enter the workforce as clinical therapists. This approach will create a pathway for these graduate students to begin their careers as clinical therapists and will also equip our local workforce with competent, trained, clinicians. Upon completion of their graduate work, these interns/trainees will be hired as full-time employees, working in one of RCLC’s contract-funded programs to obtain hours toward licensure. (Addressing strategy 3.1)</p>	<ul style="list-style-type: none"> <li>• RCLC will hire a full-time clinician supervisor to oversee the training and support of interns/trainees. This clinical supervisor will work to ensure that all interns/trainees provide the highest standard of care to community members and that interns/trainees receive the highest standard of training.</li> <li>• RCLC will provide competitive wages so that interns may continue working at RCLC as full-time employees, upon completion of their graduate degree. RCLC is committed to continuing to provide ongoing support, training, and supervision via clinical supervisors to increase the retention of bilingual, culturally humble clinical therapists, and to continue the work of RCLC in providing quality care to underserved communities.</li> </ul>
--	--

**Proposed Project Evaluation Plan**

RCLC utilizes diverse data collection strategies to understand the needs of the communities it serves, understand trends, and measure healthcare outcomes. The information gathered from the data collected is used to create programs to address specific community needs and to adapt current programs to better meet the needs of consumers. RCLC understands that when community members receive appropriate care and medical attention, not only do individuals recover but so do our communities.

The communities that RCLC services are uniquely made up of vast assets and strengths but also various challenges. Unincorporated areas of the Coachella Valley lack affordable housing, lack of equitable access to care, lack of reliable transportation, and difficulties in community members having their basic needs met. Populations in these areas are inaccurately reported, due to many people feeling fearful of legal ramifications because of accessing resources. RCLC will gather quantitative data by maintaining accurate records, tracking demographic identifiers including – name, gender, ethnicity, and age as well as data about the treatment provided consumers. This information will be shared with DHCD in a written report.

Our community’s strengths are strong family ties, a strong sense of community and collectivism, creating a sense of belonging and purpose, and prominent cultural beliefs that create a sense of meaning and purpose which further empowers and strengthens our community’s culture. This funding will help RCLC expand mental health services and strengthen social media outreach targeting vulnerable populations through online access to resources and serve in breaking the mental health stigma in our communities.

RCLC plans to continue identifying grant opportunities to create and maintain these services, as well as the hired staff, we are planning an ongoing collaboration with local organizations to expand mental health services and accessibility to communities of the Coachella valley.

## **Organizational Capacity and Sustainability**

### **Organizational Capacity**

Vision y Compromiso will provide 4 FTE promotoras to service the Coachella Valley and area.

RCLC will provide up to the equivalent of 3 FTE clinicians to provide direct mental health services

RCLC will provide 1 FTE social worker to provide intervention, education and prevention services (workshops, psychoeducational groups, substance abuse groups, case management services, and any and all other services individual needs to address and remove barriers preventing access to proper care.)

RCLC will provide 1 FTE clinical supervisor to supervise trainee/associates (specific time depending on number of trainees/associates hired and supervision will be in accordance with California BBS supervision requirements so that trainees/associates are able to meet the requirements toward either degree or licensure)

The clinical supervisor will oversee the trainees/associates hired. The clinicians hired will be supervised in accordance with the California BBS supervision requirements, allowing for the ethical provision of services and allowing for trainees to obtain hours for their degree or for associates to obtain hours towards licensure.

RCL will provide .5 PTE supervisor will oversee this program, thus ensuring that our work follows project expectations and stipulations. The role of the program supervisor will also manage data outcomes collected, to fulfill this project.

### **Organizational Sustainability:**

To continue the work after Desert Healthcare District & Foundation funding ends RCLC will continue employment of the hired staff for this project, through actively seeking for funds to support this efforts. RCLC depends on its community partnerships including local, County, and State leaders to support RCLC's efforts, working closely to open doors for new funding opportunities. RCLC also continues the efforts and maintains partnerships so that funding can continue. RCLC has experienced, year-after-year, increased funding opportunities so that its foundational contracts, through long-term established partnerships, continue to increase opportunities therefore increasing services (type of service, frequency of service, level of care) as well as expand the area that services can be delivered.

RCLC's offices are located in the areas that will be serviced and continue to build relationships with local, County, and State officials to ensure that the that funding continues to specifically meet the needs of the Coachella Valley communities served.

## **Diversity, Equity, and Inclusion**

### **How does your organization address diversity, equity, and inclusion at the board and executive staff levels?**

Directors is comprised of community members that either have grown up in, currently live in, or are somehow personally involved in the community that Latino Commission serves. Currently, Latino Commission services the Coachella Valley, with the majority of the services being provided to the eastern most part of the Coachella Valley (Coachella, Mecca, Thermal, North Shore, Desert Shores, etc.) Individuals who serve on the Board of Directors usually also work in the area. All Board Members and executive staff are vetted to ensure that individuals who hold decision making power are aware of, and responsive to, the unique needs of the community. The communities served by Latino Commission are diverse not only in culturally but also by socio-economics, race, faith/creed/ideology, etc. Latino Commission's leaders are inclusive of all people and although the majority of the individuals served by Latino Commission are Hispanic/Latino, services are inclusive to all and leadership is careful to hire and train staff that is culturally aware, responsive, and sensitive to each individual's culture.

**If your organization is not currently addressing diversity, equity, and inclusion at the board and executive staff levels, please explain the barriers, such as knowledge, financial investment, capacity, etc., that are preventing you from doing so.**

### **Partnerships:**

#### **Key Partners:**

Regional Access Project foundation- providing funding to Latino Commission allocated to mental health professionals and expansion of services

Vision y Compromiso- providing staff to support work for outreach to rural areas as well as serve as direct linkage to resources for the RCLC mental health services in the community

TODEC Legal Counsel-will provide workshops to address concerns, inform and raise awareness of legal and human rights and privileges of an individual to help raise awareness of mental health services and other resources available to the residents without fears of legal ramifications.

Coachella Valley Unified School District and Palm Springs Unified School District-support Latino Commission efforts through ongoing collaboration and utilizing student programs and services to enhance accessibility to Latino Commission's programs and services. CVUSD and PSUSD will support RCLC in allocating physical space for mobile clinics in providing direct services to community.

Line Item Budget

Project

Operational Costs

PROJECT OPERATIONS		Total Project Budget	Funds from Other Sources <i>Detail on sheet 3</i>	Amount Requested from DHCD
<b>Total Staffing Costs</b> <i>Detail on sheet 2</i>		\$ 634,084	\$ 75,000	\$ 559,084
<b>Equipment (itemize)</b>				
1	Computer/Printers/Hot Spots	\$ 1,500		\$ 1,500
2				\$ -
3				\$ -
4				\$ -
<b>Supplies (itemize)</b>				
1	EHR System	\$ 1,800	\$ 1,800	\$ -
2				\$ -
3				\$ -
4				\$ -
<b>Printing / Duplication</b>		\$ 3,000	\$ 3,000	\$ -
<b>Mailing / Postage</b>				\$ -
<b>Travel / Mileage (use current Federal mileage rate)</b>		\$ 25,200	\$ 25,200	\$ -
<b>Education / Training</b>				\$ -
* 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.				
<b>Office / Rent / Mortgage*</b>		\$ -	\$ -	\$ -
<b>Telephone / Fax / Internet*</b>		\$ 1,440	\$ 1,440	\$ -
<b>Utilities*</b>		\$ 2,340	\$ 2,340	\$ -
<b>Insurance*</b>		\$ 26,650	\$ 26,650	\$ -
<b>Other direct project costs not described above (itemize)</b>				
1				\$ -
2				\$ -
3				\$ -
4				\$ -
<b>Indirect Cost Rate - Maximum of 10% Allowed except subcontracts which are limited to 5%</b>				\$ 44,923
<b>Total Project Budget</b>		<b>\$ 740,937</b>	<b>\$ 135,430</b>	<b>\$ 605,507</b>
<b>Budget Narrative</b>	<p>Fully describe items above in this cell. You may insert rows or create additional worksheets if more space is needed to fully describe your budget. Description of salaries is provided on Section 2 Narrative. Equipment costs are to create 5 mobile workstations (laptops, hotspots, etc.). These are the only equipment costs being requested. The rest of the costs being described below are not being requested to be funded for this project, but are still costs that will be necessary to run the project.</p> <p>Cost for EHR System is a direct cost of \$25 per additional user per month. This will allow for up to 6 users to be added to the EHR system. \$3,000 is projected to be used in marketing material, printing of resources, etc. A total cost of \$25,200 is calculated by using Latino Commission's vehicle stipend rate of \$420 a month for cost reimbursement for up to 5 people a month for the project.</p> <p>Costs reflected for office, telephone, utilities, insurance, etc., was the total annual cost at Latino Commission's main center and estimated at 15% of that total annual cost. 15% of Latino Commission's main office center is used to estimate the amount of space used by the project</p>			

### Line Item Budget Staffing Costs

Staff Salaries		Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD
<b>Employee Position/Title</b>					
1	Clinical Therapist Licensed	\$ 76,800	100%	76,800	62,022
2	Clinical Therapist Associate	\$ 67,200	100%	67,200	54,269
3	Clinical Therapist, Trainee	\$ 22,080	100%	22,080	17,831
4	Clinical Therapist, Trainee	\$ 22,080	100%	22,080	17,831
5	Social Worker	\$ 51,600	100%	51,600	41,671
6	Clinical Supervisor	\$ 96,000	75%	72,000	58,146
7	Program Supervisor	\$ 145,000	25%	36,250	29,275
9	Social Media/Marketing/Communication	\$ 21,600	100%	21,600	21,600
<b>Total Employee Benefits / Employer Taxes - proportional fringe costs and/or employer taxes based on % of time allocated to project</b>			12%	41,761	33,725
<b>Enter this amount in Section 1; Staffing Costs</b>			<b>Total &gt;</b>	<b>411,371</b>	<b>336,371</b>
<b>Budget Narrative</b>	<p style="color: red;">Please describe in detail the scope of work and duties for each employee on this grant.</p> Clinical Therapists will provide direct behavioral mental health services (individual, family, conjoint, group counseling) referrals for psychiatric evaluations, and referrals to other types of care, if needed, such as medical, housing assistance, etc. The total amount reflected under clinical therapist is high however, the cost will be much less if able to hire trainees (projected cost for each trainee is #3 and #4, will hire more, instead of associate or licensed level to support SP 3.1) Social Worker will provide psychoeducational work such as workshops, support community outreach projects, liaison with promotoras, and act as a case manager to support clinical therapist work. Trainees and Associates will work under the license of the clinical supervisor and the clinical supervisor will provide direct oversight, training, and support to clinical therapists. The program supervisor will manage the contract, ensuring that the program meets contract requirements, handle the evaluation process, and track data, progress, outcomes, etc., Social media/marketing/communications position will be used to give more time to Latino Commission's social media accounts, consultation on what other virtual platforms Latino Commission should be utilizing to reach community members, etc. at \$30 for 15 hours a week for 12 months.				
<b>Budget Narrative</b>	<p style="color: red;">Please describe in detail the employee benefits including the percentage and salary used for calculation. .</p> The cost under "total project salary" includes 12% applied to benefits, taxes, etc. that Latino Commission pays for each employed staff position only applied to the total percent dedicated to the project. This total amount for staff salaries in "Amount requested from DHCD" also reflects funds from other sources (RAPF) allocated to this project, described in the budget narrative in section 3-other funds.				
Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Total Project Fees
<b>Company and Staff Title</b>					
1	Vision y Compromiso				\$ 222,713
2	TODEC Legal Counsel	Will provide workshops for \$0			\$ -
3					
4					
5					
<b>Enter this amount in Section 1; Staffing Costs</b>				<b>Total &gt;</b>	<b>\$ 222,713</b>
<b>Budget Narrative</b>	<p style="color: red;">Please describe in detail the scope of work for each professional service/consultant on this grant.</p> TODEC Legal Counsel will provide workshops to address concerns, inform and raise awareness of, the rights and privileges of an individual as well as provide information to the community about their legal and ethical rights. Through these workshops, connect members to appropriate legal support to assist individuals in receiving the right type of legal support for their needs. Vision y Compromiso will provide 4 promotoras. The cost for promotoras was provided to Latino Commission by VyC and accounts for salaries, management, mileage, etc. and so it is being placed on this budget line item. They estimate their cost to partner with the Latino Commission as follows: 3 promotores (3.0 FTEs) in support of linkage to RCLCs and other community resources, + 1 Lead Promotora (.50 FTE) who will support the coordination activities and also do some of the case management. .15 FTE for a project coordinator.				



## Line Item Budget Other Project Funds

<b>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".</b>			<b>Amount</b>
Fees			
Donations			
<b>Grants (List Organizations)</b>			
	1	Regional Access Program Awarded to Latino Commission	\$ 75,000
	2	Riverside County Latino Commission Allocated Funds	\$ 60,430
	3		
	4		
<b>Fundraising (describe nature of fundraiser)</b>			
	1		
	2		
<b>Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)</b>			
	1		
	2		
	3		
	4		
<b>Total funding in addition to DHCD request</b>			<b>\$ 135,430</b>
<b>Budget Narrative</b>	<p style="color: red; margin: 0;">Describe project income listed above. Note whether income is "projected" or actual. Actual amount awarded from RAPF for fiscal year is \$75,000 with 100% of proceeds going toward this project's salary for staff. Costs for supplies, printing, mileage, education, etc. are not being requested because those costs are already a part of the day-to-day operating costs and Latino Commission. Latino Commission does not need funds for operational expenses in order for the project to be successful. The funds requested are to cover mental Health staff salaries so that Latino Commission can hire staff for the project. Any other costs that are required to run the project, the 10% indirect cost allowance is sufficient and if more is required, the additional amount of \$196569.28 can be covered by funds from Latino Commission.</p>		

Vision y Compromiso		
"Mentes Sanas, Vidas Sanas" Subcontract with Latino Commission Counseling Center		
January 2023 - June 2024 ( 18 mo time frame, 12 mo SOW)		
Personnel Expenses	12 months	Justification
Project Coordinator @ .15 FTE x 12 mos	\$9,630	Supervise Promotoras, meet with Latino Commission, coordinate training and support, assist with data collection: \$64,200 @.15 FTE x 12 mos
Lead Promotor/a	\$23,920	\$23/hour x 20 hours/week x 52 weeks x 1 lead Promotora
Promotoras (3) @ 1.0 FTE x 12 mos	\$124,800	\$20/hour x 40 hours/week x 52 weeks x 3 Promotoras
<b>Subtotal</b>	<b>\$158,350</b>	
Fringe Benefits @ 20%	\$31,670	Includes FICA, SSI, workers comp, health, dental and vision insurance, 401k
<b>Total Personnel</b>	<b>\$190,020</b>	
Operating Expenses		
Communications	\$1,800	Telephone and internet @ \$50/mo x 12 mos x 3
Local mileage	\$7,500	Travel to conduct presentations and attend community events @ 250 miles/mo x .625/mile x 12 mos x 4
Office supplies	\$1,000	\$250 each x 4 staff for paper, pens, markers and other office supplies
Outreach supplies and materials	\$750	Materials include t-shirts, pop up banner, tablecloths, 1 wagon/cart and other outreach supplies and materials @ \$250 each x 3
<b>Total Operating Expenses</b>	<b>\$11,050</b>	
Indirect Expenses @ 11%	\$21,643	Includes HR, accounting, finance and some administration
<b>Total Grant Request</b>	<b>\$222,713</b>	

**Healthy Minds, Healthy Lives / *Mentes Sanas, Vidas Sanas***

**Memorandum of Understanding  
between  
Riverside County Latino Commission Counseling Center  
and  
Visión y Compromiso**

**A. Project Overview**

This Memorandum of Understanding (MOU) between Riverside County Latino Commission Counseling Center (RCLC) and Visión y Compromiso (VyC) aims to advance equity, support COVID recovery, increase promotores' knowledge about behavioral and mental health, and reduce stigma associated with behavioral and mental health among Latino residents in Coachella Valley.

Promotoras are skilled relationship builders who reflect the communities they serve. They deliver personalized messages in culturally relevant and non-stigmatizing ways and have an in-depth understanding of the community that makes them ideal to improve community wellness. VyC's approach integrates the promotor model, a model that is effective because it strengthens families, incorporates cultural values and perspectives, addresses social isolation, reduces cultural and language barriers, and emphasizes concepts of social, emotional, physical, and spiritual wellness. Promotoras who work in VyC's behavioral and mental health-focused programs address stigma through one-on-one conversations and small and large group education. provide an array of resources, and link community members to services. They prioritize information that is accurate, clinically sound, evidence-based, and culturally and linguistically relevant.

**B. Project Timeline**

During the proposed 18-month project (and upon approval of a subcontract), VyC will hire and support one project coordinator (.50 FTE) and one team of community-based promotores (3 FTEs) in the Coachella Valley to carry out the scope of work in collaboration with RCLC.

**D. Scope of Work**

VyC will promote emotional health and wellness by training and supporting promotores, trusted community leaders, about behavioral and mental health issues and local services in order to reduce stigma associated with mental health issues, reduce access barriers, increase service utilization, and navigate people to behavioral and mental health services they can trust.

**VyC will carry out the following activities:**

- Promotores will participate in training with VyC and RCLC as required.
- Promotores will prepare educational presentations about mental health topics (depression, anxiety, grief and loss, suicide prevention) to reduce stigma among Latino individuals and families in Coachella Valley; presentations will be delivered in non-stigmatizing and community-based locations via one-on-one dialogues, small and large group presentations and with in-person and virtual presentations as appropriate.

- Promotores will share information about diverse mental health topics by participating in local community outreach activities (i.e. tabling, door-to-door canvassing, health fairs, other community and cultural events).
- Promotores will provide information about RCLC's services, how to access services, provide a warm hand off to navigate residents to local mental health services (i.e. RCLC, Riverside University Health System-Behavioral Health), and make referrals to local resources to address other issues such as food and housing insecurity, health care access, insurance enrollment, access to transportation, etc.
- Promotores will meet weekly with VyC Project Coordinator to plan activities, participate in training, problem solve as needed, deliver encounter data, and celebrate project successes.
- Project Coordinator and promotores will meet regularly with RCLC as determined to plan activities, participate in training, and share information as needed.
- Promotores will track, record and report data as determined which may include but not be limited to: # of presentations delivered, # of participants reached, # of community events attended, # of outreach contacts, # of referrals to mental health and other local resources.

**RCLC will carry out the following activities:**

- Train promotores about designated mental health and substance abuse-related topics to reduce stigma associated with mental and behavioral health issues and to increase knowledge of and utilization of RCLS services.
- Train promotores about RCLC's mental health and substance abuse counseling and other services, how to access services at RCLC, and the importance of early intervention to address emotional, medical and mental health needs.
- Ensure that RCLC's mental and behavioral health and substance abuse counseling services are delivered to the community in culturally and linguistically relevant ways.
- Designate an RCLC contact person and ensure regular communication with the VyC Project Coordinator and promotores.

**E. Indemnification**

Each party to this MOU agrees to indemnify and hold harmless the other party, its principals, officers, directors, and employees with respect to any and all claims, damages, lawsuits, administrative proceedings, criminal proceedings, arbitrations and expenses (including attorneys' fees) resulting from that party's omissions or acts of negligence or willful misconduct.

**F. Proprietary Rights**

At all times during the time of this agreement, and after its termination VyC shall take all reasonable precautions to protect the integrity and property rights of RCLC and shall refrain from any use or divulgence of RCLC's confidential information and trade secrets including but not limited to: all files, resource information produced, documents, presentations, processes, items, copies thereof, whether the originals or copies prepared for or by their employees.

**G. Financial Obligation and Payment**

Upon execution of this agreement, RCLC agrees to compensate VyC upon availability of funds to carry out the proposed scope of work. This investment will include personnel costs (salaries and fringe benefits for promotoras, staff training, supervision, administrative support), direct costs (internet/telephone communications, local travel, outreach materials and supplies), and indirect costs.

VyC agrees to submit an invoice to RCLC on or before the 7<sup>th</sup> day of each month for all services rendered for the prior month, including details of the services performed as requested. RCLC agrees to pay VyC for all invoices within 30 days of receipt.

**Remittance Address:** For questions, please contact Berenice Guzmán, Finance Manager, [berenice@visionycompromiso.org](mailto:berenice@visionycompromiso.org)

Attn: Berenice Guzmán, Finance Department  
Visión y Compromiso  
15808 Hesperian Blvd, #708  
San Lorenzo, CA. 94580-5087

**Invoicing Address:** Invoices will be sent directly to:

Leonel Contreras, Executive Director  
Riverside County Latino Commission Counseling Center  
1612 1<sup>st</sup> Street  
Coachella, CA 92236

**Signatures**

By signature below, the parties to this agreement certify that the individuals signing this document are representatives of the parties and are authorized to act in matters related to this MOU. The parties hereby agree to the terms of this agreement.

**Visión y Compromiso:**



**Signature:** \_\_\_\_\_

**Date:** September 30, 2022

Maria Lemus,  
Executive Director  
Visión y Compromiso  
1000 N. Alameda Street, Third Floor  
Los Angeles, CA 90012

**Riverside County Latino Commission Counseling Center:**



**Signature** \_\_\_\_\_

10/03/2022  
\_\_\_\_\_  
**Date**

Leonel Contreras, Executive Director  
Riverside County Latino Commission Counseling Center  
1612 1<sup>st</sup> Street  
Coachella, CA 92236  
(760) 398-9000

# Visión y Compromiso™



July 22, 2022

Mr. Leonel Contreras, Executive Director  
Riverside County Latino Commission Counseling Center

Re: The Latino Commission's Request to DHCD to Support Promotores in Mental Health

Dear Leonel,

On behalf of Visión y Compromiso, I know that I am not alone in saying that I am really pleased to be building a collaboration with you and the Latino Commission. For many years, The Latino Commission has met the critical need for substance use and mental health treatment in the Coachella Valley delivering culturally sensitive and accessible services for women, men, children, youth, and whole families. Your team's work in the Coachella Valley School District is tremendous and needed now, more than ever.

Since the pandemic began, Visión y Compromiso has been a strong partner of the Coachella Valley Equity Collaborative helping to reduce the disproportionate impact of COVID-19 on families and communities. This letter is in regards to your recent application to the Desert Healthcare District and Foundation (DHCD/F) to increase access to mental health services in the Coachella Valley, including through a subcontract to Visión y Compromiso to support community-based promotores. I understand that DHCD/F recommended a reduction in the proposed number of promotores from 4 to 1 and I wanted to respond to that by sharing with you more information about the role of promotores in promoting emotional health and wellness, countering access barriers such as stigma, and providing a warm hand off by navigating people to behavioral and mental health services they can trust.

Visión y Compromiso's behavioral and mental health-focused programs link community members to services, provide an array of resources, and address stigma through one-on-one conversations and small and large group trainings and education. We also deliver on-going support and workforce development for promotores to ensure that community members can access and be connected to appropriate and effective resources in order to reach their full potential. Our vision of a healthy and dignified life for all reflects our commitment to the community we serve and we strive to provide information that is accurate, clinically sound, evidence-based, and culturally and linguistically relevant. Such a drastic cut in the team of promotores proposed for this project reduces our ability to provide this information to the community and, for promotores who often conduct outreach and education in teams of two, it also reduces our capacity to ensure their safety and wellness.

Visión y Compromiso's approach integrates the promotor model, a model that is effective in the field of behavioral and mental health because it strengthens families, incorporates cultural values and perspectives, addresses social isolation and cultural and language barriers, and emphasizes concepts of social, emotional, physical, and spiritual health and wellness.



*Hacia Una Vida Digna y Sana*

Visión y Compromiso © 2018 [www.visionycompromiso.org](http://www.visionycompromiso.org)

Page 175 of 224

*Promotoras' relationship with the community, their familiarity with the language and culture of the people they serve, their expertise working with families and individuals in community settings, their experience in health education and health promotion, and their connection with service providers are all as valuable to mental health providers as they are to physical health providers.*

CiMH, 2008

Promotores are skilled relationship builders who deliver personalized messages in culturally relevant and non-stigmatizing ways. Their in-depth understanding of these dynamics make them ideal to improve the emotional wellness of their community. Promotores know it is not enough to distribute information; rather, the distributors must also reflect the community, make it relevant, and integrate messages that reflect an understanding about what is a good and desirable outcome for individuals and their families.

*Promotores are available where the people are, participate in local activities, and spend time with people in their homes sharing information and listening to their experiences – they are expert at meeting the community in the circumstances in which they live. Promotores share similar life experiences and identify with the same problems as the community they represent and deliver their message in ways they know people will hear. By sharing their own stories, they use their own lives as an inspiration to others. Promotores bridge barriers of fear, language, culture and poverty. Speaking without technical jargon, without arrogance and without interpreters, promotores use culturally relevant examples to communicate complex ideas.*

The Promotor Model: A Framing Paper prepared by Visión y Compromiso,  
Latino health Access and Esperanza Community Housing, 2011

I hope this information has helped clarify our work, the commitment to our work and the importance of promotores in behavioral and mental health and wellness. Please do not hesitate to reach out to me if you have any questions or comments. I am happy to be of any assistance and will look forward to collaborating with you and your team at the Latino Commission.

Kind regards,



Maria Lemus  
Executive Director  
(510) 303-3444  
[maria@visionycompromiso.org](mailto:maria@visionycompromiso.org)



## Grant Scoring Review

### Grant Staff Review # 1 of 4

---

**Executive Summary:** 9

**Community Need and Alignment:** 10

**Goals:** 10

**Proposed Evaluation Plan:** 9

**Applicant Capacity and Infrastructure:** 9

**Organizational Sustainability:** 8

**Budget:** 9

**Key Partners/Collaborations:** 10

---

**Total Score:** 74.00

---

### Reviewer Comments:

Recommend approval of this new funding partnership with an integral and important behavioral health organization. A community need has been successfully identified, citing the District's own CHNA and lifting up the major access barriers to mental and behavioral health services providers. With a partnership with Vision Y Compromiso, the Latino Commission can directly engage community members through education, outreach and access to mobile community centers and telehealth services. Promotoras are an essential worker that provides linkage and awareness of the available mental health and behavioral health patient provider services. The Latino Commission also provides a platform for trainees and associates seeking clinical hours to achieve the necessary licensure to complete a healthcare workforce that has so many gaps.

### Response Notes:

---

### Average Review Score:

Fiscal Staff Review Stage: 17.5 (2 of 2)

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

### Sum of all Reviews:

Fiscal Staff Review Stage: 35 (2 of 2)

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

**Total average proposal score: 88/100**

## Grant Scoring Review

### Grant Staff Review # 2 of 4

---

**Executive Summary:** 9

**Community Need and Alignment:** 9

**Goals:** 9

**Proposed Evaluation Plan:** 8

**Applicant Capacity and Infrastructure:** 9

**Organizational Sustainability:** 9

**Budget:** 8

**Key Partners/Collaborations:** 10

---

**Total Score:** 71.00

---

#### **Reviewer Comments:**

Riverside County Latino Commission on Alcohol & Drug Abuse Services Inc. has a proven track record of providing vital behavioral and mental health services in the Coachella Valley. The Desert Healthcare District grant dollars will expand the capacity and reach of these services, in addition, the partnership with Vision y Compromiso will add an additional support system to the participants.

#### **Response Notes:**

---

#### **Average Review Score:**

Fiscal Staff Review Stage: 17.5 (2 of 2)

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

#### **Sum of all Reviews:**

Fiscal Staff Review Stage: 35 (2 of 2)

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

**Total average proposal score: 88/100**

## Grant Scoring Review

### Grant Staff Review # 3 of 4

---

**Executive Summary:** 8

**Community Need and Alignment:** 9

**Goals:** 7

**Proposed Evaluation Plan:** 7

**Applicant Capacity and Infrastructure:** 9

**Organizational Sustainability:** 8

**Budget:** 9

**Key Partners/Collaborations:** 9

---

**Total Score:** 66.00

#### **Reviewer Comments:**

Advancing one of the District's high priority areas, access to behavioral health services, the Riverside County Latino Commission is seeking funding support to expand their reach in the community and help meet the increased need of mental health direct services, community outreach on local resources, and education around common mental health challenges. By partnering with Vision Y Compromiso, this project will engage residents directly in the community with trusted messengers helping them navigate local resources, obtain accurate, culturally appropriate educational material and helping connect them directly to the Latino Commission for necessary care. District dollars are funding four promotoras that will be embedded directly in the community, several mental health care providers currently on staff at the Latino Commission, and funding support for the Latino Commission to bring on several part-time graduate level students. District funds are being utilized to increase capacity and address a high need in our region.

#### **Response Notes:**

---

#### **Average Review Score:**

Fiscal Staff Review Stage: 17.5 (2 of 2)

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

#### **Sum of all Reviews:**

Fiscal Staff Review Stage: 35 (2 of 2)

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

**Total average proposal score: 88/100**

## Grant Scoring Review

### Grant Staff Review # 4 of 4

---

**Executive Summary:** 9

**Community Need and Alignment:** 9

**Goals:** 8

**Proposed Evaluation Plan:** 9

**Applicant Capacity and Infrastructure:** 9

**Organizational Sustainability:** 9

**Budget:** 9

**Key Partners/Collaborations:** 9

---

**Total Score:** 71.00

---

**Reviewer Comments:** The project as proposed by the Riverside County Latino Commission (RCLC) will focus on the provision of a wide array of behavioral health outreach, awareness, and support services geared toward the Latino community residing in the underserved rural areas of the Coachella Valley. These services align with the District Strategic Plan Goal #3 (Proactively expand community access to behavioral/mental health services) and will increase access to community awareness activities that will include education on mental health resources, signs and symptoms related to depression, anxiety, etc., direct mental health therapeutic services and linkage through the work of the RCLC team of therapists, social worker, promotores and the Clinical Supervisor who will provide oversight of this team and the level of services provided.

Through a partnership with Vision y Compromiso, 3 F/T Promotores and 1 Lead Promotores to manage the work of this group as they engage in the critical outreach to the community to inform them of these available support options. Information will be shared through scheduled, coordinated events that will initiate contact with the underserved communities through the trusted messenger framework of the Promotores. These services are documented through the tracking of attendees (demographic data) at events, linkage of individuals to specific RCLC supportive services and materials that were shared. These services also focus on the reduction of Stigma for this community by presenting relatable supportive individuals to help them navigate the pathway to improved mental health.

## Grant Scoring Review

Direct services by the RCLC will include the facilitation of prevention/intervention groups, psychoeducational groups, substance abuse recovery groups and case management (Social Worker). Therapy will be provided by the trainees and associates as deemed appropriate through assessment of client needs and overseen and managed by the Clinical Supervisor. All services are documented and progress tracked to inform the ongoing treatment planning process.

As this project is implemented, the consistent opportunity for trainees/associate behavioral health therapists to gain their experience and hours towards licensure with the RCLC will assist in addressing the workforce gap currently being experienced in the Coachella Valley.

Through key partnerships with local stakeholder organizations that represent a diversity of continuum of care services/support which include school districts, TODEC Legal Counsel, Vision y Compromiso and Regional Access Project Foundation demonstrate an awareness of the needs of the community being served and how best to advance a well rounded approach to seeking out and serving those in great need.

### **Response Notes:**

---

#### **Average Review Score:**

Fiscal Staff Review Stage: 17.5 (2 of 2)

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

#### **Sum of all Reviews:**

Fiscal Staff Review Stage: 35 (2 of 2)

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

**Total average proposal score: 88/100**

## Grant Scoring Review

### Fiscal Staff Review # 1 of 2

---

**Fiduciary Compliance:** 9

**Financial Stability:** 9

---

**Total Score:** 18.00

---

#### **Reviewer Comments:**

Fiduciary Compliance - 9

The FY 06/30/21 audit report is unmodified. The Board of Directors accepted the audit report.

Audit report Current Ratio is strong (13:1), which represents the grantee's ability to pay its short-term liabilities.

The Net Assets increased by \$469k as of 6/30/21, with Total Net Assets of \$1.2M. Internal financial statements, as of 5/02/22, demonstrates an increase of \$422k. The Balance Sheet is in good order.

Financial Stability - 9

Grantee demonstrates a sound financial position.

Grantee has additional resources for this project of approximately \$741k. The District's grant of \$605,507 is supported by potential other resources.

#### **Response Notes:**

---

#### **Average Review Score:**

Fiscal Staff Review Stage: 17.5 (2 of 2)

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

#### **Sum of all Reviews:**

Fiscal Staff Review Stage: 35 (2 of 2)

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

**Total average proposal score: 88/100**

## Grant Scoring Review

### Fiscal Staff Review # 2 of 2

---

**Fiduciary Compliance:** 9

**Financial Stability:** 8

---

**Total Score:** 17.00

---

#### **Reviewer Comments:**

Unmodified audited financial statements presented to and approved by board. Positive cash flow noted for 2021. Assets sufficient to address liabilities. Organizational budget includes multiple sources of funding. Grant budget is reasonable in relation to organizational budget. Strategic plan provided, although not current, but updates were provided on what progress has been made beyond listed dates of plan.

#### **Response Notes:**

---

#### **Average Review Score:**

Fiscal Staff Review Stage: 17.5 (2 of 2)

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

#### **Sum of all Reviews:**

Fiscal Staff Review Stage: 35 (2 of 2)

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

**Total average proposal score: 88/100**

**EXHIBIT B**

**PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES**

<u>Project Title</u>	<u>Start/End</u>
Healthy Minds Healthy Lives - Mentes Sanas Vidas Sanas	1/01/2023 6/30/2024

**PAYMENTS:**

(6) Payments: \$90,825.00  
 10% Retention: \$60,557.00

Total request amount: \$ 605,507.

**GRANT AND PAYMENT SCHEDULE REQUIREMENTS:**

Scheduled Date	Requirement Number	Grant Requirements for Payment	Payment
1/01/2023		Signed Agreement submitted & accepted.	Advance of \$90,825.00 for time period 1/01/2023 - 3/31/2023
5/01/2023		Quarterly (1/01/2023 - 3/31/2023) progress report, budget reports and receipts submitted & accepted	Advance of \$90,825.00 for time period 4/01/2023 - 6/30/2023
8/01/2023		Quarterly (4/01/2023 - 6/30/2023) progress report, budget reports and receipts submitted & accepted	Advance of \$90,825.00 for time period 7/01/2023 - 9/30/2023
11/01/2023		Quarterly (7/01/2023 - 9/30/2023) progress report, budget reports and receipts submitted & accepted	Advance of \$90,825.00 for time period 10/01/2023 - 12/31/2023



2/01/2024		Quarterly (10/01/2023 - 12/31/2023) progress report, budget reports and receipts submitted & accepted	Advance of \$90,825.00 for time period 1/01/2024 - 3/31/2024
5/01/2024		Quarterly (1/01/2024 - 3/31/2024) progress report, budget reports and receipts submitted & accepted	Advance of \$90,825.00 for time period 4/01/2024 - 6/30/2024
8/01/2024		Quarterly (4/01/2024 - 6/30/2024) progress report, budget reports and receipts submitted & accepted	\$0
8/15/2024		Final report (1/01/2023 - 6/30/2024) and final budget report submitted & accepted	\$60,557.00 (10% retention)

**TOTAL GRANT AMOUNT: \$ 605,507.**

**DELIVERABLES:**

**Project Goals and Evaluation**

<p><b>Goal #1:</b> By June 30, 2024, RCLC will provide direct services to at least 200 community members served by RCLC’s mental health service providers (in a region yet to be determined such as Thermal, Indio, North Shore, Palm Springs, or Desert Hot Springs).</p> <p>In addition to telehealth options, promotores will be serving as case managers in assistance to access these services, ongoing telephone and in-person follow up as needed, and referrals to other community resources in response to individual and family needs (Addressing strategy 3.3 and 3.4).</p>	<p><b>Evaluation #1:</b></p> <ul style="list-style-type: none"> <li>• Within three months from the project start date (by March 2023), RCLC will have hired and trained culturally humble staff members to serve the community.</li> <li>• RCLC’s partnership with Vision y Compromiso will allow promotoras to engage consumers in a culturally humble and appropriate way, to serve as brokers in linkage to receive RCLC’s mental health and substance use services.</li> <li>• Increasing equal accessibility to mental health/substance use services by establishing mobile clinics that will encompass the use of spaces within the areas served (i.e., libraries, schools, community centers) and satellite clinics (a freestanding outpatient facility that is physically separate from but administratively attached to a parent medical facility)</li> </ul>
--	--

	<p>in the Coachella Valley. Telemedicine options will also be provided to community members.</p> <ul style="list-style-type: none"> <li>• At least 200 community members will receive mental health services with professional, culturally aware, and equipped mental health RCLC professionals.</li> <li>• RCLC will gather quantitative data by maintaining accurate records, tracking demographic identifiers including – name, gender, ethnicity, and age as well as data about the treatment provided – number of sessions, diagnosis, type of counseling/service received, etc.</li> <li>• Upon completion of treatment, consumers will be invited to participate in an exit survey that will be used to capture consumer outcomes. This information will be shared with DHCD in a written report.</li> </ul>
<p><b>Goal #2:</b> By June 2024, RCLC will improve community awareness of mental health/substance services available to community members in the eastern Coachella Valley. This goal will be accomplished through the delivery of at least 4 community awareness activities that will provide education surrounding mental health services/resources. At least one community awareness activity will be provided each quarter, with the intended goal of having 75 individuals in attendance (Addressing strategy 3.6).</p>	<p><b>Evaluation #2:</b></p> <ul style="list-style-type: none"> <li>• RCLC and promotoras will track the number of individuals reached through outreach and education activities, the number of individuals referred to mental health/substance use services, the number of individuals who receive ongoing support and navigation from community-based promotoras, and the number/type of referrals made to local community resources</li> </ul>
<p><b>Goal #3:</b> By June 30, 2024, RCLC in partnership with VyC will train promotoras to conduct outreach and education to reduce stigma and increase awareness among community residents (in a region yet to be determined but within the geographic areas identified in this project) about mental and behavioral health topics such as</p>	<p><b>Evaluation #3:</b></p> <ul style="list-style-type: none"> <li>• Promotoras will link community members to RCLC's mental health/substance services and will track their outreach and education contacts as well as the referrals made to local resources. Case management/navigational support services will also be delivered to consumers so that they may receive assistance in accessing other services that can help to eliminate barriers impairing functioning (linkage to</li> </ul>

<p>depression, anxiety, trauma, substance use, suicidal ideation, etc., how to access resources and navigate the health system; each promotor/a will reach at least 20 individuals per week: 20 people/promotor/week x 52 weeks x 3 promotoras = a minimum of 3,120 people reached to reduce stigma and raise awareness about mental health resources (Addressing Strategy 3.7).</p>	<p>educational resources, food/housing assistance, legal/human rights services, medical services, etc.)</p> <ul style="list-style-type: none"> <li>• These interventions will be utilized throughout the duration of the remaining 15 months of this program.</li> </ul>
<p><b>Goal #4:</b> Every 6 months, 4 part-time employees who are current graduate students, in the behavioral mental health field, who are deemed “trainees/interns,” by the Board of Behavioral Health Sciences will be hired by RCLC. Per the California Board of Behavioral Health Sciences, these trainees/interns will need to complete clinical hours to graduate from their programs and enter the workforce as clinical therapists. This approach will create a pathway for these graduate students to begin their careers as clinical therapists and will also equip our local workforce with competent, trained, clinicians. Upon completion of their graduate work, these interns/trainees will be hired as full-time employees, working in one of RCLC’s contract-funded programs to obtain hours toward licensure. (Addressing strategy 3.1)</p>	<p><b>Evaluation #4:</b></p> <ul style="list-style-type: none"> <li>• RCLC will continue community outreach to local graduate programs to secure partnerships as an approved provider of graduate clinical hours. RCLC is currently an approved site with 3 local universities. Wages will be provided to graduate students working towards fulfilling intern/trainee work positions.</li> <li>• RCLC will hire a full-time clinician supervisor to oversee the training and support of interns/trainees. This clinical supervisor will work to ensure that all interns/trainees provide the highest standard of care to community members and that interns/trainees receive the highest standard of training.</li> <li>• RCLC will provide competitive wages so that interns may continue working at RCLC as full-time employees, upon completion of their graduate degree. RCLC is committed to continuing to provide ongoing support, training, and supervision via clinical supervisors to increase the retention of bilingual, culturally humble clinical therapists, and to continue the work of RCLC in providing quality care to underserved communities.</li> </ul>

**RESOLUTION NO. 22-30**

**RESOLUTION OF THE BOARD OF DIRECTORS OF  
DESERT HEALTHCARE DISTRICT RE-RATIFYING  
THE STATE OF EMERGENCY AND RE-AUTHORIZING  
REMOTE TELECONFERENCE MEETINGS**

WHEREAS, Desert Healthcare District (“District”) is committed to preserving and fostering access and participation in meetings of its Board of Directors; and

WHEREAS, Government Code section 54953(e) makes provisions for remote teleconferencing participation in meetings by members of a legislative body without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain emergency conditions; and

WHEREAS, a required condition is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558; and

WHEREAS, a proclamation is made when there is an actual incident, threat of disaster, or extreme peril to the safety of persons and property within the jurisdictions that are within the District’s boundaries, caused by natural, technological, or human-caused disasters; and

WHEREAS, it is further required that state or local officials have imposed or recommended measures to promote vaccines, masking, and social distancing, and that meeting in person would present imminent risks to the health and safety of attendees; and

WHEREAS, the Board of Directors previously adopted Resolution No. 22-01 on September 28, 2021, finding that the requisite conditions exist for the Board of Directors of the District to conduct remote teleconference meetings without compliance with paragraph (3) of subdivision (b) of Government Code section 54953; and

WHEREAS, as a condition of extending the use of the provisions found in Government Code section 54953(e), the Board of Directors must reconsider the circumstances of the state of emergency that exists in the District, and the Board of Directors has done so; and

WHEREAS, emergency conditions persist in the District and vaccine compliance, masking, and social distancing measures are required to be followed for the continued health and safety of the District Board, staff, and the public; and

WHEREAS, as a consequence of the local emergency persisting, the Board of Directors does hereby find that the District shall conduct its meetings without compliance with paragraph (3) of subdivision (b) of Government Code section 54953, as authorized by Government Code section 54953(e), and that such meetings shall comply with the requirements to provide the public with access to the meetings as prescribed in Government Code section 54953(e);

THEREFORE, BE IT RESOLVED by the Desert Healthcare District Board of Directors as follows:

Section 1: Recitals. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.

Section 2: Affirmation that a Local Emergency Persists. The Board of Directors hereby considers the conditions of the state of emergency in the District and proclaims that a local emergency persists throughout the District.

Section 3: Re-Ratification of the Governor’s Proclamation of a State of Emergency. The Board hereby ratifies the Governor’s Proclamation of a State of Emergency.

Section 4. Remote Teleconference Meetings. The District’s Chief Executive Officer is hereby authorized and directed to take all actions necessary to carry out the intent and purpose of this resolution, including conducting open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of the Ralph M. Brown Act.

PASSED AND ADOPTED at a regular meeting of the Board of Directors of Desert Healthcare District held on December 20, 2022, by the following roll call vote:

AYES: Directors \_\_\_\_\_

NOES: Directors \_\_\_\_\_

ABSTAIN: Directors \_\_\_\_\_

ABSENT: Directors \_\_\_\_\_

---

Evet PerezGil, Vice-President  
Board of Directors

ATTEST:

---

Carmina Zavala, PsyD, Secretary  
Board of Directors

LAW OFFICES  
**JEFFREY G. SCOTT**

16935 WEST BERNARDO DRIVE, SUITE 170  
SAN DIEGO, CA 92127

JEFFREY G. SCOTT

\_\_\_\_\_  
(858) 675-9896  
FAX (858) 675-9897

*Of Counsel*  
JAMES R. DODSON

Date: December 20, 2022  
To: Desert Healthcare District – Board of Directors  
From: Jeff Scott, General Counsel  
Re: Process for the Election of Officers for 2023

---

The District Bylaws and District Policy #BOD-2 provide that at the first regular Board meeting in December, the Board shall organize by the election one of its members as President, Vice-President, Secretary, and Treasurer. The following outlines the process for the election of officers:

- Counsel Scott will announce that nominations are open for the office of President. As more than one person may be nominated, nominations remain open until all are made. Pursuant to Roberts Rules of Order, no second is required for the nomination of officers.
- Counsel Scott will close the nominations after all the nominations are made.
- If only one individual has been nominated, Mr. Scott will call for a motion and a vote.
- If more than one person is nominated, Mr. Scott will ask each of the directors for their preferred vote. Each Board member will have an opportunity to express their selection.
- When one of the board members has received a majority of the votes (4 or more if 6 or more directors are present), Mr. Scott will then ask for a motion and a second to provide an opportunity for unanimous consent. If a nominee fails to receive a majority vote, the nomination process will be repeated.
- The same procedure will follow for the election of the Vice-President, Secretary, and Treasurer.



**POLICY TITLE:** ELECTION & APPOINTMENT AND DUTIES OF BOARD OFFICERS

**POLICY NUMBER:** BOD-02

**COMMITTEE APPROVAL:** 03-15-2022

**BOARD APPROVAL:** 03-22-2022

---

**POLICY #BOD-02:** It is the policy of the Desert Healthcare District (“District”) to establish the rules for appointment of Board officers and sets forth the election process and the duties of the officers. Further, the roles and responsibilities of said officers are as described in this policy.

**GUIDELINES:**

1. Appointment and Term of Board Officers

There shall be four Board offices: President, Vice-President, Secretary, and Treasurer. It shall be the policy of the Board that there will be no mandatory rotation of officers; however, the Board shall customarily retain the President for two (2) consecutive one (1) year terms (if eligible). After the first term, the Board shall vote on the matter of whether the President shall serve a second term. The President shall be limited to two (2) consecutive terms. The Vice Presidency will provide an opportunity to train the Director to possibly ascend to the Presidency when that position becomes vacant. The Vice-President, Secretary and Treasurer will be elected for one (1) year terms, and there shall be no term limits. The Board shall retain the authority to remove and replace any board officer at any time and for any reason.

Process for the Election of Board Officers

The officers of the Board shall be chosen by the Board as the first agenda item at the first regular board meeting in December. Legal Counsel will call for nominations for the position of Board President. No vote shall be taken until all nominations have been made. Once all nominations are made nominations shall be closed and a vote shall be taken. The process will continue for the office of Vice-President, the office of Secretary, and the office of Treasurer.





## **2. Board President**

The Board shall elect one of its members as President in accordance with Section 1 above. The President shall serve as chairperson at all Board meetings and shall have the same rights as the other Board Members in voting; introducing motions, resolutions; and participating in discussions. The President assures the integrity of the Board's process and, secondarily, occasionally represents the Board to outside parties. In public meetings, the Board President adheres to and implements the rules of order as approved by the Board. The President behaves consistently with District policies and those legitimately imposed upon it from outside the organization. In the absence of the President, the Vice-President shall serve as chairperson. If both the President and Vice-President are absent, the Secretary shall act as chairperson.

In addition, the duties of the President include:

**2.1** The President shall execute Board documents on behalf of the Board unless such authority has been delegated to the Chief Executive Officer under specific circumstances.

**2.2** The President is empowered to chair Board meetings with all the commonly accepted authorities of that position (e.g., ruling, recognizing, keeping order, changing the order of announced agenda items).

**2.3** The President shall appoint Board committee members and committee's chair position.

**2.4** The President has no authority to supervise or direct the Chief Executive Officer. The President has no more authority than any other board members.

**2.5** The President shall work with the Chief Executive Officer in monitoring and planning the agenda forecast.

**2.6** The President may represent the Board to outside parties in announcing and presenting of the Board after formal Board action has been taken.

**2.7** The President may determine, in concert with the Chief Executive Officer as necessary, whether to place on an agenda consideration of documents of support or recognition (e.g., resolutions, commendations, certificates of appreciation, etc.) for individuals, organizations or efforts in the community by evaluating whether the individual, organization or effort has a clear nexus to issues relevant to the District.

**2.8** The President may also sign such certificates established in 2.7 upon successful approval of the Board.

**2.9** The President may make and second motions and vote in the same manner as other Board members.

**2.10** Agenda items may be added by the President or at the request of two board



members.

**2.11** There is no veto power from the President.

**3. Board Vice-President**

The Board shall elect one of its members as Vice President in accordance with Section 1 above.

**3.1** In the absence of the President, the Vice-President shall perform the duties of the President.

**4. Board Secretary**

The Board shall elect a Secretary in accordance with Section 1 above.

**4.1** The Secretary shall be charged with the safekeeping of the minutes of all meetings of the Board and Committees in accordance with the adopted rules of the Board shall sign the minutes in a ministerial capacity, following their approval of the Board.

**4.2** The Secretary shall give or cause to be given appropriate notices in accordance with the policies and bylaws or as required by law and shall act as custodian of District records and reports.

**4.3** The Secretary may delegate Board Secretary duties to a District Staff member and not a member of the Board of Directors.

**5. Board Treasurer**

The Board shall elect a Treasurer in accordance with Section 1 above.

**5.1** The Treasurer shall be charged with the safekeeping and disbursement of the funds in the treasury of the District.

**5.2** The Treasurer will serve as chair of the Finance, Legal, Administration, & Real Estate Committee.

**5.3** The Treasurer may delegate Board Treasurer duties to a District Staff member and not a member of the Board of Directors.

**AUTHORITIES**

Desert Healthcare District Bylaws Article VII

**DOCUMENT HISTORY**

Revised	03-22-2022
Revised	06-23-2020
Approved	12-15-2015



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: December 20, 2022  
To: Board of Directors  
Subject: Annual Directors Appointment the Desert Regional Medical Center  
Governing Board

---

**Staff Recommendation:** Consideration to approve the appointment of two (2) directors to the Desert Regional Medical Center Governing Board.

**Background:**

- Consistent with the Hospital Lease Agreement, the Governing Board requires a structure of majority physician members from Desert Regional Medical Center's (DRMC) medical staff, including community members.
- The Hospital Lease Agreement also requires selecting two (2) members of the District Board to serve on DRMC's Governing Board for one year.
- The Governing Board has authority over the medical aspects of DRMC's operations, such as the appointment and reappointment of medical staff, review of the quality of medical services, the upkeep of licensures and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accreditation, review and approval of proposed operating and capital budgets, review and approval of physician contracts, and the ability to act as a forum regarding community input of the delivery of health care to the community.
- On an annual basis, the Governing Board commences its selection process with the District Board voting to select two (2) members.

**Fiscal Impact:**

None – consideration for approval only



Date: December 20, 2022  
To: Board of Directors  
Subject: CEO Community Engagements and District Media Visibility

---

**Background:**

- Continuing with the key professional responsibilities of the District’s CEO in maintaining and developing the organization’s external relations by communicating the organization’s mission and achievements effectively to stakeholders and to create links with community constituents so the highest degree of impact can be achieved through the most effective use of resources.
- The following is brief information regarding some of the past, current, and upcoming presentations and community engagements involving the CEO.

**Information:**

- Board President Karen Borja’s farewell/appreciation celebration – November 17, 2022
- Meeting with Yvonne Bell, CEO at Inncare – November 18, 2022
- Site visit at Pegasus Riding Academy – November 18, 2022
- Meet and greet with Tricia Gray, Associate Administrator DRMC – November 21, 2022
- Inland Empire Funders Alliance – November 29, 2022
- Meeting with Kimberly Saruwatari, RUHS Public Health Director – November 29, 2022
- Meeting with Huron Consulting Group – December 1, 2022
- Attended HOPE Gala – December 1, 2022
- Mobile Clinic Ribbon Cutting Ceremony – December 2, 2022
- Meeting with RUHS Public Health regarding drug overdoses and drug-related fatalities in the Coachella Valley – December 5, 2022

- Site visit to Promedica Health Foundation, Toledo, Ohio – December 6 - 7, 2022
- Attended Alianza Coachella Valley’s annual kermes – December 10, 2022
- Coachella Valley Equity Collaborative picnic – December 14, 2022
- Meeting with Michele Finney, DRMC CEO – December 15, 2022
- Meeting with Huron Consulting Group – December 16, 2022
- ACHD Governance Committee Meeting – December 16, 2022

**Media Coverage:**

Nov. 23, 2022 – The Uken Report: Mobile Medical Clinic Coming to Coachella Valley:  
<https://ukenreport.com/mobile-medical-clinic-coming-to-coachella-valley/>

Dec. 2, 2022 – KESQ: Desert Healthcare District and Foundation unveils new mobile medical clinic  
<https://kesq.com/news/2022/12/02/desert-healthcare-district-and-foundation-unveils-new-mobile-medical-clinic/>

Dec. 2, 2022 – The Desert Sun: Desert Healthcare District unveils mobile clinic to provide care to underserved residents  
<https://www.desertsun.com/story/news/health/2022/12/03/desert-healthcare-district-unveils-van-to-offer-care-in-remote-areas/69686446007/>

Dec. 2, 2022 – “Pico de Gallo” coverage of mobile clinic unveiling:  
<https://www.facebook.com/nmarcospalma/videos/702703841078372>



**DESERT HEALTHCARE DISTRICT**  
**SPECIAL FINANCE, ADMINISTRATION, REAL ESTATE, AND LEGAL COMMITTEE**  
**MEETING MINUTES**  
**December 13, 2022**

<b>Directors Present</b>	<b>District Staff Present</b>	<b>Absent</b>
Chair/Treasurer Arthur Shorr Director Les Zendle, MD	Chris Christensen, Chief Administration Officer Eric Taylor, Accounting Manager Donna Craig, Chief Program Officer Alejandro Espinoza, Chief of Community Engagement Andrea S. Hayles, Board Relations Officer	Conrado E. Bázquez, MD, Chief Executive Officer

<b>AGENDA ITEMS</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>I. Call to Order</b>	Director Zendle called the meeting to order at 3:42 p.m. since Chair Shorr joined telephonically.	
<b>II. Approval of Agenda</b>	Director Zendle asked for a motion to approve the agenda and move item 8.1 – Capital Projects after approval of the meeting minutes.	<b>Moved and seconded by Director Zendle and Director Shorr to approve the agenda and move item 8.1 – Capital Projects after approval of the minutes. Motion passed unanimously.</b>
<b>III. Public Comment</b>	There was no public comment.	
<b>IV. Approval of Minutes</b> <b>1. F&amp;A Minutes – Meeting November 16, 2022</b>	Director Zendle motioned to approve the November 16, 2022, meeting minutes.	<b>Moved and seconded by Director Zendle and Director Shorr to approve the November 16, 2022, meeting minutes. Motion passed unanimously.</b>
<b>V. CEO Report</b>	There was no CEO Report.	
<b>VI. Chief Administration Officer’s Report</b>	Chris Christensen, CAO, provided an update on the Las Palmas Medical Plaza, which is 100% occupied. There is the possibility of a tenant leaving the complex at the end of December, and staff will present any existing lease renewals for recommendation of approval at future meetings.	
<b>VII. Financial Reports</b>		



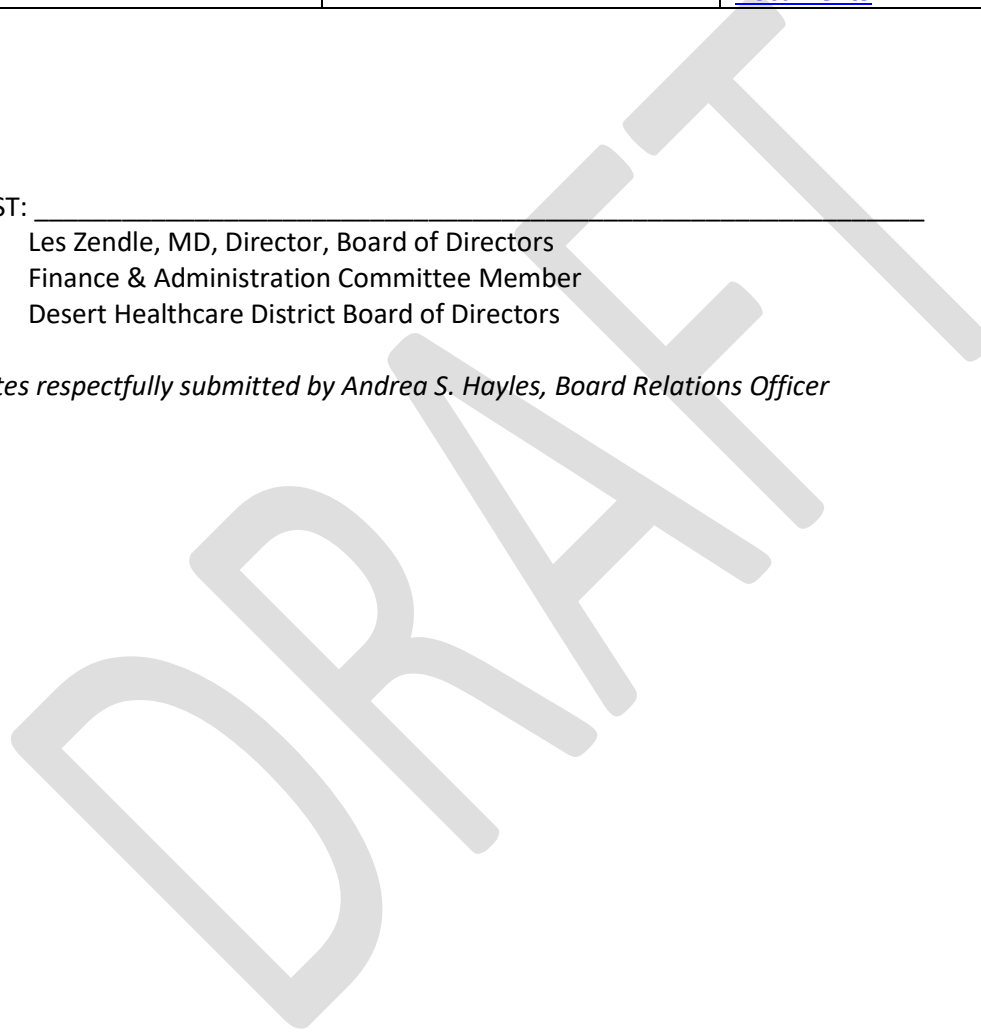


**DESERT HEALTHCARE DISTRICT  
SPECIAL FINANCE, ADMINISTRATION, REAL ESTATE, AND LEGAL COMMITTEE  
MEETING MINUTES  
December 13, 2022**

	discussed and requested the consulting group consider the 2017 market analysis with the new analysis.	
<b>IX. Adjournment</b>	Director Zendle adjourned the meeting at 4:08 p.m.	<b>Audio recording available on the website at <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></b>

ATTEST: \_\_\_\_\_  
 Les Zendle, MD, Director, Board of Directors  
 Finance & Administration Committee Member  
 Desert Healthcare District Board of Directors

*Minutes respectfully submitted by Andrea S. Hayles, Board Relations Officer*







**DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
December 13, 2022**

Directors Present via Video Conference	District & Legal Counsel Staff Present via Video Conference	Absent
Vice-President Evett PerezGil Secretary Carmina Zavala	Conrado E. Bárzaga, MD, Chief Executive Officer Chris Christensen, CAO Donna Craig, Chief Program Officer Jana Trew, Senior Program Officer, Behavioral Health Andrea S. Hayles, Board Relations Officer	

AGENDA ITEMS	DISCUSSION	ACTION
<b>I. Call to Order</b>	The meeting was called to order at 5:02 p.m. by Chair PerezGil.	
<b>II. Approval of Agenda</b>	Chair PerezGil asked for a motion to approve the agenda.	<b>Moved and seconded by Director Zavala and Director PerezGil to approve the agenda. Motion passed unanimously.</b>
<b>III. Meeting Minutes</b> <b>1. November 15, 2022</b>	Chair PerezGil asked for a motion to approve the November 15, 2022, meeting minutes.	<b>Moved and seconded by Director Zavala and Director PerezGil to approve the November 15, 2022, meeting minutes. Motion passed unanimously.</b>
<b>IV. Public Comment</b>	There were no public comments.	
<b>V. Old Business</b>  <b>1. Policy #OP-5 Grant and Mini Grant Policy Structure Revisions</b>	Chris Christensen, CAO, provided background on the requested revisions to the grant and mini policy at the October Program Committee meeting, as requested by President Borja on the current practices of the grant application review and declination appeals process. Mr. Christensen described the modifications as outlined in the redlined sections of the grant policy, and there were no further changes by the committee.	<b>Moved and seconded by Director Zavala and Director PerezGil to approve Policy #OP-5 Grant and Mini Grant Policy Structure Revisions and forward to the Board for approval. Motion passed unanimously.</b>

**DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
December 13, 2022**

<p><b>2. Grant Payment Schedule</b></p> <p><b>3. Grant Applications and RFP Proposals Submitted and Under Review</b></p>	<p>Chair PerezGil inquired about any questions concerning the grant payment schedule and grant applications and RFP proposals submitted and under review.</p> <p>There were no questions or comments.</p>	
<p><b>VI. Program Updates</b></p> <p><b>1. Progress and Final Reports Update</b></p>	<p>Chair PerezGil inquired if the committee had any questions concerning the progress and final reports.</p> <p>There were no questions or comments.</p>	
<p><b>VII. Grant Funding Requests</b></p> <p><b>1. Grant #1330 OneFuture Coachella Valley – <i>Building A Healthcare Workforce Pipeline</i> \$605,000 (24 months)</b></p>	<p>Donna Craig, Chief Program Officer, described the prior grant request in July with the committee requesting additional information. The current request of \$605k, including \$200k for the Black and African American scholarship program initiated by the District to continue supporting the students, further describing additional aspects of the program.</p> <p>Sheila Thorton, President and CEO OneFuture Coachella Valley, thanked the committee while providing positive feedback on the healthcare workforce pipeline program.</p>	<p><b>Moved and seconded by Director Zavala and Director PerezGil to approve Grant #1330 One Future Coachella Valley – <i>Building A Healthcare Workforce Pipeline</i> \$605,000 (24 months) and forward to the Board for approval. Motion passed unanimously.</b></p>

DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
December 13, 2022

<p>2. <b>Grant #1369 ABC Recovery Center: Cost of Caring Fund Project - \$332,561 (12 months)</b></p>	<p>Donna Craig, Chief Program Officer, provided background on ABC Recovery Center’s services and their 12-month grant request.</p> <p>Chris Yingling, CEO, ABC Recovery Center, answered questions from the committee and provided an overview of the clients served.</p>	<p><b>Moved and seconded by Director Zavala and Director PerezGil to approve Grant #1330 One Future Coachella Valley – Building A Healthcare Workforce Pipeline \$ 605,000 (24 months) and forward to the Board for approval. Motion passed unanimously.</b></p>
<p>3. <b>Grant #1326 TODEC Legal Center – TODEC’s Equity Program- \$100,000 (24 months)</b></p>	<p>Donna Craig, Chief Program Officer, described the requested revisions from the committee at the July meeting and prior funding for core operating support aligned with the District’s strategic plan.</p> <p>Alejandro Espinoza, Chief of Community Engagement, described TODEC’s engagement with the Coachella Valley Equity Collaborative and assistance with the revisions as requested by the committee.</p>	<p><b>Moved and seconded by Director Zavala and Director PerezGil to approve Grant #1326 TODEC Legal Center – TODEC’s Equity Program- \$100,000 (24 months) and forward to the Board for approval. Motion passed unanimously.</b></p>
<p>4. <b>Grant #1318 Riverside County Latino Commission On Alcohol and Drug Abuse Services, Inc.: Healthy Minds, Healthy Lives – Mente Sanas Visas Sanas - \$605,507 (18 months)</b></p>	<p>Conrado E. Bárzaga, MD, Chief Executive Officer, recused himself from the Riverside County Latino Commission grant request discussions.</p> <p>Donna Craig, Chief Program Officer, described the requested revisions from the committee at the July meeting, such as the community needs, specific groups and locations served, budgeting specifics, and the</p>	<p><b>Moved and seconded by Director Zavala and Director PerezGil to approve Grant #1326 TODEC Legal Center – TODEC’s Equity Program- \$100,000 (24 months) and forward to the Board for approval. Motion passed unanimously.</b></p>

**DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
December 13, 2022**

	<p>distinction between the mobile and satellite clinics.</p> <p>Lucero Fabela, Human Resources Specialist and Program Supervisor, Riverside County Latino Commission, answered questions from the committee concerning the clinical staffing and training.</p>	
<b>VIII. Committee Members Comments</b>	There were no committee member comments.	
<b>IX. Adjournment</b>	Chair PerezGil adjourned the meeting at 5:29 p.m.	<b>Audio recording available on the website at <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></b>

ATTEST: \_\_\_\_\_  
 Evett PerezGil, Chair/Vice-President, Board of Directors  
 Program Committee

*Minutes respectfully submitted by Andrea S. Hayles, Board Relations Officer*

DESERT HEALTHCARE DISTRICT							
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE							
November 30, 2022							
TWELVE MONTHS ENDING JUNE 30, 2023							
Grant ID Nos.	Name	Approved Grants - Prior Yrs	6/30/2022 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	\$ 4,990,000		\$ -		\$ 4,990,000
2021-1136-BOD-01-26-21	Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr.	\$ 119,432	\$ 11,944		\$ 11,944		\$ -
2021-1171-BOD-03-23-21	Blood Bank of San Bernardino/Riverside Counties - Bloodmobiles for Coachella Valley - 18 Months	\$ 150,000	\$ 15,000		\$ 15,000		\$ -
2021-1266-BOD-04-27-21	Galilee Center - Our Lady of Guadalupe Shelter - 1 Yr.	\$ 150,000	\$ 15,000		\$ 15,000		\$ -
2021-1277-BOD-04-27-21	Lift To Rise - United Lift Rental Assistance 2021 - 8 Months	\$ 300,000	\$ 30,000		\$ 30,000		\$ -
2021-1280-BOD-05-25-21	Desert AIDS Project - DAP Health Expands Access to Healthcare - 1Yr.	\$ 100,000	\$ 10,000		\$ 10,000		\$ -
2021-1296-BOD-11-23-21	Coachella Valley Volunteers In Medicine - Improving Access to Healthcare Services - 1 Yr.	\$ 154,094	\$ 84,752		\$ 69,342		\$ 15,410
2021-1289-BOD-12-21-21	Desert Cancer Foundation - Patient Assistance Program - 1 Yr.	\$ 150,000	\$ 82,500		\$ 67,500		\$ 15,000
2022-1301-BOD-01-25-22	UCR Regents - Community Based Interventions to Mitigate Psychological Trauma - 1 Yr.	\$ 113,514	\$ 62,433		\$ 51,081		\$ 11,352
2022-1302-BOD-01-25-22	Vision To Learn - Palm Springs, Desert Sands, and Coachella Valley School Districts 1 Yr.	\$ 50,000	\$ 27,500		\$ 22,500		\$ 5,000
2022-1303-BOD-01-25-22	CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr.	\$ 54,056	\$ 29,731		\$ 24,325		\$ 5,406
2022-1306-BOD-02-22-22	Olive Crest Treatment Center - General Support for Mental Health Services - 1 Yr.	\$ 123,451	\$ 67,898		\$ 55,553		\$ 12,345
2022-1311-BOD-04-26-22	Desert Arc - Healthcare for Adults with Disabilities Project Employment of Nurses - 1 Yr.	\$ 102,741	\$ 56,508		\$ 46,233		\$ 10,275
2022-1313-BOD-04-26-22	Angel View - Improving Access to Primary and Specialty Care Services for Children With Disabilities 1 Yr.	\$ 76,790	\$ 42,235		\$ -		\$ 42,235
2022-1314-BOD-05-24-22	Voices for Children - Court Appointed Special Advocate Program - 1 Yr.	\$ 60,000	\$ 60,000		\$ 27,000		\$ 33,000
2022-1325-BOD-06-28-22	Vision Y Compromiso - CVEC Unrestricted Grant Funds - 2 Yrs.	\$ 150,000	\$ 150,000		\$ 33,750		\$ 116,250
2022-1327-BOD-06-28-22	Youth Leadership Institute - Youth Voice in Mental Health - 2 Yrs.	\$ 50,000	\$ 50,000		\$ 11,250		\$ 38,750
2022-1328-BOD-06-28-22	EI Sol - Expanding Access to Educational Resources for Promotoras - 2 Yrs.	\$ 150,000	\$ 150,000		\$ 33,750		\$ 116,250
2022-1331-BOD-06-28-22	Pueblo Unido - Improving Access to Behavioral Health Education and Prevention Services - 2 Yrs.	\$ 50,000	\$ 50,000		\$ 11,250		\$ 38,750
2022-0965-BOD-06-28-22	Desert Healthcare Foundation - Behavioral Health Initiative Expansion - 3 Yrs.	\$ 2,000,000	\$ 2,000,000		\$ 2,000,000		\$ -
2022-22-15-BOD-06-28-22	Carry over of remaining Fiscal Year 2021/2022 Funds*	\$ 2,566,566	\$ 2,566,566		\$ 1,839,268		\$ 727,298
2022-1324-BOD-07-26-22	Galilee Center - Our Lady of Guadalupe Shelter - 2 Yr.			\$ 100,000		\$ 22,500	\$ 77,500
2022-1332-BOD-07-26-22	Alianza CV - Expanding and Advancing Outreach Through Increasing Capacity Development - 2 Yrs.			\$ 100,000		\$ 22,500	\$ 77,500
2022-1329-BOD-09-27-22	DPMG - Mobile Medical Unit - 3 Yrs.			\$ 500,000		\$ 50,000	\$ 450,000
2022-1350-BOD-09-27-22	JFK Memorial Foundation - Behavioral Health Awareness and Education Program - 1 Yr.			\$ 57,541		\$ 25,893	\$ 31,648
2022-1355-BOD-09-27-22	Joslyn Center - The Joslyn Wellness Center - 1 Yr.			\$ 85,000		\$ 38,250	\$ 46,750
2022-1361-BOD-09-27-22	DAP Health - DAP Health Monkeypox Virus Response - 1 Yr.			\$ 586,727		\$ -	\$ 586,727
2022-1356-BOD-10-25-22	Blood Bank of San Bernardino/Riverside Counties - Coachella Valley Therapeutic Apheresis Program - 1 Yr.			\$ 140,000		\$ 63,000	\$ 77,000
2022-1358-BOD-10-25-22	Foundation for Palm Springs Unified School District - School-Based Wellness Center Project - 1 yr.			\$ 110,000		\$ -	\$ 110,000
2022-1362-BOD-10-25-22	Jewish Family Service of the Desert - Mental Health Counseling Services for Underserved - 2 yrs.			\$ 160,000		\$ 36,000	\$ 124,000
<b>TOTAL GRANTS</b>		<b>\$ 16,670,644</b>	<b>\$ 10,552,067</b>	<b>\$ 1,839,269</b>	<b>\$ 4,374,746</b>	<b>\$ 258,143</b>	<b>\$ 7,758,447</b>
<b>Amts available/remaining for Grant/Programs - FY 2022-23:</b>							
<b>Amount budgeted 2022-2023</b>			\$ 4,000,000			G/L Balance:	11/30/2022
<b>Amount granted through November 30, 2022:</b>			\$ (1,839,269)			2131	\$ 4,238,446
Mini Grants:	1321; 1322; 1323; 1364	\$ (20,000)				2281	\$ 3,520,000
Financial Audits of Non-Profits; Organizational Assessments			\$ -				
Net adj - Grants not used: FY 21-22 Funds			\$ 2,566,566			<b>Total</b>	<b>\$ 7,758,447</b>
Matching external grant contributions			\$ -				<b>\$ 0</b>
<b>Balance available for Grants/Programs</b>			<b>\$ 4,707,297</b>				

\* 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: December 13, 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 and are pending either proposal conferences and or a site visit or have been approved by the board of directors. Recommendations/suggested decisions will be brought forward to the January 2023 Program Committee for possible action:

1. #1357 Desert Recreation District mini grant - \$5,000/\$10,000\*: *Adaptive Program Expansion: Inclusion & Education* – Use of District mini grant funds: to purchase additional specialized equipment [sound based] to expand adaptive programs to reach more individuals with visual impairments, fund registration fees participants, and fund some of the additional staffing required in programs [to provide additional supports to participants, where needed].
  - a. Status: mini grant application has been resubmitted and \*pending approval of the Program Committee and Board approving BOD Policy #OP-5, increasing the mini grant amount from \$5,000 to \$10,000
2. #1363 Pegasus Riding Academy - \$60,092 – *Pegasus Equine Assisted Therapy Program*. Use of District funds: to increase Pegasus’ capacity to serve additional individuals in need, specifically program/services; program staffing; and transportation costs
  - a. Status: Proposal conference was conducted on 12/8 and with a few suggested revisions, the application will be resubmitted to be brought forward to the Program Committee’s January 10, 2023 meeting.
3. #1370 HARP-PS (HIV+Aging Research Project – Palm Springs) \$5,000 mini grant – *The Positive Connections 50+ Virtual Village* – Use of Funds: development of an on-line platform to reduce isolation, foster support systems, and connect Older People Living With HIV to needed behavioral health, medical, and supportive services.
  - a. Status: Proposal conference pending
4. #1371 California CareForce - \$10,000 -*Riverside County Free Healthcare Clinic 2023*. Use of Funds: to support the clinic through disposable dental, vision and medical supplies
  - a. Status: Proposal conference scheduled for January 11, 2023.
5. #1333 Organizacion en California de Lideres Campesinas - \$150,000 (24 months) – *Healthcare Equity for ECV Farmworker Women and Families* – Use of Funds: Lideres Compesinas is part of the ECV Equity Collaborative’s core operating project

support. This application was originally declined as the organization did not have audited financials. Audited financials have now been completed in December and was reviewed and accepted by the District fiscal team.

- a. Status: Proposal conference scheduled for December 19, 2022 and will be placed on the agenda for the January 10, 2023 Program Committee.
6. #1368 About Families Incorporated mini grant - \$5,000; *Fall Family Festival*. Event admission is free to families throughout the Coachella Valley. Use of District funds: to provide 250-300 free wristbands to lower-income and predominately Spanish-speaking households for children to participate in child-focused activities such as bounce houses, a petting zoo, and a rock-climbing wall.
- a. Status: this mini grant was reviewed and declined due to this being a one-day event without a health nexus. Mini grants are to be used for small health initiatives.



**Date:** December 13, 2022

**To:** Program Committee – District

**Subject:** Progress and Final Grant Reports 11/1/2022 – 11/30/2022

---

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

**Vision To Learn #1302**

Grant term: 2/1/2022 – 1/31/2023

Original Approved Amount: \$50,000.

**Progress** report covering the time period from: 2/1/2022 – 7/31/2022

**Blood Bank #1171**

Grant term: 4/1/2021 – 9/30/2022

Original Approved Amount: \$150,000.

**Final** report covering the time period from: 4/1/2022 – 9/30/2022

**Desert ARC #1311**

Grant term: 5/1/2022 – 4/30/2023

Original Approved Amount: \$102,741.

**Progress** report covering the time period from: 5/1/2022 – 10/31/2022

**DAP Health #1361**

Grant term: 7/1/2022 – 6/30/2023

Original Approved Amount: \$586,727.

**Progress** report covering the time period from: 7/1/2022 – 9/30/2022



**Vision To Learn, Grant#: 1302**

**Vision To Learn - Palm Springs, Desert Sands and Coachella Valley Unified School Districts**

**Strategic Area:** Healthcare Infrastructure and Services

**Reporting Period:** 1/26/22 - 9/1/22

Nora MacLellan  
Tel: (310) 489-0160  
Nora@VisionToLearn.org

**Grant Information**

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

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

**Balance:** \$27,500

**Due Date:** 9/1/22

**Proposed Goals and Evaluation**

The specific benefits or measurable impact to be achieved by: (1/31/2023):

**Goal #1:**

By February 2023, a total of 880 students attending Coachella, Palm Springs and/or Desert Sands school districts would have received a eye exam, following a failed vision screening.

VTL estimates the number of students to be served by the most current elementary student population numbers (5,500). In the past we have estimated those numbers to be about 20% (1,100) will fail and 80% (880) of those will require glasses.

**Goal #2:**

By February 2023, an estimated 704 students (~80% of those examined) attending Coachella, Palm Springs and/or Desert Sands school districts would have been prescribed glasses, and provided a new pair of glasses with frames they picked out themselves.

**Goal #3:**

For up to one year following students' Vision To Learn eye exam, any lost, stolen or broken glasses would be replaced free of charge.

**Goal #4:**

## Follow-up/Referrals of Students to Specialists

Vision To Learn tracks exam results for every student in our Electronic Medical Record (EMR) system. Program-wide our doctors refer 10% of students for more comprehensive care with local optometrists and ophthalmologists.

**Evaluation Plan:**

At the end of the grant period (and during the grant as requested), Vision To Learn will report to DHCD the number of eye exams and glasses provided to students in the three school districts, by school and district. This information is stored in real time and readily accessible through our EMR.

*Proposed number of District residents to be served:*

**Total:** 880

*Proposed geographic area(s) served:*

Coachella  
Indio  
La Quinta  
Mecca  
North Shore  
Oasis  
Palm Desert  
Thermal  
Bermuda Dunes

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

Detailed plan of action for evaluation that monitors and tracks the progress of Goal #1

- Vision To Learn will garner MOUs with the three school districts

DONE

- Vision To Learn staff and/or Rotary volunteers will screen students' vision and refer those who fail an eye chart exam to VTL's mobile clinic.

Rotary Volunteers have and will continue to screen students. Everyone surprised by the high fail rate - 50% higher than expected.

- Provide free eye exams for 880 referred students

To date 762 students have been provided eye fee eye exams and 633 have been provided free prescription eye glasses. The prescription rate is higher than expected

83% compared to 80%. And there are a number of very high prescription levels.

- All eye exams will be recorded in Vision To Learn's electronic medical records (EMR) database  
Done

Progress on the number of District residents served:

**Total:** 1,960

Geographic area(s) served during this reporting period:

Bermuda Dunes  
Coachella  
Indian Wells  
Indio  
La Quinta  
Mecca  
Palm Desert  
Palm Springs  
Rancho Mirage  
Thermal

Progress on the Program/Project Goals:

**Goal #1:**

- Vision To Learn will garner MOUs with the three school districts  
DONE

- Vision To Learn staff and/or Rotary volunteers will screen students' vision and refer those who fail an eye chart exam to VTL's mobile clinic.

Rotary Volunteers have and will continue to screen students. Everyone surprised by the high fail rate - 50% higher than expected.

- Provide free eye exams for 880 referred students

To date 762 students have been provided eye fee eye exams and 633 have been provided free prescription eye glasses. The prescription rate is higher than expected 83% compared to 80%. And there are a number of very high prescription levels. AND the mobile vision clinic staff loved working with the school districts, school staff and especially the students.

- All eye exams will be recorded in Vision To Learn's electronic medical records (EMR) database  
Done

**Goal #2:**

By February 2023, an estimated 704 students (~80% of those examined) attending Coachella, Palm Springs and/or Desert Sands school districts would have been prescribed glasses, and provided a new pair of glasses with frames they picked out themselves.

Vision To Learn has already surpassed their goal. Due to economies of scale (using volunteers instead of paid staff to do screening) cost/child has come down. But the project continues!

**Goal #3:**

For up to one year following students' Vision To Learn eye exam, any lost, stolen or broken glasses would be replaced free of charge.

To date no child/family has requested a replacement pair. Vision To Learn expects to see requests once school starts.

*Program/Project Tracking:*

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

As mentioned above the schools, staff and students were wonderful to work with. The need is so great here. There were no issues or barriers in meeting the goals of the project aside from one and Vision To Learn came up with a solution. Due to the heat and the burden on the mobile clinics AC units the clinics had to shut down early a couple of days.

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

Vision To Learn has developed an 'inside lane' solution when weather is not on the staff's side to extreme temperatures or bad weather (snow, thunder/lighting etc). Vision To Learn has created a clinic in a 'box' where equipment is set up in the school. This is a solution that continues to be improved but it is a solution that will help Vision To Learn better serve the Coachella Valley and beyond when temperatures/weather warrant it.

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

The ease of working with the schools and students! Volunteers and staff truly enjoyed their time and look forward to returning.

Creating a solution to weather challenges. Thank you to the schools for letting Vision To Learn 'test drive' their 'inside lane' clinic solution.

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

## **Bloodmobiles for Coachella Valley**

**Strategic Area:** Healthcare Infrastructure and Services

**Reporting Period:** 9/1/22 to 9/30/22

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

### **Proposed Goals and Evaluation**

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

#### **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.

**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.

**Evaluation of goal #1:** LifeStream has a sophisticated forecasting algorithm to ensure we have adequate appointments to meet our daily, weekly, and monthly collection goals. We will use this forecasting algorithm to ensure we are booking donor appointments at a weekly rate to ensure 1,000 donors are tested each month. In the event we forecast potential shortages in donor appointments in the Coachella Valley, we will increase our tele-recruiting efforts to donors in that area. Finally, we will track actual test results at the end of every month to ensure we achieved the testing of 1,000 donors in the Coachella Valley for antibodies to COVID-19.

**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.

**Evaluation of goal #2:** LifeStream uses a software system specifically dedicated to tracking and forecasting mobile blood drives. This system allows us the ability to forecast and track blood drives for the entire calendar year to ensure we meet our daily, weekly, and monthly collection goals. We will use this system to ensure LifeStream is securing monthly blood drives in the Coachella Valley to meet the 12-month goal of 300 drives annually. Additionally, we will track the success of each drive to ensure we met our projected goal and provided excellent customer service to each donor. This 12-month tracking and forecasting will begin once the new Coachella Valley mobile has been received and placed into service for LifeStream.

**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 of goal #3:** LifeStream has a sophisticated forecasting algorithm to ensure we have adequate appointments to meet our daily, weekly, and monthly collection goals. We will use this forecasting algorithm to ensure we are booking donor appointments at a weekly rate to ensure adequate numbers of potential donors are scheduled at mobile blood drives to meet the 12-month goal of screening 5,300 donors. In the event we forecast potential shortages in donor appointments in the Coachella Valley, we will increase our tele-recruiting efforts to donors in that area. This 12-month tracking and forecasting will begin once the new Coachella Valley mobile has been received and placed into service for LifeStream.

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

### **Final Progress:**

Final Outcomes on Goals and Evaluation

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

In February 2022, we received delivery of the new Coachella Valley-based bloodmobile and placed it into service in March 2022. This bloodmobile replaces an older bloodmobile that needed to be replaced because it no longer met CARB requirements. The new bloodmobile is collecting blood at Coachella Valley blood drives 5 to 6 days a week.

Originally, we planned to test 1,000 blood donations each month for the presence of COVID-19 antibodies through our COVID Convalescent Plasma (CCP) program. We tested about half that number as the need for CCP declined substantially throughout the country in 2021. We ended the majority of COVID-19 antibodies testing in support of our CCP Program at the end of June 2021.

Lastly, we performed approximately 4,900 "mini-physicals" at Coachella Valley mobile blood drives during the first 12 months grant period, slightly below our 5,300 goal.

**Goal #1:**

In late June 2021, due to an 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. After receiving approval from the DHCD, we reallocated all remaining COVID antibody testing funds to help cover the cost of the new bloodmobile.

**Evaluation of goal #1:**

In the first half of 2021, we were meeting our goal of testing 1,000 blood donations each month and would have continued to meet or exceed our goal if there was demand for CCP from local hospitals. Considering the decreased need for CCP, we chose to not continue testing for COVID-19 antibodies and instead, with approval from the DHCD, directed the remaining funds toward the purchase of our new Coachella Valley-based bloodmobile.

**Goal #2:**

The new bloodmobile was placed into service in the Coachella Valley in March 2022 and is being deployed to 5 to 6 mobile blood drives each week.

**Evaluation of goal #2:**

Purchasing the new bloodmobile to replace the older bloodmobile that was not CARB compliant was essential to meeting our blood collection efforts the Coachella Valley. This new bloodmobile actually allows us to collect more blood at each drive (it has more donor beds than older models) and is more environmentally friendly because it is partially powered by solar and electricity.

**Goal #3:**

Our original goal was to provide 5,300 "mini-physicals" within the first 12 months of receiving the grant. As of March 31, 2022, we performed 4,893 "mini-physicals", slightly below our 12-month goal. The shortfall was the result of the challenges our mobile recruitment team faced post-COVID. Community drives were often cancelled and school drives were not performing at the levels seen before the pandemic. The good news is that we continue to offer "mini-physicals" to all prospective donors at Coachella Valley mobile blood drives, including underserved communities.

**Evaluation of goal #3:**

Our 12-month goal may have been ambitious. We assumed that schools and other



mobile drive hosts would return to a pre-COVID schedule sooner as COVID vaccines were rolled out throughout the country. Schools, which account for 40 to 50% of our mobile drives, took longer than we expected to return to a normal collection frequency and schedule. If schools returned to a normal schedule sooner, we would have easily met our goal.

Final number of District residents served:

**Total:** 4,544

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

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

The significantly reduced need for CCP prompted LifeStream to discontinue COVID-19 antibodies testing within a few months of receiving grant approval.

Additionally, as a result of canceled community blood drives and the delay in scheduling school blood drives, we were not able to "screen" the estimated number of potential donors projected with the first 12 months of our original plan.

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

None to report.

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

Thanks to the \$120,000 donated by the Desert Healthcare District and Foundation and other funding we received from grants and donations, costs for the new bloodmobile have been completely covered. It should remain in service in the Coachella Valley for at least 10 years. Any maintenance needs will be paid for through LifeStream's operations budget.

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

1. We would try to more accurately project the number of "mini physicals" we anticipated providing.

2. Based on the impact the COVID-19 pandemic had on our mobile collection efforts, we would plan for a more conservative number of blood drives.

Other than these two items, we don't anticipate doing anything else differently.

## Grant Progress Report

**Desert Arc, Grant#: 1311**

**Desert Arc Healthcare for Adults with Disabilities Project Employment of Licensed Vocational Nurses**

**Strategic Plan Goal:**

Goal 2: Proactively expand community access to primary and specialty care services

**Strategic Plan Strategy:**

Strategy 2.7 To utilize an equity lens to expand services and resources to underserved communities

**Reporting Period:** 5-25-22 to 11-10-22

Liz Nabie

Tel: (760) 346-1611

Fax: (760) 773-0933

lnabie@desertarc.org

### Grant Information

**Grant Amount:** \$102,741

**Paid to date:** \$46,233

**Balance:** \$56,508

**Due Date:** 12/1/2022

### Goals and Evaluation

The specific benefits or measurable impact to be achieved by: (4/30/2023):

**Progress Outcomes:**

Funding was used to assist in covering the annual salaries of two licensed vocational nurses. The goal was to provide health services for adults with developmental and intellectual disabilities who would otherwise not be able to participate in licensing programs. It was met by the nurses' providing needed health care to 162 clients in the Adult Day Program and 67 adults in the Behavior Management Program.

**Goal #1:**

*By April 30, 2023, the salaries of two licensed vocational nurses' will be paid for the 2022-23 fiscal year. They will provide medical services for 234 clients with severe disabilities and behavior problems ensuring their ability to participate in programs*

*offered at Desert Arc. This project goal coincides with the District and Foundation's Strategic Plan performance Strategy 2.7: To utilize an equity lens to expand services and resources to underserved communities (Priority: High). The Desert Arc Healthcare Program serves the underserved communities of adults with developmental and intellectual disabilities. The services provided are not available to clients in any other medical program in that ensures their ability to participate in programs that enhance their quality of life and/or create opportunities for them to integrate into society.*

**Progress of Goal #1:**

By June 30, 2023, the salaries of two licensed vocational nurses' will be paid for the 2022-23 fiscal year. Currently, two vocational nurses' salaries have been paid through October 2022. They provided medical services for 229 clients with severe disabilities and behavior problems ensuring their ability to participate in programs offered at Desert Arc. The decrease of five clients is due to precautions of clients not coming on to program due to positive COVID -19 testing.

**Goal #2:**

Desert Arc only had one goal for this program.

**Progress on the Number and Location of District Residents Served**

**Proposed number of District residents to be *directly* served:**

Total: 683

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

Total: 532

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

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

**Project Tracking:**

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

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

The main barrier Desert Arc is experiencing is the difficulty of hiring staff. During the pandemic 50 staff left employment. The staffing ratios cannot always be met so a program is not offered until additional staff is hired.

- **If the project is not on track, what is the course correction?**

Project on track.

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

The successes seen during this period is the successful implementation of virtual programs and activities that clients have found rewarding during the times of limited personal interaction.

## Grant Progress Report

**Desert AIDS Project d/b/a/ DAP Health, Grant#: 1361**

### **DAP Health Monkeypox Virus Response**

#### **Strategic Plan Goal:**

Goal 2: Proactively expand community access to specialty care serves

#### **Strategic Plan Strategy:**

Strategy 2.3 Provide funding support and evaluation to community organizations providing expanded mobile primary and specialty care services (Priority: High)

Strategy 2.6 Collaborate/Partner with the Riverside University Health System on increasing the number of public health initiatives, including but not limited to: COVID-19, obesity, sex education, drug use/addiction, and nutrition (Priority: Moderate)

Strategy 2.7 Utilize an equity lens to expand services and resources to underserved communities (Priority: High)

#### **Reporting Period:**

7/1/22 to 10/31/22

David Brinkman

Tel: 760-992-04015

dbrinkman@daphealth.org

### Grant Information

**Grant Amount:** \$586,727

**Paid to date:** \$0

**Balance:** \$586,727

**Due Date:** 11/15/2022

### Goals and Evaluation

The specific benefits or measurable impact to be achieved by: (6/30/2023):

#### **Progress Outcomes:**

DAP provided monkeypox testing, treatment and vaccines which were tracked and recorded both for First Quarter July 1, 2022- Sept. 2022 and for the month October 2022 to comply with monthly reporting requirements. See details below

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

*From October 1, 2022 to September 30, 2023, DAP Health will test, treat, or vaccinate 5,000 at-risk individuals for MPX. 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 to underserved communities.*

**Progress of Goal #1:**

Goal 1: #'s of individuals tested; Treated; vaccinated for MPX.: October 2022: During this reporting period, DAP provided 17 MPX tests; provided 1,584 MPX vaccines; and provided 4 individuals with MPX treatment. On October 1, 2022, DAP offered a free MPX vaccine clinic during which 333 individuals received MPX vaccinations.

First Grant Quarter- July 1, 2022-Sept 30, 2022:  
During this first quarter reporting period:

Number of Individuals Tested for MPX: 222; positive: 102; negative: 83; pending: 37

Number of Individuals Treated for MPX: 19; three patients were provided with hotel stays for recovery in isolation.

Number of Individuals Vaccinated for MPX: 4,226.

DAP has held in two vaccination clinics on DAP's campus (August 6, 2022; August 20) in partnership with Molina Health, Tenant Health; Desert Oasis Health and UCR Residency. DAP also participated in a vaccination clinic held on September 17, 2022 at the Palm Springs Convention Center, in partnership with County of Riverside Department of Public Health.

**Goal #2:**

*From October 1, 2022 to September 30, 2023, DAP Health will provide 1,000 community members with MPX information about access to testing, treatment and vaccines through DAP's MPX hotline. 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 to underserved communities.*

**Progress of Goal #2:**

Goal 2: # of community members provided with MPX information about access to testing; treatment and vaccines through DAP's MPX hotline. October 2022: During this reporting period the MPX hotline received 418 calls and 118 emails.

First Quarter - July 1, 2022-Sept, 30, 2022: During this first quarter reporting period, DAP's Monkeypox hotline responded to 3,076 emails and phone calls, with an average of 63 inquiries per day. We also provided outreach with QR codes for information about MPX testing, treatment, and vaccinations to 14 community businesses catering to the high risk men who have sex with men population.

**Goal #3:**

*From October 1, 2022 to September 30, 2023, DAP will continue to deploy a digital/social media public health campaign including in-app public health advertising to raise awareness of MPX exposure risk, symptoms and access to testing and care. 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 to underserved communities.*

**Progress of Goal #3:**

Goal 3: Social media metrics for DAP Health's digital/social media public health campaign to raise awareness of MPX exposure risk, symptoms and access to testing and care. October 2022: During this reporting period, DAP's digital ads providing MPX information about access to testing, treatment and vaccinations received 192,302 impressions resulting in 1,122 clicks to DAP Health's MPX website. There were 1,432 visits to DAP Health's MPX landing page on DAP Health's website. Three posts on Facebook, Instagram and Twitter resulted in 1,008 impressions and 5 post clicks to DAP Health's MPX landing page.

First Quarter - July 1, 2022-Oct. 31, 2022: During this first quarter reporting period, an MPX public awareness video narrated by Trenton Ducati received 19,000 views; an MPX public awareness video narrated by DAP's PrEP Navigation Manager received 2,001 views; in-app ad placed on dating site with link to DAP's MPX resource page reached 441,293 people and resulted in 4,020 clicks to DAP Health's website and 8,688 visits to DAP's MPX resource page. Social media MPX awareness messaging received 39,000 impressions resulting in 540 clicks to DAP Health's website MPX resource page.

**Progress on the Number and Location of District Residents Served****Proposed number of District residents to be *directly* served:**

Total: 5,000

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

Total: 4467

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

Cathedral City  
Coachella  
Desert Hot Springs  
Indian Wells  
Indio  
Mecca  
Palm Desert  
Palm Springs  
Rancho Mirage

## **Project Tracking:**

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

DAP has not encountered any specific issues/barriers in meeting project goals.

- **If the project is not on track, what is the course correction? n/a**
- **Describe any unexpected successes during this reporting period other than those originally planned**

DAP has partnered with the County of Riverside Department of Public Health to provide monkeypox vaccines at Palm Springs Convention Center