DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE
Program Committee Meeting
November 12, 2024
5:00 P.M.

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

https://us02web.zoom.us/j/88994867070?pwd=aGMzRWNZTDhqRFJsT2hVQzhpRWl0Zz09
Webinar ID: 889 9486 7070
Password: 295634

Members of the public can also participate by telephone, using the follow dial in information:

Dial in #:(669) 900-6833 or (833) 548-0276 To Listen and Address the Committee when called upon:
Webinar ID: 889 9486 7070
Password: 295634

Page(s)		AGENDA	*Item Type*
	I.	**Call to Order –** President Evett PerezGil, Committee Chairperson	
1-2	**II.**	**Approval of Agenda**	**Action**
3-6	**III.**	**Meeting Minutes** 1. September 10, 2024	**Action**
	IV.	**Public Comments** At this time, comments from the audience may be made on items <u>not</u> listed on the agenda that are of public interest and within the subject-matter jurisdiction of the District. The Committee has a policy of limiting speakers to not more than three minutes. The Committee cannot take action on items not listed on the agenda. Public input may be offered on an agenda item when it comes up for discussion and/or action.	
7-47 **48-84** **85-86** **87** **88-104**	**V.**	**Program Updates** 1. Progress Reports Update 2. Final Reports Update 3. Grant Applications Status Report 4. Grant Payment Schedule 5. Update on RAP/DHCD MH funding partnership 2022-2023	Informational
105-132	**VI.**	**Grant Funding** – **Pending Application Update** *1.* Grant #1466 Eisenhower Health - $1,989,493 – 3 years to support *Psychiatric Care Expansion and Psychiatry Residency Program*	Informational
	VII.	**Committee Member Comments**	
	VIII.	**Adjournment**	

DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE
Program Committee Meeting
November 12, 2024
5:00 P.M.

In lieu of attending the meeting in person, members of the public can participate by webinar using the following Zoom link:
https://us02web.zoom.us/j/88994867070?pwd=aGMzRWNZTDhqRFJsT2hVQzhpRWI0Zz09
Webinar ID: 889 9486 7070
Password: 295634
Members of the public can also participate by telephone, using the follow dial in information:

Dial in #:(669) 900-6833 or (833) 548-0276 To Listen and Address the Committee when called upon:
Webinar ID: 889 9486 7070
Password: 295634

IX. Next Scheduled Meeting December 10, 2024

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 any disability which would require accommodation to
enable you to participate in this meeting or translation services,
please email Andrea S. Hayles, Special Assistant to the CEO and
Board Relations Officer, at ahayles@dhcd.org or call (760) 567-0298 at least
72 hours prior to the meeting.

Eric Taylor
_____
Eric Taylor, Chief Administration Officer

DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
September 10, 2024

Directors Present via Video Conference	District Staff Present via Video Conference	Absent
President Evett PerezGil Vice-President Carmina Zavala, PsyD Director Leticia De Lara, MPA	Chris Christensen, Chief Executive Officer, CPA Eric Taylor, CPA Chief Administration Officer Donna Craig, Chief Program Officer Alejandro Espinoza, MPH, Chief of Community Engagement Gracie Montano, Program Associate Erica Huskey, Grants Manager Andrea S. Hayles, MBA, Board Relations Officer	

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 5:01 p.m. by Chair PerezGil.	
II. Approval of Agenda	Chair PerezGil asked for a motion to approve the agenda.	**Moved and seconded by Director De Lara and Vice-President Zavala and to approve the agenda.** **Motion passed unanimously.**
III. Meeting Minutes 　**1. July 09, 2024**	Chair PerezGil asked for a motion to approve the July 09, 2024, meeting minutes.	**Moved and seconded by Vice-President Zavala and Director De Lara to approve the July 09, 2024, meeting minutes.** **Motion passed unanimously.**
IV. Public Comment	There were no public comments.	
V. Chief Executive Officer Report	Chris Christensen, CEO, reminded the committee about the Healthy Desert Healthy You Environmental Health Summit September 20-21 and looking forward to the board and staff's participation.	
VI. Program Updates 　**1. Progress and Final Reports Update**	President PerezGil inquired about any questions from the committee concerning the updates on the Progress and Final Reports.	

	In response to the committee concerning the financial state of PS Test, Donna Craig, Chief Program Officer, described reviewing the final report, miscommunication in the media, the organization's intent to apply for a new mini-grant from the District and other establishments, the District's intent to fund PS Test's audited financials, and their collaboration with NPO Centric on grant writing and support throughout the Coachella Valley while the District monitors the organization.	
2. **Grant Applications Status Report**	President PerezGil inquired about any questions from the committee concerning the Grants Applications Status Report and the Grant Payment Schedule.	
3. **Grant Payment Schedule**	There were no questions or comments.	
VII. Grant Funding **Review and determination for forwarding to the Board for consideration:** 1. Grant #1465 Regents of the University of CA at Riverside (UCR) – Increasing Access to Primary Care for Latinx and Indigenous Latin American Patients in the CV – $228,863 for a 24-month period. (Strategic Plan Goal #2:	Donna Craig, Chief Program Officer, provided an overview of the Regents of the University of CA at Riverside (UCR) grant request describing the free clinic held in Mecca once a month with the mobile clinic collaboration and capacity building grant to support the training of the medical students.	**Moved and seconded by Director De Lara and Vice-President Zavala to approve Grant #1465 Regents of the University of CA at Riverside (UCR) – Increasing Access to Primary Care for Latinx and Indigenous Latin American Patients in the CV – $228,86 for a 24-month period and forward to the Board for approval.** **Motion passed unanimously.**

Access to Primary Care and Specialty Care)	Ann Cheney, PhD, UCR, answered questions from the committee concerning the participant selection in the 3-part training series, including the preceptors, physician assistants, and the 6-year sustainability of the program, collaborations with Coachella Valley Volunteers of Medicine, RUHS Public Social Services, IEHP, CSUSB, Find Food Bank, Eisenhower, and Tele-psychiatry services.	
2. Grant # 1472 Riverside County Office of Education Alternative Education: Cross County Support: Mental Health Services for CV Students – $199,874 for a 12-month period (Strategic Plan Goal #3: Access to Behavioral Health Care)	Donna Craig, Chief Program Officer, provided an overview of the Riverside County Office of Education Alternative Education grant request, a successful site visit, and the robust program approved 2 years ago as a joint strategy with the Regional Access Project Foundation. Ms. Craig also highlighted the behavioral health therapist's salary until obtaining the state salaries to sustain the student mental health services. Kaela Bonafede, LMFT, will revise the budget with a notation of her name for the behavioral health therapist, as a licensed MFT for the grant allocation as requested by the committee.	**Moved and seconded by Director De Lara and Vice-President Zavala to approve Grant # 1472 Riverside County Office of Education Alternative Education: Cross County Support: Mental Health Services for CV Students – $199,874 for a 12-month period and forward to the Board for approval.** **Motion passed unanimously.**
3. Grant #1466 Eisenhower Health: Psychiatric Care Expansion and Psychiatry Residency Program – $1,989,493 for a 36-month period	Donna Craig, Chief Program Officer, provided an overview of the Eisenhower Health Psychiatric Care Expansion and Psychiatry Residency Program grant request and if the	**Moved and seconded by Director De Lara and Vice-President Zavala to recommend to the Board proceeding with a full due diligence application review process for Grant #1466 Eisenhower Health: Psychiatric Care Expansion and Psychiatry Residency**

(Strategic Plan Goal #3: Access to Behavioral Health Care)	committee would like to recommend to the Board to proceed with a full due diligence application review process. After a brief discussion, the committee recommended that the Board proceed with a full due diligence application review process.	**Program – $1,989,493 for a 36-month period** **Motion passed unanimously.**
VIII. Committee Members Comments	There were no committee member comments.	
IX. Adjournment	Chair PerezGil adjourned the meeting at 5:27 p.m.	*Audio recording available on the website at http://dhcd.org/Agendas-and-Documents*

ATTEST: _____

       Evett PerezGil, Chair/ President, Board of Directors
       Program Committee

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

DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: November 12, 2024

To: Program Committee – District

Subject: Progress Grant Reports 9/1/2024 – 10/31/2024

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

Braille Institute of America # 1420
Grant term: 1/1/2024 – 12/31/2024
Original Approved Amount: $36,697.
Progress Report covering the time period from**:** 1/1/2024 – 6/30/2024

Lift To Rise # 1391
Grant term: 6/1/2023 – 5/31/2026
Original Approved Amount: $900,000.
Progress Report covering the time period from**:** 6/1/2024 – 8/31/2024

CSUSB Philanthropic Foundation # 1394
Grant term: 8/1/2023 – 7/31/2024
Original Approved Amount: $73,422.
Progress Report covering the time period from**:** 2/1/2024 – 7/31/2024

Vision To Learn # 1403
Grant term: 1/1/2024 – 12/31/2024
Original Approved Amount: $50,000.
Progress Report covering the time period from**:** 1/1/2024 – 6/30/2024

Desert Cancer Foundation # 1429
Grant term: 3/1/2024 – 2/28/2025
Original Approved Amount: $163,750.
Progress Report covering the time period from**:** 3/1/2024 – 8/31/2024

Youth Leadership Institute # 1327
Grant term: 7/1/2022 – 6/30/2024
Original Approved Amount: $50,000.
Progress Report covering the time period from**:** 1/1/2024 – 6/30/2024

Galilee Center, Inc. # 1324
Grant term: 8/1/2022 – 7/31/2024
Original Approved Amount: $100,000.
Progress Report covering the time period from**:** 2/1/2024 – 7/31/2024

El Sol Neighborhood Educational Center # 1328
Grant term: 7/1/2022 – 6/30/2024
Original Approved Amount: $150,000.
Progress Report covering the time period from**:** 1/1/2024 – 6/30/2024

Vision y Compromiso # 1325
Grant term: 7/1/2022 – 6/30/2024
Original Approved Amount: $150,000.
Progress Report covering the time period from**:** 1/1/2024 – 6/30/2024

GRANT PROGRESS REPORT

Braille Institute of America, Grant # 1420

ABOUT THE ORGANIZATION

Braille Institute of America
741 N. Vermont
Los Angeles, CA 90029
760-321-1111

Progress Report Contact:
Amy Borton, Grants Manager
ahborton@brailleinstitute.org

PROJECT INFORMATION

Project Title: 1420 Low Vision Telehealth Services, Braille Institute Coachella Valley

Grant Term: 01/01/2024 - 12/31/2024

Total Grant Amount Awarded: $36,697.00

Reporting Period: 01/01/2024 - 06/30/2024

Report Due Date: 08/01/2024

DESERT HEALTHCARE DISTRICT STRATEGIC PLAN ALIGNMENT

Goal 2: Proactively expand community access to primary and specialty care service

Strategy 2.4: Improve accessibility of primary and specialty care services by increasing available telehealth services in Coachella Valley (Priority: High)

PROGRESS TOWARDS PROJECT DELIVERABLES

Write your progress towards each project deliverable in the space below. Project deliverable numbers should ONLY reflect those directly funded by DHCD funds.

Project Deliverable #1:
During Calendar Year 2024 (January 1 – December 31), Braille Institute Coachella Valley will provide low vision telehealth services to 250 clients in the Coachella Valley region.

Progress towards Deliverable #1:
During the first half (Jan 1 - Jun 30, 2024) of Calendar Year 2024, Braille Institute Coachella Valley provided 169 telehealth sessions in reporting period.

About 36% of the program is funded by DHCD so I calculated 36% of 169 to find that 61 consultations were made possible by DHCD funding. This same percentage was applied to the total clients served during this period: 125 clients, both new and returning, were served, with DHCD directly responsible for 36% of those, calculated to be 45 clients. Of the 125 clients served, 106 lived in the cities included in the Desert Healthcare District; the remaining clients served live in cities that are not represented by DHCD, including the cities of Beaumont, Blythe, Earp, Imperial, Joshua Tree, Landers, Morongo Valley, Twentynine Palms, Whitewater, and Yucca Valley. We anticipate meeting our goal of providing low vision telehealth services to 250 Coachella Valley clients by end of the term.

Project Deliverable #2:
During Calendar Year 2024, 186 of the 250 Low Vision telehealth clients we plan to serve will demonstrate an increase in score on the Revised Self-Report Assessment of Functional Visual Performance (R-SRAFVP) by three points or higher from initial appointment to discharge. (View the R-SRAFVP at https://www.rsrafvp.com/) This improvement will be due to the vision rehabilitation telehealth services we provide, which include training in optical and digital magnification devices, assistive technology, glare control with therapeutic filters, and contrast enhancement to maximize the client's use of their remaining vision.

Progress towards Deliverable #2:
During the first half (Jan 1 - Jun 30, 2024) of Calendar Year 2024, 23 Low Vision Telehealth clients completed their personal goals and demonstrated a 3+ point increase in their self-assessment. While this number seems low, the timeline for goals completion is often longer than 6 months, so most of our clients are still in progress on their personal goals. We expect to meet our goal by the end of the term.

PROGRESS TOWARDS PERFORMANCE MEASURES

Please provide your project's performance measure numbers as they align with your project deliverables and the identified Desert Healthcare District's strategy/strategies. Performance measure numbers should ONLY reflect the reporting period.

PM 2.4: # of additional telehealth visits:
61

PM 2.3: # of clients served as a result of additional telehealth access:
45

PM 2.4: % increase in services delivered:
36

PROGRESS ON THE DISTRICT RESIDENTS SERVED:

Total Number of District Residents Reached During This Reporting Period:
106

Geographic Area(s) Served During This Reporting Period:
Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, La Quinta, Palm Desert, Palm Springs, Rancho Mirage, Thermal, Thousand Palms

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Please share any challenges and course corrections you may have experienced during this performance period such as reaching organizational capacity, partnerships, identified geographic areas and/or target populations, etc.
A challenge we have encountered with the telehealth program was created as a result of its success. Compared to in-person sessions, telehealth sessions take an average of about 10-20% less of our Occupational Therapist's time, primarily due to a lack of travel time, less set up needed, and fewer distractions. The ability to conduct telehealth consultations has increased our capacity at a higher rate than we have appointments scheduled. This has given Desiree Lanford, BICV's Low Vision Specialist and Occupational Therapist, more downtime.

As a course correction, we are increasing our outreach efforts to promote telehealth services and schedule additional consultations. In the meantime, Desiree is taking advantage of this silver lining by using the extra time to study for her upcoming accreditation as a Certified Low Vision Therapist through the Academy for Certification of Vision Rehabilitation & Education Professionals.

Please share any success stories highlighting the impact that your project had on the community during this reporting period.
██████ is an engineer and ADA representative for the ████████████████. ██████ experienced trauma-induced vision loss and was temporarily unable to work. Due to his medical status, he was unable to come for in-person services. He utilized a number of our programs, but primarily participated in low vision telehealth sessions with Desiree. He is now back at work remotely, equipped with devices and training provided by Desiree, and has volunteered to promote our services and provide peer support in his region.

Is there anything the Desert Healthcare District staff can do to assist you in achieving the deliverables of your project?
We always welcome help with spreading the word about BICV! With our increased capacity, we would love to connect with more people in need of our free telehealth services. We have really appreciated the assistance your team has already provided -- particularly through the ConnectIE program as well as a consultation with Alejandro Espinoza to strategize how to better connect with more of the local Latinx/Hispanic population.

Grant Progress Report

Organization Name: Lift to Rise

Grant #: 1391

Project Title: Driving Regional Economic Stability Through Collective Impact

Contact Information:
Contact Name: Heather Vaikona
Phone: 760-601-5578
Email: heather@lifttorise.org

Grant Information

Total Grant Amount Awarded: $900,000.00

Grant Term *(example 7/1/22 – 6/30/23):* 6/1/23 – 5/31/26

Reporting Period *(example 7/1/22 – 10/31/22):* 6/1/24 – 8/31/24

Desert Healthcare District Strategic Plan Alignment

Goal: 5

Strategy: 5.1, 5.2, 5.3, 5.4

Progress This Reporting Period

Please describe your project accomplishment(s) during this reporting period in comparison to your proposed goal(s) and evaluation plan.

Progress of Goal #1: (Goal from grant proposal in black, progress in green)

Identify 3,000 units/year that meet criteria for the affordable housing pipeline (with an emphasis on colocation with healthcare and childcare facilities) and move 50% of pipeline projects to development:

- Identify 3,000 new units for pipeline by 12/31/2023 and another 3,000 by 12/31/2024
    - During the reporting period, approximately 100 additional affordable units have been added to the pipeline, bringing the total to nearly 7,600 units.
- Review local housing elements and creatively activate or re-purpose vacant land in partnership with county and municipal governments, school districts, utilities and others

- o We have continued our progress on identifying land for affordable housing, with an additional 5 parcels under assessment for potential development. The housing elements for the City of Coachella and Indian Wells remain uncertified, but we continue to map potential sites for future activation. During the upcoming reporting period, Lift to Rise will be mobilizing the Resident Leadership Table and Housing CAN groups to put pressure on the City of La Quinta to release RFPs for several parcels of land that they have been holding for affordable housing development.
- Develop criteria for health and Early Childcare and Education co-location, and develop healthcare and childcare plans to be connected to housing
  - o Lift to Rise continued to collaborate with Build Up Riverside, refining the criteria for ECE co-location, which now includes more detailed specifications for ECE facility sizes and operational requirements. We are actively working with affordable housing developer Abode Communities to include an ECE center in their upcoming project in the City of Indio and are assisting them in finding an ECE provider for that center. We have also made progress in securing partnerships with healthcare providers for potential co-location projects, as indicated by Lift to Rise joining Riverside University Health Systems' (RUHS) Riverside County Health Coalition as a key housing partner.
- Identify 3-4 infrastructure plays that could accelerate development.
  - o During the reporting period, Lift to Rise has had several meetings with Housing CAN and affordable housing developer partners including the Pacific Companies and Coachella Valley Housing Coalition about challenges with the Imperial Irrigation District (IID) and their provision of electricity to developments in much of the Coachella Valley. In the upcoming reporting period, Lift to Rise will be working with Housing CAN partners on a strategy to attend the IID board meetings to advocate for improvements to the electricity provision process including expedited timelines, upfront transparency about capacity, and lower costs.

Evaluation Plan for Goal #1: (Plan from grant proposal in black, metrics from reporting period in green)

- Monitor and track the # of units identified (100 during reporting period) as well as the # of units that move from planned to under development in the "Development Status" field within our Affordable Housing Pipeline Portal (~45 during reporting period).
- Monitor and track the # of sites within each city's Housing Element Update sites inventory that are being considered for affordable housing development via an RFP process issued by a city or negotiations with an affordable housing developer (0 during reporting period across cities with compliant housing elements).
- Monitor and track the # of projects that have an ECE facility either co-located within the development or associated with the development (2 during reporting

period); monitor and track the # of projects that have health facility either co-located within the development or associated with the development (1 during reporting period).

- Monitor and track the # of catalytic infrastructure investments made and the $ amount of those investments (0 during reporting period); monitor and track the # of affordable units unlocked via such investments (0 during reporting period).

Progress of Goal #2: (Goal from grant proposal in black, progress in green)

Grow We Lift: the Coachella Valley's Housing Catalyst Fund's lending pool to more than $60 million that will be invested in moving projects to development

- Raise $30 million in grants for We Lift's loan loss pool, which will be matched by $30 million in CDFI and other funds to support predevelopment costs, helping developers secure land and permanent financing to move to construction
  - During the reporting period, Lift to Rise confirmed with SCAG that we would finally be receiving our $5 million award from the REAP 2.0 NOFA program. Lift to Rise is now working out the Scope of Work, MOU, and other details required by SCAG to release the funds to the Catalyst Fund. This will amount to an additional $10 million in loan capital available to meet demand for loans in the ecosystem.
- Raise $10 million in grant dollars to support housing connected to health and ECE outcomes
  - During the reporting period, no funds were raised to support housing connected to health and ECE outcomes – fundraising for these efforts will occur in subsequent reporting periods during the three-year grant term.
- Deploy We Lift loans to at least four projects per year
  - During the reporting, Lift to Rise did not deploy any loans or sign new term sheets. Several loan closings are anticipated for the next reporting period.
- NOTE – Lift to Rise is not proposing that District funds be allocated into the We Lift fund – the funds will be used as organizational operating support, which includes administering the We Lift fund and building the local market for affordable housing investment.

Evaluation Plan for Goal #2: (Plan from grant proposal in black, metrics from reporting period in green)

- Track the $ amount of funding secured for the We Lift fund ($5 million during reporting period)
- Track the $ amount of funding leveraged to support housing connect to health and ECE outcomes ($0 during reporting period)
- Track the # of loans deployed to projects (0 during reporting period)
- Track the # of units catalyzed through deployed loans (0 during reporting period)

Progress of Goal #3: (Goal from grant proposal in black, progress in green)

Advocate for changes in federal and state regulations for affordable housing programs that remove barriers for our region and align our local jurisdictions in establishing pro-housing policies that support development.

- Federal focus: Seek opportunities for the region to access CDFI Capital Magnet Fund and HUD and USDA housing programs.
  - Continued discussions with federal housing agencies around improving access to HUD and USDA housing programs have moved forward. A formal proposal for regulatory changes is in progress, with expected submission in the next quarter.
- State focus: Re-orient climate and density goals to fit inland California regions in the guidelines and regulations of state funding programs.
  - During the reporting period, Lift to Rise co-hosted a meeting and Coachella Valley tour for Governor Newsom's cabinet member Secretary Tomiquia Moss and Deputy Secretary Sasha Kergan of the CA Department of Business, Consumer Services, and Housing. Roughly 10 other officials from Governor Newsom's administration were also present, alongside another dozen local partners from the Housing CAN. At the meeting, Lift to Rise led the conversation around three key challenges for building affordable housing in the Coachella Valley and offered concrete solutions to those challenges. These included calling for changes to the scoring criteria for the CA Tax Credit Allocation Committee (TCAC), which oversees the disbursement of Low-Income Housing Tax Credits to affordable housing projects statewide, and changes to how HCD releases its funds for construction to affordable developers. In the upcoming reporting period, Lift to Rise and partners will present the Secretary and Deputy Secretary with a polished set of policy recommendations to take back to Sacramento.
  - During the reporting period, Lift to Rise continued to engage (and was ultimately successful) in statewide advocacy efforts to preserve funding for key affordable housing programs like REAP 2.0, the Multifamily Housing Program, and the State Low Income Housing Tax Credit program, that the Governor proposed fully or partially cutting in his May revised budget.
- County focus: Work with health and childcare agencies to support affordable housing tied to health and ECE, and unlock new funding for development
  - During the reporting period, Lift to Rise participated in three monthly meetings with Build Up Riverside, a coalition of partners working on improving early childcare and education (ECE) access in Riverside County. During these meetings, Lift to Rise and the coalition partners are continuing to develop criteria for ECE co-location with affordable housing.
- City focus: Support all nine Coachella Valley cities to earn the HCD Pro-Housing Designation and with emphasize by right development and streamlined entitlement.
  - During the reporting period, Lift to Rise made formal asks of all the local cities to pursue the HCD pro-housing designation.

Evaluation Plan for Goal #3: (Plan from grant proposal in black, metrics from reporting period in green)

- Monitor and track # of affordable housing / infrastructure-related NOFAs and funding opportunities made available via Federal agencies that apply to local governments or community based organizations in our region (3 during reporting period).
- Monitor and track the # of public comments for bills and regulations at the State level that Lift to Rise and partners submitted (6 during reporting period); # of bills and regulations updated as a result of our shared advocacy (1 during reporting period).
- Monitor and track the # of local jurisdictions, including Riverside County, who have applied for the Pro-housing Designation (0 during reporting period); monitor and track the # of local jurisdictions, including Riverside County, who have received the Pro-housing Designation (0 during reporting period).
- Monitor and track the # of healthcare and ECE agencies engaged around collaborative efforts to co-locate affordable housing with health and ECE infrastructure (3 during reporting period).

Progress of Goal #4: (Goal from grant proposal in black, progress in green)

Educate and activate resident leaders, partners, and public officials to advocate for affordable housing in the region.

- Build a compelling case for affordable housing and support media and materials through work with The Case Made and Swell Creative Group.
  - During the reporting period, Lift to Rise continued promoting the 2024-2026 Action Plan, focusing on sharing public comment videos from city council meetings across social media platforms. The strategic communication campaign around affordable housing awareness saw increased engagement from local residents and public officials.
- Identify other housing advocates in the region and build partnerships around shared agenda interests:
  - Lift to Rise deepened its partnerships with several organizations, including new collaborations with the Coachella Valley Economic Partnership (CVEP) and the Rancho Mirage Chamber of Commerce, building momentum for a shared affordable housing agenda. We also engaged local healthcare providers such as IEHP and RUHS, expanding our coalition to support housing with health connections.
- Activate the Resident Leadership Table to educate residents and increase civic engagement through attendance at public meetings, letters of support, and other

activities:

- o Three meetings were held with the Resident Leadership Table during the reporting period, continuing to mobilize residents to provide public comments at city council meetings. Approximately 30 residents participated, focusing on supporting housing projects in the cities of Indio, Coachella, and Desert Hot Springs.

- Mobilize CAN members and their networks to support affordable housing proposals:
  - o Lift to Rise held two meetings with the Housing CAN during the reporting period, successfully mobilizing members to give public comment on key city housing policy discussions, including policy changes in Indio and Cathedral City. The members' coordinated efforts contributed to favorable city council outcomes for pro-housing policies.

- Design and deliver curricula to educate public officials and community members who wish to advocate for affordable housing:
  - o The educational toolkit developed last period was distributed to all city council members and key public officials in cities across the Coachella Valley. This toolkit provides detailed insights into housing affordability challenges and potential solutions tailored to each city. The curricula were also introduced to community members during CAN meetings, helping to bolster their advocacy efforts.

- Develop materials and work with partners to equip elected and appointed public officials with data and arguments in support of affordable housing:
  - o Ongoing efforts to provide public officials with compelling data and visuals continued. These materials were shared with local city councils during the Action Plan presentations and will be used in future advocacy campaigns.

Evaluation Plan for Goal #4: (Plan from grant proposal in black, metrics from reporting period in green)

- Monitor and track the # of community residents actively participating in the Resident Leadership Table (12 during reporting period).
- Monitor and track the # of community residents attending Lift 101 and Lift to Rise Townhall events (35 during reporting period).
- Monitor and track the # of community residents mobilized in support of affordable housing projects at local city council and planning commission public meetings (30 during reporting period).
- Monitor and track # of local elected officials engaged around an affordable housing education campaign / curriculum targeted at local elected officials (10 during reporting period).

Progress of Goal #5: (Goal from grant proposal in black, progress in green)

Build and sustain the capacity of Lift to Rise to serve as backbone organization for the Housing CAN, provide thought leadership in the region around affordable housing and its fundamental relationship with health and economic dignity, and administer We Lift: the Coachella Valley's Housing Catalyst Fund.

- During the reporting period, Lift to Rise has provided several professional and leadership development opportunities for staff and for Housing CAN partners.

Evaluation Plan for Goal #5: (Plan from grant proposal in black, metrics from reporting period in green)

- Monitor and track the # of employees hired by Lift to Rise and the length of time they stay at the organization (0 during reporting period)
- Monitor and track the # of professional development trainings/resources accessed by Lift to Rise employees (4 during reporting period).

Progress on the Number of District Residents Served

Number of Unduplicated District Residents <u>Directly</u> Served During This Reporting Period: 600

Number of Unduplicated District Residents <u>Indirectly</u> Served During This Reporting Period: 1,000

Please answer the following questions:

- **Is the project on track in meeting its goals?** Yes, the project is on track to meeting its goals.

- **Please describe any specific issues/barriers in meeting the project goals.** At this moment, we have not experienced specific barriers to 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.** N/A

GRANT PROGRESS REPORT #2

CSUSB Philanthropic Foundation, Grant # 1394

ABOUT THE ORGANIZATION

CSUSB Philanthropic Foundation
5500 University Parkway
San Bernardino, CA 92407
909-537-4469

Progress Report Contact:
Michelle Skiljan and Diane Vines, Senior Director, CFR and CSUSB NSMP PI
mskiljan@csusb.edu

PROJECT INFORMATION

Project Title: 1394 PDC Nursing Street Medicine Program

Grant Term: 08/01/2023 - 07/31/2024

Total Grant Amount Awarded: $73,422.00

Reporting Period: 02/01/2024 - 07/31/2024

Report Due Date: 09/01/2024

DESERT HEALTHCARE DISTRICT STRATEGIC PLAN ALIGNMENT
Goal 2: Proactively expand community access to primary and specialty care services

Strategy 2.5: Collaborate/Partner with culturally competent training programs to expand primary care residency and nursing programs (Priority: High)
Strategy 2.7: Increase equitable access to primary and specialty care services and resources in underserved communities in Coachella Valley (Priority: High)

PROGRESS TOWARDS PROJECT DELIVERABLES

Write your progress towards each project deliverable in the space below. Project deliverable numbers should ONLY reflect those directly funded by DHCD funds.

Project Deliverable #1:
By June 30, 2024, the NSMP will provide healthcare services to 425 individuals and 850 contacts (contacts may be duplicated individuals) through nurse and medical clinics

serving the homeless, unsheltered, and vulnerable populations in the Coachella Valley, additionally providing continued assistance with COVID-19 testing, education, and immunization services, and assist in the diversion of using the ER for primary care and non-urgent issues. Each individual served completes an intake/contact form with demographic information, the reason for being seen, whether they use the emergency room for primary care, diagnosis and services provided, and referrals with the reason for referral. These forms are completed before a provider sees the person, although the participant has the right to refuse to provide information. Data collection will assess, to the extent possible, the number of times the program can divert patients from the emergency room and hospital visits. The analysis will also include some process evaluation that would track the number of individuals served, the extent to which participants were referred to other social services, and the reason for the referral.

Progress towards Deliverable #1:
From February 1 to July 31, 2024, the NSMP provided healthcare services to 385 individuals and 772 contacts (contacts may be duplicated individuals) through nurse and medical clinics serving the homeless, unsheltered, and vulnerable populations in the Coachella Valley, additionally providing continued assistance with COVID-19 testing, education, and immunization services, and assist in the diversion of using the ER for primary care and non-urgent issues.
Age (contacts): 6-17 yrs.: 7, 18-24 yrs.: 12, 25-64 yrs.: 490, 65+ yrs.: 196, unknown or declined to state: 67.
Gender (contacts): Female: 229, Male: 459, Non-binary: 3, Trans female: 1, unknown or declined to state: 80.
Race/ethnicity (contacts): American Indian/Alaskan Native: 21, Hispanic/Latino: 314, Black/African American: 71, Caucasian: 215, Native Hawaiian & Pacific Islander: 0, Asian: 13, Mixed-race: 24, Other: 22, Unknown or declined to state: 92.
Veteran status (contacts): 33
Insurance status (contacts): Medi-Cal/Medicare: 529, Private: 46, Uninsured: 75, Don't know: 29, Military/Tricare/VA: 8, Unknown or declined to state: 85.
Use ER for care: 276 contacts.
Services provided (contacts): Vitals: 889, Foot soaks: 350, Wound Care: 38, Care packs: 837. Referrals: 47: 38 to residents on-site, 6 to PCP, 3 to UC/ER, 4 other community referrals
Vaccinations: 0

Project Deliverable #2:
To develop regional nursing capacity through engaging and building empathy for vulnerable populations, thirty-two (32) CSUSB PDC BSN nursing students and six (6) CSUSB PDC BSN nursing student assistants will engage in NSMP activities for course credit or volunteer hours by June 30, 2024.

Progress towards Deliverable #2:
To develop regional nursing capacity, the CSUSB PDC Nursing Street Medicine Program engaged 33 BSN students, comprised of 12 volunteers and 21 clinical rotations, through July 31, 2024. The program also engaged 1 CSUSB nursing graduate

student. Additionally, 18 COD nursing students and 4 community members volunteered with the CSUSB PDC Nursing Street Medicine Program. A total of 6 students were paid.

Project Deliverable #3:
NSMP will monitor and track Street Medicine's progress toward developing additional collaborative partnerships and efforts to replicate the program reporting the new partner names and MOU agreements for new partnerships by June 30, 2024.

Progress towards Deliverable #3:
Partners included Laundry Love, Eisenhower Health mobile medical unit, Spirit-Filled Church, Abundant Life Church, Hope through Housing, Cathedral Palms, College of the Desert nursing program.

Presentations
World Nursing Forum Global Virtual Conference on Nursing Education, 2/12/24
Nursing Trends 2024, 7/20-26/24, Berlin, Germany
Odyssey 2024, Date TBD, San Diego
CSUSB Associates, 3/12/24, CSUSB PDC
Southwest Church Overflow Unit event, March 16, 2024
SMART Recovery National Conference, April 6, 2024
Vanderbilt University Alumni Association Homecoming event
Coachella Valley Street Outreach Collaborative meeting, June 11, 2024

Project Deliverable #4:
NSMP will hire a minimum of six nursing student assistants to work with the Street Medicine teams in homeless outreach settings in the Coachella Valley. The program will provide information on the students and report on the total number of hours worked by the nursing assistants.

Progress towards Deliverable #4:
PDC CSUSB's NSMP employed 5 existing and 1 new nursing student assistants who worked 584.25 hours from February 1 until July 31, 2024.

PROGRESS TOWARDS PERFORMANCE MEASURES

Please provide your project's performance measure numbers as they align with your project deliverables and the identified Desert Healthcare District's strategy/strategies. Performance measure numbers should ONLY reflect the reporting period.

PM 2.5: # of collaborations:
7

Story Behind the Number:

PM 2.5: # of service providers who received cultural competency training:
0

Story Behind the Number:

PM 2.5: # of primary care residency student positions:
0

Story Behind the Number:

PM 2.5: # of nursing student positions:
52

PM 2.7: # of Community Navigators trained:
0

Story Behind the Number:

PM 2.7: # of Community Navigators hired:
0

Story Behind the Number:

PM 2.7: # of clients who increased their knowledge of primary and specialty care resources/services:
385

Story Behind the Number:

PM 2.7: # of clients who were directly connected to a primary and specialty care service provider:
385

Story Behind the Number:

PM 2.7: # of clients who connected to primary and specialty care via supportive healthcare services such as transportation assistance, insurance enrollment, etc:
385

Story Behind the Number:

PROGRESS ON THE DISTRICT RESIDENTS SERVED:

Total Number of District Residents Reached During This Reporting Period:
385

Geographic Area(s) Served During This Reporting Period:
Bermuda Dunes, Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, Indio Hills, La Quinta, Mecca, Oasis, Palm Desert, Rancho Mirage, Thermal, Thousand

Palms

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Please share any challenges and course corrections you may have experienced during this performance period such as reaching organizational capacity, partnerships, identified geographic areas and/or target populations, etc.

One challenge that continues for the NSMP is the need for Spanish language providers to serve the vulnerable populations we work with appropriately. CSUSB is designated as a Hispanic Serving Institution by the U.S. Department of Education. Because the Palm Desert Campus serves mostly Coachella Valley residents, about one-third of the students speak Spanish. We also worked with the UCR School of Medicine program Promotores when serving the East Valley migrant population. To serve the Spanish-language population even better, we have partnered with the College of the Desert nursing program to conduct nurse clinics and foot soaks. The COD students are even more likely to speak fluent Spanish, making this a great addition to the Program.

Another challenge is that many CSUSB students are mature students with families and often first-generation collegegoers with low family income and a challenging curriculum; most students work full-time and have families, so enticing participation can be difficult. For this reason, we rely heavily on students who are receiving college credit for clinical coursework. We continue to be able to provide more nursing scholarship funds so we can provide scholarships for students in need who perform 30 hours of service as volunteers in the program. Also, we just secured a raise for our nursing student assistants to a competitive wage so we can attract the brightest and most committed students to serve in the Program.

An ongoing challenge is that we need warm water for the foot soak program, which is only sometimes available in the field. Occasionally, we partner with the two shower units for the warm water. We have submitted a proposal for an EV van that could be stored and charged on campus. The van would be air-conditioned and have a water source that could be used in the field. The acquisition of a van would solve another challenge for the Program. We planned to work with HIPPA-compliant Zoom with a medication prescriber online. The team would conduct behavioral health assessments and connect the prescriber online. The prescriber would interview the guest and prescribe common psychiatric medications that could be carried in the van and dispensed in the field. The unhoused guest would be more likely to obtain and accept the medicines from their trusted team in a convenient manner. We could not find a pharmacy van that could go with us on a scheduled basis when our faculty and students were available so that this modest van could carry the medications onboard.

One of the challenges we face is the increasing demand for partnerships. The NSMP has more requests to partner with us than we can currently serve. However, this is a testament to the growth and potential of the Program. Partnering with the much larger

College of the Desert nursing program has provided an additional group of culturally and linguistically capable students to serve in the Program. Despite these challenges, the NSMP has engaged nursing students and faculty to support healthcare services for homeless and unsheltered people in the Coachella Valley and increased their empathic care and understanding of these vulnerable populations. The Program fulfills a human service need in the community for those identified as medically underserved; services benefit the sheltered and unsheltered homeless populations, migrant workers, and their families in the Coachella Valley, including Veterans, seniors, mentally ill people, substance users, uninsured and underinsured, persons of color, and bilingual people. NSMP treats all persons in need, is compassionate in giving care, delivers services with our partners throughout the Coachella Valley, and encourages partnerships and collaborations with multiple organizations with similar goals.

Please share any success stories highlighting the impact that your project had on the community during this reporting period.

We have received national and, recently, international interest in replicating our foot soak program. We have been invited to speak at national and international conferences, and replications around the country have been initiated. Local churches and service organizations, including the Altrusa club and local Rotary clubs, have invited presentations and donated to the Program. We produced a video of the history and development of the Program, services provided, partners, and interviews with partners, faculty, students, guests, and donors. We believe this will help us spread the word about the need for such services, the empathy for the unhoused guests we serve, and donations of funds and supplies. The team was nominated for a staff team award from the campus President for the teamwork and dedication to serving the vulnerable populations.

Is there anything the Desert Healthcare District staff can do to assist you in achieving the deliverables of your project?

GRANT PROGRESS REPORT #1

Vision To Learn, Grant # 1403

ABOUT THE ORGANIZATION

Vision To Learn
12100 Wilshire Blvd.
Los Angeles, CA 90025
800-410-5273

Progress Report Contact:
Damian Carroll, National Director
damian@visiontolearn.org

PROJECT INFORMATION

Project Title: 1403 Palm Desert and Coachella Valley VTL program

Grant Term: 01/01/2024 - 12/31/2024

Total Grant Amount Awarded: $50,000.00

Reporting Period: 01/01/2024 - 06/30/2024

Report Due Date: 08/01/2024

DESERT HEALTHCARE DISTRICT STRATEGIC PLAN ALIGNMENT
Goal 2: Proactively expand community access to primary and specialty care services
Strategy 2.3 Improve accessibility of primary and specialty care services by increasing available mobile health services in Coachella Valley (Priority: High)

PROGRESS TOWARDS PROJECT DELIVERABLES
Write your progress towards each project deliverable in the space below. Project deliverable numbers should ONLY reflect those directly funded by DHCD funds.

Project Deliverable #1:
- By end of December 2024, a total of 1,000 students attending three schools in Coachella, Palm Springs and/or Desert Sands school districts would have received a vision screening.

Progress towards Deliverable #1:
Vision To Learn has worked with Rotary club members to provide the following vision screenings in the region relative to this grant:

Coachella Valley Unified School District
- Las Palmitas Elementary: 529
- NOVA Academy-Coachella: 193
- Mecca Elementary: 645
Desert Sands Unified School District
- Benjamin Franklin Elementary: 579
- Harry S. Truman Elementary: 518
Palm Springs Unified School District
- Cabot Yerxa Elementary: 571

Project Deliverable #2:
- By end of December 2024, a total of 333 students attending three schools in Coachella, Palm Springs, and/or Desert Sands school districts would have received an eye exam, following a failed vision screening.

Progress towards Deliverable #2:
In the grant period to-date, Vision To Learn has provided the following eye exams:

Coachella Valley Unified School District
- Las Palmitas Elementary: 41
- Mecca Elementary: 274
- NOVA Academy-Coachella: 92
Desert Sands Unified School District
- Benjamin Franklin Elementary: 35
- Harry S. Truman Elementary: 186
Palm Springs Unified School District
- Cabot Yerxa Elementary: 248

Grand Total: 876

150 of these exams were funded with our DHCD grant.

Project Deliverable #3:
- By end of December 2024, a total of 266 students attending three schools in Coachella, Palm Springs, and/or Desert Sands school districts would have received new glasses, as prescribed through their eye exam.

Progress towards Deliverable #3:
In the grant period to-date, Vision To Learn has provided the following glasses:

Coachella Valley Unified School District
- Las Palmitas Elementary: 30
- Mecca Elementary: 198
- NOVA Academy-Coachella: 91
Desert Sands Unified School District
- Benjamin Franklin Elementary: 32

- Harry S. Truman Elementary: 147
Palm Springs Unified School District:
- Cabot Yerxa Elementary: 200

Grand total: 698

120 of these glasses were funded with our DHCD grant.

PROGRESS TOWARDS PERFORMANCE MEASURES

Please provide your project's performance measure numbers as they align with your project deliverables and the identified Desert Healthcare District's strategy/strategies. Performance measure numbers should ONLY reflect the reporting period.

PM 2.3: # of clients served by mobile health services access:
3035

PM 2.3: % of clients served by mobile health services access:
100

Story Behind the Number/Percent:
3,035 students served - those provided vision screenings - were District funded. During the grant period, ~7,500 total students were vision screened in Riverside county. with an additional 2,500 screened in San Bernardino County.

PROGRESS ON THE DISTRICT RESIDENTS SERVED:

Total Number of District Residents Reached During This Reporting Period:
3035

Story Behind the Number:
3,035 students served - those provided vision screenings - were District funded. During the grant period, ~7,500 total students were vision screened in Riverside county. with an additional 2,500 screened in San Bernardino County.

January through May 2024 recorded Depreciation total for Inland Empire region was $22,953.80. The total number of exams completed in that region for that period was 2,389. The total number of exams covered in this report was 256. 256 / 2389 = 10.71%. $22,953.80 * 10.71% = $2,458.35.

Erin's Milage Reimbursement: Erin was reimbursed for 4 days of travel, March 1st, March 8th, March 15th, and March 22nd. Each of the days she was reimbursed for 54 miles totaling $35.37 per day. $35.37 X 4 = $141.48. Attached is Erin's milage report.

Geographic Area(s) Served During This Reporting Period:
Coachella, La Quinta, Palm Springs

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Please share any challenges and course corrections you may have experienced during this performance period such as reaching organizational capacity, partnerships, identified geographic areas and/or target populations, etc.
Vision To Learn has had a successful semester in the desert cities, with our mobile clinic visiting schools 4 days/week (Tues - Fri). We are seeking an optometrist to work Mondays so that we can help even more students.

Please share any success stories highlighting the impact that your project had on the community during this reporting period.
"Joaquin" (not his real name) attends Mecca Elementary. Vision To Learn provided him with a free set of prescriptions glasses at no cost to the family. Since Joaquin has a very high prescription (spherical and cylinder), he was in need of glasses to be able to see clearly. He has high astigmatism, which is causing him to see very blurry, especially at nighttime with lights. But, with his new glasses that we provided him with, he will be able to see clear and crisp. He will no longer need to squint anymore and will not need to strain his eyes with the overwork of trying to make out what he is trying to see.

Is there anything the Desert Healthcare District staff can do to assist you in achieving the deliverables of your project?
Not at this time, but thank you!

GRANT PROGRESS REPORT #1

Desert Cancer Foundation, Grant # 1429

ABOUT THE ORGANIZATION

Desert Cancer Foundation
42600 Cook Street
Palm Desert, CA 92211
760-773-6554

Progress Report Contact:
Mark Scheibach, Executive Director
mark@desertcancerfoundation.org

PROJECT INFORMATION

Project Title: 1429 Patience Assistance (PA) Program & Community Outreach

Grant Term: 03/01/2024 - 02/28/2025

Total Grant Amount Awarded: $163,750.00

Reporting Period: 03/01/2024 - 08/31/2024

Report Due Date: 10/01/2024

DESERT HEALTHCARE DISTRICT 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 2.7 Increase equitable access to primary and specialty care services and resources in underserved communities in Coachella Valley (Priority: High)
Strategy 3.6 Increase awareness of behavioral/mental health resources for residents in Coachella Valley (Priority: High)

PROGRESS TOWARDS PROJECT DELIVERABLES

Write your progress towards each project deliverable in the space below. Project deliverable numbers should ONLY reflect those directly funded by DHCD funds.

Project Deliverable #1:
From March 1, 2024 thru February 28, 2025, DCF will have provided a minimum of 150 individuals - who are uninsured, underinsured, or lack funds to pay for treatment - with financial assistance while undergoing cancer care. In 2023, we provided financial

assistance to 156 individuals (see Patient Assistance Summary Sheet with other demographic information). We have seen an increase in applications over the past months due to the community engagement and outreach activities we have instituted under new management and staff and we expect that to continue in 2024 and beyond.

Progress towards Deliverable #1:
From March 1, 2024 thru August 31, 2024, DCF has provided patient assistance to a total of **104 individuals** in the DHCD zone.

The breakdown is as follows:

Ethnicity - White (41), Hispanic (42), African American (7), Asian (7) and Other (7).

Gender - Male (47), Female (57).

Location - Bermuda Dunes (3), Cathedral City (9), Coachella (8), Desert Hot Springs (10), Indio (17), La Quinta (6), Mecca (2), Palm Desert (20), Palm Springs (15), Rancho Mirage (3), Salton City (1), Thermal (6), Thousand Palms (4).

Our Patient Assistance (PA) Program has made direct payments to various healthcare providers on behalf of our clients for cancer screening, diagnosis, and costly cancer treatment for those in need of financial assistance. We have covered insurance premiums, deductibles, co-pays/co-insurance, and prescription medications, including chemo and radiation therapies.

Project Deliverable #2:
Patient Navigation to ensure all available resources for the patient, including providing additional resources to those we serve.

From March 1, 2024 to February 28, 2025; Desert Cancer Foundation will provide patient navigation for cancer care services and treatment, for an estimated 150+ patients residing in the District zones. Through ongoing communication, collaboration, and outreach efforts with our local healthcare community, DCF will ensure the availability of our Patient Assistance program, as well as offer patient navigation (especially for newly diagnosed patients), to provide cancer-related screening, diagnosis, and access to services and vital treatment.

The Patient Assistance Coordinator works with social workers and patient navigators to ensure we leverage all available and existing resources to meet the patient's needs. We are placing an added emphasis on financial navigation – such as Medicare supplemental plans, Medi-Cal and other low-income subsidy programs. In a recent article from the Journal of Clinical Oncology, numerous studies have documented the impact of the high cost of cancer care in the United States. For example, a 2022 study showed that people with cancer were 2.5 times more likely to file for bankruptcy than people not being treated for the disease. In another article, a study showed that the high cost of cancer care causes many people to delay or skip treatments or miss

appointments. The study goes on to show that these difficult decisions translate into higher rates of psychological stress and often depression and anxiety. We can not allow this to happen.

Progress towards Deliverable #2:
The entire Desert Cancer Foundation staff is involved daily in the patient navigation process, led by our Patient Assistance Coordinator. The focus of the navigation process is mainly through the social workers at our main two hospital partners, Eisenhower's Lucy Curci Cancer Center and Desert Regional's Comprehensive Cancer Center. Other oncology centers have patient navigators, but not licensed social workers.

During the March 1, 2024 - August 31, 2024 cycle, we have provided 104 individuals with patient navigation services directly or through social workers and other healthcare personnel, depending on the specific individual needs of the client. With DCF being a staff of only 4 people, with one individual dedicated solely to the patient Assistance Program, we use a number of different resources to assist with our navigation services. In addition, our Patient Assistance Coordinator is not a licensed social worker. We use licensed social workers at both Lucy Curci Cancer Center and Comprehensive Cancer Center for example. Other cancer centers, for example, Desert Hematology & Oncology, also do not have licensed social workers and use "patient navigators" (also known as "other healthcare personnel/professionals") in the same fashion as DCF. Whether the individual is a licensed social worker, patient assistance coordinator or patient navigator, our goal is get the individual fighting cancer the help and the support they need. As the American Cancer Society states, "a person with cancer may have one navigator or may work with several, based on their needs". This is how DCF operates, we use every avenue and relationship possible to support our clientele.

These services have included:
** Financial Needs - WE PAY FOR CANCER CARE. But we do much more than that, including assistance with insurance navigation and follow-up.
** Resource Connection - We connect our clients to community resources and support groups.
** Appointment Coordination - We assist with scheduling appointments and suring our clients have all of the necessary paperwork as proof of their DCF relationship.
** Emotional Support - We provide a compassionate ear, helping our clients cope with the emotional and psychological aspects of their cancer journey.

In addition, DCF works as a bridge to other healthcare professionals for educational resources about treatments and coping strategies and in advocacy for our clients needs and preferences within the local cancer community.

Project Deliverable #3:
From March 1, 2024 to February 28, 2025, Desert Cancer Foundation will provide patient navigation for behavioral/mental health services/resources for approximately 25% of our clients. Based on an estimated 150-175 clients during the grant period, we

expect to assist 35-45 individuals.

As our tagline says - WE PAY FOR CANCER CARE! A cancer diagnosis often affects the emotional health of patients, families, and caregivers. According to the American Cancer Society, "common feelings during this life-changing experience include anxiety, distress, and depression. Roles at home, school, and work can be affected. It's important to recognize these changes and get help when needed".   In addition to paying for cancer care, a huge priority in the coming grant cycle will be to assist social workers, other patient navigators, and the local healthcare community in the navigation process of every DCF client we serve! Through our Patient Assistance Coordinator, Patient Assistance Committee and our DCF volunteers, we will provide additional support services in behavioral and mental health, to include, but not limited to: mental health counseling and resources, nutritional counseling and resources, volunteer support groups and resources, transportation services, art therapy, etc. DCF will use existing programs for referrals (for example: Jewish Family Services, Comprehensive Cancer Center, Lucy Curci Cancer Center, Old Town Artisan Studios to name a few) to facilitate the needs of our clients in their respective areas of need. Other programs may be added as they become available or if we get additional requests/referrals from the local cancer community and outreach support groups.

It is our intention to provide the same support services to the families, children and caregivers of our clients, if necessary and available through our partners. A recent study by Mental Health America found the following:
- 1/3 of people treated for cancer in hospitals have a common mental health condition.
- Rates of major depressive disorder are thought to up 3 x higher than in the general population.
- 8%-24% of people with cancer are living with depression.

Cancer does not just affect a person's body, it can also affect their mind! We want to play a role in our clients' mental health!

Progress towards Deliverable #3:
Admittedly, we have placed greater emphasis on the behavioral and mental health of our clients and their families since March 1, 2024 **specifically because of our relationship with DHCD** and this grant cycle. Thanks to the on-going support from the DHCD, and our strong partnerships with oncology mental health professionals throughout the Coachella Valley (most notably at Lucy Curci Cancer Center and Comprehensive Cancer Center), we are gaining momentum and confident the Desert Cancer Foundation is providing mental health care and support for the clients we serve.

But the process has just begun!

We have learned that the first and most important source our clients go to when they seek mental and behavioral health support is their own oncologist. The patient / Dr. relationship is paramount and the oncologist have their own referral base of mental

health professionals experienced with working with cancer patients.

DCF has become more proactive as a referral base for our clients.

We have made a total of 35 different mental health related referrals to various outside groups, foundations, and service providers in the Coachella valley since March 1. The following are some of the additional support services provided:
1. Lucy Curci Cancer Center Support Groups (using social workers on staff who can provide emotional support, counseling and additional resources).
2. Comprehensive Cancer Center Support Groups (using social workers on staff who can provide emotional support, counseling and additional resources).
3. Pendleton Foundation for gas cards, groceries, utility bills, etc.
4. Jewish Family Services of the Desert - mental health counseling.
5. Bighorn Bam Transportation
6. American Cancer Society Transportation Services
7. Holistic Practitioners incorporating mindfulness, yoga, etc.
8. Telehealth Services - online platforms, offering flexibility and accessibility to mental health professionals
9. Dental Needs as a result of their cancer procedures. We have a great relationship with a number of dental groups for this service.
10. Medical Supplies
11. Nutrition & Sleep
12. Wig Donations

All of the above are basic referrals we have made and helped navigate related to behavioral and mental health. It is a work in process but one in which we take very seriously and appreciate the support of the DHCD in making a positive impact!

PROGRESS TOWARDS PERFORMANCE MEASURES
Please provide your project's performance measure numbers as they align with your project deliverables and the identified Desert Healthcare District's strategy/strategies. Performance measure numbers should ONLY reflect the reporting period.

PM 2.7: # of clients who were directly connected to a primary and specialty care service provider:
35

Story Behind the Number:
As discussed previously, we have made 35 documented referrals to a primary and speciality care service provider. Pendleton Foundation (4), Jewish Family Services for mental health counseling (3), Bighorn Bam Transportation Services (2), American Cancer Society Transportation Services (8), Funeral Director (1), Holistic Care (2), Dental Care (5), Wig Donations (2), Home Healthcare/Hospice (6), Medical Supplies (2).

PM 2.7: # of clients who connected to primary and specialty care via supportive healthcare services such as transportation assistance, insurance enrollment, etc:
26

Story Behind the Number:
Other 26 clients who were connected to a specialty care service, 16 individuals were connected to an insurance specialist, 2 individuals were connected to Bighorn Bam Transportation Service and 8 individuals were connected to American Cancer Society Transportation Service.

PM 3.6: # of clients who were directly connected to behavioral/mental health services:
35

Story Behind the Number:
As stated previously, we have learned that the first and most important source our clients go to when they seek mental and behavioral health support is their own oncologist. The patient / Dr. relationship is paramount and the oncologist have their own referral base of mental health professionals experienced with working with cancer patients.

DCF has become more proactive as a referral base for our clients.

We have made a total of 35 different mental health related referrals to various outside groups, foundations, and service providers in the Coachella valley since March 1. The following are some of the additional support services provided:
Lucy Curci Cancer Center Support Groups (using social workers on staff who can provide emotional support, counseling and additional resources).
Comprehensive Cancer Center Support Groups (using social workers on staff who can provide emotional support, counseling and additional resources).
Pendleton Foundation for gas cards, groceries, utility bills, etc.
Jewish Family Services of the Desert - mental health counseling.
Bighorn Bam Transportation
American Cancer Society Transportation Services
Holistic Practitioners incorporating mindfulness, yoga, etc.
Telehealth Services - online platforms, offering flexibility and accessibility to mental health professionals
Dental Needs as a result of their cancer procedures. We have a great relationship with a number of dental groups for this service.
Medical Supplies
Nutrition & Sleep
Wig Donations

All of the above are basic referrals we have made and helped navigate related to behavioral and mental health. It is a work in process but one in which we take very seriously and appreciate the support of the DHCD in making a positive impact!

PROGRESS ON THE DISTRICT RESIDENTS SERVED:

Total Number of District Residents Reached During This Reporting Period:
104

Story Behind the Number:
From March 1, 2024 thru August 31, 2024, DCF has provided patient assistance to a total of 104 individuals in the DHCD zone.

The breakdown is as follows:

Ethnicity - White (41), Hispanic (42), African American (7), Asian (7) and Other (7).

Gender - Male (47), Female (57).

Location - Bermuda Dunes (3), Cathedral City (9), Coachella (8), Desert Hot Springs (10), Indio (17), La Quinta (6), Mecca (2), Palm Desert (20), Palm Springs (15), Rancho Mirage (3), Salton City (1), Thermal (6), Thousand Palms (4).

Geographic Area(s) Served During This Reporting Period:
Bermuda Dunes, Cathedral City, Coachella, Desert Hot Springs, Indio, La Quinta, Mecca, Palm Desert, Palm Springs, Rancho Mirage, Thermal

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Please share any challenges and course corrections you may have experienced during this performance period such as reaching organizational capacity, partnerships, identified geographic areas and/or target populations, etc.
The only challenge we have encountered has happened just recently when our Patient Assistance Coordinator became ill and has now been forced out on medical leave. We have hired an interim staff member, part-time and the Executive Director / Accounting staff have taken more of a lead on the day-to-day of the Patient Assistance program.

Please share any success stories highlighting the impact that your project had on the community during this reporting period.
As previously detailed, the biggest success story as an organization is the emphasis we have placed on the behavioral and mental health of our clients. While we wish we could play a more direct role in the process, we have made a positive impact by informing our clients on a monthly basis of the various opportunities available to them - a more proactive approach. Addressing mental health immediately helps our clients build resilience and cope better with their diagnosis and treatment. All cancer research shows that good mental health can positively impact physical health outcomes! We are making a difference.

Grant Progress Report

Organization Name: Youth Leadership Institute (yli)

Grant #: 1327

Project Title: Youth Voice in Mental Health

Contact Information:
Contact Name: Katy Torres
Phone: (760) 972-8113
Email: ktorres@yli.org

Grant Information

Total Grant Amount Awarded: $50,000

Grant Term: 7/1/2022-6/30/2024

Reporting Period: 1/1/2024 to 6/30/2024

Desert Healthcare District Strategic Plan Alignment

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

Strategy: 3.6 Educate community residents on available behavioral/mental health resources

Strategy 3.7 Collaborate/Partner with community providers to enhance access to culturally sensitive behavioral/mental health services

Progress This Reporting Period
Please describe your project accomplishment(s) during this reporting period in comparison to your proposed goal(s) and evaluation plan.

Progress of Goal #1: Continue the Riverside Youth Taskforce and build leadership skills in youth leadership, youth-led action research, youth-led campaigns, and storytelling throughout July 2022 to June 2024.

This Spring 2024, youth continued to participate in 15-weekly meetings starting February 2024 - June 2024. ¡QM! presented their findings and recommendations from research to the CVUSD school board. Other elected officials were not accessible returning to office at the end of August 2024 including Coachella City Councilmember Dr. Figueroa and Assemblymember Eduardo Garcia, yli is committed to coordinating these meetings in the Fall of 2024.

Progress of Goal #2: Initiate a community-led adult coalition that centers mental health stories, issues, and solutions in Riverside County by Fall 2022 and continue meetings throughout 2023 to June 2024.

yli integrated the Thriving Youth study meetings into our coalition. Additionally, the Alianza Community Justice space was utilized to meet with parents and other adults, part of partnership included inviting youth and parents to participate in Mental Health First Aid training. yli also partned with RUHS to host mental health trainings for youth and adults including Suicide Prevention, Know the Signs. We also partnered with Safehouse of the Desert to host training around the subjects of coping, trauma and substance use in youth. In addition, yli connected with the Riverside Behavioral Health Committee and Children's Committee to learn more about efforts across the county

Progress of Goal #3: Utilize digital organizing methods to engage people in reaching resources in their community and finding ways to get involved throughout July 2022 to June 2024.

yli coordinated meetings with CVUSD leaders and district staff in Spring 2024 once the MOU had been established to strengthen our presence on school sites and grow our database.

Progress of Goal #4: Utilize storytelling methods as a strategy for community change efforts throughout July 2022 to June 2024.

This crucial step in our learning journey about animation development set the stage for our Spring 2024 programming. In the spring, the talent from youth used for the videos and zine was gathered in this spring cohort, focusing on finalizing these programs. This is also when attendance significantly increased and our cohort was much stronger than in the previous years when we were virtual and then adjusting into hybrid/back in person.

Goal #5: Engage elected and decision makers in implementing findings and recommendations from youth and adult coalition from July 2022 to June 2024.

Progress of Goal #5: Engage elected and decision makers in implementing findings and recommendations from youth and adult coalition from July 2022 to June 2024.

We have presented our research outcomes at pivotal moments, including CVUSD School Board meetings on June 13th, 2024 and June 27th, 2024 during the Local Control and Accountability Plan (LCAP) approval process. These efforts strategically positioned us to influence policy and advocate for improved mental health resources and safe spaces for youth across the Eastern Coachella Valley. These engagements not only raised awareness about the urgent mental health needs among students but also sparked meaningful dialogue and action towards creating more inclusive and supportive school environments

Progress on the Number of District Residents Served

Number of Unduplicated District Residents <u>Directly</u> Served During This Reporting Period: 100

Number of Unduplicated District Residents <u>Indirectly</u> Served During This Reporting Period: 5,000

Please answer the following questions:

- **Is the project on track in meeting its goals?**
  - Yes, this project is on track in meeting all of our goals.

- **Please describe any specific issues/barriers in meeting the project goals.**
  - Change in cohorts and meeting locations as we pivoted from virtual to in-person delayed the video production aspect
  - Delays in executing an MOU with district up until Spring of 2024 negatively impacted our ability to recruit and host meetings on school sites
  - Issues with confirming meeting times and days with the Riverside Behavioral Health Committee due to summer schedules

- **If the project is not on track, what is the course correction?**
  - Delays in meeting with local elected officials and upcoming meetings in late August are being communicated with the offices of Assemblymember Eduardo Garcia, Councilmember Dr. Figueroa and Congressman Raul Ruiz

- **Describe any unexpected successes during this reporting period other than those originally planned.**
  - Surprised by ongoing youth engagement even during high heat summer months
  - Over the past year our partnership with the Palm Springs Art Museum has been an unexpected space for connecting with the community and using art to discuss mental health, this has also expanded our reach to the west end of the Coachella Valley. This partnership has also helped us build other relationships with artists, activists and other non-profits that we expect to strengthen our efforts in the coming year.

Partnership with Prof. Terriquez and UCLA through Thriving Youth Study has also expanded YPAR efforts

Grant Progress Report

Organization Name: Galilee Center

Grant #: 1324

Project Title: Our Lady of Guadalupe Center

Contact Information:
Contact Name: Claudia Castorena
Email: ccastorena@galileecenter.org

Grant Information

Total Grant Amount Awarded: $ 100,000.00

Grant Term *(example 7/1/22 – 6/30/23):* 08/01/2022-07/31/2024

Reporting Period *(example 7/1/22 – 10/31/22):* 02/01/2024-07/31/2024

Desert Healthcare District Strategic Plan Alignment

Goal: 5

Strategy: 5.3

Progress This Reporting Period
Please describe your project accomplishment(s) during this reporting period in comparison to your proposed goal(s) and evaluation plan.

For the six months, 02/01/2024 to 07/31/2024, the Galilee Center's Our Lady of Guadalupe Shelter accomplished its goals by helping 24 unduplicated farm workers and 1,271 unduplicated asylum-seeking people. All guests received shelter, hot meals, showers, access to our laundry facility, hygiene supplies, and other basics. In addition, the GC intake workers assisted all asylum-seeking people in communicating with their sponsors in the USA and helped coordinate all travel arrangements.

The migrant farm workers arrived between February and July 2024 and stayed for an average of 40 days. The asylum-seeking families stayed an average of 24 hours before moving to their destination in the U.S.

Progress of Goal #1:
During the reporting period, the Our Lady of Guadalupe Center provided shelter to 24 farm workers and 1,271 asylum-seeking people (95 children, 815 women, and 361 men). The people had access to restroom facilities, sleeping areas, private shower stalls, hot and cold water, lockers, a laundry facility, and a relaxing community room.

Progress of Goal #2:
During the reporting period, the Our Lady of Guadalupe Center welcomed migrant farm workers and asylum-seeking families. It provided a clean, safe, and healthy environment to ensure a pleasant and dignified stay.

Services	Farm/Migrant Farm Workers	Asylum Seekers
Nights of Shelter	807	2,721
Hot Meals	853	5,189
Showers	815	1,840
Laundry	159	1,255
Infant Service	0	23

The staff also assisted farm workers with medical referrals, filling out unemployment forms, and other basic needs. In addition, all asylum-seeking people received other essentials such as new undergarments, clothing, hygiene supplies, and backpacks. 23 babies received baby diapers, formula, and food.

The intake/caseworkers assisted all families in connecting with their sponsors and coordinated travel arrangements and transportation. The families that did not have a sponsor to receive them were referred to the GC extended stay shelter in Indio.

Progress on the Number of District Residents Served

Number of Unduplicated District Residents Directly Served During This Reporting Period:
1,295

Number of Unduplicated District Residents Indirectly Served During This Reporting Period:
1,367

Please answer the following questions:

- **Is the project on track in meeting its goals?** Yes

- **Please describe any specific issues/barriers in meeting the project goals.**
  There are no issues/barriers in meeting the 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.**

The number of asylum-seeking people assisted to date has surpassed the goal established for the two-year period.

Grant Progress Report

Organization Name: El Sol Neighborhood Educational Center

Grant #: 1325

Project Title: CHCD HUB

Contact Information:
Contact Name: Alex Fajardo
Phone: 909-884-3735
Email: alexfajardo@elsolnec.org

Grant Information

Total Grant Amount Awarded: $ 150,000.00

Grant Term *(7/1/22 – 6/30/24):*

Reporting Period *(1/1/24 – 6/30/2024):*

Desert Healthcare District Strategic Plan Alignment

Goal 2: Proactively expand access to primary and specialty care services, Goal 3: Proactively expand community access to behavioral/mental health services, and Goal 7: Be response to and supportive of selected community initiatives that enhance the general education of the district's residents.

Strategy: This project seeks to address the following strategies: Goal 2, Strategy 2.7 Utilize an equity lens to expand services and resources to underserved communities; Goal 3, Strategy 3.6 Educate community residents on available behavioral and mental health resources; and Goal 7, Strategy 7.1 Play a role in raising awareness of the impact of general health education on the health of community residents and be a catalyst for community organizations to act in implementing solutions.

Progress This Reporting Period

Please describe your project accomplishment(s) during this reporting period in comparison to your proposed goal(s) and evaluation plan.

Progress of Goal #1: The project will increase knowledge on health education, equity and policy advocacy among residents in the Coachella Valley, especially among Latinos and other minority groups, by the end of the project period

The curriculum was finalized with a total of 4 modules for 8 hours of training. The training was provided during the month of May.

Curriculum Overview
    Module 1: Getting Started:
            Equity and Advocacy
            Socioecological Model/Spectrum of Presentation
            The role of CHW/P in equity and policy
    Module 2: Identifying Issues
            What is a healthy Community
            Awareness of race, gender and Power Dynamics
    Module 3: Getting the Win
            Strategies for Change
            How Government Works
            Policy, Coalitions, and Allies
            How to Define Goals
    Module 4: Action Plan
            Tactics
            Advocacy and Community Engagement
            Pathways to power

Progress of Goal #2: The project will increase knowledge on mental health education and support for residents in the Coachella Valley, especially among Latinos and other minority groups, and provide enhanced support to 32 promotores by the end of the project period

This goal was completed in past reporting periods

Progress of Goal #3 The project will increase access to health education materials for other organizations, especially low-resourced, local organizations, by creating a virtual resource hub by the end of the project period

The team continued working on the Learning HUB Materials such as Mental Health, Diabetes and Nutrition and in addition the engineers kept working on the backend of the HUB.

Progress on the Number of District Residents Served

Number of Unduplicated District Residents Directly Served During This Reporting Period: 18

Number of Unduplicated District Residents Indirectly Served During This Reporting Period: 638

Please answer the following questions:

- **Is the project on track in meeting its goals?**
  Yes, Project is on track.

- **Please describe any specific issues/barriers in meeting the project goals.**
  The architecture of the HUB was needed to changed after talking with the Promotores.

- **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.**
  The feedback from Promotores on the materials developed were well received

Grant Progress Report

Organization Name: Vision y Compromiso

Grant #: 1325

Project Title: Support Leadership Training and Network capacity in Coachella Valley to expand Health Equity

Contact Information:
Contact Name: Maria Lemus
Phone: (510)303-3444
Email: maria@visionycompromiso.org

Grant Information

Total Grant Amount Awarded: $150,000.00

Grant Term *(example 7/1/22 – 6/30/23):* 7/1/22-6/30/24

Reporting Period *(example 7/1/22 – 10/31/22):* 1/1/24-06/30/24

Desert Healthcare District Strategic Plan Alignment

Goal: 2

Strategy: 2.7: Utilize an equity lens to expand services and resources to underserved communities: Increase the number of promotoras/CHWs.

Progress This Reporting Period
Please describe your project accomplishment(s) during this reporting period in comparison to your proposed goal(s) and evaluation plan.

Progress of Goal #1:

By June 30, 2024, Vision y Compromiso will provide diverse training and workforce development pathways to increase leadership and economic self-sufficiency among at least 30 promotoras, natural leaders in the Coachella Valley, each year (30 promotoras x 2 years= 60 promotoras).

Vision y Compromiso held a series of 9 workshops focused on mental health via Zoom for 30 promotores and other community health workers from the Coachella Valley. These sessions were held between February 15, 2024 and April 18 2024.

Vision y Compromiso completed a training for 32 local leaders that culminated their over 70 hours of training in January 2024 with a beautiful closing ceremony. This group represented the faith community through a local program, *Prevencion y Rescate* or Prevention and Rescue in English with presence in several Coachella Valley cities. While this was not directly funded by the Desert Healthcare District it is worthy of mentioning that our commitment to the region and strengthening the local leadership of residents is core to our mission and will continue beyond our funding cycle.

Progress of Goal #2:

By June 30, 2024, Vision y Compromiso will schedule and complete a minimum of 2 activities to raise awareness about the promotora model and leverage relationships with a minimum of 10 new workforce partners each year (10 partners x 2 years= 20 partners) and promote equitable employment opportunities for Coachella Valley residents.

On June 5th and 6th 2024, we hosted an organizational readiness training in Palm Desert for 17 organizations represented by 23 key leaders from diverse sectors in the Coachella Valley, including the hospital system, clinic system, community-based organizations, the recreation district and the county.

The two days were filled with content to help the group how to integrate the promotora model into their service delivery and to understand the value the model adds to their work and the communities they serve. Topics included:

1. Introduction to the Community Transformational Model
2. Hiring Practices and Process
3. Effective supervision of a promotora team
4. Documenting activities and responsibilities of a promotora
5. Initial training and ongoing professional development of promotoras
6. Planning and sustainability of the model in your organization

These two days were filled with much thought about how employment opportunities could be created and the topic of fundraising for this model and sustainability arose. We invited one of our staff who is a

content expert on CalAim and is leading our own effort to participate in the CHW Benefit to discuss with the group the opportunities that currently exist and they can leverage in order to integrate the model and develop their workforce to service the Coachella Valley.

In addition to this successful training, we conducted a training for 30 promotores in the Coachella Valley on June 27, 2024 focused on strengthening their skills as workers already employed with organizations. The topic focused on workforce ethics as promotores and through interactive activities our trainer led a half day training, creating a space for reflection about the role promotores play in the health of the community and the responsibilities that this role entails.

Progress of Goal #3

N/A

Progress of Goal #4:

N/A

Progress of Goal #5:

N/A

Progress on the Number of District Residents Served

Number of Unduplicated District Residents Directly Served During This Reporting Period: 83 district residents. This number does not include the training that was not funded by DHCD.

Number of Unduplicated District Residents Indirectly Served During This Reporting Period:

N/A

Please answer the following questions:

- **Is the project on track in meeting its goals? Yes.**

- **Please describe any specific issues/barriers in meeting the project goals.**

None at this time.

- **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.**

  There is great potential to continue partnering with the organizations who attended our Organizational Readiness training in order to support the integration of the promotora model into their service delivery. The CHW Benefit in California will support and finance this workforce which provides one source of funding to support a consistent provision of services to those most in need. Some of the attendees demonstrated interest in exploring this option, especially those that already have a billing system for Medi-Cal.

DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: November 12, 2024

To: Program Committee – District

Subject: Final Grant Reports 9/1/2024 – 10/31/2024 **HIGHLIGHTS**

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

Vision y Compromiso # 1325
Grant term: 7/1/2022 – 6/30/2024
Original Approved Amount: $150,000.
Final Report covering the time period from**:** 7/1/2022 – 6/30/2024

- **Final report highlights:** Vision y Compromiso conducted 26 training sessions for Promotoras, focusing on topics to enhance professional development and economic opportunities. Additionally, they hosted two major events: the Serving from the Heart Symposium and Organizational Readiness Training, engaging 103 key leaders from public and private organizations.

Youth Leadership Institute # 1327
Grant term: 7/1/2022 – 6/30/2024
Original Approved Amount: $50,000.
Final Report covering the time period from**:** 7/1/2022 – 6/30/2024

- **Final report highlghts:** YLI recruited 20 youth and conducted weekly meetings, engaging 75 parents, youth, and community leaders through one-on-one interactions. The organization hosted four hybrid quarterly meetings and organized a power mapping session to select a policy campaign topic aimed at increasing mental health resources in Riverside County. YLI also launched a texting hotline to collect stories for a mental health zine, which features a resource guide with input from coalition and community partners, and created a recruitment video to improve access to mental health resources in the community.

El Sol Neighborhood Educational Center # 1328
Grant term: 7/1/2022 – 6/30/2024
Original Approved Amount: $150,000.
Final Report covering the time period from**: 7/1/2022 – 6/30/2024

- **Final report highlights:** A total of 25 individuals participated in training on equity and advocacy. Three Community Resiliency and Recovery sessions were hosted creating 2,067 points of contact with community members. At least 455 individuals participated in one session, 330 in two sessions, and 1,282 completed all three sessions, receiving a full participation certificate. Additionally, a virtual resource hub was created by the end of the project period.

Galilee Center, Inc. # 1324
Grant term: 8/1/2022 – 7/31/2024
Original Approved Amount: $100,000.
Final Report covering the time period from**: 8/1/2022 – 7/31/2024

- **Final report highlights:** Our Lady of Guadalupe Center was able to assist a total of 135 unduplicated farm/migrant farm workers and 5,132 unduplicated asylum seekers

CSUSB Philanthropic Foundation # 1394
Grant term: 8/1/2023 – 7/31/2024
Original Approved Amount: $73,422.
Final Report covering the time period from**: 8/1/2023 – 7/31/2024

- **Final report highlights:** The Program provided healthcare services to 834 individuals, resulting in 1,439 contacts through nurse and medical clinics serving the homeless, unsheltered, and vulnerable populations in the Coachella Valley. To enhance regional nursing capacity, the program engaged 85 BSN students—32 as volunteers and 53 through clinical rotations—along with 3 graduate nursing students from CSUSB. Additionally, 38 nursing students from COD volunteered with the program. Additionally, the program employed 8 existing nursing student assistants and 1 new assistant, who collectively worked 1,010.83 hours

Word of Life Fellowship Center # 1401 mini grant
Grant term: 7/1/2023 – 6/30/2024
Original Approved Amount: $10,000.
Final Report covering the time period from**: 7/1/2023 – 6/30/2024

Final report highlights: The once-a-month Medical Health Van was the motivation for getting the city involved as the Van was on the city's new Hub overnight shelter property. The Bridge to Better Volunteers took the lead in partnership with the Desert HealthCare Van organizers to invite other agencies to have tables and participate. Besides just providing 150 meals 5 times a week. Bridge to Better was able to do intake on 207 total folks who came to the Medical Health Van and provided lunches, clothes, showers, barbers, outreach, counseling, and referral services. We developed an intake form and data base to analyze the clients' needs and referred them to the agencies who were either in attendance or by phone. We were able to follow up during the week when we

delivered their lunches. The Riverside County of Social Services, DAP Medical Van, Jewish Community Services, and CVRM attended.

GRANT FINAL REPORT

Organization Name: Vision y Compromiso
Grant #: 1325

Project Title: Support Leadership Training and Network Capacity In Coachella Valley to Expand Health Equity

Desert Healthcare District Strategic Plan Alignment

Goal: 2

Strategy: 2.7

Grant Information

Total Grant Amount Awarded: $150,000.00

Grant Term *(example 7/1/22 – 6/30/23):* 7/1/22-6/30/24

Reporting Period *(example 7/1/22 – 10/31/22):* 7/1/22-6/30/24

Contact Information:

Contact Name: Maria Lemus

Phone: (510)303-3444

Email: Maria@visionycompromiso.org

Final Progress:

Final Outcomes on Goals and Evaluation

Project's final accomplishment(s) in comparison to the proposed goal(s) and evaluation plan.

Goal #1: By June 30, 2024, Vision y Compromiso will provide diverse training and workforce development pathways to increase leadership and economic self-sufficiency among at least 30 promotoras, natural leaders in the Coachella Valley, each year (30 promotoras x 2 years= 60 promotoras).

Final Report

Final Progress of Goal #1:

Vision y Compromiso is proud to have been able to provide 26 trainings during the two year grant period to promotoras throughout the Coachella Valley on diverse topics to support their professional development and increase their eligibility for economic opportunities. We have seen their advancement anecdotally as they secure employment with entities in the region and can offer their families a solid and sustainable future.

Final Evaluation of Goal #1:

There is great interest in continued learning by the promotoras in the Coachella Valley and willingness by leaders not connected to community health work to connect to this work. There is an opportunity to grow this workforce in the Coachella Valley and continue to strengthen our systems of care with culturally and linguistically competent individuals.

How many promotoras were trained during the grant term? 629

Goal #2: By June 30, 2024, Vision y Compromiso will schedule and complete a minimum of 2 activities to raise awareness about the promotora model and leverage relationships with a minimum of 10 new workforce partners each year (10 partners x 2 years= 20 partners) and promote equitable employment opportunities for Coachella Valley residents.

Final Progress of Goal #2:

Vision y Compromiso held two activities, our Serving from the Heart Symposium and our Organizational Readiness Training for 103 key leaders representative of diverse public and private organizations in the Coachella Valley.

Final Evaluation of Goal #2:

As a result of the activities, Vision y Compromiso will develop a plan to continue strengthening partnerships with the organizations that have expressed interest in and readiness for the integration of the promotora model.

1. How many community/workforce partners were added during the grant term: 55

2. Where were the 2 activities held? Thousand Palms Community Center in the City of Thousand Palms & RAP Foundation in Palm Desert

Final Number of District Residents Served:

Proposed number of District residents to be directly served: 80

Final number of District residents directly served during the entire grant term: 629

Final Report

Proposed number of District residents to be indirectly served: 0

Final number of District residents Indirectly served during the entire grant term: 0

Please answer the following questions

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

   We did not experience any barriers.

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

   An incredible amount of interest from organizations to learn about the promotoras model and will to integrate it into their service delivery for the populations they serve.

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

   The work proposed is central to Vision y Compromiso's mission and will continue with the support of training contracts and/or private foundations.

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

   1. Plan for additional training. We accomplished much more than what was originally proposed.

   2. Plan for follow up with organizational representatives that participated in the organizational readiness training to support the integration of the promotoras model in their service delivery. Tailor specific training to support their onboarding of the model.

   3. Plan for ongoing support for promotores entering the workforce through job coaching and mentoring that could support their continued education, job search and connections to employment, networking opportunities, and more.

   4. Build the network between employers and promotoras in search of employment in the Coachella Valley.

   5. Increase support for the program among local decision makers.

Final Report

Organization Name: Youth Leadership Institute (yli)

Grant #: 1327

Project Title: Youth Voice in Mental Health

Desert Healthcare District Strategic Plan Alignment

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

Strategy: 3.6 Educate community residents on available behavioral/mental health resources

Strategy 3.7 - Collaborate/Partner with community providers to enhance access to culturally sensitive behavioral/mental health services

Grant Information

Total Grant Amount Awarded: $50,000
Grant Term*: 7/1/2022-6/30/2024*
Reporting Period*: 7/1/2022-6/30/2024*

Contact Information:

Contact Name: Katy Torres

Phone: (760) 972-8113

Email: ktorres@yli.org

Final Progress:

Final Outcomes on Goals and Evaluation

Project's final accomplishment(s) in comparison to the proposed goal(s) and evaluation plan.

Over the past year, our office has been able to exceed some of our proposed goals. One aspect has been with engaging program participants, while participant numbers dipped in the fall of 2023 by spring of 2024 increase to a total of 35 youth participants and expect this number to continue increasing as we strengthen our relationship with the school district. We were also able to produce 2 videos with our young people regarding mental health and well being and will produce more as our youth continue to build their skills in video and audio editing.

Final Report

Goal #1: Continue the Riverside Youth Taskforce and build leadership skills in youth leadership, youth-led action research, youth-led campaigns, and storytelling throughout July 2022 to June 2024.

Final Progress of Goal #1:
In the Spring of 2022 in partnership with HARC (Health Assessment & Research for Communities) Inc., YLI ECV's ¡Que Madre! Media (¡QM!) youth developed and conducted content and questions for a focus group, surveys and mental health journal narrative prompts to collect quantitative and qualitative data as part of Youth-led participatory research project to identify mental health issues and opportunities in the Eastern Coachella Valley communities. A youth steering committee was formed and engaged to ensure youth were able to have a leadership role in the development of these research collection methods. These efforts have been instrumental in guiding programming, curriculum and strategies for ¡Que Madre! Media's efforts in mental health. By the end of 2023, the focus group was conducted and the mental health journal narrative collection was also completed. In late January 2023, ¡QM! launched a mental health survey to better understand how students feel on school grounds. By Spring 2023, with the support of HARC, all of our qualitative and quantitative data was compiled into a report.

YLI ECV's ¡QM! held 15 weekly meetings as part of their Fall 2022 programming in August 2022 - December 2022. In total, 23 youth were a part of the Fall 2022 cohort. The Fall 2022 cohort has supported the Youth-led participatory research project by supporting the mental health journal narrative collection project. This cohort has also continued to engage with other youth, community members and organizations to further discuss mental health issues in our communities. In Spring 2023, yli ECV ¡QM! also held 15 weekly meetings as part of their Spring 2023 programming from February - May 2023. In total, ¡Que Madre! was able to engage 25 different youth from the ECV. The Spring 2023 cohort continued to support the youth-led participatory research projects by analyzing the report findings and further developing strategies through power mapping and ongoing discussions. Overall, young people agree that there needs to be increased efforts in ensuring young people are aware and have access to local mental health resources.

For Fall 2023 programming, ¡QM! continued to strengthen their policy and advocacy skills. In total, 10-15 youth were part of our 15-weekly meeting cohort. A core group of 5-7 youth from the ¡QM! cohort participated in statewide monthly calls to engage in youth-led mental health conversations to learn more about mental health resources and active policy and initiatives concerning mental health. This Spring 2024, youth continued to participate in 15-weekly meetings starting February 2024 - June 2024. On May 28th, and June 13th, 2024, ¡QM! presented their findings and recommendations from research to the CVUSD school board. Other elected officials were not accessible returning to office at the end of August 2024 including Coachella City Councilmember Dr. Figueroa and Assemblymember Eduardo Garcia, yli is committed to coordinating these meetings in the Fall of 2024.

Final Evaluation of Goal #1:
- Recruited 20 youth from July 2022-August 2022

- Held weekly meetings starting September 2022

Final Report

- Youth engaged in a Youth-Led Participatory Action Research project to narrow down mental health issues and opportunities.

- Youth presented findings and recommendations from research to CVUSD School Board

Goal #2: Initiate a community-led adult coalition that centers mental health stories, issues, and solutions in Riverside County by Fall 2022 and continue meetings throughout 2023 to June 2024.

Final Progress of Goal #2:
In Fall 2022, ¡QM! Worked to identify youth, parents, community organizations and leaders to engage in a community coalition that centers mental health stories, issues and solutions in Riverside County. In total we engaged with 22 youth who attend our regularly scheduled ¡QM! Programming, at least 19 community organizations that serve the ECV which also includes some parents that live in the ECV, and at least 4 leaders, and we have done outreach to 200+ youth in the Eastern Coachella Valley to inform them about our efforts. In Spring 2023, we engaged 25 youth who attend our regular programming. We continue to meet with community partners and adult allies. Overall, we've outreached an additional 200+ youth in 2023.

Yli staff hosted a mental health coalition meeting in September 2022. Due to youth academic calendar scheduling conflicts, holiday breaks we decided to postpone our December 2022 meeting to February 2023 where we engaged our coalition members in a power mapping session. Since our programming shifted from virtual to in-person meetings, yli staff also hosted an additional coalition meeting in May 2023, where new young people were introduced to power mapping and the impact youth-led participatory research can have in local policy and their communities. Due to variability in youth's summer schedules, our next coalition meeting was scheduled in Fall 2023 once youth returned back to academic classes.

Throughout coalition meetings, youth and partners actively shared their experiences and insights, emphasizing the need to prioritize increasing awareness for local mental health resources available. Their stories resonated with the broader community, fostering a deeper understanding of the challenges faced by young individuals in the Eastern Coachella Valley. By engaging with community organizations, leaders, and parents, we created a platform for open dialogue, helping to break down stigmas surrounding mental health. The coalition's efforts not only aim to address immediate concerns but also lay the foundation for sustained advocacy and support for mental health issues in Riverside County. Looking ahead, we are committed to expanding our outreach and collaboration to ensure that mental health remains a central focus in our community-building initiatives.

Final Evaluation of Goal #2:

- Meet 1-1 with 75 parents, youth, community organizations, and leaders to join the first meeting in September 2022.

Final Report

- Held 4 hybrid quarterly meetings (September 2022, December 2022, March 2023, and June 2023)

- Held one power mapping session in Fall 2022 inviting all important partners to select a topic for a policy campaign aimed to increase mental health resources in Riverside County.

Goal #3: Utilize digital organizing methods to engage people in reaching resources in their community and finding ways to get involved throughout July 2022 to June 2024.

Final Progress of Goal #3:
Our goal to utilize digital organizing methods to engage people in reaching resources in their community and finding ways to get involved from July 2022 to June 2024 has seen significant progress. Leveraging platforms such as SimpleTexting and Remind App, YLI ECV's ¡QM! has been proactive in communicating opportunities for youth engagement in mental health programming, statewide mental health coalition meetings, and connecting them with local opportunities.

Furthermore, ¡QM! has established a comprehensive database that includes community members, organizations, and leaders, with over 500 youth, 20 community organizations, and 4 community leaders currently in the network. The continuous growth of this database is a result of strategic outreach efforts and active engagement with local community organizations and leaders. As we move forward, our commitment to expanding this network remains steadfast, demonstrated by recent meetings with additional partners in Summer 2023, Fall 2023 and coordinated meetings with CVUSD leaders and district staff in Spring 2024 once the MOU had been established to strengthen our presence on school sites. This database is dynamic, reflecting our ongoing participation in outreach activities and ensuring the sustained growth of our mental health initiatives.

Final Evaluation of Goal #3:

- Developed a database of community residents to reach out to for campaign efforts and messaging about resources in the community (ongoing).

- Developed a texting hotline (simpletext) that was utilized as digital space to connect community members to existing mental health resources near their home or place of work by December 2022.

Goal #4: Utilize storytelling methods as a strategy for community change efforts throughout July 2022 to June 2024.

Final Progress of Goal #4:
YLI ECV's ¡QM! launched their Spring 2023 programming in February, focusing on a 15-week project to create a mental health zine. This bilingual zine production, led by youth, aims to include a mental health resource guide, stories from community members, and content generated by ¡QM! youth.

6

Final Report

Due to scheduling conflicts and a change in program meeting locations, the project timelines for the zine and video were extended. In Spring 2023, youth successfully developed a video outline and script, as well as a draft of the zine outline. Youth also had the unique opportunity to closely collaborate with yli's Communications Coordinator to delve into the backend of animation video basics. This crucial step in our learning journey about animation development set the stage for our Spring 2024 programming. In the spring, the talent from youth used for the videos and zine was gathered in this spring cohort, focusing on finalizing video/zine storytelling projects. This is when attendance significantly increased and our cohort was much stronger than in the previous years when we were virtual and then adjusting into hybrid/back in person.

- **Video Project Link in mp4 format** (mp4 file linked to email)
- **zine set to be launched August 20th 2024 Link to Our Community-Mental Health Matters Zine** (PDF linked to email)

Final Evaluation of Goal #4:

- Gather stories to create one mental health zine that includes a mental health resource guide by June 2023. Youth and adult coalition partners and community partners were invited to submit stories and resources that were published in this zine.

- Created a video that can be used for recruitment, base-building, and a resource in the community to access mental health resources by August 2022.

Goal #5: Engage elected and decision makers in implementing findings and recommendations from youth and adult coalition from July 2022 to June 2024.

Final Progress of Goal #5:
YLI ECV's ¡QM! has met with several elected and decision makers including 3 school board members, 6 wellness center group staff, CVUSD Superintendent Dr. Frances Esparza . We've also met with staff from Congressman Raul Ruiz office and Assemblymember Eduardo Garcia's office. In addition, we've met with about 20 community organizations that serve the ECV.Our advocacy efforts have been instrumental in translating our research findings into actionable recommendations. We have presented our research outcomes at pivotal moments, including CVUSD School Board meetings on June 13th, 2024 and June 27th, 2024 during the Local Control and Accountability Plan (LCAP) approval process. These efforts strategically positioned us to influence policy and advocate for improved mental health resources and safe spaces for youth across the Eastern Coachella Valley. These engagements not only raised awareness about the urgent mental health needs among students but also sparked meaningful dialogue and action towards creating more inclusive and supportive school environments. Moreover, as active members of the Social Justice Ad Hoc staff, we have shared these findings in this space as well to inform and shape the City of Coachella's goals. This collaborative approach ensures that our advocacy extends beyond educational settings to community-wide initiatives, addressing systemic barriers and enhancing mental health support across all sectors.

<u>Final Report</u>

Final Evaluation of Goal #5:
- Meet with 10 decision makers (School Board Members, County Supervisors, Riverside County Mental Health Commission, etc) by March 2023.

- Presented at 2 public meetings on findings and recommendations (School Board Meeting, County Supervisors Meeting, Riverside County Mental Health Commission Meeting etc) by June 2024.

<u>Final Number of District Residents Served:</u>

<u>Proposed</u> **number of District residents to be <u>directly</u> served:** 100

<u>Final</u> **number of District residents <u>directly</u> served during the entire grant term:** 100

<u>Proposed</u> **number of District residents to be <u>indirectly</u> served:** 15,000

<u>Final</u> **number of District residents <u>Indirectly</u> served during the entire grant term:** 15,000

<u>Please answer the following questions</u>

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

   One key barrier to the project was the limited availability of local electeds conflicting with the availability of our youth participants in presenting our findings. The second key barrier was finding avenues to join statewide spaces, for example the Riverside County Behavioral Health Advisory Board that meets during our participants' school hours and is not in session during the summer months. With regards to the mental health video, creating an animated one has been a lengthy process that has made this item that lengthiest and most labor intensive point of the project.

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

One unexpected success has been our inclusion in the Social Justice Ad Hoc Committee, where our efforts to advocate for mental health resources and safe spaces for youth have been significantly amplified. This platform has provided us with a broader reach and deeper engagement with community leaders, allowing us to influence policy and initiatives beyond our initial scope. Our participation in this committee has not only enhanced our advocacy impact but also strengthened collaborations aimed at addressing systemic barriers and promoting equitable outcomes across the City of Coachella.

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

   This project has created the foundation for yli to be seen as a trusted community resource, creating eligibility through new opportunities such as our partnership with   8
   Office of Community Partnerships and Strategic Communications and shifting our work

<u>Final Report</u>

with DHCD in building the capacity of youth and young adults to serve as community health navigators through the ECV CARES project. yli is a financially stable organization, with a budget built on diverse revenue sources that practices strong fiscal oversight. In addition yli remains committed to our partnership with the California Endowment, an foundation that has been committed to resourcing our youth storytelling and media hub in the EVC.

yli has a strong Development Department that is consistently exploring and procuring resource and funding opportunities. In partnership with our ECV yli program team, we will continue to look for funding to sustain and scale our work with the goal of providing more opportunity to youth and community across the ECV.

As a statewide organization with seven offices across California and a budget of over $9M annually, yli manages more than 35 government contracts each year and more than 60 contracts with private foundations and organizations.

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

   1. Potentially outsourcing labor intensive filming process to an outside contractor who can deliver the video production utilizing youth input

   2. Begin the LCAP youth and community engagement process earlier in the year to prepare materials, statements and gather support.

   3. Implement the research component over a longer period of time or over multiple years to get a better understanding of mental health trends amongst youth in our programs and in the ECV.

   4. Also for our research, repeating the mental health journals with both Que Madre participants and other youth from across CVUSD to compare results.

   5. For most of this grant period, we did not have an MOU with CVUSD which prevented us from being more present on school sites. The challenges were on the institution's end as yli staff consistently were advocating to put the MOU in place. Now that this agreement has been fully executed, we can host more events, workshops and general outreach on school sites that will help boost our presence and connection in the community.

Final Report

Organization Name: El Sol Neighborhood Educational Center

Grant #: 1325

Project Title: DHCD HUB

Desert Healthcare District Strategic Plan Alignment

Goal: Goal 2: Proactively expand access to primary and specialty care services, Goal 3: Proactively expand community access to behavioral/mental health services, and Goal 7: Be response to and supportive of selected community initiatives that enhance the general education of the District's residents.

Strategy: This project seeks to address the following strategies: Goal 2, Strategy 2.7 Utilize an equity lens to expand services and resources to underserved communities; Goal 3, Strategy 3.6 Educate community residents on available behavioral and mental health resources; and Goal 7, Strategy
7.1 Play a role in raising awareness of the impact of general health education on the health of community residents and be a catalyst for community organizations to act in implementing solutions.

Grant Information

Total Grant Amount Awarded: $ 150,000.00

Grant Term *(7/1/22 – 6/30/24):*

Reporting Period *(7/1/22 – 6/30/24):*

Contact Information:

Contact Name: Alexander Fajardo

Phone: 909-884-3735

Email: alexfahardo@elsolnec.org

Final Progress:

Final Outcomes on Goals and Evaluation

Project's final accomplishment(s) in comparison to the proposed goal(s) and evaluation plan.

Goal #1:

The project will increase knowledge on health education, equity and policy advocacy among residents in the Coachella Valley, especially among Latinos and other minority groups, by the end of the project period.

This goal will be evaluated by reaching the following outputs:

1.   El Sol will develop two curricula on equity and advocacy by the end of the first six months.
2.   32 promotores will be trained on the two curricula and demonstrate an increase in knowledge gained by the end of month 9.

Final Progress of Goal #1:

The curriculum was finalized with a total of 4 modules for 8 hours of training. The training was provided during the month of May.

Curriculum Overview Module
1: Getting Started:
        Equity and Advocacy
        Socioecological Model/Spectrum of Presentation The
        role of CHW/P in equity and policy
Module 2: Identifying Issues
        What is a healthy Community
      Awareness of race, gender and Power Dynamics
Module 3: Getting the Win
        Strategies for Change
        How Government Works
        Policy, Coalitions, and Allies
      How to Define Goals
Module 4: Action Plan
        Tactics
        Advocacy and Community Engagement Pathways to
        power

Final Evaluation of Goal #1:

A total of 25 individuals participated in the training. Of these, 23 were female and 2 Male.

Most of the participants were 26 years old or older (93%). Half of the participants were in the 35-54 years old range (55%); followed by 55–64-, and 26–34-year-old range

Goal #2:

The project will increase knowledge on mental health education and support for residents in the Coachella Valley, especially among Latinos and other minority groups, and provide enhanced support to 32 promotores by the end of the project period

This goal will be evaluated by reaching the following outputs:

1. El Sol will hire a licensed mental health worker to conduct a mental health training and support session for 32 promotores by the end of month 3.
2. 32 promotores will be trained on specific mental health topics, available mental health resources in the Coachella Valley, and how to initiate support groups by the end of month 6.

Promotores will reach 2,000 residents with support information on mental health by the end of the two year project

Final Progress of Goal #2:

Curriculum, Training and Delivery were successfully completed

Final Evaluation of Goal #2:

Gender: Of these, 30 were female, and 1 male.
Age: Most of the participants were 26 years old or older (93%). Half of the participants were in the 35-54 years old range (55%); followed by 55– 64, and 26- 34 year old range.

Race/Ethnicity. The majority of participants identified themselves as Latino (n29). **Primary Language.** Most participants speak Spanish as their primary language (68%).
Marital Status. The majority of participants were married (52%), followed by divorced, and never married.

Training Feedback.

Meeting expectations. A total of 31 individuals participated in the training to become Resilience Group Facilitators. Of these, all agreed or

strongly agreed that the training met their expectations**.**

Content quality. All participants agreed or strongly agreed that the training content was of good quality, and that it was easy to understand.

Usefulness of training. Participants were asked to rate how useful the training

was; 90% strongly agreed that it was useful, and 10% agreed to the usefulness of the training.

Content Delivery. The delivery of the training was evaluated by asking participants to rate different areas of delivery including the facilitator's commitment to the training, how clear the content was presented, and if the training had a clear structure. Most participants (97%) strongly agreed that the facilitator demonstrated commitment to the training by presenting content very clearly. In addition, all participants rated the structure of the content as clear.

Perceived Self-Efficacy: capacity to deliver Wellbeing and Resiliency content to the community. At the end of the training, participants were asked to rate how convinced they were that they could deliver the Wellbeing and Resiliency content to their community. Most participants strongly agreed or agreed to their perceived self-efficacy to do so successfully.

Perceived Capacity Building: capacity to continuously learn and be capable to address community needs. Participants were asked to rate their perceived capacity to continue to learn with time, and assist with the needs of their community.

Self-Esteem. In addition to perceived capacity to deliver the training content to the community and ability to grow in knowledge and skills, participants were asked to rate their self-esteem in regard to being a good Community Health Worker/Promotor for their community's wellbeing. Also, participants were asked to rate their agreement on having many positive qualities as a Community Health Worker/Promotor. With the exception of a very few, most participants rated their self-esteem positively, with most strongly agreeing or agreeing to being a good CHW/P for their community, and having positive CHW/P qualities.

Additional training. Participants were asked if they planned to participate in additional training in community Wellbeing and Resiliency; 60% indicated that they do plan to continue learning in this area to further impact their community's wellbeing.

Qualitative feedback: what was liked the most. Participants had the opportunity to share what they enjoyed the most about the training with an open-ended question. The feedback highlighted the open interaction during the training as the most beneficial and most enjoyable. In addition, the following was given as having impacted the learning experience positively:

▪ Popular education approach: open dynamic/activities
▪ How it was taught using popular education methods for delivering the content to the community
▪ How through and complete the information was
▪ Understanding very clearly every step of wellbeing and resiliency

13

- Being able to build capacity in this particular area
- Group interaction and dynamics
- Very prepared and knowledgeable facilitators
- Popular education approach: art therapy
- Open space to learn from other CHW/Ps and their experience

Qualitative feedback: suggestions for improvement. When asked about suggestions for improvement of the training, most participants seemed to agree that they would have enjoyed having additional time for each module. Other suggestions included:
- Simulation of a crisis event and how to respond
- Additional content on family care, not just individual
- Additional time for individual activities

Content Delivery. The *delivery* of the training was evaluated by asking participants to rate different areas of delivery including the facilitator's commitment to the training, how clear the content was presented, and if the training had a clear structure. Most participants (97%) strongly agreed that the facilitator demonstrated commitment to the training by presenting content very clearly. In addition, all participants rated the structure of the content as clear.

Translated:

> *Translated: The way in which the information was presented. Excellent facilitator and the activities [were] of much help. La manera en que se nos presentó la información. Excelente la presentadora y las dinámicas de mucha ayuda.*

> *:Translated It was completely dynamic and the facilitator presented the topics very clearly. Fue completamente dinámico y la presentadora facilito los temas muy claramente.*

> Translated: *The clear explanation in every step to be effective in facilitating with success the relevant content of Wellbeing and Resiliency. La explicación en detalle de cada paso para ser efectivo en ensenar con éxito el contenido relevante de Bienestar y Resiliencia.*

Perceived Self-Efficacy: capacity to deliver Wellbeing and Resiliency content to the community. At the end of the training, participants were asked to rate how convinced they were that they could deliver the Wellbeing and Resiliency content to their community. Most participants strongly agreed or agreed to their perceived self-efficacy to do so successfully.

Evaluation Question: How many group sessions have been delivered to the community? How many community members (participants) have been reached? Were participants linked to mental and/or social services and if so, which services specifically?

The Community Resiliency and Recovery sessions began on September 09, 2022. At the end of the program, 2,067 points of contact were made with community members, whether participating in one given session, or all three.

At least 455 community members participated in one session; 330 in two sessions; and a total of 1,282 community participants completed all three sessions, receiving a full participation certificate

Goal #3:

The project will increase access to health education materials for other organizations, especially low-resourced, local organizations, by creating a virtual resource hub by the end of the project period.

Evaluation #3:

This goal will be evaluated by reaching the following outputs:

1. El Sol will hire a part-time web developer to design the resource hub by the end of month 3.
2. El Sol will design the virtual resource hub and upload at least 10 training resources by the end of the first year.

Final Progress of Goal #3:

El Sol conducted a qualitative study to discuss and analyze the CHWs/Ps need to be personally, professionally, and technically successful. To gather qualitative data outside of the El Sol CHWs/Ps network, El Sol conducted focus groups and key informant interviews with CHWs/Ps and CHWs/Ps employers. A total of seven questions were asked in the focus groups and eleven questions were asked to the key informants. In addition to the qualitative data El Sol did a comprehensive literature review to see what resources already exist to support CHWs/Ps success.

The interviews assessed the needs and the existing resources for CHWs/Ps and the barriers that impede them from personal and professional growth. It was found that CHWs/Ps want 1) a central place to find tools and resources developed by them, with and for them, 2) to cultivate sincere and intentional connections with their colleagues and 3) to have a central place for their career advancement with a history of their trainings, certificates obtain, assessments, and reports etc.

The El Sol team proposed to develop a CHW/P Learning HUB to address this need. The CHW/P Learning HUB is a website that will contain a wide-range of information and tools on various topics related to the work of CHWs/Ps. It is a unique website that gives the users access to information and education on many topics, tools such as printable sheets, homework materials, assessments, videos, games, blogs, and forums, as well as a dashboard that will report their learning progress, trends, and

15

more. In addition, this Learning HUB will also be used to support CBOs and employers with technical assistance, and they will have access to resources and training on how to incorporate the CHW/P into their operation.

The CHW/P Learning HUB is a place where CHWs will have a professional home with a large quantity of resources in a creative, engaging format such as videos, games, infographics, tipsheets, etc as well as a platform where they can interact with other CHWs in addition to keeping track of their own advancement history with access to their certificates, assessments, etc.

The team has developed tools that have been reviewed by CHWs, in addition software experts have developed a website prototype diligently to make it easy to navigate

Final Evaluation of Goal #3:

Goal 3 has been completed

Final Number of District Residents Served:

Proposed number of District residents to be **directly** served: 32

Final number of District residents **directly** served during the entire grant term: 38

Proposed number of District residents to be **indirectly** served: 2000

Final number of District residents **Indirectly** served during the entire grant term:

2067

16

Please answer the following questions

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

   Goal 3: The development of the HUB was more complex than initially planned and during the development CHWs requested to be more community friendly which delayed the planning.

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

   Goal 2: The Mental Health intervention in the community was a success and there is a lot impact data and testimonies

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

   The integration of CHWs into CalAIM and CHWs Benefit is one of the strategies will be one of the best sustainable ways to receive reimbursement for CHWs interventions. El Sol aims to incorporate alternative payment structures designed to enhance overall utilization and elevate the quality of care. CHWs are a key component of CalAIM initiative which is a multi-year approach to transform the Medi-Cal Program to better meet the needs of the its beneficiaries and CHWs play a crucial toles in this initiative by providing culturally and linguistically appropriate support particularly those with complex health and social needs.

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

   1. Work more closely with IT in the development of a CHW/P Platform

   2. Include Incentives for participants

   3. Request CHW/P involvement on the evaluation methodology since the beginning of the project

   4. Develop a communication plan

   5. Coordinate with other Mental Health Providers for referrals.

Organization Name: Galilee Center, Inc.

Grant #: 1324

Project Title: Our lady of Guadalupe Center

Desert Healthcare District Strategic Plan Alignment

Goal 5: Be responsive to and supportive of selected community initiatives that enhance the economic stability of the District residents (on a situational basis)

Strategy 5.3: Reduce the negative impacts of social determinants of health on poverty in Coachella Valley

Grant Information

Total Grant Amount Awarded: $100,000

Grant Term *(example 7/1/22 – 6/30/23):* 08/01/2022-07/31/2024

Reporting Period *(example 7/1/22 – 10/31/22):* 08/01/2022-07/31/2024

Contact Information:

Contact Name: Claudia Castorena

Phone: (760) 396-9100

Email: ccastorena@galileecenter.org

Final Progress:

Final Outcomes on Goals and Evaluation

Project's final accomplishment(s) in comparison to the proposed goal(s) and evaluation plan.
All guests received shelter, hot meals, showers, laundry, and babies received infant services. Families also received medical checkups, prescriptions, and transportation to immigration appointments. The families that decided to remain in the Coachella Valley were assisted with enrolling their children in school, finding a permanent place to live, receiving the first month's rent, and being given furniture vouchers.

Goal #1: *By June 30,2024, the Our Lady of Guadalupe Center will provide services annually for 150 unduplicated farm/migrant farm workers and 1,156 unduplicated asylum seekers. The services available 24 hours a day include women's and men's restroom facilities (ADA accessible) and separate sleeping areas. Private shower stalls,*

sinks, hot and cold water, lockers, and laundry facility with washers, dryers, and supplies. A community room will be available, offering room for relaxation and other social and enrichment programs.

Final Progress of Goal #1: By June 30,2024 Our Lady of Guadalupe Center was able to assist a total of 135 unduplicated farm/migrant farm workers and 5,132 unduplicated asylum seekers.

Final Evaluation of Goal #1: The agency records all activities relating to Our Lady of Guadalupe Center daily. On an annual basis, it provides data for all reporting needs, including budget development, goal setting, and grant applications, and evaluates the programs' overall success.
The goal's success is measured by assessing its accomplishments in relation to the objectives established for the program. Quantitatively, the number of people served, and the services received were recorded. Qualitatively, individuals served by the Galilee Center were asked if the services met their needs and what improvements they noted in their daily lives resulting from having the opportunity to receive services.

Goal #2: *The Our Lady of Guadalupe Center will provide wrap-around services annually to farm /migrant farm workers and asylum seekers to provide a healthy and pleasant stay. Services include shelter, hot meals, snacks, showers, laundry, and travel arrangements when needed for asylum seekers. By June 30,2024, the Our Lady of Guadalupe Center will provide sleeping accommodations (night of shelter) for 2,398 duplicated farm/migrant farm workers and 2,894 duplicated asylum seekers annually. Daily meals will provide 4,796 meals annually for farm/migrant workers and 15,250 for asylum seekers. The shower facility will provide annually 2,200 showers for farm/migrant farm workers and 3,426 showers for asylum seekers. Annually,604 farm/migrant farm workers and 2,112 asylum seekers will use the laundry facility.*

Final Progress of Goal #2: From 08/01/2022-07/31/2024, Our Lady of Guadalupe Center provided the following wrap-around services farm/migrant farm workers and asylum seekers.

Services	Farm/Migrant Farm Workers	Asylum Seekers
Nights of Shelter	3,498	9,250
Hot Meals	5,966	16,439
Showers	3,577	6,573
Laundry	844	4,285
Infant Service	0	267

Final Evaluation of Goal #2: The agency records all activities relating to Our Lady of Guadalupe Center daily. On an annual basis, it provides data for all reporting needs, including budget development, goal setting, and grant applications, and evaluates the programs' overall success.

The goal's success is measured by assessing its accomplishments in relation to the objectives established for the program. Quantitatively, the number of people served,

and the services received were recorded. Qualitatively, individuals served by the Galilee Center were asked if the services met their needs and what improvements they noted in their daily lives resulting from having the opportunity to receive services.

Final Number of District Residents Served:

Proposed number of District residents to be **directly** served: 1,306

Final number of District residents **directly** served during the entire grant term: 5,267

Please answer the following questions

1. **Please describe any specific issues/barriers in meeting the proposed project goals:**
   Language has been a barrier. Our staff is bilingual in English and Spanish. For other languages, we have used Google Translator for people arriving from other parts of the world. Starting last month, we decided to contract a qualified translation service. It is by phone, and translators can be on a call or video call.

2. **Please describe any unexpected successes other than those originally planned.**
   Our Lady of Guadalupe Center staff started helping the families fill out their job permit applications, and they have been successful.

3. **After the initial investment by the DHCD how will the project be financially sustained?**
   Galilee Center will continue to search for grants, partnerships, and private donations that support our programs.

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

   a. We would use a new client database to better collect data and create better service reports.
   b. We would set up educational activities for the children to keep them occupied and learning while they are staying at the Shelter.
   c. We would look to collaborate with a medical agency to bring in a mobile clinic to offer medical check-ups to our guests.
   d. We would bring new resources for our guests that offer living skills training, from skills as simple as how to maintain good daily cleanliness to workshops on Know your Rights or from how to do a household budget to getting an ID.

FINAL GRANT REPORT

CSUSB Philanthropic Foundation, Grant # 1394

ABOUT THE ORGANIZATION

CSUSB Philanthropic Foundation
5500 University Parkway
San Bernardino, CA 92407
909-537-4469

Final Report Contact:
Michelle Skiljan Senior Director, CFR and Diane Vines, Executive Director, CSUSB
Nursing Street Medicine Program
mskiljan@csusb.edu

PROJECT INFORMATION

Project Title: 1394 PDC Nursing Street Medicine Program

Grant Term: 08/01/2023 - 07/31/2024

Total Grant Amount Awarded: $73,422.00

Reporting Period: 08/01/2023 - 07/31/2024

Report Due Date: 09/15/2024

DESERT HEALTHCARE DISTRICT STRATEGIC PLAN ALIGNMENT

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

Strategy 2.5 Collaborate/partner with culturally competent training programs to expand primary care residency and nursing program with required retention initiatives

Strategy 2.7 Increase equitable access to primary and specialty care services and resources in underserved communities in Coachella Valley (Priority: High)

PROGRESS TOWARDS PROJECT DELIVERABLES

Write your progress towards each project deliverable in the space below. Project deliverable numbers should ONLY reflect those directly funded by DHCD funds.

Project Deliverable #1:
By June 30, 2024, the NSMP will provide healthcare services to 425 individuals and 850 contacts (contacts may be duplicated individuals) through nurse and medical clinics serving the homeless, unsheltered, and vulnerable populations in the Coachella Valley, additionally providing continued assistance with COVID-19 testing, education, and immunization services, and assist in the diversion of using the ER for primary care and non-urgent issues. Each individual served completes an intake/contact form with demographic information, the reason for being seen, whether they use the emergency room for primary care, diagnosis and services provided, and referrals with the reason for referral. These forms are completed before a provider sees the person, although the participant has the right to refuse to provide information. Data collection will assess, to the extent possible, the number of times the program can divert patients from the emergency room and hospital visits. The analysis will also include some process evaluation that would track the number of individuals served, the extent to which participants were referred to other social services, and the reason for the referral.

Final Outcomes towards Deliverable #1:
The PDC Nursing Street Medicine Program provided healthcare services from August 1, 2023, to July 31, 2024, to 834 individuals and 1439 contacts (contacts may be duplicated individuals) through nurse and medical clinics serving the homeless, unsheltered, and vulnerable populations in the Coachella Valley, additionally providing continued assistance with COVID-19 testing, education, and immunization services, and assist in the diversion of using the ER for primary care and non-urgent issues.
Age (contacts): 6-17 yrs.: 14, 18-24 yrs.: 33, 25-64 yrs.: 908, 65+ yrs.: 364, unknown or declined to state: 121.
Gender (contacts): Female: 441, Male: 890, Non-binary: 6, unknown or declined to state: 111.
Race/ethnicity (contacts): American Indian/Alaskan Native: 47, Hispanic/Latino: 545, Black/African American: 140, Caucasian: 447, Native Hawaiian & Pacific Islander: 0, Asian: 33, Mixed-race: 43, Other: 33, Unknown or declined to state: 151.
Veteran status (contacts): 66
Insurance status (contacts): Medi-Cal/Medicare: 1041, Private: 70, Uninsured: 130, Don't know: 44, Military/Tricare/VA: 19, Unknown or declined to state: 135.
Use ER for care: 535 contacts.
Services provided (contacts): Vitals: 1439, Foot soaks: 676, Wound Care: 47, Care packs: 1387.
Referrals: 92: 55 to residents on-site, 20 to PCP, 11 to UC/ER, 10 other community referrals
Vaccinations: 10

Project Deliverable #2:
To develop regional nursing capacity through engaging and building empathy for vulnerable populations, thirty-two (32) CSUSB PDC BSN nursing students and six (6) CSUSB PDC BSN nursing student assistants will engage in NSMP activities for course credit or volunteer hours by June 30, 2024.

Final Outcomes towards Deliverable #2:
To develop regional nursing capacity, From August 1, 2023, to July 31, 2024, the CSUSB PDC Nursing Street Medicine Program engaged 85 BSN students, comprising 32 volunteers and 53 clinical rotations. The program also engaged 3 CSUSB nursing graduate students. Additionally, 38 COD nursing students volunteered with the CSUSB PDC Nursing Street Medicine Program. A total of 20 students were paid, an increase of 8 for the year.

Project Deliverable #3:
NSMP will monitor and track Street Medicine's progress toward developing additional collaborative partnerships and efforts to replicate the program reporting the new partner names and MOU agreements for new partnerships by June 30, 2024.

Final Outcomes towards Deliverable #3:
Partnerships: As of July 31, 2024, NSMP developed new collaborative partnerships with the Coachella Valley shower unit, the Southwest Church Overflow shower unit, the DPMG mobile pharmacy van, the Spirit Filled Church in Indio, the Coachella Behavioral Health mental health Acadia facility, Laundry Love, Eisenhower Health mobile medical unit, Abundant Life Church, Hope through Housing/Cathedral Palms, and College of the Desert nursing program.

Presentations on Street Medicine:
American Psychiatric Nursing Association National Conference, 10/5/2323, Orlando, FL
Nursing World Conference, 10/17/23, Boston, MA
Odyssey Sigma Theta Tau So. CA conference, 10/5-6/23, San Diego, CA
CSUSB Nursing Department Orientation, 9/17/23, San Bernardino, CA
Unitarian Universalist Church of the Desert, 10/15/23, Rancho Mirage
One Future Economic Summit, 10/11/23, Palm Desert
World Nursing Forum Global Virtual Conference on Nursing Education, 2/12/24
Future presentations on Street Medicine
Nursing Trends 2024, 7/20-26/24, Berlin, Germany
CSUSB Associates, 3/12/24, CSUSB PDC
World Nursing Forum Global Virtual Conference on Nursing Education, 2/12/24
Odyssey 2024, San Diego
Southwest Church Overflow Unit event, March 16, 2024
SMART Recovery National Conference, April 6, 2024
Vanderbilt University Alumni Association Homecoming event
Coachella Valley Street Outreach Collaborative meeting, June 11, 2024

Replications of foot soaks:
New York City Bellevue
Los Angeles
Ft. Lauderdale
UCR School of Medicine
Mayo Clinic
Inland Empire Street Medicine Oregon Health and Science University

Project Deliverable #4:
NSMP will hire a minimum of six nursing student assistants to work with the Street Medicine teams in homeless outreach settings in the Coachella Valley. The program will provide information on the students and report on the total number of hours worked by the nursing assistants.

Final Outcomes towards Deliverable #4:
PDC CSUSB's NSMP employed 8 existing and 1 new nursing student assistant, who worked 1010.83 hours. For the first report, we had hired 7 new permanent nursing student assistants, who worked 292.25 hours, and 7 new temporary nursing student assistants, who worked 116 hours.

PROGRESS TOWARDS PERFORMANCE MEASURES

Please provide your project's performance measure numbers as they align with your project deliverables and the identified Desert Healthcare District's strategy/strategies. Performance measure numbers should ONLY reflect the reporting period.

PM 2.5: # of collaborations:
10

Story Behind the Number:
PI Diane Vines was instrumental in starting the Coachella Valley Street Outreach Collaborative. She continuously seeks collaborative organizations so their events can be placed on the website calendar to achieve efficiencies in outreach efforts.

PM 2.5: # of nursing student positions:
85

Story Behind the Number:
To develop regional nursing capacity, From August 1, 2023, to July 31, 2024, the CSUSB PDC Nursing Street Medicine Program engaged 85 BSN students, comprising 32 volunteers and 53 clinical rotations.

PM 2.7: # of clients who increased their knowledge of primary and specialty care resources:
449

Story Behind the Number:

PM 2.7: # of clients who were directly connected to a primary and specialty care service provider:
92

Story Behind the Number:
Through the Nursing Street Medicine Program 92 referrals comprising 55 to residents on-site, 20 to PCP, 11 to UC/ER, 10 other community referrals have occured.

PROGRESS ON THE DISTRICT RESIDENTS SERVED:

Total Number of District Residents Served During the Entire Grant Term:
834

Story Behind the Number:
The PDC Nursing Street Medicine Program provided healthcare services from August 1, 2023, to July 31, 2024, to 834 individuals and 1439 contacts (contacts may be duplicated individuals) through nurse and medical clinics . These clinics are held in collaboration with shelters, free food program locations, homeless encampments, and cooling/warming centers. The CSUSB PDC Department of Nursing students play a crucial role through assisting with vital signs, blood glucose, wound care, triage, medication, chronic disease management, physical and behavioral health assessments, referrals, preventive care and education.

Geographic Area(s) Served During the Entire Grant Term:
Bermuda Dunes, Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, Indio Hills, La Quinta, Mecca, Oasis, Palm Desert, Palm Springs, Rancho Mirage, Thermal, Thousand Palms

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Please share any challenges and course corrections you may have experienced during the entire grant term such as reaching organizational capacity, partnerships, identified geographic areas and/or target populations, and/or fiscal budgetary expenses, etc.

We are on track with our activities and have served many more residents of the Valley than we predicted. We are also proud to share the replication of the PDC Street Medicine and foot soak program in New York City, Los Angeles, Ft. Lauderdale, Portland, other campuses and street medicine programs nationwide and internationally through our conference presentations. We have positive results in the survey of the development of empathy and therapeutic communication skills with vulnerable populations. We designed a client satisfaction for the unhoused client population and almost everyone who attended a clinic and had foot soaks said they trusted the program and would return in the future. A challenge that continues for the NSMP is the need for Spanish language providers to serve the vulnerable populations we work with appropriately. CSUSB is designated as an Hispanic Serving Institution by the U.S. Department of Education. Because the Palm Desert Campus serves mostly Coachella Valley residents, about one-third of the students speak Spanish. We also worked with

the UCR School of Medicine program Promotores when serving the East Valley migrant population. To serve the Spanish-language population even better, we have partnered with the College of the Desert nursing program in conducting nurse clinics and foot soaks. The COD students are even more likely to speak fluent Spanish, making this a great addition to the Program.

Another challenge is that many CSUSB students are mature students with families and often first-generation collegegoers with low family income and a challenging curriculum; most students work at least part-time and have families so that enticing participation can be difficult. For this reason, we rely heavily on students who are receiving college credit for clinical coursework. We are happy to report that more nursing scholarship funds have been raised and supplemented by One Future so we can provide scholarships for students in need who perform 30 hours of service as volunteers in the program. We also raised the salaries for the nursing student assistants so we could compete for their time with other opportunities paying a better wage.

A minor ongoing challenge is that we need warm water for the foot soak program, which is only sometimes available in the field. Occasionally, we partner with the two shower units for the warm water. We are partners with Kinesiology and Social Work on a grant proposal for an EV van with water and air conditioning to allow for foot soaks in the field and to protect our equipment from the heat. Also, there is a Federal request for the van.

Another challenge is meeting the varying needs and contingencies of the work; we often must handle unique challenges. We are proud of the ability of our outstanding, creative students who learn to improvise and demonstrate leadership and innovation. For example, at the Well in the Desert free lunch clinics, the students can prepare clients for visits with the visiting medical residents, give them reports, and work with them directly on treating clients. Such an opportunity is unique for nursing students and encourages critical thinking and problem-solving. Nursing students often teach medical and pharmacy residents how to take vital signs and other assessments outside the hospital and its technology. Another challenge is to do behavioral health assessments in the field with the DHCD/DPMG pharmacy van or with the new Eisenhower mobile unit. We are in the planning stage with both options but have not been able to finalize arrangements for times when our students are available.

Despite these challenges, the NSMP has engaged nursing students and faculty to support healthcare services for homeless and unsheltered people in the Coachella Valley and increased their empathic care and understanding of these vulnerable populations. The Program fulfills a human service need in the community for those identified as medically underserved; services benefit the sheltered and unsheltered homeless populations, migrant workers, and their families in the Coachella Valley, including Veterans, seniors, mentally ill people, substance users, uninsured and underinsured, persons of color, and bilingual people. NSMP treats all persons in need, is compassionate in giving care, delivers services with our partners throughout the Coachella Valley, and encourages partnerships and collaborations with multiple organizations with similar goals.

Please list five things to be done differently if this project were to be implemented and/or funded again.

The five things we would do differently in the future are as follows.

- A previous program goal that we would like to finalize is to incorporate behavioral health assessments at all the clinics provided in the psychiatric nursing clinicals. The nursing students are educated on the primary behavioral health assessment tools and administration of the mental status exam and the Mini-Cog assessment to assess for developing dementia. The assessments are used to develop behavioral health verifications for housing applications and to prepare requests for behavioral health medications to the medical residents of the Desert Physicians Medical Group or with the Eisenhower mobile unit once they have the license for the van and the behavioral health medical residents to prescribe medications.

- In the future, we will continue to work to get funding for an EV van with air conditioning and water onboard. These are the reasons for the specific van we want to purchase. They are:

  - EV so it could be stored on campus and charged between times of usage;

  - Air conditioned so we could store equipment without damage from the heat. During late spring and summer, we work in temperatures exceeding 110 degrees Fahrenheit and must bring additional coolers to keep supplies/assessment equipment cool.

  - Water on board so we can do foot soaks in places in the field without available water supply. Some of our clinics are held in rural areas without a water supply; by having an EV with water, we could provide foot soak services to more of our clients.

- We would expand our partnership with the C.O.D. nursing program so we could serve more partner sites. We currently work with their student nurse association and the nursing department for their students to volunteer. We hope to have their faculty and students come to clinics as a group during their psychiatric mental health community hours.

- We would expand our efforts to get street medicine programs nationwide and worldwide to add foot soaks to their outreach efforts.

- We will continue our leadership of the Coachella Valley Street Outreach Collaborative and find a volunteer who will interview the collaborative

organizations so their events can be placed on the calendar on the Collaborative website so the participating agencies can share events and be more efficient in their outreach efforts.

After the initial investment by the Desert Healthcare District and Foundation, how will the project be financially sustained?

The CSUSB faculty and administrators are committed to integrating the Nursing Street Medicine Program into the Department of Nursing curriculum with state support for the faculty teaching clinical courses as part of the requirements for program completion. The nurse clinics and outreach for course credit will continue with state-funded backing. However, the Program will still need funding for the PI, nursing faculty for volunteer clinics, student salaries, services, supplies, and conference travel. CSUSB Philanthropic Foundation (Philanthropic) and University Enterprises Corporation at CSUSB (Governmental) will pursue additional funding by submitting public and private foundation grants to support the NSMP.

Please share any success stories and/or testimonials highlighting the impact that your project had on District residents during the entire grant term.

The community support has been overwhelmingly positive in that the street medicine program provides healthcare services and resources to those in need. It expands educational opportunities to our CSUSB nursing students contributing to this community outreach. We believe we are making a difference with your generous help. Student comments include the following: "Forming relationships with strangers has always been a challenge for me. After the initial "hello," "how are you," and "I'm good too," my mind tends to go 'blank' and I fumble for the words to say next. Going into the Street Medicine Program, I expected only to do vital signs and to care for the immediate physical needs of the underserved population. I thought I would see these clients once, so maybe I did not have to say much to them after all. But when I began to see familiar faces, I started asking questions and genuinely listening to what clients had to say. I ended up learning that nursing is so much more than just caring for people physically--it's about the relationships that we are able to build."

"Volunteering with the Street Medicine program has been an eye-opening experience with unlimited opportunities to grow as a nursing student."
"The Street Medicine program has allowed me to experience the simultaneous acts of academic focus and volunteerism, something I didn't realize could be done together in a sustainable way."
"I live near a homeless shelter, and my mom was always worried about me walking home from school. She was worried about me volunteering. I do not think about homelessness in the same way anymore."
"These are people just like you and me. I grew up in poverty and have walked in their shoes. They deserve our time and attention just like everybody else." Comments from partner staff and from clients served by the program include:

"Blessed' to have nurses and nursing students here."

"We appreciate your commitment."

"You are all making a difference in these people's lives! God bless you all!:

"When are you coming back!"

"I don't want to see a doctor. They don't know me. I want my nurse!"

"I keep my note card that you gave me in my wallet and show it to my doctor."

"Thank you for listening."

"They know me by my name." "See you next time" We have received national and, recently, international interest in replicating our foot soak program. We have been invited to speak at national and international conferences, and replications around the country have been initiated. Local churches and service organizations, including the Altrusa Club and local Rotary clubs, have

Is there anything else *(not related to the grant funding)* that you feel is important to share with the Desert Healthcare Board and Staff?

MINI GRANT FINAL REPORT

Word of Life Fellowship Center, Grant # 1401

ABOUT THE ORGANIZATION

Word of Life Fellowship Center
64565 Pierson Blvd.
Desert Hot Springs, CA 92240
760-671-5245

Progress Report Contact:
Sally Hedberg, Grant Coordinator
sallyhedberg@gmail.com

PROJECT INFORMATION

Project Title: 1401 The Bridge to Better

Grant Term: 07/01/2023 - 06/30/2024

Total Grant Amount Awarded: $10,000.00

Reporting Period: 07/01/2023 - 06/30/2024

Report Due Date: 07/30/2024

DESERT HEALTHCARE DISTRICT STRATEGIC PLAN ALIGNMENT

Goal 5: Be responsive to and supportive of selected community initiatives that enhance the economic stability of the District residents (on a situational basis)

Strategy 5.1: Reduce the negative impacts of social determinants of health on homelessness in Coachella Valley

Project Description and Use of District Funds
*Describe the scope of the project and how your organization will utilize the Desert Healthcare District funding. Clearly state the approach you are going to take to meet the community's need and specify how the success of this project directly aligns to the District's mission and current **Strategic Plan**.*

The WOLFC wants to expand this service.

Using the "Housing First";* model, the project is the first step in providing services to the homeless community in Desert Hot Springs.

The project goals are:
1) To provide nutritional meals to the homeless
2) To offer information and referral services for housing, health care, mental health services to this population
3) To offer showers and hygiene services in conjunction with other providers
4) To establish a volunteer bank of residents to assist in meeting the goals of the project
5) Offer referrals to vocational resources

1) Nutritional Meals: The DHCD funding will allow the WOLFC to expand the lunch bag dissemination to the homeless encampments to more individuals. We will be able to purchase more nutritious food and drinks. Although we have a good relationship with the Food Now Food bank, their stores of food is diminished because or rising demand. In addition to the lunch bag outreach service, WOLFC will begin to offer a hot meal every Saturday at a central location in downtown Desert Hot Springs

2) I&R Service: Because the WOLFC volunteers are in contact with the homeless, there has not been a concerted effort to utilize online Information & Referral services with the help of trained health care workers or promotores. We see this funding as a first step in referring homeless people to health care services, temporary housing, and mental health counseling. With the addition of a part time paid health/social services worker,using DHCD funding we will be able to provide this service. The Grant requests for the purchase of an iPad Pro and Wifi services to employ in the field to utilize the interactive CVHIP I&R database.

3) Showers/Hygiene: WOLFC would like to utilize the Coachella Valley Rescue mission to bring their shower trailer, along with their trained personnel to provide much needed hygiene and referral services.

4) Volunteer Bank: WOLFC will establish a database of volunteers, which will hopefully include student nurses from College of the Desert and Cal State Riverside. If feasible, the DHCD/ Desert Physicians Medical Group mobile medical van may be utilized.

5) Economic Stability- Vocational evaluations and work referrals utilizing the Social Services and Dept. of Rehabilitation.

Project Impact
Reported data should reflect project numbers that resulted from the Desert Healthcare District and Foundation grant award.

The Desert Healthcare District Grant made a huge impact on our homeless project and the entire city of Desert Hot Springs. The once a month Medical Health Van was the motivation for getting the city involved as the Van was on the city's new Hub overnight shelter property. The Bridge to Better Volunteers took the lead in partnership with the Desert HealthCare Van organizers to invite other agencies to have tables and

participate. Beside just providing 150 meals 5 times a week. Bridge to Better was able to do intake on 207 total folks who came to the Medical Health Van and provided lunches, clothes, showers, barbers, outreach, counseling, and referral services. We developed an intake form and data base to analyze the clients needs and referred them to the agencies who were either in attendance or by phone. We were able to follow up during the week when we delivered their lunches. The Riverside County of Social Services, DAP Medical Van, Jewish Community Services, and CVRM attended.

Outcomes of Mini Grant Strategies

Please report on the performance measure outcomes as they align with your project.

Mini Grant Strategy 1: # of individuals that received resource information
Number of individuals that received resource information (I.E. flyer, kits, brochures, etc.)
500

Mini Grant Strategy 1: # of individuals connected or referred to a community resource or service
207

Mini Grant Strategy 4: # of basic necessities (items or units) distributed
500

Mini Grant Strategy 4: # of individuals that received basic necessities
207

PROGRESS ON THE DISTRICT RESIDENTS SERVED:

Total Number of District Residents Served During the Entire Grant Term:
207

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Please share any challenges and course corrections you may have experienced during the grant term such as reaching organizational capacity, partnerships, identified geographic areas and/or target populations, etc.

The biggest challenges we encountered was placement in programs and especially housing. In the last 10 months we did intake on 127 men and 80 women. All were unhoused except for 3 people. All the but 10 wanted housing. 19 were clients of Jewish Family Services, two were CVRM clients, 2 were Martha's clients. Several have been living for months at the Hub run by Martha's Village. Eight of those staying at the Hub have jobs. In June we noticed an influx of 22 new homeless folks in DHS who attended the Medical Health Van. The shelter problem is only getting worse. The Bridge to Better

has a good relationship with the City officials and our addressing the problem of housing and possibly finding derelict property where we can provide transitional housing. We are planning to reach out to more church organizations who provide services to the homeless and coordinate resources. We are proud of our food program and the Medical Health Van resources that reach out to all the homeless in DHS.

Please share any success stories highlighting the impact that your project had on the community during the grant term.

███████ is a homeless woman who had a stroke. She showed up at the Medical Heath Van, could barely walk and suffered malnutrition. The Medical staff was able to get her health care and therapy. The Bridge to Better helped by getting her to a designated place to get the transportation through Jewish Family Services. ██████ has recovered her speech and we see her weekly. ███████ is a 58 year old who lives in a garage and has been homeless most of his adult life. He has been our liaison volunteer and a peer counselor to our clients. He is taking online classes in Social Work and has a resume. Eight of our folks have jobs. We helped ██████ get reunited with his mother in Florida. He had his foot amputated and was put back on the street after his operation. We found him and contacted his mother, paid for his flight and got him to the airport the next morning. He's in drug rehab in Florida and doing well. Eight homeless clients are employed.

DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: November 12, 2024

To: Program Committee

Subject: Grant Applications Status Report

Staff Recommendation: Information only.

Grant Applications: The following grant and mini grant applications have been submitted and are under review by the grants team and are pending either proposal conferences and/or a site visit. Recommendations/suggested decisions will be brought forward to the Program Committee for possible action:

1. Grant # 1463 Ronald McDonald House Charities - $158,797 for support of temporary housing and family support services for Coachella Valley children and their families
    a. Status: Pending application and budget revisions
2. Grant#1468 Eisenhower Health - $1,989,493 for 3 years to support psychiatric care expansion and development of a psychiatry residency program
    a. Status: Staff is completing full due diligence of the application process as directed by the District board. Staff has met with Eisenhower medical staff on November 5th to gather more information and will continue to meet regarding application revisions around deliverables, timelines, and budget.
3. Grant # 1478 St. John's Community Health - $600,000 for 12 months to support initial core staffing costs for the Indio clinic ramp up that is scheduled to open by December 2025.
    a. Status: Pending application and budget review by Grants Team which will be based on site visit to the clinic on November 7th.
4. Grant #1485 One Future Coachella Valley - $673,200 (approximate) for 2 years to support the RN Expansion pilot program, an initiative of the Healthcare Workforce Leadership Roundtable in partnership with Eisenhower Medical Center, Tenet Healthcare Foundation, and IEHP.
    a. Status: Pending application review and revisions to application and budget
5. Grant # 1468 UCR - $500,000 for 2 years to support expanding mental health services at the CARE space in Desert Hot Springs and in Mecca at the CV Free Clinic.
    a. Pending application review and review of closure of Grant #1334
6. Grant #1476 Desert ARC -$205,118 for support of HVAC replacement unites, in addition to other core operating support for the organization's Health Care Program.
7. Mitigating Air Quality-Related Health Conditions RFP – application closed 10/25.

Seven (7) applications received, totaling $1.272,080. Grants team meeting on 11/7 to review all 7. The organizations are:

    a. DAP Health
    b. Youth Leadership Institute
    c. Desert Recreation District
    d. Desert ARC
    e. Regional Access Project Foundation
    f. Vision Y Compromiso
    g. Asthma and Allergy Foundation

Recently Board-approved GRANTS/MOU:

1. Grant #1465 UCR School of Medicine - $228,863 for two years for operating support of the free Mecca medical student-run clinic
2. Grant # 1472 Riverside County Office of Education, Alternative Education - $199,874.00 - to cover the therapist's salary and fringe benefits for their work within the Coachella Valley at six Alternative Education school sites in the Coachella Valley that the therapist would continue to serve (Courage to Build Knowledge Charter School - Desert Hot Springs, Indio, Mecca, Palm Springs; Community School - Indio, Palm Springs).

Recently Staff-approved MINI GRANTS: None at this time

Recently declined MINI GRANTS: None at this time.

Recently declined GRANTS: None at this time

		DESERT HEALTHCARE DISTRICT					
		OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE					
		October 31, 2024					
		TWELVE MONTHS ENDING JUNE 30, 2025					
		Approved	6/30/2024	Current Yr	Total Paid Prior Yrs	Total Paid Current Yr	Open
Grant ID Nos.	Name	Grants - Prior Yrs	Bal Fwd	2024-2025	July-June	July-June	BALANCE
2014-MOU-BOD-11/21/13	Memo of Understanding CVAG CV Link Support	$ 10,000,000	$ 1,650,000		$ -		$ 1,650,000
2022-1325-BOD-06-28-22	Vision Y Compromiso - CVEC Unrestricted Grant Funds - 2 Yrs.	$ 150,000	$ 15,000		$ (3,063)		$ 18,063
	Unexpended funds Grant #1325						$ (18,063)
2022-1327-BOD-06-28-22	Youth Leadership Institute - Youth Voice in Mental Health - 2 Yrs.	$ 50,000	$ 5,000		$ 332		$ 4,668
	Unexpended funds Grant #1327						$ (4,668)
2022-1328-BOD-06-28-22	El Sol - Expanding Access to Educational Resources for Promotoras - 2 Yrs.	$ 150,000	$ 15,000		$ 12,032		$ 2,968
	Unexpended funds Grant #1328						$ (2,968)
2022-1331-BOD-06-28-22	Pueblo Unido - Improving Access to Behavioral Health Education & Prevention Services - 2 Yrs.	$ 50,000	$ 5,000		$ 5,000		$ -
2022-1324-BOD-07-26-22	Galilee Center - Our Lady of Guadalupe Shelter - 2 Yrs.	$ 100,000	$ 10,000		$ 10,000		$ -
2022-1332-BOD-07-26-22	Alianza CV - Expanding & Advancing Outreach Through Increasing Capacity Development - 2 Yrs.	$ 100,000	$ 10,000		$ -		$ 10,000
2022-1329-BOD-09-27-22	DPMG - Mobile Medical Unit - 3 Yrs.	$ 500,000	$ 252,458		$ 39,304		$ 213,154
2022-1358-BOD-10-25-22	Foundation for Palm Springs Unified School District - School-Based Wellness Center Project - 1 Yr.	$ 110,000	$ 60,500		$ -		$ 60,500
2022-1362-BOD-10-25-22	Jewish Family Service of the Desert - Mental Health Counseling Services for Underserved - 2 Yrs.	$ 160,000	$ 16,000		$ -		$ 16,000
2022-1326-BOD-12-20-22	TODEC - TODEC's Equity Program - 2 Yrs.	$ 100,000	$ 55,000		$ -		$ 55,000
2022-1330-BOD-12-20-22	OneFuture Coachella Valley - Building a Healthcare Workforce Pipeline - 2 Yrs.	$ 605,000	$ 196,625		$ 68,063		$ 128,563
2023-1333-BOD-01-24-23	Organizacion en California de Lideres Campesinas - Healthcare Equity for ECV Farmworker Women - 2 Yrs.	$ 150,000	$ 48,750		$ -		$ 48,750
2023-1363-BOD-01-24-23	Pegasus Riding Academy - Pegasus Equine Assisted Therapy - 1 Yr.	$ 60,092	$ 6,012		$ 1,593		$ 4,419
	Unexpended funds Grant #1363						$ (4,419)
2023-1391-BOD-05-23-23	Lift To Rise - Driving Regional Economic Stability Through Collective Impact - 3 Yrs.	$ 900,000	$ 630,000		$ 135,000		$ 495,000
2023-1392-BOD-05-23-23	Galilee Center - Galilee Center Extended Shelter - 1 Yr.	$ 268,342	$ 26,834		$ 26,834		$ -
2023-1393-BOD-06-27-23	DAP Health - DAP Health Expands Access to Healthcare - 1 Yr.	$ 1,025,778	$ 102,578		$ 102,578		$ -
2023-1389-BOD-07-25-23	Step Up on Second Street - Step Up's ECM/ILOS Programs in the Coachella Valley - 1 Yr.	$ 64,401	$ 35,421		$ 28,980		$ 6,441
2023-1394-BOD-07-25-23	CSU San Bernardino Palm Desert Campus Nursing Street Medicine Program - 1 Yr.	$ 73,422	$ 7,342		$ 6,290		$ 1,052
	Unexpended funds Grant #1394						$ (1,052)
2023-1400-BOD-09-26-23	Desert Arc - Desert Arc Health Care Program - 1 Yr.	$ 291,271	$ 94,663		$ 65,536		$ 29,127
2023-1404-BOD-09-26-23	Martha's Village and Kitchen - Homeless Housing & Wrap-Around Services Expansion - 2 Yrs.	$ 369,730	$ 203,352		$ -		$ 203,352
2023-1405-BOD-09-26-23	Variety Children's Charities of the Desert - Expansion of Core Programs & Services - 1Yr.	$ 120,852	$ 12,086		$ -		$ 12,086
2023-1408-BOD-10-24-23	Coachella Valley Volunteers In Medicine - Ensuring Access to Healthcare - 1 Yr.	$ 478,400	$ 155,480		$ 107,640		$ 47,840
2023-1410-BOD-10-24-23	Alianza Nacional de Campesinas, Inc. - Coachella Valley Farmworkers Food Distribution - 1 Yr.	$ 57,499	$ 5,749		$ -		$ 5,749
2023-1413-BOD-10-24-23	Voices for Children - Court Appointed Special Advocate Program - 1 Yr.	$ 81,055	$ 8,107		$ -		$ 8,107
2023-1412-BOD-10-24-23	DPMG - DPMG Health Community Medicine - 2 Yrs.	$ 1,057,396	$ 876,622		$ 58,436		$ 818,186
2023-1403-BOD-12-19-23	Vision To Learn - Palm Desert & Coachella Valley VTL Program - 1 Yr.	$ 50,000	$ 27,500		$ 22,500		$ 5,000
2023-1419-BOD-12-19-23	Blood Bank of San Bernardino/Riverside Counties - LifeStream's Attracting New Donors Initiative - 1 Yr.	$ 104,650	$ 57,558		$ -		$ 57,558
2023-1420-BOD-12-19-23	Braille Institute of America - Low Vision Telehealth Services - 1Yr.	$ 36,697	$ 20,183		$ 16,514		$ 3,669
2023-1421-BOD-12-19-23	Olive Crest - General Support for Counseling & Mental Health Services to Vulnerable Children & Families - 2 Yrs.	$ 359,594	$ 278,686		$ 80,908		$ 197,778
2024-1429-BOD-02-27-24	Desert Cancer Foundation - Patience Assistance Program & Community Outreach - 1 Yr.	$ 163,750	$ 90,063		$ 73,687		$ 16,376
2024-1432-BOD-04-23-24	Variety Children's Charities of the Desert - Outreach & Future Program Expansion - 2Yrs.	$ 102,949	$ 79,786		$ -		$ 79,786
2024-1437-BOD-04-23-24	Youth Leadership Institute - Community Advocates for Resilient Emotional Safety - 2 Yrs.	$ 100,000	$ 77,500		$ -		$ 77,500
2024-1441-BOD-04-23-24	DAP Health - DAP Health Community Health Workers Build Community Connections - 2 Yrs.	$ 125,000	$ 96,875		$ -		$ 96,875
2024-1443-BOD-04-23-24	Voices for Children - Court Appointed Special Advocate Program - 2 Yrs.	$ 60,000	$ 46,500		$ -		$ 46,500
2024-1445-BOD-04-23-24	The Joslyn Center - Increasing Behavioral Health Access & Social Connectedness - 2 Yrs.	$ 200,000	$ 155,000		$ -		$ 155,000
2024-1452-BOD-04-23-24	El Sol - Coachella Valley Community Assistance, Resources, & Empowerment Services - 2 Yrs.	$ 200,000	$ 155,000		$ -		$ 155,000
2024-1453-BOD-04-23-24	Vision y Compromiso - Cultivando Community Connections - 2 Yrs.	$ 199,914	$ 154,934		$ -		$ 154,934
2024-1455-BOD-04-23-24	Angel View - Outreach Program to Reduce Social Isolation & Loneliness - 2 Yrs.	$ 86,250	$ 66,844		$ -		$ 66,844
2024-1460-BOD-05-28-24	ABC Recovery Center - Nursing Care and Prescription Medications - 1 Yr.	$ 150,134	$ 82,574		$ -		$ 82,574
2024-BOD-06-25-24	Carry over of remaining Fiscal Year 2023/2024 Funds*	$ 305,939	$ 305,939		$ 305,939		$ -
2024-1469-MINI-08-01-24	The Bridges 2 Hope - Mini-Grant - 1 Yr.			$ 10,000		$ 10,000	$ -
2024-1473-MINI-08-14-24	Theresa A. Mike Scholarship Foundation - Mini-Grant - 1 Yr.			$ 10,000		$ 10,000	$ -
2024-1465-BOD-09-30-24	UCR - Increasing Access to Primary Care for Latinx and Indigenous Latin American Patients in the CV - 2 Yrs.			$ 228,863		$ 51,494	$ 177,369
2024-1472-BOD-09-30-24	Riverside County Office of Education Alternative Education - Cross County Support: Mental Health for CV Students - 1 Yr.			$ 199,874		$ 89,943	$ 109,931
						$ -	$ -
TOTAL GRANTS		$ 19,318,115	$ 6,198,521	$ 448,737	$ 1,164,101	$ 161,437	$ 5,290,549

Amts available/remaining for Grant/Programs - FY 2024-25:							
Amount budgeted 2024-2025			$ 5,000,000			G/L Balance:	10/31/2024
Amount granted YTD:			$ (448,737)			2131	$ 4,151,768
Financial Audits of Non-Profits; Organizational Assessments;			$ -			2281	$ 1,138,781
Net adj - Grants not used:	FY 2023-2024 Carry Over Funds; 1325; 1327; 1328; 1363; 1394		$ 337,109				
Matching external grant contributions			$ -			Total	$ 5,290,549
Balance available for Grants/Programs			$ 4,888,372				$ (0)

FYE BOD 06-30-25 Recon to G-L 10-31-24 Grant Payments

Mental Health Grant

FY 22-23

Grant Description

The RAP Foundation and Desert Healthcare District & Foundation partnered to offer the Mental Health Grant, which was designed to fund programs that advocate for the psychological, emotional, physical, and social well-being of residents in the Coachella Valley and Palo Verde Valley.

Focus Areas

The grant aimed to:

- **Improve the quality of mental health services in remote areas through innovative systems addressing access and delivery channels.**

- **Enhance awareness of mental and emotional health resources.**

- **Support cultural competency among service providers and reduce language, stigma, and cultural barriers to accessing services.**
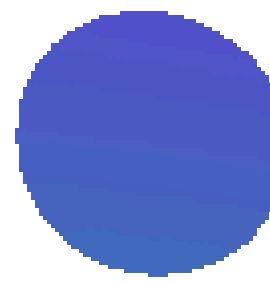
Funding Details

- **A total of $1,000,000 was available in cash grants, with an additional $72,450 allocated for technical assistance.**

- **Funding requests could cover various programmatic costs, including staff time, supplies, and general operations. Organizations that served Palo Verde Valley were supported by RAP Foundation funding.**

Application Process and Criteria Eligibility

Eligibility requirements to apply for the Mental Health Grant included:

- **Being a tax-exempt nonprofit, community-based organization, or collaborative group.**

- **Attending the mandatory Bidders Meeting.**

- **Supporting one or more strategies identified in the Health/Mental Health Strategy Map.**

- **Serving the identified target population: primarily low-income residents in the Coachella Valley and Palo Verde Valley, with an emphasis on BIPOC family units with children.**

Technical Assistance

01 30 hours of consulting services.

02 A Premium Local NPO Centric Membership, offering access to workshops, and resources through the Digital Portal.

03 Participation in these activities was evaluated in a separate report. This additional support was intended to enhance the capacity of grantees to deliver impactful programs.

Password: dream89!

Opportunities
Q1.
- Income qualifies
- Qualifies - Match w/Svcs.
- Medical Qualifies
- use data to determine need

Q2. Transportation/Access
Access to services/Remote
Virtual Programming
Awareness of services
Increase Linguistic Competency

Opportunities
Q3. Social Media
Podcasts
Virtual Programming
Collaborations w/others
INCREASE Volunteers

Challenges
Q1 Trust
Linguistic/Competency
Hard to compile w/multiple
Report/not Client Focused
Awareness of Services
Accessibility

Q3 Software Demands
Lack of participation
unclear Outcome Expectations

Challenges
Q2 Transportation
Technology
Financial
Language
Navigation

94

Strategy Map

Goal:

All ERC residents are mentally and emotionally healthy

Result:

Residents in ERC have equitable access to mental and emotional health resources.

Strategy 1:

Improve quality of mental health services to remote areas through innovative systems that address access and delivery channels.
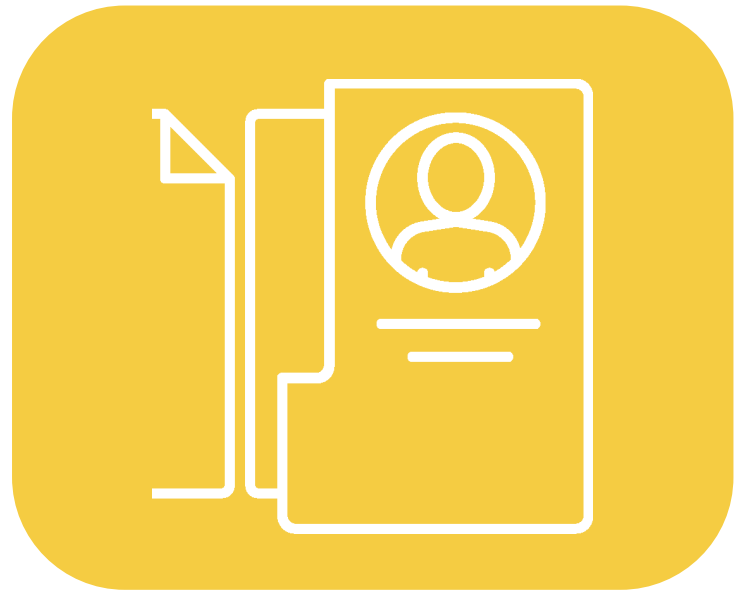
Strategy 2:

Improve awareness of mental and emotional health resource services through systems that address access and delivery channels.

Strategy 3:

Support cultural competency of service providers and reduction of language, stigma, cultural barriers to service access for clients.

Analysis

The RAP Grants Manager collected and entered the data into the Clear Impact Scorecard.

The RAP Grants Manager ensured the grantees were on track to meet their proposed service targets.

Descriptive analysis was conducted to assess the impact and outcomes of the funded programs.

Project Outcomes

23

unique nonprofit organizations were funded, serving the Coachella Valley and Palo Verde Valley.

FY22-23 Mental Health Grantees:

- ABC Recovery Center, Inc.
- About Families
- Angel View
- Barbara Sinatra Children's Center
- Cathedral City Senior Center
- Coachella Valley Volunteers in Medicine
- COFEM
- Hope through Housing Foundation
- Innercare
- Jewish Family Service of the Desert
- Martha's Village and Kitchen, Inc.

- Oak Grove Institute
- Olive Crest
- Queer Works
- Riverside County Office of Education
- Shelter From the Storm, Inc.
- Soroptimist House of Hope, Inc.
- Sycamores
- Joslyn Center
- United Cerebral Palsy of Inland Empire
- Vision y Compromiso
- Voices for Children

Project Outcomes

These organizations served a total of

70,909

people (including possible duplicates).

Project Outcomes

713

Staff members of the 23 organizations that were awarded funding received cultural competency training.

Further Analysis & Reporting

Strategy 1: Improve quality of mental health services to remote areas through innovative systems that address access and delivery channels.

- **PM** **Number of clients served in remote areas: 13,589**
- **PM** **Number of clients served by non-traditional service delivery options: 10,548**

Strategy 2: Improve awareness of mental and emotional health resource services through systems that address access and delivery channels.

- **PM** **Number of community engagement/awareness activities: 688**
- **PM** **Number of clients reached through awareness activities: 17,302**
- **PM** **Number of clients who increased their knowledge of mental health resources: 12,350**
- **PM** **Number of clients who were connected to mental health services: 5,842**

Strategy 3: Support cultural competency of service providers and reduction of language, stigma, cultural barriers to service access for clients.

- **PM** **Number of clients served: 13,490**
- **PM** **Number of service providers who received cultural competency training: 713**

Clients Served By Grantees

- The most frequently mentioned client groups served with mental health services were children and youth, low-income individuals and families, older adults, different racial/ethnic groups, and generally "underserved" populations.

- Other populations that the grantees identified as their clients included survivors of violence or abuse, unemployed individuals, and those with health issues.

Grantee Reporting

- **Grantees reported twice during the grant period using Foundant.**

- **Grantees were required to complete two grant reports (midterm and final) during the grant period.**

Summary

The RAP Foundation and Desert Healthcare District and Foundation's collaboration greatly improved our community by supporting mental health programs that contributed to residents' well-being.

This partnership effectively supported programs and projects that used innovative methods like telehealth services, virtual meetings, and community-based interventions. These approaches have been key in improving timely and culturally sensitive access to behavioral health services.

DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: November 12, 2024

To: Program Committee

Subject: Continue to review, discuss, and give further direction/action on a grant application submitted by Eisenhower Health that although aligns with Strategic Plan goal 3 – Access to Behavioral Health/Mental Health Services – the current lease between the Desert Healthcare District and Tenet Health Systems Article VIII ADDITIONAL COVENANT OF LESSOR – states that the District or Foundation cannot provide financial support to **ANOTHER ACUTE-CARE HOSPITAL WITHIN THE DISTRICT'S BOUNDARIES OR ACT AS A PROVIDER OF HEALTH CARE SERVICES THEMSELVES.**

Additionally, the District would need Tenet's approval if the healthcare activity is being conducted by another-acute care hospital within the District or approval if the District or Foundation were a provider of Health care services themselves

Background:

- In 1997, the Desert Healthcare District and Tenet Health Systems entered into a 30-year lease agreement.
- Within that agreement, under Article VIII ADDITIONAL COVENANT OF LESSOR – it is stated that the District or Foundation cannot provide financial support to another acute-care hospital within the District's boundaries or act as a provider of health care services themselves.
- Eisenhower Health/Eisenhower Medical Center is an acute-care hospital located in Rancho Mirage, CA – within the District's boundaries.
- Eisenhower Health has submitted a grant application requesting $1,989,493 to support its Psychiatric Care Expansion and Psychiatry Residency Program for a 36-month period.
- The application aligns with the high priority Strategic Plan Goal #3: Access to Behavioral Health Care.

Project Description (a three-part request)

- Expansion of Psychiatric Services – recruiting and onboarding 3 additional full-time board-certified psychiatrists
- Enhancing Telehealth and Mobile Health Capabilities – deploy targeted hubs to increase access to psychiatric care via mobile health technology and tele-behavioral health services
- Establishing a Psychiatry Residency Program – Psychiatric Graduate Medical Education (GME) program – the first in this region dedicated to the Coachella Valley

To date:

- Grant #1468 was submitted through the District's grant portal in May and was reviewed by District staff.
- Because this grant application involves a request from an acute-care hospital within the District boundaries, per the lease agreement, the District would need Tenet's approval if the healthcare activity is being conducted by another-acute care hospital within the District or approval if the District or Foundation were a provider of Health care services themselves.
- On June 28, 2024 the District's CEO reached out, via email, to the CEO of Desert Care Network (Tenet Healthcare) highlighting Eisenhower's funding request and project description and "requested a ruling from Tenet regarding the lease and requested a response". The CEO also requested "consideration for consent for this very important program that could provide access to behavioral/mental health professions for the residents both [DRMC and Eisenhower] both serve."
- There has been no written response from Tenet/Desert Care Network
- On July 8, 2024 District staff (the CEO and Chief Program Officer) along with Board Director Les Zendle met with Eisenhower staff (the CMO; the CAO, GME and the medical doctor who oversees the residency program) regarding the grant request and possible options.
- On July 10, 2024, the District CEO received an email from Eisenhower's CEO, Marty Massiello, acknowledging the meeting and stressed that Eisenhower would require the full funding amount requested to accomplish the core aspects of their plan (please refer to the Project Description above)
- At this point in time, the District will need to provide Eisenhower written confirmation of the District's final disposition of Eisenhower's grant application.
- On September 10, 2024, the District staff requested the Program Committee to review and give recommendation to the full board on whether to proceed with the grant application review process for #1468 Eisenhower Health.
  - The directors of the Program Committee approved a motion to forward to the full board to direct staff to proceed with the full due diligence application review process.
- On September 23, 2024, the District Board of Directors approved the Program Committee's recommendation to direct staff to proceed with the full due diligence application review process.

Update:

- Staff began the full due diligence process. In review, the process begins with the Grants Team (internal staff) review of the application, financial documents, and other required documentation.
- The financial documents were deemed acceptable by the Finance department.
- All eligibility requirements were met and staff set up a proposal conference (aka Grant Application Consultation) with Eisenhower Health on November 5th.

- Via zoom, the Grants Team met with Dr. Alan Williamson, Chief Medical Officer; Dr. Dakota Carter, Medical Director of Psychiatry and Program Director of the Psychiatric Residency Program; Sandra Gonzales, Chief Administrative Officer, Graduate Medical Education; and Deborah Logan, the Grant Writer.
- During the grant application consultation, the application request and the development of the Psychiatric Care Expansion and Psychiatry Residency Program were discussed at length:
  - General overview of the ACGME site visit (seeking accreditation approval in November)
  - Achievements of recruiting and onboarding the ACGME-required five (5) board-certified psychiatrists of which Eisenhower Health has identified several (4 dedicated to EH; 4 dedicated at Riverside University Health Systems (key partner) and a couple of part time. Not all will be faculty.
  - The timeline for AGME approval of submitted residency, Match Day, Registration of Match and when the residents first start
  - 48-month residency and hoping to eventually have six residents but starting with 3 or 4. It was emphasized that it takes an acute care hospital to get a residency program started.
  - It was also emphasized that the importance of EHS is not focusing on making money but fostering one item: increase the availability of psychiatric/behavioral health services to all, including the uninsured, undocumented, unhoused, LGBTQ, youth and geriatric.
  - The complexities of financing from CMS, the DGM fixed amount cap the variable amount of the IME cap
- District staff offered if EHS would consider the District funding the Case Coordination piece of the budget ($1,014,000 over three years) in which case coordinators would handle patient appointments/referrals scheduling and engagement through partnership arrangements made with DAP Health, Innercare, and the Latino Commission.
- District staff asked EHS, as previously, if they would reconsider carving out one part of the three-part ask, in particular, the funding of the start up of the psychiatric residency program.
- **Eisenhower Health requested that a decision be made on the proposal as it was submitted**.

Next Steps:

- To complete the application due diligence piece, the grants team will need to meet with EHS' grant writer and other identified staff to firm up the deliverables, evaluation, timeline and other needed information. These revisions will be resubmitted through the grant portal.
- Staff will score the application and financial documents.

- The proposal will be placed on the December 10th Program Committee agenda for their review and consideration to bring forward to the December 17th board of directors meeting.

Grant Application Summary

Eisenhower Health, Grant # 1466

About the Organization
Eisenhower Health
39000 Bob Hope Drive, AHSB, Ste 201
Rancho Mirage, CA 92270
760-834-3782

https://eisenhowerhealth.org/

Tax ID #: 95-6030458

Primary Contact:
Sandra Gonzales, Chief Administrative Officer, Graduate Medical Education
760-834-3782
SGonzales@eisenhowerhealth.org

Organization's Mission Statement and History
Eisenhower has been a leader in health care for the Coachella Valley since opening our medical center in 1971. As we've been growing steadily, adding services, capabilities and facilities to anticipate and meet the needs of our expanding area. Today, the Eisenhower name extends far beyond the state-of-the-art care we deliver at the hospital. With primary care, urgent care centers, multi-specialty health centers, and specialized programs across the valley, we now offer comprehensive health care support, from education and prevention to diagnosis, treatment and rehabilitation. We provide customized care in Men's Health, Women's Health, LGBTQ services, HIV care, and much more. And we've added physicians, online access, and community events to enhance convenience and access for all. We are pleased to be a trusted name renowned for advanced care, individualized service, and an exceptional patient experience. It's all part of our ongoing effort to be a care partner for our communities, in sickness and in health. Our name reflects this focus, along with our commitment to serving you well, today, and in the years to come.

Mission: Eisenhower Health, a not-for-profit organization, exists to serve the changing healthcare needs of our region by providing excellence in patient care with supportive education and research.

Organization Annual Budget: $2,242,645.00

Project Information

Project Title: 1466 Psychiatric Care Expansion and Psychiatry Residency Program

Start Date: 09/01/2024   **End Date:** 08/31/2027

Total Project Budget: $9,993,712.20

Requested Amount: $1,989,493.00

Community Need for this Project in the Coachella Valley:
The Coachella Valley (CV) is facing a severe shortage of mental health services, exacerbated by unique demographic and socio-economic challenges. Community Health Needs Assessments (CHNA) conducted by the Health Assessment Resource Center (HARC) and commissioned by Desert Healthcare District (DHCD) and Eisenhower Health (2022) indicate that mental health needs in the Coachella Valley exceed those of Riverside County, CA, and the United States with a ratio of one mental health provider per 2,500 residents compared to the national average of one per 500 residents. This lack of access to care leaves most residents without necessary treatment, impacting long-term health outcomes. In 2019, DHCD partnered with EVALCORP to gather stakeholder insights, analyze data, and develop recommendations based on a needs assessment. The findings highlighted significant regional mental health issues, including substance use, depression, anxiety, and a high rate of suicidal ideation. These disparities underscore the need for expanded psychiatric services and the establishment of a psychiatry residency program to address diverse mental health issues, including socio-economic factors, youth and adolescent mental health, geriatric mental health, substance abuse, co-occurring disorders, and limited access to services. The Coachella Valley's diverse population of approximately 450,000 includes significant Hispanic (50.6%) and elderly (20.1% aged 65 and over) communities. Over a third of residents in areas like Desert Hot Springs, Mecca, and Thermal live-in poverty, making them particularly vulnerable to mental health issues due to socio-economic stress, linguistic barriers, and cultural stigmas (DHCD CHNA Report, 2020). The HARC report (2022) shows that 17.2% of adults in the CV experience frequent mental distress, but many do not receive needed care. Economic hardship significantly contributes to mental health issues in the CV, with 18.3% of residents living below the federal poverty level, leading to higher emergency department visits and hospitalizations for chronic conditions. Persistent unemployment further exacerbates stress and anxiety. The United Way of the Desert's Community Indicators Report (2022) indicates that 30% of families struggle to meet basic needs, correlating with increased depression and anxiety rates. Youth mental health is a growing concern, with 41% of children experiencing adverse childhood experiences (ACEs) such as food and housing insecurity, impacting their mental well-being. The DHCD CHNA (2020) and the California Healthy Kids Survey (2022) reveal high rates of chronic sadness,

hopelessness, and suicide consideration among high school students, exceeding state and national averages. The CV's elderly population also faces unique mental health challenges, including isolation, chronic illness, and loss of social support. The HARC Report (2022) found that 22% of seniors have been diagnosed with depression, but many lack access to appropriate care due to mobility issues and limited geriatric services. Substance abuse is a critical issue, with a 25% increase in opioid-related emergencies over five years. Many individuals with substance use disorders also suffer from co-occurring mental health conditions, highlighting the need for integrated services. Despite these needs, access to mental health services is severely limited. Among adults with mental health diagnoses, 13.1% could not access needed care, reflecting a significant service gap. The region has few psychiatrists, psychologists, and psychiatric nurse practitioners, with long wait times for appointments and significant travel distances for care. The Huron Consulting Group Report (2023) identifies a gap of at least 37 psychiatrists within the district. Eisenhower Health's plan to expand psychiatric services and establish a psychiatry residency program aligns with DHCD's Strategic Plan to enhance mental health services in the Valley. This project addresses DHCD's Strategic Goal 3: "proactively expand community access to behavioral/mental health services." By increasing the number of trained professionals, the initiative aims to reduce wait times, expand access to care, and address the mental health challenges of diverse populations, including low-income individuals, Latinx/Hispanic communities, youth, adolescents, the elderly, and those with substance use disorders. The Coachella Valley's mental health crisis requires urgent intervention. Eisenhower Health's initiative to strengthen local healthcare infrastructure by expanding psychiatric services and establishing a psychiatry residency program is crucial. By leveraging local data, partnering with nonprofit organizations, and targeting vulnerable populations, this project promises to significantly improve the CV's mental health landscape, ensuring residents have access to quality care. Hence, we seek DHCD's support and funding to realize these objectives and create lasting positive change in the region.

Project Description and Use of District funds:

Eisenhower Health plans to address the mental health crisis in the Coachella Valley by implementing a comprehensive project that includes expanding psychiatric services, enhancing telehealth capabilities, and establishing a psychiatry residency program. This dual approach aims to significantly enhance the availability and quality of mental health care in the region, directly addressing the community's pressing needs and directly aligns with DHCD's mission "to achieve optimal health at all stages of life for all district residents" and directly targets Strategic Goal 3: "proactively expand community access to behavioral mental health services." The project will be executed through several key initiatives:

1. **Expansion of Psychiatric Services:** The proposed initiative involves recruiting additional psychiatrists to address the growing need for mental health services in our

community. Expanding our team can reduce wait times for psychiatric evaluations and treatments, offer more specialized services, and increase our capacity to serve a larger population. This expansion is crucial in ensuring that individuals suffering from mental health issues receive timely and effective care, which is essential for their overall well-being and recovery. Objective: To recruit and onboard 3 additional full-time board-certified psychiatrists within the next 6-9 months to expand psychiatric services at Eisenhower Health. This recruitment will be pivotal in building and expanding our Graduate Medical Education (GME) psychiatric program, which will train the next generation of psychiatrists to serve the Coachella Valley. Additionally, it will enhance community education and foster increased collaboration. These combined efforts will significantly boost our service capacity and reduce patient wait times. Project Plan: Develop and post job descriptions on relevant platforms, partner with medical recruitment agencies to identify qualified candidates, ensure adequate office space and facilities, implement a marketing campaign to inform the community about expanded services, and collaborate with local healthcare providers to streamline referrals. Impact: The successful execution of this project will result in reduced wait times, increased service capacity, enhanced quality of care, and improved community well-being. Alignment with DHCD Strategy: Directly supports strategies 3.1, 3.2, and 3.3 by increasing the number of professionals, extending service hours, and expanding the geographic reach of mental health services.

2. **Enhancing Telehealth and Mobile Health Capabilities:** To extend the reach of mental health services, the project will set up telehealth infrastructure, train staff, and promote these services within the community, especially targeting remote and underserved populations. Objective: Deploy targeted hubs to increase access to psychiatric care via mobile health technology and tele-behavioral health services. Project Plan: Establish telehealth infrastructure in targeted locations, integrate mobile health technology, train staff in tele-behavioral health service delivery, and promote telehealth services to the community. Impact: Extend the reach of mental health resources to remote and underserved populations in the Coachella Valley. Expanding the mental health workforce and utilizing telehealth services will provide immediate relief to residents facing long wait times and lack of access to care. Alignment with DHCD Strategy: Provides tele-behavioral health services and expands service locations, directly supporting strategies 3.4 and 3.3.

3. **Establishing a Psychiatry Residency Program:** This initiative aims to establish a Psychiatric Graduate Medical Education (GME) program (the first in this region dedicated to the Coachella Valley). The project will develop a curriculum, secure accreditation, and partner with local schools, community organizations, and health agencies to provide residents with diverse clinical experiences and to foster community engagement. **Objective:** Train and retain a new generation of psychiatrists to serve the Coachella Valley, with a focus on underserved areas, to increase the availability of mental health services. Project Plan: Develop a curriculum and secure accreditation,

partner with local organizations, and provide training focusing on community-based mental health practices. Annually recruit additional psychiatry residents, collaborate with community-based organizations (CBOs) to extend service hours and locations, and implement co-location strategies with other health services for integrated care. Impact: Establishing a psychiatry residency program will build a sustainable pathway of mental health professionals trained to meet the specific needs of the Coachella Valley's diverse population. Alignment with DHCD Strategy: Directly supports strategies 3.1, 3.2, and 3.3 by increasing the number of professionals, extending service hours, and expanding the geographic reach of mental health services.

Utilization of Desert Healthcare District Funding: Eisenhower Health will utilize the funding from the Desert Healthcare District to support the following key areas: 1. Recruitment and Hiring: Funding will be allocated to recruit and hire additional mental health professionals, ensuring that services are available to meet the growing demand. 2. Telehealth and mobile behavior health Infrastructure: Strengthening local healthcare infrastructure by partnering with other nonprofit organizations, thus expanding access to mental health services to traditionally underserved communities where they live. 3. Residency Program Development: Establishing the psychiatry residency program, including curriculum design, faculty recruitment, and partnerships with educational institutions.

Alignment with Desert Healthcare District's Mission and Strategic Goals The success of this project is directly aligned with the Desert Healthcare District's mission "to achieve optimal health at all stages of life for all district residents" by expanding psychiatric services and establishing a residency program. Eisenhower Health ensures that residents of all ages, from youth to the elderly, will have access to high-quality mental health care. The project targets Strategic Goal 3: "Proactively expand community access to behavioral/mental health services" by increasing the mental health workforce and utilizing telehealth to address the critical shortage of mental health services, making care more accessible to all residents, particularly those in underserved areas. Additionally, the project targets low-income families, minority communities, youth, the elderly, and individuals with substance use disorders. By providing culturally competent and comprehensive care, the project directly addresses the specific needs of these vulnerable populations.

<u>**Strategic Plan Alignment:**</u>

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

Strategy:

Project Deliverables and Evaluation

Deliverable #1:	Evaluation #1:
Eisenhower Health will start recruiting three additional full-time equivalent (FTE) psychiatrists by September 1, 2024. By May 2025, Eisenhower Health will have successfully recruited and onboarded three additional full-time board-certified psychiatrists, equipped with the necessary medical and IT resources, and launched a comprehensive community outreach and marketing campaign to inform and engage the public about the expanded psychiatric services with projection to serve 5,000 patients.	To ensure the success of the project deliverable, we will implement a comprehensive evaluation plan that focuses on both quantitative and qualitative metrics. The evaluation will be conducted in several phases, each aligned with specific milestones in the project timeline. 1. Recruitment and Onboarding Evaluation: Timeline: By May 2025 Metrics: Number of Psychiatrists Recruited: Confirm that three additional full-time board-certified psychiatrists have been recruited and onboarded. Credentialing and Training Completion: Verify that all newly recruited psychiatrists have completed credentialing and initial training. Data Collection Methods: Recruitment records, HR onboarding reports 2. Infrastructure and Resource Enhancement Evaluation: Timeline: Within 3 months post-recruitment Metrics: Facility Readiness: Ensure that office spaces and necessary medical and IT resources are fully operational for the new staff. Resource Utilization: Track the usage and adequacy of new medical equipment and IT systems. Data Collection Methods: Facilities management reports, IT system usage logs 3. Service Capacity and Community Outreach Evaluation: Timeline: Ongoing, with a major review at 6 months post-recruitment Metrics: Patient Wait Times: Measure the reduction in patient wait times for psychiatric evaluations and treatments. Service Utilization: Track the number of new patients served and the increase in service capacity. Community Engagement: Assess the reach and impact of the marketing campaign and community outreach initiatives. Data Collection Methods: Patient scheduling and service utilization records, marketing and outreach analytics, feedback from community workshops and events 4. Quality of Care and Patient Satisfaction Evaluation:

	Timeline: Ongoing, with major reviews at 6 months and 12 months post-recruitment Metrics: Patient Satisfaction: Conduct surveys to measure patient satisfaction with the expanded services. Quality of Care: Evaluate clinical outcomes and quality of care provided by the new psychiatrists. Data Collection Methods: Patient satisfaction surveys, Clinical performance reviews, Feedback from staff and patients 5. Continuous Improvement: Timeline: Ongoing Metrics: Feedback Integration: Collect and analyze feedback from patients and staff to identify areas for improvement. Performance Adjustments: Implement changes based on evaluation findings to continuously enhance service quality and efficiency. Data Collection Methods: Regular feedback sessions, Performance review meetings Final Evaluation Report: At the end of the 12-month period, a comprehensive evaluation report will be compiled, summarizing the project's achievements, challenges, and overall impact. This report will include detailed analysis of all collected data, insights from stakeholders, and recommendations for future improvements.
Deliverable #2: By June 2025, Eisenhower Health will have established the first graduate medical education psychiatry residency program dedicated to the Coachella Valley. The program will have a developed curriculum, secured accreditation, and formalized partnerships with educational institutions and community organizations with projection to serve 7,500 patients in year 2.	**Evaluation #2:** To ensure the success of establishing the first psychiatry residency program dedicated to the Coachella Valley, the project evaluation will be comprehensive, involving multiple phases aligned with specific milestones. This evaluation plan will focus on both quantitative and qualitative metrics to measure the residency program's development, implementation, and impact of the residency program. 1. Curriculum Development Evaluation: Timeline: By December 2024 Metrics: Curriculum Completion: Confirm that a comprehensive psychiatry residency curriculum has been developed in line with accreditation standards. Curriculum Approval: Ensure the curriculum has been reviewed and approved by relevant academic and medical boards. Data

	Collection Methods: Curriculum development documentation
	2. Accreditation Securing Evaluation: Timeline: By March 2025 Metrics: Accreditation Submission: Confirm that all necessary documentation for accreditation has been submitted to the accrediting bodies. Accreditation Achievement: Verify that the program has received official accreditation from the accredited bodies. Data Collection Methods: Accreditation submission records, Accreditation certificates, and official correspondence
	3. Partnership Development Evaluation: Timeline: By June 2025 Metrics: Partnership Agreements: Secure formal partnership agreements with educational institutions such as medical schools and relevant community organizations. Collaboration Initiatives: Develop and initiate collaborative programs and activities with partners. Data Collection Methods: Signed partnership agreements, Records of collaborative program activities
	4. Recruitment of Faculty and Residents Evaluation: Timeline: By June 2025 Metrics: Faculty Recruitment: Successfully recruit qualified faculty members to support the residency program. Resident Enrollment: Enroll the first cohort of psychiatry residents. Data Collection Methods: Recruitment records, Enrollment records
	5. Implementation and Operational Evaluation: Timeline: Ongoing, with major reviews at 6 months and 12 months post-launch Metrics: Program Implementation: Track the successful implementation of the residency program, including operational logistics and day-to-day management. Resident Performance: Monitor the performance and progress of residents through regular evaluations and feedback. Data Collection Methods: Program implementation reports, Resident performance evaluations, and feedback
	6. Quality of Education and Training Evaluation: Timeline: Ongoing, with major reviews at 6 months and 12 months post-launch Metrics: Educational Outcomes: Assess the effectiveness of the curriculum and training methods through resident exam results

and competency evaluations. Resident Satisfaction: Conduct surveys to measure resident satisfaction with the program. Data Collection Methods: Exam results and competency assessments, Resident satisfaction surveys

7. Community Impact Evaluation: Timeline: Ongoing, with a major review at 12 months post-launch Metrics: Community Engagement: Evaluate the level of engagement and collaboration between the residency program and community organizations. Service Impact: Measure the residency program's impact on the availability and quality of psychiatric services in the Coachella Valley. Data Collection Methods: Community engagement records, Service utilization, and impact reports Final Evaluation Report: At the end of the first year, a comprehensive evaluation report will summarize the project's achievements, challenges, and overall impact. This report will include a detailed analysis of all collected data, insights from stakeholders, and recommendations for future improvements.

Deliverable #3:	**Evaluation #3:**
By September 1, 2025, Eisenhower Health will have established a robust telehealth and mobile health infrastructure in partnership with local nonprofit organizations, trained staff on the use of telehealth technologies, and launched a targeted promotional campaign to extend mental health services to remote and underserved populations. With this expansion of psychiatric services and the establishment of the residency program it is projected to serve 10,000 patients in year 3.	To ensure the success of the telehealth initiative, the project evaluation will be comprehensive, involving multiple phases aligned with specific milestones. This evaluation plan will focus on both quantitative and qualitative metrics to measure the effectiveness and impact of the telehealth services. 1. Telehealth Infrastructure Setup Evaluation: Timeline: By September 2025 Metrics: Infrastructure Completion: Confirm that the telehealth infrastructure, including necessary software, hardware, and secure communication channels, is fully established and operational. System Functionality: Test and verify the functionality and reliability of the telehealth system. Data Collection Methods: IT infrastructure setup reports, System testing logs and performance reviews 2. Staff Training Evaluation: Timeline: By September 2025 Metrics: Training Completion Rate: Ensure that 100% of relevant staff have completed telehealth

	training programs. Competency Assessment: Evaluate staff competency and confidence in using telehealth technologies through pre- and post-training assessments. Data Collection Methods: Training attendance records, pre-and post-training assessment results, Staff feedback surveys
	3. Service Promotion and Community Outreach Evaluation: Timeline: Ongoing, with a major review at 6 months post-launch Metrics: Awareness Campaign Reach: Measure the promotional campaign's reach and engagement through metrics such as website traffic, social media engagement, and attendance at community events. Community Feedback: Collect feedback from community members, particularly from remote and underserved populations, regarding their awareness and perceptions of the telehealth services. Data Collection Methods: Marketing analytics (e.g., website visits, social media metrics), Attendance records from community events, Community surveys, and feedback forms
	4. Service Utilization and Accessibility Evaluation: Timeline: Ongoing, with a major review at 6 months and 12 months post-launch Metrics: Utilization Rates: Track the number of telehealth consultations conducted and the demographics of patients served, with a focus on remote and underserved populations. Accessibility Improvements: Measure reductions in barriers to accessing mental health services, such as travel time and costs for patients. Data Collection Methods: Telehealth service utilization records, Patient demographic data, Patient surveys on accessibility and convenience.
	5. Quality of Care and Patient Satisfaction Evaluation: Timeline: Ongoing, with major reviews at 6 months and 12 months post-launch Metrics: Patient Satisfaction: Conduct surveys to measure patient satisfaction with telehealth services. Clinical Outcomes: Evaluate clinical outcomes to ensure the quality of care provided through telehealth is on par with in-person services. Data Collection Methods: Patient satisfaction surveys, Clinical performance reviews and outcome analysis
	6. Continuous Improvement: Timeline: Ongoing

	Metrics: Feedback Integration: Collect and analyze feedback from patients and staff to identify areas for improvement in telehealth services. Performance Adjustments: Implement changes based on evaluation findings to continuously enhance service quality and efficiency. Data Collection Methods: Regular feedback sessions, Performance review meetings Final Evaluation Report: At the end of the 12-month period, a comprehensive evaluation report will be compiled, summarizing the project's achievements, challenges, and overall impact. This report will include detailed analysis of all collected data, insights from stakeholders, and recommendations for future improvements.
Deliverable #4:	**Evaluation #4:**

Project Demographic Information

Target Geographic Area(s) To Be Served:
All areas

Target Population Age Group:
6 to 17, 18 to 24, 25 to 39, 40 to 54, 55 to 64, 65+

Target Population Ethnicity:
Hispanic/Latino (of any race)

Target Population Race:
American Indian and Alaska Native, Black or African American

Additional Target Population Information:
Eisenhower Health seeks to address the growing need for mental health services in the Coachella Valley through a comprehensive initiative that includes the recruitment of additional psychiatrists, enhancement of telehealth and mobile health capabilities, and the establishment of a psychiatric Graduate Medical Education (GME) residency program. In order to effectively serve the community, it is crucial to identify and understand the target population demographics that will benefit from these expanded psychiatric services. Below are the key demographics we aim to reach through this initiative:

1. Socioeconomic Status: Low-Income Families: Many residents of the Coachella Valley live below the poverty line and face significant barriers to accessing mental health services. By enhancing telehealth and mobile health capabilities, we aim to provide

affordable and convenient options for these individuals. Uninsured and Underinsured Populations: There is a high prevalence of individuals without adequate health insurance coverage. The expanded services, particularly through telehealth, will provide critical access to psychiatric care for those who might otherwise forgo treatment due to cost concerns.

2. Age Groups: Youth and Adolescents: Mental health issues such as anxiety, depression, and behavioral disorders are increasingly prevalent among young people. Early intervention through accessible services, including telehealth, can significantly improve long-term outcomes. Adults: Working-age adults often face stressors related to employment, family, and finances. Offering flexible telehealth options will help this demographic access mental health services without disrupting their daily responsibilities. Elderly Population: The Coachella Valley has a significant elderly population, many of whom may face mobility issues and chronic health conditions. Telehealth services can provide these individuals with much-needed psychiatric care from the comfort of their homes.

3. Gender: Women: Women in the region may experience unique mental health challenges, including postpartum depression, anxiety, and other conditions exacerbated by caregiving responsibilities. Tailored psychiatric services and support groups can address these specific needs. Men: Men are often less likely to seek mental health services due to societal stigma. By promoting mental health awareness and offering discreet telehealth options, we aim to encourage more men to seek necessary care.

4. LGBTQIA Community: Members of the LGBTQIA community face discrimination, social stigma, and unique mental challenges. By providing inclusive and LGBTQIA affirming psychiatric services, we aim to create a safe space and supportive environment for individuals of all sexual orientations and gender identities.

5. Ethnicity: Hispanic/Latino Community: The Coachella Valley has a large Hispanic/Latino population, many of whom face language barriers and cultural stigmas around mental health. Culturally competent care and bilingual services will be critical in overcoming these barriers. Other Minority Groups: African American, Native American, and Asian communities also reside in the region and often face unique mental health challenges. Outreach and services tailored to these groups will ensure broader community engagement and support.

6. Rural Residents: Many parts of the Coachella Valley are rural, with limited access to healthcare facilities. Mobile health units and telehealth services will be essential in reaching these remote areas, providing consistent and reliable psychiatric care.

7. Veterans: The veteran population in the Coachella Valley may experience PTSD, depression, and other mental health issues at higher rates. Specialized services and support tailored to veterans can help address their unique needs. 8.. Unhoused (Homeless) Population: Individuals experiencing homelessness often have higher rates of mental illness and substance abuse. Mobile health services can reach this vulnerable population, providing essential psychiatric care and support. By addressing these diverse demographics, Eisenhower Health aims to create a comprehensive and inclusive mental health service expansion that meets the needs of the entire Coachella

Valley community. This initiative will provide immediate psychiatric care and foster long-term mental health and well-being across the region.

Capacity, Sustainability, and Partnerships

Organizational Capacity
Eisenhower Health is uniquely positioned to meet the demands of this project, leveraging our extensive organizational capacity, dedicated staff, and proven history of similar initiatives. Here is an overview of our capacity to successfully execute this project:

1. **Allocated Staff Time**: Our organization is committed to dedicating significant staff time to ensure the success of this initiative. Key personnel from various departments will be involved, including:

 Project Management Team: A dedicated team of Eisenhower directors and managers will oversee the implementation, ensuring that milestones are met and resources are appropriately allocated. Psychiatric Department: Existing psychiatrists and mental health professionals will collaborate on recruiting and integrating new psychiatrists. IT and Telehealth Team: Specialists in telehealth technology and infrastructure will lead the enhancement and deployment of telehealth and mobile health services. Training and Development Team: The staff responsible for training and development will facilitate the onboarding of new hires and ensure comprehensive training for all staff involved in telehealth services.

2. **Internal Expertise**: Eisenhower Health boasts a wealth of internal expertise in various critical areas:

 Clinical Expertise: Our current psychiatric team deeply understands mental health care and the specific needs of the Coachella Valley community. Telehealth Experience: Our experienced telehealth team has successfully implemented and managed telehealth services in other departments. Residency Program Development: Our organization has a history of developing and managing graduate medical education (GME) programs, which provides a solid foundation for establishing a new psychiatric residency program.

3. **Organizational Structure:** Eisenhower Health's organizational structure is designed to support large-scale projects and initiatives:

 Leadership Support: Our executive leadership is fully committed to expanding psychiatric services and has prioritized this project within our strategic plan. Interdepartmental Collaboration: Our organizational culture promotes collaboration across departments, ensuring that various teams can work together seamlessly to achieve project goals. Resource Allocation: We have robust systems for efficiently allocating financial, human, and technological resources to support new initiatives.

4. **History of Similar Work:** Eisenhower Health has a proven track record of successfully executing similar projects:

Expansion of Services: We have previously expanded our healthcare services in response to community needs, such as the successful addition of new specialty clinics, and a medical mobile unit. Telehealth Implementation: Our prior experience with telehealth programs has demonstrated our ability to enhance healthcare delivery through technology. Residency and Fellowship Programs: We have successfully developed and maintained 3 residency programs (Emergency Medicine, Family Medicine, and Internal Medicine) and 7 fellowship programs (Addiction Medicine, Sports Medicine, Geriatric Medicine, Infectious Disease, Pulmonary Disease, Emergency Medicine Education, and Emergency Medicine Ultrasound), providing a solid foundation for the proposed psychiatric residency program. Eisenhower Health is well-equipped to meet the demands of this project, leveraging our dedicated staff, internal expertise, supportive organizational structure, and history of successful similar initiatives. With the support of the Desert Healthcare Foundation grant, we are confident in our ability to expand psychiatric services, enhance telehealth capabilities, and establish a pioneering psychiatric residency program in the Coachella Valley.

Organizational Sustainability:
Eisenhower Health employs a multifaceted approach to ensure the sustainability of its initiatives. Fostering community partnerships based on the principles of sustainability and long-term impact can collectively create systems and initiatives that outlast individual projects. Eisenhower Health aims to strengthen our community's resiliency by focusing on building a stronger behavioral healthcare infrastructure. This collaborative approach will lay the groundwork for sustainable long-term change. Eisenhower Health's collaboration with local nonprofit organizations will serve as a catalyst for positive change and have the potential to address complex challenges that no single organization can overcome alone. By embracing collaboration, we will unlock the power of collective action, shared resources, and diverse perspectives. Our strategies encompass robust funding mechanisms, comprehensive staff recruitment and retention plans, effective collaboration and partnerships, and thoughtful long-term planning. Here is an overview of these strategies:

1. **Funding**

 Diverse Revenue Streams: We utilize a mix of revenue sources, including patient services, CMS, grants, donations, and provider partnerships. This diversification minimizes financial risk and ensures steady funding. Grant Writing and Fundraising: Our dedicated grant writing team continuously seeks funding opportunities from federal, state, and private sources. Additionally, we engage in active fundraising campaigns and cultivate relationships with donors to secure long-term financial support. Cost Efficiency Measures: We implement rigorous budget management practices and cost-efficiency

measures to maximize the impact of available funds. This includes regular financial audits and performance evaluations to ensure funds are used effectively.

2. **Staff Recruitment and Retention**

Competitive Compensation: To attract and retain top talent, we offer competitive salaries and benefits packages, including health benefits, retirement plans, and professional development opportunities. Professional Development: We provide continuous education and training programs to support career growth and enhance job satisfaction. This includes opportunities for further specialization and leadership training. Work-Life Balance: We promote a healthy work-life balance through flexible scheduling, wellness programs, and mental health support for our staff. This helps to reduce burnout and increase retention rates.

3. **Effective Collaboration and Partnerships**

Community Partnerships: We collaborate with local organizations, school districts, and community groups to extend our reach and impact. These partnerships help us to identify community needs and deliver tailored services. Academic Institutions: We partner with academic institutions to support research initiatives, clinical training, and the development of residency programs. These partnerships enhance our clinical capabilities and contribute to the broader medical community. Healthcare Networks: We are part of a larger healthcare network that facilitates resource sharing, knowledge exchange, and coordinated care. This network helps us to provide comprehensive and integrated services to our patients.

4. **Thoughtful Long-Term Planning**

Strategic Planning: Our organization conducts community health needs assessments and regularly completes strategic plans to set long-term goals and objectives. This involves input from all levels of the organization and aligns with our mission and vision. Evaluation and Adaptation: We regularly evaluate the effectiveness of our programs and services through data collection and analysis. This allows us to adapt and improve our strategies to meet evolving community needs and healthcare trends. Eisenhower Health's sustainability strategies are comprehensive and well-integrated into our organizational practices. By ensuring diverse funding, fostering a supportive work environment, building strong partnerships and local capacity, and engaging in thoughtful long-term planning, we are well-positioned to sustain and expand our psychiatric services and other healthcare initiatives.

Partnerships/Collaborations:
For the expansion of psychiatric services at Eisenhower Health, we plan to partner with several key organizations to leverage their expertise, resources, and community reach. Here is a list of these organizations and a description of their roles in the project:

1. Desert Healthcare District & Foundation

Role: Funding and Community Outreach Description: The Desert Healthcare District & Foundation will provide critical funding to support the expansion of psychiatric services, telehealth infrastructure, and the establishment of the psychiatry residency program. Additionally, they will assist in community outreach and awareness campaigns to promote the availability of new mental health services.

2. University of California, Riverside (UCR) School of Medicine & California University of Science and Medicine (CUSM)

Role: Academic Partnerships and Residency Program Support Description: UCR and CUSM will collaborate with Eisenhower Health to develop and implement the psychiatric residency program. Their medical students will be given opportunities for clinical rotations, research, and training at Eisenhower Health, with the potential to be recruited into the residency program and ensuring a steady pipeline of qualified candidates. These partnerships will facilitate research opportunities and enhance academic resources.

3. Riverside County Department of Mental Health

Role: Service Coordination and Referrals Description: The Riverside County Department of Mental Health will work closely with Eisenhower Health to coordinate mental health services and ensure smooth referrals between our organizations. This partnership will streamline patient care and provide a more integrated mental health care system in the region.

4. Federally Qualified Health Centers (FQHC's)

Role: Collaborative Care and Expanded Services Description: Partnering with additional FQHCs, like Desert AIDS Project (DAP Health) and Innercare will enhance our ability to provide comprehensive, community-based mental health services. These FQHCs will help identify patients in need of psychiatric care, facilitate referrals, and provide ongoing primary and preventive care that complements our mental health services. Their role includes: Referral Networks: Establishing streamlined referral pathways between Eisenhower Health and FQHCs to ensure patients receive timely and coordinated care. Community Outreach: Assisting in community outreach and education efforts to raise awareness about the availability of expanded mental health services. Support Services: Providing ancillary services such as housing support, substance use treatment, and chronic disease management, which are critical for holistic patient care. FQHCs will also serve as community-based training sites where psychiatric residents will complete rotations and provide direct psychiatric care to underserved clients.

5. Riverside County Latino Commission

Role: Cultural Competency and Community Engagement Description: The Riverside County Latino Commission will work with us to ensure that our mental health services are culturally competent and accessible to the Latino community. They will help to engage the Latino community, provide culturally relevant education, and support our efforts to reduce mental health disparities.

6. Other Local Nonprofits and Community Organizations

Role: Outreach and Support Services Description: Local nonprofits and community organizations, such as the Coachella Valley Rescue Mission, Volunteers in Medicine, and FIND Food Bank, will collaborate with us to provide additional support services to our patients. These include housing assistance, food security, and other social services that are essential for comprehensive mental health care. These partnerships will be instrumental in successfully expanding psychiatric services at Eisenhower Health. Each organization brings unique strengths and resources that will enhance the project's overall impact, ensuring that we can effectively meet the mental health needs of the Coachella Valley community. By working together, we can create a more robust and integrated mental health care system that benefits everyone involved.

Diversity, Equity, and Inclusion (DEI)

How does your organization address DEI in your policies, strategic plan, board and staff, etc.?
Eisenhower Health is deeply committed to fostering a culture of diversity, equity, and inclusion (DEI) across all levels of our organization. Our DEI efforts are integral to our policies, strategic planning, governance, and staff engagement. Here's an overview of how we address DEI:

1. Policies

Inclusive Hiring Practices: We implement inclusive hiring practices to ensure diversity in our workforce. This includes bias training for hiring managers, diverse candidate slates, and outreach to underrepresented groups. Non-Discrimination Policy: Our non-discrimination policy ensures that all employees and patients are treated with respect and fairness, regardless of race, ethnicity, gender, sexual orientation, religion, age, or disability. Cultural Competency Training: We provide regular cultural competency training for all staff to enhance their understanding and appreciation of diverse cultures and backgrounds, ensuring equitable care for all patients.

2. Strategic Plan

DEI Goals: Our strategic plan includes specific DEI goals aimed at improving diversity and inclusion within the organization. These goals are measurable and tracked regularly to ensure progress. Community Engagement: We actively engage with diverse communities to understand their unique needs and perspectives. This helps us tailor our services and outreach efforts to better serve these populations. Equitable Access: We prioritize equitable access to healthcare services, ensuring that underserved and

marginalized communities have access to the care they need. This includes expanding services in underserved areas and offering sliding scale payment options.

3. Board and Governance

Diverse Board Composition: We strive to maintain a diverse Board of Directors that reflects the community we serve. This diversity ensures a wide range of perspectives in decision-making processes. DEI Committee: Our DEI Committee, comprised of board members and senior leaders, oversees the implementation of DEI initiatives and ensures they align with our organizational goals. Accountability: We hold our leadership accountable for achieving DEI objectives by including DEI metrics in performance evaluations and organizational assessments.

4. Staff Engagement

Justice Equity, Diversity and Inclusion Committee: Our JEDI Committee is composed of faculty, residents, fellows, and staff from diverse backgrounds to connect, share experiences, and advocate for their needs within the organization. Mentorship Programs: Our mentorship programs are designed to support the professional growth of employees from underrepresented groups, helping them advance in their careers. Open Dialogue: We foster an environment where open dialogue about DEI is encouraged. This includes regular town hall meetings, feedback sessions, and anonymous surveys to gather employee input and address concerns.

5. Community Partnerships

Collaborative Efforts: We partner with local organizations that focus on DEI, such as the Riverside County Latino Commission and the FQHC's will enhance our outreach and services to diverse communities. Educational Outreach: We engage in educational outreach programs that promote health equity and address social determinants of health, such as providing scholarships and internships for students from underrepresented backgrounds. Eisenhower Health's commitment to DEI is evident in our policies, strategic planning, board composition, staff engagement, and community partnerships. By embedding DEI principles into every aspect of our organization, we ensure that we provide equitable, inclusive, and culturally competent care to all members of our community.

What barriers does your organization face when addressing DEI?
Eisenhower Health recognizes the importance of addressing diversity, equity, and inclusion (DEI) but also acknowledges the barriers that can impede progress. Some of the key challenges we face include:

1. Recruitment and Retention of Diverse Staff

Limited Candidate Pool: There can be a limited pool of candidates from underrepresented groups in certain medical and administrative fields, making it challenging to achieve diverse staffing.

Retention Challenges: Retaining diverse staff can be challenging if they do not feel

adequately supported or represented within the organization. However, in the past few years, we have made significant strides in our GME program by successfully retaining several resident physicians from underrepresented backgrounds.

2. Implicit Bias

Unconscious Bias: Implicit biases among staff and leadership can affect hiring, promotions, and patient care decisions, even when there is a commitment to DEI. Training Effectiveness: Ensuring that bias training programs are effective and lead to meaningful behavior change can be challenging.

3. Cultural Competency

Varied Patient Needs: The diverse cultural backgrounds of patients require staff to have a broad understanding of different cultural norms and health beliefs, which can be complex and multifaceted. Continuous Learning: Maintaining a high level of cultural competency requires ongoing education and training, which can be resource-intensive.

4. Resource Allocation

Financial Constraints: Implementing DEI initiatives often requires significant financial investment, which can be a barrier, especially during periods of budget constraints.

Competing Priorities: Balancing DEI initiatives with other critical organizational priorities can sometimes result in insufficient focus and resources for DEI efforts. To address this, we recently established a dedicated DEI budget to prioritize and allocate the necessary funds and resources.

5. Community Engagement

Building Trust: Establishing trust with marginalized and underserved communities can be challenging, especially if there is a history of mistrust towards healthcare institutions. Effective Communication: Communicating effectively with diverse communities, particularly those with language barriers or differing health literacy levels, requires tailored strategies and resources.

6. Measuring Impact

Data Collection: Collecting and analyzing data on DEI metrics can be complex and resource-intensive. Ensuring accurate and comprehensive data collection is essential for measuring progress and identifying areas for improvement. Tracking Outcomes: Linking DEI initiatives to specific outcomes and demonstrating their impact on patient care and organizational performance can be challenging.

7. Leadership and Buy-In

Consistent Commitment: Ensuring consistent and sustained commitment to DEI from all levels of leadership is crucial. Changes in leadership or shifts in organizational priorities can sometimes undermine DEI efforts. Creating Accountability: Developing effective

accountability mechanisms to ensure that DEI goals are met and maintained over time can be difficult. While Eisenhower Health is committed to advancing DEI, we recognize that overcoming these barriers requires ongoing effort, dedication, and strategic planning. By acknowledging and addressing these challenges, we can continue to make progress towards a more diverse, equitable, and inclusive organization.

Section 1 - Operational Expenses			
Project Grant Budget			
Applicant: Eisenhower Medical Center		Psychiatric Care Expansion and Psychiatry Residency Program	
OPERATIONAL EXPENSES	**Project Budget**	**Funds From Other Sources** Detail On Section 3	**Amount Requested From DHCD/F**
Total Staffing Expenses Detail on Section 2	$ 1,983,493.20	$ 4,682,820.60	$ 1,729,993.20
Equipment (itemize)			
1 Telehealth software licenses (3)	$ 13,500.00	$ 13,500.00	$ -
2 Telehealth equipment (3)	$ 3,600.00	$ 3,600.00	$ -
3 Mobile devices (3)	$ 3,000.00	$ 3,000.00	$ -
4	$ -	$ -	$ -
Supplies (itemize)			
1 Diagnostic tools	$ 4,000.00	$ 4,000.00	$ -
2 Educational materials	$ 2,500.00	$ 2,500.00	$ -
3 PPE	$ 13,000.00	$ 13,000.00	$ -
4	$ -	$ -	$ -
Printing / Duplication	$ 2,000.00	$ 2,000.00	$ -
Mailing / Postage	$ 1,000.00	$ 1,000.00	$ -
Mileage (use current Federal mileage rate)	$ 3,000.00	$ 3,000.00	$ -
Other Direct Project Expenses Not Described Above (itemize)			
1 Advertising/ Promotional	$ 10,000.00	$ 10,000.00	$ -
2 Community Outreach	$ 10,000.00	$ 10,000.00	$ -
3 Travel: Faculty & Residents conference	$ 32,000.00	$ 32,000.00	$ -
4 Education Stipend for Residents & Faculty	$ 20,000.00	$ 20,000.00	$ -
5 External Didactic/Education Costs	$ 60,000.00	$ 60,000.00	$ -
6 Housing Stipend ($500 mo.)	$ 18,000.00	$ 18,000.00	$ -
7 Relocation Stipend (3) at $2,500)	$ 7,500.00	$ 7,500.00	$ -
8 ACGME Application Fees	$ 7,400.00	$ 7,400.00	$ -
9 Annual Accreditation Fee	$ 5,150.00	$ 5,150.00	$ -
10 Professional Society Membership for Residents & Faculty (8) ($1,500 ea.)	$ 12,000.00	$ 12,000.00	$ -
11 Faculty Development & Continuing Education	$ 25,000.00	$ 25,000.00	$ -
12 Training expenses for Away Rotations	$ 65,000.00	$ 65,000.00	$ -
13 Medical Board Prep & Exam Fees ($2,500 ea.)	$ 9,000.00	$ 9,000.00	$ -
14 Resident Recruitment Fees	$ 3,000.00	$ 3,000.00	$ -
15 Retreat & Wellness	$ 10,000.00	$ 10,000.00	$ -
16 Weekly Resident Meal Stipend $126 / $6,552 annually	$ 6,552.00	$ 6,552.00	$ -
17 Uniforms: 3 White Coats ($100), 3 Scrubs Set ($100)	$ 1,800.00	$ 1,800.00	$ -
18 Faculty Recruitment Fees	$ 10,000.00	$ 10,000.00	$ -
19 Housing Resident Rotation /RUHS	$ 27,000.00	$ 27,000.00	$ -
20 Systems/Software/Equipment	$ 15,000.00	$ 15,000.00	$ -

* Items listed below are included for calculation of the total project budget only. For use of DHCD/F funds, these line items would be included in the allowable 15% indirect cost rate.

Office / Rent / Mortgage*	$ 124,000.00	$ 124,000.00	$ -
Telephone / Fax / Internet*	$ 23,300.00	$ 23,300.00	$ -
Utilities*	$ 16,400.00	$ 16,400.00	$ -
Insurance*	$ 235,000.00	$ 235,000.00	$ -
Indirect Rate ☑ Check Box To Utilize Indirect Rate Up To 15%			$ 259,498.98
Total Project Budget (Rounded up to nearest dollar)	$ 2,782,196	$ 5,481,523	$ 1,989,493

Budget Narrative

Telehealth software licenses or subscriptions for video conferencing, secure messaging, and electronic health record (EHR) integration for 3 licenses at $4,500 annually.
Telehealth equipment such as webcams, headsets, and peripherals for remote patient monitoring for 3 sets at $3600.
Mobile devices or tablets for patients without access to smartphones or computers for 3 devices at $1,000 each.
Diagnostic tools and assessment instruments for mental health evaluations at $4,000.
Educational materials and resources for patient education and self-management.
Personal protective equipment (PPE) for in-person visits during public health emergencies.
Printing and duplication of educational materials, flyers, and brochures promoting the program's services.
Mail services as needed for patient handouts, informational flyers or promotional materials.

Mileage transportation vouchers or stipends for patients with limited mobility or transportation options to access in-person appointments.
Advertising and promotional campaigns through digital channels, social media, and community events.
Community outreach activities such as health fairs, workshops, and presentations.

Travel expenses to attend conferences, training sessions, or meetings with partners and stakeholders.
Education stipends for residents and faculty.
External didactic/education costs.
Housing stipends ($500 monthly).
Relocation stipend (3) at $2,500 each.
Program fees for accreditation or certification by relevant regulatory bodies or accrediting organizations.
and costs associated with quality improvement initiatives, peer reviews, and clinical audits to ensure compliance with standards of care.
Professional memberships (8) at $1,500 each; faculty development & continuing education, training rotations, medical board prep & exam fees, resident recruitment fees and retreat.

Budget Narrative

Weekly Resident Meal Stipend $126 ea. / $6,552 annually.
Uniforms: 3 White Coats ($100), 3 Scrubs Set ($100) annually.
Faculty Recruitment Fees.
Housing: Resident Inpatient Rotation /RUHS for 6 months ($4,500 monthly).

Systems/Software/Equipment: Software licenses for electronic health record (EHR) systems or patient management platforms to track patient demographics, appointments, clinical notes, and outcomes.
Data analytics tools for monitoring program performance, patient satisfaction, and clinical outcomes.

In-direct rate at 15%

Section 2 - Itemized Expenses								
Staff Salary Expenses		Annual Salary		% of Time Allocated to Project	Total Project Salary		Amount Requested from DHCD/F	
Employee Position/Title								
1	Psychiatrists (3) PGY1	$	233,499.00	0.25	$	175,124.25	$	175,124.25
2	Program Director FTE	$	275,000.00	0.25	$	206,250.00	$	206,250.00
3	Associate Program Director	$	225,000.00	0.25	$	168,750.00	$	168,750.00
4	Faculty Members (3)	$	825,000.00	0.25	$	618,750.00	$	618,750.00
5	Administrative Staff	$	65,853.00	0.25	$	49,389.75	$	49,389.75
6	Program Coordinator	$	75,000.00	0.5	$	112,500.00	$	112,500.00
7					$	-	$	-
8					$	-	$	-
Enter Total Employee Benefits / Employer Taxes % (Proportional Fringe Costs and/Or Employer Taxes Based On % Of Time Allocated To Project)				30.00%	399,229.20		399,229.20	
Total Will Populate in Total Staffing Expenses Section 1				Total ›	$	1,729,993.20	$	1,729,993.20

Budget Narrative - Scope of Work

Please describe in detail the *scope of work* and duties for each employee on this grant.

Psychiatrists (3) to perform behavioral health assessments providing direct patient care.
Program Director will handle oversight of residency program.
Associate Program Director will perform recruitment, accreditation input, educational outreach and collaboration with faculty.
Faculty members (3) will guide residents through rounds, patient engagement and training.
Administrative staff will assist with program tracking, scheduling, billing, and documentation.
Program Coordinator will monitor grant budget expenses, grant reporting and compliance.

Budget Narrative - Employee Benefits

Please describe in detail the *employee benefits* including the percentage and salary used for calculation.

Staff / personnel fringe benefits rate of 30%.

Professional Services / Consultant Expenses		Hourly Rate		Hours/Week	Total Project Fee		Amount Requested from DHCD/F	
Company and Staff Title								
1	Case Coordinator - DAP	$	65.00	25	$	84,500.00	$	-
2	Case Coordinator - Innercare	$	65.00	25	$	84,500.00	$	-
3	Case Coordinator - Latino Comm	$	65.00	25	$	84,500.00	$	-
4								
Total Will Populate in Total Staffing Expenses Section 1				Total ›	$	253,500.00	$	-

Budget Narrative - Scope of Work

Please describe in detail the *scope of work* for each professional service/consultant on this grant.

Case Coordinators will be compensated at rate of $65/hr. for 25 hrs./week for each program year: $84,500; total of 4 year project cost of all coordinators is $1,014,000. Each organization case coordinator will handle patient appointments/referrals scheduling and engagement.

Section 3 - Other Funding

Funds From Other Sources (Actual Or Projected) SPECIFIC To This Project

"Total Funding In Addition To DHCD/F Request" Below Should Match Or Exceed Value Listed In Section 1 for "Funds from Other Sources".		Amount
Fees		
Donations		
Grants (List Organizations)		
1		
2		
3		
8		
Fundraising (Describe Nature Of Fundraiser)		
1		
2		
3		
8		
Other Income, e.g., Bequests, Membership Dues, In-Kind Services, Investment Income, Fees From Other Agencies, Etc. (Itemize)		
1	EH Institutional Support - lines 48 through 51 on Section 1	$ 398,700.00
2	Faculty- (3) physician professional services $200hr/4 hrs. - 4 lectures annually	$ 525,372.75
3	Psychiatrists (3) PGY1	$ 175,124.25
4	Program Director FTE	$ 618,750.00
5	Associate Program Director	$ 506,250.00
6	Faculty Members (3)	$ 1,856,250.00
7	Administrative Staff	$ 148,169.25
8	Program Coordinator	$ 112,500.00
9	Fringe Benefits	$ 341,704.35
Total Funding In Addition To DHCD/F Request		**$ 4,682,820.60**
Budget Narrative	Above budgeted items supported by Eisenhower Medical Center: Psychiatrists (3) PGY1 salary at .75% for 3 yr program term. Program Director FTE salary at .75% for 3 yr program term. Associate Program Director salary at .75% for 3 yr program term. Faculty Members (3) salary for faculty at .75% for 3 yr program term. Administrative staff salary at .75% FTE for 3 yr program term. Program Coordinator salary for .50% FTE for 3 yr program term. Fringe benefits at 10% (Section 2-Staffing Expenses calculation is 30%). Actual benefit rate is $40%	