



**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE
Program Committee Meeting
November 12, 2019
12:00 P.M.**

Palm Desert Area Chamber of Commerce
72559-CA-111
Conference Room 3
Palm Desert, CA 92260

This meeting is handicapped-accessible

Director Rogers – Telephonic – 70077 Ramon RD. Rancho Mirage CA 92270

Page(s)	AGENDA	Item Type
	I. Call to Order – Director Carole Rogers, RN Committee Chairperson	
	II. Approval of Agenda	Action
2-5	III. Meeting Minutes 1. October 8, 2019	Information
	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	
6-12	V. Old Business 1. Progress and Final Reports Update 2. Community Health Needs Assessment Update	Information Information
13-18 19-39	VI. New Business 1. Grant Proposals a. Letters of Interest and Pending Applications b. Consideration to approve Grant #1021 Neuro Vitality Center – Community Based Adult Services (CBAS) Program – \$143,787	Information Action
40-46	c. Volunteer Community Members Responsibilities	Information
	VII. Committee Member Comments	



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VIII. Adjournment

Next Scheduled Meeting December 10, 2019



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PROGRAM COMMITTEE MEETING
MEETING MINUTES
October 8, 2019**

Directors Present	District Staff Present	Absent
Chair, Carole Rogers, RN Vice-President Leticia De Lara Director Evett PerezGil Nicolas Behrman, Community Member Luciano Crespo, Community Member Thomas Smith, Community Member Thomas Thetford, Community Member	Conrado E. Bázquez, MD, Chief Executive Officer Chris Christensen, Chief Administration Officer Donna Craig, Chief Program Officer Meghan Kane, Community Health Analyst Andrea S. Hayles, Clerk of the Board	Alejandro Espinoza, Program Officer and Outreach Director Allen Howe, Community Member

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 12:10 p.m. by Chair Rogers.	
II. Approval of Agenda	Chair Rogers asked for a motion to approve the agenda.	Moved and seconded by Director PerezGil and Vice-President De Lara to approve the agenda. Motion passed unanimously.
III. Meeting Minutes 1. July 09, 2019	Chair Rogers asked for a motion to approve the July 9, 2019, minutes.	Moved and approved to approve the July 9, 2019 meeting minutes. Motion passed unanimously.
IV. Public Comment	Monica Telles, Senior Development Specialist, Riverside County Economic Development Agency, explained the county's Letter of Intent submission and request for funding to the Oasis Mobile Home Park in Thermal. Ms. Telles described the residents' health and mental health needs who provided feedback at the September Board meeting, and respectfully wanted to provide additional comments related to the denial of their funding request. The mobile homes are located on tribal land; thus, there are some grants Oasis does	

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	<p>not qualify to apply for such as AB 2056 state funding.</p> <p>Chair Rogers explained that staff considered Ms. Telles’ remarks, the District is aware of the conditions and concerns in Oasis, and the CEO and staff have toured the Oasis Mobile Home Park community.</p>	
<p>V. Old Business</p> <p>1. Progress and Final Reports Update</p> <p>2. Community Health Needs Assessment Update</p>	<p>Chair Rogers provided details of the progress and final reports inquiring on any questions of the committee members.</p> <p>Conrado E. Bárzaga, MD, CEO, explained the results of the Strategic Plan Committee and the request of the committee to commence the first steps to advance the assessment. The first phase is understanding the available data to avoid any duplications. The District has an outreach plan, has met with the county and explored opportunities for data, and comparisons of the health status of the population in the Coachella Valley.</p>	
<p>VI. New Business</p> <p>1. Letters of Interest and Pending Applications</p>	<p>Donna Craig, Chief Program Officer, explained the current letters of interest and pending applications.</p> <p>Vice-President De Lara inquired on Coachella Parks and Recreation and the use of the</p>	

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<p>2. Consideration to approve Grant #1023 – Coachella Valley Rescue Mission (CVRM) – Transportation for Seniors and Homeless Hospital Discharge Referrals - \$216,200</p>	<p>facilities. Ms. Craig explained the grant award is contingent on funding from Proposition 68 for the development of a new park and enhancing an existing a park in the city of Coachella. A site visit can be scheduled for any interested committee members.</p> <p>Donna Craig, Chief Program Officer, detailed CVRM’s request for funding to purchase three (3) seven- (7) passenger vans, 25 stackable beds, and the salary of additional staff to work in the multipurpose room where the new beds will be placed. The room will assist with the increase of numerous seniors and homeless hospital referrals.</p> <p>Darla Burke, Executive Director, explained that in addition to other services, the vans will transport homeless discharge patients, seniors, and vulnerable populations to follow-up medical appointments. Ms. Burke also described their services and the need for additional vans.</p> <p>The committee discussed various ways that CVRM can acknowledge the District, such as a van wrap.</p>	<p>Moved and seconded by community member Behrman and community member Thetford to approve Grant #1023 – Coachella Valley Rescue Mission (CVRM) - \$216,200 and forward to the Board for approval. Motion passed 6-1.</p>
<p>VII. Committee Member Comments</p>	<p>Chair Rogers distributed a 2017 Behavioral Health Needs Assessment for committee members to review for informational purposes. Chair Rogers also explained that a link will be provided to committee and community members with a</p>	



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	list of grantees that have been awarded in the past.	
V. Adjournment	Chair Rogers adjourned the meeting at 1:04 p.m.	Audio recording available on the website at http://dhcd.org/Agendas-and-Documents

ATTEST: _____
Carole Rogers, RN, Chair/Director
Program Committee

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

DRAFT

Progress Reports			
Applicant	Staff Notes	Status	
CV Volunteers in Medicine #985: Improving Community Health Through Affordable & Accessible Healthcare Services	Grant term 4/1/19 – 3/31/20 Original Approved Amount: \$121,500 1 st progress report covering the time period from 4/1/19 – 9/30/19	Progress Outcomes: We have completed 547 individual contacts - medical and dental visits, diabetes education, diabetes case management, other case management, and nutritional consultations - of the projected 900 contacts for the entire grant period, or 61% of our service goal.	District
One Future Coachella Valley #994: Mental Health College and Career Pathway Development Initiative	Grant term 6/1/19 – 5/31/21 Original Approved Amount: \$700,000 1 st progress report covering the time period from 6/1/19 – 8/31/19	Progress Outcomes: Maureen Forman and Kim McNulty gave a presentation on Mindfully Resilient and shared all resources with 25 Elementary and Middle School counselors at Palm Springs Unified School District on September 25, 2019. A presentation for the PSUSD High School counseling staff is tentatively scheduled for November 20. - Kraig Johnson, Assistant Executive Director of Jewish Family Services presented the Mindfully Resilient resource suite to 60 attendees of the CV Resource Collaborative run by Molina During the 2019-20 academic year, OneFuture Coachella Valley (OFCV) selected and awarded four (4) students pursuing majors and/or careers in mental and behavioral health. All students (100%) completed a College & Career Navigator profile and are in the process of completing and submitting their College & Career Plan's for college. In addition, all scholarship recipients attended OFCV's student leadership conference and completed a one-on-one counseling	District

		<p>session, which included the review of their financial aid packages and class schedules. OFCV looks forward to providing an update on their academic progress in the coming months.</p> <p>Health Career Connection (HCC) 2019 summer interns and projects included, six that were laser focused on mental and behavioral health and 3 included family resiliency, homelessness, or food insecurity. All interns completed their internship and four (4) of five (5) leadership workshops.</p> <p><i>Describe any unexpected successes during this reporting period other than those originally planned:</i> We have experienced great initial support from community partners embracing the mental & behavioral health pathway mission through the Mindfully Resilient classroom presentations and engagement with local health academies; including immediate interest from CCHS HEAL academy. They have expressed interest in implementing a behavioral health focus in their academy this academic year.</p>	
Final Grant Reports			
Applicant	Staff Notes	5 things to be done differently	
Mizell Senior Center #938: Senior Falls Prevention Program 2017-2019	Grant term 8/1/17 – 7/31/19 Original Approved Amount: \$400,300 FINAL RESULTS TO BE ACHIEVED:	1. Increase communication across the Valley. Implement “road shows, clinics, expos, etc.” 2. Enhance A Matter of Balance to include comprehensive services that identify	District

	<p>In our quest to eliminate older adult isolation, we achieved the specific benefits and tangible effects that we stated we would. Over the past two years, we had 11 West Valley Host Sites and 13 East Valley Host Sites instructing 80 courses, with 662 graduates total across the Coachella Valley. We recruited, interviewed and hired a Spanish speaking Master Trainer at the beginning of this reporting period. We recruited additional Host Sites focusing on lower income and Spanish speaking participants. These Host Sites are Desert Hot Springs Senior Center, Coachella Senior Center, James 'O Jessie Highland Unity Center, Desert Oasis Healthcare Indio, Mecca Community Center, North Shore Yacht Club and the Thermal Community Center.</p> <p>We established the Coachella Valley Falls Prevention Collaborative with 16-20 members attending quarterly meetings. This Collaborative consists of professionals from senior centers, medical professionals, certified coaches and AMOB graduates.</p> <p>We facilitated seven Coach Trainings (October 2017, February 2018, April 2018, August 2018, November 2018, February 2019 and June 2019) over this two-year period, generating 58 Certified Coaches. The total number of Certified Coaches trained over the last</p>	<p>participant's risk factors (Chronic Diseases) for falls. Services will include nutrition education, clinical screenings such as blood pressure readings, vision and glucose checks performed by an LVN and medication management performed by a registered pharmacist. Subsequent referrals to participant's Primary Care Physicians, Specialists, Support Groups, Clinics/Assessments and AMOB, will be incorporated as necessary.</p> <ol style="list-style-type: none"> 3. Market more with Primary Care Physicians who specialize in older adults across the Valley. 4. Implement and facilitate a Medication Management Assessment tool that will identify contra indications of medications that may potentially cause falling in older adults. 5. Create stipend budget for Coaches instructing AMOB - \$200 per course, which would help to increase their overall commitment. 6. Expand our marketing/communication budget. 7. Coaches will be asked to commit more fully to their graduates by doing "follow-up" with them 30 days after graduation. 8. Extend AMOB by 2 sessions at beginning and end. This will allow for the additional pieces we are considering for the enhancement phase of AMOB. 9. Create a "referral directory" for all participants – various support systems across the Valley. 10. Enhance overall Host Site recognition. Cultivate partnerships to make stronger 	
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	<p>4 years is 180, with approximately 30 coaches who currently instruct and are considered our "roamer coaches." The remaining 150 communicate the benefits of AMOB across the Valley, and often refer participants back to the program! Communication is so very important.</p> <p>Three months after each AMOB course is completed, our team telephones graduates and asks a series of questions for a follow-up survey. This reporting period we completed 177 follow-up surveys.</p> <p>IMPEDIMENTS TO FINAL RESULTS:</p> <ol style="list-style-type: none"> 1. We achieved 95% of stated benefits and effects. The area we fell short in was number of graduates. The goal for two years was 650 district graduates and we graduated 462 from the West Valley. Since we were facilitating AMOB courses in the East Valley as well, with Regional Access Project's support, we would like to acknowledge that 200 East Valley residents graduated. 2. We fell short on Valley hospital support, which lessened our graduate number substantially. Eisenhower did not participate during this reporting period. They cited staffing issues and management changes as reasons for not continuing to be a Host Site. After four years, we finally identified the department at Desert Regional, The Institute of Clinical Orthopedics and 	<p>connections and identify "hubs and premier" sites.</p>	
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	<p>Neurosciences (ICON), to host AMOB with two courses.</p> <p>3. Lack of coach commitment instructing a 16-hour course over a four-week period. Difficulty retaining coaches as "volunteers."</p> <p>4. Lack of coach commitment for follow-up with their AMOB graduates.</p> <p>5. Difficulty to find West Valley Host Sites with Spanish speaking participants.</p> <p>6. Program communication overall. Always learning about what communication vehicle is successful and what is not.</p>		
<p>Arrowhead Neuroscience Foundation #876 NeuroInterventional & NeuroCritical Care Fellowship Program</p>	<p>Grant term (including two no-cost grant extensions): July 1, 2015 – June 30, 2019 Original Approved Amount: \$373,540</p> <p>FINAL RESULTS:</p> <p>1) TIA/Stroke clinic is now in place at ICON</p> <p>2) Comprehensive Stroke Center accreditation achieved</p> <p>3) All Neurology residents moved on to fellowship training; no neurosurgery resident expected to graduate till July 2021</p> <p>4) We have recruited two of our NIR/NICU fellows (Drs. Cortez and Dr. Tayag) for permanent positions at DRMC; one other fellow, Dr. Sodhi, stayed for one year to serve the DHCD-served population</p>	<p>1) have the hospital more engaged in supporting the fellowship financially, vs. simply benefiting from it</p> <p>2) have the fellowship grounded more in the Graduate Medical Education office of DRMC--the fact that we had four GME directors in last 4 years, and associated lack of institutional memory, has made this task difficult.</p> <p>3) We need a stronger linkage between education and clinical practice at DRMC, with the understanding that a "for profit" mentality cannot be applied to these when they are interconnected. For example, the hospital has reduced the number of neurohospitalists working on any day, presumably as a cost-saving measure. This reduction is detrimental to stroke program overall.</p> <p>4) we under-estimated the difficulty in fund-raising from non-DHCD sources, including the hospital. It would have been</p>	<p>District</p>

	<ol style="list-style-type: none"> 1) CSC certification achieved and renewed twice. 2) Public education sessions presented. 3) Two of our NIR/NICU fellows (Drs. Cortez and Dr. Tayag) recruited for permanent positions at DRMC; one other fellow, Dr. Sodhi, stayed for one year to serve the DHCD-served population 4) Multiple scientific papers published, and presentations given 5) Multiple stroke symposia hosted by our stroke team 6) Done 7) DRMC represented in REMSA, regional EMS agency dealing with stroke 	<p>useful to have the DHCD to link their support with future hospital commitment (which has evaporated with multiple CEO's over the duration of this grant).</p> <p>5) seek longer-term financial support</p>	
<p>Desert Cancer Foundation #960: Patient Assistance & Suzanne Jackson Breast Cancer Fund</p>	<p>Grant term 3/1/18 – 8/31/19 Original Approved Amount: \$200,000</p> <p>FINAL RESULTS ACHIEVED: This grant helped Desert Cancer Foundation serve 204 Desert Healthcare District Residents with the cost of their cancer care and patient navigation during the reporting period. The dollars to help pay for cancer treatment services under the Patient Assistance Program was allocated as \$163,230 - DCF paid a total of \$263,509.27 for 2,155 cancer treatment services for DHCD residents. The billed value of these</p>	<ol style="list-style-type: none"> 1. Request funding to support our Patient Assistance Program, as we have incorporated all of our services into this program moving forward. 2. Request the grant timeline to be of one year but allow 3-6 months to submit a final report (due to external medical billing practices). 3. Attend DHCD meetings to strengthen relationship and communication. 4. Expand DHCD grant funding across the Coachella Valley in each district. 5. Invite DHCD representatives to attend a Patient Assistance Meeting. 	<p>District</p>

	<p>services was \$5,395,537.05. In addition, the labor allocations of \$35,000 further enabled DCF to assist our clients. All grant funds were expended in its entirety, averaging approximately 126 patients paid for by the Patient Assistance funding, and an estimated 1338 services covered for those patients. Additional funding to meet the needs of the DHCD residents was funded by Desert Cancer Foundation and other sources.</p>		
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FUNDING REQUESTS UPDATE

Information only – status update of new letters of interest and pending applications

Letters of Interest			
Agency	Staff Notes	Status & Staff Notes	Funding Allocation
Coachella Parks and Recreation Foundation	LOI – Stage 1 received requesting \$120,578 to fund the purchase of 2 outdoor fitness gyms; 2 shade structures; and 8 drinking and water bottle-refilling stations at 2 public parks.	The request, if approved, will not begin until February 2020. This is contingent on Coachella being awarded grant funding under the Statewide Park Program (Prop. 68). <i>A site visit was conducted on October 24, 2019. Stage 2 – the Application – will be generated if and when Prop 68 funding is awarded.</i>	Foundation
Riverside Community Housing Corporation	LOI – Stage received requesting \$2,103,822 as seed money as the organization applies for, and obtains, additional funding. The request, specific to the Oasis Mobile Home Park in Thermal, includes the purchase of 22 mobile home units; testing of the surrendered dilapidated, unsafe mobile home for lead and asbestos; demolition of the surrendered mobile home; and staffing costs. The requested funding would be utilized to initiate relocation of families to the Mountain View Estates mobile home park and into a new mobile home.	Staff will not generate Stage 2- the grant application - and will notify Riverside Community Housing Corporation a denial of the LOI request for funds as there are funds available through AB 2056 for the purpose specific to the request: to purchase/renovate/remove mobile home units. <i>Update from October 9th Program Committee meeting: Monica Telles, Sr. Development Specialist, Riverside County Economic Development Agency, was present at the meeting. She explained that the mobile homes are on tribal land; thus, there are some grants Oasis does not qualify to apply for such as AB 2056 state funding.</i>	

	<p>Assembly Bill 2056 (signed into law 9/26/18) authorizes the Department of Housing Community Development to make loans from the Mobile Home Parke Rehabilitation and Purchase Fund and would authorize the department to make loans from the fund to a qualified nonprofit housing sponsor or a local public entity <i>to acquire or rehabilitate a mobile home park</i> and authorize the department to make loans or grants from the fund to a resident organization, nonprofit housing sponsor, or public local entity <i>to assist park residents with needed repairs or accessibility upgrades.</i></p>	<p>Financial concerns: The Chief Administration Officer's financial review: the current ratio is 1.7:1 (preferred to see 2:1). Concerns that the organization has a net loss reducing its net position by (\$1.1M) and (\$714K) 2018 and 2019 respectively.</p> <p>Ms. Telles also commented on the District's Chief Administration Officer's financial review and stated that the net loss was on paper only.</p>	
<p>Coachella Valley Association of Governments (CVAG)</p>	<p>LOI – Stage 1 – received to begin the process of finalizing a grant contract related to the executed MOU dated September 16, 2013 for \$10 million towards the CV Link project</p>	<p>Stage 2 – the Application - of the process has been generated. This is a necessary step as it will ascertain the deliverables and a payment schedule when the contract is written.</p> <p>Next step: District and CVAG staffs are working cooperatively on a draft grant contract consistent with the 2013 MOU between the District and CVAG.</p>	<p>District</p>
<p>Mizell Senior Center</p>	<p>LOI – Stage 1 – received requesting \$450,000 for two years towards the continuation of the Matter of Balance Falls Prevention program, expanding the program to include the East Valley (Phase 3)</p>	<p>DHCD has been sustaining this program since 2015, starting with funding for the start up as a pilot program. Total dollars granted to the Matter of Balance program equals \$808,450. With this request, total funding by DHCD would equal \$1,125,450.</p>	

		Update: in emails received from the Program Manager of the MOB and the Executive Director stated respectively, that the program manager was laid off, as well as the Master Trainer, in that “lack of funding” was the reason cited. The ED indicated that Mizell intends to move forward with the MOB program but not without funding renewal from the Desert Healthcare District. If funding was to be re-established the Program Manager and Master Trainer would be brought back onboard.	
Desert Ability Center MINI GRANT	LOI – Stage 1 received requesting \$5,000 towards the acquisition of adaptive equipment including, but not limited to, trainers upon which handcycles are placed, handcycles, wheelchair accessible rowing machines and strength trainers. Residents with spinal cord injuries, other neurological disorders and amputations will have the ability to train at Kirkfit. Initial training offerings will include indoor cycling, rowing and strength training.	Waiting for project budget to be submitted before generating Stage 2, the application.	District
Lift To Rise	Stage 1 – LOI received to reflect the Health CAN & Healthy Eating/Active Living health outcomes	Stage 2 – the application - generated	District
Desert AIDS Project	Stage 1- LOI received requesting \$188,419 towards Homeless Testing Outreach for HIV/HCV/STI. This is a pilot program, now through October, at Well in the Desert and PS Library.	Advised DAP to review CVAG’s RFP for CV Housing First (specifically for the Focused Street Outreach service goal), which DAP has done and have determined DAP does not have the necessary resources to apply. Staff feels this is a siloed and	District

	<p>Letter of Interest withdrawn by applicant. See notes to the right.</p>	<p>duplicative efforts, being that numerous agencies have established outreach teams and programs with the knowledge of locations and encampments where homeless individuals gather as well as developing case management wraparound services with access to medical homes.</p> <p>Staff will be a reader of the CVAG RFP proposals and will review those that have submitted for Focused Street Outreach to determine if DAP could align their program with those organizations.</p> <p>UPDATE: In an email response to DAP staff regarding the status of the LOI - <i>The submitted LOI has been under review with staff and as you read in our Proposals Under Development, we are evaluating DAP's program as a component of one or more of the CVAG RFP proposals. In addition, there are many organizations with established focused outreach programs that could be considered as a collaborative partner in your efforts – Well In The Desert; Martha's Village; Path of Life; Coachella Valley Rescue Mission; The City of Palm Springs Mental Health Crisis teams; UCR School of Medicine's Street Medicine program, & CV Volunteers in Medicine's street medicine program. All of these organizations have the knowledge of all of the homeless locations and encampments and offer complete</i></p>	
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		<p><i>wraparound services with access to housing.</i></p> <p><i>Staff is recommending that DAP reach out to any or all of these organizations for a partnership opportunity rather than an individual/siloed effort. The District's matching funds to CV Housing First is a collective model that includes and facilitates complete services for the homeless.</i></p> <p><i>Further to the Update:</i> in an email from DAP dated 10/28/19 it was requested to withdraw the current LOI as they are taking DHCD staff's recommendation to develop an approach to collaborated with an appropriate partner for the homeless HIV/AIDS testing program.</p>	
Hidden Harvest	LOI received requesting \$50,000 for low-income senior markets.	Grant request on hold (per grantee's decision) until more current audited financials are completed.	District – could increase grant request to cover senior markets in East Valley through Foundation
Steinway Society of Riverside County	LOI received requesting \$106,500 over three years to expand their program of music education, musical experiences, and instruction in musical instruments to school children in the CV in partnership with the school districts.	<i>Audited financials received are dated June 2015 and was an incomplete audit report. A more current audited financial statement was requested, and the organization reported that budgetary constraints do not support having audited financials annually. Staff suggested contacting Regional Access Project</i>	

		Foundation's Center for Nonprofit Advancement for assistance.	
Loma Linda University Children's Hospital	LOI received requesting \$519,472 to financially sustain the Pediatric Clinic in Indio - \$400,000 for medical staff and \$119,472 for requisite equipment.	<p>Staff concerns and observations: LLU Indio Clinic does not anticipate revenue stability until year 4 of operation, which will be the result of patient volumes. Patient volumes are at 1,500 annually now but need to reach 18,000 annual visits. Operations show a current \$886,397 annual deficit.</p> <p>Chief Administration Officer's review of the audited financials: The audit looked okay for June 30, 2018. It is concerning the operations of the Indio Clinic show a deficit of almost \$900,000.</p> <p>The LLU SACHS (Social Action Corp Health System) Indio Pediatric Clinic is a Federally Qualified Health Center (FQHC), receiving federal HRSA funding.</p> <p>Next step: Site visit</p>	
Pending Applications			
Grantee	Staff Notes	Status	



Date: November 12, 2019

To: Program Committee

Subject: Grant # 1021 Neuro Vitality Center (formerly Stroke Recovery Center)

Grant Request: Community Based Adult Services (CBAS) Program

Amount Requested: \$143,787.00

Project Period: 12/1/2019 to 5/31/2020

Project Description and Use of District Funds:

- The demographics of the Coachella Valley aging society speak to the continued need to expand services at Neuro Vitality Center. According to the Health Assessment and Research for Communities special report Senior Health in the Coachella Valley, November 2014, data collection estimated "seniors" or adults age 55 and over make up 48.2% of the adult population in the Valley... and the needs of those with chronic illness, mental health concerns and transportation concerns must be addressed.
- The CBAS program is designed to help those who are diagnosed with early stages of Alzheimer's/Dementia or with other chronic illnesses that may benefit from stimulation, education, and counseling along with physical activities. The intended outcome is for the CLIENT to stay engaged and strive for improvement of functions that interfere with the activities of daily living. This offers a level of social care that is not otherwise available in the area providing the opportunity for growth for the patient and respite for the families and caregivers.
- The District project request will cover six-months of expense for new staff required by the State for Adult Day Care Center state licensure and certification for the CBAS program to enable billing and insurance reimbursement. The State dictates patient to staff ratios to allow expense and revenue budget projections. Staff and contract professionals have been hired and trained and are in place for completion of licensure and certification by the end of October 2019.



Collaborative Project:

- This is a collaborative effort with the Regional Access Project Foundation. While the District is being asked to support new staffing and consultants start-up costs, RAP Foundation has been requested to fund the gap in the start-up costs (\$95,737).
- At their October 23, 2019 Board of Directors meeting, the RAP Foundation board approved the requested amount of \$95,737 for the six months start-up costs contingent on Neurovitality Center receiving the DHCD funds requested and the required Licensing and Certification.

UPDATE on the required Licensing and Certification:

- Effective Wednesday, October 23, 2019, per the California Department of Public Health, the Neurovitality Center is an official licensed Adult Day Care Provider – primarily focused on the facility.
- On Wednesday, October 30, 2019 Neurovitality Center updated via email “smooth sailing to certification by the Department of Aging” for the CBAS – Community Based Adult Services – certification. Certification is focused on programs and patient care and Neurovitality Center’s expertise.
- The final phase is receiving the provider contracts from IEHP (Inland Empire Health Plan)

Strategic Plan Alignment: Healthy Eating, Active Living

Geographic Area(s) Served: All District Areas

Action by Program Committee: (Please select one)

- Full recommendation and forward to the Board for consideration with the Committee’s recommendation that a grant amount of \$143,787.00 be approved.
- Recommendation with modifications
- Deny

2019 Grant Request Summary

Neuro Vitality Center (formerly Stroke Recovery Center), Grant #1021

About the Organization

Neuro Vitality Center (formerly Stroke Recovery Center)
 2800 E. Alejo Rd.
 Palm Springs, CA 92262
 Tel: (760) 323-7676
 Fax: (760) 325-8026
 www.strokerecoverycenter.org

Organization Type:

501(c)(3) \Medical

Primary Contact:

Jonathan Caldwell
 Tel: (760) 323-7676 ext. 104
 Fax: (760) 325-8026
 Jcaldwell@neurovitalitycenter.org

Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
1998	Recreational Therapist Salary	\$50,000	Grant	3/30/1999	
1998	Recreational Therapist Salary	\$25,000	Grant	4/27/1999	
1999	Theater Video Equipment	\$3,000	Grant	8/24/1999	
1999	Physical Therapy Equipment	\$3,000	Grant	10/26/1999	
1999	Computer Y2K Upgrade	\$18,383	Grant	10/26/1999	
1999	Recreational Therapist Salary	\$0	Grant	1/3/2000	
2001	Adopt-A-Client	\$0	Grant	11/27/2001	
2002	Theater Remodel	\$0	Grant	10/29/2002	
2003	Feeding a Healthy Heart	\$26,000	Grant	6/15/2004	Grant budget
2004	repair air conditioning	\$5,000	Grant	8/17/2004	Grant budget

2006	Organizational Development	\$158,150	Grant	11/28/2006	
2008	Organizational development (continued)	\$142,464	Grant	7/9/2008	Grant budget
2008	Food Program	\$5,000	Food Assistance	5/28/2009	
2009	Food Program "Feed a Healthy Heart"	\$5,000	Food Assistance	11/16/2009	Grant budget
2009	Core operating support of stroke rehabilitation program	\$148,700	Improving Lives	11/24/2009	Grant budget
2009	Food Program	\$5,000	Food Assistance	4/12/2010	Grant budget
2010	Food Program	\$5,000	Food Assistance	8/31/2010	Grant budget
2010	Meal Program	\$5,000	Food Assistance	12/1/2010	Grant budget
2010	Core Operating Support	\$369,066	Achievement Building	12/21/2010	Grant budget
2010	Meal Program	\$5,000	Food Assistance	3/1/2011	Grant budget
2010	Meal On Wheels "MOW" Kitchen Equipment	\$10,772	Achievement Building	6/28/2011	Grant budget
2011	Heart Healthy Meal Program	\$5,000	Food Assistance	7/12/2011	Grant budget
2011	Heart Healthy Meal Program	\$15,000	Food Assistance	10/14/2011	Grant budget
2012	Core Program Operations	\$242,122	Grant	3/12/2013	Grant budget
2014	Building a Service Delivery Model for	\$202,516	Grant	10/28/2014	Grant budget

	Community-Based Neurological Services				
2014	Support for building a service delivery model.	\$42,900	Grant	12/16/2014	Grant budget
2016	Core Program Operations	\$261,340	Achievement Building	7/26/2016	Grant budget

Proposal

Project Title: Community Based Adult Services (CBAS) Program

Total Project Budget: \$907,769

Requested Amount: \$143,787

Length of Project: 6 months

Start Date: 12/1/2019

End Date: 5/31/2020

Background:

Background

The Community Based Adult Services (CBAS) program is a MediCal benefit from the State offered to frail adults requiring medical services as prescribed by a physician, who are at risk for institutionalization, and who indicate a reasonable expectation of maintaining or improving current function. The CBAS program includes the medical services of nursing, social work including home visits, and prescribed activities building on an individualized care plan. This individual plan is created and monitored by a full complement of professional medical, behavioral and nutritional consultants listed below who work together to maximize the patient's health and well-being.

Community Health Focus Area

Healthy Eating, Active Living

Community Need:

The Community Based Adult Services (CBAS) program is a State Certified Program offered to frail adults requiring rehabilitative services as prescribed by a physician, who are at risk for institutionalization, and who indicate a reasonable expectation of maintaining or improving current function. The CBAS program includes the medical services of nursing, social work including home visits, and prescribed activities building on an individualized care plan. This individual plan is created and monitored by a full complement of professional medical, behavioral and nutritional consultants listed below who work together to maximize the patient's health and well-being. The Adult Day Health Care (ADHC) program is designed to help those who are diagnosed with early stages of Alzheimer's/Dementia or with other chronic illnesses that may benefit from stimulation, education, and counseling along with physical activities. The intended outcome is for the patient to stay engaged and strive for improvement of functions that interfere with the activities of daily living. This offers a level of social care that is not otherwise available in the area providing the opportunity for growth for the patient and respite for the families and caregivers. The project request will cover a year of expense for new staff required by the State for Adult Day Care Center state licensure and certification for the CBAS program to

enable billing and insurance reimbursement. Patient to staff ratios are dictated by the State and are built into the budgets and must be in place for licensure and certification to be completed.

There is a great need for an ADHC/CBAS center in the Palm Springs area. Currently there is no ADHC/CBAS programs within our identified area. According to the U.S. Census, in the Palm Springs City alone, there are approximately 14,594 persons over the age of 65. According to the research and Analytic Division of the Department of Health Care Services, 36% of persons in the country receive Medi-Cal. If we apply this percentage to the number of persons over age 65 in Palm Springs, we get approximately 5,254 who are over the age 65 who also receive Medi-Cal. According to the Center for Disease Control, approximately 67% of persons over the age of 65 in the United States have two or more chronic conditions, also known as multi-morbidity, which is associated with elevated risk of death, disability, poor functional status, poor quality of life and adverse drug effects, these people will most likely meet eligibility requirements for the CBAS program. Apply this number to the above number approximately 3,520 persons in Palm Springs are likely eligible for Adult Day Health Care/CBAS services. Primary medical and mental health conditions of clients will be Stroke, Parkinson's Disease, Traumatic Brain Injury, Alzheimer's Disease and other dementias, depression and anxiety resulting from these chronic conditions. The CBAS clients will be, by definition, a low economic status. Some socio economic needs may relate to needing a lower rate for their utility bills, accessing needed health care and supports, needing assistance with transportation, needing assistance with accessing low income housing, needing translation services, needing assistance accessing food stamps/food banks, needing support accessing community resources, needing support with access to free legal aid, and needing support with accessing In-Home Supportive Services. The center will have clearly marked program areas and rooms, to support the orientation of all clients.

Program Area

Direct Services\Other ;Direct Services\Disabled Services

Project Description:

The demographics of the Coachella Valley aging society speak to the continued need to expand services at Neuro Vitality Center. According to the Health Assessment and Research for Communities special report Senior Health in the Coachella Valley, November 2014, data collection estimated "seniors" or adults age 55 and over make up 48.2% of the adult population in the Valley... and the needs of those with chronic illness, mental health concerns and transportation concerns must be addressed. The CBAS program is designed to help those who are diagnosed with early stages of Alzheimer's/Dementia or with other chronic illnesses that may benefit from stimulation, education, and counseling along with physical activities. The intended outcome is for the CLIENT to stay engaged and strive for improvement of functions that interfere with the activities of daily living. This offers a level of social care that is not otherwise available in the area providing the opportunity for growth for the patient and respite for the families and caregivers. The District project request will cover six-months of expense for new staff required by the State for Adult Day Care Center state licensure and certification for the CBAS program to enable billing and insurance reimbursement. The State dictates patient to staff ratios to allow expense and revenue budget projections. Staff and contract professionals have been hired and trained and are in place for completion of licensure and certification by the end of October 2019.

Proposed Program / Project Evaluation Plan

In order to operate a CBAS program ongoing review of services and procedures in the center, the center will organize a committee for utilization review that will meet every three months. Membership in the Utilization Review Committee (URC) shall include, but is not limited to a representative from Neuro Vitality Center program and a minimum of two professional personnel, such as a physician, licensed mental health provider, nurse, Social Worker,

occupational, physical or speech therapist who are not employed by Neuro Vitality Center program. The Utilization Review Committee shall review cases and make recommendations to the center in order to provide more effective use of and more appropriate services. The committee may also identify trends, and specific concerns within the health charts. This information will be addressed by the Program Director and Administrator and changes will be made, to decrease the chances of the problem occurring again, or to create more appropriate and/or efficient services. Records to be reviewed for the URC shall be chosen randomly and staff may request a case review. The Program Director shall ensure that all items of concern discovered by the utilization review meetings have been addressed and rectified if needed, by following-up with appropriate staff, meeting with the administrator and/or making policy changes if necessary. The corrections made shall be documented by the appropriate staff member(s) and placed with the copies of the committee reports for that quarter and will be available to the next utilization review committee to determine if they have been rectified. The California Department of Aging and the California Department of Health Services have the right to audit and otherwise evaluate the quality and appropriateness of care being rendered to clients served by the center. This may include a review of the findings, responses and actions found by the URC.

Program/Project Goals and Evaluation

<p>Goal #1: The potential CLIENT must meet minimum eligibility requirements, clients who are initially, found to be or become ineligible to attend the Neuro Vitality Center shall be provided with referrals and resources to other Neuro Vitality Center services and/or other community resources. The Multidisciplinary team consists of at least a physician, nurse, social worker, CLIENT and/or his or her representative, Activity Director, occupational therapist and a physical therapist. The physician may be either a paid staff member of Neuro Vitality Center or the CLIENT’s physician. When indicated by the needs of the CLIENT, a psychiatrist, psychologist, psychiatric social worker, speech therapist and Dietician shall be included as members of the assessment team and assist in the assessment. The initial eligibility determination for the CBAS benefit will be performed through a face to face review by a registered nurse with level of care determination experience, using a standardized tool and protocol approved by the State Medicaid Agency. The CBAS program shall be available to all beneficiaries who meet eligibility requirements who meet medical necessity criteria, based on medical necessity criteria. The goal is to provide assessments on 300 eligible CLIENT's within the first 6-months.</p>	<p>Evaluation #1: In early November, negotiations with major MediCal payors for the CBAS program will undergo fee-for-service contract negotiations to initiate CLIENT referrals and programs assessments. The center shall endeavor to ensure that an initial CLIENT assessment occurs over the course of three days. All assessments must be completed within thirty days of first day of assessment. CLIENT’s plans of care shall be developed collaboratively with the CLIENT and/or his or her representative as needed and desired. The plan of care shall indicate and honor a CLIENT’s strength, abilities and preferences. The CLIENT’s needs/goals/desired outcomes shall be elicited to ensure the care plan is CLIENT driven. These shall be documented and shared with each discipline to support an integrated and cohesive, person-centered plan of care that fully supports the CLIENT to reach his or her goals. “Needs/Goals/Desired Outcomes Worksheet” (NGDO Worksheet). Every care plan written will relate to one of the goal(s)/need(s) identified on the NGDO worksheet by the CLIENT. Each member of the multidisciplinary team involved in the care planning process for the CLIENT will complete a six-month reassessment of the CLIENT. All staff & consultants are involved in the CLIENT’s plan of care.</p>
<p>Goal #2: The individual plan of care (IPC) means a written plan designed to provide a CLIENT of an ADHC with appropriate treatment in accordance with the assessed needs of the CLIENT and shall include and integrate the</p>	<p>Evaluation #2: The IPC shall be based on a person-centered planning process, developed by the multidisciplinary team, including the CLIENT and/or his or her representative. Once the IPC is completed, the multidisciplinary team</p>

<p>CLIENT and/or representative’s input, including the CLIENT’s choice, abilities, preferences, needs, goals and desired outcomes in regard to the delivery of services. The IPC is submitted as supporting documentation for level of service determination with the Treatment Authorization Request. The IPC shall be completed prior to admission to the center and should not be completed more than thirty-days prior to admission to the center. The IPC shall be based on a person-centered planning process, developed by the multidisciplinary team, including the CLIENT and/or his or her representative. The IPC shall be based on the assessment or reassessment conducted no more than 30 days prior to the start date of the IPC. If the CBAS CLIENT is a Medi-Cal managed care member and the CLIENT’s plan requires more than 30 days prior to the IPC effective date, the center must identify any change in condition requiring IPC amendment prior to implementation and amend it accordingly if a change to the IPC is needed. The IPC shall be based on the multidisciplinary team’s assessments of the CLIENT and shall include and integrate the CLIENT and/or representative’s input, including the CLIENT’s choices, abilities and preferences, needs, goals and desired outcomes, in regard to the delivery of services. The IPC must be completed within 30 days of the CLIENT’s first day of assessment. Goal is to admit 50 eligible CLIENT's into the the CBAS program within the first 6-months.</p>	<p>shall meet to review the care plan together. The CLIENT and/or his or her representative will be invited and encouraged to participate in this meeting. The IPC shall be signed by either the center’s staff physician or the CLIENT’s personal health care provider. Personal health care provider may include a physician assistant or nurse practitioner within their scope of practice under the appropriate supervision of the physician.</p>
<p>Goal #3: To provide a licensed and certified CBAS day program of therapeutic, social and health activities and services provided to persons 18 years or older or other adults with functional impairments, either physical or mental, for the purpose of restoring or maintaining optimal capacity for self-care. The expansion of services already offered at the Center will include more medical services, including skilled nursing as well as care management with social work and therapeutic recreation departments, and better address CLIENT functional abilities and include Physical Therapy, Speech Therapy, Occupational Therapy and dietary health support for CLIENTs. Expanding services to include CBAS will best allow the Center to achieve these goals. Program personnel shall be competent to provide the services necessary to meet</p>	<p>Evaluation #3: Neuro Vitality Center shall maintain a complete standard health record for each CLIENT in the program. The health record shall be available to staff during the program day. All services and activities required to be provided by the IPC, shall be documented. In order to maintain confidentiality and safety of the CLIENT health records, they shall be stored in a locking cabinet to protect against loss, destruction and unauthorized use. The center will have extensive HIPAA policies and procedures in place and will provide ongoing training and supervision of staff in both maintaining protected health information (PHI) within the center, ePHI for PHI transmission and participant confidentiality. The center shall perform risk analysis, as required by the Administrative Safeguard provisions in the Security rule. All information, records, data and</p>

<p>individual CLIENT's needs, and shall at all times, be employed in numbers necessary to meet such needs. Staff of Neuro Vitality Center shall perform a walk-through of center and the outside grounds three times per day to ensure that all clients are safe and within the designated program areas and to ensure that the center is clean and well maintained. The center shall be open to clients for no less than six-hours and no more than 12 during each calendar day of operation, the center shall provide no less than four hours of service per day per CLIENT not including transportation. Neuro Vitality Center will be open to serve clients from 8 am to 2:30 pm daily, 5 days per week, Monday through Friday. The center will be open from 7:30 am through 3:30 pm 5 days per week, Monday through Friday. General centers visitors, those who are not visiting a specific CLIENT or coming for a "guest day" may visit the center with approval from the Program Director or administrator.</p>	<p>data elements collected and maintained for the operation of the center and pertaining to participants shall be protected from unauthorized disclosure in accordance with all laws and regulations.</p>
<p>Goal #4: The center will provide a diet that meets the National Research Council's recommended Dietary Allowance. During the assessment procedure, the CLIENT's diet needs/preferences/food allergies will be obtained both from the physician and from the CLIENT and/or CLIENT's representative Clients who have been prescribed a special diet by their physician, who have food preferences and/or allergies (orders will be reviewed every 90 days) will be offered to the CLIENT. The meals and menus will also meet the CLIENT's cultural and religious needs, desires and preferences. A CLIENT in the center for less than eight hours shall be provided meals and snacks so that no more than three and a half hours elapse between food service. Goal is to provide 32,760 meals/snacks within the first 6-months.</p>	<p>Evaluation #4: The center RN, in conjunction with the consultant Dietician shall oversee the day to day running of the center's nutrition program. The RN is responsible for the operation of food services at Neuro Vitality Center. Special diet requirements, as per physician orders are provided for all clients. The center RN shall supervise the distribution of meals received to ensure each CLIENT receives the proper foods, including special/therapeutic diets, foods free of the individual CLIENT's allergies and/or modified texture foods. The Dietician shall approve all menus based on the nutritional requirements of the clients and any special diet requirements.</p>
<p>Goal #5: Transportation services may be arranged for clients by the Center staff. The Center shall maximize the use of various types of transportation services available in the community to achieve the most appropriate means of transportation for the clients to facilitate regular attendance and prompt arrival and departure. The Multidisciplinary team/ Transportation manager with the CLIENT/representative input shall develop a plan for transporting the CLIENT to and from center. This plan shall be placed on the IPC. Transportation to and from place of pick-up and</p>	<p>Evaluation #5: The center is responsible for providing transportation both to and from the center on a daily basis. This may be achieved by arranging for family conveyance, by using public transport, by using Sundial door to door service or by providing transportation using the center's own van. All vehicles shall be equipped with a mobile phone to communicate with emergency personnel or center personnel as needed and required. Reporting and payment for services for Sundial will be on a monthly basis. The Center maintains one van for those who may need extra care. The van is properly maintained,</p>

<p>the center is scheduled to ensure that CLIENT one-way transit time does not exceed one hour where possible. In order to ensure that clients are picked up in a timely fashion, and the most efficient route is utilized, center drivers will follow the routes developed by the transportation manager. Routes shall be developed to help ensure that no CLIENT is in the vehicle for more than one hour.</p>	<p>licensed and inspected to ensure the safety and comfort of the passengers. If using the Center van, routes shall be plotted by the transportation manager each afternoon before the next program day, Transit time is documented by the drivers on the "Transportation Record" which records time of pick-up and time of arrival both to the center and place of residence. The time of arrival at the center will coincide with the daily attendance "Check-In" sheet.</p>
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Participants:

Population Served

Disabled

Geographical Area Served

All District Areas

Age Group

(65+) Seniors

Number Served Per Age Group

0-5: 0

6-17: 0

18-24: 0

25-64: 0

65 or more: 50

Total:

Participant Community

As of early November 2019, the Neuro Vitality Center will be licensed as an Adult Day Health Care Center by the California Department of Health Care Services and Certified by the Department of Aging as a CBAS Program. This program expansion underway at Neuro Vitality Center will provide greater access to long-term care services for frail elderly persons or adults with disabilities to help all those in need restore or maintain optimal capacity for self-care and delay or prevent inappropriate or personally undesirable institutionalization. (<http://www.aging.ca.gov/Programs/#CBAS>)

Organizational Capacity and Sustainability

Organizational Capacity

ADHC/CBAS programs will be provided at our facility that is owned by our non-profit organization corporation and where we currently serve clients. Leadership approved facility renovations to ensure the center would meet regulatory requirements and is comfortable and easy for clients to maneuver from one area to another. Specific attention has been paid to handling the needs of Dementia patients to reduce anxiety and prevent any wandering problems. Renovations are complete and the facility will be licensed for a maximum of 200 participants per day. The approximate square feet of space staff will be using for the ADHC/CBAS program is 18,000 square feet. All program required staff and contract professionals have been hired and undergone program specific training to provide the services necessary to meet the initial 40 individual CLIENT's needs based on the State requirements, and shall at all times, be employed in numbers necessary to meet dictated staffing ratios.

Organizational Sustainability:

Sustainability of the Center is based on the strategic attraction of a payor mix that will generate predictable, negotiated revenue mixed with fee-for-service programming primarily for Dementia and program revenue for specific Stroke and Parkinson's rehabilitation services. The CBAS program is a MediCal per diem program paid by IEHP or Molina. Demand for this service from these two payors supports the projection of 70% of the total census. Fee-for-service payment for ADHC services is projected at 20% and the current stroke and PD base is projected at 10% of total census. The CBAS program projections indicate a significant profit that will allow the Center to continue the low cost programs for those not covered by IEHP or Molina. The future strategic plans retain flexibility to take this into consideration. Over time, the percentage of CBAS patients will grow to 80% and 90%. Additional programs and services will be based on revenue potential and funds will continue to be raised to support those who are unable to afford the services. Excess funds will be allocated to medical service development and research into improving neurological function.

Partnerships:

Key Partners:

The center has had a long-standing relationship with Inland Empire Health Plan (IEHP) who are the major payor for the CBAS program. Molina Health is also a payor who has expressed interest in and has supported our stroke efforts in the past. These two organizations are the only payors for CBAS currently however, the waiver granting this right ends in 2020 and there may be more payors who become eligible. The Center has been supported by SCAN, by Kaiser and by Anthem each of who have expressed interest in the CBAS program. Other payors are the Veteran's administration and long-term care insurance. Partnership relationships are being developed with the Alzheimer's Association and the CA Association of Day Care Center along with the Office on Aging- Riverside and Department of Aging at the State level. Among local sources of collaboration are the few services for Alzheimer's and Dementia such as Vista Cove and numerous assisted living facilities who can benefit from day care service. Additionally, we will continue to seek funding to help support services for those unable to afford the fee-for-service day care program.

Line Item Budget - Sheet 1 Operational Costs

Approved budgets are the basis for reporting all grant expenditures. Line items may not be added or changed without grant amendment. Prior authorization is required for transferring funds (<10%) between existing line items. Describe budget narrative in cell B38. You may insert rows or create additional worksheets if more space is needed to fully describe your budget.

PROGRAM OPERATIONS		Total Program Budget	Funds from Other Sources <i>Detail on sheet 3</i>	6month Staff Requested from DHCD
Total Labor Costs	Detail on sheet 2	\$529,693	\$385,906	\$143,787
Equipment (itemize)				
1	phys. therapy equip.	\$1,050	\$1,050	
2	occ. Therapy equip.	\$1,050	\$1,050	
3	office comp/printers	\$1,200	\$1,200	
Supplies (itemize)				
1	general office supplies	\$6,050	\$6,050	
2	medical supplies	\$3,850	\$3,850	
3	rec/activities	\$4,500	\$4,500	
Printing/Duplication		\$0	\$0	
Mailing/Postage/Delivery		\$2,000	\$2,000	
Travel		\$550	\$550	
Education/Training		\$950	\$950	
Facilities (Detail)				
	Telephone/Fax/Internet	\$11,400	\$11,400	
	Utilities	\$82,595	\$82,595	
	Insurance	\$48,780	\$48,780	
	Maintenance/Janitorial	\$31,200	\$31,200	
Other Facility costs (itemize)				
1	Property tax	\$18,900	\$18,900	
Other Program Costs not described above (itemize)				
1	CBAS Consulting	\$3,000	\$3,000	
2	License Fees	\$6,241	\$6,241	
3	Meals	\$100,800	\$100,800	
4	Legal & Accounting	\$7,200	\$7,200	
5	Transportation	\$46,760	\$46,760	
Total Program Budget		907,769	763,982	143,787

Line Item Budget - Sheet 1 Operational Costs

<p style="text-align: center;">Budget Narrative</p>	<p>Total program cost reflects 12-month total to serve 80 district residents. Request for Operational budget items reflects initial 6-month start-up costs for the CBAS Program to serve 50 district residents. Regulatory requirements result in equipment and supplies for PT and OT as well as expanded levels of paper work and tracking. This has resulted in expanded expenses for operations to meet the regulatory demands. Medical supplies and activities are also provided by regulation and the resulting costs are required to meet those regulations. Postage for Client attraction and follow-up. Travel and education are required to train the staff delivering client care and keeping current with regulations. Maintenance has increased due to regulatory requirements to clean every day and meet regulatory standards for supplies and equipment for cleaning. Utilities, phones and insurance are all expanded to meet the needs of the expanded projected census. At least one meal per day has to be provided by regulation. Also snacks must be provided. Transportation must also be arranged for each day of attendance.</p>
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**Line Item Budget
Sheet 2 - Labor Costs**

Staff Salaries			% of Time Allocated to Program	Actual Program Salary	Amount of Salary Paid by DHCD Grant
Employee Position/Title		Annual Salary			
1	Administrator	\$26,000	100	\$26,000	
2	Program Director	\$32,760	100	\$32,760	
3	Registered Nurse	\$54,600	100	\$54,600	27,000
4	RN/LVN	\$43,680	100	\$43,680	14,559
5	MSW Social Worker	\$43,680	100	\$43,680	21,840
6	Social Worker Assistant	\$21,840	100	\$21,840	7,281
7	Activities Coordinator	\$23,400	100	\$23,400	
8	Program Aide (8 by YE)	\$141,948	100	\$141,948	48,661
9	Employer Taxes & Benefits	\$79,775	100	\$79,775	
				\$467,683	119,341
Enter this amount in Section 1, Employee Salaries				Total >	467,683
Budget Narrative	RN (30hrs wk/\$35hr); RN/LVN (30hrs wk/\$35 hr); MSW (30hrs wk/\$28hr); SWA (30hrs wk/\$28hr); ; Program Aid - 5 or 6 (30hrs wk/\$13hr). All staff listed are NEW staff required for CBAS certification and license. Request to Desert Healthcare District is to cover first 6-months of new required CBAS staff. Additional dollars added to cover potential need to hire/staff up Program Aides sooner than expected based on existing client population eligible to convert into the CBAS program once contracts are signed and clients undergo required assessments.				
Consultants/Contractors					Amount of Salary Paid by DHCD Grant
Consultant/Contractor Name		Hourly Rate	Hours/ Week	Annual Cost	
1	Physical Therapist	\$65	4.5	15,210	7,608
2	Occupational Therapist	\$65	4.5	15,210	7,608
3	Speech Therapy	\$65	2	6,760	3,120
4	Nutritionalist	\$65	1	3,380	1,692
5	Psychologist	\$65	2.5	8,450	3,770
6	Pharmacist	\$100	0.25	1,300	648
7	Physician	\$150	1.5	11,700	
				\$62,010	24,446
Enter this amount in Section 1, Professional Services/Consultants				Total >	62,010
Budget Narrative	All contract personnel listed are required for CBAS certification and license.				

Line Item Budget - Other Program Funds

Funding for this program received from other sources		Amount
Fees		
Donations		
Grants (List Organizations)		
1	Desert Healthcare District	143,787
2	Regional Access Project Foundation	95,750
3	Inland Empire Health Plan	50,000
4		
Fundraising (describe nature of fundraiser)		
Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)		
1	Patient Fee- Regular Day Medi-Cal Reimbursement	584,610
2	Patient Fee - Assessment Day Reimbursement	33,630
3		
4		
Total funding in addition to DHCD request		907777
Budget Narrative	<p>Lag time for positive revenue stream will occur over the first 6-9 months due to staff hiring/training prior to obtaining the state license required before any insurance contracts can be negotiated or patient assessments. There will be a patient ramp up phase where eligible patients will go through an assessment (minimum reimbursement rate \$64.83 per assessment), however it will take 2-3 months to process patient eligibility before program admission for Regular Day Medi-Cal monthly billing (minimum reimbursement rate \$80.08 per patient/per day).</p>	

Grant Scoring Review

Reviewer: Donna Craig

Executive Summary: 8

Need and Alignment: 10

Goals: 9

Evaluation: 9

Organizational Capacity: 10

Organizational Sustainability: 10

Budget: 9

Percent of Funding Requested: 9

Fiduciary Compliance: 10

Financial Stability: 10

Key Partners/Collaborations: 9

Total Score: 101.00

Reviewer Comments: This is a collaborative effort with the Regional Access Project Foundation, of which RAP Foundation Board of Directors, at their October 23, 2019 meeting, approved \$95,737 for the six-month start-up costs.

There is a great need for an Adult Day Health Care program and a Community-Based Adult Services program Center in the Palm Springs area. Currently there is no ADHC/CBAS programs within the identified area so NeuroVitality Center will be fulfilling this need and offering a level of social care that is not otherwise available in the area providing the opportunity for growth for the patient and respite for the families and caregivers.

NVC has the capacity and skills to offer this specific service to the community.

Response Notes:

Average Review Score: Staff Review Stage: 100 (2 of 2)

Sum of all Reviews: Staff Review Stage: 200 (2 of 2)

Grant Scoring Review

Reviewer: Alejandro Espinoza

Executive Summary: 9

Need and Alignment: 9

Goals: 8

Evaluation: 8

Organizational Capacity: 10

Organizational Sustainability: 8

Budget: 9

Percent of Funding Requested: 10

Fiduciary Compliance: 10

Financial Stability: 10

Key Partners/Collaborations: 10

Total Score: 99.00

Reviewer Comments: The proposed project and its services are much needed here in the Coachella Valley amongst the aging population. The Adult Day Health Care and Community-Based Adult Services will be new endeavors for the Neuro Vitality Center, which has a proven track record of implementing and sustaining community programs. The project will not only impact the individual client but also their family members and caretakers.

Response Notes:

Average Review Score: Staff Review Stage: 100 (2 of 2)

Sum of all Reviews: Staff Review Stage: 200 (2 of 2)



Grant Application Scoring Rubric

Category	Exceeds expectations <i>(7-10 points)</i>	Meets expectations <i>(3-6 points)</i>	Does not meet expectations <i>(0-2 points)</i>
Executive Summary (10 points)	The applicant includes and effectively describes the project’s mission and vision, the specific population the project will serve, the expected benefits to the community, the support for applicant’s project in the community with evidence based proposed methods, approaches and strategies are realistic, reasonable, effective, outcome-oriented.	The applicant includes and describes the project’s mission and vision, the population the project will serve, the expected benefits to the community, the support for applicant’s project in the community with evidence based proposed methods, approaches and strategies are realistic, reasonable, effective, outcome-oriented.	The applicant is unclear or does not include or describe the project’s mission and vision, the general population the project will serve, the expected benefits to the community, the support for applicant’s project in the community with proposed methods, approaches and strategies are realistic, reasonable, effective, outcome-oriented.
Need & Alignment and Demonstrate (10 points)	The applicant explicitly defines a specific need for the project within the identified community and effectively describes the alignment of that need to one of the Community Focus Areas of the District/Foundation’s Strategic Plan by using data, case studies, interviews, focus group results, media attention, etc.	The applicant identifies a need within the identified community for the project and describes the alignment of that need to one of the Community Focus Areas of the District/Foundation’s Strategic Plan by using data, case studies, interviews, focus group results, media attention, etc.	The applicant does not clearly describe a need for the project that its alignment to one of the Community Focus Areas of the District/Foundation’s Strategic Plan by using data, and/or case studies, and/or interviews/focus group results, and/or media attention, etc.
Goals (10 points)	The applicant has provided SMART goals with an evaluation plan that is fully developed . The SMART goals are specific, measurable, ambitious, realistic and time-bound , and the evaluation plan will accurately measure the project’s effectiveness.	The applicant has provided SMART goals with an evaluation plan. The SMART goals are mostly specific, measurable, ambitious, realistic, and time-bound , and the evaluation plan will measure the aspects of the project’s effectiveness.	The applicant has provided very limited goals and evaluation plan. The goals are not specific, measurable, timebound and will weakly measure the project’s effectiveness.

<p>Proposed Evaluation Plan (10 points)</p>	<p>The applicant describes a specific detailed plan of action for evaluation, that includes both qualitative and quantitative assessment of the project that is well-defined with data reporting mechanisms and narrative that are clear and transparent. Evaluation is in alignment with Goals of the project.</p>	<p>The applicant describes a plan of action for evaluation that includes both qualitative and/or quantitative assessment of the project that is well-defined with data reporting mechanisms and /or narrative that are clear and transparent. Evaluation is in alignment with the Goals of the project.</p>	<p>The applicant does not describe, or vaguely describes a reasonable plan of action that can be completed during the grant period, involves some identified partners appropriately, and might make the project a reality.</p>
<p>% of Funding Requested – Leveraging of Outside Funds (10 points)</p>	<p>0-50% Budget shows mostly committed funds, in-kind funds for professional services and balance is from proposed funds have been identified and in place</p>	<p>51-70% Budget shows some committed funds, in-kind funds for professional services and proposed funds making up the majority, have been identified.</p>	<p>71 - 100% Budget shows limited to no committed funds, balance is made up of mostly identified proposed funds</p>
<p>Applicant Capacity and Infrastructure to Execute Proposal (10 points)</p>	<p>The applicant includes concrete examples that strongly demonstrate that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.)</p> <p>The applicant strongly demonstrates credibility for this kind of work (strength, name recognition, a history or track record of achievements, related mission and letters of support)</p>	<p>The applicant includes solid examples that demonstrate that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.).</p> <p>The applicant demonstrates credibility for this kind of work (strength, name recognition, a history or track record of achievements, related mission and letters of support)</p>	<p>The applicant does not include examples that would demonstrate the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.).</p> <p>The applicant is limited in its ability to demonstrate credibility for this kind of work (strength, name recognition, a history or track record of achievements, related mission and letters of support).</p>

Organizations Sustainability (10 Points)	The applicant strongly demonstrates that it has a current strategic plan and/or business plan with measurable outcomes. Strong board engagement and governance. The proposed program is identified within the strategic plan.	The applicant demonstrates that it has a current strategic plan and/or business plan with measurable outcomes Shows Board engagement and governance. Applicant has clearly identified that the program is supported by the strategic plan	The applicant does not demonstrate that it has a strategic plan and/or business plan. The program only reflects the applicant’s mission.
Budget (10 points)	The budget is specific and reasonable , and all items strongly align with the described project. The budget strongly demonstrates financial clarity/value and tells the same story as the proposal narrative. There are no unexplained amounts. The overall value of the project (the relationship of benefits and/or participants) to costs is effective . Additional leveraged funding sources and in-kind services are included. Staff FTE is identified clearly. Budget includes \$XXX amounts and how these ties to staff time.	The budget is clear and reasonable , with the items aligned with the described project. There are no unexplained amounts. The overall value of the project (the relationship of benefits and/or participants to costs) is reasonable and/or some additional funding sources and/or in-kind services are included.	The budget is not specific and/or reasonable , and the items are somewhat aligned with the described project. The budget somewhat demonstrates financial clarity. There are no unexplained amounts.
Fiduciary Compliance (10 Points)	The applicant strongly demonstrates a financial history that shows a continuous cycle of fiduciary responsibility of the Board through unmodified audited financials produced in a timely fashion, positive cash flow at the end of each fiscal year, asset ratio meets required debt load, and the Board reviews financials on a regular basis.	The applicant demonstrates a financial history that shows a continuous cycle of fiduciary responsibility of the Board through unmodified audited financials produced in a timely fashion, and the board reviews financials on a regular basis.	The applicant demonstrates a financial history that shows a continuous cycle of fiduciary responsibility of the Board through audited financials produced. A positive cash flow at the end of each fiscal year is not consistent. and the Board does not review financials on a regular basis.

<p>Financial Stability (10 Points)</p>	<p>Funding sources for operations and programs are coming from multiple sources and is driven by a strategic plan for stability for both short- and long-term growth.</p>	<p>Source of funds for operations and programs are coming from multiple sources. There is a limited plan in place for stability for short term only.</p>	<p>Source of funds for operations and programs are coming from limited sources. There is no plan for stability in place currently.</p>
<p>Key Partners / Collaboration (10 points)</p>	<p>The applicant strongly demonstrates solid partnerships and collaborative approach with letters of commitment or an MOU that includes a scope of work.</p>	<p>The applicant demonstrates partnerships and collaborative approach with letters of commitment.</p>	<p>The applicant demonstrates limited or no partnerships and has not included any letters of commitment.</p>
<p>Comments/Notes:</p>			

Total Score: ____ / 110 = ____%

Exceeds expectations: 77% or Higher Fully Funded
Meets expectations: 50%- 76% Full to Partial – Possible restrictions/conditions
Does not meet expectations: 49% or Lower No funding to Partial funding with restrictions/conditions



POLICY TITLE: APPOINTMENT & DUTIES FOR COMMITTEES
POLICY NUMBER: BOD-3
DRAFT DATE: 03-22-16 -Revised at 4-23-19 BOD Mtg
BOARD APPROVAL DATE: 03-22-16 & Revision on 04-23-19

POLICY: APPOINTMENT TO COMMITTEES

Policy #BOD-3: It shall be the policy of the Desert Healthcare District (“District”) that the Board President shall appoint Board members to all committees and all committees shall be advisory only to the full Board of Directors unless otherwise specifically authorized to act by the Board.

1. DISTRICT BOARD COMMITTEES:

1.1. Ad-hoc Committees. Special Ad-hoc Committees of less than a quorum of the Board may be appointed by the Board President, for specific tasks or for a limited or a single purpose that is not perpetual. Ad hoc Committees shall not be created by formal action of the Board and shall be dissolved once the specific task is completed.

1.2. Standing Committees. The District Bylaws shall reference and list the Board Standing Committees which shall meet regularly to review reports from District staff, legal counsel, and consultants relating to the subject matter of the committee. Annually at the first Board meeting following the election of officers the Board President shall appoint three Board members to each Standing Committee and a chairperson. The Board Treasurer shall serve as the Chair of the Finance, Legal and Administrative Committee (F&A Committee). There shall be the following Standing Committees:

1.2.1. Program Committee. The Program Committee shall be responsible for oversight and for making recommendations to the Board on District matters related to grant-making and related programs. This committee may also include



community members (Volunteer Members) as outlined in the Volunteer Member Guidelines below. A student representative may also be added at the discretion of the committee.

1.2.2. Finance, Legal, Administration, and Real Estate Committee (F&A).

This committee shall be responsible for review of, and making recommendations to the Board where appropriate on, matters related to finance, administration, human resources, property management, legal affairs (including legislation), real estate, and information systems (IS). In addition to Volunteer Members, this committee may also include a student representative at the discretion of the committee.

1.2.3. Strategic Planning Committee. This committee shall meet quarterly or more often, if needed, and shall be responsible for monitoring the District's progress in achieving the goals and expectations outlined in the District's strategic plan.

1.2.4. Hospital Lease Oversight Committee. This committee shall meet quarterly or more often, if needed, and shall be charged with oversight responsibilities to ensure compliance with the terms of the current Lease of Desert Regional Medical Center.

1.2.5. Volunteer Committee Members. The Program Committee may include up to five (5) Volunteer Members, and the F&A Committee may include up to three (3) Volunteer Members. Volunteer Members shall be subject to the Volunteer Member Guidelines below.

2. VOLUNTEER MEMBER GUIDELINES. Volunteer Member guidelines outline the requirements for Volunteer Members to participate on District Standing Committees. Unless otherwise provided, the appointment process, and guidelines will be the same for all committees. Interviews for Volunteer Members shall be in the discretion of the committee. All Volunteer Members shall either reside or be primarily employed within or serve the District and shall be subject to approval of the full Board of Directors.



2.1. Volunteer Member Term. Volunteer Members shall serve one (1) three-year term. At the end of the three-year term, a Volunteer Member may provide a written request to the Board for consideration to continue to serve on the committee. Any openings or reappointments on the committee will be considered at the end of the term. Any Volunteer Member who is employed by or sits on the Board of Directors of a grantee, is ineligible to serve on the committee within one year of filing a grant proposal and will be required to resign from the committee. All Volunteer Members who are termed out or resign due to applying or receiving a grant must wait a minimum of one year before reapplying to become a Volunteer Member.

2.2. Vacancies. Volunteer Members who miss three consecutive unexcused meetings may be removed at the discretion of the Committee chairperson. In the event of the vacancy of a Volunteer Member, notice of the vacancy and application process shall be published on the District website for a minimum of 14 days. The committee chairperson shall also have the discretion to publish notice of the vacancy and application process in a local newspaper of general circulation. Community members shall submit applications to become a Volunteer Member and their qualifications in writing to the District office. The Committee shall conduct interviews of qualified applicants. The Committee selections will be recommended to the Board for approval.

2.3. Meetings and Voting. The Committees meet on a monthly basis as necessary prior to meetings of the full Board. Meetings are convened by the committee chairperson in coordination with District staff. In accordance with their responsibilities, Volunteer Members shall participate in the committee process including participating in voting at the committee meetings and making recommendations to the full Board. However, votes and recommendations of Volunteer Members while noted in the record shall be advisory in nature only. The votes of the District Board Representatives shall be the recommendation, which shall be forwarded to the full District Board of Directors for consideration.



2.4. Conflicts of Interest. Volunteer Members shall not make or influence a recommendation or decision related to any committee recommendation which will benefit the Volunteer Member's outside employment, business, or personal financial interest or benefit an immediate family member, such as a spouse, child or parent. A Volunteer Member shall not participate, discuss or vote on any issue, or recommendation which directly inures to his or her financial interest or with respect to which he or she has any other conflict of interest. Volunteer Members shall follow the adopted District Conflict of interest Code in accordance with California law.

3. PROGRAM COMMITTEE. In accordance with the District's mission and strategic plan, the grant program provides funds to qualified nonprofit and governmental grantees to make positive impacts on community health and improve access to health care. The Program Committee recommends grant making policy to the Board of Directors and guides and monitors District grant making functions and program-related activities through which the District carries out its strategic plan to improve the health of the District's residents. This committee may include up to five Volunteer Members, and may include a student representative.

3.1. Responsibilities. The responsibilities of the Program Committee include the following:

- To identify trends and healthcare needs that can be addressed by the District and provide input on needs assessments conducted by District staff.
- To provide vision and guidance on the development of the District's strategic plan.
- To provide advice, counsel and feedback to staff as needed during program development.
- To monitor implementation of the District's strategic plan and program-related activities to ensure programs are achieving the desired impact.
- To identify key program issues to be discussed at the Board level.
- To consider grant proposals and recommendations provided by staff and make recommendations of grants to approve to the District's Board of Directors.



4. F&A COMMITTEE. In accordance with the District Bylaws, this committee shall be responsible for oversight and for making recommendations to the Board where appropriate on matters related to finance, administration, human resources, property management, legal affairs, (including legislation) real estate and information systems (IS). This committee may include up to three Volunteer Members, and may include a student representative.

4.1 Responsibilities. The responsibilities of the F&A Committee include the following:

- To understand the financial needs and conditions of the District.
- To provide objective perspective regarding finances.
- To provide advice, counsel and feedback to the committee as requested during budget development.

5. STRATEGIC PLANNING COMMITTEE. In accordance with the District Bylaws, this committee shall meet quarterly and more often, if needed, and shall be responsible for monitoring the Districts' progress in achieving the expectations outlined in the District's strategic plan.

5.1 Responsibilities. The responsibilities of the Strategic Planning Committee include the following:

- Responsible for monitoring the District's progress in achieving the expectations outlined in its strategic plan.
- To monitor implementation of the District's strategic plan and program-related activities to ensure programs/initiatives are achieving the desired impact.

6. HOSPITAL LEASE OVERSIGHT COMMITTEE. In accordance with the District Bylaws, this committee shall meet quarterly or more often, if needed, and shall be responsible for oversight to ensure compliance with the terms of the current lease of



Desert Regional Medical Center.

6.1 Responsibilities. The responsibilities of the Hospital Lease Oversight Committee include the following:

- Review of all mandated Hospital operation scores and reports performed by independent third parties.
- Review of quarterly inspections of Hospital facilities.
- Provide updates to the Board of Directors.
- Provide reports on activities of the Hospital.
- Provide an annual report reflective of lease requirements from lessee.

7. RESPONSIBILITIES AND VOLUNTEER AGREEMENT. As a Volunteer Committee Member, I understand and agree that I am responsible, collectively with my fellow committee members, for guiding and monitoring District activities through which the Desert Healthcare District pursues its strategic plan to improve the health of the District's residents. I agree to the following responsibilities and criteria:

Volunteer Members of the District Committees are expected to, and agree to:

1. Make every effort to attend all Committee meetings, including any special scheduled meetings. If any member is absent for three or more meetings within a calendar year, that individual's appointment to this committee will be reviewed.
2. Thoroughly read and understand all the materials in the Committee Orientation Manual and attend any orientation or training sessions and be willing to be a "continual learner" about all matters of importance to philanthropy and to the District, and to take advantage of learning opportunities offered.
3. To participate in providing vision and guidance on the development of the District's strategic plan.



4. To participate in monitoring implementation of the District's strategic plan and program related activities to ensure programs are achieving the desired impact.
5. Review all respective committee packets, and any other materials provided by staff prior to each meeting.
6. Actively participate in committee discussions and deliberations and wisely consider each matter on which the committee is asked to vote.
7. Consider all matters brought before the committee objectively and "on the merits" and make decisions that best represent the interests of the District.
8. Be supportive of the decisions of the committee and the District.
9. Be willing to compromise, if necessary, in order to foster a cooperative atmosphere for all the people who participate in the work of the District.
10. Abide by the Conflict of interest Policy by disclosing any potential conflicts and abstaining from voting or advocating on issues related to conflicts of interest.

Volunteer Name

Date

Committee Chair Person

Date