



**DESERT HEALTHCARE FOUNDATION  
BOARD MEETING  
Board of Directors  
January 28, 2020  
6:30 P.M.**

**Immediately Following the Adjournment of the Desert Healthcare District Board Meeting**

University of California Riverside  
Palm Desert Campus  
Rooms B114-117  
75080 Frank Sinatra Drive  
Palm Desert, CA 92211

***This meeting is handicapped-accessible***

<b>Page(s)</b>	<b>AGENDA</b>	<b>Item Type</b>
	<i>Any item on the agenda may result in Board Action</i>	
	<b>A. CALL TO ORDER – President De Lara</b> Roll Call ____Director Shorr____Director Zendle____Director PerezGil____ Director Rogers, RN____ Director Matthews____ Vice-President/Secretary Borja____President De Lara	
<b>1-3</b>	<b>B. APPROVAL OF AGENDA</b>	<b>Action</b>
	<b>C. PUBLIC COMMENT</b> At this time, comments from the audience may be made on items <i>not</i> listed on the agenda that are of public interest and within the subject-matter jurisdiction of the Foundation. The Board has a policy of limiting speakers to no more than three minutes. The Board cannot take action on items not listed on the agenda. Public input may be offered on agenda items when they come up for discussion and/or action.	
	<b>D. CONSENT AGENDA</b> All Consent Agenda item(s) listed below are considered to be routine by the Board of Directors and will be enacted by one motion. <u>There will be no separate discussion of items unless a Board member so requests, in which event the item(s) will be considered following approval of the Consent Agenda.</u>	<b>Action</b>
<b>4-8</b>	1. BOARD MINUTES	
<b>9-18</b>	a. Board of Directors Meeting – December 17, 2019 b. Approval of the November and December 2019 Financial Statements – F&A Approved January 14, 2020	



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<b>Page(s)</b>	<b>AGENDA</b>	<b>Item Type</b>
	<b>E. DESERT HEALTHCARE FOUNDATION CEO REPORT –</b> Conrado E. Bárzaga, MD	
<b>19-40</b>	1. AB 617 – Consideration to approve CONCUR, Inc. proposal and proposed budget for stakeholder assessment and facilitation services for Eastern Coachella Valley Air Quality Emergency Communication Plan – NTE \$225,000	<b>Action</b>
<b>41-55</b>	2. Consideration to approve a contract for grant #1046 with the Public Health Institute, a project funded through the Avery Trust – Pulmonary Services to gather and analyze data on air quality and health concerns in the Coachella Valley – 3 years – \$250,000	<b>Action</b>
	<b>F. 1. FINANCE, LEGAL, ADMINISTRATION AND REAL ESTATE COMMITTEE –</b> Chair/Treasurer Mark Matthews, President Leticia De Lara, and Director Arthur Shorr	
<b>56-57</b>	1. Meeting Minutes – January 14, 2020 Meeting	Information
	<b>2. PROGRAM COMMITTEE –</b> Chair/Director Carole Rogers, RN; President Leticia De Lara, and Director Evett PerezGil	
<b>58-61</b>	1. Meeting Minutes – January 22, 2020	Information
<b>62-83</b>	2. Consideration to approve the following grant proposals Through the East Valley Funding Allocation:	<b>Action</b>
<b>84-103</b>	a. Grant #1035 – Angel View: <i>Angel View Children’s Outreach (East Valley)</i> – \$50,000	<b>Action</b>
<b>104-123</b>	b. Grant #1038 – Coachella Valley Volunteers in Medicine: <i>Affordable and Accessible Healthcare Services for East Valley Residents</i> – \$50,000	<b>Action</b>
	c. Grant #1036 – Pueblo Unido: <i>Fostering Healthy Communities</i> – \$50,000	Information



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124-151	<ul style="list-style-type: none"><li>3. Behavioral Health Initiative Update</li><li>4. Homelessness Initiative Update<ul style="list-style-type: none"><li>a. Consideration to approve board and staff appointments to the Coachella Valley Association of Governments (CVAG) Homelessness Subcommittee to advise on Coachella Valley Homelessness Engagement &amp; Action Response Team (CVHEART) homelessness collaborative structure and implementation</li></ul></li></ul>	Action
	<b>G. OLD BUSINESS</b>	
	<b>H. NEW BUSINESS</b>	
	<b>I. DIRECTORS' COMMENTS, REPORTS, INFORMATIONAL ITEMS, &amp; STAFF DIRECTION AND GUIDANCE</b>	
	<b>J. ADJOURNMENT</b>	

*If you have any disability which would require accommodation to enable you to participate in this meeting, please email Andrea S. Hayles, Special Assistant to the CEO and Board Relations Officer, at [ahayles@dhcd.org](mailto:ahayles@dhcd.org) or call (760) 323-6110 at least 24 hours prior to the meeting.*



**DESERT HEALTHCARE FOUNDATION  
BOARD OF DIRECTORS MEETING  
MEETING MINUTES  
December 17, 2019**

<b>Directors Present</b>	<b>District Staff Present</b>	<b>Absent</b>
President Les Zendle, MD Vice-President/Secretary Leticia De Lara Treasurer Mark Matthews Director Carole Rogers Director Evett PerezGil Director Karen Borja Director Arthur Shorr	Conrado E. Bázquez, MD, CEO Donna Craig, Senior Program Officer Alejandro Espinoza, Program Officer and Outreach Director Will Dean, Marketing and Communications Director Meghan Kane, Program & Research Analyst Vanessa Smith, Special Programs & Projects Manager Andrea S. Hayles, Clerk of the Board  <u>Legal Counsel</u> Jeff Scott	Chris Christensen, CAO

<b>AGENDA ITEMS</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>A. Call to Order</b>  <b>Roll Call</b>	President Zendle called the meeting to order at 7:23 p.m.  The Clerk of the Board called the roll with all Directors present.	
<b>B. Approval of Agenda</b>	President Zendle asked for a motion to approve the agenda.	<b>#18-34 MOTION WAS MADE by Director Matthews, seconded by Director Rogers to approve the agenda. Motion passed unanimously. AYES – 7 President Zendle, Vice-President De Lara, Director Matthews, Director Rogers, Director PerezGil, Director Borja, and Director Shorr. NOES – 0 ABSENT – 0</b>
<b>C. Public Comment</b>		
<b>D. Consent Agenda</b> 1. <b>Board Minutes</b> a. <b>Board of Directors Meeting – November 26, 2019</b>	President Zendle asked for a motion to approve the consent agenda.	<b>#18-35 MOTION WAS MADE by Director Rogers, seconded by Director Shorr to approve the consent agenda. Motion passed unanimously.</b>





**DESERT HEALTHCARE FOUNDATION  
BOARD OF DIRECTORS MEETING  
MEETING MINUTES  
December 17, 2019**

		<p><b>AYES – 7 President Zendle, Vice-President De Lara, Director Matthews, Director Rogers, Director PerezGil, Director Borja, and Director Shorr.</b></p> <p><b>NOES – 0</b></p> <p><b>ABSENT – 0</b></p>
<p><b>E. Desert Healthcare Foundation CEO Report</b></p> <p><b>1. Homelessness Initiative</b></p>	<p>Conrado Bárzaga, MD, CEO, provided an update on the homelessness initiative, commencing with the Barbara Poppe report in November 2018; as a result, the Foundation successfully implemented the summer overnight cooling centers, expanded the Homeless Emergency Aid Program (HEAP) grant funding for the 100 familiar faces program while adopting the CV Housing First contract using Path of Life with operations during the day, and the facility on El Cielo will provide direct services, rapid resolution diversion, and an orientation for the rapid service providers.</p> <p>Greg Rodriguez, Government Relations and Public Policy Advisor, Supervisor Perez, explained that for FY20-21 the county would welcome matching funds from the District; however, Governor Newsom is seeking obligations from counties</p>	



**DESERT HEALTHCARE FOUNDATION  
BOARD OF DIRECTORS MEETING  
MEETING MINUTES  
December 17, 2019**

<p style="text-align: center;"><b>2. Airborne Environmental Hazards Update</b></p>	<p>and cities. In January, there will be a full analysis report that incorporates Barbara Poppe’s recommendations, also explaining that the Coachella Valley is ahead of other areas, serving as a model.</p> <p>The Airborne Environmental Hazards was postponed to the January meeting.</p>	
<p><b>F. Program Committee</b></p> <p><b>1. Letter of Interest and Pending Applications</b></p> <p><b>a. Consideration to approve Grant #104 – Riverside Community Housing Corporation: Oasis Mobile Home Park Drinking Water Initiative - \$15,844</b></p> <p><b>2. Behavioral Health Initiative</b></p> <p><b>a. Consideration to approve the Behavioral Health Workplan that incorporates a Senior Program Officer and Senior Development Officer</b></p>	<p>Director Rogers explained the Riverside Community Housing Corporation Oasis Mobile Home Park Drinking Water Initiative request for \$15,844.</p> <p>Donna Craig, Chief Program Officer, provided additional details for an emergency stopgap supplied by Coachella Valley Water District, including water filtration devices.</p> <p>Conrado Barzaga, MD, CEO, explained the results of EVALCORP’s behavioral health needs assessment presented to the Green Ribbon Committee, the allocation with a collective impact that requires resources, and hiring two</p>	<p><b>#18-36 MOTION WAS MADE by Director De Lara, seconded by Director Rogers to approve Grant #104 – Riverside Community Housing Corporation: Oasis Mobile Home Park Drinking Water Initiative - \$15,844.</b></p> <p><b>Motion passed unanimously.</b></p> <p><b>AYES – 7 President Zendle, Vice-President De Lara, Director Matthews, Director Rogers, Director PerezGil, Director Borja, and Director Shorr.</b></p> <p><b>NOES – 0</b></p> <p><b>ABSENT – 0</b></p> <p><b>#18-37 MOTION WAS MADE by Director Rogers, seconded by Director De Lara to approve Grant #104 – Behavioral Health Workplan that incorporates a Senior Program Officer and Senior Development Officer.</b></p> <p><b>Motion passed unanimously.</b></p> <p><b>AYES – 7 President Zendle, Vice-President De Lara, Director Matthews, Director Rogers, Director PerezGil, Director Borja, and Director Shorr.</b></p>



**DESERT HEALTHCARE FOUNDATION  
BOARD OF DIRECTORS MEETING  
MEETING MINUTES  
December 17, 2019**

	<p>additional staff with a robust strategy.</p> <p>Director Rogers inquired on an advisory committee and the possibility of hiring student volunteer residents. Dr. Bárzaga explained that the Green Ribbon Committee will serve as an advisor and students can assist with the project.</p>	<p><b>NOES – 0 ABSENT – 0</b></p>
<b>G. Old Business</b>		
<b>H. New Business</b>	<p>There was no new business.</p>	
<b>I. Directors' Comments, Reports, Informational Items, &amp; Staff Direction and Guidance</b>	<p>President Zendle congratulated the newly elected officers and reflected on the momentous 18 months with the expansion, the addition of new Board members, and the CV Link decision.</p> <p>Vice-President De Lara also detailed the year, what she's learned, accomplishments, and looking forward to the coming year, while wishing all staff a Merry Christmas.</p> <p>Director Shorr explained his reflection of the year, the wide variety of opinions, and his privilege to participate and serve on the Board.</p>	

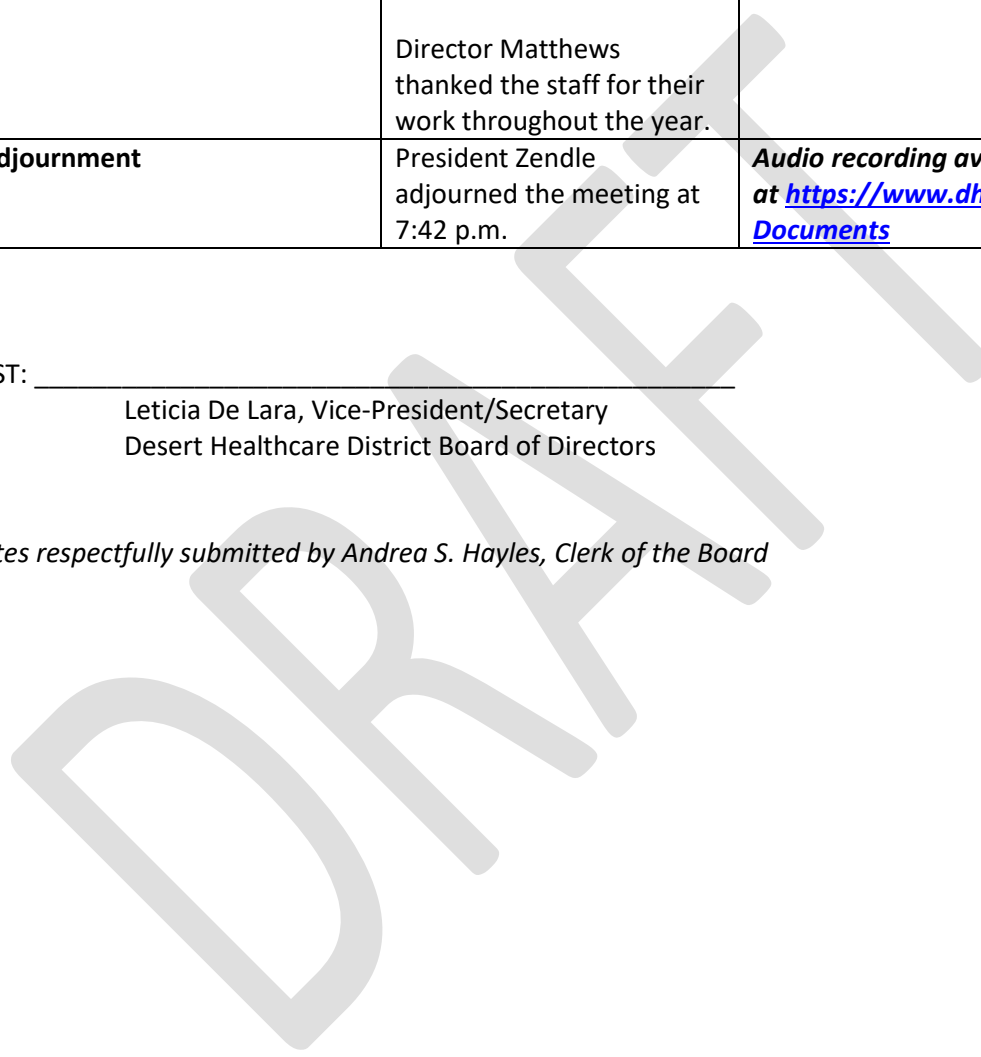


**DESERT HEALTHCARE FOUNDATION  
BOARD OF DIRECTORS MEETING  
MEETING MINUTES  
December 17, 2019**

	<p>Director PerezGil thanked the staff for making her role easier, the inspiration and the support in the past year, and wished everyone a blessed Christmas.</p> <p>Director Matthews thanked the staff for their work throughout the year.</p>	
<b>J. Adjournment</b>	<p>President Zendle adjourned the meeting at 7:42 p.m.</p>	<p><b>Audio recording available on the website at <a href="https://www.dhcd.org/Agendas-and-Documents">https://www.dhcd.org/Agendas-and-Documents</a></b></p>

ATTEST: \_\_\_\_\_  
 Leticia De Lara, Vice-President/Secretary  
 Desert Healthcare District Board of Directors

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



<b>DESERT HEALTHCARE FOUNDATION</b>					
<b>NOVEMBER &amp; DECEMBER 2019 FINANCIAL STATEMENTS</b>					
<b>INDEX</b>					
Statement of Operations					
Balance sheet					
Allocation of Restricted Funds					
Deposit Detail					
Check Register					
Credit Card Expenditures					
Schedule of Grants					



**Desert Healthcare Foundation**  
**Profit & Loss Budget vs. Actual**  
July through December 2019

	MONTH						TOTAL		
	Nov 19	Budget	\$ Over Budget	Dec 19	Budget	\$ Over Budget	Jul - Dec 19	Budget	\$ Over Budget
<b>Income</b>									
4000 · Gifts and Contributions	6,195	-	6,195	50,000	-	50,000	76,576	-	76,576
4003 · Grants	-	29,167	(29,167)	-	29,167	(29,167)	200,000	175,002	24,998
4116 · Bequests - Frederick Lowe	8,520	5,417	3,103	659	5,417	(4,758)	28,889	32,502	(3,613)
4130 · Misc. Income	-	83	(83)	-	83	(83)	-	498	(498)
8015 · Investment Interest Income	15,920	8,333	7,587	15,923	8,333	7,590	93,285	49,998	43,287
8040 · Restr. Unrealized Gain/(Loss)	56,450	14,583	41,867	49,396	14,583	34,813	218,192	87,498	130,694
<b>Total Income</b>	<b>87,085</b>	<b>57,583</b>	<b>29,502</b>	<b>115,978</b>	<b>57,583</b>	<b>58,395</b>	<b>616,942</b>	<b>345,498</b>	<b>271,444</b>
<b>Expense</b>									
5001 · Accounting Services Expense	661	667	(6)	661	667	(6)	3,966	4,002	(36)
5035 · Dues & Memberships Expense	-	42	(42)	-	42	(42)	25	252	(227)
5057 · Investment Fees Expense	2,245	2,500	(255)	2,388	2,500	(112)	23,228	15,000	8,228
5065 · Legal Costs Ongoing Expense	-	83	(83)	-	83	(83)	-	498	(498)
5101 · DHCD-Exp Alloc Wages& benefits	25,473	27,854	(2,381)	25,473	27,854	(2,381)	152,838	167,124	(14,286)
5106 · Marketing & Communications	21	3,958	(3,937)	2,911	3,958	(1,047)	4,184	23,748	(19,564)
5110 · Other Expenses	240	417	(177)	1,590	417	1,173	2,801	2,502	299
5115 · Postage & Shipping Expense	-	8	(8)	-	8	(8)	-	48	(48)
5120 · Professional Fees Expense	-	83	(83)	-	83	(83)	-	498	(498)
5210 · RSS Jr - Overhead Allocation	(475)	(1,417)	942	-	(1,417)	1,417	(3,947)	(8,502)	4,555
8051 · Major grant expense	-	20,833	(20,833)	-	20,833	(20,833)	218,716	124,998	93,718
8052 · Grant Expense - Collective/Mini	-	27,500	(27,500)	-	27,500	(27,500)	-	165,000	(165,000)
8053 · Grant Expense - RSS Jr	-	5,000	(5,000)	-	5,000	(5,000)	-	30,000	(30,000)
<b>Total Expense Before Social Services Fund</b>	<b>28,166</b>	<b>87,528</b>	<b>(59,362)</b>	<b>33,023</b>	<b>87,528</b>	<b>(54,505)</b>	<b>401,813</b>	<b>525,168</b>	<b>(123,355)</b>
5054 · Social Services Fund	6,000	3,333	2,667	-	3,333	(3,333)	12,000	19,998	(7,998)
<b>Net Income</b>	<b>52,919</b>	<b>(33,278)</b>	<b>86,197</b>	<b>82,955</b>	<b>(33,278)</b>	<b>116,233</b>	<b>203,134</b>	<b>(199,668)</b>	<b>402,802</b>



**Desert Healthcare Foundation**  
**Balance Sheet**  
As of December 31, 2019

				Dec 31, 19
<b>ASSETS</b>				
<b>Current Assets</b>				
<b>Checking/Savings</b>				
<b>100 · CASH</b>				
		146 · Checking - Pacific Premier 6718		10,797
		149 · Money Market - Pacific Premier		1,945
		150 · Petty Cash		200
		151 · Checking - Union Bank 7611		632,287
		155 · Summer Homeless Survival Fund		10,929
<b>Total Checking/Savings</b>				<b>656,158</b>
<b>Other Current Assets</b>				
<b>476-486 · INVESTMENTS</b>				
<b>477 · Morgan Stanley-Investments</b>				
		477.2 · Unrealized Gain/(Loss)		82,513
		477 · Morgan Stanley-Investments - Other		3,978,222
<b>Total 477 · Morgan Stanley-Investments</b>				<b>4,060,735</b>
<b>486 · Merrill Lynch</b>				
		486.1 · Merrill Lynch Unrealized Gain		549,749
		486 · Merrill Lynch - Other		1,684,855
<b>Total 486 · Merrill Lynch</b>				<b>2,234,604</b>
<b>Total 476-486 · INVESTMENTS</b>				<b>6,295,338</b>
<b>500 · CONTRIBUTIONS -RCVB -CRTS</b>				
		515 · Contrib RCVB-Pressler CRT		63,217
		530 · Contrib RCVB-Guerts CRT		126,022
<b>Total 500 · CONTRIBUTIONS -RCVB -CRTS</b>				<b>189,239</b>
		601 · Prepaid Payables		4,465
<b>Total Other Current Assets</b>				<b>6,489,042</b>
<b>Total Current Assets</b>				<b>7,145,200</b>
<b>TOTAL ASSETS</b>				<b>7,145,200</b>



**Desert Healthcare Foundation**  
**Balance Sheet**  
As of December 31, 2019

				Dec 31, 19
<b>LIABILITIES &amp; EQUITY</b>				
<b>Liabilities</b>				
<b>Current Liabilities</b>				
<b>Accounts Payable</b>				
		1000 · Accounts Payable		1,363
		1052 · Account payable-DHCD Exp Alloc		27,543
		<b>Total Accounts Payable</b>		<b>28,906</b>
<b>Other Current Liabilities</b>				
		2190 · Current - Grants payable		2,358,307
		<b>Total Current Liabilities</b>		<b>2,387,214</b>
<b>Long Term Liabilities</b>				
		2186 · Grants payable		2,260,000
		<b>Total Liabilities</b>		<b>4,647,214</b>
<b>Equity</b>				
		3900 · Retained Earnings		2,294,853
		Net Income		203,134
		<b>Total Equity</b>		<b>2,497,986</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>				<b>7,145,200</b>



DESERT HEALTHCARE FOUNDATION					
BALANCE SHEET 12/31/19					
ALLOCATION OF MAJOR CATEGORIES/LIABILITIES					
		T/B	GENERAL Fund	Restricted Funds	Trusts
<b>ASSETS</b>					
	146 · Checking Pacific Premier 6718	10,797	10,797		
	149 · Money Market Pacific Premier Bank	1,945	1,945		
	150 · Petty Cash	200	200		
	151 · Checking - Union Bank 7611	632,287	632,287		
	155 · Summer Homeless Survival Fund	10,929		10,929	
	<b>Total 100 · CASH - UNRESTRICTED</b>	<b>656,158</b>	<b>645,229</b>	<b>10,929</b>	<b>-</b>
	477 · Invt-Morgan Stanley				
	477.2 · Unrealized Gain	82,513	82,513		
	477 · Invt-Morgan Stanley	3,978,222		3,978,222	
	<b>Total 477 · Invt-Morgan Stanley</b>	<b>4,060,735</b>	<b>82,513</b>	<b>3,978,222</b>	
6441	486.1 · Merrill Lynch Unrealized Gain	549,749	549,749		
	486 · Merrill Lynch	1,684,855	1,055,698	629,157	
	<b>Total 486 · Merrill Lynch</b>	<b>2,234,604</b>	<b>1,605,447</b>	<b>629,157</b>	
	515 · Contrib RCVB-Pressler CRT	63,217			63,217
	530 · Contrib RCVB-Guerts CRT	126,022			126,022
	601 - Prepaid payables	4,465	4,465		
	<b>Total Current Assets</b>	<b>7,145,200</b>	<b>2,337,654</b>	<b>4,618,307</b>	<b>189,239</b>
	<b>TOTAL ASSETS</b>	<b>7,145,200</b>	<b>2,337,654</b>	<b>4,618,307</b>	<b>189,239</b>
<b>LIABILITIES &amp; EQUITY</b>					
<b>Liabilities</b>					
Current Liabilities					
Accounts Payable					
	1000 · Accounts Payable	1,363	1,363		
	1052 - Account Payable - DHCD - Alloc Expenses	27,543	27,543		
	2190 - Grants Payable - Current Portion	2,358,307		2,358,307	
	<b>Total Current Liabilities</b>	<b>2,387,214</b>	<b>28,906</b>	<b>2,358,307</b>	<b>-</b>
	2186 - Grant Payable - Long Term	2,260,000		2,260,000	
	<b>Total Liabilities</b>	<b>4,647,214</b>	<b>28,906</b>	<b>4,618,307</b>	<b>-</b>
<b>Equity</b>					
	3900 · Retained Earnings	2,294,853	2,105,614		189,239
	Net Income	203,134	203,134		
	<b>Total Equity</b>	<b>2,497,986</b>	<b>2,308,748</b>	<b>-</b>	<b>189,239</b>
	<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>7,145,200</b>	<b>2,337,654</b>	<b>4,618,307</b>	<b>189,239</b>



**Desert Healthcare Foundation**  
**Deposit Detail**  
November through December 2019

Type	Date	Name	Account	Amount
Deposit	11/19/2019		151 · Checking - Union Bank 7611	8,425
		American Society of Composers	4116 · Bequests - Frederick Lowe	(8,425)
TOTAL				(8,425)
Deposit	11/25/2019		151 · Checking - Union Bank 7611	95
		Warner Music Group Services	4116 · Bequests - Frederick Lowe	(95)
TOTAL				(95)
Deposit	11/26/2019		155 · Summer Homeless Survival Fund	6,195
		Misc.	4000 · Gifts and Contributions	(1,175)
		Misc.	4000 · Gifts and Contributions	(5,000)
		Misc.	4000 · Gifts and Contributions	(10)
		Misc.	4000 · Gifts and Contributions	(10)
TOTAL				(6,195)
Deposit	12/16/2019		151 · Checking - Union Bank 7611	25,000
		California Endowment	4000 · Gifts and Contributions	(25,000)
TOTAL		- CHNA Contribution		(25,000)
Deposit	12/17/2019		151 · Checking - Union Bank 7611	25,000
		Borrego Community Health Fdn	4000 · Gifts and Contributions	(25,000)
TOTAL		- CHNA Contribution		(25,000)
Deposit	12/26/2019		151 · Checking - Union Bank 7611	659
		Warner Music Group Services	4116 · Bequests - Frederick Lowe	(659)
TOTAL				(659)
Deposit	12/31/2019		149 · Money Market - Pacific Premier	1
			8015 · Investment Interest Income	(1)
TOTAL				(1)
			<b>Total - Foundation Checking 7611</b>	<b>59,179</b>
			<b>Total - Summer Homeless Survival Fund</b>	<b>6,195</b>
			<b>Total - Money Market</b>	<b>1</b>



**Desert Healthcare Foundation**  
**Check Register**  
November & December, 2019

Type	Date	Num	Name	Amount
<b>100 · CASH</b>				
<b>146 · Checking - Pacific Premier 6718</b>				
Bill Pmt -Check	11/25/2019	11054	City of Palm Springs	(354,558)
Bill Pmt -Check	12/09/2019	11055	Desert Healthcare District - VOID	-
Bill Pmt -Check	12/09/2019	11056	Desert Healthcare District - Interco Pmt	(135,292)
Total 146 · Checking - Pacific Premier 6718				(489,850)
<b>151 · Checking - Union Bank 7611</b>				
Bill Pmt -Check	11/06/2019	5005	Leap Online Marketing	(95)
Bill Pmt -Check	11/06/2019	5006	Meghan Kane-	(378)
Bill Pmt -Check	11/06/2019	5007	Vanessa Smith	(67)
Bill Pmt -Check	11/18/2019	5008	Moss, Levy & Hartzheim LLP	(1,430)
Bill Pmt -Check	11/18/2019	5009	Secretary of State	(20)
Bill Pmt -Check	11/25/2019	5010	Boys & Girls Club of Palm Springs	(7,030)
Bill Pmt -Check	11/25/2019	5011	Cardmember Services	(21)
Bill Pmt -Check	11/25/2019	5012	Desert Recreation District	(12,691)
Bill Pmt -Check	11/25/2019	5013	Desert Regional Medical Ctr Aux	(6,000)
Check	11/25/2019		Bank Service Fee	(220)
Bill Pmt -Check	12/09/2019	5014	Boys & Girls Club of Palm Springs	(4,768)
Bill Pmt -Check	12/09/2019	5015	Palms to Pines Printing	(1,846)
Bill Pmt -Check	12/19/2019	5016	Cardmember Services	(2,911)
Bill Pmt -Check	12/19/2019	5017	Coachella Valley Assoc of Governments	(100,000)
Check	12/26/2019		Bank Service Fee	(227)
Total 151 · Checking - Union Bank 7611				(137,704)
<b>155 · Summer Homeless Survival Fund</b>				
Total 155 · Summer Homeless Survival Fund				
Total 100 · CASH				(627,554)
<b>TOTAL</b>				<b>(627,554)</b>



Desert Healthcare Foundation						
Details for credit card Expenditures						
Credit card purchases - October 2019 - Paid November 2019						
Number of credit cards held by Foundation personnel - 2						
Credit Card Limit - \$5,000						
Credit Card Holders:						
Conrado Bárzaga - Chief Executive Officer						
Chris Christensen - Chief Administration Officer						
Routine types of charges:						
Office Supplies, Dues for membership, Supplies for Projects, Programs, etc.						
		Statement				
Year	Month Charged	Total Charges	Expense Type	Amount	Purpose	
		\$ 20.99				
Chris' Statement:						
2019	October	\$ 20.99	Foundation			
				5106	\$ 10.99	cvHIP.com hosting
				5106	\$ 10.00	Desert Sun subscription - marketing
				\$ 20.99		



**Desert Healthcare Foundation  
Details for credit card Expenditures**

**Credit card purchases - November 2019 - Paid December 2019**

Number of credit cards held by Foundation personnel - 2

Credit Card Limit - \$5,000

Credit Card Holders:

Conrado Bárzaga - Chief Executive Officer

Chris Christensen - Chief Administration Officer

Routine types of charges:

Office Supplies, Dues for membership, Supplies for Projects, Programs, etc.

Year	Statement		Expense Type	Amount	Purpose
	Month Charged	Total Charges			
		\$ 2,910.99			
Chris' Statement:					
2019	November	\$ 2,910.99	Foundation		
			5106	\$ 2,890.00	Desert Charity News - Jan-March 2020
			5106	\$ 10.99	cvHIP.com hosting
			5106	\$ 10.00	Desert Sun subscription - marketing
				<b>\$ 2,910.99</b>	



DESERT HEALTHCARE FOUNDATION							
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE							
December 31, 2019							
TWELVE MONTHS ENDED JUNE 30, 2020							
A/C 2190 and A/C 2186-Long term			6/30/2019	New Grants	Total Paid	12/31/2019	
Grant ID Nos.	Name		Open	Current Yr	July-June	Open	
			BALANCE	2019-2020		BALANCE	
	Mayor's Check recorded - \$100K HP		\$ 31,898		\$ 8,678	\$ 23,220	100 HP-cvHIP
	Mayor's Check recorded - \$100K HP		\$ 100,000		\$ -	\$ 100,000	100 HP - cvHIP
BOD - 7/25/17 (#937)	*West Valley Homelessness Initiative - Matching Grant		\$ 1,125,712		\$ 1,109,068	\$ 16,643	Homelessness
BOD - 9/26/17- RSS	RSS Funds-From Investment Funds for additional 4th year		\$ 53,810		\$ -	\$ 53,810	RSS
TCE Grant 01/31/18	Cal Endowment - Community & Health Policy Analysts 12/1/17- 11/30/18		\$ 64,817		\$ 30,768	\$ 34,049	TCE
BOD - 04/24/18	Behavioral Health Initiative Collective Fund		\$ 1,985,200		\$ 33,200	\$ 1,952,000	Behavioral Health
BOD - 06/26/18 BOD	Avery Trust Funds-Committed to Pulmonary services		\$ 1,000,000		\$ -	\$ 1,000,000	
BOD - 10/23/18 BOD	RSS Grant from Desert Healthcare District		\$ 16,762		\$ 5,818	\$ 10,945	
BOD - 5/28/19 BOD (#993)	Galilee Center - Emergency Services		\$ 41,250		\$ -	\$ 41,250	
BOD - 6/25/19 BOD (#1006)	DHCD - Homelessness Initiative Collective Fund		\$ 1,000,000		\$ -	\$ 1,000,000	
F&A - 06/11/19	\$300k East Valley Grant Funding - \$225k Balance		\$ 225,000		\$ -	\$ 225,000	
BOD - 09/24/19 BOD (#1025)	RSS Grant from Desert Healthcare District			\$ 200,000	\$ 38,610	\$ 161,390	
<b>TOTAL GRANTS</b>			<b>\$ 5,644,450</b>	<b>\$ 200,000</b>	<b>\$ 1,226,142</b>	<b>\$ 4,618,307</b>	
<b>Summary: As of 12/31/19</b>			\$ 217,292		A/C 2190	\$ 2,358,307	
Health Portal (CVHIP):	\$ 123,220		\$ 200,000		A/C 2186	\$ 2,260,000	
Ready Set Swim	\$ 226,145		\$ 417,292		Total	\$ 4,618,307	
West Valley Homelessness Initiative	\$ 1,016,643		\$ 5,227,158		Diff	\$ -	
Cal Endowment-Analysts	\$ 34,049						
Behavioral Health Initiative Collective Fund	\$ 1,952,000						
Avery Trust - Pulmonary Services	\$ 1,000,000						
Galilee Center - Emergency Services	\$ 41,250						
\$300k East Valley Grant Funding - \$225k Balance	\$ 225,000						
<b>Total</b>	<b>\$ 4,618,307</b>						
* West Valley Homelessness Initiative - COMMITTED FUNDS \$2,016,044 (BALANCE \$983,956)							
<b>Amts available/remaining for Grant/Programs - FY 2019-20:</b>			<b>FY20 Grant Budget</b>				
<b>Amount budgeted 2019-2020</b>		\$ 640,000		\$ 250,000			
<b>Amount granted year to date</b>		\$ (200,000)		\$ 390,000			
Mini Grants:							
Net adj - Grants not used:							
<b>Balance available for Grants/Programs</b>		<b>\$ 440,000</b>					



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: January 28, 2020  
To: Board of Directors  
Subject: Recommendation to approve a Service Agreement with CONCUR, Inc. to complete an Emergency Communication Plan related to Prevention, Mitigation and Emergency Preparedness related to Airborne Environmental Hazards in Eastern Coachella Valley.

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**Recommendation:**

Consideration to approve the Service Agreement with CONCUR, Inc. to complete an Emergency Communication Plan involving Prevention, Mitigation, and Emergency Preparedness for Airborne Environmental Hazards in the Eastern Coachella Valley (ECV).

**Background:**

- At November 2019 Foundation meeting, the Board approved a \$500,000 allocation from the Robert Avery Family Trust to address Airborne Environmental Hazards that impact pulmonary functions of Eastern Coachella Valley residents, to advance research and rehabilitation solutions for the ECV population.
- The Board directed staff to identify a Consultant to facilitate a stakeholder's engagement process to identify strategies to mitigate and prevent the high levels of airborne environmental hazards.
- Subsequently, staff contacted the Udall Foundation, an independent executive branch agency of the Federal Government established by U.S. Congress in 1992 to honor Morris K. Udall's lasting impact on this nation's environment, public lands, and natural resources, and his support of the rights and self-governance of American Indians and Alaska Natives.
- Udall Foundation recommended staff to contact CONCUR, Inc, a California-based private consultancy company with significant experience and expertise addressing similar situations across the United States.
- CONCUR, Inc. and District staff discussed the urgent needs of our region and is presenting a Service Agreement to advance this work.

**Fiscal Impact:**

- NTE \$225,000 – Board approved allocation from the \$1M Avery Trust Funds.

## **CONSULTING SERVICES AGREEMENT**

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

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

1. District would like to retain the professional services of Consultant to design and facilitate a constructive collaborative effort to address air quality issues in the Coachella Valley.
2. Consultant has specialized experience in development of assessments for environmental issues necessary to provide the professional services (“Services”) as more specifically outlined in the attached Exhibit “A” (“Consultant Proposal”).

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

#### **1. CONSULTANT’S SERVICES.**

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

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

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

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



## **2. FEES AND PAYMENTS.**

2.1 Compensation for Services. For the full and satisfactory performance of the Services, District shall compensate Consultant a Not To Exceed amount of \$225,000, plus customary expenses.

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

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

## **3. TERM; TERMINATION.**

3.1 Term. The term of this Agreement shall run from the date this Agreement is fully executed until December 31, 2020, subject to Section 1.3 above or the District's right to terminate sooner for convenience.

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

## **4. INDEPENDENT CONTRACTOR.**

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

## **5. OWNERSHIP OF DOCUMENTS.**

All deliverables and other documents generated by Consultant in the performance of the Services, including all work papers, work-in-progress, designs, documents, data, ledgers, journals and reports prepared by Consultant as a part of Consultant's Services

shall belong to and be subject to the sole ownership and use of the District. The provisions of this Paragraph 5 shall survive any termination of this Agreement.

**6. INDEMNIFICATION.**

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

**7. NOTICE.**

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

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

To: Consultant  
CONCUR, Inc.  
1832 Second Street  
Berkeley, CA 94710

**8. MISCELLANEOUS PROVISIONS.**

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

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

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

conflict with this Agreement, are intended to be replaced in total by this Agreement and its schedules.

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

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

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

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

“District”:

“Consultant”:

Desert Healthcare District

CONCUR, Inc.

By: \_\_\_\_\_  
Leticia DeLara, President

By: \_\_\_\_\_  
Scott McCreary, PhD. Principal

Date: \_\_\_\_\_

Date: \_\_\_\_\_



1832 2<sup>nd</sup> Street  
Berkeley, California 94710  
Phone: (510) 649-8008  
Fax: (510) 649-1980  
[scott@concurinc.net](mailto:scott@concurinc.net)  
[www.concurinc.com](http://www.concurinc.com)

January 16, 2020

Conrado Barzaga, MD  
Chief Medical Officer  
1140 North Indian Canyon Drive  
Palm Springs, CA 92215  
Conrado Barzaga <cbarzaga@dhcd.org>

**RE: CONCUR, Inc. Statement of Qualifications and Proposed Budget for Stakeholder Assessment and Facilitation Services for Coachella Valley Air Quality Emergency Communication Plan**

Dear Conrado,

We are very pleased to respond to your invitation to submit a proposal to design and facilitate a constructive collaborative effort to address air quality issues in the Eastern Coachella Valley.

We believe that our firm is a very strong match for the skill set and capabilities you seek as demonstrated by both our proposed approach and past experience:

- CONCUR specializes in structuring collaborative processes involving diverse stakeholders striving to deal constructively with complex environmental and public health issues.
- Our project experience spans local, state, and national issues – and we are skilled at working closely with a broad set of agencies and local interests to ensure our work is forward-looking, pragmatic, and responsive to community needs.
- A major part of CONCUR’s work over the past twenty years has been to convene processes to deal wisely with technically complex issues. This work is broad based: it has spanned ranking of environmental risks, establishing new methodologies to guide restoration, and devising site-specific plans to avoid environmental impacts and build in sustained monitoring and adaptive management to ensure that commitments made are kept, implemented, and updated to be responsive to changing environmental and budget conditions. independent technical workshops to rank and prioritize responses to environmental impacts.
- We have exceptionally strong experience in working on environmental issues involving rural and indigenous communities. This work includes projects in all regions of the U.S. and many projects directly addressing species of concern under the Endangered Species Act.
- We are experienced in working with agency leaders and technical advisors, agency scientists, and independent scientists on complex high-profile policy initiatives. We pride

ourselves on the close professional working relationships we form and maintain with conveners, technical experts and participants in multiparty deliberations.

- CONCUR has extensive experience working with public agencies and consortia of agencies to craft plans with carefully considered goals, objectives, milestones, and deliverables. We find that this approach engages diverse partners and builds in mechanisms to reinforce accountability.

The attached proposal includes our understanding of the issue, relevant project summaries, CONCUR Inc. biographies, our proposed approach, and our price proposal.

We ask that you please confirm receipt of this Proposal, and please feel free to contact us with any questions.

Regards,

A handwritten signature in black ink that reads "Scott McCreary". The signature is written in a cursive, slightly slanted style.

Scott McCreary, Ph.D. Principal

## **Proposal: Stakeholder Assessment and Facilitation for Coachella Air Quality Emergency Communication Plan**

### **Proposal Overview**

This Proposal includes the following sections:

#### **Section I: Statement of Qualifications and Proposal**

- 1.0 Our Understanding of the Issue
- 2.0 Relevant Project Summaries
  - 2.1 Port of Oakland - Maritime Air Quality Improvement Plan
  - 2.2 Stakeholder Assessment for Ocean Planning in American Samoa
  - 2.3 Louisiana Comparative Risk Project
  - 2.4 Trinidad Enviro Management Agency Aluminum Smelter Review
  - 2.5 Guadalupe River Flood Control Project Collaborative
  - 2.6 California Energy Efficiency Coordinating Committee
- 3.0 CONCUR Inc. Biographies
  - 3.1 CONCUR, Inc
  - 3.2 Scott McCreary, Principal, PhD
  - 3.3 Meredith Cowart, Associate, MF
- 4.0 Proposed Approach to Completing the Statement of Work

Section II: Price Proposal (attached)

### **Section I: Statement of Qualifications and Proposal**

#### **1.0 Our Understanding of the Issue**

Residents of the Eastern Coachella Valley experience an extremely high pollution burden, with regards to both air and water quality. These challenges are compounded by social justice issues, including linguistic isolation, low rates of educational attainment, high poverty and unemployment rates (see Table 1 below). Many residents, including children, experience recurrent health problems due to these factors, including extremely high levels of ozone. Chronic and on-going contributors to poor air quality

include Los Angeles smog and natural gas and wastewood burning for energy. In addition, periodic wildfires and illegal burning cause high levels of PM 2.5 and 10, in addition to other pollutants, which cause immediate public health crises. In recent history, several illegal fires at the Sun Valley Recycling Center on the Torres Martinez Desert Cahuilla Indians Tribal land, have exacerbated existing health issues among residents, hospitalizing both children and teachers.

These fires – an in particular the illegal October 14, 2019 52-acre mulch fire on Torres-Martinez land – have highlighted the need for clear accountability and a coordinated tribal, federal, state, county and local agency response when crises of this nature arise. A proper emergency response should also ensure that schools have clear information and plans of action. Congressman Dr. Raul Ruis supports establishing an emergency or crisis communication plan, and development of a stakeholder group to envision a future clean-up and development on tribal land.

Additional areas of concern (such as adequate prevention of fires and other point-sources of pollution, more effective air quality monitoring and response) may be uncovered in our proposed stakeholder assessment, and could also be addressed via a collaborative process.

**Table 1. CalEnviroScreen 3.0 Data**

	Thermal	Mecca	Torres-Martinez Reservation
CalEnviroScreen 3.0 Percentile	70-75%	80 – 85%	70-75%
Pollution Burden Percentile	69	69	61
Ozone (VOCs or NO2 in presence)	91	82	91
PM 2.5	18	8	20
Pesticides	95	92	95
Drinking Water	84	85	60
Solid Waste	94	97	98
Education	95	100	98
Linguistic Isolation	97	99	98
Poverty	88	96	97
Unemployment	68	99	96

Note: A quick scan of CalEnviroScreen 3.0<sup>1</sup> indicates high environmental justice percentiles for several indicators within key communities in the Eastern Coachella Valley. For these communities, the ozone burden is extremely high, as is proximity to solid waste facilities, and exposure to pesticides (PM 2.5

<sup>1</sup> <https://oehha.ca.gov/calenviroscreen/report/calenviroscreen-30>

while relatively low on average, does not reflect short-term spikes in PM 2.5 and 10 due to fires). Educational attainment rates are low, and poverty rates, linguistic isolation and unemployment rates are extremely high. These data are not meant to be conclusive, but illustrative of the full scope of challenges faced by communities in the proposal area.

## **2.0 Relevant Project Summaries**

Our approach to several other projects readily applies to the stakeholder assessment and collaborative engagement work to develop an emergency air quality response plan in Eastern Coachella Valley. Our work often includes conducting an up-front stakeholder assessment of the full range of affected parties, in order to develop a nuanced understanding of both the core and tangential issues at play, build trust with affected parties, develop robust process recommendations, and develop effective proposed ground rules, operating protocols, and/or terms of reference (as needed). This upfront preparation leads to a smoother resolution of major issues as the process unfolds. We are also adept at designing and managing multi-stakeholder processes where multiple agencies (with overlapping and/or contested jurisdictions) are involved, issues (including childhood health) are fraught with emotion, and where there is a need to mobilize technical information within this context. The projects highlighted below provide a cross-section of CONCUR projects in this vein.

### **2.1 Port of Oakland - Maritime Air Quality Improvement Plan (2005-2009 and 2017-2018)**

In 2005-2009, CONCUR worked closely with the Port of Oakland to convene a multi-stakeholder Task Force to address concerns about excessive community exposure to diesel particulate matter (DPM) due to the convergence of ocean-going vessels, harbor craft, cargo handling equipment, drayage trucks, locomotives, and other sources of Port-related emissions. The Task Force made recommendations towards the development of the Maritime Air Quality Improvement Plan (MAQIP), which was implemented by the Port of Oakland and led to a 76% reduction in DPM between 2005 and 2017. In preparation for the Task Force, CONCUR conducted a thorough stakeholder assessment, and used these findings to recruit and appoint Task Force members, as well as to design an effective stakeholder process. Throughout the deliberations, CONCUR worked closely with the full range of stakeholders including the West Oakland Environmental Indicators Project (a very active citizens' group) members, federal, state and regional air regulators, and Port-related industry and commerce representatives. Importantly, meetings also included scientific briefings by outside advisors which were used by Task Force members to identify key exposure concerns and emissions reductions opportunities.

In 2017, the Port of Oakland asked CONCUR to update and reconvene the Task Force to review progress toward the 85% DPM reduction goal, recommend measures to close the gap, and begin planning for future efforts towards "2020 and Beyond" zero emissions goals. CONCUR again conducted



a comprehensive stakeholder assessment prior to the re-launch of the Task Force, and again used these findings to update Task Force membership, identify members of a Co-Chair body, and identify key issues critical to an effective and successful stakeholder engagement process.

## **2.2 Stakeholder Assessment for Ocean Planning in American Samoa**

Working under a contract with the US Institute for Environmental Conflict Resolution, CONCUR lead a Stakeholder Assessment and developed a Stakeholder Engagement Plan in support of the American Samoa Ocean Planning Process. The Stakeholder Engagement Support Project was commissioned to conduct an in-depth assessment of stakeholder interests in ocean planning issues in American Samoa, and enable the Ocean Planning process to more effectively consider the views, interests, concerns, and recommendations of the full range of parties impacted by ocean planning. CONCUR's work entailed development of a project advisory body (to assist us in understanding key issues and local customs), consult and hiring of local translators, survey development, interviews with a cross-section of key informants, and development of stakeholder engagement and policy recommendations.

The stakeholder assessment included over 35 structured interviews of Territory officials, industry representatives, education and recreation groups, and a representative cross-section of mayors (known as Pulenuu). We devised a portion of our interview to take stock of the views of participants about the current status of marine resources, threats to marine resources, and contributions of various sectors and activities to American Samoa's economy. Interviews included both a quantifiable "ranking" section as well as open-ended questions that allowed for in-depth responses and new insights to emerge.

Interview findings and a set of recommendations to help the Planning process more effectively engage government agencies and community leaders in the Ocean Planning process were captured in the final report, available [here](#). A Samoan translation of the Executive Summary is available [here](#).

## **2.3 Louisiana Comparative Risk Project**

CONCUR designed and facilitated the Louisiana Comparative Risk project, one of a series of EPA-funded initiatives to create statewide priorities for cleanup and investment. The Louisiana Comparative Risk Project was the state's first-ever multi-stakeholder dialogue, and it produced a major accord to improve management of the state's environment. The project explicitly ranked 33 environmental issues based on their estimated risk to human health, ecology, and quality of life. A major impetus for this project was the recognition of widespread occurrence of childhood and adult cancer in many regions of the state.

CONCUR’s role in the project included process design, translation of technical information, and facilitation of the very first multi-stakeholder dialogue in the state. Central to this process was the mobilization and synthesis of information by members of a state-appointed technical advisory committee (TAC), composed of University scientists and other public health experts. These structured briefings created a functional bridge between the analytic work of technical experts and the broader cross section of stakeholders who made up the PASC.

With the technical briefings complete, CONCUR designed a structured voting process by which individual rankings of the top 25 issues in the state were considered, discussed, and then ranked in an elicitive process in which all PASC members expressed their preferences. These individual preferences were tallied and aggregated, yielding a consensus ranking of comparative risks and a series of environmental management recommendations.

Overall, the ranking process integrated the perspectives of both the standing stakeholder body and the general public through a day-long “Summit on the Environment” and 11 town meetings to yield a final consensus ranking of the relative risks of the 33 specific issues. The effort also developed broadly-supported environmental policy goals and action strategies. In all, representatives of 12 state agencies and over 30 interest groups, including the environmentalists, fish and wildlife interests, chemical and oil industries, labor and community activists, as well as federal agencies, signed the final agreement. Notably, the implementation vehicle for this work was an Executive Order signed by the governor.

#### **2.4 Trinidad Environmental Management Agency Aluminum Smelter Review**

CONCUR was retained along with Trinidad-based colleagues to provide advice to the Trinidad and Tobago Environmental Management Authority (EMA) on the review of a set of proposals for new, highly contentious aluminum smelters, proposed to take advantage of that nation’s abundant natural gas resources.

CONCUR’s work on this project included a mix of environmental policy analysis, stakeholder assessment, and design of a potential process of independent scientific review, working with colleagues at the Trinidad-based firm DaCosta Gwendoline, Limited. Central to our approach was a situation assessment—the first ever conducted in Trinidad—built upon over 20 interviews with a broad cross section of key stakeholders. They included senior officials of Alcoa, senior government officials, journalists, academicians, local residents, and representatives of the agriculture and fishing communities. Our team used the assessment to identify and clarify the diversity and complexity of stakeholder interests and the range of issues to be engaged.

Our assessment recommended that the EIA process incorporate steps that address the high degree complexity and public controversy and elevate the exchange of information. Our team drew on the

situation assessment to propose specific language to be included in the final TOR. Specifically, the TOR calls for the use of independent scientific review and neutral facilitation of public workshops in which Alcoa representatives will engage key issues about the smelter with local residents and other interested parties. The EMA consulted with the Applicant, Alcoa and received comments from a broad cross-section of stakeholders and considered our team’s advice to the final TOR. EMA adopted these recommendations and proceeded with the environmental review.

While the smelter proposal was eventually dropped due to broader political and macro-economic considerations, the rigorous process and attention to documentation and disclosure of impacts was viewed as positive and precedent-setting by EMA.

## **2.5 Guadalupe River Flood Control Project Collaborative**

CONCUR facilitated the Guadalupe River Flood Control Project Collaborative, which produced a landmark agreement to resolve remaining mitigation issues for the lower Guadalupe River in downtown San Jose.

The river, which has flooded several times in recent decades, is habitat for both chinook salmon and steelhead trout. The Collaborative included a dozen members of federal, state and local agencies as well as citizen/agency litigants who had challenged the adequacy of the earlier mitigation plan.

Over the first six months, the collaborative party met on a monthly basis and produced a Dispute Resolution Memorandum (DRM): an agreement on a proposed project and a package of early implementation measures. CONCUR also convened a parallel Technical Fact-Finding Subcommittee to develop technical information in support of the Collaborative’s work. In later months, this basic design, and companion plans for mitigation and recreational access were refined, rigorous environmental documentation prepared, all with intensive participation of the Collaborative. The work culminated in approval of the EIS and the signed the Record of Decision for the Guadalupe River Flood Control Project and implementation of the project.

A key feature of this project was the convening of a parallel Technical Fact-Finding Subcommittee to support the policy deliberations of the senior officials on the Collaborative. The TFFS developed detailed information allowing the comparison of a “cured” channelized alternative and a bypass alternative according to three quantitative indicators: average annual habitat units (AAHUs); linear feet of shaded river aquatic habitat (SRA); and water temperature modeled by a program known as JSA Temp.

Tasks undertaken by members of the TFFS focused on face to face dialogue to develop, analyze, and compare alternatives for the flood control project. Issues relating to anadromous fish, and their needs for proper water temperature and spawning habitat, were addressed in this manner. Similarly, the

Technical Group discussed the habitat needs of endangered and threatened species. In all, the TFFS met five times during the course of the negotiations. The information developed using this joint fact-finding approach was essential to Collaborative members as they evaluated project alternatives. This intensive review process resulted in the creation of a preferred alternative, shown in Figure 3, that preserves greater anadromous fish habitat at a \$21 million savings from the original design.

At the Collaborative’s final meeting, an NHI attorney withdrew the notice of a citizens’ suit. He noted that the redesigned project was clearly “superior to the original and to any project that the court would have ordered.” The project redesign produced efficiency gains that will reduce of \$100M from the projected cost of the original project with its mitigation requirements. Once the agreement was signed, a successor adaptive management team began meeting to kick off a 100-year commitment to Adaptive Management to ensure that the mitigation measures perform as needed.

## **2.6 California Energy Efficiency Coordinating Committee**

We are now actively facilitating the work of the California Energy Efficiency Coordinating Committee (CAEECC), which includes a broad cross section of investor-owned utilities, regional energy networks, energy efficiency project implementers, conservation and community advocates, labor representatives, state agency staff, and ratepayer advocates.

We initiated our work with the CAEECC with a careful Situation Assessment built on a series of confidential interviews. As the CAEECC process had existed prior to our entry into the project, a portion of the interviews dealt with past experience with the collaborative process in light of needed improvements. Many important decisions regarding membership, balance of representation, decision rules, and key issues for the CAEECC to take on emerged from these early conversations (and subsequent plenary deliberations).

The CAEECC has since tackled numerous important issues in California energy efficiency policy, including the definition of “Disadvantaged Workers”, the definition of “Peak period”, and updates to the market transformation framework. The CAEECC has a strong role in developing cross-interest solutions to these technically complex issues, and making recommendations for serious consideration (and often, implementation) by the California Public Utilities Commission.

## **3.0 CONCUR Inc. Profile and Biographies**

### **3.1 CONCUR, Inc.**

CONCUR, Inc., led by Principal Dr. Scott McCreary, specializes in agreement-focused facilitation, strategic planning, situation assessment, and policy analysis of complex natural resource and

environmental issues. The CONCUR team possesses more than thirty years of combined experience in agreement-focused facilitation on a wide range of natural resource management issues, with a particular emphasis on science-intensive issues involving complex institutional arrangements.

For the past 30+ years, the core focus of CONCUR’s work has been neutral facilitation of technically complex environmental public policy issues, and we have completed more than 100 major assignments in that time frame. The design and facilitation of multiparty collaboratives technical workshops on challenging topics is a core focus of our work, and we have successfully completed dozens of such projects.

Many of these projects rest on technical briefings and take steps to “create a level playing field” with regard to access to information and engagement of knowledgeable, credible representatives.

CONCUR projects routinely bring together disparate parties – in terms of interests, expertise, time constraints and resources. CONCUR recognizes and values the contributions all parties bring to the table and works to structure dialogues that allow for balanced participation. We have worked with a wide range of stakeholders and have experience working on projects both in the U.S. and abroad. Formed in 1997 in Berkeley, California, CONCUR is a California Certified Small Business.

We propose to staff this project with Principal Scott McCreary and Associate Meredith Cowart as facilitators. Below are brief bios for both team members.

### **3.2 Scott McCreary**

**Education:** Scott holds a Ph.D. in Urban and Regional Planning from M.I.T., a Master’s Degree in Environmental Planning from UC Berkeley, and a B.A. in Biology and Environmental Planning from UC Santa Cruz. As part of his doctoral work, Scott completed a number of graduate public policy courses at the Harvard Kennedy School, served as an Associate of the MIT-Harvard Public Disputes Program and as Visiting Investigator at Woods Hole Oceanographic Institution.

**Experience:** Scott serves as Principal-in-Charge for all CONCUR projects. Scott has led dozens of facilitated planning collaboratives, scientific review processes, policy reviews, and mediations with CONCUR. His practice emphasizes managing science-intensive public policy issues in a manner that bridges and integrates the views and concerns of all stakeholders.

Scott’s portfolio of work over 30 years of professional practice reflects policy challenges and projects that bridge concerns about both community well-being and strong functioning of robust, healthy ecosystems. The topics addressed spanned air quality, industrial siting, infrastructure planning, biodiversity conservation, water supply and flood control, marine resources and sustainable fisheries, energy efficiency and deployment of renewables, and statewide investment in research.

In this work, he brings extensive experience working in agency conveners to design, convene and facilitate collaborative deliberations that synthesize relevant information, invent and evaluate options, and generate implementable consensus agreements.

Participants in the dialogues Scott has facilitated include a mix of public agencies staff at all levels of government, and community members, and representatives of tribal and indigenous communities. Many of the dialogues Scott facilitated culminated in unanimous consensus agreements. In other cases, he worked with agency conveners to design processes that ultimately yielded alternate options for agency consideration. Such was the case with the recently-concluded Salt River Horses Collaborative, which reached agreement on over a dozen management recommendations, and generated two or three alternate options for the issues of management area and herd size.

In California, Scott has worked in all major urban centers and rural communities from the North Coast to the US Mexican border, and in agricultural communities in Sacramento, San Joaquin, and Colorado River watersheds. Outside of California, Scott has worked in a wide range of geographies, including all coastal states, a total of 30 states in all regions of the US, as well as the US territory of American Samoa. In addition, Scott has conducted environmental policy analysis, facilitation, or training in 20 nations.

Scott has designed and served as lead facilitator for of over 30 technical workshops on a wide range of issues including evaluating marine mammals for special status under the Endangered Species Act, establishing guidelines for determining serious injury and mortality in marine mammals, accelerating the deployment concentrated photovoltaics and of LED lighting technology, and biodiversity conservation and water use efficiency strategies for the Sacramento-San Joaquin Delta and San Francisco Bay.

Prior to forming CONCUR Inc, Scott held positions at the MIT-Harvard Public Disputes Program, the Woods Hole Oceanographic Institution (Marine Policy and Ocean Management Program), the MIT-Harvard Public Disputes Program, NOAA's Sanctuary Programs Office, the California Coastal Commission and the California State Coastal Conservancy. He has authored many peer-reviewed journal articles and technical reports on topics ranging from coastal and marine resources planning, renewable energy technologies, climate change adaptation and the application of negotiation, and facilitation techniques to this array of issues.

In addition to his work in facilitation and mediation, Scott has served as lead instructor in over 80 courses on negotiation, facilitation, stakeholder assessment, and building partnerships.

He co-authored the book *Institutional Arrangements for Protecting Coastal Resources and Environments*, served on the editorial board of *Coastal Management*, and published articles on estuarine and marine protected area designation, collaborative planning and use of joint fact-finding techniques to avoid the pitfalls of adversary science.



As Adjunct Professor at Vermont Law School, he taught “Mediation of Water and Marine Resource Conflicts,” and has taught graduate-level courses at the UC Berkeley on environmental planning, dispute resolution, climate change mitigation and adaptation. He has served as a guest lecturer at the UC Berkeley’s College of Environmental Design, and the UC Berkeley Goldman School of Public Policy and Stanford Law School,

Credentials: Scott McCreary is a member of the roster of Senior Mediators maintained by the U.S. Institute of Environmental Conflict Resolution, and the Roster of Senior Mediators maintained by USEPA.

### **3.3 Meredith Cowart, Associate**

Education: Meredith studied Environmental Management at the Yale School of Forestry and Environmental Studies (M.F., 2011) and Political Science at Wesleyan University (B.A., 2005).

Experience: Meredith Cowart is an Associate at CONCUR, where she specializes in process design to integrate complex science into climate change, air quality, energy and ocean resource planning efforts. She works closely with clients and stakeholders to design and manage processes, with a focus on agreement on actionable outcomes. Recent projects include the Maritime Air Quality Improvement Plan (MAQIP) update, the California Energy Efficiency Coordinating Committee, the Salt River Horses Collaborative, International Alliance to Combat Ocean Acidification strategic planning process, and the California Coastal Commission-Poseidon Resources Independent Scientific Technical Advisory Panel (ISTAP) joint fact-finding process. She is an adept rapporteur, having developed key outcomes memos, final reports, strategic plans, and other planning documents for the projects above and others, including the American Samoa Ocean Plan Stakeholder Engagement Support Project, United States Extractive Industries Transparency Initiative, Delta Levee Benefit Assessment District Study, and the South Dakota NSF Experimental Program to Stimulate Research Competitiveness (EPSCoR)’s strategic planning process.

Meredith has developed and taught multiple negotiation, facilitation and partnership building courses for marine policy and science professionals and students, including agency staff at the National Marine Fisheries Service Greater Atlantic Regional Fisheries Office and the Pacific Islands Regional Office and Masters students at the Scripps Institution of Oceanography. With Scott McCreary, she co-authored a post hoc evaluation of Coastal and Marine Spatial Planning efforts, published in *Negotiation Journal* (a publication of the Program on Negotiation at Harvard Law School) and chapter on *The California Coastal Commission/Poseidon Joint Fact-Finding Process* in *Joint Fact-Finding in Urban Planning and Environmental Dispute Resolution* (Matsura and Schenk, ed.s).

Credentials: Champlain College Mediation Certificate.

#### **4.0 Proposed Approach to Completing the Statement of Work**

We propose accomplishing the project objectives in the following steps:

Task 1: Project Initiation and Stakeholder Assessment

Task 2: Ongoing Project Coordination and Strategic Planning

Task 3: Prepare For, Convene and Facilitate Six Air Quality Emergency Communication Plan Meetings

Task 4: Develop Report of Emergency Communication Plan Findings and Recommendations

Optional Task 5: Organize and Convene Technical Advisory Panel

The initial steps include receiving background briefings, establishing a steering committee, identifying a full range of stakeholders and conducting interviews, and developing a summary of interview findings. This stakeholder assessment will serve to elicit essential background information, develop an understanding of the full scope of issues to be addressed, identify stakeholder representatives for the collaborative, provide information important to effective process design, and establish trust between the facilitation team and affected parties. Our current understanding is that the Collaborative would potentially include representatives from the following:

1. Tribal nations

The Four Winds Coalition (Torres Martinez Desert Cahuilla Indians, Cabazon Band of Mission Indians, Twenty-Nine Palms Band of Mission Indians, and Augustine Band of Mission Indians)

2. Federal Agencies

U.S. EPA  
Bureau of Indian Affairs  
Indian Health Service  
Agency for Toxic Substances and Disease Registry  
USDA Rural Development  
U.S. Department of Housing and Urban Development  
U.S. Bureau of Land Management

3. State

California Integrated Waste Management Board (CIWMB)  
South Coast Air Quality Management District  
California Department of Toxic Substances Control  
California Air Resources Board  
California Environmental Protection Agency (Cal/EPA)



#### 4. County

Riverside County Board of Supervisors  
Riverside County Code Enforcement and Community Improvement Department  
Riverside County, Riverside County Department of Environmental Health  
Riverside County Department of Waste Management  
Riverside County Fire Department/California Department of Forestry and Fire Protection  
Riverside County Sheriff

#### 5. Local

Coachella Valley Unified School District  
City of Coachella  
Desert Mirage High School  
Mecca Community Council  
Oasis Community Council  
Center for Community Action and Environmental Justice  
Desert Healthcare District

We then intend to prepare for and convene a series of six collaborative meetings amongst with the objective of establishing a clear problem statement, improving communication amongst agencies and other collaborative members, identifying proactive steps to reduce risk of toxic waste burning, and developing an agreed upon emergency communication plan.

As an Optional Task 5, we propose development of a technical advisory panel composed of independent researchers and scientists, who will offer valuable technical support to the collaborative. We propose convening the panel in conjunction with collaborative meetings so as not to incur significant additional costs. Our proposed contingency budget would help to cover advisory panel costs including travel and lodging for advisory members.

Please see Section II: Price Proposal attached, for a step-by-step explanation of our proposed approach, and for the anticipated budget for these tasks. We will, of course, expect to work closely with the project conveners to modify our approach as appropriate.

We thank you for the opportunity to submit this Proposal. We would be happy to discuss any questions you may have on our approach or other elements of our proposal on a follow-up phone call.

**Section II: Price Proposal**  
**Developed by CONCUR, Inc. for the Desert Healthcare District and Foundation**  
**Communication Plan**

*Period: One year from date of funding*

<b>Task 1: PROJECT INITIATION AND STAKEHOLDER ASSESSMENT</b>				
1.a. Receive briefings from key individuals or their staff, including Congressman Ruiz, County Supervisor Manuel Perez, Bureau of Indian Affairs, Torres Martinez Chairman, School Superintendent; and focus groups with local agencies. Review essential background documents.	Principal	\$240.00	6	\$1,440.00
	Associate	\$125.00	6	\$750.00
	<b>Subtask Subtotal</b>			<b>\$2,190.00</b>
1.b. Identify candidate Steering Committee members including: Congressman Ruiz’s Office; County Supervisor Victor Manuel Perez’s Office; A Board Member of Coachella Unified School District; Chairman Tortez, Torres Martinez Band of Cauhilla Indians; Bureau of Indian Affairs (note: to be refined in consultation with conveners). Contact potential committee members and survey interest in participating. Recruit and organize steering committee.	Principal	\$240.00	10	\$2,400.00
	Associate	\$125.00	10	\$1,250.00
	<b>Subtask Subtotal</b>			<b>\$3,650.00</b>
1.c. Identify key interviewees for stakeholder assessment, including Steering Committee and other stakeholders (including tribal nations, federal agencies, state agencies, county government, local city, schools and organizations). Devise structured interview guide. Review guide with Steering Committee. Finalize	Principal	\$240.00	15	\$3,600.00
	Associate	\$125.00	15	\$1,875.00
	<b>Subtask Subtotal</b>			<b>\$5,475.00</b>
1.d. Schedule, conduct and record interviews with Steering Committee members and other stakeholders.	Principal	\$240.00	50	\$12,000.00
	Associate	\$125.00	50	\$6,250.00
	<b>Subtask Subtotal</b>			<b>\$18,250.00</b>
1.e. Develop summary of interviews and collaborative process recommendations.	Principal	\$240.00	14	\$3,360.00
	Associate	\$125.00	14	\$1,750.00
	<b>Subtask Subtotal</b>			<b>\$5,110.00</b>
<b>Task 1 SUBTOTAL</b>				<b>\$40,150.00</b>
<b>Task 2: ONGOING PROJECT COORDINATION AND STRATEGIC PLANNING</b>				
1.a. Ongoing strategic planning with Project Conveners	Principal	\$240.00	24	\$5,760.00
	Associate	\$125.00	24	\$3,000.00
	<b>Subtask Subtotal</b>			<b>\$8,760.00</b>
1.b. Prepare for and lead bi-weekly Steering Committee planning calls.	Principal	\$240.00	34	\$8,160.00
	Associate	\$125.00	34	\$4,250.00
	<b>Subtask Subtotal</b>			<b>\$12,410.00</b>

**Task 2 SUBTOTAL** **\$21,170.00**

**Task 3: PREPARE FOR, CONVENE AND FACILITATE 8 AQ EMERGENCY COMMUNICATION PLAN MTGS**

4.a. Pre-Meeting Preparation: Work with Steering Committee to develop and finalize meeting agenda, identify meeting dates, secure meeting venue, review technical presentations, prepare meeting logistics, and communicate with Collaborative	Principal	\$240.00	72	\$17,280.00
	Associate	\$125.00	72	\$126.00
	<b>Subtask Subtotal</b>			<b>\$17,406.00</b>
4.b. Day One: Travel to Palm Springs. Convene On site pre-meeting with conveners (Assumes 2 hour meetings. Travel time billed at half time).	Principal	\$240.00	36	\$8,640.00
	Associate	\$125.00	36	\$4,500.00
	<b>Subtask Subtotal</b>			<b>\$13,140.00</b>
4.c. Day Two: Convene and facilitate 8 Collaborative Meetings. Return Travel. (Includes meeting set up, meeting facilitation/meeting notes, and takedown. Travel time billed at half time.).	Principal	\$240.00	72	\$17,280.00
	Associate	\$125.00	72	\$9,000.00
	<b>Subtask Subtotal</b>			<b>\$26,280.00</b>
4.d. Develop Meeting Summaries. Develop draft, circulate for review, incorporate selective edits, finalize meeting summaries, and circulate final to Collaborative.	Principal	\$240.00	32	\$7,680.00
	Associate	\$125.00	80	\$10,000.00
	<b>Subtask Subtotal</b>			<b>\$17,680.00</b>

**Task 3 SUBTOTAL:** **\$74,506.00**

**Task 4: DEVELOP REPORT OF EMERGENCY COMMUNICATION PLAN FINDINGS AND**

5.a. Develop a draft Summary Report	Principal	\$240.00	32	\$7,680.00
	Associate	\$125.00	32	\$4,000.00
	<b>Subtask Subtotal</b>			<b>\$11,680.00</b>
5.b. Circulate draft Summary Report to Steering Committee, discuss edits, incorporate selective edits, and revise.	Principal	\$240.00	16	\$3,840.00
	Associate	\$125.00	16	\$2,000.00
	<b>Subtask Subtotal</b>			<b>\$5,840.00</b>
5.c. Create "red flag" review opportunity for Collaborative members. Finalize the Workshop Summary Report based on the Steering Committee and Collaborative review.	Principal	\$240.00	6	\$1,440.00
	Associate	\$125.00	6	\$750.00
	<b>Subtask Subtotal</b>			<b>\$2,190.00</b>
5.d. Develop a strategy to roll out report	Principal	\$240.00	8	\$1,920.00
	Associate	\$125.00	8	\$1,000.00
	<b>Subtask Subtotal</b>			<b>\$2,920.00</b>

**Task 4 SUBTOTAL** **\$22,630.00**

**Optional Task 5: ORGANIZE AND CONVENE TECHNICAL ADVISORY PANEL**

1.a. In consultation with project conveners, identify candidate members, assemble bios and credentials, develop Terms of Reference	Principal	\$240.00	24	\$5,760.00
	Associate	\$125.00	24	\$3,000.00
	<b>Subtask Subtotal</b>			<b>\$8,760.00</b>
1.e. Prepare for and convene technical advisory	Principal	\$240.00	40	\$9,600.00

panel deliberations to create briefings/advise for AQ Collaborative	Associate	\$125.00	40	\$5,000.00
	<b>Subtask Subtotal</b>			<b>\$14,600.00</b>
<b>Optional Task 5 SUBTOTAL</b>				<b>\$23,360.00</b>
<b>Professional Services Subtotal Tasks 1- 4</b>				<b>\$158,456.00</b>
<b>Professional Services Subtotal Optional Task</b>				<b>\$23,360.00</b>
<b>Professional Services Subtotal (All Tasks)</b>				<b>\$181,816.00</b>
<b>TRAVEL AND DIRECT EXPENSES</b>				
Air Travel (2 staff x 8 roundtrips from OAK - Palm Springs)				\$5,600.00
Lodging (2 staff x 8 nights total @ \$107/night GSA Per Diem)				\$1,712.00
Optional Task 5 - Lodging (2 staff x 8 nights total @ \$107/night GSA Per Diem)				\$1,712.00
Meals and Incidentals (8 full days x 2 staff @ \$66/day)				\$1,056.00
Optional Task 5 - Meals and Incidental (8 full days x 2 staff @ \$66/day)				\$1,056.00
<b>Travel and Direct Expenses Subtotal (Tasks 1-4)</b>				<b>\$8,368.00</b>
<b>Travel and Direct Expenses Subtotal (Optional Task 5)</b>				<b>\$2,768.00</b>
<b>Travel and Direction Expenses Subtotal (all Tasks)</b>				<b>\$11,136.00</b>
<b>Contingency Budget</b>				<b>\$20,000.00</b>
<b>GRAND TOTAL - TASKS 1-4</b>				<b>\$186,824.00</b>
<b>GRAND TOTAL - ALL TASKS</b>				<b>\$212,952.00</b>



**Date:** 1/28/20

**To:** Board of Directors

**Subject:** Grant # 1046 Public Health Institute

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**Grant Request:** Coachella air quality and health analysis

**Amount Requested:** \$250,000.00

**Project Period:** 3/1/2020 to 2/28/2022

**Project Description and Use of District Funds:** This project will gather and analyze data on air quality and health concerns in the Coachella Valley:

1. A sample survey will be conducted of permanent residents in the Coachella Valley for asthma and cardiovascular disease, with oversampling of vulnerable communities in the Eastern portion of the Valley, such as Thermal and Mecca, and of tribal populations comprising the Four Winds Tribal Coalition. We will work with the Desert HealthCare District and Foundation (DHDF) on outreach and publicity of the survey. DHDF will provide Spanish translation of the survey instrument.
2. The above survey will be supplemented by an analysis of currently available asthma hospitalization and emergency room data.
3. An analysis will be undertaken of available air pollution data on PM2.5, PM10, and ozone in DHDF areas. The final report will include seasonal trends, averages and maximum levels, as well as references to state and federal exceedances and health benchmarks.
4. Coachella Valley source apportionment will be conducted using filter sampling. This will quantify the proportion of samples coming from each chemically distinctive PM2.5 source, collected by season.
5. A white paper summarizing policy options to mitigate sources and reduce exposures will be produced.

This will be a collaborative project led by Tracking California in collaboration with Comite Civico del Valle—a community-based organization with expertise in community air monitoring, and ongoing projects in the Coachella Valley—and Berkeley Air



Monitoring—a private group with expertise in air monitoring, specifically in source apportionment.

**Strategic Plan Alignment:** Healthy Eating, Active Living

**Geographic Area(s) Served:** All District Areas

## **2020 Grant Request Summary**

### **Public Health Institute, Grant #1046**

#### **About the Organization**

Public Health Institute  
555 12th Street, 10th Floor  
Oakland, CA 94607  
Tel:  
<http://www.phi.org>

**Organization Type:**  
501(c)(3)

#### **Primary Contact:**

Paul English  
Tel: (510) 620-3684  
[paul.english@cdph.ca.gov](mailto:paul.english@cdph.ca.gov)

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

#### **Proposal**

**Project Title:** Coachella air quality and health analysis

**Total Project Budget:** \$250,000

**Requested Amount:** \$250,000

**Length of Project:** 36 months

**Start Date:** 3/1/2020

**End Date:** 2/28/2022

#### **Background:**

Background

In the Coachella Valley of California, air quality is deteriorating and is projected to decline further with the drying of the Salton Sea. This creates significant concern about adverse health outcomes, including respiratory and cardiac health. The South Coast Air District is planning on downgrading the Valley's ozone status from severe to extreme after high levels were recorded in 2017 and 2018.

#### **Community Health Focus Area**

Healthy Eating, Active Living

#### **Community Need:**

In the Coachella Valley of California, air quality is worsening and is projected to decline further with the drying of the Salton Sea. This creates significant concern about adverse health outcomes, such as declining respiratory and cardiac health. The South Coast Air District is planning on downgrading the Valley's ozone status from severe to extreme after high levels were recorded in 2017 and 2018.

In this project, we propose the following to address air quality and health concerns in the Coachella Valley:

1. Conduct a sample survey of permanent residents in the Coachella Valley for asthma and cardiovascular disease, with oversampling of vulnerable communities in the Eastern portion of the Valley, such as Thermal and Mecca, and of tribal populations comprising the Four Winds

Tribal Coalition. We will work with the Desert HealthCare District and Foundation (DHDF) on outreach and publicity of the survey. DHDF will also provide Spanish translation of the instrument.

2. The above survey will be supplemented by an analysis of currently available asthma hospitalization and emergency room data.
3. An analysis of available air pollution data on PM2.5, PM10, and ozone in DHDF areas. Final report would report seasonal trends, and averages and maximum levels, as well as reference to state and federal exceedances and health benchmarks.
4. Coachella Valley Source Apportionment. Using filter sampling, we will quantitatively determine the proportion of samples coming from each chemically distinctive PM2.5 source collected by season.
5. A white paper summarizing policy options to mitigate sources and reduce exposures, based on results above.

All the results and recommendations listed above will be distributed to DHDF in a final report.

With the 2018 approval of the Desert Healthcare District (DHCD) expansion to the entire Coachella Valley, the DHCD is currently gathering information about the community health needs of the region. As part of this process, it is important to document existing environmental hazards, especially air pollution metrics. These data will help identify the scope of environmental hazards and guide potential prevention and mitigation efforts.

This project will inform that planning process by analyzing existing data on air pollution in DHCD areas; conducting air monitoring to gather more detailed data about particulate matter and ozone air pollution, including data about potential air pollution sources; and conducting a survey about asthma and cardiovascular disease among Coachella Valley residents.

## **Program Area**

Direct Services

### **Project Description:**

This project will gather and analyze data on air quality and health concerns in the Coachella Valley:

1. A sample survey will be conducted of permanent residents in the Coachella Valley for asthma and cardiovascular disease, with oversampling of vulnerable communities in the Eastern portion of the Valley, such as Thermal and Mecca, and of tribal populations comprising the Four Winds Tribal Coalition. We will work with the Desert HealthCare District and Foundation (DHDF) on outreach and publicity of the survey. DHDF will provide Spanish translation of the survey instrument.
2. The above survey will be supplemented by an analysis of currently available asthma hospitalization and emergency room data.
3. An analysis will be undertaken of available air pollution data on PM2.5, PM10, and ozone in DHDF areas. The final report will include seasonal trends, averages and maximum levels, as well as references to state and federal exceedances and health benchmarks.
4. Coachella Valley source apportionment will be conducted using filter sampling. This will quantify the proportion of samples coming from each chemically distinctive PM2.5 source, collected by season.
5. A white paper summarizing policy options to mitigate sources and reduce exposures will be produced.

This will be a collaborative project led by Tracking California in collaboration with Comité Civico del Valle—a community-based organization with expertise in community air monitoring, and ongoing projects in the Coachella Valley—and Berkeley Air Monitoring—a private group with expertise in air monitoring, specifically in source apportionment.



**Proposed Program / Project Evaluation Plan**

This project evaluation plan emphasizes assessing the reach and effectiveness of outreach and engagement of target audiences in project activities. An outreach log will track activities to engage survey respondents, monitor hosts, and other target participants and stakeholders in the project. Example activities include presenting and distributing informational materials at health fairs and screening events, clinics, schools, senior centers, community meetings, and other venues.

Proposed evaluation activities for qualitative assessment of this project include:

- 1) Conduct testing of the sample survey instrument by community-based organization staff not involved in the project in both English and Spanish prior to distributing it to respondents, and ensure that questions included are appropriate and understandable for target audiences;
- 2) Debrief with project team members on project planning calls to obtain feedback on efficacy of project outreach and communications activities and materials, such as draft project fact sheets and written summaries of survey and analysis results;
- 3) Conduct informal interviews with project team members, monitor hosts, and/or other project participants to solicit their feedback on project progress and results;
- 4) Document and incorporate feedback received from project team members and other project stakeholders into ongoing project planning and implementation.

Proposed evaluation activities for quantitative assessment of this project include:

- 1) Develop and maintain an outreach log to track number of people reached and number of informational materials distributed to target audiences;
- 2) Develop and maintain a performance evaluation and monitoring spreadsheet to track data collected on specific evaluation metrics as listed below;
- 3) Analyze and summarize evaluation data to inform project implementation;
- 4) Share evaluation data with project team to inform required reporting and other communications about project results;
- 5) Incorporate evaluation results for the project into grant reporting and other communications about the project to key stakeholders, as appropriate.

**Program/Project Goals and Evaluation**

<p><b>Goal #1:</b> In Year 1, conduct a sample survey of 250 respondents in English and Spanish by mobile device to estimate prevalence of undiagnosed and physician-diagnosed asthma and cardiovascular disease among permanent residents of the Coachella Valley, with oversampling of vulnerable communities in the Eastern portion of the valley and of tribal populations.</p>	<p><b>Evaluation #1:</b> A survey questionnaire and sampling plan for this project will be developed with feedback from the project team. Informed consent materials and results return materials for respondents of the survey conducted as part of this project will also be developed with feedback from the project team. Feedback received from the project team on the survey questionnaire, sampling plan, informed consent materials, and results return materials will be documented in call or meeting notes and written documentation (eg email responses, written comments in drafts, etc.)</p> <p>Potential evaluation metrics could include:</p> <ol style="list-style-type: none"> <li>1) Number of outreach materials distributed to recruit survey respondents, especially from vulnerable communities and tribal populations;</li> <li>2) Number of prospective respondents invited to participate in the survey;</li> <li>3) Number of prospective respondents from vulnerable communities and tribal populations invited to participate in the survey;</li> </ol>
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	<p>4) Total number of surveys collected (goal = 250);</p> <p>5) Number of surveys collected from respondents in vulnerable communities and tribal populations in the Eastern Coachella Valley</p>
<p><b>Goal #2:</b> In Year 1, conduct an analysis of current and historic emergency room visits and hospitalizations for asthma and cardiovascular disease by zip code and comparable Indian Health Service data for the DHDF areas.</p>	<p><b>Evaluation #2:</b> Data on current and historical emergency room (ER) visits and hospitalizations for asthma and cardiovascular disease will be requested, collected and prepared for analysis for all zip codes and DHDF service areas in the Eastern Coachella Valley. Any potential data gaps identified or challenges encountered in accessing or obtaining this data will be documented and communicated to the project team.</p> <p>A detailed plan for analyzing ER visit and hospitalization data will be developed. Feedback from the project team will be solicited and incorporated into the final plan. Feedback received from the project team on this plan for data analysis will be documented in call or meeting notes and written documentation (e.g., email responses, written comments in reviewed drafts, etc.).</p>
<p><b>Goal #3:</b> In Year 1, conduct an analysis of available PM2.5, PM10, and ozone air pollution data for the DHDF areas, including seasonal trends, federal exceedances and health benchmarks.</p>	<p><b>Evaluation #3:</b> Available data on PM2.5, PM10, and ozone air pollution - including seasonal trends, federal exceedances and benchmarks – will be requested, collected and prepared for analysis for all zip codes and DHDF service areas. Any data gaps identified or challenges encountered in accessing or obtaining this data will be documented and communicated to the project team.</p> <p>A detailed plan for analyzing air quality data will be developed. Feedback from the project team will be solicited and incorporated into the final plan. Feedback received from the project team on this plan for data analysis will be documented in call or meeting notes and written documentation (e.g., email responses, written comments in drafts, etc.).</p>
<p><b>Goal #4:</b> During Years 1-3, conduct source apportionment monitoring at one primary site in the Coachella valley for a 12 month period to improve understanding of the sources of particulate matter in the Valley, with additional targeted PM2.5 and PM10 measurements at locations of interest, such as where high pollution levels are expected and where vulnerable populations are located.</p>	<p><b>Evaluation #4:</b> Source apportionment monitoring siting locations and process for this project will be developed with collaboration among the project team. Feedback received from the project team and community members on monitor maintenance issues will be documented in call or meeting notes and written documentation (e.g., email responses, written comments in drafts, etc.).</p> <p>Potential evaluation metrics could include:</p> <p>1) Number of source apportionment</p>

	<p>monitoring sites confirmed (expect 1, but hope to work with local collaborators to increase this)</p> <p>2) Number of additional PM monitors installed</p> <p>3) Number of targeted samples to be collected (goal = 30)</p> <p>4) Number of site agreements collected from confirmed monitor hosts</p>
<p><b>Goal #5:</b> By the project completion, produce a white paper outlining results of the monitoring and analyses, and summarize practical policy options to mitigate sources and reduce exposures harmful to health.</p>	<p><b>Evaluation #5:</b> Feedback received from the project team on the draft white paper will be documented in call or meeting notes and written documentation (e.g., email responses, written comments in reviewed drafts, etc.). A distribution plan for the white paper will also be developed that includes target audiences for policy options listed as well as community members consulted during the monitor siting process, monitor hosts, and survey respondents.</p>

**Participants:**

**Population Served**

Adults (25-64 years old); Children (6-17 years old); Seniors (65+ years old)

**Geographical Area Served**

All District Areas

**Age Group**

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

**Number Served Per Age Group**

- 0-5:** 10,845
- 6-17:** 44,304
- 18-24:** 15,358
- 25-64:** 94,833
- 65 or more:** 32,850

**Participant Community**

This project is intended to benefit all residents of the Coachella Valley, by informing policy decisions through data gathering and analysis. The project is focused on environmental and health data, and the environmental hazards to be analyzed (air pollution metrics) do not restrict themselves to specific geographic boundaries within the region. The project will inform policy decisions that have the potential to improve air throughout the region and therefore serve all District residents.

**Organizational Capacity and Sustainability**

**Organizational Capacity**

Tracking California staff with relevant expertise in survey sampling, mobile survey design, and air pollution and health data analysis, and policy analysis will be allocated to this project as needed. Specifically, Catalina Garzon, Health Educator with Tracking California with experience

working in air monitoring in the Coachella valley, will work on design and interpretation of the asthma/health survey, including preparation of human subjects review materials. Justin Howell, programmer, will develop and implement the electronic survey and data repository. Research Scientist Jhaqueline Valle Palominos will oversee and assist with analysis of survey data, health outcome data, and air pollution data, and much of the analysis will be conducted by Research Associate Sophia Horiuchi. Senior Policy Associate Max Richardson will analyze results of analyses and write the white paper summarizing policy options. Paul English, Director of Tracking California will oversee the entire project.

**Organizational Sustainability:**

Tracking California's mission is to mobilize data for public health action, and we work to make environmental and health data and information accessible and useful to a variety of stakeholders throughout California, particularly in environmentally impacted and vulnerable communities. A core component of our strategic plan is to conduct analyses and research studies to characterize and investigate environmental and health issues of concern, working in partnership with communities, and the proposed project fits well with our ongoing work in air monitoring and dissemination of health and environmental data.

**Partnerships:**

**Key Partners:**

Key partners in the proposed project will be Tracking California, a project of the Public Health Institute, Comite Civico del Valle, a community-based organization with a long history of community environmental justice and health work in Imperial County and beyond, including the Coachella Valley, and Berkeley Air Monitoring Group, which has extensive experience in air monitoring technology development and application. Source apportionment monitoring will be conducted by Berkeley Air Monitoring Group, with assistance from Comite Civico Del Valle. Comite Civico Del Valle will also assist in community outreach activities. All partners have capacity and expertise in their designated areas for this project, and Tracking California has experience and capacity in project management for this kind of collaborative air monitoring work. Tracking California and Comite Civico del Valle have an extensive history of collaboration on many projects, including technical assistance to develop air monitoring in other areas of the state, and would bring that strong existing partnership to this project.

Line Item Budget

Operational Costs

PROGRAM OPERATIONS		Total Program/Project Budget	Funds from Other Sources <i>Detail on sheet 3</i>	Amount Requested from DHCD
<b>Total Staffing Costs</b> <i>Detail on sheet 2</i>		\$218,704		\$218,704
<b>Equipment (itemize)</b>				
1				0
2				0
3				0
4				0
<b>Supplies (itemize)</b>				
1				0
2				0
3				0
4				0
<b>Printing/Duplication</b>				0
<b>Mailing/Postage</b>				0
<b>Travel/Mileage</b>		\$1,248		\$1,248
<b>Education/Training</b>				0
<b>Office/Rent/Mortgage</b>		\$5,283		\$5,283
<b>Telephone/Fax/Internet</b>		\$585		\$585
<b>Utilities</b>				0
<b>Insurance</b>				0
<b>Other facility costs not described above (itemize)</b>				
1	Office Supplies	\$127		\$127
2				0
3				0
4				0
<b>Other program costs not described above (itemize)</b>				
1	Participant incentives for survey	\$5,000		\$5,000
2	Public Health Institute indirect	\$19,053		\$19,053
3				\$0
4				\$0
<b>Total Program Budget</b>		<b>\$250,000</b>	<b>0</b>	<b>\$250,000</b>
<b>Budget Narrative</b>	Travel: 2 trips to Coachella from Bay Area at \$624 each (\$200 airfare, \$292 hotel/per diem, \$132 transport); Rent: @ \$10,566/FTE average X .5 FTE total: \$5,283 to cover office space of Tracking California staff located in Richmond, CA; Communications and office supplies calculated at standard rates per FTE: communications \$1,170 X .5 FTE = \$585, supplies \$254 X .5 FTE = \$127; Participant incentives for health survey calculated at \$20 (card) X 250 participants; Public Health Institute (PHI) indirect: PHI has an Indirect Cost Rate Agreement that is negotiated annually with the U.S. Department of Health and Human Services. The negotiated Federal Indirect Cost (IDC) rate for 2020 is 16.2% of modified total direct costs (total direct costs less equipment with a unit value of \$5,000 or more, subawards of subcontracts and grants, and capital improvements). Indirect rate for subcontracts is 4.5%.			

## Line Item Budget Staffing Costs

Staff Salaries		Annual Salary	% of Time Allocated to Program	Actual Program Salary	Amount of Salary Paid by DHCD Grant
<b>Employee Position/Title</b>					
1	Catalina Garzon-Galvis, Health Educator IV	\$93,713	10%		\$9,371
2	Maxwell Richardson, Policy Associate II	\$98,676	5%		\$5,440
3	Justin Howell, Programmer Analyst IV	\$122,746	5%		\$6,137
4	Jhaqueline Valle Palominos, Research Scientist I	\$100,437	5%		\$15,832
5	Sofia Horiuchi, Research Associate II	\$58,924	10%		\$8,986
6					
7					
8					
<b>Total Employee Benefits</b>					\$16,018
<b>Enter this amount in Section 1; Staffing Costs</b>				<b>Total &gt;</b>	<b>\$61,784</b>
<b>Budget Narrative</b>	Catalina Garzon, Health Educator with Tracking California, will work on design and interpretation of the asthma/health survey, including preparation of human subjects review materials. Justin Howell, programmer, will develop and implement the electronic survey and data repository. Research Scientist Jhaqueline Valle Palominos will oversee and assist with analysis of survey data, health outcome data, and air pollution data, and much of the analysis will be conducted by Research Associate Sophia Horiuchi. Senior Policy Associate Max Richardson will analyze results of analyses and write white paper summarizing policy options.				
<b>Budget Narrative</b>	Paid absences for vacation, holiday, and sick leave are included in salary expenses. Based on PHI practices, all salaries include an anticipated increase each year to provide a pool for merit and/or cost of living adjustments of up to 5%. Fringe Benefits are budgeted at 35% of salaries for full time employees and 17.5% for those who are less than 50% time in the organization. Fringe benefits include payroll taxes, life insurance, health insurance, unemployment insurance, and a tax shelter annuity plan. The project is only charged for the actual cost of the fringe benefits.				
Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Fees Paid by DHCD Grant
<b>Company and Staff Title</b>					
1	Subcontract: Comite Civico				\$59,820
2	Subcontract: Berkeley AIR				\$97,100
3					
4					
5					
<b>Enter this amount in Section 1; Staffing Costs</b>				<b>Total &gt;</b>	<b>\$218,704</b>

**Line Item Budget  
Staffing Costs**

<b>Budget Narrative</b>	Subcontracts: Comite Civico del Valle(CCV) to do local outreach for surveys and technical support and maintenance for source apportionment monitors - Technician/outreach staff 1,560 hours @ \$18.85/hr = \$29,406, Special Projects Manager 312 hours @ \$34/hr = \$10,608 plus benefits @ 30% = \$12,003. \$52,017 plus \$7,803 indirect (15%) Total \$59,820; Berkeley AIR source apportionment contract for 12 months at 2 sites: 180 samples/site, total filters 360 - total cost \$97,100.
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**Line Item Budget**

**Program Funds**

**Other**

<b>Other funding received (actual or projected) SPECIFIC to this program/project</b>		<b>Amount</b>
<b>Fees</b>		
<b>Donations</b>		
<b>Grants (List Organizations)</b>		
	1	
	2	
	3	
	4	
<b>Fundraising (describe nature of fundraiser)</b>		
	1	
	2	
<b>Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)</b>		
	1	
	2	
	3	
	4	
<b>Total funding in addition to DHCD request</b>		<b>0</b>
<b>Budget Narrative</b>	<p>There is no separate funding allocated to this project, but Comitè Civico del Valle currently has funding from the California Air Resources Board (CARB), with a subcontract to Tracking CA, to conduct some air monitoring in Coachella. We also anticipate that there may be future funding of air monitoring work in Coachella through the CARB community grants, all of which will support this project with air pollution data.</p>	



**EXHIBIT B****PAYMENT SCHEDULE, REQUIREMENTS & DELIVERABLES**

<u>Project Title</u>	<u>Start/End</u>
Coachella Valley Air Quality and Health Analysis	3/1/2020 2/28/2022

**PAYMENTS:**

(4) Payments: \$56,250.00  
10% Retention: \$25,000.00

**Total request amount:** \$250,000.00

**GRANT AND PAYMENT SCHEDULE REQUIREMENTS:**

Scheduled Date	Grant Requirements for Payment	Payment
3/01/2020	Signed Agreement submitted & accepted	Advance of \$56,250.00 for time period 3/01/2020– 8/31/2020
9/01/2020	1 <sup>st</sup> six-month (3/01/2019 – 8/31/2020) progress and budget reports submitted & accepted	Advance of \$56,250.00 for time period 9/01/2020 –2/28/2021
3/01/2021	2 <sup>nd</sup> six-month (9/01/2020– 2/28/2021) progress and budget reports submitted and accepted	Advance of \$56,250.00 for time period 3/01/2021 – 8/31/2021
9/01/2021	3 <sup>rd</sup> six-month (3/01/2021- 8/31/2021) progress and budget reports submitted and accepted	Advance of \$56,250.00 for time period 9/01/2021 – 2/28/2022
3/01/2022	4 <sup>th</sup> six-month (9/01/2021 – 2/28/2022) progress and budget reports submitted and accepted	\$0
3/31/2022	Final report (3/01/2020 – 2/28/2022) submitted & accepted	\$25,000.00 (10 % retention)

**TOTAL GRANT AMOUNT:**  
**\$250,000.00**

**DELIVERABLES:****Program/Project Goals and Evaluation**

<b>Goal #1:</b> In Year 1, conduct a sample survey of 250 respondents in English and Spanish by	<b>Evaluation #1:</b> A survey questionnaire and sampling plan for this project will be developed
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<p>mobile device to estimate prevalence of undiagnosed and physician-diagnosed asthma and cardiovascular disease among permanent residents of the Coachella Valley, with oversampling of vulnerable communities in the Eastern portion of the valley and of tribal populations.</p>	<p>with feedback from the project team. Informed consent materials and results return materials for respondents of the survey conducted as part of this project will also be developed with feedback from the project team. Feedback received from the project team on the survey questionnaire, sampling plan, informed consent materials, and results return materials will be documented in call or meeting notes and written documentation (eg email responses, written comments in drafts, etc.)</p> <p>Potential evaluation metrics could include:</p> <ol style="list-style-type: none"> <li>1) Number of outreach materials distributed to recruit survey respondents, especially from vulnerable communities and tribal populations;</li> <li>2) Number of prospective respondents invited to participate in the survey;</li> <li>3) Number of prospective respondents from vulnerable communities and tribal populations invited to participate in the survey;</li> <li>4) Total number of surveys collected (goal = 250);</li> <li>5) Number of surveys collected from respondents in vulnerable communities and tribal populations in the Eastern Coachella Valley</li> </ol>
<p><b>Goal #2:</b> In Year 1, conduct an analysis of current and historic emergency room visits and hospitalizations for asthma and cardiovascular disease by zip code and comparable Indian Health Service data for the DHDF areas.</p>	<p><b>Evaluation #2:</b> Data on current and historical emergency room (ER) visits and hospitalizations for asthma and cardiovascular disease will be requested, collected and prepared for analysis for all zip codes and DHDF service areas in the Eastern Coachella Valley. Any potential data gaps identified or challenges encountered in accessing or obtaining this data will be documented and communicated to the project team.</p> <p>A detailed plan for analyzing ER visit and hospitalization data will be developed. Feedback from the project team will be solicited and incorporated into the final plan. Feedback received from the project team on this plan for data analysis will be documented in call or meeting notes and written documentation (e.g., email responses, written comments in reviewed drafts, etc.).</p>
<p><b>Goal #3:</b> In Year 1, conduct an analysis of available PM2.5, PM10, and ozone air pollution</p>	<p><b>Evaluation #3:</b> Available data on PM2.5, PM10, and ozone air pollution - including seasonal</p>

<p>data for the DHDF areas, including seasonal trends, federal exceedances and health benchmarks.</p>	<p>trends, federal exceedances and benchmarks – will be requested, collected and prepared for analysis for all zip codes and DHDF service areas. Any data gaps identified or challenges encountered in accessing or obtaining this data will be documented and communicated to the project team.</p> <p>A detailed plan for analyzing air quality data will be developed. Feedback from the project team will be solicited and incorporated into the final plan. Feedback received from the project team on this plan for data analysis will be documented in call or meeting notes and written documentation (e.g., email responses, written comments in drafts, etc.).</p>
<p><b>Goal #4:</b> During Years 1-3, conduct source apportionment monitoring at one primary site in the Coachella valley for a 12 month period to improve understanding of the sources of particulate matter in the Valley, with additional targeted PM2.5 and PM10 measurements at locations of interest, such as where high pollution levels are expected and where vulnerable populations are located.</p>	<p><b>Evaluation #4:</b> Source apportionment monitor siting locations and process for this project will be developed with collaboration among the project team. Feedback received from the project team and community members on monitor maintenance issues will be documented in call or meeting notes and written documentation (e.g., email responses, written comments in drafts, etc.).</p> <p>Potential evaluation metrics could include:</p> <ol style="list-style-type: none"> <li>1) Number of source apportionment monitoring sites confirmed (expect 1, but hope to work with local collaborators to increase this)</li> <li>2) Number of additional PM monitors installed</li> <li>3) Number of targeted samples to be collected (goal = 30)</li> <li>4) Number of site agreements collected from confirmed monitor hosts</li> </ol>
<p><b>Goal #5:</b> By the project completion, produce a white paper outlining results of the monitoring and analyses, and summarize practical policy options to mitigate sources and reduce exposures harmful to health.</p>	<p><b>Evaluation #5:</b> Feedback received from the project team on the draft white paper will be documented in call or meeting notes and written documentation (e.g., email responses, written comments in reviewed drafts, etc.). A distribution plan for the white paper will also be developed that includes target audiences for policy options listed as well as community members consulted during the monitor siting process, monitor hosts, and survey respondents.</p>



**DESERT HEALTHCARE FOUNDATION**  
**FINANCE, ADMINISTRATION, REAL ESTATE AND LEGAL COMMITTEE**  
**MEETING MINUTES**  
**January 14, 2020**

Directors Present	District Staff Present	Absent
Chair/Treasurer Mark Matthews President Leticia De Lara	Conrado E. Bárzaga, MD, Chief Executive Officer Chris Christensen, Chief Administration Officer Stephen Huyck, Accounting Manager Andrea S. Hayles, Clerk to the Board	Director Arthur Shorr

AGENDA ITEMS	DISCUSSION	ACTION
<b>I. Call to Order</b>	Chair Matthews called the meeting to order at 3:44 p.m.	
<b>II. Approval of Agenda</b>	Chair Matthews asked for a motion to approve the Agenda.	<b>Moved and seconded President De Lara and Chair Matthews to approve the agenda. Motion passed unanimously.</b>
<b>III. Public Comment</b>	No public comment.	
<b>IV. Approval of Minutes</b>  1. Minutes – Meeting November 12, 2019	Chair Matthews asked for a motion to approve the minutes of the November 12, 2019 F&A Committee meeting.	<b>Moved and seconded President De Lara and Chair Matthews to approve the agenda. Motion passed unanimously.</b>
<b>V. CEO Report</b>	No report was provided.	
<b>VI. Financial Reports</b> 1. Financial Statements 2. Deposits 3. Check Register 4. Credit Card Expenditures 5. General Grants Schedule	Chris Christensen, CAO, explained the December financial reports.  President De Lara inquired on the West Valley Homelessness fund. Mr. Christensen explained that there is \$16k remaining from the original \$2M commitment in 2017 with an additional \$1M.	<b>Moved and seconded President De Lara and Chair Matthews to approve the December 2019 Foundation Financial Reports – items 1-5 and forward to the Board for approval. Motion passed unanimously.</b>
<b>VII. Other Matters</b>		
<b>VIII. Adjournment</b>	Chair Matthews adjourned the meeting at 3:46 p.m.	<b>Audio recording available on the website at <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></b>

ATTEST: \_\_\_\_\_  
 Mark Matthews, Chair/ Treasurer Finance & Administration Committee  
 Desert Healthcare Foundation Board of Directors



**DESERT HEALTHCARE FOUNDATION  
FINANCE, ADMINISTRATION, REAL ESTATE AND LEGAL COMMITTEE  
MEETING MINUTES  
January 14, 2020**

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

DRAFT



**DESERT HEALTHCARE FOUNDATION  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
January 22, 2020**

<b>Directors Present</b>	<b>District Staff Present</b>	<b>Absent</b>
Chair, Carole Rogers, RN Vice-President Leticia De Lara Director Evett PerezGil Nicolas Behrmann, Community Member Luciano Crespo, Community Member Allen Howe, Community Member Thomas Thetford, Community Member	Conrado E. Bárzaga, MD, Chief Executive Officer Donna Craig, Chief Program Officer Meghan Kane, Programs and Research Analyst Will Dean, Director of Communications and Marketing Andrea S. Hayles, Clerk of the Board	Thomas Smith, Community Member

<b>AGENDA ITEMS</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>I. Call to Order</b>	The meeting was called to order at 2:12 p.m. by Chair Rogers.	
<b>II. Approval of Agenda</b>	Chair Rogers asked for a motion to approve the agenda.	<b>Moved and seconded by President De Lara and Community Member Behrmann to approve the agenda. Motion passed unanimously.</b>
<b>III. Public Comment</b>	None	
<b>IV. New Business</b>  <b>1. Consideration to approve the following grant proposals through the East Valley Funding Allocation</b>  <b>a. Grant #1035 – Angel View: Angel View Children’s Outreach (East Valley) - \$50,000</b>	Donna Craig, Chief Program Officer, explained that the Angel View grant addresses residents with special needs who are often omitted from services.  Catherine Rips, Director of Grants, Angel View, described the services of Angel View and the challenges of families with disabilities, which also assists with the family’s challenges of a	<b>Moved and seconded by Community Member Behrmann and Community Member Howe to approve Grant #1035 – Angel View Children’s Outreach (East Valley) - \$50,000 Motion passed unanimously.</b>

**DESERT HEALTHCARE FOUNDATION  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
January 22, 2020**

<p><b>b. Grant #1036 – Pueblo Unido: Fostering Healthy Communities - \$50,000</b></p>	<p>son, daughter or sibling with a disability.</p> <p>Donna Craig, Chief Program Officer, described the new grant request for funding from Pueblo Unido to assist with core operating support to help with organizational capacity to further the mission of improving the health and quality of life of low-income residents of the eastern Coachella Valley. The grant would specifically support improving access to safe drinking water and infrastructure with education and outreach.</p> <p>Ramiro Aguilar, Grant Writer, Pueblo Unido, described the organization and the outreach and education necessary to increase safe access to drinking water.</p>	<p><b>Moved and seconded by President De Lara and Community Member Behrmann to approve Grant #1036 – Pueblo Unido: Fostering Healthy Communities - \$50,000</b> <b>Motion passed unanimously.</b></p>
<p><b>c. Grant #1038 – Coachella Valley Volunteers in Medicine: Affordable and Accessible Healthcare Services for East Valley Residents - \$50,000</b></p>	<p>Donna Craig, Chief Program Officer, explained the Volunteers in Medicine grant request to assist patients at the free clinic that also includes wrap-around services such as case management.</p> <p>Doug Morin, Executive Director, Volunteers in Medicine (VIM), described the organization’s services explaining that VIM is the only free clinic in the Coachella Valley treating patients from the east and west valley.</p>	<p><b>Moved and seconded by Community Member Thetford and President De Lara to approve Grant #1038 – Coachella Valley Volunteers in Medicine: Affordable and Accessible Healthcare Services for East Valley Residents - \$50,000</b> <b>Motion passed unanimously.</b></p>



**DESERT HEALTHCARE FOUNDATION  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
January 22, 2020**

	President De Lara suggested that the District support Volunteers in Medicine’s upcoming VIMY awards and auction in March.	
<b>V. Old Business</b>  <b>1. Homelessness Initiative</b>	Conrado Bárzaga, MD, CEO, explained that a significant amount of money has been devoted to the Coachella Valley Association of Governments (CVAG) for the Homelessness Initiative. CVAG is defining the future of homelessness with a subcommittee to explore the course of the initiative. There are four options – the creation of a separate non-profit, collaborative operation within the Desert Healthcare District, Homeless Services Division within CVAG, and the creation of a regional continuum of care (COC) that would give the county more accountability.	
<b>2. Behavioral Health Initiative</b>	<p>Conrado E. Barzaga, MD, CEO, explained that two positions have been advertised for the Program Officer to lead the work of the initiative, including the Development personnel with the appropriate experience.</p> <p>Director Rogers suggested sharing the employment description with the committee, also noting that the job description is accessible on the District’s website.</p>	
<b>V. Committee Member Comments</b>	There were no committee member comments.	





**DESERT HEALTHCARE FOUNDATION  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
January 22, 2020**

<b>VI. Adjournment</b>	Chair Rogers adjourned the meeting at 2:55 p.m.	<i>Audio recording available on the website at <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></i>
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ATTEST: \_\_\_\_\_  
Carole Rogers, RN, Chair/Director  
Program Committee

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

DRAFT



**Date:** 1/28/20

**To:** Board of Directors

**Subject:** Grant # 1035 Angel View, Inc.

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**Grant Request:** Angel View Children's Outreach - East Valley

**Amount Requested:** \$50,000.00

**Project Period:** 2/1/2020 to 1/31/2021

**Project Description and Use of District Funds:** Once children's medical conditions are verified by their physicians or Inland Regional Center, our bilingual case managers will provide individualized assistance. We will connect families to safety net services including health insurance and provide: 1) resources/referrals and help accessing services; 2) insurance advocacy; 3) mini-grants for medical equipment, supplies and services not covered by insurance; 4) medical transportation reimbursement; 5) family stabilization, 6) parent support groups, and 7) IEP support. Our staff will attend IEP meetings to advocate for clients and help parents with language barriers understand the outcomes, documentation needs, etc. Additionally, because few specialty medical services are offered to kids with disabilities at the new Loma Linda clinic in Indio, we will continue to provide transportation reimbursement for miles traveled to access care outside the valley. Also when needed, we will offer more individualized counseling around issues that affect children's health and well-being. E.g., parents may not know how to calendar kids' medical appointments and arrange transportation, or plan for contingencies (like a car breaking down) that can cause children to miss critical monitoring appointments with their doctors. And because whole families are affected by children's disabilities, often, siblings feel neglected and start acting out – missing school or getting into trouble. Our case managers will meet with families to set mutually agreed upon behavioral health goals and follow up regularly. Our goal is to create more stable family environments in order to support the health of children with disabilities.

**Strategic Plan Alignment:** Primary Care and Behavioral Health Access

**Geographic Area(s) Served:** Coachella;Indio;La Quinta;Mecca;North Shore;Oasis;Thermal



**Action by Program Committee: (Please select one)**

- Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of \$50,000.00 be approved.
- Recommendation with modifications
- Deny

## 2020 Grant Request Summary

### Angel View, Inc., Grant #1035

#### About the Organization

Angel View, Inc.  
12379 Miracle Hill Road  
Desert Hot Springs, CA 92240  
Tel: 760-329-6471  
Fax: (760) 329-9024  
www.angelview.org

#### **Organization Type:**

501(c)(3) \Medical

#### **Primary Contact:**

Amanda Galindo  
Tel: (760) 329-6471  
Fax: (760) 329-9024  
agalindo@angelview.org

#### Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
2001		\$10,000	Grant	12/31/2001	
2002		\$10,000	Grant	12/31/2002	
2005	Hydrotherapy program	\$40,000	Grant	9/27/2005	Grant budget
2007	Construction and equipment funding	\$86,000	Grant	10/29/2007	Grant budget
2008	Type II Paratransit Van purchase	\$57,640	Grant	1/27/2009	Grant budget
2008	Angel View Food Program	\$5,000	Food Assistance	3/26/2009	
2008	Angel View Crippled Children's Foundation Food Program	\$5,000	Food Assistance	5/19/2009	
2009	Angel View Food Program	\$5,000	Food Assistance	8/31/2009	Grant budget
2009	Angel View Crippled Children's Foundation Food Program	\$5,000	Food Assistance	12/9/2009	Grant budget
2009	Angel View Food Program	\$5,000	Food Assistance	3/9/2010	Grant budget
2009	Angel View Crippled Children's Foundation Food Program	\$5,000	Food Assistance	6/28/2010	Grant budget
2010	Angel View Low-Wage Healthcare Worker Life Improvement Pilot Program	\$61,895	Improving Lives	7/28/2010	Grant budget
2010	Angel View Crippled Children's Foundation, Inc. Food Program	\$5,000	Food Assistance	10/12/2010	Grant budget

2010	Angel View Crippled Children's Foundation, Inc. Food Program	\$5,000	Food Assistance	1/12/2011	Grant budget
2010	Angel View Crippled Children's Foundation, Inc. Food Program	\$5,000	Food Assistance	4/6/2011	Grant budget
2011	Angel View Crippled Children's Foundation, Inc. Food Program	\$5,000	Food Assistance	7/12/2011	Grant budget
2011	Angel View Crippled Children's Foundation, Inc. Food Program	\$15,000	Food Assistance	9/20/2011	Grant budget
2012	Angel View Day Program Expansion (Phase 3)	\$201,440	Grant	3/12/2013	Grant budget
2012	Angel View Physical Activity Program for Children and Adults with Developmental and Physical Disabilities	\$54,400	Grant	6/25/2013	Grant budget
2015	Angel View Outreach Family Stabilization Program	\$142,551	Grant	6/28/2016	Grant budget

### **Proposal**

**Project Title:** Angel View Children's Outreach - East Valley

**Total Project Budget:** \$423,632

**Requested Amount:** \$50,000

**Length of Project:** 12 months

**Start Date:** 2/1/2020

**End Date:** 1/31/2021

### **Background:**

Background

The goal of the Angel View Children's Outreach Program is to improve the health and wellness of Coachella Valley children with disabilities. Launched in 2012, the program helps meet the individualized needs of local families who struggle to raise children with disabilities. In 2020, we will help approximately 900 District residents (300 children + parents and siblings); 50% live in the East Valley. The vast majority of our East Valley clients are very low income; most are mono-lingual and unaware of even basic safety net services. Our project brings much needed bilingual, one-on-one services to East Valley kids with disabilities.

### **Community Health Focus Area**

Primary Care and Behavioral Health Access

### **Community Need:**

Angel View Children's Outreach Program improves access to care (accessibility, affordability, availability and acceptability of healthcare services) and education for residents. In 2020, our bilingual case managers will meet with nearly 900 District residents (300 children with disabilities, 300 parents, 300 siblings) to assess their children's individual needs. More than half of the families served will be East Valley residents. Those clients will be assisted at our Indio office. Once children's medical conditions are verified by their physicians, we will provide individualized assistance. We will connect families to safety net services including health insurance and provide: 1) resources/referrals and help accessing services; 2) insurance advocacy; 3) mini-grants for medical equipment, supplies and services not covered by

insurance; 4) activity sponsorships; 5) parent support groups, and 6) IEP support. Our staff will attend IEP meetings to advocate for clients and help parents with language barriers understand the outcomes, documentation needs, etc. Additionally, because few specialty medical services are offered kids with disabilities at the new Loma Linda clinic in Indio, we will continue to provide transportation reimbursement for miles traveled to access care outside the valley. Also when needed, we will offer more individualized counseling around issues that affect children's health and well-being. E.g., parents may not know how to calendar kids' medical appointments and arrange transportation, or plan for contingencies (like a car breaking down) that can cause children to miss critical monitoring appointments with their doctors. And because whole families are affected by children's disabilities, often, siblings feel neglected and start acting out – missing school or getting into trouble. Our case managers will meet with families to set mutually agreed upon behavioral health goals and follow up regularly. Our goal is to create more stable family environments in order to support the health of children with disabilities.

Angel View Children's Outreach Program improves access to care (accessibility, affordability, availability, acceptability of healthcare services) and education for residents.

The U.S. Department of Agriculture estimates it costs almost \$250,000 to raise a healthy child to age 18, but it costs four-times that amount to raise a child with a disability. Per HARC, 6,300+ local families struggle to cover the astronomical cost. Many parents don't know their children are eligible for benefits, or how to apply to Regional Center, California Children's Services, IEHP or Medi-Cal.

Many kids with disabilities are raised in single parent homes with multiple siblings. Parents struggle to make ends meet and rarely have cash to cover the ongoing cost of medical equipment, supplies and services not covered by Medi-Cal.

In addition, our clients need medical care that for the most part, is provided by pediatric specialists outside of the valley. Transportation costs cause many families to forgo critical medical appointments. We provide mileage reimbursement to clients whose appointments are physician-verified.

In fiscal year 2017-18, we covered the cost of nearly 200,000 miles. But the need continued to grow. In 2018-19, we covered the cost of nearly 275,000 miles! At an average of 150 miles round-trip, we enabled kids to get to nearly 2,000 medical appointments. The new Loma Linda clinic in Indio has thus far not reduced the need; our clients still regularly travel to Loma Linda and other cities for specialty care.

Having a child with a disability wreaks emotional and economic havoc in a home. Many of our clients need case management/counseling to stabilize their families. Special education is another area of critical need. Many parents don't understand the need for or their responsibilities for their children's Individual Education Programs (IEPs). Our bilingual staff are school district-approved advocates for children in our program.

### **Program Area**

Direct Services; Direct Services

### **Project Description:**

Once children's medical conditions are verified by their physicians or Inland Regional Center, our bilingual case managers will provide individualized assistance. We will connect families to safety net services including health insurance and provide: 1) resources/referrals and help accessing services; 2) insurance advocacy; 3) mini-grants for medical equipment, supplies and services not covered by insurance; 4) medical transportation reimbursement; 5) family stabilization, 6) parent support groups, and 7) IEP support. Our staff will attend IEP meetings to

advocate for clients and help parents with language barriers understand the outcomes, documentation needs, etc. Additionally, because few specialty medical services are offered to kids with disabilities at the new Loma Linda clinic in Indio, we will continue to provide transportation reimbursement for miles traveled to access care outside the valley. Also when needed, we will offer more individualized counseling around issues that affect children’s health and well-being. E.g., parents may not know how to calendar kids’ medical appointments and arrange transportation, or plan for contingencies (like a car breaking down) that can cause children to miss critical monitoring appointments with their doctors. And because whole families are affected by children’s disabilities, often, siblings feel neglected and start acting out – missing school or getting into trouble. Our case managers will meet with families to set mutually agreed upon behavioral health goals and follow up regularly. Our goal is to create more stable family environments in order to support the health of children with disabilities.

**Proposed Program / Project Evaluation Plan**

Program evaluation is an important component. We track clients by city; the number of clients served; the children’s diagnoses; and the number of children needing referrals and resources, family stabilization, mileage reimbursement and mini-grants. We also track the number of miles and mini-grants awarded. Last fiscal year, for example, we reimbursed clients’ families for nearly 275,000 miles, which enabled children to get to approximately 2,000 critical medical appointments with specialists (primarily in Loma Linda). Additionally, we evaluate the effectiveness of the program on an ongoing basis. Since launching it in 2012, as we have learned from clients more about what they need, we have continuously massaged the program to be of more benefit to them. For instance, in 2013-14, many parents requested family support groups, which were not originally part of the program. To their gratitude, we added them and now conduct them regularly. Family stabilization/case management was likewise not part of the original program but was added because our outreach team was frequently asked to help siblings or parents with issues. It was apparent that all family members were being impacted by the children’s disabilities. To provide more stable environments for children with disabilities, Desert Healthcare District helped us expand/refocus the program. Now we are able to help them address the systemic problems in their homes; family stabilization is a very valuable and core part of the program.

**Program/Project Goals and Evaluation**

<p><b>Goal #1:</b> Conduct 50 intakes on new East Valley clients to determine need. Prior to receiving services, all potential clients complete a one-on-one intake with one of our Outreach case managers. Each child’s medical condition is verified through Inland Regional Center or his/her medical provider.</p>	<p><b>Evaluation #1:</b> Since the inception of the Children’s Outreach Program, our staff has kept monthly tracking forms that indicate the number of new children with disabilities served, the number of repeat children, their cities or zip codes, children’s diagnosis codes, whether the head of the household is male or female, and the family’s income level. We use the tracking forms to complete reports to all grantors.</p>
<p><b>Goal #2:</b> Based on need, assist 75 East Valley families raising children with disabilities by providing resources and referrals as well as help accessing services. Assistance from our bilingual case managers includes helping families complete applications to safety net services, health insurance, etc.</p>	<p><b>Evaluation #2:</b> In addition to the information noted in Evaluation #1 above, program staff track how many families receive resources and referrals each month.</p>
<p><b>Goal #3:</b> Based on verified medical need, enroll 50 families raising children with disabilities in the transportation reimbursement component of the program (TRIP). Families approved for TRIP are</p>	<p><b>Evaluation #3:</b> Angel View partners with Independent Living Partnership (ILP) in Riverside. ILP administers the TRIP program throughout Riverside County. Angel View</p>

<p>reimbursed for miles traveled to access specialty medical care outside of the Coachella Valley, primarily in Loma Linda.</p>	<p>provides ILP with regular payments which ILP uses to pay to our clients on a reimbursement basis. Angel View staff help parents complete the monthly forms, which are sent to ILP for payment. We receive detailed reports each month from ILP showing how many miles were reported by each child's family, how many were approved and paid. The ILP MOU for fiscal year 2019-20 is attached to this application, along with letters of support.</p>
<p><b>Goal #4:</b> Based on need, enroll 25 families in the Family Stabilization component of the program. Family stabilization is a case management tool designed to strengthen the whole family to better support children with disabilities.</p>	<p><b>Evaluation #4:</b> In addition to the information noted in Evaluation #1 and Evaluation #2 above, program staff track how many families receive Family Stabilization services each month. Regarding the actual case management, our staff work with families to set individual goals. Through regular meetings with the families, they determine if the goals have been met or need to be adjusted. They continue to work with families on outstanding issues and/or new problems. Due to privacy issues, case notes are not available for monitoring; our tracking forms are however.</p>
<p><b>Goal #5:</b> Based on need, act as advocates for 25 children with disabilities at their Individual Education Program (IEP) meetings. Our staff are acknowledged by all local school districts to act as advocates for children with disabilities who are enrolled in our program. Each IEP meeting is actually a series of four meetings. They are very time consuming but extremely helpful to parents who often do not understand why their kids are in special education, what their responsibilities are, what the educational goals are, etc. Our staff explain meeting conversations and outcomes to the children's parents.</p>	<p><b>Evaluation #5:</b> Program staff also track which children's IEP meetings they attend each month. And similar to case management, the entire IEP team works with the individual student on goals the group sets for the child's educational progress. Goals are met or adjusted as needed. Please note -- some children/families receive multiple services; they are not mutually exclusive.</p>

**Participants:**

**Population Served**

Adults (25-64 years old);Children (6-17 years old);Disabled

**Geographical Area Served**

Coachella;Indio;La Quinta;Mecca;North Shore;Oasis;Thermal

**Age Group**

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



**Number Served Per Age Group****0-5:** 100**6-17:** 300**18-24:** 190**25-64:** 300**65 or more:** 10**Participant Community**

In general, the primary clients of our Children's Outreach Program are kids with disabilities, age 0-18. In providing assistance to the children, however, we also assist parents and siblings, hence the varied age groups listed below. Please note these are guesstimates - we have no way of knowing in advance the actual family structure of future clients. This specific project will serve only East Valley families, primarily very low income, who are struggling to raise children with disabilities in their own homes (i.e., not in Angel View homes).

**Organizational Capacity and Sustainability****Organizational Capacity**

Three full-time staff members are the program's primary resources. Amanda Galindo, Children's Outreach Program manager, holds a Masters of Arts, Marriage and Family Therapy degree. She joined Angel View in 2012 to help manage and build the Children's Outreach Program. She has worked in youth services since 2005. She has been instrumental in helping to re-shape the program over the years, based on her experience with clients' needs, to provide more emphasis on case management and family stabilization. In her years with Angel View, she has personally met with and helped nearly 1,500 families. Anakaren Romero, ABA Therapist, is a case manager. She came to Angel View in August 2019 with experience in working with young children with disabilities. She was formerly a behavioral therapist at Easy Speech Therapy Center in Palm Desert. Earlier she was a behavior intervention aide at Palm Springs Unified School District. Michelle Salgado, the newest member of the team, is an Outreach Advocate. All of our team members are bilingual and extremely dedicated. Outreach staff work under the direction of Angel View's CEO Patti Park, who joined Angel View in early 2013. Previously, she was regional administrator for Washington's Department of Social and Health Services.

**Organizational Sustainability:**

Angel View's board adopted a Strategic Plan in 2013 (updated in 2017) recommitting the organization to serving the changing needs of local children and adults with disabilities. One important change in needs resulted from a state policy shift. Previously, the state more freely placed children with disabilities in group homes like ours. Now California does everything possible to keep families intact. As a result, thousands of local families, many extremely low income, are struggling to raise children with disabilities in their own homes.

To provide assistance to some of those children, in 2012, Angel View staff presented a new Children's Outreach Program to the board. Since the program provides all services at no cost to clients, and all funds must be raised through philanthropy, it was a big ask for the board to approve it. But rather than balk at the cost, the board was so impressed by the opportunity to provide new services to children, particularly East Valley kids, members voluntarily voted to double the budget.

The Children's Outreach Program has become an increasingly important part of our services to the community. The board continues to support it wholeheartedly. It is now identified as one of our core services.

## **Partnerships:**

### **Key Partners:**

Angel View collaborates with all local entities that provide services to people with disabilities. Our most important partners are organizations like Inland Regional Center, Independent Living Partnership, the Braille Institute, Easy Speech, Coachella Valley Autism Society, UCPIE, American Youth Soccer Organization's VIP Program (for kids with disabilities), etc., as well as all local school districts.

Inland Regional Center - collaborates with Angel View on clients services and parent support groups;

Independent Living Partnership - administers Angel View's transportation reimbursement program;

School Districts - Angel View staff serve as advocates for clients in Individual Education Program meetings; local special ed teachers and administrators frequently refer clients to us;

AYSO VIP - since the Outreach program began in 2012, we have sponsored all kids with disabilities who want to play in the AYSO VIP league if they complete an Outreach intake.

All other providers of services to children with disabilities frequently refer clients to us and vice versa; often we assist the same clients, thereby expanding what one individual organization could provide in terms of assistance.

In addition, we work with other providers including speech therapists, to extend the benefits of their therapy. For example, a therapist may provide one of the kids we assist with a speech therapy device to use at the therapist's office. Through our mini-grant program, we could potentially provide the same device for home use, enabling the child to make considerably more progress.

Line Item Budget

Operational Costs

PROGRAM OPERATIONS		Total Program/Project Budget	Funds from Other Sources <i>Detail on sheet 3</i>	Amount Requested from DHCD
<b>Total Staffing Costs</b> <i>Detail on sheet 2</i>		221,413		50,000
<b>Equipment (itemize)</b>				
1				0
2				0
3				0
4				0
<b>Supplies (itemize)</b>				
1	Office supplies	1,050		0
2	Subscriptions	90		0
3				0
4				0
<b>Printing/Duplication</b>		2,000		0
<b>Mailing/Postage</b>				0
<b>Travel/Mileage</b>		18,000		0
<b>Education/Training</b>				0
<b>Office/Rent/Mortgage</b>				0
<b>Telephone/Fax/Internet</b>		1,738		0
<b>Utilities</b>				0
<b>Insurance</b>		832		0
<b>Other facility costs not described above (itemize)</b>				
1	Home office allocation	17,509		0
2				0
3				0
4				0
<b>Other program costs not described above (itemize)</b>				
1	TRIP client mileage reimbursement	125,000		0
2	Client special needs mini grants	35,000		0
3	Client activity sponsorships	1,000		0
4				0
<b>Total Program Budget</b>		<b>423,632</b>	<b>0</b>	<b>50,000</b>

### Line Item Budget Staffing Costs

Staff Salaries		Annual Salary	% of Time Allocated to Program	Actual Program Salary	Amount of Salary Paid by DHCD Grant
<b>Employee Position/Title</b>					
1	Program manager	\$96,820	100	\$96,820	\$25,000
2	Case manager	\$69,655	100	\$69,655	\$15,000
3	Outreach advocate	\$52,938	100	\$52,938	\$10,000
4					
5					
6					
7					
8				\$219,413	
<b>Total Employee Benefits</b>					
<b>Enter this amount in Section 1; Staffing Costs</b>				<b>Total &gt;</b>	\$50,000
<b>Budget Narrative</b>	The amounts above reflect annual salary and benefits. Base salaries are \$74,477 for the program manager, \$53,581 for the case manager and \$40,721 for the advocate.				
<b>Budget Narrative</b>	Benefits are calculated at the rate of 30% of the base salaries noted above and include vacation, holidays, sick days and health insurance.				
Professional Services / Consultants		Hourly Rate	Hours/Week	Annual Fee	Fees Paid by DHCD Grant
<b>Company and Staff Title</b>					
1	Summer Intern	\$17.25		\$2,000.00	\$0
2					
3					
4					

### Line Item Budget Staffing Costs

5					
<b>Enter this amount in Section 1; Staffing Costs</b>				<b>Total ›</b>	<b>0</b>
<b>Budget Narrative</b>	<p style="color: red;">We work with the CVEP/Health Career Connection each year to provide a paid internship to a student who is seeking a career in the field of healthcare. In 2020, our intern will work 40 hours per week for 10 weeks. The stipend is \$2,000. He/she will support the Outreach team by attending Outreach events, setting up appointments for Outreach staff to meet with new and existing clients, helping families complete mileage reimbursement requests and fill out other forms, etc.</p>				

**Line Item Budget**

**Other**

**Program Funds**

<b>Other funding received (actual or projected) SPECIFIC to this program/project</b>		<b>Amount</b>
<b>Fees</b>		\$0.00
<b>Donations</b>		\$60,000
<b>Grants (List Organizations)</b>		
1	Anderson Children's Foundation	\$32,857
2	City of Indio, City of CC, Riverside County	\$19,000
3	Desert Clasic Charities	\$17,500
4	Barker Foundation	\$17,500
<b>Fundraising (describe nature of fundraiser) (additional grants - not fundraisers)</b>		
1	BIGHORN Charities	\$15,000
2	Champions Foundation	\$6,000
<b>Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)</b>		
1	Proceeds from sale of donated goods AV resale stores	\$155,500
2	Additional grants not yet submitted	\$50,000
3		
4		
<b>Total funding in addition to DHCD request</b>		
<b>Budget Narrative</b>	<p>Angel View provides all services at no charge to Outreach clients, as such, 100% of the program budget is provided by philanthropy each year. Our primary sources of income are grants, proceeds from the sale of donated goods at Angel View's resale stores, and donations. Grant amounts noted under "Grants" and "Fundraising" are secure; the "Additional grants" have not yet been submitted but will be throughout the year. Other traditional funders include the Agua Caliente Band of Cahuilla Indians, Morongo Tribe of Cabazon Indians, H. N. and Frances C. Berger Foundation, the Chloe Crawford Foundation, and others. If awarded, District funds would be highly leveraged.</p>	

**EXHIBIT B**

**PAYMENT SCHEDULE, REQUIREMENTS & DELIVERABLES**

<i>Project Title</i> <i>Angel View Children’s Outreach – East Valley</i>	<i>Start/End</i> 2/1/2020 1/31/2021
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**PAYMENTS:**

(2) Payments: \$22,500.00  
10% Retention: \$5,000.00

**Total request amount: \$50,000.00**

**GRANT AND PAYMENT SCHEDULE REQUIREMENTS:**

Scheduled Date	Grant Requirements for Payment	Payment
2/01/2020	Signed Agreement submitted & accepted	Advance of \$22,500.00 for time period 2/01/2020– 7/31/2020
08/01/2020	1 <sup>st</sup> six-month (2/01/2020 – 7/31/2020) progress and budget reports submitted & accepted	Advance of \$22,500.00 for time period 8/1/2020 –1/31/2021
2/01/2021	2 <sup>nd</sup> six-month (8/01/2020– 1/31/2021) progress and budget reports submitted and accepted	\$0
2/28/2021	Final report (2/01/2020 – 1/31/2021) submitted & accepted	\$5,000.00 (10 % retention)

**TOTAL GRANT AMOUNT: \$50,000.00**

**DELIVERABLES:**

**Program/Project Goals and Evaluation**

<b>Goal #1:</b> Conduct 50 intakes on new East Valley clients to determine need. Prior to receiving services, all potential clients complete a one-on-one intake with one of our Outreach case managers. Each child's medical condition is verified through Inland Regional Center or his/her medical provider.	<b>Evaluation #1:</b> Since the inception of the Children's Outreach Program, our staff has kept monthly tracking forms that indicate the number of new children with disabilities served, the number of repeat children, their cities or zip codes, children's diagnosis codes, whether the head of the household is male or female, and the family's income level. We use the tracking forms to complete reports to all grantors.
<b>Goal #2:</b> Based on need, assist 75 East Valley	<b>Evaluation #2:</b> In addition to the information

<p>families raising children with disabilities by providing resources and referrals as well as help accessing services. Assistance from our bilingual case managers includes helping families complete applications to safety net services, health insurance, etc.</p>	<p>noted in Evaluation #1 above, program staff track how many families receive resources and referrals each month.</p>
<p><b>Goal #3:</b> Based on verified medical need, enroll 50 families raising children with disabilities in the transportation reimbursement component of the program (TRIP). Families approved for TRIP are reimbursed for miles traveled to access specialty medical care outside of the Coachella Valley, primarily in Loma Linda.</p>	<p><b>Evaluation #3:</b> Angel View partners with Independent Living Partnership (ILP) in Riverside. ILP administers the TRIP program throughout Riverside County. Angel View provides ILP with regular payments which ILP uses to pay to our clients on a reimbursement basis. Angel View staff help parents complete the monthly forms, which are sent to ILP for payment. We receive detailed reports each month from ILP showing how many miles were reported by each child's family, how many were approved and paid. The ILP MOU for fiscal year 2019-20 is attached to this application, along with letters of support.</p>
<p><b>Goal #4:</b> Based on need, enroll 25 families in the Family Stabilization component of the program. Family stabilization is a case management tool designed to strengthen the whole family to better support children with disabilities.</p>	<p><b>Evaluation #4:</b> In addition to the information noted in Evaluation #1 and Evaluation #2 above, program staff track how many families receive Family Stabilization services each month. Regarding the actual case management, our staff work with families to set individual goals. Through regular meetings with the families, they determine if the goals have been met or need to be adjusted. They continue to work with families on outstanding issues and/or new problems. Due to privacy issues, case notes are not available for monitoring; our tracking forms are however.</p>
<p><b>Goal #5:</b> Based on need, act as advocates for 25 children with disabilities at their Individual Education Program (IEP) meetings. Our staff are acknowledged by all local school districts to act as advocates for children with disabilities who are enrolled in our program. Each IEP meeting is actually a series of four meetings. They are very time consuming but extremely helpful to parents who often do not understand why their kids are in special education, what their responsibilities are, what the educational goals are, etc. Our staff explain meeting conversations and outcomes to the children's parents.</p>	<p><b>Evaluation #5:</b> Program staff also track which children's IEP meetings they attend each month. And similar to case management, the entire IEP team works with the individual student on goals the group sets for the child's educational progress. Goals are met or adjusted as needed. Please note -- some children/families receive multiple services; they are not mutually exclusive.</p>



## Grant Scoring Review

**Reviewer:** Donna Craig

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**Executive Summary:** 9

**Need and Alignment:** 9

**Goals:** 8

**Evaluation:** 8

**Organizational Capacity:** 9

**Organizational Sustainability:** 9

**Budget:** 9

**Percent of Funding Requested:** 9

**Fiduciary Compliance:** 8

**Financial Stability:** 8

**Key Partners/Collaborations:** 8

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**Total Score:** 94.00

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**Reviewer Comments:** This program of Angel View's not only takes in the case management needs of the special needs client but also considers the needs of the entire family. A proven program with very good outcomes.

**Response Notes:**

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**Average Review Score:** Staff Review Stage: 95.333333333333333333333333333333 (3 of 3)

**Sum of all Reviews:** Staff Review Stage: 286 (3 of 3)

## Grant Scoring Review

**Reviewer:** Alejandro Espinoza

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**Executive Summary:** 9

**Need and Alignment:** 9

**Goals:** 9

**Evaluation:** 8

**Organizational Capacity:** 9

**Organizational Sustainability:** 9

**Budget:** 9

**Percent of Funding Requested:** 9

**Fiduciary Compliance:** 9

**Financial Stability:** 9

**Key Partners/Collaborations:** 8

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**Total Score:** 97.00

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**Reviewer Comments:** Angel View is a crucial resource for many individuals and families with special needs. This grant will allow them to expand their proven case management program to include east valley residents.

**Response Notes:**

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**Average Review Score:** Staff Review Stage: 95.333333333333333333333333333333 (3 of 3)

**Sum of all Reviews:** Staff Review Stage: 286 (3 of 3)

## Grant Scoring Review

**Reviewer:** Meghan Kane

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**Executive Summary:** 8

**Need and Alignment:** 8

**Goals:** 9

**Evaluation:** 8

**Organizational Capacity:** 8

**Organizational Sustainability:** 9

**Budget:** 9

**Percent of Funding Requested:** 9

**Fiduciary Compliance:** 9

**Financial Stability:** 9

**Key Partners/Collaborations:** 9

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**Total Score:** 95.00

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**Reviewer Comments:** When the District conducted focus groups in eastern Coachella Valley, participants consistently mentioned that there was a high need for resource awareness. Angel View targets this challenge by helping to educate and advocate for families and children suffering from medical conditions and by connecting families to support services. Angel View’s Strategic Plan is well thought out and executed. It highlights goals and corresponding strategies to meet those goals as well as mentioning challenges and how they will work to address those barriers. I recommend approval for the grant to support the work and future growth of Angel View.

**Response Notes:**

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**Average Review Score:** Staff Review Stage: 95.3333333333333333333333333333 (3 of 3)

**Sum of all Reviews:** Staff Review Stage: 286 (3 of 3)



## 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>
<b>Executive Summary</b> (10 points)	The applicant <b>includes and effectively describes</b> 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 <b>includes and describes</b> 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 <b>include or describe</b> 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.
<b>Need &amp; Alignment and Demonstrate</b> (10 points)	The applicant <b>explicitly defines a specific</b> need for the project within the identified community and <b>effectively describes</b> 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 <b>identifies</b> a need within the identified community for the project and <b>describes</b> 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 <b>does not clearly describe</b> 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.
<b>Goals</b> (10 points)	The applicant has provided SMART goals with an evaluation plan that is <b>fully developed</b> . The <b>SMART</b> goals are <b>specific, measurable, ambitious, realistic and time-bound</b> , and the evaluation plan will <b>accurately</b> measure the project’s effectiveness.	The applicant has provided SMART goals with an evaluation plan. The <b>SMART</b> goals are <b>mostly specific, measurable, ambitious, realistic, and time-bound</b> , and the evaluation plan will measure <b>the aspects</b> 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><b>Proposed Evaluation Plan</b> (10 points)</p>	<p>The applicant describes a <b>specific detailed plan of action for evaluation</b>, 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 <b>plan of action for evaluation</b> 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 <b>does not describe, or vaguely describes a reasonable plan of action</b> that can be completed during the grant period, involves some identified partners appropriately, and might make the project a reality.</p>
<p><b>% of Funding Requested – Leveraging of Outside Funds</b> (10 points)</p>	<p><b>0-50%</b> 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><b>51-70%</b> Budget shows some committed funds, in-kind funds for professional services and proposed funds making up the majority, have been identified.</p>	<p><b>71 - 100%</b> Budget shows limited to no committed funds, balance is made up of mostly identified proposed funds</p>
<p><b>Applicant Capacity and Infrastructure to Execute Proposal</b> (10 points)</p>	<p>The applicant includes concrete examples that <b>strongly demonstrate</b> that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.)</p> <p>The <b>applicant strongly demonstrates</b> 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 <b>demonstrate</b> that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.).</p> <p>The <b>applicant demonstrates</b> 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 <b>does not include</b> 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 <b>applicant is limited in its ability to demonstrate</b> credibility for this kind of work (strength, name recognition, a history or track record of achievements, related mission and letters of support).</p>

<b>Organizations Sustainability</b> (10 Points)	The applicant <b>strongly demonstrates that it</b> has a current strategic plan and/or business plan with measurable outcomes. Strong board engagement and governance. The proposed program is <b>identified within</b> the strategic plan.	The applicant <b>demonstrates</b> 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 <b>supported by</b> the strategic plan	The applicant does not <b>demonstrate</b> that it has a strategic plan and/or business plan. The program only reflects the applicant’s mission.
<b>Budget</b> (10 points)	The budget is <b>specific</b> and <b>reasonable</b> , and all items <b>strongly align</b> with the described project. The budget <b>strongly demonstrates</b> 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 <b>effective</b> . 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 <b>reasonable</b> , with the items <b>aligned</b> 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 <b>reasonable</b> and/or <b>some</b> additional funding sources and/or in-kind services are included.	The budget is <b>not specific</b> and/or <b>reasonable</b> , and the items are <b>somewhat aligned</b> with the described project. The budget somewhat <b>demonstrates</b> financial clarity. There are no unexplained amounts.
<b>Fiduciary Compliance</b> (10 Points)	The applicant <b>strongly demonstrates</b> 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 <b>demonstrates</b> 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.	<b>The applicant demonstrates</b> 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><b>Financial Stability</b> (10 Points)</p>	<p>Funding sources for operations and programs are coming from multiple sources and is driven by a <b>strategic plan</b> 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 <b>limited plan</b> in place for stability for short term only.</p>	<p>Source of funds for operations and programs are coming from limited sources. There is <b>no plan</b> for stability in place currently.</p>
<p><b>Key Partners / Collaboration</b> (10 points)</p>	<p>The applicant <b>strongly demonstrates</b> solid partnerships and collaborative approach with letters of commitment or an MOU that includes a scope of work.</p>	<p>The applicant <b>demonstrates</b> partnerships and collaborative approach with letters of commitment.</p>	<p>The applicant <b>demonstrates</b> limited or no partnerships and has not included any letters of commitment.</p>
<p><b>Comments/Notes:</b></p>			

**Total Score:** \_\_\_\_ / 110 = \_\_\_\_ %

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



**Date:** 1/28/20

**To:** Board of Directors

**Subject:** Grant # 1038 Coachella Valley Volunteers in Medicine

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**Grant Request:** Affordable and Accessible Healthcare Services For East Valley Residents

**Amount Requested:** \$50,000.00

**Project Period:** 2/1/2020 to 1/31/2021

**Project Description and Use of District Funds:** Patients will receive culturally competent, medical and dental care services from licensed professionals for primary care and limited specialty services (Neurology, Dermatology, Ophthalmology and Podiatry) Patients will also receive no-charge laboratory testing and imaging services (Ultrasounds, MRIs, CT Scans, X-rays), as ordered by their physician, when necessary for their diagnosis and treatment. Depending upon need, patients may also be referred to, or provided with, other supportive services such as Health Education and Wellness classes, General Medical and Diabetes Case Management, Social Needs Assessment and Community Referral/Follow-up/Tracking, and, Health Navigator services. (CVVIM also provides homeless medical outreach services, however the focus of this grant request is not specifically to that population though a minimal number may also be served.) District funds would only be used to support staffing costs for 1) direct patient care staff, 2) clinical supplies and 3) care delivery costs related to the provision of medical and dental care.

Grant funding will only be used to support staff positions with DIRECT responsibilities for patient care - reception, scheduling, intake/eligibility (Front Office coordinator), medical assisting (Medical Assistant), and case management (DM Case Manager). For these three positions, we are requesting 37.5% of total salaries, or 50% of the 75% allocated to Program.

Funding will also support routine clinical supplies (i.e. gloves, wound and gynecological supplies, syringes) and patient care delivery costs (i.e. labs, diagnostic and imaging). We are requesting 37.5% of budgeted costs, or 50% of the 75% allocated to the Program.

**Strategic Plan Alignment:** Primary Care and Behavioral Health Access





**Geographic Area(s) Served:** Coachella;Indian Wells;Indio;La Quinta;Mecca;North Shore;Oasis;Palm Desert;Thermal

**Action by Program Committee: (Please select one)**

- Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of \$50,000.00 be approved.
- Recommendation with modifications
- Deny

## 2020 Grant Request Summary

### Coachella Valley Volunteers in Medicine, Grant #1038

#### About the Organization

Coachella Valley Volunteers in Medicine  
 PO Box 10090  
 82-915 Avenue 48  
 Indio, CA 92202  
 Tel: 760 342 4414 Ext: 103  
<http://cvvim.org>

#### **Organization Type:**

501(c)(3) \Medical

#### **Primary Contact:**

Marie J. Brunner  
 Tel: (760) 625-0763  
 Fax: (760) 837-9065  
[marie.brunner@cvvim.org](mailto:marie.brunner@cvvim.org)

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

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

#### **Proposal**

**Project Title:** Affordable and Accessible Healthcare Services For East Valley Residents

**Total Project Budget:** \$1,062,898

**Requested Amount:** \$50,000

**Length of Project:** 12 months

**Start Date:** 2/1/2020

**End Date:** 1/31/2021

#### **Background:**

Background

Incorporated in 2008 to provide no-charge healthcare services to low-income and uninsured adult, Valley residents, CVVIM utilizes a volunteer driven model of service delivery. Annually,

an average of 200+ volunteers donate in excess of 14,000 hours, valued at more than \$300,000, to fulfill our mission.

Annually, an average of 1,000 unique patients are provided an average of 3,200 visits with a physician or dentist, and more than 1,000 other contacts are provided for health education, case management, health navigator services, homeless medical outreach and community/social service referrals. Since inception, more than 32,000 visits have been provided.

### **Community Health Focus Area**

Primary Care and Behavioral Health Access

#### **Community Need:**

As reported in the 2016 Coachella Valley Community Health Survey (February 2017. HARC.) there are 30,000 uninsured adults living in the Coachella Valley, most of whom have incomes below the Federal Poverty Level. CVVIM will provide access to many of these individuals for affordable (no-charge) healthcare services from our Indio clinic and outreach services (Homeless Medical Outreach). Eligible patients will be residents of Coachella Valley who are at no more than 200% of Federal Poverty Level, and who are uninsured or underinsured. Patients will receive culturally sensitive medical and dental care services from licensed professionals for primary care and limited specialty services. Patients will also receive no-charge laboratory testing and imaging services (Ultrasounds, MRIs, CT Scans, X-rays), as ordered by their physician, when necessary for their diagnosis and treatment.

Depending upon need, patients may be referred to or provided with other supportive services such as Health Education and Wellness classes, General Medical and Diabetes Case Management, Social Needs Assessment and Community Referral (and follow-up/tracking) and, Health Navigator services. Medical services for homeless persons are also provided from outreach teams through our weekly Street Medicine program.

District funds would be used to support staffing costs for identified patient care staff, clinical supplies and care delivery costs related to the provision of care (one-to-one visits; case management; education; homeless outreach services) for 350 contacts with approximately 120 qualified east Valley residents, aligning the program with the District's Community Focus Area of Primary Care Access, as well as, to Homelessness and, Healthy Eating, Active Living, while providing services in an accountable manner.

As reported in the 2016 Coachella Valley Community Health Survey (February 2017. HARC.) there are 30,000 uninsured adults living in the Coachella Valley, most of whom have incomes below the Federal Poverty Level.

CVVIM will provide access to many of these individuals for affordable (no-charge) healthcare services from our Indio clinic. This project aligns itself to the DHCD Strategic Plan Community Focus Area of Primary Care Access through the planned provision of the above services.

### **Program Area**

Direct Services; Direct Services

#### **Project Description:**

Patients will receive culturally competent, medical and dental care services from licensed professionals for primary care and limited specialty services (Neurology, Dermatology, Ophthalmology and Podiatry) Patients will also receive no-charge laboratory testing and imaging services (Ultrasounds, MRIs, CT Scans, X-rays), as ordered by their physician, when necessary for their diagnosis and treatment. Depending upon need, patients may also be referred to, or provided with, other supportive services such as Health Education and Wellness

classes, General Medical and Diabetes Case Management, Social Needs Assessment and Community Referral/Follow-up/Tracking, and, Health Navigator services. (CVVIM also provides homeless medical outreach services, however the focus of this grant request is not specifically to that population though a minimal number may also be served.) District funds would only be used to support staffing costs for 1) direct patient care staff, 2) clinical supplies and 3) care delivery costs related to the provision of medical and dental care.

Grant funding will only be used to support staff positions with DIRECT responsibilities for patient care - reception, scheduling, intake/eligibility (Front Office coordinator), medical assisting (Medical Assistant), and case management (DM Case Manager). For these three positions, we are requesting 37.5% of total salaries, or 50% of the 75% allocated to Program.

Funding will also support routine clinical supplies (i.e. gloves, wound and gynecological supplies, syringes) and patient care delivery costs (i.e. labs, diagnostic and imaging). We are requesting 37.5% of budgeted costs, or 50% of the 75% allocated to the Program.

**Proposed Program / Project Evaluation Plan**

CVVIM is committed to providing quality healthcare services to our patients. We have processes in place for both quantitative and qualitative evaluation, focusing on both patients and volunteers.

Quantitative evaluation is an ongoing process whereby each patient is tracked over their lifetime with CVVIM, both to the number of individual face-to-face "visits" for either medical or dental care scheduled and received, as well as for numbers of other "contacts" such as medical case management, diabetes and other disease-specific case management, health education and wellness services, health navigator services, homeless medical outreach services and social assessments resulting in social service/community referrals. In particular, numbers for "visits" are monitored monthly to ensure we are on target to maintain, and ideally increase, our annual average number of patient visits at around 3,000 per year. Encounters are tracked primarily for supplemental reporting on additional services provided that are not medical or dental visits.

We also track the number of volunteers by service type (i.e. physician, dentist, medical assistant, clerical volunteer, etc.) and use Department of Labor Wage and Labor information to determine the value of their donated professional service. The value of all donated services is calculated monthly and ultimately is budgeted and accounted for in our annual and monthly budgets.

Qualitatively, volunteers are evaluated annually for their level of satisfaction, or at the time of their resignation from volunteer service. Patients are evaluated biannually through a random sampling of patients while at the clinic and also for patients who have not been into the clinic for six months or more. Questions are focused on both their personal satisfaction with services received as well as to healthcare services they would like, or needed, that are not offered.

Information from all surveys is reviewed by program committees and the Board of Directors.

**Program/Project Goals and Evaluation**

<p><b>Goal #1:</b> Provide healthcare services to 600 low-income and uninsured adults residing in the eastern Coachella Valley over a twelve-month period.</p>	<p><b>Evaluation #1:</b> Demographic and service delivery information will be entered into an electronic health record over the period of the grant and ongoing. Patients will be tracked monthly and ongoing for quantitative outcomes related to the numbers of medical or dental visits with a licensed healthcare provider. Monthly</p>
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	reports will be reviewed by staff to monitor and track progress towards our stated goal, and reports will be presented for review and discussion to the CVVIM Clinical Care Committee and the Board of Directors, and in requested grant reports.
<b>Goal #2:</b> A random sampling of patients will be completed biannually to determine patient satisfaction and solicit information on unmet healthcare needs.	<b>Evaluation #2:</b> For each survey (2), both patients who have received services in the most recent six-month period, and those who have not received services and who remain eligible for services, will be contacted, in-person or on the phone, for inclusion in the survey. A minimum 10% response rate of total patients seen during the period will be sought. Surveys will be reviewed and a summary report will be completed by staff and presented to the Clinical Care Committee for review and discussion. Any negative trends or issues identified through the surveys will be dealt with immediately by staff and reported to the Board of Directors with the resultant action taken. Information obtained from the surveys will be included in any discussion by the Board of Directors when reviewing the Strategic Plan, with appropriate actions taken/planned for.
<b>Goal #3:</b> Volunteers will be surveyed annually and at the time of their resignation from service to determine their level of satisfaction with their volunteer service.	<b>Evaluation #3:</b> A survey template designed by HARC in 2016 will be used to survey volunteers; the survey may be updated to include specific questions relating to any issues identified during the year that negatively or positively was determined to impact their service. Results from the survey will be reviewed by staff and a report will be prepared for review and discussion by the Board of Directors, immediately in the event of any negative issues, or annually at the regular meeting of the Board of Directors when reviewing the Strategic Plan, with appropriate actions taken/planned for.
<b>Goal #4:</b>	<b>Evaluation #4:</b>
<b>Goal #5:</b>	<b>Evaluation #5:</b>

**Participants:**

**Population Served**

Adults (25-64 years old);Seniors (65+ years old);Uninsured

**Geographical Area Served**

Coachella;Indian Wells;Indio;La Quinta;Mecca;North Shore;Oasis;Palm Desert;Thermal

**Age Group**

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

### **Number Served Per Age Group**

**0-5:** 0

**6-17:** 0

**18-24:** 100

**25-64:** 800

**65 or more:** 100

**Total:**

### **Participant Community**

District residents served by this project are adults who 1) reside in the eastern Coachella Valley, 2) have a household income not more than 200% of Federal Poverty Level Guidelines, and, 3) are uninsured or underinsured.

Verification of eligibility requirements is required at intake and annually thereafter.

### **Organizational Capacity and Sustainability**

#### **Organizational Capacity**

All staff are allocated to patient care indirectly, however there are four positions with direct patient care responsibilities. Our Front Office Coordinator (FT) is responsible for patient reception, scheduling, medical and community referrals, and medical records, as well as supervision of front office volunteers. Our Clinical Services Coordinator (FT) assists medical providers and ensures timely patient flow between the front and back offices, as well as maintaining adequate routine medical supplies, providing general case management, conducting health education, and supervising clinical volunteers. Our Dental Assistant (PT) is responsible for assisting dental providers with oral care, taking x-rays, ordering supplies and equipment sterilization and storage. We anticipate 75% of staff time for these positions will be spent on patients from the eastern Valley, as requested in the grant budget.

These staff are all supervised by our Clinical Operations Director (FT) who also has responsibility for privileging licensed providers and maintaining related documentation, scheduling providers, ensures patient satisfaction is maintained, assists with patient advocacy, and other administrative tasks. No grant support is requested for this position, nor for other positions in the organization (Event Manager and Executive Director).

#### **Organizational Sustainability:**

Providing healthcare services to low-income, uninsured adult residents of the Coachella Valley is the mission of CVVIM, and therefore, everything we do relates to these services. As such, all of our services are continually monitored and reviewed by staff, various committees and ultimately our Board of Directors.

This year, as part of our Strategic Planning process, our Board of Directors established Values for the organization, the first Value being: Patients come first. It was overwhelmingly understood that everything we undertake is because of the patients we see, or will see.

#### **Partnerships:**

##### **Key Partners:**

CVVIM is the sole provider of all healthcare services provided to eligible patients, however, as a matter of routine service delivery, we have numerous partners we work with in the community in numerous ways.

We have agreements with local universities and hospitals, as well as other educational institutions to provide educational opportunities for medical residents and other students. We

also work with the Office On Aging and the County of Riverside, DPSS to provide job training for senior workers and welfare recipients. All of these are vital to the residents/students and our patients who benefit from their training and education while at the clinic to provide direct patient care.

We have agreements and relationships with healthcare organizations who assist us with licensed provider credentialing, and also with medical supply/service vendors for the provision of donated x-ray services, and discounted services for laboratory tests and imaging services, all of which have a positive impact on our budget allowing us to serve more patients with no-charge healthcare services.

Line Item Budget

Operational Costs

PROGRAM OPERATIONS		Total Program/Project Budget	Funds from Other Sources <i>Detail on sheet 3</i>	Amount Requested from DHCD
<b>Total Staffing Costs</b> <i>Detail on sheet 2</i>		627,438	300,000	33,388
<b>Equipment (itemize)</b>				
1				0
2				0
3				0
4				0
<b>Supplies (itemize)</b>				
1	Clinical Supplies	18,800		7,050
2	Office Supplies & Expenses	4,500		0
3				0
4				0
<b>Printing/Duplication</b>		11,200		0
<b>Mailing/Postage</b>		14,900		0
<b>Travel/Mileage</b>		3,000		0
<b>Education/Training</b>		6,250		0
<b>Office/Rent/Mortgage</b>		94,200	94,200	0
<b>Telephone/Fax/Internet</b>		6,318		0
<b>Utilities</b>		17,628		0
<b>Insurance</b>		7,672		0
<b>Other facility costs not described above (itemize)</b>				
1	Janitorial	14,750	12,635	0
2	Building Repair & Maintenance	20,138		0
3	Advertising & PR	16,103		0
4	Bank Fees; Audit; Accounting fees	17,275		0
<b>Other program costs not described above (itemize)</b>				
1	Care Delivery Costs	69,000	12,000	9,562
2	Hazardous Waste Disposal	960		0
3	External Costs ( licenses, etc.)	3,875		0
4	Volunteer Costs	4,375		0
5	Other Program Costs (all IT)	12,000		0
6	Major Fundraising Costs (incl prsnl)	92,516		0
<b>%</b>		<b>1,062,898</b>	<b>594,063</b>	<b>50,000</b>
<b>Budget Narrative</b>	<p>Program budget considers 2019 budget. DHCD request is only for support of 1) direct patient care staff (3), 2) routine clinical supplies (medical supplies, etc.) and 3) patient care delivery costs (labs, diagnostic and imaging). Program request represent 37.5% of budgeted costs, or 50% of the total 75% of costs allocated to the Program for service to East Valley residents.</p>			



### Line Item Budget Staffing Costs

Staff Salaries		Annual Salary	% of Time Allocated to Program	Actual Program Salary	Amount of Salary Paid by DHCD Grant
<b>Employee Position/Title</b>					
1	Executive Director	94,868	20	18,974	0
2	Clinical Operations Director	55,538	75	41,653	0
3	Event Manager	55,442	0	0	0
4	Front Desk Coordinator	35,360	75	26,520	13,125
5	Medical Assistant	36,354	75	27,266	13,633
6	DM Case Manager	17,680	75	13,260	6,630
7	Dental Assistant	17,680	75	13,260	0
8	Volunteer Coordinator	16,640	75	12,480	0
9					
<b>Total Employee Benefits</b>					0
<b>Enter this amount in Section 1; Staffing Costs</b>				<b>Total &gt;</b>	<b>33388</b>
<b>Budget Narrative</b>	Approximately 75% of CVVIM patients reside east of Cook Street.				
<b>Budget Narrative</b>	Grant funding will only be used to support positions with <b>direct</b> responsibilities for patient care - reception, scheduling, intake/eligibility (Front Office coordinator), medical assisting (Medical Assistant) and case management (DM Case Manager). For these three positions, we are requesting 37.5% of total salaries, or 50% of the 75% allocated to Program.				
Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Fees Paid by DHCD Grant
<b>Company and Staff Title</b>					
1					
2					
3					
4					
5					
<b>Enter this amount in Section 1; Staffing Costs</b>				<b>Total &gt;</b>	<b>0</b>
<b>Budget Narrative</b>	Please describe in detail the scope of work for each professional service/consultant on this grant.				

**Line Item Budget**

**Other**

**Program Funds**

<b>Other funding received (actual or projected) SPECIFIC to this program/project</b>		<b>Amount</b>
<b>Fees</b>		0
<b>Donations</b>		248,285
<b>Grants (List Organizations)</b>		
1	DHCD (West Valley)	121,500
2	Kaiser Permanente	25,000
3	Berger Foundation	25,000
4	Other various grants	43,000
<b>Fundraising (describe nature of fundraiser)</b>		
1	Wine Lover's Auction Event	170,858
2	Other Fundraising	10,000
<b>Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)</b>		
1	Donated Rent	94,200
2	Donated Professional Services	300,000
3	Donated Radiology Services	12,000
4	Donated Other Services	12,635
<b>Total funding in addition to DHCD request</b>		<b>1,062,478</b>
<b>Budget Narrative</b>	Donated professional, radiology and other services is over budget by \$100,827. Current total donations are OVER budget by \$18,107 and total Grant revenue is UNDER budget by \$81,525; this is largely due to timing of grant payments and is projected to be UNDER budget by end of year by only \$10,000 +/--.	

**EXHIBIT B**

**PAYMENT SCHEDULE, REQUIREMENTS & DELIVERABLES**

<i>Project Title</i>	<i>Start/End</i>
<i>Affordable and Accessible Healthcare Services for East Valley Residents</i>	2/01/2020 1/31/2021

**PAYMENTS:**

(2) Payments: \$22,500.00  
 10% Retention: \$5,000.00

**Total request amount: \$50,000.00**

**GRANT AND PAYMENT SCHEDULE REQUIREMENTS:**

Scheduled Date	Grant Requirements for Payment	Payment
2/01/2020	Signed Agreement submitted & accepted	Advance of \$22,500.00 for time period 2/01/2020– 7/31/2020
08/01/2020	1 <sup>st</sup> six-month (2/01/2020 – 7/31/2020) progress and budget reports submitted & accepted	Advance of \$22,500.00 for time period 8/1/2020 –1/31/2021
2/01/2021	2 <sup>nd</sup> six-month (8/01/2020– 1/31/2021) progress and budget reports submitted and accepted	\$0
2/28/2021	Final report (2/01/2020 – 1/31/2021) submitted & accepted	\$5,000.00 (10 % retention)

**TOTAL GRANT AMOUNT: \$50,000.00**

**DELIVERABLES:**

**Program/Project Goals and Evaluation**

<p><b>Goal #1:</b> Provide healthcare services to 600 low-income and uninsured adults residing in the eastern Coachella Valley over a twelve-month period.</p>	<p><b>Evaluation #1:</b> Demographic and service delivery information will be entered into an electronic health record over the period of the grant and ongoing. Patients will be tracked monthly and ongoing for quantitative outcomes related to the numbers of medical or dental visits with a licensed healthcare provider. Monthly reports will be reviewed by staff to monitor and track progress towards our stated goal, and reports will be presented for review and discussion to the CVVIM Clinical Care</p>
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	Committee and the Board of Directors, and in requested grant reports.
<p><b>Goal #2:</b> A random sampling of patients will be completed biannually to determine patient satisfaction and solicit information on unmet healthcare needs.</p>	<p><b>Evaluation #2:</b> For each survey (2), both patients who have received services in the most recent six-month period, and those who have not received services and who remain eligible for services, will be contacted, in-person or on the phone, for inclusion in the survey. A minimum 10% response rate of total patients seen during the period will be sought. Surveys will be reviewed and a summary report will be completed by staff and presented to the Clinical Care Committee for review and discussion. Any negative trends or issues identified through the surveys will be dealt with immediately by staff and reported to the Board of Directors with the resultant action taken. Information obtained from the surveys will be included in any discussion by the Board of Directors when reviewing the Strategic Plan, with appropriate actions taken/planned for.</p>
<p><b>Goal #3:</b> Volunteers will be surveyed annually and at the time of their resignation from service to determine their level of satisfaction with their volunteer service.</p>	<p><b>Evaluation #3:</b> A survey template designed by HARC in 2016 will be used to survey volunteers; the survey may be updated to include specific questions relating to any issues identified during the year that negatively or positively was determined to impact their service. Results from the survey will be reviewed by staff and a report will be prepared for review and discussion by the Board of Directors, immediately in the event of any negative issues, or annually at the regular meeting of the Board of Directors when reviewing the Strategic Plan, with appropriate actions taken/planned for.</p>

## Grant Scoring Review

**Reviewer:** Donna Craig

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**Executive Summary:** 8

**Need and Alignment:** 9

**Goals:** 9

**Evaluation:** 9

**Organizational Capacity:** 8

**Organizational Sustainability:** 8

**Budget:** 9

**Percent of Funding Requested:** 9

**Fiduciary Compliance:** 8

**Financial Stability:** 8

**Key Partners/Collaborations:** 8

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**Total Score:** 93.00

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**Reviewer Comments:** VIM is the only free clinic in the Valley, assisting very low income and uninsured adults. Case management services help patients to access insurance, if eligible, and addresses the social determinants of health. All of the physicians are volunteers. VIM is an important and integral piece of healthcare in the Coachella Valley

**Response Notes:**

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**Average Review Score:** Staff Review Stage: 94.666666666666666666666666666667 (3 of 3)

**Sum of all Reviews:** Staff Review Stage: 284 (3 of 3)

## Grant Scoring Review

**Reviewer:** Alejandro Espinoza

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**Executive Summary:** 9

**Need and Alignment:** 9

**Goals:** 8

**Evaluation:** 8

**Organizational Capacity:** 9

**Organizational Sustainability:** 8

**Budget:** 9

**Percent of Funding Requested:** 8

**Fiduciary Compliance:** 9

**Financial Stability:** 9

**Key Partners/Collaborations:** 8

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**Total Score:** 94.00

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**Reviewer Comments:** VIM is a vital healthcare resource to many east valley residents. This grant will provide them funding for several key positions and supplies that will allow them to continue to provide free quality medical care to east valley residents.

**Response Notes:**

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**Average Review Score:** Staff Review Stage: 94.666666666666666666666666666667 (3 of 3)

**Sum of all Reviews:** Staff Review Stage: 284 (3 of 3)

## Grant Scoring Review

**Reviewer:** Meghan Kane

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**Executive Summary:** 8

**Need and Alignment:** 8

**Goals:** 9

**Evaluation:** 8

**Organizational Capacity:** 10

**Organizational Sustainability:** 8

**Budget:** 10

**Percent of Funding Requested:** 10

**Fiduciary Compliance:** 10

**Financial Stability:** 10

**Key Partners/Collaborations:** 8

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**Total Score:** 97.00

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**Reviewer Comments:** Access to healthcare and dental services is an ongoing challenge faced by residents of the Coachella Valley. Volunteers in Medicine provides a free service that directly addresses the health needs of adults by providing care and helping to mitigate short-term and long-term impacts of being uninsured or under-insured. I recommend approval of the grant as VIM goes beyond providing direct health care; they provide case management to address additional barriers to health. Through case management, VIM’s team connects with families to provide direct delivery or referrals to social needs and wellness services. Providing core operating support for VIM to further their mission and vision is directly related to the District’s Primary Care and Behavioral Health Access focus area.

**Response Notes:**

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**Average Review Score:** Staff Review Stage: 94.666666666666666666666666666667 (3 of 3)

**Sum of all Reviews:** Staff Review Stage: 284 (3 of 3)



## 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>
<b>Executive Summary</b> (10 points)	The applicant <b>includes and effectively describes</b> 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 <b>includes and describes</b> 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 <b>include or describe</b> 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.
<b>Need &amp; Alignment and Demonstrate</b> (10 points)	The applicant <b>explicitly defines a specific</b> need for the project within the identified community and <b>effectively describes</b> 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 <b>identifies</b> a need within the identified community for the project and <b>describes</b> 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 <b>does not clearly describe</b> 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.
<b>Goals</b> (10 points)	The applicant has provided SMART goals with an evaluation plan that is <b>fully developed</b> . The <b>SMART</b> goals are <b>specific, measurable, ambitious, realistic and time-bound</b> , and the evaluation plan will <b>accurately</b> measure the project’s effectiveness.	The applicant has provided SMART goals with an evaluation plan. The <b>SMART</b> goals are <b>mostly specific, measurable, ambitious, realistic, and time-bound</b> , and the evaluation plan will measure <b>the aspects</b> 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><b>Proposed Evaluation Plan</b> (10 points)</p>	<p>The applicant describes a <b>specific detailed plan of action for evaluation</b>, 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 <b>plan of action for evaluation</b> 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 <b>does not describe, or vaguely describes a reasonable plan of action</b> that can be completed during the grant period, involves some identified partners appropriately, and might make the project a reality.</p>
<p><b>% of Funding Requested – Leveraging of Outside Funds</b> (10 points)</p>	<p><b>0-50%</b> 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><b>51-70%</b> Budget shows some committed funds, in-kind funds for professional services and proposed funds making up the majority, have been identified.</p>	<p><b>71 - 100%</b> Budget shows limited to no committed funds, balance is made up of mostly identified proposed funds</p>
<p><b>Applicant Capacity and Infrastructure to Execute Proposal</b> (10 points)</p>	<p>The applicant includes concrete examples that <b>strongly demonstrate</b> that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.)</p> <p>The <b>applicant strongly demonstrates</b> 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 <b>demonstrate</b> that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.).</p> <p>The <b>applicant demonstrates</b> 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 <b>does not include</b> 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 <b>applicant is limited in its ability to demonstrate</b> credibility for this kind of work (strength, name recognition, a history or track record of achievements, related mission and letters of support).</p>

<p><b>Organizations Sustainability</b> (10 Points)</p>	<p>The applicant <b>strongly demonstrates that it</b> has a current strategic plan and/or business plan with measurable outcomes. Strong board engagement and governance. The proposed program is <b>identified within</b> the strategic plan.</p>	<p>The applicant <b>demonstrates</b> 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 <b>supported by</b> the strategic plan</p>	<p>The applicant does not <b>demonstrate</b> that it has a strategic plan and/or business plan. The program only reflects the applicant’s mission.</p>
<p><b>Budget</b> (10 points)</p>	<p>The budget is <b>specific</b> and <b>reasonable</b>, and all items <b>strongly align</b> with the described project. The budget <b>strongly demonstrates</b> 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 <b>effective</b>. 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.</p>	<p>The budget is clear and <b>reasonable</b>, with the items <b>aligned</b> 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 <b>reasonable</b> and/or <b>some</b> additional funding sources and/or in-kind services are included.</p>	<p>The budget is <b>not specific</b> and/or <b>reasonable</b>, and the items are <b>somewhat aligned</b> with the described project. The budget somewhat <b>demonstrates</b> financial clarity. There are no unexplained amounts.</p>
<p><b>Fiduciary Compliance</b> (10 Points)</p>	<p>The applicant <b>strongly demonstrates</b> 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.</p>	<p>The applicant <b>demonstrates</b> 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.</p>	<p><b>The applicant demonstrates</b> 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>

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

**Total Score:** \_\_\_\_ / 110 = \_\_\_\_%

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



**Date:** 1/28/20

**To:** Board of Directors

**Subject:** Grant # 1036 Pueblo Unido CDC

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**Grant Request:** Fostering Healthy Communities

**Amount Requested:** \$50,000.00

**Project Period:** 2/10/2020 to 2/9/2021

**Project Description and Use of District Funds:** Pueblo Unido is requesting core operating support that will fund the organizational capacity to carry out our mission to improve the health and quality of life of low income residents of the ECV by improving access to safe drinking water and basic infrastructure. Our approach combines community organizing, education and technical assistance to promote healthy and sustainable communities. In our second year of operation, Pueblo Unido initiated a community-driven model that propels community-driven projects that build a healthful environment for families and children.

Pueblo Unido will continue to work with the Polanco communities to remedy interim and permanent solutions to supply safe and affordable drinking water. Through our experience we have identified two main approaches: 1) consolidation to a municipal service for cluster communities, which are multi-year projects that require long term investment; 2) decentralized systems to serve the most remote communities where municipal services are financially unfeasible.

Through this second approach, Pueblo Unido has been successful at implementing its Rural Infrastructure Program which focuses on installing point-of-use Reverse Osmosis water filtration system under the sink to remove arsenic and other contaminants found in water. To date the program has installed over 250 point-of-use Reverse Osmosis water filtration system, providing a great relief and wellness for over 2,000 low income residents.

**Strategic Plan Alignment:** Primary Care and Behavioral Health Access

**Geographic Area(s) Served:** Mecca;North Shore;Oasis;Thermal



**Action by Program Committee: (Please select one)**

- Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of \$50,000.00 be approved.
- Recommendation with modifications
- Deny

## **2020 Grant Request Summary**

### **Pueblo Unido CDC, Grant #1036**

#### **About the Organization**

Pueblo Unido CDC  
78150 Calle Tampico Suite 214  
La Quinta, CA 92253  
Tel:  
<http://www.pucdc.org>

**Organization Type:**  
501(c)(3)

#### **Primary Contact:**

Ramiro Aguilar  
Tel: (760) 777-7550  
[scarranza@pucdc.org](mailto:scarranza@pucdc.org)

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

#### **Proposal**

**Project Title:** Fostering Healthy Communities

**Total Project Budget:** \$1,000,000

**Requested Amount:** \$50,000

**Length of Project:** 12 months

**Start Date:** 2/10/2020

**End Date:** 2/9/2021

#### **Background:**

Background

Pueblo Unido is a tax-exempt non-profit organization that provides technical assistance in all aspects of project management, rehabilitation, and new design of affordable housing communities known as Polanco Mobile Home Parks. A Polanco Park consists of 6-12 mobile homes on undeveloped agriculture land without adequate access to safe drinking water, sanitary sewerage, and paved roads. Despite the social and economic inequities they face, these communities have a remarkable history, evidenced in their vibrant and resilient communities that dot the landscape of the ECV.

#### **Community Health Focus Area**

Primary Care and Behavioral Health Access

#### **Community Need:**

Pueblo Unido is requesting core operating support that will increase its capacity to advance organizational goals in several ways. First, core operating support would assist Pueblo Unido to carry out its mission to address the social, economic, health and environmental justice inequities experienced by the residents of the ECV and engage in collaborative efforts to find viable solutions to improve their health and quality of life. Second, funding will underwrite activities that build on our successful partnerships with other non-profit organizations, local and state agencies, elected officials, and continue to build local leadership to empower civic engagement and public policy advocacy.

Pueblo Unido's mission is to respond to the needs and challenges of ECV's underserved rural communities and create new opportunities to improve the quality of life. In alignment with DHCD mission to achieve optimal health for all district residents, Pueblo Unido works to create a new generation of socially-conscious and self-motivated leaders to engage civically and address the local health challenges arising from the environmental and public injustice.

A testimonial of how Pueblo Unido strives to advance wellness in underserved communities is the story of the Polanco MHP. A Polanco consists of 6-12 mobile homes on undeveloped agriculture land without adequate access to safe drinking water, sanitary sewerage, and paved roads. Despite the social and economic inequities they face, these communities have a remarkable history, evidenced in their vibrant and resilient communities that dot the landscape of the ECV. An estimated 15,000 residents live on these communities and depend on small water systems and septic systems that do not meet state requirements for water quality as they exceed the maximum contaminant levels of arsenic and fluoride. Pueblo Unido works with these communities and provide technical assistance to remedy interim and permanent solutions to supply safe and affordable drinking water.

Historically, the ECV has long endured a lack of critical infrastructure necessary to provide access to safe drinking water and sanitation for farmworker and low-income families. An estimated 15,000 residents in the ECV live in mobile home parks which are not served by municipal water and sanitation services. These 12-unit farmworker housing communities depend on small water systems, private domestic wells and septic systems that do not meet state requirements for water quality. These systems are usually permitted and tracked by the Riverside County Environmental Health Department and the Coachella Valley Water District, however, many communities are located in areas using water exceeding maximum contaminant levels of arsenic and fluoride. Exposure to arsenic in drinking water can pose severe environmental health hazards and can cause skin cancer, cancers of the bladder, lungs and kidney.

As such, these small water systems may not be able to remedy water quality problems on their own. Installing and maintaining a treatment system to address contamination is costly and out of their reach. Families that live on MHP's that are not consolidated to a municipal water system must drive an average of 15 miles to the nearest shopping center to buy bottled water. Consequently, families spend more than 10% of their earnings purchasing water for drinking and cooking. Similar challenges are also evident when managing onsite wastewater treatment systems. Soil conditions do not support effective use of septic systems with drain fields. Installation is challenging and expensive due to the high-water table and silty clay soils. Systems often fail, resulting in raw sewage discharges in the thousands of gallons.

**Program Area**  
Direct Services

**Project Description:**

Pueblo Unido is requesting core operating support that will fund the organizational capacity to carry out our mission to improve the health and quality of life of low income residents of the ECV by improving access to safe drinking water and basic infrastructure. Our approach combines community organizing, education and technical assistance to promote healthy and sustainable communities. In our second year of operation, Pueblo Unido initiated a community-driven model that propels community-driven projects that build a healthful environment for families and children.

Pueblo Unido will continue to work with the Polanco communities to remedy interim and permanent solutions to supply safe and affordable drinking water. Through our experience we

have identified two main approaches: 1) consolidation to a municipal service for cluster communities, which are multi-year projects that require long term investment; 2) decentralized systems to serve the most remote communities where municipal services are financially unfeasible.

Through this second approach, Pueblo Unido has been successful at implementing its Rural Infrastructure Program which focuses on installing point-of-use Reverse Osmosis water filtration system under the sink to remove arsenic and other contaminants found in water. To date the program has installed over 250 point-of-use Reverse Osmosis water filtration system, providing a great relief and wellness for over 2,000 low income residents.

**Proposed Program / Project Evaluation Plan**

Pueblo Unido uses both internal and external evaluation methods to assess its progress and impact. At the internal level, the executive director and Board of Directors evaluate organizational progress upon the completion of every project. Multi-year projects are evaluated quarterly and at the end of every fiscal year. Typically, the program manager or community coordinator will collect data before, during, and after a project. Once the data is collected, data is analyzed and interpreted to make changes and/or measure the project/program’s effectiveness. Depending on the strategic or action plan, every project will have benchmarks (indicators), standards, outcomes, processes, timeframes, and goals that are measured and assessed, typically through calendar grids. External evaluation methods include questionnaire surveys and qualitative measures such as observations and interviews to ensure programmatic goals and objectives are being met. To assess the organizations financial statements, Pueblo Unido contracts an external auditor team to assess the organizational financial capacity.

**Program/Project Goals and Evaluation**

<p><b>Goal #1:</b> By December 2020, Pueblo Unido will install 30 under the sink reverse osmosis water filtration systems to provide drinkable water and of improved quality for an estimated 200 low-income residents of the Eastern Coachella Valley.</p>	<p><b>Evaluation #1:</b> Pueblo Unido will track the progress by hosting monthly meetings with staff members who typically oversee the program. This team includes Pueblo Unido’s; Project Manage, Outreach Coordinator, Water and Sanitation Specialist, Operations Coordinator, and Executive Director. Each staff member has key responsibilities that ensure the program’s goal are met. This program is evaluated by the executive director and operations coordinator who track the progress, purchase orders, parts, and labor cost when installing the new units. Pueblo Unido’s Water and Sanitation Specialist installs the units and provides water samples and testing. The Project Manager will coordinate any building and safety permits before installation of the units. Additionally, this staff directly works with the Riverside County Environmental Health Department to ensure water testing and results are met. The Outreach Coordinator will schedule installation, testing and is the point of contact and resource to the home residents.</p>
<p><b>Goal #2:</b> By December 2020, Pueblo Unido will improve the quality of life and health of an estimated 200 low-income residents of the Eastern Coachella Valley by providing access to</p>	<p><b>Evaluation #2:</b> Pueblo Unido will track the progress by installing 30 under the sink reverse osmosis water filtration systems. To ensure that the quality of life and health of residents has</p>



<p>water safe for drinking and cooking.</p>	<p>improved, Pueblo Unido will conduct water samples, and testing that will ensure the provided water is safe to drink and its improved quality and arsenic free. After each system is installed, water will undergo testing, to then approved by local agencies. Pueblo Unido's outreach coordinator will conduct surveys to each home where the systems will be installed.</p>
<p><b>Goal #3:</b> By December 2020, Pueblo Unido will provide environmental and public health training and education resources to at least 400 low-income residents of mobile home parks communities of the Eastern Coachella Valley.</p>	<p><b>Evaluation #3:</b> Evidence by one health fair, eight community meetings, and three capacity building training workshops Pueblo Unido will track the progress by quantify data gather during the events. During every event and meeting Pueblo Unido will have sign-in sheets that will measure attendees. Qualitative data such as pre and post training interviews and surveys will also be implemented to ensure training topics and workshops are catered to community's needs. To ensure the goal is being met, Pueblo Unido will continue to schedule community monthly meetings and its annual health resource fair during the spring. Capacity building workshops will be schedule during the 1st, 2nd and 4th quarter in calendar year 2020.</p>
<p><b>Goal #4:</b></p>	<p><b>Evaluation #4:</b></p>
<p><b>Goal #5:</b></p>	<p><b>Evaluation #5:</b></p>

**Participants:**

**Population Served**

Adults (25-64 years old);Children (6-17 years old);Seniors (65+ years old)

**Geographical Area Served**

Mecca;North Shore;Oasis;Thermal

**Age Group**

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

**Number Served Per Age Group**

- 0-5:** 20
- 6-17:** 20
- 18-24:** 20
- 25-64:** 20
- 65 or more:** 20
- Total:**

**Participant Community**

Located in Riverside County, the ECV includes the City of Coachella and the unincorporated communities of Thermal, Oasis, Mecca and North Shore. Primarily rural, the region is driven by

an agricultural economic engine that represents an economic impact of over \$2 billion. The population of approximately 60,000 residents is predominantly Spanish Monolingual Latinos and made up of low-income farmworkers. Among the many challenges confronting this underserved and exploitable population are a lack of affordable housing options, lack of public transportation, access to healthy foods, abysmal working conditions, and the lack of critical infrastructure to supply safe and clean drinking water.

### **Organizational Capacity and Sustainability**

#### **Organizational Capacity**

Pueblo Unido's staff and the Board of Directors have a long history of leadership in resolving the most challenging issues impacting the lives of farm workers and low-income families. During the past decade, this has resulted in road safety improvement, planning and development of sewer collection systems, development of affordable housing, and the extension of the domestic water supply to include mobile home park residents in the ECV.

Pueblo Unido staff are drawn from the communities that Pueblo Unido serves and thus reflect their diversity. Current staff represent a new generation of leaders whose parents continue working in the ECV's agricultural fields, live in disadvantaged communities or have direct cultural or family ties to the communities we serve. The following list highlight Pueblo Unido's organizational capacity, all of whom are full time paid staff;

- Executive Director
- Operations Coordinator
- Project Manager
- Administrative Assistant
- Community Outreach Coordinator
- On-Site Property Maintenance
- Water and Sanitation Specialist
- Grant Writer

Pueblo Unido's management structure is formed by our executive director and a group of six dedicated volunteer board members. Pueblo Unido partners with professionals under contract agreements in the fields of accounting, engineering, architectural design, and legal services.

#### **Organizational Sustainability:**

In 2008 Pueblo Unido CDC started with a vision of greater opportunities for farmworkers and a \$250 donation from Founder and current Executive Director, Sergio Carranza. Pueblo Unido's funding model is to gain general operations grants from foundations and sub-contract awards to fund the day-to-day operations of the organization. This funding allows Pueblo Unido's dedicated team to attract and secure larger government grants. These government grants become a direct investment towards the development of our rural communities. Combined, this funding supports Pueblo Unido's programs and the staff time needed to implement them. Today, for every \$1 secured through sub-contract awards and foundation grants, a total of \$17 has been acquired in direct community investment from government grants. Since 2010, Pueblo Unido has leveraged over \$15 million dollars in the organization's core areas.

Pueblo Unido recognizes that funding sources must be diversified, therefore other fundraising development activities are being implemented to strengthen our operations in addition to the above. Pueblo Unido has two annual fundraising events. The Michael Rosenfeld Children Development Fund and La Fiesta del Pueblo which are aimed toward supporting Pueblo Unido's mission and general operations to continue building healthy and sustainable communities in the ECV.

## **Partnerships:**

### **Key Partners:**

Pueblo Unido works in collaboration with other non-profit organizations, state and federal entities, the local water district, and Riverside County's elected officials to raise public awareness about the environmental, public health and economic conditions affecting the quality of life of local communities and to identify solutions that will reduce barriers, increase opportunity, and allow residents to have access to essential health services. Strategic cross-sector partnerships have increased our impact and have already led to transformational victories in the ECV.

Three important collaborations illustrate Pueblo Unido's approach.

First, Pueblo Unido has built a strong working relationship with the Coachella Valley Water District. This institution holds the political power and technical capacity necessary to respond to the infrastructure needs identified by the community. Pueblo Unido is a member of CVWD's Disadvantaged Communities Infrastructure Committee (DACIC), a cross-sector collaboration whose goal is to secure access to safe affordable drinking water, wastewater, and flood control services in the ECV. The committee is developing an Infrastructure Development Plan that addresses the infrastructure gaps in ECV.

Second, Pueblo Unido is an organizational partner in Alianza CV. Alianza is the only alliance in the ECV bringing together community members, nonprofits, and government officials to lead efforts that we need for a thriving region. Our goal at Alianza, is to transform the socio-economic conditions of the ECV so that people in our communities have opportunities to prosper.

Third, Pueblo Unido is an active member of the Housing Review Committee Advisory Council for the unincorporated area of the Coachella Valley. The advisory council was established by the Riverside County Board of Supervisors in 2002 and receives and reviews complaints concerning the county's mobile home park community and employee housing enforcement program. Pueblo Unido's leads efforts in the Resource, Process and Outreach subcommittees to leverage resources, engage community, and provides recommendation.

## Line Item Budget

## Operational Costs

PROGRAM OPERATIONS		Total Program/Project Budget	Funds from Other Sources <i>Detail on sheet 3</i>	Amount Requested from DHCD
<b>Total Staffing Costs</b> <i>Detail on sheet 2</i>		\$470,000.00	\$420,000.00	\$50,000.00
<b>Equipment (itemize)</b>				
1	Equipment and Supplies	\$30,000.00	\$30,000.00	\$0.00
2	Professional Fees	\$150,000.00	\$150,000.00	\$0.00
3	Conferences	\$1,500.00	\$1,500.00	\$0.00
4	Meals & Ent	\$3,000.00	\$3,000.00	\$0.00
5	Project Development	\$75,000.00	\$75,000.00	\$0.00
6	San Jose Center	\$18,400.00	\$18,400.00	\$0.00
<b>Supplies (itemize)</b>				
1	Equipment & Furniture	\$3,000.00	\$3,000.00	\$0.00
2	Office Supplies	\$3,000.00	\$3,000.00	\$0.00
3	Misc. Expenses	\$2,000.00	\$2,000.00	\$0.00
4	Contract services	\$38,600.00	\$38,600.00	\$0.00
<b>Printing/Duplication</b>		\$3,000.00	\$3,000.00	\$0.00
<b>Mailing/Postage</b>		\$600.00	\$600.00	\$0.00
<b>Travel/Mileage</b>		\$20,000.00	\$20,000.00	\$0.00
<b>Education/Training</b>		\$2,000.00	\$2,000.00	\$0.00
<b>Office/Rent/Mortgage</b>		\$18,000.00	\$18,000.00	\$0.00
<b>Telephone/Fax/Internet</b>		\$4,200.00	\$4,200.00	\$0.00
<b>Utilities</b>		\$3,200.00	\$3,200.00	\$0.00
<b>Insurance</b>		\$6,500.00	\$6,500.00	\$0.00
<b>Other facility costs not described above (itemize)</b>				
1	Janitorial services	\$6,000.00	\$6,000.00	\$0.00
2	Fundraising	\$8,000.00	\$8,000.00	\$0.00
3	Operations Reserve Fund	\$50,000.00	\$50,000.00	\$0.00
4			\$0.00	\$0.00
<b>Other program costs not described above (itemize)</b>				
1	Meeting Cost	\$2,000.00	\$2,000.00	\$0.00
2	Line of Credit	\$45,000.00	\$45,000.00	\$0.00
3	Capacity Building	\$2,500.00	\$2,500.00	\$0.00
4	Repairs and Maintenance	\$50,000.00	\$50,000.00	\$0.00
<b>Total Program Budget</b>		<b>\$1,015,500.00</b>	<b>\$965,500.00</b>	<b>\$50,000.00</b>

### Line Item Budget Staffing Costs

Staff Salaries		Annual Salary	% of Time Allocated to Program	Actual Program Salary	Amount of Salary Paid by DHCD Grant
<b>Employee Position/Title</b>					
1	Executive Director	\$ 71,400.00	50%		\$15,000.00
2	Operations Coordinator	\$ 51,000.00	50%		\$15,000.00
3	Project Manager	\$ 50,000.00	100%		\$10,000.00
4	Outreach Coordinator	\$ 42,000.00	100%		\$10,000.00
5	Water and Sanitation Specialist	\$ 38,000.00	100%		
6	Maintenance	\$ 28,000.00	50%		
7	Administrative Assistant	\$ 31,000.00	50%		
8	Grant Writer	\$ 51,000.00	50%		
<b>Total Employee Benefits</b>		\$ 108,000.00	at 30%		
<b>Enter this amount in Section 1;Staffing Costs</b>				<b>Total &gt;</b>	<b>\$50,000.00</b>
<b>Budget Narrative</b>	<p style="color: red;">Executive Director- Founder of the organization dedicates his position to oversee the finances and operations of the organization. Operations Coordinator- Executive director assistant and ensures the operations and day to day activities of the organization are scheduled. Project Manager- Coordinates dibbing, permitting, construction and inspections of all infrastructure and housing projects. Outreach Coordinator- Coordinates community meetings. Water and Sanitation Specialist- Maintains, installs, and inspects water filtration systems at Mobile Home Park. Maintenance- this staff maintains a 75 mobile home park, (maintenance duties vary). Administrative Assistance- Assist the operation coordinator and performs property management activities. Grant Writer- Grant writing and funding development.</p>				
<b>Benefit Narrative</b>	<p style="color: red;">Health insurance (health, dental, vision) and 401 3b retirement package.</p>				
Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Fees Paid by DHCD Grant
<b>Company and Staff Title</b>					
1	Accounting Fees			\$1,416.00	
2	Professional /legal Fees			\$420.00	
3	Marketing and Web			\$250.00	
4	IS/IT			\$416.00	
5	Payroll Fees			\$208.00	
<b>Enter this amount in Section 1;Staffing Costs</b>				<b>Total &gt;</b>	<b>\$0.00</b>
<b>Budget Narrative</b>	<p style="color: red;">Accounting- Book keeping and financial accounting. Professional and Legal Fees- Marketing and Website- Website maintenance and marketing. IS/TI- Interconnect Networks. Payroll Fees- payroll fees.</p>				

**Line Item Budget**

**Other**

**Program Funds**

<b>Other funding received (actual or projected) SPECIFIC to this program/project</b>		<b>Amount</b>
<b>Fees</b>		
<b>Donations</b>		
<b>Grants (List Organizations)</b>		
1	The Weingart Foundation	\$75,000.00
2	The California Endowment	\$110,000.00
3	Wells Fargo Bank	\$22,700.00
4	Andersons Children Foundation	\$22,900.00
5	Pacific Western Bank	\$10,000.00
6	Cal EPA	\$45,030.00
7	Catholic Campaign for Human Dev.	\$55,000.00
8	Common Counsel Foundation	\$50,000.00
9	Union Pacific Foundation	\$10,000.00
10	Rabobank Foundation	\$15,000.00
11	Rural Communities Assistance Corporation	\$78,000.00
12	SWRCB	\$495,569.00
13	SWRCB	\$10,000.00
14		
<b>Fundraising (describe nature of fundraiser)</b>		
1	<b>The Michael Rosenfeld Children's Fundraiser</b>	\$15,000.00
2	<b>Fiesta del Pueblo</b>	\$5,000.00
<b>Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)</b>		
1		
2		
3		
4		
<b>Total funding in addition to DHCD request</b>		<b>\$1,019,199.00</b>
<b>Budget Narrative</b>	Income is actual from last year (2019). Grants from State Water Resource Control Board are multi year and on a reimbursement base, future years will vary.	

**EXHIBIT B**

**PAYMENT SCHEDULE, REQUIREMENTS & DELIVERABLES**

<u>Project Title</u>	<u>Start/End</u>
<i>Fostering Healthy Families</i>	2/01/2020
	1/31/2021

**PAYMENTS:**

(2) Payments: \$22,500.00  
 10% Retention: \$5,000.00

**Total request amount: \$50,000.00**

**GRANT AND PAYMENT SCHEDULE REQUIREMENTS:**

Scheduled Date	Grant Requirements for Payment	Payment
2/01/2020	Signed Agreement submitted & accepted	Advance of \$22,500.00 for time period 2/01/2020– 7/31/2020
08/01/2020	1 <sup>st</sup> six-month (2/01/2020 – 7/31/2020) progress and budget reports submitted & accepted	Advance of \$22,500.00 for time period 8/1/2020 –1/31/2021
2/01/2021	2 <sup>nd</sup> six-month (8/01/2020– 1/31/2021) progress and budget reports submitted and accepted	\$0
2/28/2021	Final report (2/01/2020 – 1/31/2021) submitted & accepted	\$5,000.00 (10 % retention)

**TOTAL GRANT AMOUNT: \$50,000.00**

**DELIVERABLES:**

**Program/Project Goals and Evaluation**

<p><b>Goal #1:</b> By December 2020, Pueblo Unido will install 30 under the sink reverse osmosis water filtration systems to provide drinkable water and of improved quality for an estimated 200 low-income residents of the Eastern Coachella Valley.</p>	<p><b>Evaluation #1:</b> Pueblo Unido will track the progress by hosting monthly meetings with staff members who typically oversee the program. This team includes Pueblo Unido’s; Project Manage, Outreach Coordinator, Water and Sanitation Specialist, Operations Coordinator, and Executive Director. Each staff member has key responsibilities that ensure the program’s goal are met. This program is evaluated by the executive director and operations coordinator</p>
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	<p>who track the progress, purchase orders, parts, and labor cost when installing the new units. Pueblo Unido’s Water and Sanitation Specialist installs the units and provides water samples and testing. The Project Manager will coordinate any building and safety permits before installation of the units. Additionally, this staff directly works with the Riverside County Environmental Health Department to ensure water testing and results are met. The Outreach Coordinator will schedule installation, testing and is the point of contact and resource to the home residents.</p>
<p><b>Goal #2:</b> By December 2020, Pueblo Unido will improve the quality of life and health of an estimated 200 low-income residents of the Eastern Coachella Valley by providing access to water safe for drinking and cooking.</p>	<p><b>Evaluation #2:</b> Pueblo Unido will track the progress by installing 30 under the sink reverse osmosis water filtration systems. To ensure that the quality of life and health of residents has improved, Pueblo Unido will conduct water samples, and testing that will ensure the provided water is safe to drink and its improved quality and arsenic free. After each system is installed, water will undergo testing, to then approved by local agencies. Pueblo Unido’s outreach coordinator will conduct surveys to each home where the systems will be installed.</p>
<p><b>Goal #3:</b> By December 2020, Pueblo Unido will provide environmental and public health training and education resources to at least 400 low-income residents of mobile home parks communities of the Eastern Coachella Valley.</p>	<p><b>Evaluation #3:</b> Evidence by one health fair, eight community meetings, and three capacity building training workshops Pueblo Unido will track the progress by quantify data gather during the events. During every event and meeting Pueblo Unido will have sign-in sheets that will measure attendees. Qualitative data such as pre and post training interviews and surveys will also be implemented to ensure training topics and workshops are catered to community’s needs. To ensure the goal is being met, Pueblo Unido will continue to schedule community monthly meetings and its annual health resource fair during the spring. Capacity building workshops will be schedule during the 1st, 2nd and 4th quarter in calendar year 2020.</p>

## Grant Scoring Review

**Reviewer:** Donna Craig

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**Executive Summary:** 10

**Need and Alignment:** 10

**Goals:** 8

**Evaluation:** 8

**Organizational Capacity:** 9

**Organizational Sustainability:** 9

**Budget:** 9

**Percent of Funding Requested:** 10

**Fiduciary Compliance:** 9

**Financial Stability:** 9

**Key Partners/Collaborations:** 10

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**Total Score:** 101.00

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**Reviewer Comments:** Pueblo Unido is one of few organizations that champion for the vulnerable and basically ignored underserved residents in the Eastern Coachella Valley. Through a dynamic approach of community organizing, and education and technical assistance to promote healthy and sustainable communities allows Pueblo Unido to create a unique funding model that for every \$1 secured through sub-contract awards and foundation grant, a total of \$17 has been acquired in direct community investment from government grants.

**Response Notes:**

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**Average Review Score:** Staff Review Stage: 101.6666666666666666666666666667 (3 of 3)

**Sum of all Reviews:** Staff Review Stage: 305 (3 of 3)

## Grant Scoring Review

**Reviewer:** Alejandro Espinoza

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**Executive Summary:** 9

**Need and Alignment:** 9

**Goals:** 10

**Evaluation:** 9

**Organizational Capacity:** 9

**Organizational Sustainability:** 8

**Budget:** 9

**Percent of Funding Requested:** 9

**Fiduciary Compliance:** 9

**Financial Stability:** 9

**Key Partners/Collaborations:** 10

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**Total Score:** 100.00

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**Reviewer Comments:** Pueblo Unido has a proven track record of advocating for and organizing disadvantaged community members of the eastern Coachella Valley residing in trailer parks. They have been working diligently with local and regional partners to address disparities in infrastructure and environmental health issues, like access to clean and reliable water sources. This grant will allow them to continue their work in the eastern Coachella Valley and expand their current efforts to address disparities focused on short, intermediate, and long term solutions.

**Response Notes:**

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**Average Review Score:** Staff Review Stage: 101.6666666666666666666666666667 (3 of 3)

**Sum of all Reviews:** Staff Review Stage: 305 (3 of 3)

## Grant Scoring Review

**Reviewer:** Meghan Kane

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**Executive Summary:** 9

**Need and Alignment:** 9

**Goals:** 10

**Evaluation:** 8

**Organizational Capacity:** 10

**Organizational Sustainability:** 9

**Budget:** 9

**Percent of Funding Requested:** 10

**Fiduciary Compliance:** 10

**Financial Stability:** 10

**Key Partners/Collaborations:** 10

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**Total Score:** 104.00

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**Reviewer Comments:** Pueblo Unido is an organization that is forward thinking and strives to provide immediate action to families struggling to receive a basic necessity, safe water. Providing filtration systems so families can receive clean, safe water to their homes has short-term and long-term benefits from reducing stress, reducing the financial burden of constantly purchasing water for cooking and drinking, and mitigating long term health impacts. Additionally, Pueblo Unido advocates and engages residents of Polanco communities to address and impact public policy for the investment in critical infrastructure. Pueblo Unido understands the time and effort it takes to bring the partnerships and finances for infrastructure improvements and developments; therefore, part of their Strategic Plan is to focus on what they can do right now and that is the filtration systems. I recommend this grant request for approval as it directly relates to our mission to achieve optimal health for all district residents.

**Response Notes:**

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**Average Review Score:** Staff Review Stage: 101.666666666666666666666666666667 (3 of 3)

**Sum of all Reviews:** Staff Review Stage: 305 (3 of 3)



## 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>
<b>Executive Summary</b> (10 points)	The applicant <b>includes and effectively describes</b> 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 <b>includes and describes</b> 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 <b>include or describe</b> 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.
<b>Need &amp; Alignment and Demonstrate</b> (10 points)	The applicant <b>explicitly defines a specific</b> need for the project within the identified community and <b>effectively describes</b> 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 <b>identifies</b> a need within the identified community for the project and <b>describes</b> 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 <b>does not clearly describe</b> 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.
<b>Goals</b> (10 points)	The applicant has provided SMART goals with an evaluation plan that is <b>fully developed</b> . The <b>SMART</b> goals are <b>specific, measurable, ambitious, realistic and time-bound</b> , and the evaluation plan will <b>accurately</b> measure the project’s effectiveness.	The applicant has provided SMART goals with an evaluation plan. The <b>SMART</b> goals are <b>mostly specific, measurable, ambitious, realistic, and time-bound</b> , and the evaluation plan will measure <b>the aspects</b> 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><b>Proposed Evaluation Plan</b> (10 points)</p>	<p>The applicant describes a <b>specific detailed plan of action for evaluation</b>, 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 <b>plan of action for evaluation</b> 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 <b>does not describe, or vaguely describes a reasonable plan of action</b> that can be completed during the grant period, involves some identified partners appropriately, and might make the project a reality.</p>
<p><b>% of Funding Requested – Leveraging of Outside Funds</b> (10 points)</p>	<p><b>0-50%</b> 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><b>51-70%</b> Budget shows some committed funds, in-kind funds for professional services and proposed funds making up the majority, have been identified.</p>	<p><b>71 - 100%</b> Budget shows limited to no committed funds, balance is made up of mostly identified proposed funds</p>
<p><b>Applicant Capacity and Infrastructure to Execute Proposal</b> (10 points)</p>	<p>The applicant includes concrete examples that <b>strongly demonstrate</b> that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.)</p> <p>The <b>applicant strongly demonstrates</b> 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 <b>demonstrate</b> that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.).</p> <p>The <b>applicant demonstrates</b> 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 <b>does not include</b> 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 <b>applicant is limited in its ability to demonstrate</b> credibility for this kind of work (strength, name recognition, a history or track record of achievements, related mission and letters of support).</p>

<p><b>Organizations Sustainability</b> (10 Points)</p>	<p>The applicant <b>strongly demonstrates that it</b> has a current strategic plan and/or business plan with measurable outcomes. Strong board engagement and governance. The proposed program is <b>identified within</b> the strategic plan.</p>	<p>The applicant <b>demonstrates</b> 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 <b>supported by</b> the strategic plan</p>	<p>The applicant does not <b>demonstrate</b> that it has a strategic plan and/or business plan. The program only reflects the applicant’s mission.</p>
<p><b>Budget</b> (10 points)</p>	<p>The budget is <b>specific</b> and <b>reasonable</b>, and all items <b>strongly align</b> with the described project. The budget <b>strongly demonstrates</b> 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 <b>effective</b>. 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.</p>	<p>The budget is clear and <b>reasonable</b>, with the items <b>aligned</b> 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 <b>reasonable</b> and/or <b>some</b> additional funding sources and/or in-kind services are included.</p>	<p>The budget is <b>not specific</b> and/or <b>reasonable</b>, and the items are <b>somewhat aligned</b> with the described project. The budget somewhat <b>demonstrates</b> financial clarity. There are no unexplained amounts.</p>
<p><b>Fiduciary Compliance</b> (10 Points)</p>	<p>The applicant <b>strongly demonstrates</b> 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.</p>	<p>The applicant <b>demonstrates</b> 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.</p>	<p><b>The applicant demonstrates</b> 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>

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

**Total Score:** \_\_\_\_ / 110 = \_\_\_\_%

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





# HOMELESSNESS COMMITTEE AGENDA

Wednesday, January 15, 2020

10:00 am

73-710 Fred Waring Drive, Room 119  
Palm Desert, CA 92260  
760-346-1127

THIS MEETING IS HANDICAPPED ACCESSIBLE.  
ACTION MAY RESULT ON ANY ITEMS ON THIS AGENDA.

1. **CALL TO ORDER** - Chair Christy Holstege, Mayor Pro Tem, Palm Springs
2. **ROLL CALL**
  - A. **Member Roster** [P3](#)
3. **PLEDGE OF ALLEGIANCE**
4. **PUBLIC COMMENTS ON AGENDA ITEMS**

Any person wishing to address the Committee on items appearing on this agenda may do so at this time. Please limit comments to **3** minutes. Additional time may be permitted at the discretion of the Chair.
5. **CHAIR / DIRECTOR ANNOUNCEMENTS**
6. **CONSENT CALENDAR**
  - A. **Approve November 20, 2019 Committee Meeting Minutes** [P4](#)
7. **DISCUSSION / ACTION**
  - A. **Input on Use of \$10M State Funding Allocation for Addressing Homelessness in Palm Springs** – Greg Rodriguez [P8](#)

**Recommendation:** Consider sending Committee recommendation to the City of Palm springs for use of the \$10M State funding allocation for a west Valley navigation center
  - B. **Coachella Valley Homelessness Collaborative Planning Update** – Greg Rodriguez [P9](#)

**Recommendation:** Form a subcommittee to advise on the CVHEART collaborative structure and implementation

**C. Call to Action: Crisis Stabilization Housing Units – Tom Cox** [P34](#)

**Recommendation:** Authorize the Committee Chair to request that each city help increase the number of CV Housing First crisis stabilization/transitional housing units

**D. Follow Up to December 2, 2019 Executive Committee Action Related to CV Housing First – Tom Cox** [P38](#)

**Recommendation:** Information Only

**8. INFORMATION**

**A. Attendance Record** [129](#)

**B. CV Housing First FY19/20 Quarterly Performance Report** [130](#)

**C. Ex Officio Updates**

**D. CVAG Homelessness Fund Financial Report** [132](#)

**9. PUBLIC COMMENTS ON NON-AGENDA ITEMS**

Any person wishing to address the Homelessness Committee on items that are within the purview of the Committee that are not on this agenda may do so at this time. Please limit comments to 2 minutes. Additional time may be permitted at the discretion of the Chair.

**10. ANNOUNCEMENTS**

Upcoming meetings at CVAG, 73-710 Fred Waring Drive, Room 119, Palm Desert:

- Executive Committee – January 27 at 4:30 pm
- Homelessness Committee – February 19 at 10 am

**11. ADJOURN**

**Item 2A**

**Coachella Valley Association of Governments  
Homelessness Committee  
Member Roster  
2019 - 2020**



<b>VOTING MEMBERS</b>	
City of Blythe	Councilmember Johnny Gonzalez
City of Cathedral City	Councilmember Mark Carnevale
City of Coachella	Councilmember Josie Gonzalez
City of Desert Hot Springs	Mayor Pro Tem Jan Pye
City of Indian Wells	Councilmember Kimberly Muzik
City of Indio	Councilmember Waymond Fermon
City of La Quinta	Councilmember John Peña – <b><u>Vice Chair</u></b>
City of Palm Desert	Councilmember Sabby Jonathan
City of Palm Springs	Mayor Pro Tem Christy Holstege – <b><u>Chair</u></b>
City of Rancho Mirage	Councilmember Charles Townsend
Riverside County – District 4	Supervisor V. Manuel Perez
Desert Healthcare District	Director Carole Rogers, RN
Agua Caliente Band of Cahuilla Indians	Unassigned
Cabazon Band of Mission Indians	Unassigned
<b>Ex-Officio / Non-Voting Members</b>	
Julie Bornstein, Executive Director, Coachella Valley Housing Coalition	
Darla Burkett, Executive Director, Coachella Valley Rescue Mission	
Julie Reay, Executive Director, HomeAid Inland Empire	
Kristina Starkey, Donor Relations Director, The Salvation Army	
Angelina Coe, Executive Director, Shelter From the Storm	
<b>Additional Support Staff</b>	
Casey Jackson, Path of Life Ministries	Dr. Conrado Bãrzaga, CEO, Desert Healthcare District
Tanya Torno, Senior Development Specialist, Riverside County Housing Authority	Jennifer Claar, Assistant Director, Riverside County Department of Public Social Services
Marcus Cannon, Behavioral Health Services Supervisor, Riverside University Health System-Behavioral Health	Natalie Komuro, Deputy County Executive Officer – Homelessness Solutions

<b>Staff</b>	
Tom Kirk, Executive Director	
Greg Rodriguez	
Tom Cox	
Libby Carlson	

Updated 01-09-2020

Coachella Valley Association of Governments  
Homelessness Committee  
January 15, 2020



**Staff Report**

**Subject:** Coachella Valley Homelessness Collaborative Planning Update

**Contact:** Greg Rodriguez ([grodrigu@rivco.org](mailto:grodrigu@rivco.org))

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**Recommendation: Form a subcommittee to advise on the CVHEART homelessness collaborative structure and implementation**

**Background:** A collective impact collaborative dedicated to addressing homelessness in Coachella Valley will bring together service providers, stakeholders, and advocates to work toward a shared set of goals, backed by data, and make smart use of resources. This idea, as recommended by Barbara Poppe, has been widely supported by Coachella Valley stakeholders and, in July 2019, CVAG entered into an agreement with Riverside County for help needed to advance the vision from concept to implementation. Since that time, Greg Rodriguez and CVAG staff have worked together to conduct extensive research and analysis of what it will take to formalize a functional collaborative – including structure, staffing, and budget, as well as potential funding opportunities to support operations. In addition, a new best practices training piloted with service providers created an opportunity to open a shared dialog across agencies.

The ‘CVHEART Coachella Valley Homelessness & Engagement Action Response Team: A collaborative and regional approach to homelessness in Coachella Valley’ builds on Barbara Poppe’s recommendation by reviewing the evolution of regional collaboration in Coachella Valley to-date; providing a systems-level mapping of the network of homelessness response partners; and outlining the proposed scope, role, and responsibility of CVHEART. Finally, the report also presents three options for structured operationalization of the collaborative. It is recommended that a subcommittee be formed to guide further implementation and planning activity.

The subcommittee should be made up of members from the CVAG Homeless Committee, the Desert Healthcare District, the Regional Access Project Foundation and a representative from the broader healthcare industry such as Tenet.

**Fiscal Impact:** None

**Attachment:**

1. Report on CVHEART Coachella Valley Homelessness & Engagement Action Response Team

# CVHEART

## Coachella Valley Homeless Engagement & Action Response Team



### A Collaborative and Regional Approach to Homelessness in Coachella Valley

Prepared by Greg Rodriguez  
January 2020



## Executive Summary

*Every person who lives in Coachella Valley has a right to safe, comfortable and adequate housing.*

This report sets forth a bold vision for a regional collaborative approach to addressing homelessness in the Coachella Valley. The creation of the Coachella Valley Homelessness Engagement & and Action Response Team (CVHEART) collaborative aims to more efficiently and effectively house and provide resources to our homeless residents. This collaborative stems from the recommended action steps submitted by Barbara Poppe in her report to the Desert Healthcare District entitled “The Path Forward.” The Coachella Valley Association of Government’s (CVAG) Homelessness Committee took up the charge to define what the purpose, scope and structure of CVHEART would be.

This initial report highlights the complex issue of homelessness in the Valley and how it touches numerous governmental agencies and nonprofit organizations. It attempts to identify areas where we excel, and others where we need to break down silos and implement better practices for working together. It provides not only a landscape of current homeless activities and resources, but it also goes into great detail on where we need to go and how we need to think about addressing homelessness going forward.

This report is not meant to be the final say on this matter. In fact, just as homelessness is ever changing, so will the ways in which we address it. One of the main themes throughout this report is the need for flexibility and the means and willingness to change course when necessary in order to achieve greater outcomes. This can only work by working together.

Additionally, CVHEART can serve as a model for other jurisdictions on how a regional collaborative on homelessness can be effective when everyone is at the table. The terms “regional”, “collaborative” and “leverage” will be used quite frequently to emphasize the importance of these terms in actually achieving the desired results of collectively ending the homeless epidemic we face.

Coachella Valley elected officials recognized that homelessness needed to be addressed over a decade ago. Since then, we have begun to adopt a regional approach through the CVAG Homelessness Committee. This has been demonstrated by changes in programming to address current needs, speaking with one voice as a governmental body, and backing up the commitment with financial resources from cities, the County of Riverside, the Tribes and the Desert Healthcare District. The creation of CVHEART is meant to elevate CVAG’s Homelessness Committee’s passion, dedication and work to the next level and to achieve the mission of “Every resident who lives in the Coachella Valley has a right to safe, comfortable and adequate housing.”

## Introduction

Every resident who lives in the Coachella Valley has a right to safe, comfortable and adequate housing. This report is a bold step to achieve that mission statement. It is imperative that through all our actions we keep that mission in our minds. The establishment of the Coachella Valley Homelessness Engagement & Action Response Team (CVHEART) as a regional collaborative to address homelessness aims to fulfill that mission.

Homelessness on the streets, in cars, in our shelters and other precarious situations seems to be getting worse every day. This is not just a Coachella Valley problem; this is an issue facing the entire country, especially on the west coast. It is essential that we create systems change to decrease the silos and work collaboratively to effectively and efficiently provide services and resources to un-housed residents. It can be extremely frustrating to elected officials, homeless service providers, government agencies and residents alike that all the great work we are doing doesn't seem to be helping.

It is important to note that the Coachella Valley is a leader in Riverside County and the State of California for our level of attention to the issue of homelessness and the provision of services to our homeless populations. We have a strong network of service providers such as Martha's Village and Kitchen, Coachella Valley Rescue Mission (CVRM), Shelter From the Storm, Operation Safe House, Path of Life Ministries, Jewish Family Services, and Well in the Desert working 24/7 providing prevention services, shelter services, workforce training, substance use assistance and behavioral health services just to name a few. In addition to these larger organizations, the Valley is blessed to have a number of faith based and community based organizations providing food and essentials to our homeless residents. The County of Riverside and many of our cities in the Valley also provide substantial services and resources.

It is clear that we have an abundance of organizations and agencies working on ending homelessness, but we can do much better. CVHEART is the tool to bring all of these efforts together into a system-wide approach that focuses on who does what well, who may be duplicating others efforts, what are capacity issues, how we leverage and expend resources more effectively, and most importantly how do we work collaboratively in the Coachella Valley region to fulfill the mission that every resident who lives in the Coachella Valley has a right to safe, comfortable and adequate housing.

This report will give a brief overview on the history of our regional approach and the steps taken to get us to the formation of CVHEART. We will look at the methodology of this report, set the landscape of the complexity of this issue, and more importantly provide a comprehensive look at solutions and evidenced based best practices to move forward. The conclusion of the report will give direction on

next steps to formalize and implement the ideals, goals and visions of CVHEART. The easy part is looking at what we are doing now and knowing what we need to do collaboratively together. It is the implementation and sustainability of the regional approach that will be difficult, but if any region is ready for the task, it is the Coachella Valley.

## Our Roadmap to a Regional Collaborative

Before going in depth on the elements of the Coachella Valley Homelessness Engagement & Action response Team (CVHEART), it is important to know how we got here. As mentioned, the Coachella Valley has already started addressing homelessness through regional coordination, whether that has been through service providers working together or government agencies working side by side. While rudimentary at first, our regional approach has evolved over the years and the realization of greater coordination and collaboration has been realized.

In 2006, the Coachella Valley Association of Governments (CVAG) established the CVAG Homeless Committee primarily to address the need for a homeless shelter on the west side of the Valley. At that time, Martha's and CVRM were the only shelter services in the Valley, both of which were on the east end of the Valley. The CVAG Homelessness Committee was comprised of one elected representative from each of the nine CVAG member cities, a representative from Riverside County, and ex-officio members representing our major service providers and agencies. In 2018, a representative from the Desert Healthcare District was added. It is important to note here that the City of Blythe also has a representative. While this report and collaborative focus on Coachella Valley, Blythe is still part of our sphere of influence and we will address their homelessness needs as well.

The early stages of the Committee's work focused on the establishment of Roy's Desert Resource Center. At the time, this was seen as a visionary facility that would not only be a shelter for sleeping, but would also provide complete navigation and wrap-around services. County Supervisor Roy Wilson and the CVAG Homeless Committee took the lead on implementing on this effort. The charge was to have the County and the nine cities in the Coachella Valley contribute financially to the ongoing operations of Roy's. The facility opened in 2009 with all the best of intentions to address homelessness in the West Valley.

While the initial opening and operations were heralded as a success, the reality about the ability of cities to contribute set in soon after, especially since this was at the height of the recession and elimination of Redevelopment Agency funds from the State. Additionally, the facility's somewhat remote location north of I-10 was extremely problematic in terms of accessibility and the sustainability of the wrap around services just didn't come to fruition. Eventually, Roy's became just a place to

sleep at night. Vans would bring homeless individuals up to Roy's in the evening and then take them back to the streets and parks in the morning.

In 2017, Jewish Family Services of San Diego, the contracted operator of Roy's, decided to not seek a renewal of the contract. CVAG's Homeless Committee was tasked with identifying next steps. Since only two to three cities and the County were contributing to the operations, and only sleeping services were provided, the committee decided to take a new direction in addressing homelessness by moving away from a shelter focused model to the Housing First approach. The decision was made to close Roy's as a shelter. Faced with immediate needs on how to assist those that were utilizing Roy's, the County and local service providers implemented a rapid response initiative and were quite successful in housing a good majority of the clients. This activity will be addressed later in the report as well.

The CVAG Homelessness Committee established the 'Western Coachella Valley Navigation Program' and contracted with Path of Life Ministries to provide intake offices, crisis stabilization units, preventative services and linkages to other homelessness services and housing programs. It quickly became clear that a broader regional approach was necessary. The scope of the program expanded to encompass the entire Valley and become known as CV Housing First. While there were some initial communication and capacity issues, as with any startup program, CV Housing First has been proven to be an effective model for addressing homelessness by connecting people with housing solutions they can sustain over time.

In addition to agreeing to shift toward a housing first model, cities began committing resources to sustain the program. Initially, just some of the cities contributed. Then, in 2017, the Desert Healthcare District (DHCD) stepped up to incentivize participation by offering a \$100,000 match for each city that contributed. As of this writing, eight of the nine cities contribute \$100,000, resulting in an \$800,000 match from DHCD. Additional program funding comes from Riverside County and the Agua Caliente Band of Cahuilla Indians.

In 2018, The Desert Healthcare District furthered its commitment to addressing homelessness on a regional level by commissioning Barbara Poppe for a needs/gap analysis of homelessness in the Coachella Valley. Barbara did an extensive dive into the issue with numerous stakeholder interviews, working groups, research, data collection and assessment of best practices. The report entitled, *The Path Forward*, was submitted to the Desert Healthcare District in late 2018 and to the CVAG Homeless Committee in early 2019.

*The Path Forward* report is extremely comprehensive and divided recommendations into four pillars. The first pillar, agreed to by all the participants, focus groups and the core team was the establishment of a collaborative for the Coachella Valley. The CVAG Homelessness Committee and the DHCD agreed with the recommendation and decided to move forward with that suggestion. The report can be viewed on the Desert Healthcare District's website at

<https://www.dhcd.org/media/491/B%20Poppe%20Presentation%20to%20DHCD%20Board.pdf>.

Once the general direction was chosen, the key questions became: What would a collaborative look like? What would it do? And who would oversee it? Riverside County Supervisor V. Manuel Perez offered dedicated support to map out answers to these questions in collaboration with CVAG and the Homelessness Committee, which is the purpose of this report.

## Methodology

In addition to CVAG’s history of homelessness programing, funding and attention, as well as the Desert Healthcare District ‘s contributions, as the author of this report, I have spent two and a half years deeply immersed in homeless services and issues specific to Coachella Valley, as well as the County of Riverside and the State of California. I am an active participant in Riverside County’s Continuum of Care, in addition to conferences, research, special initiatives and participation in other collective impact/collaborative organizations that have significantly contributed to the formation of this report and the Coachella Valley Homelessness Engagement & Action Response Team (CVHEART).

The following is a comprehensive, but not all-inclusive, list of the agencies, organizations and providers that have played a role in the formation of CVHEART and this report:

### Government Public Service Agencies

Governor Newsom’s Homeless Task Force	Riverside County Executive Office
Coachella Valley Association of Governments	Continuum of Care (COC)
COC Board of Governance	COC Planning Committee
COC Housing and Sustainability Committee	Encampment Protocol Committee
Community Action Partnership (CAP)	Housing Authority of Riverside
Department of Public and Social Services	Riverside County Office on Aging
Riverside County Animal Services	Riverside County Parks
Riverside Emergency Management Dept.	Riverside Flood Control
Code Enforcement	Workforce Development
City of Blythe	City of Cathedral City
City of Coachella	City of Desert Hot Springs
City of Indian Wells	City of Indio
City of La Quinta	City of Palm Desert
City of Palm Springs	City of Rancho Mirage
Riverside County Housing Review Committee	

### Law Enforcement

Riverside County Sheriff	Riverside County Probation
Cathedral City Police Dept.	Desert Hot Springs Police Dept.

Indio Police Dept.

Palm Springs Police Dept.

**Service Providers**

ABC Recovery Center  
Catholic Charities  
Desert ARC  
Family Services of the Desert  
Galilee Center  
Jewish Family Services San Diego  
LGBT Community Center of the Desert  
Martha's Village and Kitchen  
Mission Outreach Project  
Path of Life  
Safe House of the Desert/Harrison House  
Shelter From the Storm  
Street Life Project  
The Narrow Door  
The Well in the Desert

Coachella Valley Rescue Mission  
Desert AIDS Project  
DHS Family Resource Center  
FIND Food Bank  
Hidden Harvest  
Jewish Family Services-Desert  
Mama's House  
Michael's House  
Olive Crest  
Riverside Latino Commission  
Salvation Army  
Soroptimist House of Hope  
Transitional Age Youth Center  
Ranch Recovery Centers  
Transgender Community Coalition

**Education**

Palm Springs Unified School District  
Coachella Valley Unified School District  
Desert Sands Unified School District  
PS Unified School District

College of the Desert  
One Future Coachella Valley  
CSUSB

**Healthcare**

Borrego Health  
Coachella Valley Volunteers in Medicine  
Desert Healthcare District and Foundation  
Inland Empire Health Plan (IEHP)  
Riverside University Health System (RUHS)  
RUHS Population Health  
RUHS Community Health Centers

Clinicas de Salud del Pueblo  
Desert AIDS Project  
Flying Doctors  
RI International Urgent Care  
RUHS Behavioral Health  
RUHS Public Health  
UCR School of Medicine and clinics

**Housing**

Coachella Valley Housing Coalition  
Riverside County Housing Authority  
Renaissance National CORE

Habitat for Humanity  
Lift to Rise  
Palm Communities

**Foundations and Advocacy Groups**

Regional Access Project Foundation  
California Partners

Leadership Council

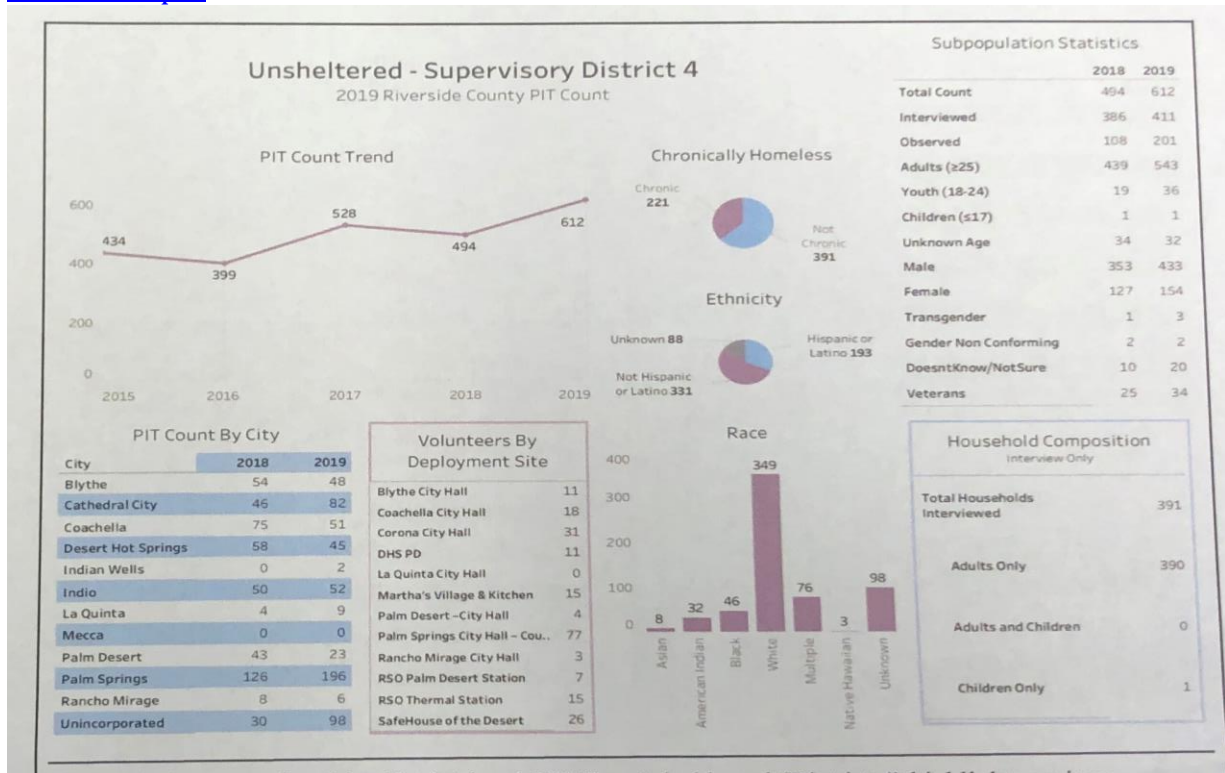


# The Coachella Valley Landscape

As already noted, homelessness is rapidly reaching crisis levels. The purpose of this section is not to get in the weeds on the actual numbers of homelessness in the Coachella Valley, but to educate and emphasize how extensive the issue is and how many different agencies, organizations and groups the issue affects.

Annually, there is the Point in Time (PIT) count mandated by the United States Department of Housing and Urban Development (HUD). It is important to realize this is simply a count of a certain time and everyone knows it is not truly an actual count of the real numbers of homelessness individuals in any community. It should also be noted that as methodologies change in counting-more volunteers and improvements in technology-numbers would understandably increase.

Below is a snapshot of the 2019 PIT count for the Coachella Valley/4<sup>th</sup> Supervisorial District. A deeper dive into the count can be found at the Riverside County DPSS website: <http://dpss.co.riverside.ca.us/files/pit/2019-homeless-point-in-time-count-report.pdf> "The Path Forward" report by Barbara Poppe and the Desert Healthcare District also provides a good analysis of the Coachella Valley numbers: <https://www.dhcd.org/media/491/B%20Poppe%20Presentation%20to%20DHCD%20Board.pdf>



So, we've got a problem. Thankfully, we also have a lot of people dedicated to working on solutions. The following illustrations demonstrate just three of the layers in our regional homelessness response system to provide an example of the weight and scope of what's involved, even at a somewhat superficial level. You could drill down even further, by mapping similar graphs within each service organization or agency.

**1: Organizations, Agencies and Community Groups that Touch the Homeless Issue in Coachella Valley.**



## 2: The Reach of Agencies Solely Within Just One Organization (Riverside County).



### 3: Network of Service Providers Working In Coachella Valley.



Choreographing this system and effectively leveraging each partner's strengths to work toward a common goal is a complex and enormous undertaking. It's like a major airport with hundreds of flights waiting to take off and land every day. CVHEART will be like air traffic control, making sure the system runs seamlessly and stays on track, with flexibility needed to redirect and change course in response to unexpected or emerging conditions. Homelessness is an ever-changing, fluid and complex issue. The CV HEART collaborative will lead alignment of the activities, programs, and resource development to achieve region-wide solutions to address homelessness. With the number of lives on the line and scale of resources involved, this is one major step forward that we cannot afford to ignore.

# CVHEART

## Coachella Valley Homelessness Engagement & Action Response Team

By now there should be a good understanding of where we have been, what our current landscape is, and the importance of moving forward with a regional collaborative approach to addressing homelessness in the Coachella Valley. This section will be comprehensive, focusing on general concepts as well as concrete specific programs, initiatives and actions for regional and collaborative solutions.

So why the acronym CVHEART? First of all, it wouldn't be homelessness or government without an acronym. Both realms are full of them. Seriously though, the choice of this acronym spells out the multi-faceted aspects of addressing homelessness. It is about homeless, engagement, actions, responses and a collaborative team. It also serves as a way to stay focused on each section and how they all tie together. Finally, it's catchy, memorable, and will lend itself well to outreach and public education.

## C

### Collaboration

Collaboration, collective impact, breaking down silos, or it takes a village, are not merely buzz words. These terms have been used for years to address complex problems and systems change. It is more than evident that the complex issue of homelessness will never be effectively addressed without collaboration. The Coachella Valley's homelessness situation, or any region for that matter, cannot be addressed by one entity alone. Neither governmental bodies nor nonprofits can effectively tackle this issue by themselves. They do, however, need to work well together, share information, and avoid duplicating efforts in order to be effective. This level of collaboration doesn't just happen on its own.

CVAG's Homeless Committee realized the need for a collaborative approach over a decade ago. While currently a collaborative of the nine Coachella Valley cities, Riverside County and the Desert Healthcare District, the committee knows we must rise to the next level. The evolution of CVHEART is that next level.

We have excellent organizations and agencies that are addressing homelessness in the valley, but we also have the potential to do much more working together. The collaborative can help to identify what agencies and programs do what best and help to support those efforts further. At the same time, the collaborative can identify gaps that can be filled by capacity building or other service providers.

CVHEART must also work to expand the sphere of collaboration outside of just the current governmental agencies and a few non-profit service providers. We must further engage the business community, law enforcement, tribal governments, the faith community, neighborhood organizations, the education system, health systems, financial institutions and private individuals to join in the effort to address our homeless population. As noted previously, this issue touches a wide array of players and those players must be at the table to make an effective impact.

#### **CVHEART Roles and Responsibilities:**

- Create a shared agenda and clear measurable goals.
- Identifying, maintaining and elevating best practices across the region.
- Identifying and securing funding resources for both programs and capacity building from public and private funding sources.
- Engaging and obtaining commitments for additional collaborative partners.
- Identifying and advocating for homelessness and housing policies at the city, county, state and federal levels.
- Provide training and technical assistance to service providers.
- Utilize data to track performance and offer assistance on course corrections as needed.
- Create public awareness of the collaborative and provider's work in addressing homelessness in the Coachella Valley.

## **Commitment**

The success of CVHEART will rely on the continued commitment of our current players: Riverside County, the nine cities in the Coachella Valley, the Desert Healthcare District, the tribes and our non-profit partners. Additionally, as we engage more collaborative partners, we must demonstrate the value of committing to this cause. Commitment is not just about buy-in, but actually committing to best practices, seeking innovative and collaborative solutions to homelessness, and the ongoing and increased commitment of financial resources critical to addressing this issue.

CVHEART can also advocate for increased policy and resource commitments from the state and federal governments. Homelessness in the Coachella Valley is not something we can address without the commitment of those entities. While the regional collaborative approach will achieve success, drastically reducing homelessness in all parts of the country are going to require policy and resource commitments from all levels of government.



# V

## **Visionary**

The collaborative must play a visionary role. Working together, we must look at short, medium and long-term goals and solutions. The homelessness issue is an ever-changing one and what may be working today may not be applicable one year or five years down the road. Additionally, as funding streams change and other government mandates are put in place, CVHEART must have the foresight and flexibility to adapt to those mandates and changes.

## **Viability**

As the collaborative, CVHEART should work to ensure viability of current projects and initiatives. Through data driven analysis, technical assistance, monitoring and reporting, the collaborative can determine successful outcomes and potential missteps and elevate the successes and course correct the deficiencies.

Viability also means sustainability. This is not only the sustainability of the collaborative itself, but more importantly the sustainability of initiatives, programs, providers and capital projects. While we are currently seeing a greater financial commitment by the State and more flexibility in the use of those funds, we can't be guaranteed that this will continue. As we obtain and allocate resources through CVHEART, decisions must not only be made on the efficacy of the program currently, but also what is the sustainability plan to prevent any loss or gaps in service to our homeless population.

# H

## **Housing**

The only way we will effectively and significantly reduce homelessness is to increase the supply of housing for all income levels. Our region, like many others, is critically lacking a decent supply of affordable and workforce housing. Because of that, over half of households in the Coachella Valley are rent burdened. 79 percent of households that earn less than \$50,000 per year are rent burdened. A household is considered "rent burdened" if rent comprises more than 30 percent of the household's total income.

CVHEART must be a major player in the efforts underway to increase the supply of affordable and workforce housing. We must support and help elevate initiatives, like the Connect Capital Program, a partnership between Lift to Rise and the Economic Development Agency of Riverside County, to reduce rent burden by 30 percent in 10 years. This goal would require building 9,881 housing units. It is a lofty goal, but a solid foundation has been laid by Lift to Rise and funding is being identified to see this production come to fruition.

The collaborative can advocate for policies and resources to assist in the production of housing for all income levels. Working with organizations like Lift to Rise and the Coachella Valley Housing Coalition we can help identify barriers in policy and funding streams, and utilize the partnerships within the collaborative for greater advocacy impact.

In addition to the basic need of affordable housing units, CVHEART must help to find ways fulfill the need for housing units that directly affect homelessness programing and services. This is especially true as we utilize the Housing First model. Our outreach workers have clients they could put in housing today, but we don't have the doors for them. We also have individuals and families with a section 8 voucher in hand without a place to call home.

Supporting and enhancing landlord locator services, and landlord mitigation initiatives can assist in providing actual doors for the various levels of housing needed in the stream of moving people from the street to permanent housing. The following are examples of the types of units required and all of these are currently in short supply for the Coachella Valley:

- Emergency shelter units in western Coachella Valley
- Crisis Stabilization Units
- Rapid Rehousing Units
- Permanent Supportive Housing Units
- Section 8 Voucher Units
- Shared Housing
- Sober Living
- College Campus Housing

The CVAG Homeless Committee can also play a vital role in addressing affordable and income appropriate housing needs. While CVAG has tended not to deal with housing issues, the members of the homeless committee know that homelessness will not be solved without housing. It may be appropriate for the committee to become the CVAG Homeless and Housing Committee. As the collaborative addresses the homeless issues more in depth than the homeless committee, the committee could work in conjunction with Lift to Rise, the County and developers to address initiatives and regional collaboration on housing policy.

# E

## **Engagement**

We have previously talked about the role CVHEART can play in the engagement of more partners within the collaborative and increasing the commitment of a regional approach to homeless solutions. Increasing the participation of the faith community, the business sector, law enforcement, the education system will be essential to truly make an impact. Additionally, there are County agencies and initiatives that the collaborative can partner with such as Adult Protective Services and the Whole Person Care initiative, which we are not fully tapped into. We can also increase our level of engagement for prevention with DPSS and Behavioral Health.

It can also be the role of the collaborative to engage the CVAG Homeless Committee Ex-Officio members in a more productive and meaningful manner. Instead of those members attending the CVAG Homeless Committee meeting where not much input is allowed or needed, we can elevate the input in the regional approaches through much better interactive engagement within the collaborative. This would be especially true if the CVAG Homeless and Housing Committee was focusing more of their attention on housing issues.

We have already witnessed the success of such engagement through our responses to the summer cooling centers, initial rapid resolution training, west valley navigation center, and recent engagements in discussion about the upcoming Homeless Housing Assistance Program (HHAP) funding. This type of engagement should be done a regular basis, not only around training, policy or resource issues, but also on individual case management and sharing of best practices for actual immediate remedies.

## **Emergencies**

It should be quite apparent that CVAG collaborative work responds extremely well to emergency situations. Whether it was the closure of Roy's, the 2019 summer overnight cooling centers, redirection of HEAP funding, or reporting and monitoring issues we have been able to be nimble and flexible to meet the challenges. While we would always like to think we are prepared for anything, the nature of homelessness lends itself to times of emergency situations. CVHEART's role will be to work to establish protocols and procedures for collaborative action in case of emergency situations.

While some may not characterize encampments as emergencies, the flexible, coordinated and rapid response practices we have employed in urgent situations will, and should, apply to encampments. Encampments may be one of the most challenging issues we face, but as demonstrated in previous encampment clean-up

initiatives, they require comprehensive planning and collaboration.

## **Education**

CVHEART has already demonstrated the success of educational/training initiatives like the rapid resolution/diversion training in 2019. Our service providers and agencies will constantly require ongoing education, especially as best practices and funding resources are constantly changing. These training sessions also provide a great opportunity to facilitate cross agency and organizational networking and problem solving. Additionally, by the collaborative providing some forms of technical assistance this augments the educational opportunities.

More importantly in the area of education, CVHEART should play a major role in addressing the youth homelessness within our educational system. This is being experienced at both our primary and secondary institutions. It is estimated that on average there are 3,000 students experiencing some sort of homelessness between our three primary school districts in the Coachella Valley. It is important to note that under the McKinney-Vento Homeless Act, the definition of homelessness is much broader than under the HUD definition. For example this would include families doubled and tripled up in housing, couch surfing, and sleeping in RVs and automobiles.

Each school district has a dedicated staff person to work with these students. The collaborative should work with the districts to make sure they are adequately staffed, there is standardized training, and that clear referral process are set up to public and nonprofit agencies. CVHEART should also explore piloting outreach and case management programming with the Department of Public Social Services (DPSS) to not only link students and families to services and assistance, but actively work to break the cycle of homelessness at a young age.

## **A**

## **Assistance**

While the collaborative will not necessarily be a direct provider of assistance before, during and after homelessness, it does serve a purpose as a clearinghouse and resource for all the assistance that is available. We are blessed with numerous public agencies and non-profit organizations that provide an abundance of services. The problem is that a lot of our precariously housed residents and homeless individuals do not know where to find them. CVHEART can assist in linking, not only individuals, but organizations to direct services and resources.

The collaborative can maintain a comprehensive directory of resources both in print and online (See Appendix 1). It should be a priority to ensure that the directories are kept current and added to as new services and initiatives come into being. CVHEART should also immediately work to enhance the County's 24 hour hotline. The one thing you hear most often is, I don't know who to call, or when you do call one number there are so many needless and inappropriate referrals to others. A truly dedicated homeless services hotline with well trained staff is essential.

One area that CVHEART can work to expand and advocate for is the need for greater supportive services and longer case management periods. In order for the Housing First model to be truly effective, it is essential that clients are getting the correct amount of wrap around services. We also have to realize that many of those we serve will require supportive services for more than the one year we typically provide.

Assistance also means prevention. While most of our programing and focus tends to be on services for those already homeless through shelters, navigation centers and Housing First programs, or employing rapid resolution and diversion for those falling into homeless, we have got to do a better job preventing people from becoming homeless. It is far less expensive to keep someone in a home and prevents escalation of behavioral health and substance use issues. Critical components to preventing individuals from falling into homelessness include:

- Flexible funds for rent, deposits, utilities, car repairs
- Legal support before and during eviction processes
- Better tracking of evictions as they occur
- Education on tenant rights
- Connection to services which address factors that could lead to homelessness (e.g. job loss, domestic violence, mental health disorders, substance use, etc.)

## **Access**

The CVAG homeless committee was formed over a decade ago specifically to address access to shelter services in the western portion of the Coachella Valley. The development of CVHEART is also about how we improve the volume and efficiency of access to services and housing for our homeless residents. There are basically three primary access points to target as entrances to homelessness. They are from the street, from hospitals and from our jails or prisons.

The collaborative can play a vital role in making sure we are all working together to make sure those access points are functioning in an efficient and low barrier manner. Each access point has its own unique challenges, but they also have really good best practices in the Coachella Valley and Riverside County. The following breakdown of each primary access point illustrates the best practices we should

continue to support, as well as enhance, and some of the policies and programs we need to implement to ensure efficient and quality access to homelessness services.

➤ **From the Street**

- Utilizing rapid response/diversion techniques for those just falling into homelessness.
- Establishment of a West Valley Navigation Center that is low barrier and takes into account the need to accommodate, partners, pets and possessions. Main facility located in Palm Springs with satellite navigation centers in Desert Hot Springs and Cathedral City.
- Expansion of the number of housing units to facilitate the effective use of the Housing First model.
- Providing detox services.

➤ **From the Hospital or Clinic Setting**

- Expanding the health plans and hospitals roles in homelessness housing and supportive services.
- Supporting and expanding the use of street medicine as an outreach and engagement tool for additional services and housing.
- Increasing respite care beds.
- Advocating for more board and care facilities and increasing the MediCal reimbursement rate.
- Continued expansion of behavioral health and substance use treatment.

➤ **From the Justice System**

- Continuation of the Whole Person Care initiatives.
- Expansion of the Indio Community Outreach Resource Program (CORP).
- Expansion of Drug Court and Family Preservation programs.
- Enhancing Riverside County's Probation Department's homelessness prevention efforts.

## **Advocacy**

CVHEART's role in advocacy has been mentioned numerous times in this document. As policies and resource allocations change, it is imperative that we are aware of those changes as they are happening, and more importantly, weigh in on how those changes will benefit or negatively impact our efforts to combat homelessness. We can also propose and advance policies and initiatives at the regional, state and federal level.

The following are just a few **examples of current policies and initiatives** for CVHEART advocacy:



- Increased funding from the State and Federal Governments.
- Sustainable funding sources to provide certainty.
- Funding stream flexibility and equity.
- Increased MediCal and SSI reimbursement rates for board and care facilities.
- Wrap around service reimbursements under the proposed CalAIM reforms.
- Support efforts to prevent unnecessary evictions and rent hikes.
- Decrease the bureaucracy around reporting and contract negotiations.
- Homeless Management Information System (HMIS) and Coordinated Entry System (CES) standardization, integration and modernization.
- Address housing density, zoning, and California Environmental Quality Act (CEQA) barriers to affordable housing development.
- Advocate against NIMBYism (Not in My Backyard).

## R

### Regional

While the CVAG Homeless Committee has already been functioning in a regional approach, the role of the collaborative will be to expand those regional efforts outside of just city government entities. Addressing homeless services and funding regionally is not only more cost effective, but will also leverage the amount of outreach, services and housing we can provide.

Both the State and Federal governments are heavily emphasizing the need for regional approaches to homelessness solutions. CVAG has already demonstrated, through the Desert Healthcare District matching funds, the success of regional funding opportunities to leverage other dollars. Going forward, regional approaches will also be crucial in attracting foundation and private donations.

The Coachella Valley homeless population can be somewhat transient in nature within the valley, especially since services are scattered throughout the valley. Additionally, not all jurisdictions are equal in the ability to provide resources to address homelessness. Utilizing a regional approach for service delivery, housing and resource allocation increases the chances of valley-wide reductions in our homeless residents.

### Resources

It goes without saying that one of the major roles of CVHEART will be to **identify and secure funding sources** for program development and sustainability. As mentioned previously, we need to be advocating and securing steady sources of revenue to ensure certainty in the operations of our service providers and housing

programs. The collaborative can also assist in facilitating the leveraging of funds through grant and private funding opportunities.

Through its visioning process CVHEART can set short, medium and long term goals and objectives and assign funding streams to those timelines. Funding streams will continually change and the collaborative must be engaged in those changes as they occur and more importantly be ready to capitalize on resources as they become available.

We have already witnessed the effectiveness of city contributions to a regional approach. The collaborative must look at ways to increase those commitments and leverage those dollars. Additionally, we must look at pooling resources for regional programs. Individual cities paying directly for services on their own, may not be the most cost effective means if a more regional pooling of resources can achieve the same results. Furthermore, we should be looking at how we can leverage our local resources with current County resources to increase the efficacy of our homeless solutions.

In addition to money as a resource, CVHEART can help facilitate and promote other resources for homelessness solutions in the following ways:

- Training and technical assistance.
- Increased internal infrastructure-staffing capacity for grant writing, reporting and monitoring.
- 24 hour hotline.
- Resource directory-See attached appendix.
- Current and future funding opportunities.

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### **Training**

In addition to CVHEART's training and technical assistance mentioned previously, the collaborative should work to increase and strengthen training and work force opportunities within our homeless solutions. It should be obvious that even if we are housing individuals, if they do not have a sufficient income, or any form of employment, the homeless cycle will continue. HUD is now emphasizing the need for workforce development programs. The collaborative should work with Martha's Village, CVRM and the County Workforce Development Department to further develop current programs and look for opportunities to expand those.

There is great potential for job creation for formerly homeless individuals in the area of homeless services. Formerly homeless individuals are prime candidates for peer professionals. Riverside County is a national leader in substance use peer programs and we could utilize that model for homeless peer employment.

Additionally, we should work to establish some certification programs for homeless services, from outreach workers all the way up to executive directors.

## **Tracking**

Data is essential in order to measure success and failure. CVHEART will focus heavily on data driven results to ensure efficacy and positive outcomes. Data will also be utilized to assess initiatives and programs and determine if technical assistance or course correction is needed. Data should not be seen as punitive, but used as a tool for better outcomes.

The collaborative should work to establish common metrics for consistent reporting as well as emphasize the need for sharing data amongst providers and agencies. Monitoring of data will be a key component as well. Additional data improvements are as follows:

- Improve HMIS functionality.
- Expand HMIS to include non-HUD funded community residential programs and non-residential services.
- Use HMIS as a tool for coordinating street outreach.
- Use HMIS for prevention and rapid resolution tracking.
- Identify research partner to support data analysis and research for cross-system strategies.
- Provide community dashboards and data analysis to support the collaborative.

## **Telling the Story**

One area government agencies and some nonprofits fail at is not telling their story. The public may seem to think that nothing is being done to address homelessness and that simply is not true. We must do a better job at letting our elected leaders and the general public know the successes we are achieving in prevention, housing, employment and family reunification. While homelessness still seems to surround us, we are making headway throughout the Coachella Valley and Riverside County.

CVHEART can play a vital role in telling this story. Through marketing and social media efforts we can highlight our partners on what they do and magnify the successes achieved. We can do a better job of branding our coordinated activities and giving our communities a sense of heightened activity around homeless solutions. We can publicize how community members can help and we can raise private funds by promoting community awareness and education about the problem of and solutions to homelessness in the Coachella Valley.

# Where Will It Live?

Hopefully by now there should be a pretty comprehensive understanding of the Coachella Valley homelessness landscape, current homeless solutions being employed and areas where we could increase our capacity and effectiveness. It should be clear that the work explained throughout this document will be much more impactful and successful working in a collaborative way. The development of CVHEART is the means to fulfill that collaboration.

Operationalizing collaboration starts with figuring out where it will live. Whatever structure the collaborative takes, it is imperative that there is a sense of legitimacy. CVHEART should be guided by the collaborative members itself, but within an operational structure. Staffing and infrastructure will depend on which model is chosen. It is the recommendation from this report that the CVAG Homeless Committee establish a subcommittee to weigh the pros and cons of the four options presented below and recommend the structure to be implemented. These are in no particular priority order and are not necessarily mutually exclusive.

## **Option 1: Creation of a Separate Nonprofit**

CVHEART would be established as a separate 501c3 nonprofit entity with its own board and governance structure and set of bylaws.

## **Option 2: Collaborative Operations Within the Desert Healthcare District**

As recommended in the original proposals after the Poppe report, CVHEART would be housed within DHCD utilizing the current operational and fiscal infrastructure.

## **Option 3: Homeless Services Division within CVAG**

CVHEART would be housed within CVAG utilizing the current infrastructure already within this regional government authority.

## **Option 4: Creation of a Regional Continuum of Care (COC)**

CVHEART would become a Continuum of Care (COC). There are two options in this scenario. The CVHEART COC could be a stand-alone HUD sanctioned COC with a Board of Governance and HUD sanctioned charter. The other option is to become a regional COC under the current Riverside County COC structure.

Whichever option is chosen, it is still recommended that CVAG maintain a Homeless and Housing Committee comprised of elected representatives from the County and jurisdictional cities. CVHEART would provide regular updates and recommendations for policy actions to the committee.

# Conclusion

Every resident who lives in the Coachella Valley has a right to safe, comfortable and adequate housing. This report is a bold step to achieve that mission statement. It is imperative that through all our actions we keep that mission in our minds. The establishment of the Coachella Valley Homelessness Engagement & Action Response Team (CVHEART) as a regional collaborative to address homelessness aims to fulfill that mission. This introductory paragraph is repeated here because it captures the essence of our Valley's commitment to and compassion for homelessness individuals.

Ideally this document can provide a comprehensive view of homelessness efforts in the region. This is a living breathing report. As has been mentioned numerous times, the world of homelessness is ever changing. CVHEART will need to continually assess aspects of this report and adjust accordingly as circumstances warrant.

Even without a formal name or structure, we have already seen the effectiveness of our collaborative efforts over these past few months. As evidenced in this report, there is a lot more that can be done. It is clearly apparent there is no lack of will amongst our cities, public agencies and our nonprofit service providers to go to the next level together. We are blessed in the Coachella Valley for the desires of everyone to work together. CVHEART creates a space to facilitate that even more.

Once again, it is important to recognize the vision the CVAG Homeless Committee had over a decade ago to approach the issues at that time in a regional manner. Moreover, the last two years have shown an even greater commitment by our elected officials and CVAG to adopt new and innovative approaches as the homelessness situation has grown. The elevation of this past work to the next level with the establishment of CVHEART is a significant advancement for a successful collaborative and regional approach to homeless solutions.