



**DESERT HEALTHCARE FOUNDATION
PROGRAM COMMITTEE
Program Committee Meeting
February 11, 2020
1:00 P.M.**

Or Immediately Following the Program Committee Desert Healthcare District Meeting

Portola Community Center
Room 1
45480 Portola Avenue
Palm Desert, CA 92260

This meeting is handicapped-accessible

Page(s)	AGENDA	Item Type
	I. Call to Order – Director Evett PerezGil, Committee Chairperson	
1	II. Approval of Agenda	Action
2-5	III. Meeting Minutes 1. January 14, 2020	Action
	IV. Public Comments At this time, comments from the audience may be made on items <u>not</u> listed on the agenda that are of public interest and within the subject-matter jurisdiction of the District. The Committee has a policy of limiting speakers to not more than three minutes. The Committee cannot take action on items not listed on the agenda. Public input may be offered on an agenda item when it comes up for discussion and/or action.	
6-25	V. New Business 1. Consideration to approve Grant #1041 – Healthy Family Foundation, a division of the John F. Kennedy Memorial Foundation – <i>Safecare In-Home Visitation Program</i> – \$50,000	Action
	VI. Old Business 1. Homelessness Initiative Update	Information
	VII. Committee Member Comments	
	VIII. Adjournment Next Scheduled Meeting March 10, 2020	



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

Directors Present	District Staff Present	Absent
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

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 2:12 p.m. by Chair Rogers.	
II. Approval of Agenda	Chair Rogers asked for a motion to approve the agenda.	Moved and seconded by President De Lara and Community Member Behrmann to approve the agenda. Motion passed unanimously.
III. Public Comment	None	
IV. New Business 1. Consideration to approve the following grant proposals through the East Valley Funding Allocation a. Grant #1035 – Angel View: Angel View Children’s Outreach (East Valley) - \$50,000	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	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.

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<p>b. Grant #1036 – Pueblo Unido: Fostering Healthy Communities - \$50,000</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>Moved and seconded by President De Lara and Community Member Behrmann to approve Grant #1036 – Pueblo Unido: Fostering Healthy Communities - \$50,000 Motion passed unanimously.</p>
<p>c. Grant #1038 – Coachella Valley Volunteers in Medicine: Affordable and Accessible Healthcare Services for East Valley Residents - \$50,000</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>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 Motion passed unanimously.</p>

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	<p>President De Lara suggested that the District support Volunteers in Medicine’s upcoming VIMY awards and auction in March.</p>	
<p>V. Old Business</p>	<p>1. Homelessness Initiative</p> <p>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.</p>	
<p>2. Behavioral Health Initiative</p>	<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>	
<p>V. Committee Member Comments</p>	<p>There were no committee member comments.</p>	



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VI. Adjournment	Chair Rogers adjourned the meeting at 2:55 p.m.	<i>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</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: 2/11/20

To: Program Committee

Subject: Grant # 1041 Healthy Family Foundation, a division of the John F. Kennedy Memorial Foundation

Grant Request: SafeCare In-Home Visitation Program

Amount Requested: \$50,000.00

Project Period: 3/1/2020 to 2/28/2021

Project Description and Use of District Funds: SafeCare is an in-home parent training program for families expecting a child or parents/caregivers with children 0 to 5, in need of extra support to keep their families safe and healthy. Our program is delivered by Certified SafeCare Providers trained in evidence-based curricula and assessments, under the guidance of Certified SafeCare Coaches to ensure model fidelity. Provider's help parents/caregivers build on their existing skills and strengths, and provide vital resources and support.

SafeCare consists of 18 to 20 weekly in-home sessions, 60 to 90 minutes in length, delivered in three, six-session modules: Home Safety - targeting risk factors for environmental neglect and unintentional injury; Health - targeting risk factors for medical neglect; Parent-Child/Parent-Infant Interactions - targeting risk factors associated with neglect and physical abuse. Each module includes a baseline assessment, and follow-up assessment to monitor changes and progress in parenting skills over the course of the program. SafeCare model encourages problem solving sessions, and/or supplemental sessions if needed, for families that can benefit from extra sessions to accomplish mastery (or success).

JFK Foundation has identified a significant need for SafeCare services in eastern Coachella Valley, creating a waiting list of families. Based on recruitment efforts and self-referrals, we project a minimum of 50 additional families will be identified as families in need of this valuable program in the 2020/21 fiscal year. District funds will be utilized for salary and training costs for one additional Provider (new hire) to meet capacity needs for program expansion in eastern Coachella Valley.

Strategic Plan Alignment: Primary Care and Behavioral Health Access

Geographic Area(s) Served: All District Areas



Action by Program Committee: (Please select one)

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

2020 Grant Request Summary

Healthy Family Foundation, a division of the John F. Kennedy Memorial Foundation, Grant #1041

About the Organization

Healthy Family Foundation, a division of the John F. Kennedy Memorial Foundation
73555 San Gorgonio
Palm Desert, CA 92260
Tel: (760) 776-1600 Ext: 122
Fax: (760) 776-4500
www.JFKFoundation.org

Organization Type:

501(c)(3) \Medical

Primary Contact:

Angela Munoz
Tel: (760) 776-1600 ext. 122
Fax: (760) 776-4500
amunoz@jfkfoundation.org

Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
2003	Corporate sponsorship of JFK Foundation Golf Tournament	\$2,000	CEO Discretionary	9/18/2003	Grant budget
2003	Well Care Clinic expansion	\$89,000	Grant	6/15/2004	Grant budget

Proposal

Project Title: SafeCare In-Home Visitation Program

Total Project Budget: \$533,858

Requested Amount: \$50,000

Length of Project: 12 months

Start Date: 3/1/2020

End Date: 2/28/2021

Background:

Background

Since 2011, JFK Foundation has successfully provided the evidence-based SafeCare Home Visitation program at no cost to Coachella Valley families. JFK Foundation is one of only fifteen agencies in California awarded the SafeCare Agency Accreditation by the National SafeCare Training and Research Center located in Atlanta, Georgia, and the only accredited agency in the Coachella Valley. This annual accreditation ensures that JFK Foundation is maintaining the highest quality of SafeCare standards in our implementation to families. The SafeCare program targets three key risk factors for child abuse and/or neglect: the parent-child relationship, home safety, and child health.

Community Health Focus Area

Primary Care and Behavioral Health Access

Community Need:

Since 2011 JFK Foundation has been providing the evidence-based SafeCare Home Visitation program. JFK Foundation is one of only fifteen agencies in California awarded the SafeCare Agency Accreditation by the National SafeCare Center and the only accredited agency in the Coachella Valley.

SafeCare is a free parent support program for families with children 0 to 5, and/or families expecting a child, in need of extra support to keep their families safe and healthy. Our program is delivered by Certified SafeCare Providers under the guidance of two Certified SafeCare Coaches to ensure model fidelity. Providers meet with families in the comfort and convenience of their home, helping parents/caregivers build on their existing skills and strengths, and provide vital resources and support. SafeCare consists of 18 to 20 weekly sessions, 60 to 90 minutes in length, delivered in three, six-session modules: Home Safety targeting risk factors for environmental neglect and unintentional injury; Health targeting risk factors for medical neglect; Parent-Child/Parent-Infant Interactions targeting risk factors associated with neglect and physical abuse. Each module includes a baseline assessment, training sessions, and a follow-up assessment to monitor changes and progress in parenting skills over the course of the program. The goals of the program are to improve parenting skills and overall family functioning, prevent/reduce child neglect and/or abuse, and ultimately improve child well-being including physical health, development, and school readiness.

Recruitment and enrollment efforts throughout Coachella Valley have identified a significant need for our SafeCare services, creating a waiting list of families wanting the program. Based on enrollments and self-referrals into the program, we project 50 additional families will be identified as families in need of this valuable program in the 2020/21 fiscal year. Funds will be utilized for Provider salary, benefits and training to meet capacity needs for program expansion throughout the valley.

The evidence-based SafeCare Home Visitation program is a vital strategy for improving children's health, education, and wellbeing, aligning with the Desert Healthcare District's community health focus of primary care and behavioral health. A child's brain develops in the first five years more than any other time in life. Early brain development is the starting point and has a lasting impact on a child's future learning ability to succeed in school and in life. Parents struggling with life's challenges such as health problems, depression, worrying about providing shelter or putting food on the table, may also struggle with responding to a crying baby or a demanding preschooler.

The SafeCare Home Visitation Program helps expectant mothers and parents/caregivers nurture development and navigate raising young children. SafeCare Providers stress empowerment of families, build on their strengths and abilities and support families as they manage life's challenges.

Behavioral health describes the connection between behaviors and health and well-being. By participating in the SafeCare program, parents and families can change their behaviors and can achieve measurable improvements in the areas of: improved parenting skills, parent-child/infant interaction, problem solving skills to reduce parental stress and hardship on children; health education to improve parent's ability to take care of their child's healthcare needs; reducing child hazards/injuries and improving safety in the child's home; improving school readiness and academic achievement; and overall family functioning.

Program Area

Direct Services;Direct Services

Project Description:

SafeCare is an in-home parent training program for families expecting a child or parents/caregivers with children 0 to 5, in need of extra support to keep their families safe and healthy. Our program is delivered by Certified SafeCare Providers trained in evidence-based curricula and assessments, under the guidance of Certified SafeCare Coaches to ensure model fidelity. Provider's help parents/caregivers build on their existing skills and strengths, and provide vital resources and support.

SafeCare consists of 18 to 20 weekly in-home sessions, 60 to 90 minutes in length, delivered in three, six-session modules: Home Safety - targeting risk factors for environmental neglect and unintentional injury; Health - targeting risk factors for medical neglect; Parent-Child/Parent-Infant Interactions - targeting risk factors associated with neglect and physical abuse. Each module includes a baseline assessment, and follow-up assessment to monitor changes and progress in parenting skills over the course of the program. SafeCare model encourages problem solving sessions, and/or supplemental sessions if needed, for families that can benefit from extra sessions to accomplish mastery (or success).

JFK Foundation has identified a significant need for SafeCare services in eastern Coachella Valley, creating a waiting list of families. Based on recruitment efforts and self-referrals, we project a minimum of 50 additional families will be identified as families in need of this valuable program in the 2020/21 fiscal year. District funds will be utilized for salary and training costs for one additional Provider (new hire) to meet capacity needs for program expansion in eastern Coachella Valley.

Proposed Program / Project Evaluation Plan

SafeCare is an Evidence-Based Practice that is highly structured, involves data collection, and involves coaching to assist with adherence to the protocol. In order to become a Certified SafeCare Provider, a Home Visitor must perform at 85% fidelity or higher on 9 different sessions (3 sessions per module). Coaching for Providers is required at the onset of implementation and decreases as Providers become more knowledgeable in SafeCare, and complete certification.

Each SafeCare module begins with an observational assessment (session 1) to determine parents' current skills and to identify which skills to focus on during training. Providers work with parents during the training sessions (2 through 5) until they have mastered the module skills. SafeCare Providers conduct a final re-assessment (session 6) to confirm parents' mastery of skills.

SafeCare Assessments:

- Safety Module - Home Accident Prevention Inventory (HAPI)
- Parent Infant/Child Interaction Module - Daily Activities Checklist (DAC)
- Health Module - Sick or Injured Child Checklist (SICC)

Parenting skills are taught by:

1. Explaining the targeted skills and noting their importance
2. Modeling targeted skills
3. Having parents Practice targeted skills
4. Assessment of targeted skills and providing positive and corrective Feedback

JFK Foundation's process for evaluating the SafeCare program includes a data collection strategy utilizing program records of participants. Client data is collected and entered into the SafeCare Portal database system. Monthly, mid-year and end-of-year program results are

compiled into statistical reports and assessed focusing on attaining program goals, objectives and outcomes.

The Home Visitation Director:

Facilitates monthly Provider case presentation meetings

Tracks each Provider’s caseload documenting program outcomes

Compiles individual Provider data into weekly / monthly / annual Reports

Verifies proof of service delivery

Measures overall success of the program by: Client Engagement Rate; Client Retention Rate;

Graduation Rate; Decline Rate; Satisfaction and Exit Surveys; Pre-Post Assessments

Program/Project Goals and Evaluation

<p>Goal #1: Parent-Infant/Child Interaction Module (PII/PCI) – Provided in 6 sessions 1 to 1.5 hours in length.</p> <p>The goals of the PII/PCI are for parents to: Learn positive interaction skills Improve parent-child interactions Use an organized process for all activities Engage children in age-appropriate activities</p> <p>Positive interactions minimize challenging child behaviors and alleviate parental stress. In addition positive parent interactions improve a child’s social competence, academic performance, psychological development, and well-being. A feature of the PCI module is to encourage parents to talk to their children often and to use a wide variety of words. The amount and varied words used by parents directly impacts their children’s future academic performance.</p> <p>Depending on the age of the target child, parents are trained in PII for infants up to the age of 18 months, and PCI for older children. PII and PCI focus on the same set of skills tailored to the developmental level of the infant or child. These skills are relevant as the child grows from infancy to toddler age. These similar skills promote a streamlined transition between the two age groups and helps parents to advance their skills as their child grows and develops.</p>	<p>Evaluation #1: Session 1: Daily Activities Checklist (DAC) is completed to determine activities the parent wants to see change, and how much change is needed.</p> <p>Baseline Assessment – Utilizing the Child Planned Activities Training (cPAT) Assessment Form, parent is formally assessed in “Play Time” and 2 other interactive home activities on the DAC that need the most change. Parents are observed for 3-10 minutes in each, and are then provided with general feedback. Developmental expectations of the child are discussed, lessons learned during the session are summarized, and an overview of the next session is provided.</p> <p>Session 2 Training: Parents are introduced and trained on how to structure activities using the cPAT skills. Providers work with parents to: Explain, Model, Practice, provide Feedback (E-M-P-F). E-M-P-F is repeated as appropriate to achieve mastery.</p> <p>Session 3-5 Training: Retention of skills practiced during previous sessions are formally assessed. Parents are encouraged to continue to practice cPAT skills in play and daily activities. Independent play (IP) skills are introduced and explained utilizing the cPAT IP. E-M-P-F is repeated as appropriate to achieve mastery.</p> <p>Session 6 End-of-Module Assessment: A separate cPAT Assessment Form is completed for each activity. A new DAC is completed to determine change/progress made.</p>
<p>Goal #2: Safety Module - Provided in 6 sessions 1 to 1.5 hours in length.</p> <p>The goals of the Safety Module are for parents</p>	<p>Evaluation #2: Session 1: Home Assessment Consent – Written consent is obtained to access rooms and areas within the family’s home.</p>

<p>to: Understand the importance of home safety Develop knowledge and skills in finding and removing hazards Understand the importance of supervision</p> <p>The Safety Module skills focus on identifying hazards, recognizing when hazards are reachable and accessible, understanding how to remove and reduce hazards, and understanding what adequate supervision is.</p> <p>Accidental death from household hazards occurs most often in children younger than 5 years old. Most unintentional injuries and deaths are preventable. It is important that parents are aware of how to prevent the negative consequences linked to household hazards. Household hazards include everyday items that parents may recognize as a danger, like a gun or sharp knife; however, hazards also include less obvious yet common household items like cosmetics and soap. It is important that parents understand what can cause their child injury or potential death. Identifying and removing hazards is one major step towards protecting a child; supervision is just as important. Lack of or inadequate supervision negatively impacts child safety. Therefore, it is important that parents keep their children’s environment free from hazards and supervise their children.</p>	<p>Baseline Assessment – Utilizing the Home Accident Prevention Inventory Assessment Form (HAPI) for each room, hazards are formally assessed in 3 rooms. Any accessible and potentially life-threatening or serious hazards are addressed at this time.</p> <p>Session 2-5 Training: Provider “Explains” the 10 hazard categories noted on the HAPI; when a hazard is accessible; strategies to reduce hazards; and the importance of supervision. Provider “Models” identifying and removing 1 hazard from room during each session (starting with the room needing most work at baseline). Parent “Practices” identifying and removing remaining hazards. Positive and corrective “Feedback” is provided. Utilizing the Home Safety Overview parents continue removing remaining hazards in each room before the next session, noting hazards removed and steps taken to make them inaccessible. E-M-P-F is repeated at each session as appropriate until hazards in each room are removed.</p> <p>Session 6 End-of-Module Assessment: The 3 rooms that have been worked on are assessed utilizing the HAPI Assessment Form one per room. Repeat E-M-P-F as appropriate until all hazards are addressed in all 3 rooms and parent has achieved mastery on Safety skills.</p>
<p>Goal #3: Health Module - Provided in 6 sessions 1 to 1.5 hours in length.</p> <p>The goals of the Health Module for parents are to: Keep children as healthy as possible Recognize when children are sick or injured Use a decision making process to decide when symptoms need emergency services, doctor’s attention, or can be cared for at home Use health reference materials and keep good health records.</p> <p>The majority of the child maltreatment cases are due to neglect. Neglect includes not attending to a child’s health needs appropriately. Parents who appropriately treat medical conditions and make sure that children have good nutrition, hygiene, exercise, and immunizations can prevent children from getting sick, and sick</p>	<p>Evaluation #3: Session 1: Baseline Assessment - Utilizing the Health Scenarios Book, Provider formally assess scenarios and trains parents through the Sick or Injured Child Chart-Parent (SICC-P) decision making process, from each type: Emergency (ER), Doctor’s Appointment (DA), Care at Home (CH).</p> <p>Parents receive Health Manual, Provider reviews Table of Contents and forms. Provider observes and discusses parent’s method of taking child’s temperature. Parents are assigned tasks to complete. Parents are given general positive “Feedback”.</p> <p>Sessions 2-5 Training: Provider reviews parent’s completed tasks, and formally assesses and completes a SICC Assessment Form using a new scenario for</p>

<p>children from getting worse. This effect is even more powerful when combined with removing potential safety hazards and increasing positive parent-child interactions that decrease both parents' and children's stress. It is important for parents to make good health decisions by using proper health reference materials. Also, it is important for parents to use effective prevention strategies that can reduce the need for medical attention.</p> <p>The Health Module skills focus on helping parents make informed health decisions when their child is sick or injured by learning a decision making process outlined in the Sick or Injured Child Chart (SICC). Using hypothetical scenarios, parents practice utilizing a systematic decision making process to respond to health situations. They also learn to use effective health reference materials and how to keep good health records as part of this process.</p>	<p>each session covered (ER, DA, and CH).</p> <p>Provider "Explains" SICC-P; ER - the Health Recording Chart; DA - Symptom and Illness Guide; CH – Prevention topics (Health Manual).</p> <p>Provider "Models" the SICC-P steps with an ER, DA and CH scenario.</p> <p>Parent "Practices" SICC-P steps with a new ER, DA, and CH scenario. Provider scores responses on the SICC Assessment Form.</p> <p>Provider provides positive and corrective "Feedback" for ER, DA, and CH scenarios. E-M-P-F is repeated to achieve mastery.</p> <p>Session 6 End-of-Module Assessment: Provider formally assesses parent using a new scenario for each type of scenario (ER, DA, CH). Repeat E-M-P-F as appropriate to achieve mastery.</p>
<p>Goal #4:</p>	<p>Evaluation #4:</p>
<p>Goal #5:</p>	<p>Evaluation #5:</p>

Participants:

Population Served

Adults (25-64 years old); Infants (0 -5 years old); Youth (18-64 years old)

Geographical Area Served

All District Areas

Age Group

- (0-5) Infants
- (18-24) Youth
- (25-64) Adults

Number Served Per Age Group

- 0-5:** 50
- 6-17:** 1
- 18-24:** 15
- 25-64:** 32
- 65 or more:** 2
- Total:**

Participant Community

Families served by the SafeCare program are primarily Hispanic, low to moderate income families, residing in cities and significant unincorporated and underserved areas located in eastern Coachella Valley. Parents/caregivers with children ages 0 to 5, or families who are expecting a child, with a history of, or risk for, child neglect and/or physical abuse will benefit from the services. Many families lack the 'basic needs' of life: food, shelter, clothing, transportation, employment, and access to medical treatment. Families participate on a

voluntary basis and may or may not have an open dependency case with Children's Services Division.

Organizational Capacity and Sustainability

Organizational Capacity

One additional full-time SafeCare Provider will be allocated to the program to increase program capacity. The new Provider will carry a caseload of 15 families (based on program model). Families receive 18 to 20 weekly visits, 1 to 1.5 hours per session. To complete the program, services can last 4 to 6 months per client (varies depending on client's schedule).

When determining SafeCare Provider caseloads, the following is taken into consideration: sessions are typically weekly; time for all activities (e.g., travel, sessions, paperwork, coaching); family factors (e.g., risk factors and goals); and other responsibilities (e.g., obtaining materials and supplies).

To maintain the fifteen family caseload, a minimum of 50 additional clients will be recruited over the course of the 2020/2021 fiscal year. Based on current recruitment efforts we have identified a waitlist of clients wanting the program. Working in collaboration with Women Infants and Children (WIC), client recruitment will take place at the WIC Wellness Fairs held 2-3 times per month at WIC offices located in Indio and Mecca, and other outreach events in eastern Coachella Valley (WIC is a federal assistance program for low-income pregnant women, breastfeeding women, and parents with children ages five and under).

Organizational Sustainability:

As a result of the organization's strategic planning and priorities, JFK Foundation continues to pursue the expansion of our SafeCare Home Visitation Program. The SafeCare program aligns with and allows JFK Foundation to fulfill its goals and mission to enhance the physical, emotional and intellectual health and wellness of Coachella Valley children and families.

To achieve the desired expansion plans JFK Foundation's strategic priorities include: developing additional funding sources to achieve a secure financial future for the program; exploring ways to publicly promote the program while maintaining client confidentiality; creating a Board committee to guide Home Visitation programs and act as the liaison to the Board of Directors.

JFK Foundation's identified strengths in the SWOT analysis to successfully implement the expansion plan are: interplay of staff, staff longevity, coordination of services, effectiveness, almost unlimited demand, real work, change agents, Board longevity, longstanding partnership with Riverside County and First 5 Riverside, opportunity for coaching/training services for a fee, donors to fund engagement tools (incentive items).

Partnerships:

Key Partners:

Funding Sources:

First 5 Riverside – Grant funding in the amount of \$1,124,550 over three years to fund the expansion of JFK Foundation's SafeCare Home Visitation program. Contract terms through June 30, 2021.

Walmart – Grant funding used to purchase home safety equipment for low-income families enrolled in the SafeCare Home Visitation program. Items include: First Aid Kits, Digital Thermometers, No-Choke Tubes, Door Knob Covers, Cabinet/Drawer Latches, Outlet Plug Protectors and Baby Gates.

In-Kind Supporters:

Supply Bank through First 5 Riverside –Diaper kits and wipes for families enrolled in the SafeCare Home Visitation program meant to complement and enhance existing home visitation services currently funded by the Commission.

Quality Start Riverside County - Age appropriate educational toys and books for underserved families and children enrolled in the SafeCare Home Visitation program to help children learn skills they will need in their life such as: memory retention, motor skills development, literacy and numeracy, social and emotional development, leadership and teamwork, creativity and imagination, and discovering their independence.

Panera Bread – Day-End Dough-Nation program providing unsold bread and bakery products for food distribution to families in need enrolled in the SafeCare Home Visitation program.

HOPE Collaborative – Provides prevent child abuse books for clients.

Collaborative Partnerships:

Women Infants and Children (WIC) - Participation in WIC Wellness Fairs for client recruitment.

HOPE Collaborative- Child Abuse Prevention Council – Community outreach / education on child neglect and abuse.

Barbara Sinatra Children’s Center – Client recruitment.

Desert Sands Unified School District Early Childhood Education / Head Start – Client recruitment (M.O.U. in place)

IEHP – Staff training on working with people with disabilities

Connect IE – Community resource referral source for clients

Flying Doctors Community Event – Client recruitment

Olive Crest – Client recruitment

Line Item Budget Operational Costs

PROGRAM OPERATIONS		Total Program/Project Budget	Funds from Other Sources Detail on sheet 3	Amount Requested from DHCD
Total Staffing Costs Detail on sheet 2		442,456.00	396,856.00	45,600.00
Equipment (itemize)				
1	Computer and software for new staff	600.00	600.00	-
2	Storage unit rent	1,000.00	1,000.00	0
3				0
4				0
Supplies (itemize)				
1	Office Supplies	2,000.00	2,000.00	0
2	Building Supplies (toilet paper, paper towels, etc.)	750.00	750.00	0
3				0
4				0
Printing/Duplication		2,150.00	2,150.00	0
Mailing/Postage		250.00	250.00	0
Travel/Mileage		59,350.00	59,350.00	-
Education/Training (SafeCare Provider Training)		5,000.00	5,000.00	-
Office/Rent/Mortgage		-	0	0
Telephone/Fax/Internet		7,650.00	7,650.00	-
Utilities		5,119.00	5,119.00	0
Insurance		375.00	375.00	0
Other facility costs not described above (itemize)				
1				0
2				0
3				0
4			-	0
Other program costs not described above (itemize)				
1	Client Health & Safety Kits	2,500.00	2,000.00	500.00
2	Client educational books and toys	1,750.00	1,750.00	500.00
3	Indirect costs @ 7.3%	3,400.00	-	3,400.00
4			-	-
Total Program Budget		534,350.00	484,850.00	50,000.00
Budget Narrative	<p>The above budget includes both direct program expenses, and a pro-rated share of agency shared expenses. This program is currently allocated 45.33% of the agency shared expenses, based on staff FTE. DHCD Requested Amount Budget Narrative:</p> <p>Staff Salary includes benefits for one SafeCare Provider who will provide the evidence-based SafeCare Home Visitation program.</p> <p>Health & Safety Kits - First Aid Kit & Digital Thermometer provided during the Health Module / Home Childproofing Kit provided during the Safety Module</p> <p>Educational Books and/or Toys - age appropriate materials used to provide engaging & stimulating activities to increase positive interactions and bonding, develop a child's positive attitude about learning, help grow a child's IQ through memory retention, motor skills development, coordination, literacy and numeracy, and build social and emotional skills - provided during the Parent Child/Infant Interaction Module</p> <p>Indirect Costs - Administrative and Fiscal Support</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
Employee Position/Title					
1	Director of Home Visitation & SafeCare Coach	64,272.00	80%	51,417.60	
2	Supervisor Home Visitation & SafeCare Coach	49,832.43	80%	39,865.94	
3	SafeCare Provider #1	38,563.20	100%	38,563.20	
4	SafeCare Provider #2	38,563.20	100%	38,563.20	
5	SafeCare Provider #3	42,848.00	100%	42,848.00	
6	SafeCare Provider #4	38,563.20	100%	38,563.20	
7	SafeCare Provider #5	38,563.20	100%	38,563.20	
8	SafeCare Provider #6	37,440.00	100%	37,440.00	-
9	SafeCare Provider #7 (New hire)	37,440.00	100%	37,440.00	37,440.00
Total Employee Benefits				79,191.63	8,160.00
Enter this amount in Section 1; Staffing Costs				Total >	45,600.00
Budget Narrative	Grant funds would cover the cost for one additional SafeCare Provider (new hire) to provide the evidence-based SafeCare in-home parent-training curriculum/program for families with children 0 to 5 years of age. SafeCare Providers responsibilities include: case management, administering assessments, surveys, case file documentation, administrative services i.e. phone calls, data input, and referrals to community resources with follow-up. Certified SafeCare Providers work with at-risk families in their home environment. SafeCare is delivered in three, six-session modules, Health, Home Safety, and Parent-Child/Parent-Infant Interactions. The goals of the program are to improve parenting skills and overall family functioning, prevent/reduce child neglect and/or abuse, and ultimately improve child well-being including physical health, development, and school readiness.				
Budget Narrative	Total Program Salaries = \$363,264. Payroll Taxes = 8.75%; Workers Comp = .05%; Health, Dental and Vision Insurance = 13% (Total Benefits = 21.8%)				
Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Fees Paid by DHCD Grant
Company and Staff Title					
1					
2					
Enter this amount in Section 1; Staffing Costs				Total >	0
Budget Narrative	Please describe in detail the scope of work for each professional service/consultant on this grant.				

Line Item Budget Other Program Funds

Other funding received (actual or projected) SPECIFIC to this program/project		Amount
Fees		
Donations		
Grants (List Organizations)		
Actual	1	First 5 Riverside, Riverside County Children & Families Commission 483,850.00
Actual	2	Walmart 1,000.00
	3	
	4	
Fundraising (describe nature of fundraiser)		
	1	
Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)		
	1	Panera Bread In-Kind
	2	First 5 Riverside, Riverside County Children & Families Commission In-Kind
	3	Quality Start Riverside County In-Kind
Total funding in addition to DHCD request		484,850.00
Budget Narrative	<p>First 5 Riverside – “Actual” confirmed funding. A grant in the amount of \$1,124,550 over three years to fund the expansion of JFK Foundation's SafeCare Home Visitation program. Contract terms through June 30, 2021.</p> <p>Walmart – “Actual” confirmed funding. – Grant funding used to purchase home safety equipment for low-income families enrolled in the SafeCare Home Visitation program. Items include: First Aid Kits, Digital Thermometers, No-Choke Tubes, Door Knob Covers, Cabinet/Drawer Latches, Outlet Plug Protectors and Baby Gates.</p> <p>Panera Bread – “Actual” confirmed in-kind support. – Day-End Dough-Nation program providing unsold bread and bakery products for food distribution to families in need enrolled in the SafeCare Home Visitation program.</p> <p>First 5 Riverside – “Actual” confirmed in-kind support. Diaper kits for families enrolled in the SafeCare Home Visitation program meant to complement and enhance existing home visitation services currently funded by the Commission.</p> <p>Quality Start Riverside County - “Actual confirmed in-kind support. Age appropriate educational toys and books for underserved families and children enrolled in the SafeCare Home Visitation program to help children learn skills they will need in their life such as: memory retention, motor skills development, literacy and numeracy, social and emotional development, leadership and teamwork, creativity and imagination, and discovering their independence.</p>	

Grant Scoring Review

Reviewer: Donna Craig

Executive Summary: 9

Need and Alignment: 9

Goals: 9

Evaluation: 9

Organizational Capacity: 8

Organizational Sustainability: 10

Budget: 9

Percent of Funding Requested: 9

Fiduciary Compliance: 7

Financial Stability: 7

Key Partners/Collaborations: 9

Total Score: 96.00

Reviewer Comments: JFK Memorial Foundation/Healthy Families Program and their SafeCare Home Visitation program is a successful and vital approach to helping low-income families in the Coachella Valley, by providing ongoing parental education, social support and linkage with public and private community services. This rigorous program is an evidence-based practice that is highly structured, involves data collection, and has a strong evaluation component, resulting in successful outcomes for both the child and family.

Response Notes:

Average Review Score: Staff Review Stage: 98 (3 of 3)

Sum of all Reviews: Staff Review Stage: 294 (3 of 3)

Grant Scoring Review

Reviewer: Alejandro Espinoza

Executive Summary: 9

Need and Alignment: 10

Goals: 9

Evaluation: 9

Organizational Capacity: 10

Organizational Sustainability: 10

Budget: 9

Percent of Funding Requested: 9

Fiduciary Compliance: 9

Financial Stability: 9

Key Partners/Collaborations: 10

Total Score: 102.00

Reviewer Comments: The SafeCare program is an evidence-based program that has the potential to positively impact Eastern Coachella Valley (ECV) families. The DHDF grant will allow the Healthy Family Foundation the capacity and staffing to reach and work with ECV families. The training provided in the three different modules empowers and provides resources to families that other wise will go without these crucial resources and/or information in their efforts to ensure their child is healthy. The Healthy Family Foundation has established key partnerships to ensure the program's success. The grant is only 11% of the total program budget.

Response Notes:

Average Review Score: Staff Review Stage: 98 (3 of 3)

Sum of all Reviews: Staff Review Stage: 294 (3 of 3)

Grant Scoring Review

Reviewer: Meghan Kane

Executive Summary: 8

Need and Alignment: 9

Goals: 8

Evaluation: 9

Organizational Capacity: 10

Organizational Sustainability: 8

Budget: 8

Percent of Funding Requested: 10

Fiduciary Compliance: 8

Financial Stability: 8

Key Partners/Collaborations: 9

Total Score: 96.00

Reviewer Comments: The Healthy Family Foundation operates the only accredited SafeCare Agency in the Coachella Valley. Their program targets a vulnerable population, children 0-5, through free parent support. Early implementation of support programs, that target creating safe and healthy environments for children, is instrumental for a child's short-term and long-term wellbeing and development. The return on investment for this program is high as The Washington State Institute for Public Policy evaluated child welfare-relevant programs in 2018 and reported SafeCare as one of the top programs as their evaluation showed a \$20.00 return for every \$1 invested in the program. I recommend approving this grant for core operating support in order to help the program reach more Coachella Valley residents.

Response Notes:

Average Review Score: Staff Review Stage: 98 (3 of 3)

Sum of all Reviews: Staff Review Stage: 294 (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>
Executive Summary (10 points)	The applicant includes and effectively describes the project’s mission and vision, the specific population the project will serve, the expected benefits to the community, the support for applicant’s project in the community with evidence based proposed methods, approaches and strategies are realistic, reasonable, effective, outcome-oriented.	The applicant includes and describes the project’s mission and vision, the population the project will serve, the expected benefits to the community, the support for applicant’s project in the community with evidence based proposed methods, approaches and strategies are realistic, reasonable, effective, outcome-oriented.	The applicant is unclear or does not include or describe the project’s mission and vision, the general population the project will serve, the expected benefits to the community, the support for applicant’s project in the community with proposed methods, approaches and strategies are realistic, reasonable, effective, outcome-oriented.
Need & Alignment and Demonstrate (10 points)	The applicant explicitly defines a specific need for the project within the identified community and effectively describes the alignment of that need to one of the Community Focus Areas of the District/Foundation’s Strategic Plan by using data, case studies, interviews, focus group results, media attention, etc.	The applicant identifies a need within the identified community for the project and describes the alignment of that need to one of the Community Focus Areas of the District/Foundation’s Strategic Plan by using data, case studies, interviews, focus group results, media attention, etc.	The applicant does not clearly describe a need for the project that its alignment to one of the Community Focus Areas of the District/Foundation’s Strategic Plan by using data, and/or case studies, and/or interviews/focus group results, and/or media attention, etc.
Goals (10 points)	The applicant has provided SMART goals with an evaluation plan that is fully developed . The SMART goals are specific, measurable, ambitious, realistic and time-bound , and the evaluation plan will accurately measure the project’s effectiveness.	The applicant has provided SMART goals with an evaluation plan. The SMART goals are mostly specific, measurable, ambitious, realistic, and time-bound , and the evaluation plan will measure the aspects of the project’s effectiveness.	The applicant has provided very limited goals and evaluation plan. The goals are not specific, measurable, timebound and will weakly measure the project’s effectiveness.

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

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

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

Total Score: ____ / 110 = ____%

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