



**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE
Program Committee Meeting
May 12, 2020
12:00 P.M.**

In lieu of attending the meeting in person, members of the public will be able to participate by webinar by using the following link: <https://us02web.zoom.us/j/81122581779>
Participants will need to download the WebEx app on their mobile devices. Members of the public may also be able to participate by telephone, using the follow dial in information:

**Dial in #:(669) 900-6833 To Listen and Address the Board when called upon:
ID: 811 2258 1779**

<i>Page(s)</i>	AGENDA	<i>Item Type</i>
	I. Call to Order – Director Evett PerezGil, Committee Chairperson	
1-2	II. Approval of Agenda	Action
3-5	III. Meeting Minutes 1. March 10, 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 7-8	V. Old Business 1. Funding Requests 2. Grant Payment Schedule 3. COVID-19 Grant Funding Update	Information Information Information
9-25	VI. New Business 1. Consideration to approve Grant #1085 – Olive Crest Treatment Center: <i>General Support for Mental Health Services to Vulnerable Children and Families in Coachella Valley</i> – \$50,000	Action
26-47	2. Consideration to approve Grant #1057 – Desert Cancer Foundation: <i>Patient Assistance Program</i> – \$150,000 3. Non-Profit Organizations Community Survey Findings	Action Information
	VII. Committee Member Comments	



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VIII. Adjournment
Next Scheduled Meeting June 9, 2020



**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
March 10, 2020**

Directors Present	District Staff Present	Absent
Chair Evett PerezGil Vice-President Karen Borja Director Carole Rogers, RN Nicolas Behrman, Community Member Allen Howe, Community Member	Conrado E. Bázquez, MD, Chief Executive Officer Donna Craig, Chief Program Officer Alejandro Espinoza, Program Officer and Director of Outreach Meghan Kane, Programs and Research Analyst Eric Taylor, Accounting Manager Andrea S. Hayles, Clerk of the Board	Community Members Thomas Thetford and Luciano Crespo

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 12:03 p.m. by Chair PerezGil.	
II. Approval of Agenda	Chair PerezGil asked for a motion to approve the agenda.	Moved and seconded by Vice-President Borja and Community Member Howe to approve the agenda. Motion passed unanimously.
III. Meeting Minutes 1. February 11, 2020	Chair PerezGil asked for a motion to approve the February 11, 2020 minutes.	Moved and seconded by Vice-President Borja and Director Rogers to approve the February 11, 2020 meeting minutes. Motion passed.
IV. Public Comment	No public comment	
V. Old Business 1. Funding Requests 2. Grant Payment Schedule	Donna Craig, Chief Program Officer, explained the funding requests and answered questions of the committee members, specifically Loma Linda's request for funding. Donna Craig, Chief Program Officer, explained the most recent grant payment schedule and the available funds.	
VI. New Business		



**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
March 10, 2020**

<p>1. Consideration to approve Grant #1042 FIND Food Bank: Ending Hunger Today, Tomorrow, and for a Lifetime - \$401,380</p>	<p>Donna Craig, Chief Program Officer, described the grant request from FIND Food Bank for support with Project Produce for access to healthy food to end hunger, coinciding with FIND Food Banks’ strategic plan.</p> <p>Debbie Espinosa, Executive Directors, FIND Food Bank, provided an overview of FIND Food Bank, Project Produce, and the various studies to understand the cycle of poverty relating to the grant request.</p> <p>Conrado Bárzaga, MD, CEO, explained that there is a public health crisis to contain COVID-19, and the District is working with Public Health, Clinics, Homeless Shelters, and others. The District is unsure of the magnitude of funding, recommending waiting to fund or reducing funding to FIND Food Bank until we determine the resources necessary for COVID-19.</p> <p>Mrs. Espinosa explained that FIND would accept modifications to the grant, and she understands the need, but if there is a point where funding is available, that the committee and board reassess.</p> <p>Director Rogers suggests an investment fund of possibly \$1M to assist with COVID-19 and motioned to approve the grant.</p>	<p>Moved and seconded by Director Rogers and Vice-President Borja to approve Grant #1042 FIND Food Bank: Ending Hunger Today, Tomorrow, and for a Lifetime - \$401,380, and forward to the Board for approval.</p>
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DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
March 10, 2020

<p>VII. Committee Members Comments</p>	<p>Director Rogers distributed information on advisory committees of other healthcare districts, and the modifications to the volunteer committee policy, advising the volunteer members that their roles will be disbanded with a recommendation for volunteer committee members to sign a petition for submission to the Board.</p> <p>Chair PerezGil suggests waiting on signing the petition to determine how the Board will move forward.</p>	<p>Motion passed.</p>
<p>V. Adjournment</p>	<p>Chair PerezGil adjourned the meeting at 1:07 p.m.</p>	<p>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</p>

ATTEST:

Evet PerezGil, Chair/Director
Program Committee

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

DESERT HEALTHCARE DISTRICT						
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE						
As of 4/30/20						
TWELVE MONTHS ENDED JUNE 30, 2020						
Grant ID Nos.	Name	Approved Grants - Prior Yrs	Current Yr 2019-2020	6/30/2019 Bal Fwd/New	Total Paid July-June	Open BALANCE
2014-MOU-BOD-11/21/13	Memo of Understanding CVAG CV Link Support	\$ 10,000,000		\$ 10,000,000	\$ -	\$ 10,000,000
2015-876-BOD-6-23-15	Arrowhead Neuroscience Fndtn-NeuroInterventional & NeuroCritical Care Fellowship 2 Yr	\$ 373,540		\$ 37,354	\$ 27,522	\$ 9,832
	Unexpended funds of Grant #876 (\$9,832.32 10% Retention)					\$ (9,832)
2016-927-BOD-12-20-16	SafeHouse of the Desert - "What's Up" Crisis Texting Application - 3 Yr	\$ 679,357		\$ 169,839	\$ 144,945	\$ 24,895
	Unexpended funds Grant #927					\$ (24,895)
2017-938-BOD-07-25-17	Mizell Senior Center - A Matter of Balance Phase 2 - 2 Yr	\$ 400,300		\$ 40,030	\$ 2,077	\$ 37,953
	Unexpended funds of Grant #938 (\$37,953 10% Retention)				\$ -	\$ (37,953)
2018-960-BOD-02-27-18	Desert Cancer Foundation - Patient Assistance and Suzanne Jackson Breast Cancer	\$ 200,000		\$ 20,000	\$ 20,000	\$ -
2018-967-BOD-05-22-18	The City of DHS-Public Safety Emergency Response Program - Purchase AEDs	\$ 30,000		\$ 3,000	\$ 710	\$ 2,290
	Unexpended funds of Grant #967 (\$2,290.34 10% Retention)				\$ -	\$ (2,290)
2018-974-BOD-09-25-18	HARC - 2019 Coachella Valley Community Health Survey - 2 Yr	\$ 399,979		\$ 219,989	\$ 89,995	\$ 129,994
2018-980-BOD-10-23-18	Joslyn Wellness Senior Behavioral Health Services Program - 1 Yr	\$ 112,050		\$ 11,205	\$ 11,205	\$ -
2018-981-BOD-10-23-18	Desert Arc Healthcare Program - 1 Yr	\$ 164,738		\$ 16,474	\$ 16,474	\$ (0)
2018-979-BOD-11-27-18	FIND Food Bank - Healthy Food First/Pathways Out of Hunger - 1 Yr	\$ 396,345		\$ 217,989	\$ 171,513	\$ 46,476
	Unexpended funds Grant #979					\$ (39,633)
	Invoiced Grantee for over payment					\$ (6,843)
2019-985-BOD-03-26-19	Coachella Valley Volunteers in Medicine - Primary Healthcare & Support Services - 1 Yr	\$ 121,500		\$ 66,825	\$ 54,675	\$ 12,150
2019-986-BOD-05-28-19	Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr	\$ 200,000		\$ 200,000	\$ 180,000	\$ 20,000
2019-997-BOD-05-28-19	Martha's Village & Kitchen - Homeless Housing With Wrap Around Services - 1 Yr	\$ 200,896		\$ 110,493	\$ 90,403	\$ 20,090
2019-989-BOD-05-28-19	Pegasus Riding Academy - Cover the Hard Costs of Pegasus Clients - 1 Yr	\$ 109,534		\$ 60,244	\$ 49,290	\$ 10,954
2019-994-BOD-05-28-19	One Future Coachella Valley - Mental Health College & Career Pathway Development - 2 Yr	\$ 700,000		\$ 621,250	\$ 78,750	\$ 542,500
2019-995-BOD-05-28-19	One Future Coachella Valley - HCC Summer Intern at DHCD/F & FIND Food Bank	\$ 14,628		\$ 1,463	\$ 1,463	\$ -
2019-1000-BOD-05-28-19	Voices for Children - Court Appointed Special Advocate Program - 1 Yr	\$ 24,000		\$ 13,200	\$ 10,800	\$ 2,400
2019-1006-BOD-06-25-19	Desert Healthcare Foundation - Homelessness Initiative Collective Fund	\$ 1,000,000		\$ 1,000,000	\$ 1,000,000	\$ -
2019-1017-BOD-09-24-19	Jewish Family Services - Case Management Services for Homeless Prevention - 1 Yr		\$ 90,000	\$ 90,000	\$ 40,500	\$ 49,500
2019-1025-BOD-09-24-19	Desert Healthcare Foundation - Ready Set Swim - 1 Yr		\$ 200,000	\$ 200,000	\$ 200,000	\$ -
2019-1023-BOD-10-22-19	CVRM - Transportation for Seniors & Homeless Hospital Discharge Referrals - 1 Yr		\$ 216,200	\$ 216,200	\$ 97,290	\$ 118,910
2019-1021-BOD-11-26-19	Neuro Vitality Center - Community Based Adult Services Program - 6 Months		\$ 143,787	\$ 143,787	\$ 64,704	\$ 79,083
2020-1045-BOD-03-24-20	FIND Food Bank - Ending Hunger Today, Tomorrow, and for a Lifetime - 1 Yr		\$ 401,380	\$ 401,380	\$ 90,311	\$ 311,069
2020-1063-BOD-03-24-20	AIDS Assistance Program - Food Voucher Program		\$ 10,000	\$ 10,000	\$ 10,000	\$ -
2020-1065-BOD-03-24-20	Well in the Desert - Saving Lives - 3 Months		\$ 10,000	\$ 10,000	\$ 10,000	\$ -
2020-1066-BOD-03-24-20	Hope Through Housing Foundation - COVID-19 Emergency Response & Resilience Fund		\$ 10,000	\$ 10,000	\$ 10,000	\$ -
2020-1072-BOD-03-24-20	Cathedral Center - CCSC Operating Funding to Continue Essential Services		\$ 10,000	\$ 10,000	\$ 10,000	\$ -
2020-1077-BOD-03-24-20	Cove Communities Senior Association - Joslyn Center Nutrition Programs - 3 Months		\$ 10,000	\$ 10,000	\$ 10,000	\$ -
2020-1078-BOD-03-24-20	Mizell Senior Center - Meals On Wheels Program - 3 Months		\$ 10,000	\$ 10,000	\$ 10,000	\$ -
2020-1080-BOD-03-24-20	Lift To Rise - Coachella Valley Economic Protection Plan and Support Fund		\$ 100,000	\$ 100,000	\$ 100,000	\$ -
2020-1086-BOD-04-03-20	Borrego Community Health Foundation - To purchase COVID-19 Virus Pandemic Test Kits		\$ 350,000	\$ 350,000	\$ 350,000	\$ -
2020-1081-BOD-04-13-20	Clinicas De Salud Del Pueblo - COVID-19 Support - 9 Months		\$ 150,000	\$ 150,000	\$ 150,000	\$ -
2020-1083-BOD-04-13-20	Desert AIDS Project - COVID-19 Triage Clinic - 9 Months		\$ 150,000	\$ 150,000	\$ 150,000	\$ -
2020-1084-BOD-04-13-20	Borrego Community Health Foundation - Response to COVID-19 - 9 Months		\$ 150,000	\$ 150,000	\$ 150,000	\$ -
				\$ -	\$ -	\$ -
TOTAL GRANTS		\$ 15,126,867	\$ 2,011,367	\$ 14,820,722	\$ 3,402,626	\$ 11,296,650
Amount budgeted 2019-2020			\$ 3,500,000		G/L Balance:	4/30/2020
Amount granted through June 30, 2020:			\$ (2,011,367)		2131	5,896,650
Mini Grants:	1009; 1015; 1019; 1016; 1039; 1031; 1051		\$ (32,508)		2281	5,400,000
Net adj - Grants not used:	967; 876; 938; 979; 927		\$ 121,446		Total	\$ 11,296,650
Balance available for Grants/Programs			\$ 1,577,571		Difference - Rdg	\$ 0

COVID-19 EMERGENCY COLLECTIVE FUND UPDATE for May 2020

Information only

History

On March 24, 2020, the Desert Healthcare District's Board of Directors approved a match of \$100,000 with the Regional Access Project Foundation to create a **COVID-19 Emergency Collective Fund**. This fund, through a RFP process, was created to provide operating support to nonprofits serving high-risk populations directly impacted by COVID-19, within the District and RAP Foundation's geographic boundaries. Examples of vulnerable and high-risk populations included, but were not limited to, the homeless, elderly, special needs, and chronic and long-term illnesses or health conditions/diseases.

Initial Funding

During the first round, 12 out of 15 of the requests received were mutually approved for funding. Below are the nonprofits funded by each organization in April 2020.

Desert Healthcare District

- Mizell Center
- The Joslyn Senior Center
- Cathedral City Senior Center
- Hope Through Housing Foundation
- Well In The Desert
- AIDS Assistance Program

Regional Access Project Foundation

- Angel View
- Operation Safe House
- LGBT Community Center of the Desert
- Jewish Family Services of the Desert
- John F. Kennedy Memorial Foundation
- Elder Love USA

Second Round of Funding

During the second round, the **COVID-19 Emergency Collective Fund** received twenty-nine requests. While several requests fell outside of the geographic and/or funding guidelines, a vast majority of applications were strong, however, the Collective was limited by remaining funding. Eleven out of twenty-nine requests were mutually approved for funding in May 2020. All COVID-19 Emergency Collective Funds have been allocated and/or expended.

Desert Healthcare District

- DesertArc
- United Cerebral Palsy of the Inland Empire
- Alianza Coachella Valley
- Hanson House Foundation
- Family Services of the Desert

Regional Access Project Foundation

- Palo Verde Valley Senior Citizens
- Pueblo Unido, CDC
- Desert Cancer Foundation
- Hidden Harvest
- Blood Bank of Riverside and San Bernardino Counties Foundation
- Loma Linda University Children's Hospital



Date: May 12,2020

To: Program Committee

Subject: Grant # 1085 Olive Crest Treatment Center, Inc.

Grant Request: General Support for Mental Health Services to Vulnerable Children and Families in Coachella Valley

Amount Requested: \$50,000.00

Project Period: 7/1/2020 to 6/30/2021

Project Description and Use of District Funds: Grant funding will be used to help fund Olive Crest's services to provide access to comprehensive mental health and behavioral care services and support for children and families living in some of the most high-need communities of the Coachella Valley. These core services work together to prevent abuse and neglect, strengthen families, and create systemic community change that can break generational cycles of dysfunction, abuse, and neglect.

Olive Crest programs work together to provide integrated care to improve the health and well-being of the region's most vulnerable children and youth. In addition to in-home, face-to-face service delivery and counseling, Olive Crest also provides services using remote support, tele-therapy, tele-psychiatry, and tele-parent partner support. Services include: temporary emergency housing for children; basic needs; foster care services; therapeutic and educational services; educational support; independent life skills and mentoring; workforce development; counseling and mental health care; extended family support; and family crisis intervention and preservation services.

Health challenges are diagnosed by Olive Crest clinicians; guidance is provided by Behavioral Health Specialists (for youth) and Parent Partners (for parents or caregivers). Integrated services are then provided to address the children's individualized need. As children and their families receive coordinated, safety-net services, they stand a greater chance of forging independence and healthier futures for themselves and their families.

Funding will specifically support costs of local psychiatric and nursing services along with travel expenses for tele-psychiatry appointments and In-home visits.



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

Olive Crest Treatment Center, Inc., Grant #1085

About the Organization

Olive Crest Treatment Center, Inc.
42-580 Caroline Court, Suite A
Palm Desert, CA 90007
Tel: 760-564-1430
Fax: 760-564-1732
<http://www.olivecrest.org>

Organization Type:

501(c)(3) \Medical

Primary Contact:

Theresa Mckinley
Tel: (951) 300-9820
Fax: (760) 564-1732
theresa-mckinley@olivecrest.org

Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
1999		\$25,000	Grant	12/31/1999	

Proposal

Project Title: General Support for Mental Health Services to Vulnerable Children and Families in Coachella Valley

Total Project Budget: \$1,164,416

Requested Amount: \$50,000

Length of Project: 12 months

Start Date: 7/1/2020

End Date: 6/30/2021

Background:

A \$50,000 Desert Healthcare District Foundation grant will help Olive Crest respond to increasing community needs (a 54% growth rate in service provision in FY19) for integrated community health services that provide access to primary care and mental health services for children and families. Grant funding will help fund core services needed to deliver both in-person mental health and telehealth services to over 300 children and families in the Coachella Valley. This support will be part of diversified funding that will positively impact the health and wellness of children/families living in the Coachella Valley area.

Community Health Focus Area

Primary Care and Behavioral Health Access

Community Need:

The task of improving mental health outcomes is being severely challenged by introduction of sweeping new changes to the child welfare system in California, through the Continuing Care Reform (CCR) legislation, introduced in 2017. Social service providers are now expected to serve many more children, with significantly higher levels of acuity, in shorter lengths of time,

stretching service providers resources and staffing. This situation is creating the need for a major enhancement of healthcare services—one that requires much more comprehensive and robust clinical and non-clinical protocols in place for the successful transition of children in the care of the Riverside County child welfare system.

In response, Olive Crest programs work together to provide integrated care to improve the health and wellbeing of the regions' most vulnerable children and youth. In addition to in-home, face-to-face service delivery and counseling, Olive Crest also provides services using remote support, tele-therapy, tele-psychiatry, and tele-parent partner support. Olive Crest addresses the mental, social/emotional, and physical health of each child through provision of a holistic treatment plan that is delivered by a multi-disciplinary professional team. Health challenges are diagnosed by Olive Crest clinicians; guidance is provided by Behavioral Health Specialists (for youth) and Parent Partners (for parents or caregivers). Integrated services are then provided to address the children's individualized need. As children and their families receive coordinated, safety-net services, they stand a greater chance of forging independence and healthier futures for themselves and their families.

With 54% growth in FY 2019, a \$50,000 Desert Healthcare District & Foundation grant will help Olive Crest respond to growing community needs for integrated community health services. Grant funding will help fund these core services and provide the critical support needed to deliver in-person and tele-services to over 300 children and families in the Coachella Valley 365 days per year.

The task of improving health outcomes for underserved populations has been severely challenged by the introduction of sweeping new changes to the child welfare system in California, through the Continuing Care Reform (CCR) legislation, introduced in 2017. Social service providers are now expected to serve many more children, with significantly higher levels of acuity, in much shorter lengths of time, stretching service providers resources and staffing. This leaves children in the child welfare system highly vulnerable to being unfairly rushed through a continuum of care that does not have the time or resources to adequately assess and manage their care.

Olive Crest is addressing this need in the local Coachella Valley community by establishing more robust clinical/non-clinical protocols for the increased and intensive access to mental health services for children and families in the care of the child welfare system. Olive Crest's programs treat the holistic health of each child with plans delivered by a multi-disciplinary professional team. In this way, more children will receive enhanced services, standing a greater chance of forging independence and healthier futures for themselves and their families.

These efforts are directly in alignment with the DHCD Strategic plan in all three areas. This effort “enhances delivery system capacity and promotes stable, high-quality health services”, “strengthens community health outcomes”, and will “demonstrably improve community health.”

As demonstrated in the goals below, the impact made possible through this funding will be clear, measurable and significant for the highest risk population of Coachella Valley.

Program Area

Direct Services; Direct Services

Project Description:

Grant funding will be used to help fund Olive Crest's services to provide access to comprehensive mental health and behavioral care services and support for children and families living in some of the most high-need communities of the Coachella Valley. These core services

work together to prevent abuse and neglect, strengthen families, and create systemic community change that can break generational cycles of dysfunction, abuse, and neglect.

Olive Crest programs work together to provide integrated care to improve the health and well-being of the region's most vulnerable children and youth. In addition to in-home, face-to-face service delivery and counseling, Olive Crest also provides services using remote support, tele-therapy, tele-psychiatry, and tele-parent partner support. Services include: temporary emergency housing for children; basic needs; foster care services; therapeutic and educational services; educational support; independent life skills and mentoring; workforce development; counseling and mental health care; extended family support; and family crisis intervention and preservation services.

Health challenges are diagnosed by Olive Crest clinicians; guidance is provided by Behavioral Health Specialists (for youth) and Parent Partners (for parents or caregivers). Integrated services are then provided to address the children's individualized need. As children and their families receive coordinated, safety-net services, they stand a greater chance of forging independence and healthier futures for themselves and their families.

Funding will specifically support costs of local psychiatric and nursing services along with travel expenses for tele-psychiatry appointments and In-home visits.

Proposed Program / Project Evaluation Plan

The Health Services Director trains the treatment team on collecting all outcome measurements necessary for evaluating all programs. Olive Crest uses a customized, client data base, management, and internal tracking systems to generate reports on the number of children and families trained and served. Regular reporting and oversight ensure that project goals are met, or any challenges addressed. In addition, Olive Crest will also use the Child and Adolescent Functional Assessment Score (CAFAS) to track and assess functional improvement for each child/teen enrolled in these programs.

Program/Project Goals and Evaluation

<p>Goal #1: By June 30, 2021, 99% of children in Olive Crest's care will be determined as risk-free each month as measured by the number of incident reports filed.</p>	<p>Evaluation #1: All Incidents are reported with corrective actions to supervisors within 48 hours. Documentation Is necessary for car accidents Involving clients, suicide attempts, necessary medical Intervention, abuse reports, safety, or behavioral Intervention and/or client restraint. Reports are simultaneously reported to state and/or county representatives.</p> <p>Each Incident Is evaluated for process Improvement and a summary Is provided to the Board of Directors.</p>
<p>Goal #2: By June 30, 2021 95% of foster and residential children will have one or less placement moves while in Olive Crest's care as tracked through case notes and discharge reports. By comparison, the national average on placement stability is 74.5%.</p>	<p>Evaluation #2: Data Is collected on a monthly basis by program supervisors through the "monthly benchmarking report."</p> <p>Placement stability scores are based on foster children who have had one or few placement moves. Results are reported out to leadership team and Board of Directors on a monthly basis.</p>

<p>Goal #3: By June 30, 2021, 85% of the children will successfully complete Olive Crest's programs being discharged to a permanent placement, or successfully graduating or transitioning to a lower level of care as evidenced by the total number of client case closures and exit reporting. By comparison, the national average on permanency is 72.75%.</p>	<p>Evaluation #3: Data Is collected on a monthly basis by program supervisors through the "monthly benchmarking report."</p> <p>Permanency rates are determined by child(ren) transitioning out of current placement. Changes in placement Include reunification, move to new agency, runaway, legal guardianship, juvenile hall, foster or group or adoptive home. Only Improvements In placement can be counted toward permanency score. (Lateral or higher levels of care would lower the permanency rate.)</p>
<p>Goal #4: By June 30, 2021, 80% of clients will show improvement from intake to closure as measured by the percentage of children with improved CAFAS scores (Child and Adolescent Functional Assessment Scale). CAFAS measures impairment of functioning in the areas of education, relational skills with peers, and social skills within their environment. It also assesses major risk factors.</p>	<p>Evaluation #4: CAFAS Is a formal, evidence-based, clinical outcomes measurement tool. It is administered by staff who have successfully completed the "CAFAS Reliability Training." Testing Is conducted at Intake, annually, and at discharge. Results are monitored in database in order to ensure successful treatment strategies.</p>
<p>Goal #5: By June 30, 2021, 80% of clients will show improvement to stable state levels of acuity.</p>	<p>Evaluation #5: Clinicians track acuity upon a child's intake in the program while establishing acuity through clinical judgment. Over the course of the treatment plan, the full-service team continues to note and submit progress reports from each Interaction. Acuity levels are categorized between high risk, moderate risk and stable.</p> <p>Examples of high-risk acuity Includes recent suicidal or homicidal ideation or attempts, psychotic episodes, frequent AWOLs with high risk behavior, sexual acting out, and placement in jeopardy. Moderate-risk acuity Includes psychotic episodes now on medication, at-risk of school expulsion, multiple AWOLs, and suicidal or homicidal ideation in the past year. Stable acuity Includes stable psychosis, Impulsive, and ADHD symptoms.</p>

Participants:

Population Served

Children (6-17 years old);Disabled and/or special needs;Infants (0 -5 years old)

Geographical Area Served

All District Areas

Age Group

(0-5) Infants

(06-17) Children

Number Served Per Age Group

0-5: 22

6-17: 288

18-24: 0

25-64: 0

65 or more: 0

Total:

Participant Community

Olive Crest serves an extremely vulnerable population - abused and neglected children and vulnerable families. This includes children in troubled homes, in foster care, and at-risk of needing Child Protective Services (CPS) intervention. Those served range in age from 0-18 years old. All of the children have experienced past traumas and many have serious behavioral challenges or struggle with anxiety and depression. Intervention early can help change the trajectory of these lives.

Organizational Capacity and Sustainability

Organizational Capacity

A total of 22 staff members contribute to this program. Staffing Includes 14 members of the family preservation or "wraparound" team, 8 full or part-time clinicians, 2 part-time psychiatrists, a LVN and administrative support. Development and community involvement staff assist with volunteer/trustee support and community fundraising.

In 2020, Olive Crest celebrates 42 years of serving Riverside and San Bernardino Counties, providing evidence-based solutions and compassionate care to more than 2,000 of our region's most vulnerable and highest-needs young people, ages 0-21, each year.

Organizational Sustainability:

Mental Health Services for Vulnerable Children/Families in Coachella Valley Is central to Olive Crest's strategic plans - as shown In our Mission Growth (increasing services In family preservation), Continuum of Services (through enhancement and expansion of existing programs to meet the needs of children and families), and Exemplary Programs (exceeding best practices and measuring Impact).

In addition, the services provided through funding could grow into other projects in the near future (such as the transitional-aged youth program).

Partnerships:

Key Partners:

Partnership and collaborations differ due to client needs. Some youth are referred to Oasis Crisis Services for psychiatric emergencies. RI International provides an urgent care facility for mental health. Olive Crest also works together with Betty Ford Center/Hazelton, Jewish Family Service and Catholic Charities for clients with substance use issues. Tele-psychiatry has been made possible through partnership with University of California, Riverside. Olive Crest maintains an ongoing partnership and agreement with Riverside University Health Systems - Behavioral Health in the delivery of treatment plans to local families.

Olive Crest has submitted one MOU as an attachment, for our partnership with Riverside University Health System. Due to delays caused by COVID-19, we were unable to gather others - but can supply them if given more time.

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		905467		40000
Equipment (itemize)				
1	Office Furniture, Chairs, Etc.	8711		0
2	Computers	1375		0
3				0
4				0
Supplies (itemize)				
1	General Office Items	1698		0
2				0
3				0
4				0
Printing/Duplication				
Mailing/Postage				
		7		0
Travel/Mileage				
		46518		10000
Education/Training				
		5753		0
Office/Rent/Mortgage				
		42565		0
Telephone/Fax/Internet				
		4376		0
Utilities				
		4770		0
Insurance				
		4753		0
Other facility costs not described above (itemize)				
1	Maintenance	6169		0
2	Depreciation	0		0
3	Interest & Escrow	0		0
4				0
Other program costs not described above (itemize)				
1	Licenses	316		0
2	PR/Marketing	21		0
3				
4				
Total Program Budget		1032499	0	50000
Budget Narrative	<p>Staffing costs include FT employees as well as part-time consultants (as indicated in section 2). Equipment reflects need for regular replacement and additions of both furniture and computers in order to provide an optimal working environment for staff. (Recently, a SMART board was purchased to enable tele-psychiatry and child-family team meetings for clients, and facilitate easier and more frequent trainings for Coachella Valley staff and families). Travel/mileage costs are considerable due to the vast area covered through services. Staff serve communities south to Blythe and Salton Sea and north to Desert Hot Springs. Regular education and training are critical for our team to know and follow best methods and maintain proper, current certifications. Office rent provides space for staff and client visitations. Telephone and utilities are also critical staff need. Other facility costs include basic maintenance.</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	Clinicians			661164	
2	Sr. Clinician Supervisory			41796	
3	LVN			16128	10000
4	Community Involvement/Billing			50884	
5					
6					
7					
8					
Total Employee Benefits					
Enter this amount in Section 1;Staffing Costs				Total >	774972
Budget Narrative	<p style="color: red;">Our clinicians work out of our Palm Desert office and addresss the mental, social/emotional, and physical health of each child through holstric treatment plans that they take leadership in developing. The Head of Service provides leadership to the team. Administration and Billing support their field efforts by helping to manage schedules and bill (when applicable) for services provided.</p>				
Budget Narrative	<p style="color: red;">Benefits are budgeted at 20% of wages. Employees can elect full health coverage, vision and dental. AFLCA is available for unforeseen circumstances. Basic life insurance coverage is also available.</p>				
Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Fees Paid by DHCD Grant
Company and Staff Title					
1	Psychiatric Services			7275	30000
2	Psychological Services			1540	
3	Administrative Outsourcing			731	
4	Attorney Costs			68	
5	Marriage & Family Therapist			1260	
Enter this amount in Section 1;Staffing Costs				Total >	130495
Budget Narrative	<p style="color: red;">Our team of psychiatric and psychological professionals utilize tele-psychiatry and tele-care to communicate directly with patients.</p>				

Line Item Budget

Other

Program Funds

Other funding received (actual or projected) SPECIFIC to this program/project		Amount
Fees		0
Donations		80437
Grants (List Organizations)		
	1	
	2	
	3	
	4	
Fundraising (describe nature of fundraiser)		
	1	Fall Gala 145000
	2	Spring Luncheon 30000
Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)		
	1	In Kind Donations 40000
	2	
	3	
	4	
Total funding in addition to DHCD request		295437
Budget Narrative	<p>Funding reflects the full amount that is received from our Desert Communities in support of Olive Crest programs. Only a small percentage of these dollars go directly into the project indicated in this proposal.</p>	

Grant Scoring Review

Reviewer: Donna Craig

Executive Summary: 9

Need and Alignment: 9

Goals: 9

Evaluation: 9

Organizational Capacity: 10

Organizational Sustainability: 9

Budget: 9

Percent of Funding Requested: 9

Fiduciary Compliance: 9

Financial Stability: 9

Key Partners/Collaborations: 10

Total Score: 101.00

Reviewer Comments: Olive Crest is a strong national organization that has helped connect children and families to safety net services for abused, neglected, and at-risk children and families for 42 years. Now more than ever, with the COVID-19 pandemic, the teams at Olive Crest strive to continue connecting with their clients and ensuring the safety and potential increased stress levels are addressed, which in turn can increase the risk of abuse on children (PBS News Hour April 6, 2020).

Response Notes:

Average Review Score: Staff Review Stage: 98.666666666666666666666666666667 (3 of 3)

Sum of all Reviews: Staff Review Stage: 296 (3 of 3)

Grant Scoring Review

Reviewer: Alejandro Espinoza

Executive Summary: 9

Need and Alignment: 10

Goals: 9

Evaluation: 9

Organizational Capacity: 8

Organizational Sustainability: 9

Budget: 8

Percent of Funding Requested: 8

Fiduciary Compliance: 9

Financial Stability: 9

Key Partners/Collaborations: 9

Total Score: 97.00

Reviewer Comments: Olive Crest through their proposed project addresses the ever-growing mental and behavioral health problem here in the Coachella Valley, which is projected to increase due to the COVID-19 epidemic. This grant will allow Olive Crest to continue providing services in-person, while expanding their services via telehealth for at-risk children and their families. I recommend approval of this grant.

Response Notes:

Average Review Score: Staff Review Stage: 98.666666666666666666666666666667 (3 of 3)

Sum of all Reviews: Staff Review Stage: 296 (3 of 3)

Grant Scoring Review

Reviewer: Meghan Kane

Executive Summary: 9

Need and Alignment: 10

Goals: 9

Evaluation: 10

Organizational Capacity: 8

Organizational Sustainability: 9

Budget: 8

Percent of Funding Requested: 8

Fiduciary Compliance: 10

Financial Stability: 10

Key Partners/Collaborations: 9

Total Score: 98.00

Reviewer Comments: With the District's recent Behavioral Health Needs Assessment and last year's focus groups, behavioral health access and availability of support resources for children, youth, and families continues to be a top priority. Olive Crest targets at-risk, vulnerable children and families to prevent child abuse and to promote healing and redemption. Olive Crest's strategic plan outlines how they continue to expand their work in child abuse prevention and reach more children and families every year as demand continues to rise. Due to the COVID-19 crisis, highlighted demand is likely and the need for Olive Crest's services will be crucial for more families and children. I recommend approval for the grant to support the work and the future growth of Olive Crest.

Response Notes:

Average Review Score: Staff Review Stage: 98.666666666666666666666666666667 (3 of 3)

Sum of all Reviews: Staff Review Stage: 296 (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 Program/Project 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.) 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.). 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.). 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>

<p>Organizations' Sustainability (10 Points)</p>	<p>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.</p>	<p>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</p>	<p>The applicant does not demonstrate that it has a strategic plan and/or business plan. The program only reflects the applicant's mission.</p>
<p>Budget (10 points)</p>	<p>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.</p>	<p>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.</p>	<p>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.</p>
<p>Fiduciary Compliance (10 Points)</p>	<p>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.</p>	<p>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.</p>	<p>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>

<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



Date: May 12, 2020

To: Program Committee

Subject: Grant # 1057 Desert Cancer Foundation

Grant Request: Patient Assistance Program

Amount Requested: \$150,000.00

Project Period: 6/1/2020 to 5/31/2021

Project Description and Use of District Funds: DCF will provide financial assistance and patient navigation for cancer care for uninsured/underinsured DHCD residents in the original district (Zone 1, 4, portions of 2, 3, and 5 along the Cook Street, Hwy 74, and Thousand Palm lines). Program will navigate patients in need of cancer screening and diagnosis, in addition to treatment for any cancer. DCF will leverage existing health systems and programs to expand resources, improve sustainability of patient care, increase access to timely and appropriate care, and increased probability of a successful treatment plan and outcome.

Our Patient Assistance Navigator coordinates with Desert Regional Medical Center Comprehensive Cancer Center and Eisenhower Health Center Lucy Curci Cancer Center to track patient navigation and access appropriate cancer care services when referred to our program. In addition, the DCF team will work with social workers, financial counselors and physicians to direct applicants to public and private programs that may support the patient throughout the continuum of care. Our team works directly with the patient and their medical team to ensure the application and other requirements are fulfilled. DCF utilizes community partnerships to **leverage** programs and services to further enhance improved health outcomes for our community.

For example:

- Since inception, Desert Cancer Foundation has paid \$9.9 million dollars for cancer care valued at nearly \$100 million dollars.
- Over the years, Desert Cancer Foundation receives from local medical community and negotiated rates, with each dollar received equals approximately \$9:00 to \$12:00 in patient care. It varies even higher at times, upwards of \$19 value for each dollar received, depending on various



factors. However, on average it equates to approximately \$1 = \$10 in cancer care.

- Based upon leveraging our Patient Navigation and negotiated rates, the average cost per DHCD patient assisted with the requested funding for the Patient Assistance Program equals \$2,233.71 and is the average cost per patient for cancer care in 2019 paid for by DCF. This is the average total paid per patient for an entire year.

Additionally, \$2,617.89 average cost per patient for cancer care **and** patient navigation in 2019.

Finally, \$103.56 is the average cost of a cancer care service paid for by DCF (the average of the actual billed value per cancer care service would be \$1,658.05). Please note, this data is representative of 2019 only and not averages based upon our inception.

Percentage of Clients Served in District zones indicated: 46%

Estimated 12-month total: 185 patients; 85 individuals residing in DHCD zones indicated with 1200 services

Requested funding will be utilized to pay for cancer care services and navigation for uninsured/under-insured residents who need assistance for insurance premiums, co-insurance, co-pays, deductibles, prescriptions, chemotherapy, radiation, screenings/diagnostics, etc.

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 \$150,000.00 be approved.
- Recommendation with modifications
 - Deny

2020 Grant Request Summary

Desert Cancer Foundation, Grant #1057

About the Organization

Desert Cancer Foundation
74091 Larrea Street
Palm Desert, CA 92260
Tel: (760) 773-6554
Fax: (760) 773-6532
www.desertcancerfoundation.org

Organization Type:

501(c)(3) \Medical

Primary Contact:

Nit Perry
Tel: (760) 773-6554
Fax: (760) 773-6532
nperry@desertcancerfoundation.org

Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
2005	Project Support & Expansion	\$150,000	Grant	7/26/2005	Grant budget
2006	Comprehensive Program & Capacity Building Support	\$155,000	Grant	10/24/2006	Grant budget
2008	Operating support for program expansion	\$100,000	Grant	7/22/2008	Grant budget
2009	Comprehensive Patient Assistance Project	\$150,000	Improving Lives	10/27/2009	Grant budget
2010	Comprehensive Healthcare Assistance Project	\$200,000	Improving Lives	9/28/2010	Grant budget
2011	Integrated Healthcare Assistance Program	\$588,983	Achievement Building	9/27/2011	Grant budget
2013	Integrated Cancer Assistance Program	\$341,997	Achievement Building	1/28/2014	Grant budget
2015	Patient Assistance - Cancer Care	\$185,000	Grant	6/28/2016	Grant budget
2017	Patient Assistance and SJBCF Programs	\$200,000	Grant	2/27/2018	Grant budget

Proposal

Project Title: Patient Assistance Program

Total Project Budget: \$646,998

Requested Amount: \$150,000

Length of Project: 12 months

Start Date: 6/1/2020

End Date: 5/31/2021

Background:

Desert Cancer Foundation was founded in 1994 by Art and Cory Teichner, and dedicated valley oncologist, Dr. Sebastian George. Their vision was to ensure that no resident of our local community went without cancer care as the result of the inability to pay. Desert Cancer Foundation (DCF) is a non-profit organization dedicated to assisting residents in the Coachella Valley and surrounding communities who need financial assistance in obtaining screening, diagnosis and treatment for cancer and allied diseases.

Community Health Focus Area

Primary Care and Behavioral Health Access

Community Need:

DCF will provide financial assistance and patient navigation for cancer care for uninsured/underinsured Desert Healthcare District (DHCD) residents in the original DHCD region (presently Zone 1, Zone 4, and portions of Zones 2, 3, and 5 along the Cook Street, Hwy 74, and Thousand Palm lines). Program will help navigate patients for financial assistance for cancer screening and diagnosis, in addition to treatment for any cancer. DCF will leverage existing health systems and programs to expand resources, improve sustainability of patient care, increase access to timely and appropriate care, and thus increasing the probability of a successful treatment plan and outcome.

Our Patient Assistance Navigator coordinates with Desert Regional Medical Center Comprehensive Cancer Center and Eisenhower Health Center Lucy Curci Cancer Center to track patient navigation and access appropriate cancer care services when referred to our program. In addition, the DCF Patient Navigator and Patient Assistance Administrator work with social workers, financial counselors and physicians to direct applicants to public and private programs that may support the patient throughout the continuum of cancer care. Our team is able to work directly with the patient and their medical team to ensure the application process and other requirements are fulfilled in a timely manner. DCF utilizes community partnerships to leverage programs and services to further enhance improved health outcomes for our community, such as through our Better Together Collaborative of cancer care organizations, cvHIP, and other local partnerships/resources.

Average Percentage of Clients Served by Program in District service area: 46%

- Estimated 12 month total for Patient Assistance: 185 patients; 85 residing in DHCD service area in zones indicated.

Requested funding will be utilized to pay for cancer care for uninsured/under-insured residents who need financial assistance. Cancer care includes insurance premiums, co-insurance, co-pays, deductibles, prescriptions, chemotherapy, radiation, screenings, diagnostic services, etc.

DCF's request aligns with DHCD's Strategic Plan Community Focus Area Priority 3 Community Health & Wellness. DCF's Patient Assistance Program demonstrates we are ensuring access to health/medical services specific to cancer care and other resources that impact an individuals health status. According to the Health Assessment and Research for Communities' 2019 Coachella Valley Community Health Survey, 1 in 5 local adults are uninsured. Nearly a quarter of the survey respondents indicated they could not afford health insurance premiums. In fact, the Coachella Valley's rate of uninsured is double that of the state of California as a whole, and higher than the rate across the US and Riverside County as well. The survey also indicates nearly 25 percent of residents are not obtaining recommended cancer screenings. Finally, the survey indicates 42,749 Coachella Valley residents have had cancer. With more than 44,787 Coachella Valley residents indicating they need financial assistance, imagine being diagnosed with cancer in addition to being low income. This is where Desert Cancer Foundation steps in. Our Patient Assistance Program can help mitigate the repercussions of a cancer diagnosis.

Patients that are enrolled in the Patient Assistance program are given renewed hope, knowing that they can focus on healing instead of a debt they can't afford due to unemployment or disability in cancer treatment. DCF is able to bridge the gap in financial needs to help those who have become unemployed, disabled, and/or lost their health insurance. DCF allows the patient to continue their care, as well as connect them with other resources that can help meet additional needs. DCF ensures that no patient goes without cancer care, does not become homeless due to the cost of their cancer treatment, and enables the patient to use income to ensure stability for the family.

Program Area

Direct Services; Direct Services

Project Description:

DCF will provide financial assistance and patient navigation for cancer care for uninsured/underinsured DHCD residents in the original district (Zone 1, 4, portions of 2, 3, and 5 along the Cook Street, Hwy 74, and Thousand Palm lines). Program will navigate patients in need of cancer screening and diagnosis, in addition to treatment for any cancer. DCF will leverage existing health systems and programs to expand resources, improve sustainability of patient care, increase access to timely and appropriate care, and increased probability of a successful treatment plan and outcome.

Our Patient Assistance Navigator coordinates with Desert Regional Medical Center Comprehensive Cancer Center and Eisenhower Health Center Lucy Curci Cancer Center to track patient navigation and access appropriate cancer care services when referred to our program. In addition, the DCF team will work with social workers, financial counselors and physicians to direct applicants to public and private programs that may support the patient throughout the continuum of care. Our team works directly with the patient and their medical team to ensure the application and other requirements are fulfilled. DCF utilizes community partnerships to leverage programs and services to further enhance improved health outcomes for our community.

Percentage of Clients Served in District zones indicated: 46%
Estimated 12 month total: 185 patients; 85 individuals residing in DHCD zones indicated with 1200 services

Requested funding will be utilized to pay for cancer care services and navigation for uninsured/under-insured residents who need assistance for insurance premiums, co-insurance, co-pays, deductibles, prescriptions, chemotherapy, radiation, screenings/diagnostics, etc.

Proposed Program / Project Evaluation Plan

Our Patient Assistance Program pays for cancer care including but not limited to, biopsies, chemotherapy, radiation, prescriptions, insurance premiums, Medi-Cal Share-of-Cost, copays, deductibles, co-insurance, dental as well as screening and diagnostic services.

Desert Cancer Foundation is requesting funding from Desert Healthcare District in the amount of \$150,000 to assist in providing cancer care through our Patient Assistance Program, including patient navigation, for Desert Healthcare District residents of the zones as outlined in the grant request. With the expansion of the Desert Healthcare District zones, nearly all clients served by Desert Cancer Foundation are residents of Desert Healthcare District, however there remains some regions that we do serve outside of the district with very few clients. It is estimated 85 residents will receive approximately 1200 cancer care services through this program if funded by Desert Healthcare District. This is approximately 46% of all clients Desert Cancer Foundation will serve during a one year period. DCF will utilize other funding sources to meet the cancer care needs of residents in the other zones and regions we serve. DCF

coordinates with health care systems across the valley to track patient navigation, referrals, applications and timely access to services and care. This process reduces barriers to care and increases access to early detection, with hopes of reducing late-stage diagnosis and associated increased burdens. We collect qualitative feedback from our clients and community partners. Furthermore, we track quantitative data specific to quantities in age, zip code, gender, race/ethnicity, type of cancer, providers, services rendered, amount billed, amount paid, providers, resources, and other data. We are able to quantify the number of individuals served, the total number of services provided, the value of the services, the amount paid for services, and a variety of other information that indicates our success at serving a community in need.

Program/Project Goals and Evaluation

<p>Goal #1: From June 1, 2020 to May 31, 2021, DCF will provide financial assistance for cancer treatment through the Patient Assistance Program for an estimated 85 cancer patients (with approximately 1200 cancer-related services including insurance premiums, co-pays, prescriptions, co-insurance, deductibles, chemotherapy, radiation, screenings, diagnostic services, dental, and more) of residing in the original district region (Zone 1, 4, portions of 2, 3, and 5 along the Cook Street, Hwy 74, and Thousand Palm lines).</p>	<p>Evaluation #1: DCF's Patient Assistance Program is regularly monitored by the Patient Assistance Navigator, Assistant, Executive Director, Patient Assistance Committee, Patient Assistance Committee Chair, Medical Advisory Committee and Board of Directors. We work closely with community social workers, financial counselors, oncologists, radiologists, surgeons, nurses, pharmacies, and more. We host bi-monthly Patient Assistance Committee meetings to ensure applications are received, reviewed within a timely manner (some may be expedited for consideration), patients are receiving appropriate and timely care, leveraging additional resources, and billing/services rendered are reviewed and paid. We work closely with our clients to obtain health insurance coverages if they are uninsured, share resources for insurance counseling services, leverage existing resources to meet our clients needs, and more. Our staff are cross-trained to ensure smooth and streamlined efforts to assist our clients. Furthermore, all clients are reviewed after one year of assistance with DCF. We provide 60 day notice of their one year of assistance, as well as an account of the total dollars paid by DCF for their cancer care. All billing received for clients' services are entered into our tracking system by patient identification number for payment and detailed reporting as needed.</p>
<p>Goal #2: From June 1, 2020 to May 31, 2021, DCF will provide patient navigation through the Patient Assistance Program for an estimated 85 cancer patients residing in the original district region (Zone 1, 4, portions of 2, 3, and 5 along the Cook Street, Hwy 74, and Thousand Palm lines).</p>	<p>Evaluation #2: DCF's Patient Assistance Program is regularly monitored by the Patient Assistance Navigator, Assistant, Executive Director, Patient Assistance Committee, Patient Assistance Committee Chair, Medical Advisory Committee and Board of Directors. We work closely with community social workers, financial counselors, oncologists, radiologists, surgeons, nurses, pharmacies, and more. We host bi-monthly Patient Assistance Committee meetings</p>

	<p>to ensure applications are received, reviewed within a timely manner (some may be expedited for consideration), patients are receiving appropriate and timely care, leveraging additional resources, and billing/services rendered are reviewed and paid. We work closely with our clients to obtain health insurance coverages if they are uninsured, share resources for insurance counseling services, leverage existing resources to meet our clients needs, and more. Our staff are cross-trained to ensure smooth and streamlined efforts to assist our clients. Our Patient Assistance Navigator communicates with applicants, as well as receives, reviews, and prepares all applications for the Patient Assistance Committee review. The Patient Assistance Navigator researches and identifies additional resources to meet the patient's additional basic living needs, such as financial assistance for rent/mortgage, utilities, food, transportation, shelter, etc.</p>
Goal #3:	Evaluation #3:
Goal #4:	Evaluation #4:
Goal #5:	Evaluation #5:

Participants:

Population Served

Seniors (65+ years old); Uninsured; Youth (18-64 years old)

Geographical Area Served

All District Areas

Age Group

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

Number Served Per Age Group

- 0-5:** 0
- 6-17:** 0
- 18-24:** 1
- 25-64:** 50
- 65 or more:** 49
- Total:**

Participant Community

District residents who will benefit from DCF's patient assistance program are adults (age 18 and above), who are uninsured or under-insured, living at or below 300 percent of the Federal Poverty Guidelines, and are diagnosed with any form of cancer, in need of cancer treatment, or

need assistance obtaining screening or diagnostic testing, with a demonstrated need for financial assistance.

Organizational Capacity and Sustainability

Organizational Capacity

The Executive Director oversees all aspects of organization, including execution of the Patient Assistance Program. The DCF Controller assists with accounting, office management, and community outreach. Our Patient Assistance Navigator is solely dedicated to the Patient Assistance Program, from resources, lay navigation, working with social workers, oncologists, patients, etc. from start to finish for each patient. The Patient Assistance Administrator processes medical billing received for services rendered to our clients undergoing cancer care, assists the Patient Assistance Navigator with insurance premiums, patient eligibility, and assists patients with applications. Our capacity to conduct our Patient Assistance Program is evident by the 25 years of execution and success. Our longstanding and trusted relationships with our community partners enable DCF to further support the cancer care needs of our community. Our community partners' commitment is made evident through our shared stable history, client rapport, and key stakeholder relations.

Organizational Sustainability:

Desert Cancer Foundation Board of Directors meet on a monthly basis. An integral part of monthly Board of Directors' meetings is to review, discuss and plan operational needs for DCF. In addition, Desert Cancer Foundation Board of Directors Annual Meeting is in June. The focus of the Annual Meeting is to address and review current and future organizational fiscal sustainability. Furthermore, the organization continually seeks potential new grant funding sources. Finally, our Patient Assistance Committee meets twice monthly at Eisenhower Medical Center's Lucy Curci Cancer Center and Desert Regional Medical Center's Comprehensive Cancer Center to review program guidelines, patient applications, and make recommendations to the DCF Board of Directors for program sustainability and implementation. Due to COVID-19, our Patient Assistance Committee meets virtually. Our ongoing continuous improvement processes focus on improved patient care, program needs, and sustainability initiatives. Our current living strategic plan began in 2019, and places emphasis on financial/sustainability, programs, talent management, and operations. Our goals are consistent with improving our Patient Assistance Program, expanding its influence and impact throughout our community, as well as development of activities to sustain its service.

Partnerships:

Key Partners:

Desert Cancer Foundation partners with Desert Regional Comprehensive Cancer Center, Eisenhower Lucy Curci Cancer Center, City of Hope, more than ten local pharmacies, in addition to many local oncologists and doctors. These are partners are critical to our ability to ensure our clients receive the care they need, allowing flexibility for Desert Cancer Foundation to pay for their patient's care. Many of these providers have negotiated with Desert Cancer Foundation a reduced rate for uninsured patients services. On average, we pay about 1/10 of the billed cost for services for uninsured patients. However, for insured patients, we do not receive a reduced rate, but rather pay insurance premiums, copays, co-insurance, and deductibles for the services the patient receives specific to their cancer treatment.

Desert Cancer Foundation collaborates with our local nonprofit cancer-related organizations as well. We often refer our clients for additional resources such as transportation assistance, mental health counseling services, support groups, group exercise, homeless shelters, food banks, basic living assistance programs, prescription drug assistance, and more. A collaborative called "Better Together for Community" to help leverage resources and provide support for the overall health needs of those in the midst of cancer care was convened in 2015. The Better

Together for Community partners currently include: American Cancer Society, Desert Cancer Foundation, LifeStream, Susan G. Komen Inland Empire and The Pendleton Foundation. Examples of a few organizations we refer clients to for resources or use as tools to identify resources include, but are not limited to: The Pendleton Foundation, United Way of the Desert, FIND Food Bank, Martha's Village and Kitchen, Shelter from the Storm, RAP/CNA Foundation, CVHIP, Every Woman Counts, Breast and Cervical Treatment Program, Medi-Cal, Coachella Valley Rescue Mission, local senior centers and many others.

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
Total Staffing Costs <i>Detail on sheet 2</i>		\$161,045	\$126,045	\$35,000
Equipment (itemize)				
1				0
2				0
3				0
4				0
Supplies (itemize)				
1				0
2				0
3				0
4				0
Printing/Duplication		1440	1440	0
Mailing/Postage		900	900	0
Travel/Mileage				0
Education/Training				0
Office/Rent/Mortgage		26337	26337	0
Telephone/Fax/Internet		6576	6576	0
Utilities		4700	4700	0
Insurance				0
Other facility costs not described above (itemize)				
1				0
2				0
3				0
4				0
Other program costs not described above (itemize)				
1	Patient Assistance	\$446,000	\$331,000	\$115,000
2				0
3				0
4				0
Total Program Budget		\$646,998	\$496,998	\$150,000
Budget Narrative	<p>Request of \$35,000 total for labor costs to assist with the administration and navigation of patients eligible for DCF's Patient Assistance Program, who reside in portions of Desert Healthcare District zones (Zone 1, Zone 4, and portions of Zones 2, 3, and 5 along the Cook Street, Hwy 74, and Thousand Palm lines). A total of \$115,000 is requested for the Patient Assistance Program to provide financial assistance for cancer care for uninsured/under-insured residents of DHCD zones indicated. Payment for cancer care services is rendered directly to the provider. Cancer care services include: cancer screenings, diagnostic testing (ultrasounds, biopsies, MRI, etc.) and treatment for cancer (chemotherapy, radiation, co-pays, co-insurance, deductibles, insurance premiums, prescriptions, etc.). DCF leverages existing patient assistance programs and services to assist in covering healthcare costs, such as state or federally funded health programs, pharmaceutical copay assistance programs, and more.</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	Executive Director	\$120,286	30%	\$36,085	\$0
2	Controller	\$92,372	10%	\$9,237	\$0
3	Patient Assistance Navigator	\$66,078	100%	\$66,078	\$25,000
4	Patient Assistance Administrator	\$62,056	80%	\$49,645	\$10,000
5					
6					
7					
8					
Total Employee Benefits		\$340,792		\$161,045	
Enter this amount in Section 1; Staffing Costs				Total >	\$35,000
Budget Narrative	Salaries listed are inclusive of employee benefits Executive Director oversees all aspects of organization, including execution of Patient Assistance. Controller assists will patient assistance processing. Patient Assistance Navigator is solely dedicated to the program, from resources, lay navigation, working with social workers, oncologists, patients, etc. from start to finish for each patient. The Patient Assistance Administrator processes medical billing for each patient service rendered, assists the Patient Assistance Navigator and assists patients with applications. Amounts requested are a portion specific to serving DHCD zones indicated in proposal.				
Budget Narrative	Employee benefits for each employee include medical health insurance (not dental/vision), life insurance, long-term disability, state unemployment insurance/tax, workers comp, FICA/Medicare, and retirement.				
Professional Services / Consultants		Hourly Rate	Hours/Week	Monthly Fee	Fees Paid by DHCD Grant
Company and Staff Title					
1					
2					
3					
4					
5					
Enter this amount in Section 1; Staffing Costs				Total >	0
Budget Narrative	Not applicable.				

Line Item Budget

Other

Program Funds

Other funding received (actual or projected) SPECIFIC to this program/project			Amount
Fees			
Donations			\$36,295
Actual	1	United Way of the Desert	\$6,250
Applied	2	Susan G. Komen Inland Empire	\$20,000
Actual	3	Walmart Foundation	\$1,000
Actual	4	City of Indian Wells	\$10,000
Projected	6	City of Rancho Mirage	\$2,500
Actual	7	Champions Volunteer Foundation	\$7,000
Projected	8	City of La Quinta	\$4,000
Projected	9	The Auen Foundation	\$10,000
Applied	10	Stater Brothers Charities	\$10,000
Fundraising (describe nature of fundraiser)			
Projected	1	DCF Events (Paint El Paseo Pink, Corks & Cuisine,	\$75,000
Projected	2	Third-party Fundraising Events	\$75,000
Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)			
	1	Payroll Protection Program	61000
	2		
	3		
	4		
Total funding in addition to DHCD request			\$318,045
Budget Narrative	<p>Additional funding sources listed above are identified as projected or actual based upon our 2019/2020/2021 budget forecast and received that are allocated for Patient Assistance and can be used to serve in the DHCD zones as planned in this proposal. Additional funds have been requested and/or confirmed to serve the remaining zones of DHCD without funding support from DHCD. Additional funds have been requested based upon the impacts of COVID-19 and projected revenue losses.</p>		



EISENHOWER HEALTH
CURCI CANCER CENTER

April 2, 2020

Desert Healthcare District
1140 N. Indian Canyon Dr.
Palm Springs, CA 92262.

This letter is in support of the grant request from the Desert Cancer Foundation, our local non-profit providing financial assistance for cancer patients residing in the Coachella Valley.

Eisenhower Medical Center has been partnering with DCF for over 20 years, helping to ensure no Coachella Valley resident goes without cancer care because they cannot afford the costs of that care.

Financial toxicity is the number one reason many choose to forgo life-saving or life-extending cancer care. A 2018 study from the Perelman School of Medicine at the University of Pennsylvania found patients undergoing cancer treatment face exceptionally high out-of-pocket costs that impact their abilities to adhere to treatment plans.

Working closely with Eisenhower physicians, nurses, social workers, and our finance department, the Desert Cancer Foundation has served over 8,250 patients, covering insurance premiums, co-pays, and/or (for those few under-insured or uninsured), the costs of their cancer treatments. In partnership with our local medical community, Desert Cancer Foundation has paid for cancer care valued at nearly \$100 million for local valley residents in need.

Meeting twice monthly, dedicated oncology professionals and Board members review every application to ensure the request meets all guidelines and then moves forward through the approval process.

The Desert Cancer Foundation provides a much needed safety net for our community and Eisenhower Medical Center is proud to partner with them in providing this care.

Sincerely,

Alison Mayer Sachs, MSW, OSW-C, FAOSW
Director Community Outreach and Cancer Support Services
Eisenhower Lucy Curci Cancer Center

Financial Toxicity: Still Not Discussed With Cancer Patients

Roxanne Nelson, BSN, RN

July 24, 2018

Financial toxicity has become a well-established issue within cancer care, ever since the term was first [coined](#) by S. Yousuf Zafar, MD, and Amy Abernethy, MD, from the Duke Cancer Institute in Durham, North Carolina, to describe an "adverse event" increasingly experienced by patients with cancer.

Despite the growing attention to cancer costs and the need for that aspect of care to be addressed in the clinical setting, a new study has found that this topic is not being adequately addressed by oncologists and other clinicians.

The findings were [published online](#) July 23 in *Cancer*.

They come from a survey that included 306 medical oncologists. About half of them reported that someone in their practice often or always discusses financial burden with patients.

Among breast cancer patients who responded that they were worried about finances, almost three quarters said that their physicians and staff did not offer any assistance.

Among patients who wanted to discuss the impact of breast cancer on employment or finances, 55% reported that they had not had a relevant discussion about this with their provider.

"There definitely appears to be growing awareness in the oncology community of financial toxicity and the need for providers to support patients in this regard," said lead author Reshma Jagsi, MD, DPhil, from the Department of Radiation Oncology at the University of Michigan, Ann Arbor.

But it is a big challenge to know how to have these difficult conversations, she told *Medscape Medical News*.

"A potentially useful intervention strategy involves communication training for oncology providers," said Jagsi, who is also director of the Center for Bioethics and Social Sciences in Medicine.

"These sorts of interventions need to be developed and evaluated in future research if we are to move the needle on this important issue," she added.

A Gap Remains

There is limited evidence as to whether growing attention to financial issues has motivated physicians to more routinely embrace practices that address and attempt to mitigate financial toxicity, the authors note.

Virtually nothing is known concerning the level of physician engagement with patients regarding financial toxicity or patient perceptions about whether or not their needs are being met, they write. This is what motivated them to conduct the survey.

The survey involved 2502 patients with early breast cancer, 370 surgeons, 306 medical oncologists, and 169 radiation oncologists.

Among medical oncologists, 50.9% reported that someone in their practice often or always discusses financial concerns with patients, as did 15.6% of surgeons and 43.2% of radiation oncologists.

Forty percent of medical oncologists also believed that they were quite aware or very aware of the out-of-pocket costs of the tests and treatments that they recommend to patients, as did 27.3% of surgeons and 34.3% of radiation oncologists.

More than half (about 57%) of medical oncologists and radiation oncologists (55.8%) reported that it was quite important or extremely important to save the patient money, as did 35.3% of surgeons.

Many of the patients who participated in the survey reported that they had acquired debt from their treatment. These patients included 27.1% of white, 58.9% of black, 33.5% of Latina, and 28.8% of Asian women. Many patients also reported substantial amounts of lost income and out-of-pocket expenses that they attributed to their disease.

About 14% of all patients reported that the lost income amounted to 10% or more of their household income; 17% of patients reported spending 10% or more of their household income on out-of-pocket medical expenses; and 7% of patients reported spending the same proportion on out-of-pocket nonmedical expenses.

Jagsi and coauthors note that the unmet patient needs for engaging physicians in discussion about financial concerns were common. Of 945 women who expressed concern about finances, 679 (72.8%) indicated that physicians and their staff did not help them. Among 523 patients who wanted to discuss the impact of breast cancer on employment or finances with their clinicians, 283 (55.4%) reported that no relevant discussions took place with their oncologist, primary care providers, social workers, or other professionals.

Awareness that financial toxicity exists isn't enough — we have to arm providers with tools they can use to provide meaningful help when it is needed. Dr Reshma Jagsi

"Awareness that financial toxicity exists isn't enough — we have to arm providers with tools they can use to provide meaningful help when it is needed," said Jagsi.

The study was funded by a grant to the University of Michigan from the National Cancer Institute and was supported by the University of Michigan Cancer Center Biostatistics, Analytics and Bioinformatics shared resource. Dr Jagsi has received grants from the National Cancer Institute, the Doris Duke Charitable Foundation, and Blue Cross Blue Shield of Michigan and has acted as a paid consultant for Amgen for work performed outside of the current study. Coauthors have received research funding from pharmaceutical companies for work performed outside of the current study.

Cancer. Published online July 23, 2018. [Abstract](#)

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Grant Scoring Review

Reviewer: Donna Craig

Executive Summary: 9

Need and Alignment: 9

Goals: 8

Evaluation: 8

Organizational Capacity: 9

Organizational Sustainability: 8

Budget: 9

Percent of Funding Requested: 9

Fiduciary Compliance: 8

Financial Stability: 8

Key Partners/Collaborations: 10

Total Score: 95.00

Reviewer Comments: Desert Cancer Foundation has been the major organization and go-to for uninsured and under-insured residents that seek cancer treatment of which could be otherwise unattainable due to cost of treatments, prescriptions, transportation to treatment, high copays, etc. DCF is the perfect example of what leveraging dollars is about. The clients of DCF are thoroughly vetted and are navigated through patient navigators very carefully. No one falls through the cracks. DCF and DHCD have a long and successful partnership. DCF fills the gaps in a timely, consistent and compassionate manner.

Response Notes:

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

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

Grant Scoring Review

Reviewer: Alejandro Espinoza

Executive Summary: 9

Need and Alignment: 8

Goals: 9

Evaluation: 9

Organizational Capacity: 9

Organizational Sustainability: 9

Budget: 8

Percent of Funding Requested: 9

Fiduciary Compliance: 9

Financial Stability: 9

Key Partners/Collaborations: 9

Total Score: 97.00

Reviewer Comments: The Desert Cancer Foundation through their Patient Assistance Program provides cancer patients with vital resources and guidance in a difficult period in their life. The partnerships with the two local cancer centers and other organizations provides them and their patients with a comprehensive list of available resources to assist them in their battle and/or recovery from cancer.

Response Notes:

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

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: 9

Total Score: 94.00

Reviewer Comments: I appreciate the constant coordination efforts of the Desert Cancer Foundation and their partners to make sure they are referring patients efficiently and working together to avoid duplication and increase effectiveness, collaboratively. Not only is the Desert Cancer Foundation strategically engaging partners externally, they have continuous communication across their internal team and Board. The Patient Assistance Program provides not only financial relief to patients but a supportive, trusting environment where patients and families can consistently turn to for assistance. I recommend approval for the grant to support the continuous work of the Desert Care Foundation as it directly aligns with the Desert Healthcare District and Foundation's health focus area of access to care.

Response Notes:

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>
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 Program/Project 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>

<p>Organizations' Sustainability (10 Points)</p>	<p>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.</p>	<p>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</p>	<p>The applicant does not demonstrate that it has a strategic plan and/or business plan. The program only reflects the applicant's mission.</p>
<p>Budget (10 points)</p>	<p>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.</p>	<p>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.</p>	<p>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.</p>
<p>Fiduciary Compliance (10 Points)</p>	<p>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.</p>	<p>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.</p>	<p>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>

<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