



**DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE  
Program Committee Meeting  
September 13, 2022  
5:00 P.M.**

In lieu of attending the meeting in person, members of the public will be able to participate by webinar using the following Zoom link:

<https://us02web.zoom.us/j/81142814020?pwd=WGxnT2J1VENjd2xjeSt2SHVzdnNxZz09>

**Password: 099175**

Participants will need to download the Zoom 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 or (833) 548-0276 To Listen and Address the Board when called upon:

**Webinar ID: 811 4281 4020**

<i>Page(s)</i>	<b>AGENDA</b>	<i>Item Type</i>
	<b>I. Call to Order</b> – Vice-President Evett PerezGil, Committee Chairperson	
1-2	<b>II. Approval of Agenda</b>	<b>Action</b>
3-5	<b>III. Meeting Minutes</b> 1. July 12, 2022	<b>Action</b>
	<b>IV. Public Comments</b> 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	<b>V. Old Business</b> 1. Grant Payment Schedule	Information
7-8	2. Grant applications and RFP proposals submitted and under review	Information
9	3. Desert Medical Physicians Group (DPMG) – Mobile Medical Unit Vendor Contract Update	Information
10-24	<b>VI. Program Updates</b> 1. Progress and Final Reports Update	Information
25-45	<b>VII. Grant Funding Requests</b> 1. Consideration to forward to the board of directors for approval of the following grants: a. Grant#1353 Vision Y Compromiso: COVID-19 Prevention and Mitigation Education in the CV - \$90,000	<b>Action</b>



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46-67	b. Grant #1350 JFK Memorial Foundation: <i>Behavioral Health Awareness and Education Program - \$57,541</i>	<b>Action</b>
68-92	c. Grant #1355 Joslyn Center: <i>The Joslyn Wellness Center - \$85,000</i>	<b>Action</b>
93-111	d. Grant #1361 DAP Health: <i>DAP Health Monkeypox Virus Response - \$586,727</i>	<b>Action</b>

**VIII. Committee Member Comments**

**IX. Adjournment**

Next Scheduled Meeting October 11, 2022

The undersigned certifies that on September 08, 2022, I posted a copy of this agenda in the front entrance to the Desert Healthcare District offices located at 1140 North Indian Canyon Drive, Palm Springs, California. I also caused a copy of this agenda to be posted in the front entrance of the Desert Healthcare District office at the Regional Access Project Foundation, 41550 Eclectic Street, Suite G100, Palm Desert, California.

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

*Andrea S. Hayles*

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Andrea S. Hayles, Board Relations Officer



**DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
July 12, 2022**

<b>Directors Present via Video Conference</b>	<b>District &amp; Legal Counsel Staff Present via Video Conference</b>	<b>Absent</b>
President Karen Borja Vice-President Evett PerezGil Secretary Carmina Zavala	Conrado E. Bázquez, MD, Chief Executive Officer Chris Christensen, CAO Donna Craig, Chief Program Officer Alejandro Espinoza, Chief of Community Engagement Jana Trew, Senior Program Officer, Behavioral Health Meghan Kane, Senior Program Officer, Public Health Andrea S. Hayles, Board Relations Officer	

<b>AGENDA ITEMS</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>I. Call to Order</b>	The meeting was called to order at 5:03 p.m. by Chair PerezGil.	
<b>II. Approval of Agenda</b>	Chair PerezGil asked for a motion to approve the agenda.	<b>Moved and seconded by President Borja and Chair PerezGil to approve the agenda. Motion passed unanimously.</b>
<b>III. Meeting Minutes</b> <b>1. June 14, 2022</b>	President Borja asked for a motion to approve the June 14, 2022, meeting minutes.	<b>Moved and seconded by President Borja and Director Zavala to approve the June 14, 2022, meeting minutes. Motion passed unanimously.</b>
<b>IV. Public Comment</b>	There were no public comments.	
<b>V. Old Business</b>		
<b>1. Grant Payment Schedule</b>	Chair PerezGil inquired if the committee had any questions concerning the grant payment schedule, grant applications, and requests for proposals submitted and under review.	
<b>2. Grant applications and RFP proposals submitted and under review</b>	Citing a conflict of interest, Conrado Bázquez, MD, CEO, recused himself from the committee meeting regarding	

DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
July 12, 2022

	<p>the discussion of the application submitted by Vision Y Compromiso and the subsequent declination as requested by President Borja, who received an emailed letter from the Executive Director of Vision y Compromiso requesting more information concerning the action taken. Discussion ensued, including the staff’s review of the organization’s strong cash flow, the recent approval of another grant to Vision Y Compromiso;, and the status of the pending grant application submitted on behalf of the Coachella Valley Equity Collaborative to Riverside University Health Services.</p> <p>The committee requested that staff speak with Vision Y Compromiso and provide feedback to the committee.</p>	
<p><b>VI. Program Updates</b></p> <p><b>1. Progress and Final Reports Update</b></p>	<p>Chair PerezGil inquired if the committee had any questions concerning the progress and final reports.</p>	
<p><b>VII. Grant Funding Requests</b></p> <p><b>1. Consideration to forward to the board of directors approval of:</b></p> <p><b>a. #1351 Alianza CV – Partnerships for Air Quality Community Training in Rural</b></p>	<p>Chair PerezGil inquired with the committee concerning any questions about the \$40k grant request from Alianza for partnerships for air quality community training in rural communities of the Eastern Coachella Valley.</p>	<p><b>Moved and seconded by President Borja and Chair PerezGil to approve Grant #1351 Alianza CV – Partnerships for Air Quality Community Training in Rural Communities of the Eastern Coachella Valley - \$40,000 and forward to the Board for approval. Motion passed unanimously.</b></p>



DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
July 12, 2022

<p><i>Communities of the Eastern Coachella Valley</i> - \$40,000</p> <p><b>b. COACHELLA VALLEY EQUITY COLLABORATIVE</b> - Core Operating Support for two (2) years to continue equitable community work after COVID</p> <p><b>1. #1324 Galilee Center \$100,000</b></p> <p><b>2. #1332 Alianza CV \$100,000</b></p>	<p>Chair PerezGil inquired with the committee concerning any questions about the \$100k grant request from the Galilee Center</p> <p>Chair PerezGil inquired with the committee concerning any questions about the \$100k Alianza CV grant request.</p>	<p><b>Moved and seconded by President Borja and Director Zavala to approve Grant #1324 Galilee Center – \$100,000 and forward to the Board for approval. Motion passed unanimously.</b></p> <p><b>Moved and seconded by President Borja and Director Zavala to approve Grant #1332 Alianza CV \$100,000 and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>VIII. Committee Members Comments</b></p>	<p>There were no committee member comments</p>	
<p><b>IX. Adjournment</b></p>	<p>Chair PerezGil adjourned the meeting at 5:34 p.m.</p>	<p><b>Audio recording available on the website at <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></b></p>

ATTEST: \_\_\_\_\_  
Evelt PerezGil, Chair/Vice-President, Board of Directors  
Program Committee

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

DESERT HEALTHCARE DISTRICT								
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE								
August 31, 2022								
TWELVE MONTHS ENDING JUNE 30, 2023								
Grant ID Nos.	Name	Approved Grants - Prior Yrs	6/30/2022 Bal Fwd	Current Yr 2021-2022	Total Paid Prior Yrs July-June	Total Paid Current Yr July-June	Open BALANCE	
2014-MOU-BOD-11/21/13	Memo of Understanding CVAG CV Link Support	\$ 10,000,000	\$ 4,990,000		\$ -		\$ 4,990,000	
2021-1136-BOD-01-26-21	Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr.	\$ 119,432	\$ 11,944		\$ -		\$ 11,944	
2021-1171-BOD-03-23-21	Blood Bank of San Bernardino/Riverside Counties - Bloodmobiles for Coachella Valley - 18 Months	\$ 150,000	\$ 15,000		\$ -		\$ 15,000	
2021-1266-BOD-04-27-21	Galilee Center - Our Lady of Guadalupe Shelter - 1 Yr.	\$ 150,000	\$ 15,000		\$ 15,000		\$ -	
2021-1277-BOD-04-27-21	Lift To Rise - United Lift Rental Assistance 2021 - 8 Months	\$ 300,000	\$ 30,000		\$ 30,000		\$ -	
2021-1280-BOD-05-25-21	Desert AIDS Project - DAP Health Expands Access to Healthcare - 1Yr.	\$ 100,000	\$ 10,000		\$ -		\$ 10,000	
2021-1296-BOD-11-23-21	Coachella Valley Volunteers In Medicine - Improving Access to Healthcare Services - 1 Yr.	\$ 154,094	\$ 84,752		\$ 69,342		\$ 15,410	
2021-1289-BOD-12-21-21	Desert Cancer Foundation - Patient Assistance Program - 1 Yr.	\$ 150,000	\$ 82,500		\$ 67,500		\$ 15,000	
2022-1301-BOD-01-25-22	UCR Regents - Community Based Interventions to Mitigate Psychological Trauma - 1 Yr.	\$ 113,514	\$ 62,433		\$ -		\$ 62,433	
2022-1302-BOD-01-25-22	Vision To Learn - Palm Springs, Desert Sands, and Coachella Valley School Districts 1 Yr.	\$ 50,000	\$ 27,500		\$ -		\$ 27,500	
2022-1303-BOD-01-25-22	CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr.	\$ 54,056	\$ 29,731		\$ -		\$ 29,731	
2022-1306-BOD-02-22-22	Olive Crest Treatment Center - General Support for Mental Health Services - 1 Yr.	\$ 123,451	\$ 67,898		\$ -		\$ 67,898	
2022-1311-BOD-04-26-22	Desert Arc - Healthcare for Adults with Disabilities Project Employment of Nurses - 1 Yr.	\$ 102,741	\$ 56,508		\$ -		\$ 56,508	
2022-1313-BOD-04-26-22	Angel View - Improving Access to Primary and Specialty Care Services for Children With Disabilities 1 Yr.	\$ 76,790	\$ 42,235		\$ -		\$ 42,235	
2022-1314-BOD-05-24-22	Voices for Children - Court Appointed Special Advocate Program - 1 Yr.	\$ 60,000	\$ 60,000		\$ 27,000		\$ 33,000	
2022-1325-BOD-06-28-22	Vision Y Compromiso - CVEC Unrestricted Grant Funds - 2 Yrs.	\$ 150,000	\$ 150,000		\$ 33,750		\$ 116,250	
2022-1327-BOD-06-28-22	Youth Leadership Institute - Youth Voice in Mental Health - 2 Yrs.	\$ 50,000	\$ 50,000		\$ -		\$ 50,000	
2022-1328-BOD-06-28-22	El Sol - Expanding Access to Educational Resources for Promotores - 2 Yrs.	\$ 150,000	\$ 150,000		\$ 33,750		\$ 116,250	
2022-1331-BOD-06-28-22	Pueblo Unido - Improving Access to Behavioral Health Education and Prevention Services - 2 Yrs.	\$ 50,000	\$ 50,000		\$ 11,250		\$ 38,750	
2022-0965-BOD-06-28-22	Desert Healthcare Foundation - Behavioral Health Initiative Expansion - 3 Yrs.	\$ 2,000,000	\$ 2,000,000		\$ 2,000,000		\$ -	
2022-22-15-BOD-06-28-22	Carry over of remaining Fiscal Year 2021/2022 Funds*	\$ 2,566,566	\$ 2,566,566		\$ 200,000		\$ 2,366,566	
2022-1324-BOD-07-26-22	Galilee Center - Our Lady of Guadalupe Shelter - 2 Yr.			\$ 100,000		\$ 22,500	\$ 77,500	
2022-1332-BOD-07-26-22	Alianza CV - Expanding and Advancing Outreach Through Increasing Capacity Development - 2 Yrs.			\$ 100,000		\$ -	\$ 100,000	
						\$ -	\$ -	
						\$ -	\$ -	
<b>TOTAL GRANTS</b>		<b>\$ 16,670,644</b>	<b>\$ 10,552,067</b>	<b>\$ 200,000</b>	<b>\$ 2,487,592</b>	<b>\$ 22,500</b>	<b>\$ 8,241,975</b>	
<b>Amts available/remaining for Grant/Programs - FY 2022-23:</b>								
<b>Amount budgeted 2022-2023</b>			\$ 4,000,000			G/L Balance:	8/31/2022	
<b>Amount granted through August 31, 2022:</b>			\$ (200,000)			2131	\$ 4,721,975	
Mini Grants:	1321; 1322; 1323		\$ (15,000)			2281	\$ 3,520,000	
Financial Audits of Non-Profits; Organizational Assessments			\$ -					
Net adj - Grants not used:	FY 21-22 Funds		\$ 2,566,566			<b>Total</b>	<b>\$ 8,241,975</b>	
Matching external grant contributions			\$ -				<b>\$ (0)</b>	
<b>Balance available for Grants/Programs</b>			<b>\$ 6,351,566</b>					

\* Value listed in Total Paid column reflects funds granted from carryover funds. Actual grant payments will be reflected under the respective grant.



**DESERT HEALTHCARE  
DISTRICT & FOUNDATION**

Date: September 13, 2022  
To: Program Committee  
Subject: Grant Applications and RFP Proposals Submitted and Under Review

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**Staff Recommendation:** Information only.

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

1. #1318 Riverside County Latino Commission on Alcohol and Drug Abuse Services, Inc. \$619,934 *Healthy Minds, Healthy, Lives – Mente Sanas Visas Sanas*. Funds will be used to address Goal 3 of the DHCD Strategic Plan and used for salaries of mental health professionals; promotoras, case managers, legal counsel, program administrator/supervisor.
  - a. Status: Waiting for resubmission of application with revisions suggested at previous proposal conference.
2. #1353 Vision Y Compromiso \$90,000 grant for 12 months to continue COVID-19 prevention and mitigation education in the Coachella Valley while waiting for approval of additional funds from a DHCD/CVEC submitted grant application to the County of Riverside Public Health. Should the RUHS grant be awarded, this grant will cease, and the work will continue through the County grant.
  - a. Status: this grant request will be before the 9/13 Program Committee for review and consideration to award.
3. #1350 JFK Memorial Foundation - \$57,541 *Behavioral Health Awareness and Education Program*. Use of District funds – personnel costs and office supplies for the Certified SafeCare Providers program.
  - a. Status: this grant request will be before the 9/13 Program Committee for review and consideration to award.
4. #1355 Joslyn Center -\$85,000 – *Joslyn Wellness Center*. Use of District funds – Staff support for a Program Director, a Program Supervisor, a Bi-lingual Counselor, and an Intake/Outreach Coordinator to implement various health and behavioral health evidence-based program.
  - a. Status: this grant request will be before the 9/13 Program Committee for review and consideration to award.
5. #1356 Blood Bank AKA Lifestream - \$140,000 - *Coachella Valley Therapeutic Apheresis Program*. Use of District funds - the creation of their Coachella Valley Therapeutic Apheresis Program. Funding will cover the costs of an Optia machine,

TA related equipment, and a customized vehicle dedicated to transport apheresis equipment and staff to Coachella Valley hospitals caring for seriously ill patients.

- a. Status: this grant request will be before the 10/11 Program Committee for review and consideration to award
6. #1361 DAP Health - \$586,727 – *DAP Health Monkeypox Virus*. Use of District funds – will support project implementation including but not limited to staffing; program expenses, supportive services, education and outreach, training and certifications.
  - a. Status: this grant request will be before the 9/13 Program Committee for review and consideration to award.
7. #1357 Desert Recreation District mini grant - \$5,000: *Adaptive Program Expansion: Inclusion & Education* – Use of District mini grant funds: to purchase additional specialized equipment [sound based] to expand adaptive programs to reach more individuals with visual impairments, fund registration fees participants, and fund some of the additional staffing required in programs [to provide additional supports to participants, where needed].
  - a. Status: pending site visit/proposal conference on 10/19 at the Palm Desert Community Center for an adaptive program
8. #1358 Foundation for Palm Springs Unified School District - \$110,000 - *School-Based Wellness Center Project*. Use of District funds - will be used to convert an identified space at four (4) elementary schools into "wellness centers" at these schools
  - a. Status: a site visit/proposal conference has been scheduled to visit an already-established "Wellness Center" at Nellie Coffman Middle School on 9/9/22.
- 9 . #1316 OneFuture Coachella Valley – resubmission of grant application is pending on review of potential revisions by internal DHCD staff for possible re-review and re-consideration at the 10/11 Program Committee meeting



**DESERT HEALTHCARE**  
**DISTRICT & FOUNDATION**

Date: September 13, 2022

To: Program Committee

Subject: Medical Mobile Unit Update

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**Staff Recommendation:**

Informational item only

**Background:**

- On May 25, 2021, the DHCD Board of Directors approved \$336,500 for the acquisition of a medical mobile unit. The addition of a mobile unit to the DHCD would increase the District's visibility throughout the Coachella Valley. Staff solicited quotes from multiple manufacturers and selected the quote from Magnum Mobile Specialty Vehicles of \$170,000 for a 26ft. medical mobile unit, which includes two examinations rooms, along with a full restroom.
- On March 1, 2022 a Request for Proposal (RFP) was released to find an operator for the medical mobile unit, who would be able to license it as a medical facility.
- DPMG Health (Desert Physician's Medical Group), which is a 501(c)3 organization of DRMC's Family Medicine Residency Program, applied to the RFP and ultimately was selected to be the operator of the vehicle and provide healthcare services.
- At the June 28, 2022 the DHCD Board of Directors approved a 3-year NTE \$500,00 operating budget for the medical mobile unit.
- DPMG Health has submitted a 3-year grant budget and grant application detailing the deliverables, partnerships, and timeline for the launch of the medical mobile unit.
- The medical mobile unit is set to be delivered on October 2022, upon arrival a vehicle wrap will be applied highlighting the DHCD, DPMG Health, and the Coachella Valley Resource Conservation District logos.
- DPMG Health plans to have the medical mobile unit licensed and staffed for a December 2022 launch.

**Fiscal Impact:**

NTE \$500,000 over 3 years



**Date:** 9/13/2022

**To:** Program Committee – District

**Subject:** Progress and Final Grant Reports 7/1/2022 – 8/31/2022

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

**Galilee Center, Inc. #1266**

Grant term: 5/1/2021 – 4/30/2022

Original Approved Amount: \$150,000.

**Final** report covering the time period from: 5/1/2021 – 4/30/2022

**Coachella Valley Volunteers In Medicine #1296**

Grant term: 12/1/2021 – 6/30/2022

Original Approved Amount: \$154,094

**Progress** report covering the time period from: 12/1/2021 – 6/30/2022

**Desert Cancer Foundation #1289**

Grant term: 1/1/2022 – 12/31/2022

Original Approved Amount: \$150,000

**Progress** report covering the time period from: 1/1/2022 – 6/30/2022

**Galilee Center, Inc., Grant#: 1266**

**Our Lady of Guadalupe Shelter**

**Strategic Area:** Homeless

**Reporting Period:** 5/1/2021 to 4/30/2022

Claudia Castorena

Tel: (760) 396-9100

ccastorena@galileecenter.org

### **Grant Information**

**Grant Amount:** \$150,000

**Paid to date:** \$135,000

**Balance:** \$15,000

### **Proposed Goals and Evaluation**

**The specific benefits or measurable impact to be achieved by:** (4/30/2022)

**Evaluation Plan:** The success of all Galilee Center programs being evaluated is determined by the impact of services provided at the Our Lady of Guadalupe Center to the migrant farm workers and the asylum seekers. A plan of action to evaluate the qualitative aspects of the services include input of client services received through exit interview results collected by staff case workers for the program. In addition, were possible the input of the community partners assisting in the transportation and medical health of the asylum seekers, as well as the provision of economic, medical and social resources for the migrant workers and asylum seekers is collected. The quantitative aspects of the evaluation of the program includes the record keeping of data collected for each service received by a client. A Client Sign-In sheet is maintained for all services given that records number services provided to clients. Both daily and monthly reporting is monitored in an annual report. A Client Service Need's Survey is conducted once a year that incorporates the finding of client interviews and staff program evaluation. Evaluations are reviewed by staff and management and appropriate steps or changes are implemented as needed.

**Goal #1:** The Our Lady of Guadalupe Shelter will provide a safe place for a minimum of 900 migrant farm workers and asylum seekers quarterly to stay 24 hours a day 7 days per week for the program year May 1, 2021 to April 30, 2022.

**Evaluation of goal #1:** A plan of action to evaluate the program consists first of record keeping that includes all data collected when registering new clients using the Our Lady

of Guadalupe shelter through an intake form. A Client Sign-In sheet is maintained for all services given that records number of services. The breakdown of migrant farm workers versus asylum seekers is recorded. Both daily and monthly reporting is monitored in an annual report.

**Goal #2:** The Our Lady of Guadalupe Shelter will provide basic services for a minimum of 900 residents quarterly in the shelter that include place to sleep, hot meals, restroom/showers, laundry facilities, a community room to relax, clothing, and access to phones calls to contact their families for the program year May 1, 2021 to April 30, 2022.

**Evaluation of goal #2:** A plan of action to evaluate the program consists first of record keeping that includes all data collected when registering new clients through an intake form. A Client Sign-In sheet is maintained for all services given that records number of services. The breakdown of migrant farm workers versus asylum seekers is recorded. Both daily and monthly reporting is monitored in an annual report. A Client Service Needs Survey is conducted once a year to gather input from clients using the facility.

**Goal #3:** The Our Lady of Guadalupe Shelter staff will provide basic case management and intake services for a minimum 900 residents quarterly in the shelter that includes providing medical referrals. The staff will assist a minimum 100 migrant workers annually in finding needed resources and arrange transportation needs for a minimum 900 asylum seekers quarterly including providing funding for transportation costs for approximately one third of the asylum seekers for the program year May 1, 2021 to April 30, 2022.

**Evaluation of goal #3:** Record keeping that includes all data collected when registering clients for referrals including a Client Sign-In sheet are maintained for all services given. Collaboration and partnerships provide the agency with many community resources to refer people being served by the Our Lady of Guadalupe quickly to other agencies when needed. Transportation for 900 asylum seekers quarterly will be provided to 100% of the asylum seekers annually.

**Goal #4:** The Our Lady of Guadalupe Shelter staff will provide hygiene bags containing face masks, hand sanitizer and toiletries for a minimum of 900 residents quarterly. As well as provide approximately 20% asylum seekers that have tested positive for COVID-19 accommodations in local motels/hotels to quarantine for 10 days before continuing on their journey to sponsors throughout the US. Medical treatment will be provided as needed for any residents of the shelter for the program year May 1, 2021 to April 30, 2022.

**Evaluation of goal #4:** The evaluation plan for the Our Lady of Guadalupe Center includes providing toiletries and PPE as well as training of the basic understanding of COVID-19 testing, vaccination, handwashing and social distancing to 100% of the residents. A Client Log is maintained that records all COVID -19 prevention training techniques and PPE equipment distributed to clients.



Proposed number of District residents to be served:

**Total:** 3,600

Proposed geographic area(s) served:

Coachella  
Mecca  
North Shore  
Oasis  
Thermal  
Thousand Palms

**Final Progress:**

Final Outcomes on Goals and Evaluation

**Program/project final accomplishment(s) in comparison to the proposed goal(s) and evaluation plan.**

During the reporting period, The Galilee Center's OLG shelter helped 87 unduplicated farm workers and 2,703 unduplicated asylum-seeking people (1,101 children, 916 women, and 686 men). All guests received shelter, hot meals, showers, access to our laundry facility, hygiene supplies and other basics. In addition, the GC case workers assisted all families to communicate with their sponsors/relatives in the USA and helped coordinate all travel arrangements.

**Goal #1:**

For the twelve-month period, the Our Lady of Guadalupe Shelter provided shelter to a total of 2,790 people. There were 1,101 children, 916 women and 773 men, of which 87 were farm workers.

**Evaluation of goal #1:**

Shelter staff maintains and continuously updates the record keeping that includes all data collected when registering new clients using the OLG intake form. A client sign-in sheet is maintained for all services given that records number of services. The recording of migrant workers versus asylum seeking people is done separately. Daily and monthly reporting is monitored.

**Goal #2:**

During the twelve-month period, all men, women, and children received basic services that included a clean and safe place to sleep. The 2,790 people benefited with 7,290 nights of shelter; 6,720 showers; 22,064 hot meals and snacks, and 3,304 laundry services. In addition, 274 babies received baby diapers, formula and baby food and all 2,703 asylum seeking people received new under garments and clothing.

**Evaluation of goal #2:**

Shelter staff maintains the record keeping of all services and number of services given

to all guests during their stay. The recording of migrant workers versus asylum seeking people is done separately. Daily and monthly reporting is monitored.

**Goal #3:**

During the twelve-month period, the intake case workers assisted 835 asylum seeking families with basic case management, coordination of travel arrangements, transportation, backpacks, and medical referrals. The staff also assisted farm workers with medical referrals, filling out unemployment forms and other basic needs.

**Evaluation of goal #3:**

Shelter staff maintains the clients' files and record keeping that includes all data and information collected, service provided, travel details, and referral information.

**Goal #4:**

One hundred percent of the people received hygiene bags containing face masks, hand sanitizers, toiletries, deodorant, toothpaste and toothbrush, hairbrush, combs, and flip flops.

**Evaluation of goal #4:**

Shelter staff maintains the record keeping of all items given to all guests during their stay. The recording of migrant workers versus asylum seeking people is done separately. Daily and monthly reporting is monitored.

Final number of District residents served:

**Total:** 2,790

Final geographic area(s) served:

**Please answer the following questions**

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

Please refer to the first and second Progress Reports for issues reported.

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

No unexpected successes other than those originally planned.

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

Galilee Center operates with a 3-year Strategic Plan developed with the Board of Directors and the Cofounders. As a result, Galilee is active in soliciting private donations as well as identifying new grant sources. The Board of Directors have

adopted an Operating Reserve Policy to set aside a minimum of 6 months of operation to ensure the stability and continuation of the mission, service delivery, employment, and ongoing operations of the organization. They have created a fundraising committee to strengthen their efforts in running the annual fundraising events.

4. List five things to be done differently if this project/program were to be implemented again

Evaluate the need to keep the shelter open year-round for the farm workers based on need and funding available.

## **Coachella Valley Volunteers In Medicine, Grant#: 1296**

### **Improving access to healthcare services**

**Strategic Area:** Healthcare Infrastructure and Services

**Reporting Period:** 12/01/2021 to 06/30/2022

Doug Morin

Tel: (760) 625-0760

doug.morin@cvvim.org

### **Grant Information**

**Grant Amount:** \$154,094

**Paid to date:** \$69,342

**Balance:** \$84,752

**Due Date:** 7/1/2022

### **Proposed Goals and Evaluation**

The specific benefits or measurable impact to be achieved by: (11/30/2022):

**Goal #1:** Provide a minimum of 1,000 service contacts for healthcare and ancillary services during the grant period. Services shall include instances of medical appointments, health education, general and diabetes care management, social service assessments (using SDOH as a guide), labs, x-rays, imaging services, homeless medical outreach, and health/flu vaccination fairs. In-clinic, remote telemedicine and outreach services, such as homeless outreach and community fairs are all considered.

**Goal #2:** Promote and provide a minimum of 24 remote telemedicine clinics to improve access to healthcare services in the community during the grant period.

**Goal #3:** Ensure culturally competent services are provided at all times in the clinic, at remote clinics, and through our homeless medical outreach and community activities during the grant period.

**Goal #4:** Complete a minimum of 4 patient surveys from all patients receiving care during the grant period to evaluate patient perceptions of services received.

**Evaluation Plan:** Quantitative assessment of service types and numbers, and patient volumes, will be monitored and tracked using data from the electronic medical record. Service and volume data will be monitored monthly, recorded and tracked over time for reporting at required intervals as requested. Qualitative assessment will be completed primarily from distribution of 4 surveys, each 3 months throughout the grant period, to a random sampling of 20% of all patients seen during that period. Results from these surveys will be compared to prior survey results collected previously and a minimum goal of 80% overall favorable satisfaction is strived for.

Proposed number of District residents to be served:

**Total:** 300

Proposed geographic area(s) served:

Cathedral City  
Coachella  
Desert Hot Springs  
Indio  
Mecca  
North Shore  
Oasis  
Palm Desert  
Palm Springs  
Thermal

## **Progress This Reporting Period**

### **Progress Outcomes:**

We have exceeded the number of service contacts made for this 6-month period (Goal #1), however the number of remote telemedicine clinics (Goal #2) is below expectations/plans as a result of clinic cancellations due to illness (COVID). Other goals of culturally sensitivity and ongoing improvement through patient evaluations are proceeding per plan and with excellent outcomes.

Progress on the number of District residents served:

**Total:** 1,166

Geographic area(s) served during this reporting period:

All District Areas

Progress on the Program/Project Goals:

### **Goal #1:**

We have had a total of 1,212 service contacts (to 1,166 unique patients) for medical appointments only, including remote telemedicine clinics, plus an additional 935

contacts for education, social services, case management, or homeless medical services, for total service contacts of 2,147. Our stated goal was to provide 3,000 service contacts over the entire grant period, and we have therefore exceeded 50% of this stated grant goal during this first 6 months.

**Goal #2:**

Our stated goal was to provide 24 remote telemedicine clinics and we have not met 50% of this goal at this time. In total, only 8 clinics have been coordinated in the communities of Mecca and Desert Hot Springs; we will continue to work towards this goal and are confident in new strategies to meet our goal.

**Goal #3:**

All services are patient-focused and offered to the public and patients in either English or Spanish, including marketing materials (see our primary patient recruitment piece attached) and patient applications. Additionally, several of the promotoras whom we work with are also fluent in purepecha and target some of their community health work to that community.

**Goal #4:**

We intended to complete 4 patient surveys over the course of the grant period and we have completed a total of more than 5 thus far. One general patient satisfaction survey was completed in March, and individual program surveys were also completed for patients attending our diabetes education class (2) and those who met with our social worker (2). Individual program surveys were new surveys for 2022 in addition to our quarterly general patient satisfaction surveys.

Program/Project Tracking:

- *Is the project/program on track? Yes*
- *Please describe any specific issues/barriers in meeting the desired outcomes:*

We have had some issues with volunteer providers not being able to meet their commitments due to illness (COVID), particularly in relation to remote telemedicine clinics at the start of the year. This caused all scheduled clinics for January to be cancelled and many for May.

- *What is the course correction if the project/program is not on track?*

We once again have two volunteer medical providers who are committed to the remote clinic model and able to volunteer throughout the summer months. All volunteer providers who were ill, have recovered and are eager to be involved in remote and in-clinic, clinics. We have requested medical residents to participate in remote clinics when they return in August and are awaiting approval from their residency program.

*Describe any unexpected successes during this reporting period other than those originally planned:*

Because of our collaboration with the CV Housing Coalition, we have entered into an agreement to assist them in an ongoing way to provide onsite health education in several of their facilities across the Valley. Also, Jewish Family Services of San Diego, who have a contract for homeless services in Riverside County, became aware of our outreach and asked for our collaboration on providing medical services to homeless persons their outreach workers identify from their efforts. Not necessarily relating to this grant, however the relationship came about because of our community outreach efforts, including remote telemedicine clinics.

**Desert Cancer Foundation, Grant#: 1289**  
**Patient Assistance Program**  
**Strategic Area: Vital Human Services to People with Chronic Conditions**  
**Reporting Period: 1/1/2022 to 6/30/2022**

Evet Edens  
Tel: (760) 773-6554  
Fax: (760) 773-6532  
ED@desertcancerfoundation.org

**Grant Information**

**Grant Amount:** \$150,000

**Paid to date:** \$67,500

**Balance:** \$82,500

**Due Date:** 8/1/2022

**Proposed Goals and Evaluation**

The specific benefits or measurable impact to be achieved by: (12/31/2022):

**Goal #1:** Provide financial assistance for Coachella Valley residents undergoing cancer care.

For the upcoming calendar year (January 1 to December 31, 2022), Desert Cancer Foundation (DCF) will provide financial assistance for Coachella Valley residents living within the Desert Healthcare District (DHCD) boundaries, ensuring access to healthcare for medical services related to cancer and its allied diseases.

Through the Patient Assistance (PA) program, DCF will provide financial assistance to approximately 120 District residents, 18 years and older; cover approximately 1,600 cancer care services and treatments, for an estimated \$115,000 paid directly to the healthcare providers.

For marginalized individuals (living at or below 300% of FPL), who are uninsured, underinsured, or simply lack funds for cancer care, Desert Cancer Foundation will cover the costs associated with their medical screening, diagnosis, and treatment. DCF will pay for insurance premiums and deductibles, co-insurance and co-pays, chemo and radiation therapies, scans and diagnostic screenings, prescription medications, and Medi-Cal Share of Cost.

**Goal #2:** Patient Navigation to ensure all available resources for the patient.



From January 1 to December 31, 2022, Desert Cancer Foundation will provide patient navigation for cancer care services and treatment, for an estimated 120 patients residing in the District boundaries.

Through ongoing communication, collaboration, and outreach efforts with our local healthcare community, DCF will ensure the availability of our Patient Assistance program, as well as offer patient navigation (especially for newly diagnosed patients), to provide cancer-related screening, diagnosis, and access to services and vital treatment.

The Patient Assistance Coordinator works with social workers and patient navigators to ensure we leverage all available and existing resources to meet the patient's needs. This includes financial navigation – such as Medicare supplemental plans, Medi-Cal and other low-income subsidy programs, as well as additional support services such as transportation and mental health counseling.

### **Evaluation Plan:**

Desert Cancer Foundation (DCF) has been serving Coachella Valley residents for over 25 years. We are the only nonprofit that makes direct payments to healthcare providers on behalf of residents who otherwise could not afford vital care.

Desert Cancer Foundation kindly requests funding from the Desert Healthcare District in the amount of \$150,000 to help provide cancer care through our Patient Assistance (PA) program for District residents. The PA program aligns with DHCD's strategic Goal #2 – Community access to primary and specialty care.

### **PARTNERSHIPS**

Desert Cancer Foundation has longstanding partnerships with local healthcare providers, including Desert Care Network's Comprehensive Cancer Center, Eisenhower Lucy Curci Cancer Center, City of Hope, over 10 local pharmacies and additional radiologist and oncologists. Together, we ensure patient navigation and timely access to cancer care and treatment.

DCF has negotiated contractual agreements with many of the providers, allowing for a reduced rate for uninsured patients. Along with navigation to help access existing available resources, to leverage funds, where every \$1 translates to over \$10 in cancer care.

The PA program is an ongoing, well-managed process - from application to patient navigation, access to healthcare and treatment coverage.

*Proposed number of District residents to be served:*

**Total:** 120

Proposed geographic area(s) served:

Cathedral City  
Coachella  
Desert Hot Springs  
Indio  
La Quinta  
Mecca  
Palm Desert  
Palm Springs  
Thousand Palms  
Bermuda Dunes

**Progress This Reporting Period**

**Progress Outcomes:**

Desert Cancer Foundation's Patient Assistance is the only program that pays for cancer care for Coachella Valley and surrounding community residents who need financial assistance. DCF provides for marginalized and underserved residents who are uninsured, underinsured, or lack funds for vital cancer care.

For reporting period 1/1/2022 through 6/30/2022, DCF paid a total of \$116,218 in medical bills for cancer and allied diseases, valued at a billed amount of over \$1.8 million. DCF was able to provide 744 cancer medical services, for 87 individuals undergoing cancer treatment.

Progress on the number of District residents served:

**Total: 87**

Geographic area(s) served during this reporting period:

All District Areas

Progress on the Program/Project Goals:

**Goal #1:**

DCF's Patient Assistance program continues to be well organized and managed to receive and process all patient applications, ensure medical coverage, and facilitate access to healthcare. DCF was able to provide access to vital care and offer financial assistance for Coachella Valley and surrounding community residents, living within Desert Healthcare District boundaries.

For the mid-year reporting period, from 1/1/2022 through 6/30/2022, DCF served 87 residents (54 F, 33 M) of the projected 120, and rendered 744 of the projected 1600 medical services for cancer and allied diseases. DCF paid a total of \$116,213 in financial assistance for medical treatment; an amount valued at a billed amount of over \$1.8 million.

DCF's dedicated Patient Assistance Coordinator worked closely with healthcare partners to process applications, including several that were expedited for urgent cancer treatment. The Patient Assistance Committee met twice monthly, as scheduled, to review patient applications for eligibility, review treatment plan, ensure adequate coverage, and proceed with approval.

All patient details and demographic information were entered into our database for tracking. Each patient was set-up by our Accounting Manager as a new DCF client, and we subsequently received and processed medical bills and/or insurance premiums and made direct payments to providers.

**Goal #2:**

DCF's Patient Assistance program is monitored by a Patient Assistance committee to ensure a streamlined process and provide patient navigation. Program progress is monitored by DCF's Executive Director, PA Committee, and details are presented monthly at DCF's Board of Director's meeting.

There is ongoing collaboration with healthcare partners - doctors, pharmacists, social workers, and financial counselors - to ensure the availability of our program, offer any existing and available programs and resources for the patient, and ensure adequate coverage.

Patient navigation is part of the application process, and offered to all applicants, addressing each patient's unique coverage status. On average, over half (45+) of the applicants received active patient navigation to ensure suitable and adequate coverage. We worked very closely with each patient and their social worker to help them acquire, add, or reinstate the best option for insurance coverage. This includes subsidized plans such as Covered California, Medicare supplemental plans, or Medi-Cal where applicable.

Patient navigation ensures proper coverage and a continuum of care through the patient's cancer journey. Long after approval, DCF's coordinator maintains communication with the patients and social workers to monitor any changes in employment, changes in coverage, and address any challenge a patient may need support with.

*Program/Project Tracking:*

- *Is the project/program on track? Yes*
- *Please describe any specific issues/barriers in meeting the desired outcomes:*  
There are no issues or barriers in meeting the program goals at this time.
- *What is the course correction if the project/program is not on track?*

No course correction is necessary at this time.

- *Describe any unexpected successes during this reporting period other than those originally planned:*

DCF continues to break through barriers and gaps in healthcare, thanks to the strategic partnerships with local providers. We've had several cases with uninsured patients needing timely care, who were able to access healthcare with our support. One of these cases was unique, involving a lady referred to us by a local contact. The lady was Ukrainian and had escaped the war in Kiev, arriving to the desert to be with family. We'll call her S.V.

S.V. had arrived here, right in the middle of chemo treatment for her breast cancer, and she needed to resume with the treatment. While she had a safe home and family to be with, she was without work, and of course without insurance, making chemo cost prohibitive.

The Patient Assistance Committee voted to approve her application, given the extraordinary circumstances. DCF and both hospital partners collaborated, leveraged our contract agreements, to help support the patient so she can resume with her cancer care regimen. One of the oncologists and DCF board member, took her case, quickly obtaining medical records and resuming her treatment.

Finally, as we do with all patients, we continued to work with the family and social worker to eventually secure coverage for S.V. She was able to resume with treatment and we expect a positive health outcome for her. Oftentimes, with cancer, immediate treatment is critical, and this is an example of DCF helping to push through barriers to ensure access to care.



## Grant Application Scoring Rubric



Category	Meets expectations <i>(10-6 points)</i>	Does not meet expectations <i>(0-5 points)</i>
<b>Programmatic Review</b>		
<b>Executive Summary of the Project</b> (10 points)	The applicant <b>includes and describes</b> the project’s mission and vision, the target population the project will serve, the expected benefits to the community, the need for the project in the community with proposed evidence-based methods, interventions, and strategies that are realistic, attainable, effective, and outcome-oriented.	The applicant is unclear or <b>does not include or describe</b> the project’s mission and vision, the target population the project will serve, the expected benefits to the community, the need for the project in the community with proposed evidence-based methods, interventions, and strategies that are realistic, attainable, effective, and outcome-oriented.
<b>Community Need for the Project &amp; Strategic Plan Alignment</b> (10 points)	The applicant <b>identifies and defines a specific need(s)</b> for the project within the identified community and effectively describes the alignment of that need to the Desert Healthcare District and Foundation 2021-2026 Strategic Plan goals and strategies by using one of more of the following: data, case studies, interviews, focus group results, media coverage, etc.	The applicant <b>does not sufficiently identify or describe a need</b> for the project and/or its alignment to one of the Desert Healthcare District and Foundation 2021-2026 Strategic Plan goals and strategies by using one or more of the following: data, case studies, interviews, focus group results, media coverage, etc.
<b>Project Goals, Performance Measures, and Evaluation</b> (10 points)	The applicant has provided SMART goals with an evaluation plan that is comprehensively developed. The <b>SMART</b> goals are <b>specific, measurable, attainable, realistic, and time-bound</b> , and the evaluation plan will accurately measure the project’s effectiveness and impact. Within each goal, the applicant identifies a related performance measure as outlined in the Desert Healthcare District and Foundation 2021-2026 Strategic Plan.	The applicant has provided very limited goals and evaluation plans. The goals <b>are not specific, measurable, attainable, realistic, time-bound goals</b> and will not measure the project’s effectiveness or impact. Applicant did not identify related performance measures as outlined in the Desert Healthcare District and Foundation 2021-2026 Strategic Plan.

<p><b>Project Evaluation Plan</b> (10 points)</p>	<p>The applicant <b>provides a detailed plan of action for evaluation</b> that includes both qualitative and/or quantitative assessment(s). The plan includes well-defined data reporting mechanisms and/or a clear and transparent narrative.</p> <ul style="list-style-type: none"> <li>• Evaluation measures and methods are clear; the applicant defines how they envision success.</li> <li>• Evaluation is in alignment with the SMART goals of the project.</li> <li>• Evaluation is in alignment with identified performance measure(s).</li> <li>• An explanation is provided on how the data collected from the project will be utilized for future programming, partnerships, and/or funding.</li> </ul>	<p>The applicant <b>does not provide, or vaguely describes, a plan of action</b> with limited qualitative and/or quantitative assessment(s). The plan includes poorly defined data reporting mechanisms and/or a narrative.</p> <ul style="list-style-type: none"> <li>• Evaluation measures and methods are not clear; the applicant vaguely defines how they envision success.</li> <li>• Evaluation is not in alignment with the SMART goals of the project.</li> <li>• Evaluation is not in alignment with identified performance measure(s).</li> <li>• An explanation is not provided on how the data collected from the project will be utilized.</li> </ul>
<p><b>Applicant Capacity and Infrastructure to Execute Proposal</b> (10 points)</p>	<p>The applicant <b>includes examples that demonstrate</b> that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The <b>applicant demonstrates</b> reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support)</p>	<p>The applicant <b>does not include examples that demonstrate</b> the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The <b>applicant is limited in its ability to demonstrate</b> reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support)</p>
<p><b>Organization Sustainability</b> (10 Points)</p>	<p>The applicant <b>demonstrates</b> that it has a current Strategic Plan. The applicant demonstrates strong Board engagement, governance, and fundraising support.</p>	<p>The applicant <b>does not sufficiently demonstrate</b> that it has a current Strategic Plan. The proposed program is not identified in the current Strategic Plan and the applicant organization has limited Board engagement, governance, and fundraising support.</p>

<p><b>Budget</b> (10 points)</p>	<p>The budget is <b>specific</b> and <b>reasonable</b>, and all items <b>align</b> with the described project. The proposed budget is accurate, cost-effective, and linked to activities and outcomes.</p> <ul style="list-style-type: none"> <li>• There are no unexplained amounts.</li> <li>• The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are reasonable.</li> <li>• All line items are identified clearly in the budget narrative.</li> <li>• The budget shows committed, in-kind, or other funds that have been identified, secured, and in place to support the project.</li> </ul>	<p>The budget is <b>not specific</b> and/or <b>reasonable</b>, and the items are <b>poorly aligned</b> with the described project. The budget is included in the application but seems incomplete or not reflective of actual costs.</p> <ul style="list-style-type: none"> <li>• There are unexplained amounts.</li> <li>• The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are not reasonable.</li> <li>• Line items are not clearly defined in the budget narrative.</li> <li>• The budget does not show committed, in-kind, or other funds that have been identified, secured, and in place to support the project.</li> </ul>
<p><b>Key Partners / Collaboration</b> (10 points)</p>	<p>The proposal <b>demonstrates a collaborative process</b> that includes multiple community partners involved in planning and implementation, with contributions from collaborators articulated in detail via letters of support and/or memorandums of understanding.</p>	<p>The proposal <b>does not demonstrate a collaborative process</b> and it does not involve multiple community partners in planning and implementation. Potential for collaboration exists but is not articulated.</p>
<p><b>Fiscal Review</b></p>		
<p><b>Fiduciary Compliance</b> (10 Points)</p>	<p><b>The applicant demonstrates</b> a financial history that shows a continuous cycle of fiduciary responsibility of the Board through unmodified audited financial statements 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 financial statements regularly.</p>	<p><b>The applicant does not demonstrate</b> a financial history that shows a continuous cycle of fiduciary responsibility of the Board through audited financial statements. Positive cash flow at the end of each fiscal year is not consistent. and the Board does not review financials regularly.</p>

<p><b>Financial Stability</b> (10 Points)</p>	<p>Funding sources for operations and programs are from multiple sources and <b>are driven by a strategic plan</b> for stability for both short- and long-term growth. Fund development and/or business plan is in place to identify future sources of funding. The requested grant amount is <b>reasonable</b> in comparison to the overall organizational budget.</p>	<p>Source of funds for operations and programs are from limited sources and <b>are not driven by a strategic plan</b>. There is <b>no plan</b> for stability in place currently, including a fund development plan and/or business plan. The requested grant amount is <b>unreasonable</b> in comparison to the overall organizational operating budget.</p>
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**Total Score:** \_\_\_\_\_ / 100

**Recommendation:**

- Fully Fund
- Partially Fund – Possible restrictions/conditions
- No Funding





**Date:** September 13, 2022

**To:** Program Committee

**Subject:** Grant #1353 Vision y Compromiso (VyC) – BACKGROUND AND UPDATE

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**Recommendation:** Consideration to approve \$90,000 grant request from Vision y Compromiso for *COVID-19 Prevention and Mitigation Education in Coachella Valley* for 12 months with a contingency (more information below).

**Background:**

- Vision y Compromiso has been one of the cornerstone partner organizations of the Coachella Valley Equity Collaborative. Vision y Compromiso Promotoras have been instrumental in providing education, outreach, and logistical support at COVID-19 vaccination and testing clinics.
- Desert Healthcare Foundation, through the Coachella Valley Equity Collaborative, applied for \$ 1,218,185.00 from the Riverside University Health Services – Public Health.
- The new funding is expected to be awarded by October 2022
- Vision y Compromiso initially submitted a \$90,000 “bridge grant” for 3 months – July 1 – September 30, 2022 – to supplement the continuing work of the organization in the COVID-19 Prevention and Mitigation Project while waiting for the approval of the RUHS-PH grant. It was hoped that these bridge funds would alleviate any layoffs of staff dedicated specifically to the Prevention and Mitigation Project that may occur.
- Staff declined the request, based on an assumption that the recently approved District grant award of \$150,000 for two years of core operating support would be sufficient to support the organization while waiting approval of the RUHS-PH grant. Additionally, the grantee’s financial and cash flow statements, indicate \$1.7M Cash and \$2.1M Accounts Receivable, indicating a strong cash flow to cover the expenses until the RUHS-PH grant.
- This declination was discussed at the 7/12/22 Program Committee and staff was directed to reach out to Vision y Compromiso to further understand this urgent request for additional funding.
- Staff “zoom-met” with the Executive Director of VyC and the following action was agreed upon:
  - VyC would resubmit their grant request for one year vs. 3 months.
  - The grant request would not be considered as a “bridge” grant; rather for one year with a contingency.



**Contingency on the Use of District Funds:**

- If approved by the Program Committee and subsequent approval by the District board of directors, VyC understands and accepts a contingency to the award that the contract for Grant #1353 will close when the pending grant application requested by the Coachella Valley Equity Collaborative to Riverside University Health Services (RUHS-PH) is approved and awarded. At that time VyC will become a funded partner through the RUHS-PH grant.
- Also mutually considered was the funding through Grant #1353 will be on a reimbursement basis and that the District would reimburse VyC funds expended.
- Should the grant application to RUHS-PH **not** be approved, Grant #1353 will continue to its full term (10/1/22 – 9/30/23) and continuing the COVID-19 prevention and mitigation education in the Coachella Valley for one year.
- The terms of this agreement were reviewed and accepted by the Board President, Program Committee Chair, and the District’s legal counsel.

**Fiscal Impact:** Allocation from the FY 22/23 Grant budget

**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 \$90,000.00 be approved.
- Recommendation with modifications
- Deny



## **Grant Application Summary**

### **Vision y Compromiso, Grant #1353**

#### **About the Organization**

Vision y Compromiso  
49869 Calhoun Street  
Coachella, CA. 92236  
<http://www.visionycompromiso.org>

**Tax ID #:** 32-0071651

#### **Primary Contact:**

Hugo Ramirez  
[hugo@visionycompromiso.org](mailto:hugo@visionycompromiso.org)

#### **Organization History and Mission**

Briefly describe the history AND mission of your organization  
Established in 2000, Visión y Compromiso (VyC) is dedicated to improved community well-being by supporting promotoras. Our vision, *hacia una vida digna y sana*, is for healthy and dignified living for all. Trusted community leaders, promotoras are characterized by their *servicio de corazón* (service from the heart) and deeply rooted in their desire to transform their communities into healthier places where all individuals and families can live a healthy and dignified life. VyC's Network of Promotoras (Network) represents the interests of over 4,000 grassroots community leaders in 13 urban and rural regions of California. We are the lead agency in California providing culturally and linguistically relevant training, capacity building, workforce development, leadership opportunities, peer networking, and advocacy for this community-based workforce. Moreover, VyC is one of the largest employers of promotores in the state hiring, training and supervising over 125 promotores in community-based programs that reach 400,000 people each year on topics directly linked to the physical, mental, emotional, and spiritual health and well-being of primarily Spanish speaking Latino and immigrant communities. We support multiple employment pathways for promotoras that includes paid positions with CBOs, widespread integration into county agencies and clinics and support for promotoras as community volunteers.

**Organization Annual Budget:** \$3,805,566.00

**Historical (approved Requests)**

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
2020	The Promotoras Census Outreach Project in Coachella Valley	\$5,000	Mini-Grant	8/25/2020	
2020	Promotoras Engaged to Stop the Spread of COVID-19 in Coachella Valley	\$120,000	Grant	10/30/2020	
2020	Promotoras Engaged to Stop the Spread of COVID-19 in Coachella Valley	\$185,000	Grant	1/28/2021	
2020	Promotoras Engaged to Stop the Spread of COVID-19 in Coachella Valley	\$125,000	Grant	5/28/2021	
2021	CVEC Unrestricted Grant Funds	\$150,000	Grant	6/29/2022	

**Project Information****Project Title:** COVID-19 Prevention and Mitigation Education in Coachella Valley**Start Date:** 10/1/2022 **End Date:** 9/30/2023**Term:** 12 months**Total Project Budget:** \$421,831.40**Requested Amount:** \$90,000**Executive Summary:**

Getting vaccinated and staying up to date with booster shots is the best way for people to stay protected from COVID-19 and new variants as they arise. Vision y Compromiso (VyC) requests \$90,000 to continue our COVID-19 prevention and mitigation education in the Coachella Valley, in response to the new and continued surge. VyC's team (1 Project Coordinator, 4 full-time Promotores) will continue to build bi-directional bridges and help people navigate health and social service systems, work with medical teams and community organizations, administer COVID-19 self-tests, eliminate barriers to services, and provide outreach, education and registration assistance during vaccine events coordinated by the Desert Health Care District and Foundation (DHCD/F), the County Public Health Department and/or other providers. Promotores will continue to reach vulnerable residents including farm workers and their families, uninsured and underinsured residents, and families with children ages 6 mos – 5 years newly eligible for COVID-19 vaccines. This project aligns with the DHCD/F's strategic plan to 1) Expand community access to primary and specialty care services, and 2) Support promotoras.

Goal 1: During 10/01/22 – 9/30/23, VyC's team of promotores will continue to deliver COVID-19 prevention education and mitigation activities (door to door outreach, community events, presentations to small and large groups, phone banking, virtual activities, small business outreach, support vaccine events) to reach at least 7,500 people in the Coachella Valley.

Goal 2: During 10/01/22 – 9/30/23, VyC project staff will continue to contribute to the work of the Coachella Valley Equity Collaborative (CVEC) by attending regular meetings and participating in local community events.

VyC has a track record of success integrating promotores into outreach and health education programs and developing linguistically and culturally specific curricula, training, messaging, and outreach materials that have contributed to improved COVID-19 emergency response as well as increased enrollment in health insurance programs, improved family nutrition and physical activity, and expanded access to a range of health care services for uninsured and underinsured Latino communities.

VyC staff who will participate in or contribute to this project include: Director of Community Programs Hugo Ramirez, Regional Program Manager Yoana Luna, Project Coordinator Dora Lopez and four (4) 1.0 FTE promotores. All staff are knowledgeable about COVID-19 and have the capacity to carry out the proposed project. This project aligns with VyC's health equity priority for delivering culturally and linguistically relevant programs and services that respond to local community needs.

**Community Need for the Project:**

The pandemic hit the Coachella Valley hard. As VyC (and others) expanded our training and outreach programs led by trusted promotores, we increased community capacity to deliver credible messaging to local communities in order to contribute to reduced illness, hospitalizations and deaths by preventing and mitigating the spread of COVID-19. Many of these leaders are employed today by VyC or other organizations in Riverside County. Support from the DHCD/F will enable VyC to continue to deliver up-to-date and culturally relevant COVID-19 outreach and education led by local leaders in Coachella Valley.

**Strategic Plan Alignment:**

Goal: This project aligns with the DHCD/F's Strategic Plan, Goal 2: Expand community access to primary and specialty care services

Strategy: This project aligns with the DHCD/F's Strategy 2.7: Utilize an equity lens to expand services and resources to underserved communities: Increase the number of promotoras/CHWs.

**Project Description and Use of District funds:**

VyC requests \$90,000 to support the COVID-19 Prevention and Mitigation Project during October 1, 2022 – September 30, 2023. The majority of funds requested are for salary and fringe benefits (\$72,706) for 5.5 FTEs to continue to provide critical COVID-19 prevention and mitigation efforts including up-to-date and culturally relevant outreach and education and to encourage vaccine uptake.

**Description of the Target Population (s):**

The target population who will benefit from the project includes promotoras, local community leaders in the Coachella Valley who are primarily Spanish speaking Latina women, as well as uninsured and underserved Latino residents, immigrant communities in the Coachella Valley, farmworkers and their families, and families with children 6 mos-5 years who are newly eligible for COVID vaccines. Community education will

increase awareness about emerging variants, ensure people have the information and resources they need to quarantine safely, how and where to get a vaccine, as well as increase access to local programs and services to improve physical and emotional health and wellness.

**Geographic Area(s) Served:**

Cathedral City; Coachella; Desert Hot Springs; Indio; Mecca; North Shore; Oasis; Thermal; Thousand Palms

**Age Group:**

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

**Total Number of District Residents Served:**

**Direct:** 7500  
**Indirect:** 15000

**Project Goals and Evaluation**

<p><b>Goal #1:</b>                  During 10/01/22 – 9/30/23, VyC’s team of promotores will continue to deliver COVID-19 prevention education and mitigation activities (door to door outreach, community events, presentations to small and large groups, phone banking, virtual activities, small business outreach, support to vaccine events) to reach at least 7,500 people in the Coachella Valley.</p>	<p><b>Evaluation #1:</b>                  This project goal coincides with the DHCD/F’s Strategic Plan, Goal 2, Strategy 2.7: Utilize an equity lens to expand services and resources to underserved communities: Increase the number of promotoras/CHWs.</p> <p>VyC will track progress on the following performance measures:                  - # and type of COVID-19 prevention and mitigation activities delivered                  - # of Coachella Valley residents who receive COVID-19 prevention and mitigation activities delivered by promotores.</p>
<p><b>Goal #2:</b>                  During 10/01/22 – 9/30/23, VyC staff will continue to contribute to the work of the Coachella Valley Equity Collaborative (CVEC) by attending regular meetings and participating in local community events.</p>	<p><b>Evaluation #2:</b>                  This project goal coincides with the DHCD/F’s Strategic Plan, Goal 2, Strategy 2.7: Utilize an equity lens to expand services and resources to underserved communities: Increase the number of promotoras/CHWs.</p> <p>VyC will track progress on the following performance measure:</p>

	<p>- # of VyC staff who participate in CVEC activities</p> <p>This project goal coincides with the DHCD/F’s Strategic Plan, Goal 2, Strategy 2.7: Utilize an equity lens to expand services and resources to underserved communities: Increase the number of promotoras/CHWs.</p> <p>VyC will track progress on the following performance measure:                  - # of VyC staff who participate in CVEC activities</p>
<b>Goal #3:</b>	<b>Evaluation #3:</b>
<b>Goal #4:</b>	<b>Evaluation #4:</b>
<b>Goal #5:</b>	<b>Evaluation #5:</b>

**Proposed Project Evaluation Plan**

During 10/01/22 – 9/30/23, evaluation data will be gathered as follows: 1) a workplan of activities carried out by promotores, 2) # of community residents reached, 3) a schedule of CVEC meetings attended, and 4) a list of CVEC activities attended or supported as appropriate.

**Organizational Capacity and Sustainability**

**Organizational Capacity**

VyC has a track record of success integrating promotores into outreach and health education programs and developing linguistically and culturally specific curricula, training, messaging, and outreach materials that have contributed to improved COVID-19 emergency response as well as increased enrollment in health insurance programs, improved family nutrition and physical activity, and expanded access to a range of health care services for uninsured and underinsured Latino communities.

VyC staff who will participate in or contribute to this project include: Director of Community Programs Hugo Ramirez, Regional Program Manager Yoana Luna, Project Coordinator Dora Lopez, Administrative Assistant Melissa Marquez and four (4) 1.0 FTE promotores. All staff are familiar with the Coachella Valley region, knowledgeable about COVID-19 and have the capacity to carry out the activities proposed in this project.

**Organizational Sustainability:**

Since the pandemic began, VyC’s teams of promotores have been on the frontlines throughout Coachella Valley helping to reduce the health, social and economic consequences of the pandemic by providing in-person and virtual outreach and education, distributing emergency relief funds, coordinating testing and vaccination events, creating systems of support, facilitating social support groups, engaging small businesses, and more. Although the crises have slowed the pandemic continues with current and emerging variants. As a result, we must continue to build the skills of promotores, a community-based workforce, to respond to COVID-19 and other public

health emergencies. This project aligns with our health equity priority for delivering culturally and linguistically relevant programs and services that respond to local community needs.

### **Diversity, Equity, and Inclusion**

#### **How does your organization address diversity, equity, and inclusion at the board and executive staff levels?**

VyC addresses diversity, equity and inclusion (DEI) at the board, executive staff and staff levels. We hire staff who represent the cultural and linguistic characteristics of the communities we serve. We now have approximately 175 full- and part-time staff and by far the majority (over 95%) identify as Latina/o/x and at least 96% speak Spanish. Most of our staff, board members and executive staff identify as immigrants and/or children of immigrants, including among our board and executive staff. Moreover, 83% of our board and executive staff are Latina women and 100% speak Spanish.

**If your organization is not currently addressing diversity, equity, and inclusion at the board and executive staff levels, please explain the barriers, such as knowledge, financial investment, capacity, etc., that are preventing you from doing so.** Not applicable

### **Partnerships:**

#### **Key Partners:**

VyC has a strong Network of allies and collaborative partners in Coachella Valley that has been significantly strengthened since 2020 as a result of our COVID-19 community outreach, education and mobile testing events and participation in the Coachella Valley Equity Collaborative (CVEC). Our collaborations include longstanding and new relationships with community based organizations, faith-based communities, schools, community clinics, and advocacy groups including but not limited to: Borrego Community Health Foundation, Braille Institute, El Poder de Saber, El Sol Neighborhood Educational Center, Inland Congregations for Change and other, Las Clinicas del Salud del Pueblo, Latino Commission, Lideres Campesinas, Mecca Family and Farm Workers Services Center, Planned Parenthood Coachella, Promotores Independientes del Valle Imperial (PIVI), Riverside County Department of Behavioral Health, Riverside County Department of Public Health, Rural Community Assistance Corporation, TODEC, and Victor Community Services.



## Line Item Budget Project Operational Costs

PROJECT OPERATIONS		Total Project Budget	Funds from Other Sources <span style="color: red;">Detail on sheet 3</span>	Amount Requested from DHCD
<b>Total Staffing Costs</b> <span style="color: red;">Detail on sheet 2</span>		\$ 367,031.00	\$ 294,325.40	\$ 72,705.60
<b>Equipment (itemize)</b>				
1				\$ -
2				\$ -
3				\$ -
4				\$ -
<b>Supplies (itemize)</b>				
1	Supplies and outreach materials	\$ 3,663.00	\$ 2,800.00	\$ 863.00
2				\$ -
3				\$ -
4				\$ -
<b>Printing / Duplication</b>		\$ 9,000.00	\$ 6,000.00	\$ 3,000.00
<b>Mailing / Postage</b>		\$ 600.00	\$ 600.00	\$ -
<b>Travel / Mileage (use current Federal mileage rate)</b>		\$ 22,500.00	\$ 18,000.00	\$ 4,500.00
<b>Education / Training</b>				\$ -
* Items listed below are included for calculation of the total project budget only. For use of DHCD funds, these line items would be included in the allowable 10% indirect cost rate.				
<b>Office / Rent / Mortgage*</b>		\$ 5,506.00	\$ 5,506.00	\$ -
<b>Telephone / Fax / Internet*</b>		\$ 3,750.00	\$ 3,000.00	\$ 750.00
<b>Utilities*</b>				
<b>Insurance*</b>				
<b>Other direct project costs not described above (itemize)</b>				
1	Training	\$ 200.00	\$ 200.00	\$ -
2	Graphic Design	\$ 1,400.00	\$ 1,400.00	\$ -
3				
4				
<b>Indirect Cost Rate - Maximum of 10% Allowed</b>				\$ 8,181.40
<b>Total Project Budget</b>		<b>\$ 421,831.40</b>	<b>\$ 331,831.40</b>	<b>\$ 90,000.00</b>
<b>Budget Narrative</b>	<span style="color: red;">Office supplies (paper, toner, pens, flip chart paper, markers, etc) and outreach materials (supplies needed to table at cultural and community events) @ \$200/mo x 12 mos; printing and duplication (flyers, door hangers, sign in sheets, resource lists, appointment reminders, etc) @ \$500/mo x 12 mos; mileage for outreach staff to travel to attend community and vaccine events and conduct door-to-door outreach @ .625/mile x 200 miles/mo x 12 mos x 5 staff; Tephone/internet @ \$50/mo x 5 full-time staff; and indirect costs (HR, accounting, some administration) at a maximum rate of 10%.</span>			

### Line Item Budget Staffing Costs

Staff Salaries		Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD
<b>Employee Position/Title</b>					
1	Project Coordinator Dora Lopez	\$63,440	123%	63,440.00	\$ 14,400.00
2	Regional Manager Yoana Luna	\$66,855	38%	21,971.00	\$ 3,600.00
3	Administrative Assistant Melissa Marque	\$43,680	37%	13,440.00	\$ 2,520.00
4	Promotores (1.0 FTE x 4)	\$37,440	585%	184,320.00	\$ 34,560.00
5				-	
6				-	
7				-	
8				-	
<b>Total Employee Benefits / Employer Taxes - proportional fringe costs and/or employer taxes based on % of time allocated to project</b>			32%	83,860.00	\$ 17,625.60
<b>Enter this amount in Section 1; Staffing Costs</b>			<b>Total &gt;</b>	<b>\$ 367,031.00</b>	<b>\$ 72,705.60</b>
<b>Budget Narrative</b>	During 10/1/22-9/30/23, Project Coordinator will supervise the team of 4 promotores to carry out COVID-19 prevention and mitigation education in Coachella Valley, attend the CVEC, and manage day to day activities; Regional Manager will supervise the Project Coordinator and offer data collection support; Administrative Assistant will provide logistical support related to scheduling meetings, presentations and other administrative activities; the 4 promotores will carry out the outreach and education activities including door to door canvassing, attending community and cultural events, conducting small business outreach, supporting local vaccine events, delivering presentations, phone banking, social media, etc.				
<b>Budget Narrative</b>	Fringe benefits are calculated at 32% of salaries/wages including payroll taxes (FICA, SSI, workers compensation) and benefits (medical, dental, vision, life insurance, and 401k).				
Professional Services / Consultants		Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD
<b>Company and Staff Title</b>					
1					
2					
3					
4					
5					
<b>Enter this amount in Section 1; Staffing Costs</b>				<b>Total &gt;</b>	<b>\$ -</b>
<b>Budget Narrative</b>	Not applicable				

## Line Item Budget Other Project Funds

Other funding received (actual or projected) SPECIFIC to this project. "Total funding in addition to DHCD request" below should match or exceed value listed in Section 1 for "Funds from Other Sources".		Amount
<b>Fees</b>		\$ -
<b>Donations</b>		\$ -
<b>Grants (List Organizations)</b>		
1	RUHS-PH (committed, pending board approval)	\$ 27,500.00
2	DHCD subcontract (pending RUHS-PH approval)	\$ 304,332.00
3		
4		
<b>Fundraising (describe nature of fundraiser)</b>		
1		
2		
<b>Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)</b>		
1		
2		
3		
4		
<b>Total funding in addition to DHCD request</b>		<b>\$ 331,832.00</b>
<b>Budget Narrative</b>	Describe project income listed above. Note whether income is "projected" or actual.	

## Grant Scoring Review

### Grant Staff Review # 1 of 3

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**Executive Summary:** 9

**Community Need and Alignment:** 10

**Goals:** 9

**Proposed Evaluation Plan:** 8

**Applicant Capacity and Infrastructure:** 9

**Organizational Sustainability:** 8

**Budget:** 9

**Key Partners/Collaborations:** 10

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**Total Score:** 72.00

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#### **Reviewer Comments:**

This project aligns with the District's strategic plan Goal 2: Expand community access to primary and specialty care services and with Strategy 2.&: utilize an equity lens to expand services and resources to underserved community as well as increasing the number of promotoras/Community Health Workers.

VyC has the capacity and dedicated staff to facilitate the importance and utilization promotoras for any public health crisis. Continuing with COVID 19 mitigation is an important part of VyC's mission and allows them to reach community residents outside of the hospital-based/medical-based provider services.

#### **Response Notes:**

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#### **Average Review Score:**

Fiscal Staff Review Stage: 16.5 (2 of 2)

Grant Program Staff Review Stage: 71 (3 of 3)

#### **Sum of all Reviews:**

Fiscal Staff Review Stage: 33 (2 of 2)

Grant Program Staff Review Stage: 213 (3 of 3)

**Total average proposal score: 88/100**

## Grant Scoring Review

### Grant Staff Review # 2 of 3

---

**Executive Summary:** 10

**Community Need and Alignment:** 9

**Goals:** 9

**Proposed Evaluation Plan:** 9

**Applicant Capacity and Infrastructure:** 10

**Organizational Sustainability:** 10

**Budget:** 9

**Key Partners/Collaborations:** 10

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**Total Score:** 76.00

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#### **Reviewer Comments:**

Vision y Compromiso has been one of the key partner organizations of the Coachella Valley Equity Collaborative (CVEC) that was established to coordinate the COVID-19 response in the Coachella Valley. The Vision y Compromiso Promotoras have been instrumental in educating our District residents about COVID-19. They have also assisted with the multiple COVID-19 vaccination and testing clinics by providing logistical support and translation services. District funds will ensure Vision y Compromiso Promotoras continue to play a role in the ongoing CVEC efforts to mitigate the impact of COVID-19 in the Coachella Valley.

#### **Response Notes:**

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#### **Average Review Score:**

Fiscal Staff Review Stage: 16.5 (2 of 2)

Grant Program Staff Review Stage: 71 (3 of 3)

#### **Sum of all Reviews:**

Fiscal Staff Review Stage: 33 (2 of 2)

Grant Program Staff Review Stage: 213 (3 of 3)

**Total average proposal score: 88/100**

## Grant Scoring Review

### Grant Staff Review # 3 of 3

---

**Executive Summary:** 9

**Community Need and Alignment:** 9

**Goals:** 7

**Proposed Evaluation Plan:** 7

**Applicant Capacity and Infrastructure:** 8

**Organizational Sustainability:** 7

**Budget:** 8

**Key Partners/Collaborations:** 10

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**Total Score:** 65.00

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#### **Reviewer Comments:**

Vision y Compromiso proposes to continue their efforts to support the needs of the Coachella Valley residents related to overall health and living a dignified life. These efforts include working within their Promotores network to achieve outreach and increase awareness of resources and support available related to COVID 19 testing and vaccination and education on current trends and information. This work will be accomplished through the use of 5.5 dedicated FTE's who will lead the outreach project and utilize a workplan of activities that can track attendee participation levels against the identified goals.

This project aligns with DHCD/F Strategic Plan Goal 2 (Proactively expand community access to primary and specialty care services), Strategy 2.7 (Utilize an equity lens to expand services and resources to underserved communities/increase the number of Promotoras/CHW's) and will provide support for ongoing COVID 19 activities in the DHCD/F region.

This organization has a long history of providing supportive services that are achieved utilizing a network of trusted messengers to help inform and advance the community's knowledge of available health and wellness resources that they can utilize to live improved lives.

This project also includes ongoing participation in the Coachella Valley Equity Collaborative (CVEC) as active members and their continued collaboration with a vast number of local community stakeholders that work collectively to support a variety of needs on behalf of the primarily Spanish speaking Latina women and underserved Latino residents, and immigrant communities in the Coachella Valley.

## **Grant Scoring Review**

### **Response Notes:**

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#### **Average Review Score:**

Fiscal Staff Review Stage: 16.5 (2 of 2)

Grant Program Staff Review Stage: 71 (3 of 3)

#### **Sum of all Reviews:**

Fiscal Staff Review Stage: 33 (2 of 2)

Grant Program Staff Review Stage: 213 (3 of 3)

**Total average proposal score: 88/100**

## Grant Scoring Review

### Fiscal Staff Review # 1 of 2

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**Fiduciary Compliance:** 9

**Financial Stability:** 8

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**Total Score:** 17.00

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**Reviewer Comments:** Audited financials presented to and approved by Board of Directors. Positive cash flow noted for 2021 with strong current ratio. Grant budget is reasonable to overall organizational budget. Additional sources for grant budget still pending. Organizational budget lists categories of additional funding. Strategic plan in place with broad goals listed but does not provide detail for future sources of funding.

**Response Notes:**

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### **Average Review Score:**

Fiscal Staff Review Stage: 16.5 (2 of 2)

Grant Program Staff Review Stage: 71 (3 of 3)

### **Sum of all Reviews:**

Fiscal Staff Review Stage: 33 (2 of 2)

Grant Program Staff Review Stage: 213 (3 of 3)

**Total average proposal score: 88/100**



## Grant Scoring Review

### Fiscal Staff Review # 2 of 2

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**Fiduciary Compliance:** 9

**Financial Stability:** 7

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**Total Score:** 16.00

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#### **Reviewer Comments:** Fiduciary Compliance - 9

The FY 06/30/21 audit report is unmodified. The Board of Directors accepted the audit report.

Audit report Current Ratio is strong (7.5:1), which represents the grantee's ability to pay its short-term liabilities.

The Net Assets increased by \$870k as of 6/30/21, with Total Net Assets of \$2.9M. Internal financial statements, as of 4/30/22, demonstrates an increase of \$485k. The Balance Sheet is in good order.

#### Financial Stability - 7

Grantee is requesting grant funds to continue with the promotores program until an RFP requested by the Foundation is potentially awarded by the County of Riverside. The District's grant of \$90,000 is the sole source of funding for this grant.

#### **Response Notes:**

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#### **Average Review Score:**

Fiscal Staff Review Stage: 16.5 (2 of 2)

Grant Program Staff Review Stage: 71 (3 of 3)

#### **Sum of all Reviews:**

Fiscal Staff Review Stage: 33 (2 of 2)

Grant Program Staff Review Stage: 213 (3 of 3)

**Total average proposal score: 88/100**



**Date:** 9/13/2022

**To:** Program Committee

**Subject:** Grant # 1350 John F Kennedy Memorial Foundation

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**Grant Request:** Behavioral Health Awareness and Education Program

**Amount Requested:** \$57,541.44

**Project Period:** 10/1/2022 to 9/30/2023

JFK Foundation's Certified SafeCare Providers have seen a marked increase in behavioral/mental health (BH) issues facing the families they serve. Many of these families present BH issues but few readily seek assistance due to stigma, fear, mistrust or lack of knowledge. These issues have created a need in the community for increased outreach, awareness, education and access to BH resources.

JFK Foundation can expand awareness, education and access to BH resources through the Behavioral Health Awareness and Education Program (BHAEP). The BHAEP will be an additional service provided to families with children/youth 0-18 enrolled in JFK Foundation's SafeCare In-Home Parent-Training Program and to families recruited by JFK Foundation's Community Outreach Specialist (COS) including families attending outreach events, families enrolled in additional JFK Foundation Home Visitation programs, and parent training presentations at Palm Springs Unified School District and Barbara Sinatra Children's Center.

The goals of the BHAEP will be threefold: 1) Expand awareness of BH support available to families in need; 2) Increase the education of families to the signs of behavioral issues and the support available; 3) Increase access and utilization of BH services within the community.

The BHAEP will be modeled after the successful SafeCare Program currently funded by First 5 Riverside. JFK's Providers will administer a pre-survey to families to identify the potential need for BH services. Once identified, educational materials specific to their BH needs, referrals to appropriate outside no-cost and low-cost community-based agencies, assistance with accessing services, and on-going follow-up will be provided.



The targeted population that JFK Foundation’s funding will focus on is families of low to moderate income, residing in cities and unincorporated, underserved areas located in the DHCD service area.

JFK Foundation Providers and COS receive ongoing trainings to help increase their capacity to identify issues such as childhood trauma, family relationships, domestic violence, depression, anxiety, and substance abuse, so they can make families aware of their need for preventive health services, to prevent issues from escalating. Providers and COS are prepared to adequately address issues, and provide referrals to services, to meet the needs of the ethnically and culturally diverse families they serve. Providers and COS are culturally/ethnically representative of the individuals they serve and have completed Cultural Competency Training.

District funds will be used specifically to support personnel costs including a percentage of multiple Provider salaries and the Director of Home Visitation Programs for time allocated to this program, office supplies, program supplies, postage, Provider mileage reimbursement, and indirect costs for Administrative and Fiscal Support.

**Strategic Plan Alignment:**

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

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

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

**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 \$57,541.44 be approved.
- Recommendation with modifications
- Deny



## **Grant Application Summary**

### **John F Kennedy Memorial Foundation, Grant #1350**

#### **About the Organization**

John F Kennedy Memorial Foundation  
73555 San Geronio Way  
Palm Desert, CA 92260  
Tel: (760) 776-1600 Ext: 122  
Fax: (760) 776-4500  
<http://www.jfkfoundation.org>

**Tax ID #:** 33-0071613

#### **Primary Contact:**

Debbie Phipps  
Tel: (760) 776-1600  
Fax: (760) 776-4500  
[debbiehipps@jfkfoundation.org](mailto:debbiehipps@jfkfoundation.org)

#### **Organization History and Mission**

Foundation Mission: "Dedicated to enhancing the physical, emotional and intellectual health and wellness of Coachella Valley children and families"

JFK Foundation has successfully operated programs addressing the needs of underserved populations in Coachella Valley for 24 years. In 2002 JFK Foundation built and opened our Healthy Family Clinic. JFK Foundation administrative services, community programs and activities operate from this site, along with a pediatric clinic run by Dr. Jasmine Ramos (tenant).

#### **Programs:**

Three evidence-based in-Home Visitation Programs: 1) SafeCare, 2) Coachella Valley Healthy Families America, 3) Differential Response: Programs provide parenting education, emotional/social support, basic necessities and linkage to ancillary services; leading to improved physical health, behavioral health, child well-being, and overall family functioning.

#### **Community Outreach Specialist**

Establishes collaborative partnerships among community agencies to improve access to needed health and human services; assists families with referrals and enrollment; improving outcomes for children and families.

Reach Out and Read – An evidence-based early literacy program promoting school readiness, and importance for parents to read aloud to their child.

Ophelia Project - A team-mentoring program that helps transform ‘at-risk but capable’ teen girls from potentially becoming high school drop-outs, into successful high school and college graduates, and contributing members of our community.

**Organization Annual Budget:** \$1,522,119.77

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

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
2003	Corporate sponsorship of JFK Foundation Golf Tournament	\$2,000	CEO Discretionary	9/18/2003	Grant budget
2003	Well Care Clinic expansion	\$89,000	Grant	6/15/2004	Grant budget
2019	SafeCare Home Visitation Program	\$50,000	Grant	2/11/2020	

### **Project Information**

**Project Title:** Behavioral Health Awareness and Education Program

**Start Date:** 10/1/2022 **End Date:** 9/30/2023

**Term:** 12 months

**Total Project Budget:** \$57,541

**Requested Amount:** \$57,541

### **Executive Summary:**

The 2019 DHCD Mental & Behavioral Health Needs Assessment, community engagement efforts revealed that not only were there major gaps in the provision of mental and behavioral health services in the Coachella Valley that created barriers to accessing services but “there is an immense need for increased knowledge about mental and behavioral health and awareness of available services among both community members and service providers.” The pandemic has exacerbated the issues.

JFK Foundation’s Certified SafeCare Providers have seen a marked increase in behavioral/mental health (BH) issues facing the families they serve. Many of these families present BH issues but few readily seek assistance due to stigma, fear, mistrust or lack of knowledge. These issues have created a need in the community for increased outreach, awareness, education and access to BH.

JFK Foundation can expand awareness, education and access to BH through the Behavioral Health Awareness and Education Program (BHAEP). The BHAEP will be an

additional service provided to families enrolled in our SafeCare In-Home Parent-Training Program, and families recruited by our Community Outreach Specialist (COS).

The COS, funded by First 5 Riverside, is imbedded in the community - meeting, connecting and providing families with resources, informational materials, encouragement and assistance to seek help, and linkage to JFK Foundation Providers for further BH education and support.

The BHAEP will be modeled after the successful SafeCare Program currently funded by First 5 Riverside. JFK's Providers will administer a pre-survey to families to identify the potential need for BH services. Once identified, educational materials specific to their BH needs, referrals to appropriate outside no-cost and low-cost community-based agencies, assistance with accessing services, and on-going follow-up will be provided.

The BHAEP will target families of low to moderate income, residing in cities and unincorporated, underserved areas located in the DHCD service area. The goals of the BHAEP will be threefold: 1) Expand awareness of BH support available to families in need. 2) Increase the education of families to the signs of behavioral issues and the support available; 3) Increase access and utilization of BH services within the community.

Benefits of the BHAEP to the community include: greater accessibility and acceptability of BH services compared to healthcare facilities; greater effectiveness through ongoing contact and use of trusted Providers; family involvement; greater inclusion of underserved families; economic benefits of time and transportation costs saved, eliminate health disparities, and improved quality of life.

**Community Need for the Project:**

JFK Foundation is striving to expand awareness, education and access to BH services, to reduce the fear, stigma, or lack of knowledge, clients may face. Through the delivery of our three evidence-based Home Visitation Programs (SafeCare, Healthy Families America Coachella Valley, and Differential Response), and our COS community outreach involvement, JFK Foundation has seen the major need for BH services in our community. Our Providers and COS develop trusting relationships with their clients, and for some clients, Providers and/or the COS are their lifeline to information. Building these relationships makes it easier for the Providers and COS to recommend needed services, and increases the willingness of the client to accept and follow through on accessing services.

Our Providers and COS have developed relationships with outside agencies and refer clients to these agencies. The relationship with these agencies allows our Providers and COS to increase clients' awareness, and educate clients on the various BH services available to them. Our Providers and/or COS will assist clients with their first contact by directly connecting the client to the referral source, giving the client the comfort level to develop the needed trust and rapport between the client and the referral agency. In addition, our Providers or COS assists with paperwork, figuring out the cost for services if any, and identifying agencies that are accessible to the client.

By assisting and inspiring clients to not only seek services for their children, themselves, or family members, it also encourages others in their sphere of influence to seek needed services. Through the BHAEP, JFK Foundation is proactively expanding community awareness, increasing education and access to BH services and resources that are available in our community.

**Strategic Plan Alignment:**

Goal 3: Proactively expand community access to behavioral/mental health services  
Strategy 3.6 and Strategy 3.7

**Project Description and Use of District funds:**

The Behavioral Health Awareness and Education Program (BHAEP) will be an additional service provided to families with children/youth 0-18 in need of behavioral/mental health (BH) services. The program will be delivered by our Certified SafeCare Providers (Providers). The program will be provided to: families enrolled in JFK Foundation's SafeCare Program; and Community Outreach Specialist (COS) connections including families attending outreach events, families enrolled in additional JFK Foundation Home Visitation programs, and families attending JFK Foundation's Director of Home Visitation Programs (Director of HV), parent training presentations at Palm Springs Unified School District and Barbara Sinatra Children's Center.

JFK Foundation's COS serves as our direct contact with the community, attending community outreach events throughout the year, connecting with families and collaborative partner agencies. Through these events, the COS expands community awareness of BH services along with other available supportive services in the valley. The COS provides families with informational materials, available agency referral sources, and assistance accessing referral sources. The COS utilizes a Resource Referral Questionnaire (available in English and Spanish) to further identify supportive services families may be seeking. The Questionnaire can be completed on-site or accessed through the use of a QR Code. The COS will link families seeking BH resources and services to JFK Foundation Providers for further BH education and support to access needed services.

JFK Foundation's Providers will administer a pre/post survey to families referred by our COS, and families who are presently enrolled in the SafeCare Program, to identify the potential need for BH services and/or resources. Triggers Providers will note include: clients' answers to questions/tone of voice; expressing feeling sad, overwhelmed, lost, lonely, isolated, angry, anxious, stressed. Based on the pre-survey, our Providers will work with our COS to educate families on their specific BH issue, provide and review educational materials on the specific need, refer and assist clients in accessing free or low-cost appropriate services, and provide follow-up with both the client and the service agency to confirm a connection has been made. The post survey information will be documented noting the services received, if client would seek services in the future, and how client now views receiving services in an effort to eliminate barriers and the stigma associated with behavioral/mental health.

The Director of Home Visitation programs will provide on-going support to help Providers work through challenges and possible solutions to meet their clients' needs. Provider responsibilities include: case management, administering surveys and/or

assessments, case file documentation, and administrative services. Clients recruited by our COS, will benefit twofold by also having the opportunity to receive preventative services through enrollment into the SafeCare Parent Training program.

Utilizing material from the evidence-based Growing Great Kids program, RUHS Behavioral Health, Seeking Strength Program, and Barbara Sinatra Children's Center, families will receive Parent Folders containing educational information on: Reducing Stress, Tools for Stress Management, Toxic Stress vs Tolerable Stress, Protecting Your Child from Toxic Stress, Brain Development, When Depression May be a Concern, Mental Health vs Mental Illness, Activities for Mental Health Care, Healthy vs Non-Healthy Coping Skills, Growing Your Support Network, Asking for Help, Anger Management, Substance Abuse Prevention/Intervention, etc., and a list of available BH resources in our community. Agency resources include but are not limited to: Riverside University Health Systems, Jewish Family Services, Marsell Consulting, IEHP Psychiatry Walk-in Clinic, Latinos Commission, School Districts, Barbara Sinatra Center, Inland Regional Services, EHS Counseling, Hope and Healing, Desert Counseling, Oshita Counseling.

Our Providers and COS receive ongoing trainings including: Mental Health Biases, Mandated Reporter, Trauma Informed Care, Concrete Supports in Times of Need, Comprehensive Case Management, Adult Mental Health, Perinatal Depressions, Global Measure 1 and 2, and Parental Substance Use/Abuse. These trainings help Providers and COS increase their capacity to identify issues such as childhood trauma, family relationships, domestic violence, depression, anxiety, and substance abuse, so they can make families aware of their need for preventive health services, to prevent issues from escalating. Providers and COS are prepared to adequately address issues, and provide referrals to services, to meet the needs of the ethnically and culturally diverse families they serve. Providers and COS are culturally/ethnically representative of the individuals they serve and have completed Cultural Competency Training.

#### Use of District Funds:

Personnel Costs - A percentage of multiple Provider salaries, and the Director of Home Visitation Programs for time allocated to this program (approximately 5 hours per week each)

Office Supplies, Program Supplies, Postage, Provider Mileage Reimbursement, and Indirect Costs for Administrative and Fiscal Support.

#### **Description of the Target Population (s):**

The target population who will benefit from the BHAEP are primarily Hispanic, low to moderate income families, expecting a child, or parents/caregivers with children/youth 0 to 18 years of age. Many of the vulnerable families served lack the 'basic needs' of life: food, shelter, clothing, transportation, employment, and access to medical treatment. Families will participate on a voluntary basis and may or may not have an open dependency case with Children's Services Division. Services will be provided to families residing in the Desert HealthCare District areas including: Desert Hot Springs, Palm Springs, Cathedral City, Thousand Palms, Sky Valley, Rancho Mirage, Palm Desert, Indian Wells, Indio, La Quinta, Coachella, Mecca, North Shore, Oasis, and Thermal.



The target population will be recruited from the SafeCare Program, and the Community Outreach Specialist connections.

Number of District Residents estimated to be Directly served: Children/youth 0-18 = 340 / Parent = 340 / Total residents Directly served 680 (340 families)

Number of District Residents estimated to be Indirectly served: 428 (additional household members / Based on 3.26 persons per household in Riverside County, CA / 340 families X 3.26 = 1108 / 1108 – 680 = 428 / Data Source: United States Census)

**Geographic Area(s) Served:**

All District Areas

**Age Group:**

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

**Total Number of District Residents Served:**

**Direct:** 680

**Indirect:** 428

**Project Goals and Evaluation**

<p><b>Goal #1:</b> By September 30, 2023 expand awareness of behavioral/mental health services and resources to an estimated 520 District Residents directly served (Parent = 260 / Children/youth 0-18 = 260).</p> <p>This project goal coincides with the District and Foundation’s Strategic Plan performance measure: # of individuals reached through behavioral/mental healthcare community awareness activities under Strategy 3.6 Educate community residents on available behavioral/mental health resources.</p> <p>Reaching families through our SafeCare program and COS connections and community outreach events, we will expand awareness of BH services/resources. Families will receive a Folder with informational materials covering topics such as: Toxic Stress vs Tolerable Stress, Anger Management, Substance Abuse</p>	<p><b>Evaluation #1:</b> Expected Outcome: 75% of the 680 District Residents directly served or 520 residents (Parent = 260 / Children/youth 0-18 = 260), will receive informational materials to expand awareness of behavioral/mental health services and resources.</p> <p>Program impact will be measured by qualitative (Provider observation) and quantitative (pre/post surveys) data. Outcome metrics will track progress and determine the number/percent of participants achieving goal #1.</p> <p>Measurement Tools: Intake Forms; Client Files, Summary of Services, Sign-In Logs; Inventory Logs Purpose – Program Proof of Service Delivery; Informational Materials Provided to Clients</p> <p>Data Tracking including number of: recruited clients and clients served monthly/annually;</p>
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<p>Prevention/Intervention, Mental Health vs Mental Illness, Activities for Mental Health Care, and a Resource Referral List. Families with a potential need for BH services will be encouraged to continue in the BHAEP and work with JFK Providers to increase their education specific to their BH needs.</p>	<p>active, waitlist, pending clients; clients on hold, declining services, never serviced; clients receiving informational materials on available behavioral/mental health services and resources; timely file maintenance and data input into data management system.</p> <p>Database reports measuring overall program success: Client Engagement Rate; Decline Rate; Pre and Post Survey and/or Assessment Outcomes</p>
<p><b>Goal #2:</b> By September 30, 2023 increase education of behavioral/mental health services and resources to an estimated 520 District Residents directly served (Parent = 260 / Children/youth 0-18 = 260).</p> <p>This project goal coincides with the District and Foundation’s Strategic Plan performance measure: # of community awareness activities related to educating the community around behavioral/mental health services and resources under Strategy 3.6 Educate community residents on available behavioral/mental health resources.</p> <p>JFK’s Providers will administer a pre-survey to identify families’ specific needs for BH services/resources. Providers will review and provide educational materials and agency referral sources to families, to increase families’ education on their specific BH issues and the services/resources available to them. Referrals to appropriate outside no-cost and low-cost community-based agencies will be provided. Families will be encouraged to continue in the BHAEP for further support and assistance to access needed services/resources.</p>	<p><b>Evaluation #2:</b> Expected Outcome: 75% of the 680 District Residents directly served or 520 residents (Parent = 260 / Children/youth 0-18 = 260), will receive educational information and referral sources to increase clients’ education of behavioral/mental health services/resources.</p> <p>Program impact will be measured by qualitative (Provider observation) and quantitative (pre/post surveys) data. Outcome metrics will track progress and determine the number/percent of participants achieving goal #2.</p> <p>Measurement Tools: Intake Forms; Client Files, Summary of Services, Sign-In Logs; Inventory Logs Purpose – Program Proof of Service Delivery; Educational Materials Provided</p> <p>Data Tracking including number of clients: recruited, active, waitlist, pending, on hold, declining services, never serviced, served monthly/annually; clients receiving topic specific BH educational information; clients receiving referrals to BH services (but may not have accessed services); timely file maintenance and data management system input.</p> <p>Database reports measuring overall program success: Client Engagement Rate; Decline Rate; Pre and Post Survey and/or Assessment Outcomes</p>

<p><b>Goal #3:</b> By September 30, 2023 increase access to behavioral/mental health services and resources to an estimated: 170 District Residents directly served (Parent = 85 / Children/youth 0-18 = 85).</p> <p>This project goal coincides with the District and Foundation’s Strategic Plan performance measure: # of individuals who were connected to behavioral/mental health services under Strategy 3.7 Collaborate/Partner with community providers to enhance access to culturally sensitive behavioral/mental health services.</p> <p>JFK’s Providers will work with the COS to increase access to BH services/resources by: identifying and referring clients to accessible no-cost and low-cost agencies for services; assisting families with accessing referral agencies/resources to develop the needed trust and rapport between client and referral agency; and assisting with paperwork and figuring out costs if any. Follow-up with both the client and referral agencies will be provided to ensure a connection was been made, to improve the clients’ success with services received.</p>	<p><b>Evaluation #3:</b> Expected Outcome: 25% of the 680 District Residents directly served or 170 residents (Parent = 85 / Children/youth 0-18 = 85), will access behavioral/mental health services and resources.</p> <p>Program impact will be measured by qualitative (Provider observation) and quantitative (pre/post surveys) data. Outcome metrics will track progress and determine the number/percent of participants achieving goal #3.</p> <p>Measurement Tools: Intake Forms; Client Files, Summary of Services, Sign-In Logs; Inventory Logs Purpose – Program Proof of Service Delivery; Informational Materials Provided to Clients</p> <p>Data Tracking including number of: recruited clients and clients served monthly/annually; active, waitlist, pending clients; clients on hold, declining services, never serviced; clients receiving referrals to behavioral/mental health services; clients accessing behavioral/mental health services; timely file maintenance and data input into data management systems.</p> <p>Database reports measuring overall program success: Client Engagement Rate; Decline Rate; Pre and Post Survey and/or Assessment Outcomes</p>
<p><b>Goal #4:</b></p>	<p><b>Evaluation #4:</b></p>
<p><b>Goal #5:</b></p>	<p><b>Evaluation #5:</b></p>

**Proposed Project Evaluation Plan**

JFK Foundation’s process for evaluating the Behavioral Health Awareness and Education Program includes a data collection strategy utilizing client demographics and program records. Client data will be collected and entered into case management systems. Our Community Outreach Specialist and Providers will utilize the Apricot 360 (First 5 Riverside), a web-based data collection platform to collect and evaluate client demographics and outcomes. In addition, data will be entered into the JFK Foundation data tracking log. Monthly, quarterly, mid and end-of-year results will be compiled into statistical reports and assessed focusing on attaining successful/desired outcomes at

the program level and participant level. These reports will allow us to, identify clients' unique situations and address barriers to services, to ensure all clients receive the needed support and access to equal opportunities, outcomes, and benefits the program provides. Program Surveys and/or Assessments include: General Client Survey; Behavioral Health and Substance Use Survey; The Stress Scale, Patient Health Questionnaire; Edinburgh Postnatal Depression Scale

The Behavioral Health Awareness and Education Program aligns with and allows JFK Foundation to fulfill its goals and mission to enhance the physical, emotional and intellectual health and wellness of Coachella Valley children and families. Program data will be used to demonstrate to funders and community partners, the need in our community for behavioral health services. By providing behavioral health education, families will learn the importance of seeking preventive services before problems escalate; families will become more aware of the services available to them; and the barriers and stigma associated with accessing and receiving behavioral health services can be eliminated.

### **Organizational Capacity and Sustainability**

#### **Organizational Capacity**

Providers (5.5 FTE) have the capacity to allocate 5 hours per week to the Behavioral Health Awareness and Education Program, based on the time required to meet the SafeCare program monthly goal of 52 one-hour sessions per month, per Provider. JFK Foundation SafeCare Providers carry a caseload of 15 families each, providing an average of 3 sessions per day. Families receive 18 to 20 weekly sessions, 1 hour in length.

Providers meet/exceed the qualifications, background and previous training necessary to implement the Behavioral Health Awareness and Education Program. All Providers have previously been trained in, and have utilized a variety of evidence-based curricula, assessments and materials. Providers are highly trained paraprofessionals, with over 50 years combined experience providing services to moderate to high-risk children and families and servicing JFK Foundation programs. JFK Foundation has experienced minimal staff turnover with several members of our Home Visitation team being part of the original highly trained team. All Providers exhibit comfort and skill in communicating with children, adults, peers / professionals and are culturally and ethnically representative of individuals they serve, and are able to present culturally competent services with the ability to speak, read and write standard English and Spanish.

#### **Organizational Sustainability:**

JFK Foundation is committed to pursuing the development and expansion of socially significant programs to enhance the physical, emotional and intellectual health and wellness of Coachella Valley children and families. JFK Foundation programs promote the philosophy that it is most valuable for the whole family to receive services, to identify and enhance the family's strengths while meeting individual and family needs, and emphasizes developing resilient families and children.

The Board of Directors have addressed program sustainability through a very conservative budgeting process to achieve a secure financial future for JFK Foundation

programs. Our grant writing team continually research and submit proposals. A Board Committee guides programming and expansion plans, and acts as the liaison to the Board. The Committee attends meetings with county officials and other agencies in an effort to increase funding opportunities. JFK Foundation has a longstanding partnership with Riverside County and First 5 Riverside. As an accredited SafeCare agency, future funding opportunities include coaching/training services for a fee. Marketing efforts include exploring ways to publicly promote programs while maintaining client confidentiality through print media, broadcast news, internet, and social media platforms.

### **Diversity, Equity, and Inclusion**

#### **How does your organization address diversity, equity, and inclusion at the board and executive staff levels?**

JFK Foundation's commitment to equity is essential to the strength of our organization and our community, and connects our internal processes to our services. We know our clients often face inequities in areas including health, employment, education, income earnings, childcare, and basic needs. As a social service organization providing services to disadvantaged, underserved families in our community, we recognize that by applying an equity lens to the design and implementation of our policies and programs, we can identify and potentially eliminate barriers families face. We give our clients the support they need to enjoy full, healthy lives, treating everyone fairly by acknowledging everyone's unique situation, and addressing barriers to services ensuring everyone has access to equal opportunities, outcomes and benefits.

JFK Foundation is committed to meeting the needs of Coachella Valley children and families in all their diversity. JFK Foundation has dedicated itself to providing services, programs and policies that are appropriate and accessible to our clients, who encompass a broad range of human differences such as ability and disability, age, educational level, ethnicity, gender, geographic origin, race, religion, sexual orientation, socio-economic class, and values. Our Board, Leadership and Staff are dedicated to the Foundation's Core Values as follows: In all interactions staff will be respectful, promoting honesty, integrity and appreciation of others, exhibiting positive character in all we do; building and maintaining a healthy culture of organizational citizenship while fostering a non-judgmental environment of collaboration and true team spirit, operating with an 'open door policy'.

JFK Foundation Board, leadership and staff come from a wide array of backgrounds, residing in the communities of individuals we serve. They bring unique perspectives that influence how we approach our mission in more inclusive and innovative ways. Board members are selected based on their integrity, credibility, and having a passion for improving the lives of the Foundation's beneficiaries. JFK Foundation has a highly trained paraprofessional staff who are bi-lingual (English and Spanish). JFK Foundation staff represents the ethnic, linguistic, and gender characteristics of the communities they serve. JFK Foundation's identified strengths include: interplay of staff, staff and Board longevity, coordination of services, effectiveness, real work, change agents; all of which creates powerful opportunities to deepen the organization's impact, relevance, and advancement of the public good.

**If your organization is not currently addressing diversity, equity, and inclusion at the board and executive staff levels, please explain the barriers, such as knowledge, financial investment, capacity, etc., that are preventing you from doing so. N/A**

**Partnerships:**

**Key Partners:**

Our In-Kind Supporters include:

HOPE Collaborative - Educational Literature/Pamphlets for Parents, Backpacks for children, water bottles, sunscreen, lip balm, educational toys, etc. for all families served by JFK Foundation programs and community outreach event participants

Locally, our COS is providing community outreach efforts by attending Resource Fairs and Health Fairs, and has established collaborative partnerships with: Women Infants and Children (WIC); Barbara Sinatra Children's Center; Palm Springs Unified School District (PSUSD), Coachella Valley Unified School District (CVUSD), Desert Sands Unified School District (DSUSD) Early Childhood Education / Head Start; Flying Doctors; Find Food Bank; Loma Linda Indio Office (signed MOU); Riverside County Family Resource Centers – Desert Hot Springs and Mecca; Martha's Village and Kitchen; Mamma's House. Through these collaborations, JFK Foundation is able to reach vulnerable populations who otherwise may not be aware of the behavioral/mental health services and resources available to them. Our COS has attended 30+ outreach events in the past 6 months.

Our Director of Home Visitation Programs is collaborating with Barbara Sinatra Children's Center and PSUSD (through HOPE Collaborative), by implementing presentations on parenting topics that include education and awareness of behavioral/mental health and available services. Our Director is working with HOPE Collaborative to expand the presentations to include DSUSD and CVUSD.

## Line Item Budget Project Operational Costs

PROJECT OPERATIONS		Total Project Budget	Funds from Other Sources <span style="color: red;">Detail on sheet 3</span>	Amount Requested from DHCD
<b>Total Staffing Costs</b> <span style="color: red;">Detail on sheet 2</span>		\$ 58,935.76	\$ 9,135.36	\$ 49,800.40
<b>Equipment (itemize)</b>				
1				\$ -
2				\$ -
3				\$ -
4				\$ -
<b>Supplies (itemize)</b>				
1	Office Supplies	\$ 500.00		\$ 500.00
2				\$ -
3				\$ -
4				\$ -
<b>Printing / Duplication</b>		\$ 250.00		\$ 250.00
<b>Mailing / Postage</b>		\$ 110.00		\$ 110.00
<b>Travel / Mileage (use current Federal mileage rate)</b>		\$ 1,650.00		\$ 1,650.00
<b>Education / Training</b>				\$ -
* Items listed below are included for calculation of the total project budget only. For use of DHCD funds, these line items would be included in the allowable 10% indirect cost rate.				
<b>Office / Rent / Mortgage*</b>			\$ -	\$ -
<b>Telephone / Fax / Internet*</b>			\$ -	\$ -
<b>Utilities*</b>			\$ -	\$ -
<b>Insurance*</b>			\$ -	\$ -
<b>Other direct project costs not described above (itemize)</b>				
1				\$ -
2				\$ -
3				\$ -
4				\$ -
<b>Indirect Cost Rate - Maximum of 10% Allowed</b>				\$ 5,231.04
<b>Total Project Budget</b>		<b>\$ 66,676.80</b>	<b>\$ 9,135.36</b>	<b>\$ 57,541.44</b>
<b>Budget Narrative</b>	<p style="color: red;">Fully describe items above in this cell. You may insert rows or create additional worksheets if more space is needed to fully describe your budget.</p> <p style="color: red;">DHCD Requested Amount Budget Narrative:</p> <p style="color: red;">Staff Salaries - Includes a percentage of salaries and benefits for 5.5 FTE SafeCare Providers, for time spent delivering the program. Program Director will provide program oversight, and guidance and support for the Providers.</p> <p style="color: red;">Office Supplies – paper, client file folders, general office supplies</p> <p style="color: red;">Printing/Duplication – Provider Materials i.e. Intake Forms, Surveys, Assessments, etc., Client Program Materials i.e. Informational Handouts, Educational Resources, Community Resource Referral lists, etc.</p> <p style="color: red;">Postage – 2 rolls of stamps for mailings to clients</p> <p style="color: red;">Travel/Mileage – Mileage to clients' homes 5.5 Providers @ appx 40 miles per month @ .625 per mile</p> <p style="color: red;">Indirect Costs - Administrative and Fiscal Support</p>			

### Line Item Budget Staffing Costs

Staff Salaries		Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD
<b>Employee Position/Title</b>					
1	Director of Home Visitation & SafeCare Coach	72,800.00	11.5%	8,372.00	\$ 8,372.00
2	SafeCare Provider & Coach #1	46,800.00	13.0%	6,084.00	\$ 6,084.00
3	SafeCare Provider #2	45,760.00	13.0%	5,948.80	\$ 5,948.80
4	SafeCare Provider #3	45,760.00	13.0%	5,948.80	\$ 5,948.80
5	SafeCare Provider #4	45,760.00	13.0%	5,948.80	\$ 5,948.80
6	SafeCare Provider #5	42,640.00	13.0%	5,543.20	\$ 5,543.20
7	SafeCare Provider #6	45,760.00	6.5%	2,974.40	\$ 2,974.40
8	Community Outreach Specialist	\$ 49,920.00	15%	7,488.00	\$ -
<b>Total Employee Benefits / Employer Taxes - proportional fringe costs and/or employer taxes based on % of time allocated to project</b>			22%	10,627.76	8,980.40
<b>Enter this amount in Section 1; Staffing Costs</b>			<b>Total &gt;</b>	<b>\$ 58,935.76</b>	<b>\$ 49,800.40</b>
<b>Budget Narrative</b>	<p>Please describe in detail the scope of work and duties for each employee on this grant. Grant funds will cover a portion of salary costs for 5.5 FTE SafeCare Providers and the Director of Home Visitation Programs. Providers will deliver the program to children/youth (0-18) and their families recruited by JFK's Community Outreach Specialist (COS – salary covered by funding through First 5 Riverside)) at community outreach events and other sources, and families enrolled in JFK's SafeCare Parent Training Program. COS and Providers will expand awareness of behavioral/mental health services, increase the education of families to the signs of behavioral/mental health issues, and increase access and utilization of services within the community. SafeCare Providers will utilize a pre-survey to determine clients' needs for behavioral/mental health services. Providers will work with our COS to refer clients to outside no-cost and low-cost community-based agencies for services; assist families with accessing referral sources; and follow-up with both the client and referral agencies to ensure a connection has been made. Post-survey information will be documented noting the services received, if client would seek services in the future, and how client now views receiving services in an effort to eliminate barriers and the stigma associated with mental health. The Director of Home Visitation programs will provide on-going support to help Providers work through challenges and possible solutions to meet their clients' needs. Provider responsibilities include: case management, administering surveys and/or assessments, case file documentation, and administrative services. SafeCare Providers will work with families in their home environment, providing flexible schedules including evenings and weekends to accommodate families' needs.</p>				
<b>Budget Narrative</b>	<p>Please describe in detail the employee benefits including the percentage and salary used for calculation. Total Program Salaries = \$40,820.00 Payroll Taxes = 8.75%; Workers Comp = .05%; Health, Dental and Vision Insurance = 13.2% (Total Benefits = 22%) = \$8,980.40</p>				
<b>Professional Services / Consultants</b>		Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD
<b>Company and Staff Title</b>					
1					
<b>Enter this amount in Section 1; Staffing Costs</b>				<b>Total &gt;</b>	<b>\$ -</b>
<b>Budget Narrative</b>	<p>Please describe in detail the scope of work for each professional service/consultant on this grant.</p>				



## Line Item Budget Other Project Funds

Other funding received (actual or projected) SPECIFIC to this project. "Total funding in addition to DHCD request" below should match or exceed value listed in Section 1 for "Funds from Other Sources".		Amount
<b>Fees</b>		
<b>Donations</b>		
<b>Grants (List Organizations)</b>		
	1	First 5 Riverside, Riverside County Children & Families Commission
	2	
	3	
	4	
		\$ 9,135.36
<b>Fundraising (describe nature of fundraiser)</b>		
	1	
	2	
<b>Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)</b>		
	1	Hope Collaborative
	2	
	3	
	4	
		In-Kind
<b>Total funding in addition to DHCD request</b>		<b>\$ 9,135.36</b>
<b>Budget Narrative</b>	<p style="color: red; font-size: small;">Describe program/project income listed above. Note whether income is "projected" or actual.                      First 5 Riverside, Riverside County Children &amp; Families Commission Grant: Community Outreach Specialist Funding - Full Contract Amount \$100,000 / <b>Project related outreach services amount \$9,135.36</b>                      Hope Collaborative - <b>"Actual" confirmed in-kind support valued at \$1,200.00 annually/ \$100 per month.</b> Educational Literature/Pamphlets for Parents, Backpacks for children, water bottles, sunscreen, lip balm, educational toys, etc. for all families served by JFK Foundation programs and Community Outreach Specialist.</p>	

# Grant Scoring Review

## Grant Staff Review # 1 of 3

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**Executive Summary:** 9

**Community Need and Alignment:** 10

**Goals:** 9

**Proposed Evaluation Plan:** 9

**Applicant Capacity and Infrastructure:** 9

**Organizational Sustainability:** 8

**Budget:** 8

**Key Partners/Collaborations:** 10

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**Total Score:** 72.00

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**Reviewer Comments:**

JFK Foundation seeks to expand awareness, education and access to behavioral health through their Behavioral Health Awareness and Education Program. This program will be an additional service provided to families enrolled in the SafeCare In-Home Parent Training Program as well as to families recruited by the organization's Community Outreach Specialist. This program will expand awareness to behavioral health support available to families in need; increase the education of families to the signs of behavioral health issues and the support available; and, increase access and utilization of behavioral health services within the community. This program is in alignment with the District's strategic goal #3: Proactively expand community access to behavioral/mental health services.

**Response Notes:**

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**Average Review Score:**

Fiscal Staff Review Stage: 17 (2 of 2)

Grant Program Staff Review Stage: 72.666666666666666666666666666667 (3 of 3)

**Sum of all Reviews:**

Fiscal Staff Review Stage: 34 (2 of 2)

Grant Program Staff Review Stage: 218 (3 of 3)

**Total average proposal score: 90/100**

# Grant Scoring Review

## Grant Staff Review # 2 of 3

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**Executive Summary:** 10

**Community Need and Alignment:** 9

**Goals:** 9

**Proposed Evaluation Plan:** 8

**Applicant Capacity and Infrastructure:** 9

**Organizational Sustainability:** 9

**Budget:** 9

**Key Partners/Collaborations:** 9

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**Total Score:** 72.00

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### **Reviewer Comments:**

The JFK Memorial Foundation's Behavioral Health Awareness and Education Program (BHAEP) provides children ages 0-18 and their families with vital behavioral health services and resources. The home visitation component of the BHAEP program is key to provide children and families a stress-free environment, where they can meet and talk with the Certified SafeCare Providers about very serious and life-altering behavioral health problems. Using evidence-based programs, participating children and their families learn how manage their stress, anxiety, and other mental health problems. Referrals to additional supportive programs are a major component of this program and it ensures children and families receive the information and support identified by the pre/post surveys.

### **Response Notes:**

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### **Average Review Score:**

Fiscal Staff Review Stage: 17 (2 of 2)

Grant Program Staff Review Stage: 72.6666666666666666666666666667 (3 of 3)

### **Sum of all Reviews:**

Fiscal Staff Review Stage: 34 (2 of 2)

Grant Program Staff Review Stage: 218 (3 of 3)

**Total average proposal score: 90/100**

## Grant Scoring Review

### Grant Staff Review # 3 of 3

---

**Executive Summary:** 9

**Community Need and Alignment:** 9

**Goals:** 8

**Proposed Evaluation Plan:** 9

**Applicant Capacity and Infrastructure:** 9

**Organizational Sustainability:** 10

**Budget:** 10

**Key Partners/Collaborations:** 10

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**Total Score:** 74.00

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#### **Reviewer Comments:**

This project proposal submitted by the John F. Kennedy Foundation to provide awareness, education and access to behavioral health through a structured program aligns with the DHCD Strategic Goal # 3 (Proactively expand community access to behavioral/mental health services), Strategy 3.6 and 3.7. This program includes the implementation of evidence based in - home practices (SafeCare, CV Healthy Families, and Differential Response parenting education/emotional support/improved physical health) designed to support service linkage and improve behavioral health outcomes for the participants.

The direct number of residents served by this project include 680 (parents/child) with an additional indirect services to potentially 428 (additional family members - 3.6). The progress toward these goals will be evaluated using a data collection structure that will include, client demographic information, case management system entry, and the JFK Foundation data tracking logs for the review of outcomes when compared to goals. This information will help identify client responses to the support provided and address any barriers that are present.

Organizational Capacity is high due to the identified number of team FTE's (5.2) which allows for caseload sizes that support the necessary rapport development and engagement with the families being served.

Multiple partnerships with established community support organizations as highlighted in this project will strengthen the potential for success in the creation of improved outcomes/experiences which will be able to be sustained over time and possibly expanded/replicated.

## Grant Scoring Review

### Response Notes:

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#### **Average Review Score:**

Fiscal Staff Review Stage: 17 (2 of 2)

Grant Program Staff Review Stage: 72.666666666666666666666666666667 (3 of 3)

#### **Sum of all Reviews:**

Fiscal Staff Review Stage: 34 (2 of 2)

Grant Program Staff Review Stage: 218 (3 of 3)

**Total average proposal score: 90/100**

## Grant Scoring Review

### Fiscal Staff Review # 1 of 2

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**Fiduciary Compliance:** 9

**Financial Stability:** 8

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**Total Score:** 17.00

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**Reviewer Comments:** Unmodified audit reviewed and approved by Board of Directors. Positive cash flow noted for 2021 with sufficient assets to address liabilities. Grant budget reasonable to overall organization budget but lists minimal additional funding sources for project. Strategic plan in place which lists broad goals but does not detail plan to meet goals.

**Response Notes:**

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**Average Review Score:**

Fiscal Staff Review Stage: 17 (2 of 2)

Grant Program Staff Review Stage: 72.6666666666666666666666666667 (3 of 3)

**Sum of all Reviews:**

Fiscal Staff Review Stage: 34 (2 of 2)

Grant Program Staff Review Stage: 218 (3 of 3)

**Total average proposal score: 90/100**

## Grant Scoring Review

### Fiscal Staff Review # 2 of 2

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**Fiduciary Compliance:** 9

**Financial Stability:** 8

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**Total Score:** 17.00

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**Reviewer Comments:** Fiduciary Compliance - 9

The FY 06/30/21 audit report is unmodified. The Board of Directors accepted the audit report.

Audit report Current Ratio is strong (10:1), which represents the grantee's ability to pay its short-term liabilities.

The Net Assets increased by \$31k as of 6/30/21, with Total Net Assets of \$1M. Internal financial statements, as of 3/31/22, demonstrates a decrease of \$88k. The Balance Sheet is in good order.

Financial Stability - 8

Grantee demonstrates a sound financial position.

The total program's budget of \$66,677 is funded in part by the District's grant of \$57,541.

**Response Notes:**

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**Average Review Score:**

Fiscal Staff Review Stage: 17 (2 of 2)

Grant Program Staff Review Stage: 72.666666666666666666666666666667 (3 of 3)

**Sum of all Reviews:**

Fiscal Staff Review Stage: 34 (2 of 2)

Grant Program Staff Review Stage: 218 (3 of 3)

**Total average proposal score: 90/100**



**Date:** 9/13/2022

**To:** Program Committee

**Subject:** Grant # 1355 Cove Communities Senior Association dba The Joslyn Center

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**Grant Request:** The Joslyn Wellness Center

**Amount Requested:** \$85,000.30

**Project Period:** 10/1/2022 to 9/30/2023

**Project Description and Use of District Funds:**

The Joslyn Wellness Center is predicated on the tenet that optimizing mental health and well-being in older adults is best achieved through a multi-faced approach that combines focus on behavioral health, healthy aging, memory, and exercise. The program offers various evidence-based interventions that can be utilized separately or in conjunction to achieve synergistic results.

- **Problem Solving Therapy (PST)**

- Evidence-based behavioral health intervention that focuses individually and in group settings on helping patients manage stressful events
- Utilizes pre and post clinical assessments that may include the Patient Health Questionnaire (PHQ-9) to diagnosis depression
- Clients may participate in up to 12 sessions at which point they are re-evaluated for improvement in presenting issues that may require subsequent treatment on-site or referral to another BH provider

- **Aging Mastery Program**

- Evidence-based intervention developed by the National Council on Aging
- Core curriculum is delivered in 10 sessions and provides participants with an overview of the challenges encountered while navigating life in old age and offers behavior change models to build new skills

- **Brain Boot Camp and Memory Training**

- Two evidence-based interventions developed by the UCLA Longevity Center to improve brain health and memory care
- Brain Boot Camp is an interactive, research-based training experience that provides participants with tools and lifestyle tips to keep their brains vital and healthy and improve or maintain their memory ability





- Memory Training provides an innovative educational program for people with mild memory concerns and combines trainer presentations with group discussions, memory checks, and skill-building exercises
- **Go4Life**
  - An evidence-based exercise and physical activity campaign from the National Institute on Aging at the National Institutes for Health (NIH)
  - Go4Life is designed to help individuals fit exercise and physical activity into their daily life encouraging a variety of exercises that focus on Endurance, Strength, Balance, and Flexibility, ensuring that participants focus on at least one of these components every day

The program is operated by a Licensed Clinical Supervisor (LCSW) Program Director with support from a Program Supervisor LCSW, two Associate Marriage and Family Therapist counselors, and an Intake and Outreach Coordinator. Bi-lingual staff provide services in Spanish. Since establishing the Wellness Center Program, four associate counselors have received sufficient hours for licensure and received their licenses.

The target population is adults aged 60 and above, who are living at or below 250% of poverty level. The program will strengthen and expand community access to behavioral health services and will serve 200 unduplicated older adults; 61 will be District-funded. At least 20% of clients will be from the Hispanic community.

**These 61 District-funded clients can participate in multiple components, thus explaining the following numbers:** Grant funds will provide Problem Solving Therapy for 25 District-funded counseling clients, of which 70% will demonstrate clinically assessed or self-reported improvement in presenting problem; Aging Mastery Program education for 31 District-funded clients, of which 70% will achieve one or more identified personal goals; Brain Boot Camp memory training for 37 District-funded clients; 70% will learn new memory-improving techniques; and physical fitness training to 31 District-funded clients; 75% will report improved quality of life..

### **Strategic Plan Alignment:**

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

**Strategy 3.1:** Provide funding to support an increase in the number of behavioral / mental health professionals (includes training)

**Strategy 3.2:** Provide funding to Community-Based Organizations to support an increase in the number of days and hours of operation of behavioral/mental health services



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

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

**Geographic Area(s) Served:**

Cathedral City; Coachella; Indio; Indian Wells; La Quinta; Palm Desert; Rancho Mirage; Thousand Palms

**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 \$85,000.30 be approved.
- Recommendation with modifications
- Deny



## **Grant Application Summary**

### **Cove Communities Senior Association dba The Joslyn Center, Grant #1355**

#### **About the Organization**

Cove Communities Senior Association dba The Joslyn Center  
73-750 Catalina Way  
Palm Desert, CA 92260-2906  
Tel: 17603403220  
<https://joslyncenter.org>

**Tax ID #:** 95-3622332

#### **Primary Contact:**

Jack Newby  
Tel: (760) 340-3220  
[JackN@joslyncenter.org](mailto:JackN@joslyncenter.org)

#### **Organization History and Mission**

Founded in 1981, the Joslyn Center's mission is to provide comprehensive programs and services for seniors 50+ in Indian Wells, Palm Desert, Rancho Mirage, and surrounding communities. Situated on a three-acre site, our 20,000 square foot facility is the Inland Empire's largest senior center with over 2,200 members. This year, we project more than 50,000 visits by seniors to access over 80 weekly free or low-cost activities, including physical fitness; education; wellness programs; social events; entertainment; social services such as free tax and legal consultations; free flu shots; and blood pressure testing. Our senior nutrition programs provide outreach and support to low-income, isolated and food insecure seniors through Meals on Wheels, which served 13,880 home delivered meals via 34 volunteer drivers to 107 unduplicated clients last year; Penny's Pantry Food Bank, which served nearly 23,000 pounds of food to low-income seniors last year; and 'Let's Do Lunch,' which provides meals, socialization, and education activities. Since 2017, the Wellness Center has provided comprehensive programs focusing on senior health, wellness, and vitality through a series of evidence-based programs and classes, which is based around four pillars of need: Mental Health, Healthy Aging, Exercise and Active Living, and Nutritional and Health Education.

**Organization Annual Budget:** \$1,298,151.00

**Historical (approved Requests)**

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
1999	grant # 2000-052	\$3,000	Grant	6/30/2000	
2000	grant # 2001-017	\$25,000	Grant	6/30/2001	
2001	grant #s: 2001-005 & 006	\$21,000	Grant	11/20/2001	
2003	historical from COO grant summary	\$80,000	Grant	6/30/2004	
2004	New exercise and dance floor	\$25,000	Grant	11/22/2004	Grant budget
2009	Meals-on-Wheels at Joslyn Senior Center	\$3,580	Improving Lives	3/4/2010	Grant budget
2010	Meals-on-Wheels at Joslyn Center	\$3,858	Food Assistance	8/16/2010	Grant budget
2010	Meals-on-Wheels at Joslyn Center	\$4,000	Food Assistance	10/25/2010	Grant budget
2010	Meals-on-Wheels at Joslyn Center	\$5,000	Food Assistance	3/4/2011	Grant budget
2011	Meals on Wheels at Joslyn Center	\$5,000	Food Assistance	8/8/2011	Grant budget
2011	Meals on Wheels	\$15,000	Food Assistance	11/4/2011	Grant budget
2017	Joslyn Wellness Center Educational Programming	\$5,000	Mini-Grant	4/4/2018	Grant budget
2018	Joslyn Wellness Center Senior Behavioral Services Program	\$112,050	Grant	10/23/2018	Grant budget
2019	Joslyn Center Nutrition Programs - Meals on Wheels and Penny's Pantry	\$10,000	Grant	4/1/2020	
2020	Joslyn Wellness Center	\$109,130	Grant	1/26/2021	

**Project Information****Project Title:** The Joslyn Wellness Center**Start Date:** 10/1/2022 **End Date:** 9/30/2023**Term:** 12 months**Total Project Budget:** \$277,961**Requested Amount:** \$85,000**Executive Summary:**

The Joslyn Center requests support to expand the innovative Joslyn Wellness Center behavioral health program. The program is predicated on the tenet that optimizing mental health and well-being in older adults is best achieved through a multi-faceted

approach that combines focus on behavioral health, healthy aging, memory, and exercise. Led by our Licensed Clinical Social Worker Program Director, the program offers evidence-based interventions that can be utilized separately or in conjunction to achieve synergistic results, including Problem Solving Therapy, the Aging Mastery Program, Brain Boot Camp, and Go4Life. By removing the “siloe” approach to addressing older adults’ health needs, the program provides a holistic approach that includes the benefits of socialization and interaction. The program’s mission is to provide easily accessible evidence-based counseling services designed for older adults. Our vision is to improve wellness for Valley’s seniors through innovative programming. The target population is adults aged 60 and above, who are living at or below 250% of poverty level. In 2019, Health Assessment and Research for Communities (HARC) estimated that older adults aged 65 and older represented over 30% of the Coachella Valley’s population; 28% were Hispanic. In 2018, HARC reported that 22% of seniors had diagnosed mental health disorders. The Centers for Disease Control reported that “loneliness and social isolation in older adults are serious public health risks”, putting them at risk for dementia and other serious medical conditions. The University of Michigan’s 2021 National Poll on Healthy Aging survey of older adults reported that the COVID-19 pandemic has created unprecedented mental health challenges for older adults. Studies have shown that physical exercise can positively impact behavioral health, and in fact, can be as effective as medication in exhibiting statistically and clinically significant depression reduction.

The program will strengthen and expand community access to behavioral health services and will serve 200 unduplicated older adults; 61 will be district-funded. **Clients can participate in multiple components.** Grant funds will provide Problem Solving Therapy for 25 district-funded counseling clients, of which 70% will demonstrate clinically assessed or self-reported improvement in presenting problem; Aging Mastery Program education for 31 district-funded clients, of which 70% will achieve one or more identified personal goals; Brain Boot Camp memory training for 37 district-funded clients; 70% will learn new memory-improving techniques; and physical fitness training to 31 district-funded clients; 75% will report improved quality of life. At least 20% of clients will be from the Hispanic community.

### **Community Need for the Project:**

The Centers for Disease Control reported that “loneliness and social isolation in older adults are serious public health risks”, putting them at risk for dementia and other serious medical conditions. Isolation significantly increases premature death risk from all causes, rivaling smoking, obesity, and physical inactivity. Depression affects over 6.5 million Americans aged 65 and older. According to the American Psychological Association, depression symptoms in older adults can manifest in memory problems, confusion, social withdrawal, appetite and weight loss, and physical symptoms, including fatigue, headaches, stomachaches, and chronic pain. In 2018, Health Assessment and Research for Communities (HARC) reported that 22% of Valley seniors had been diagnosed with mental illness, including 13% with depression; 58% felt the severity of problems warranted professional help, but 16% were unaware of where to obtain help. The COVID-19 pandemic has exacerbated behavioral health issues. The University of Michigan’s 2021 National Poll on Healthy Aging sampled U.S. adults aged 50-80 regarding the pandemic’s mental health impact; 18% said overall mental health was worse than before pandemic. Participants reported increased anxiety

(28%), insomnia (19%) and depression (19%). The report notes that these are not a normal part of aging and can impair physical and social functioning and that the pandemic has created unprecedented mental health challenges for older adults. Studies have shown that physical exercise can positively impact behavioral health. A 1999 study published in the Archives of Internal Medicine (J.A. Blumenthal, et al) randomly assigned 156 adults over age 50 with major depressive disorder to a program of aerobic exercise, antidepressants, or a combination. Results showed that exercise was as effective as medication in exhibiting statistically and clinically significant depression reduction. The Joslyn Wellness Center provides evidence-based interventions that address behavioral health issues in older adults through outpatient treatment, memory and healthy aging classes, and exercise.

### **Strategic Plan Alignment:**

Goal 3: Proactively expand community access to behavioral/mental health services  
Strategies 3.1, 3.2, 3.6, & 3.7: support increases in behavioral health professionals and operating hours; educate on available resources; and collaborate to enhance culturally sensitive services.

### **Project Description and Use of District funds:**

The Joslyn Wellness Center is predicated on the tenet that optimizing mental health and well-being in older adults is best achieved through a multi-faced approach that combines focus on behavioral health, healthy aging, memory, and exercise. The program offers various evidence-based interventions that can be utilized separately or in conjunction to achieve synergistic results, including Problem Solving Therapy, the Aging Mastery Program, Brain Boot Camp, and Go4Life. By removing the “siloeed” approach to addressing the health needs of seniors and older adults, the program provides a holistic approach that also offers the benefits of socialization and interaction. The program also benefits from additional on-site services, including nutrition and health education offerings. While the program is focused on the “four pillars” of wellness, they are all inter-related. For example, nutrition, exercise, and mental health can all positively impact obesity. Our program is unique, diverse, and fun to encourage sustained engagement. The program is operated by a Licensed Clinical Supervisor (LCSW) Program Director with support from a Program Supervisor LCSW, two Associate Marriage and Family Therapist counselors, and an Intake and Outreach Coordinator. Bilingual staff provide services in Spanish.

The Wellness Center’s behavioral health treatment program utilizes Problem-solving therapy (PST), an evidence-based behavioral health intervention that focuses individually and in group settings on helping patients manage stressful events. Stress may be related to life altering events, such as death of a loved one, chronic illness, or divorce, but may also be an accumulation of “minor” occurrences, such as relationship conflict, financial difficulties, age-related challenges, and other issues. PST has been demonstrated to be effective for a wide range of problems, including major depressive disorder; generalized anxiety disorder; emotional distress; suicidal ideation; relationship difficulties; certain personality disorders; and poor quality of life and emotional distress related to medical illness, such as cancer or diabetes. Clients are trained to overcome major obstacles that inhibit effective coping and heighten stress by means of problem identification, generation of solutions, solution implementation, and post-implementation evaluation. Effective problem solving involves the ability to adaptively develop and

match helpful solutions to life problems while taking into account internal and external factors that impact the problem. Research documents the effectiveness of PST for use with older adults experiencing a variety of issues ranging from depression, anxiety, and mild cognitive impairment. Clinicians administer pre and post clinical assessments that may include the Patient Health Questionnaire (PHQ-9) to diagnosis depression, or an equivalent diagnostic tool. Clients may participate in up to 12 sessions at which point they are re-evaluated for improvement in presenting issues that may require subsequent treatment on-site or referral to another behavior health provider. Other programs include caregiver support groups, grief support, and individual counseling.

Aging has changed remarkably since the last generation entered into retirement. For many seniors, traditional retirement plans are disappearing, daily living expenses continue to rise, relationships change, and more than 84% of people aged 65+ are coping with at least one chronic health condition and quite often over many years. Most older adults are unprepared for the challenges they might face as they live longer. The ongoing COVID-19 pandemic is exacerbating many of these pre-existing issues. **The Aging Mastery Program (AMP) is an evidence-based intervention developed by the National Council on Aging.** Launched in 2013, AMP has been successfully utilized by tens of thousands of older adults that have demonstrated significant increases in social connectedness; physical activity levels; healthy eating habits; advance planning capacity; and other healthy behaviors. The core curriculum is delivered in 10 sessions and provides participants with an overview of the challenges encountered while navigating life in old age and offers behavior change models to build new skills. Core classes include Navigating Longer lives, Exercise and You, Importance of Sleep, Healthy Eating and Hydration, Financial Fitness, Advanced Planning, Healthy Relationships, Medication Management, Community Engagement, and Falls Prevention. A 2019 UCLA study published in the peer-reviewed journal, Health Education and Behavior reported improvement in mental health among AMP participants.

**To improve brain health and memory care, the program utilizes two evidence-based interventions developed by the UCLA Longevity Center, including Brain Boot Camp and Memory Training.** These programs provide participants with tools and lifestyle tips to keep their brains vital and healthy. Brain Boot Camp is an interactive, research-based training experience that provides participants with tools and lifestyle tips to keep their brains vital and healthy and improve or maintain their memory ability. The program goals are to help participants develop good memory habits and to teach memory improving techniques. Participants receive education on optimal brain health, with a focus on proper nutrition, stress management, exercise, and memory training. During the sessions, baseline measurements of memory, stress, and fitness levels are tracked with guidelines for measuring improvement going forward. Participants receive a customized healthy lifestyle program and a variety of memory improving techniques, including to recall names and faces. They are provided with take home strategies, exercises, and assignments to continue improving memory on a regular basis. While the intervention is designed as a one-time, three-hour session, our experience has shown it is more effective for our population when divided into two 1 ½ hour sessions. Memory Training provides an innovative educational program for people with mild memory concerns and combines trainer presentations with group discussions, memory checks, and skill-building exercises. In four weekly two hour classes, the course targets

common memory complaints that people experience in daily life, including 1) Forgetting names and faces; 2) forgetting future events and activities, including appointments, relaying phone messages, or why you walked into a room; 3) forgetting where you place common items, such as keys or a wallet; and 4) inability to immediately recall something you know or "tip of the tongue" memory challenges. This class provides strategies to develop good memory habits and teaches techniques to improve memory.

**To address the impact of physical exercise on behavioral health, we offer Go4Life, an evidence-based exercise and physical activity campaign from the National Institute on Aging at the National Institutes for Health (NIH).** Go4Life is designed to help individuals fit exercise and physical activity into their daily life. The program encourages a variety of exercises that focus on Endurance, Strength, Balance, and Flexibility, ensuring that participants focus on at least one of these components every day. Clients can also incorporate a "circuit training" exercise program at our Wellness Center with weekly personal trainings for participants to teach safe operation of the equipment which is especially designed for the older exerciser. Outdoor exercise stations encourage use of our walking track and other strength and flexibility exercises.

We offer a variety of nutrition and health education opportunities. In collaboration with Desert Regional Medical Center, Eisenhower Health, and Desert Oasis Healthcare, the Joslyn Wellness Center presents relevant seminars on a variety of medical issues of concern to seniors. Seminars have focused on issues, including the importance of sleep, prescription drug interactions, meditation, preventing joint pain, sex and intimacy, cancer, and eyes, ears, nose and throat health. All seminars are presented by physicians who are experts in their field and have included attendance of more than 40 participants. Our in-house "Penny's Pantry" food bank provides supplemental food to many local seniors at risk of food insecurity. We continue to upgrade our selection with more nutritious fare, including fresh fruit and vegetables to help seniors maintain a more balanced and nutritious diet. While delayed by the pandemic, we plan to establish a Senior Farmer's Market to expand healthy eating opportunities to local seniors.

**Client demographics by ethnicity are 80% White, 15% Hispanic, and 5% Asian, African American, mixed race or other. Client zip codes include: 92260, 92211, 92210, 92270, 92276, 92241, 92203, 92201, 92236, 92253, 92234, 92264, and 92262.**

Since establishing the Wellness Center Program, four associate counselors have received sufficient hours for licensure and received their licenses.

#### **Description of the Target Population (s):**

In the more than four decades since the Joslyn Center's establishment, seniors' needs have accelerated as they are living longer while struggling to get by with fewer resources. COVID-19 has exacerbated needs to unprecedented levels. The Coachella Valley is the epicenter of a rapidly growing senior population in California. The most recent California Department of Aging reports that Riverside County is among the fastest growing counties with a projected growth of up to 97% from 2010 to 2030 of those over age 60. The Los Angeles Times reported in April 2020 that the Coachella Valley has some of California's densest concentrations of seniors. In 2020, Health Assessment & Research for Communities (HARC) released the Coachella Valley Community Health Survey 2019. HARC reported that there were 157,590 adults aged



55 and older in the Valley in 2019, 46.3% of the adult population; 68.4% were White, 28% Hispanic, 2.0% Black and 1.6% other; 53.8% were female and 46.1% male. Of local seniors, 52.7% were married or cohabitating, 17.1% widowed, 16.3% divorced or separated, and 13.4% single; and 15.8% identified as LGBTQ community members. HARC's 2022 survey is in currently in process with expected release in early 2023.

The highly respected UCLA Elder Economic Security Index indicates that a single senior renting housing requires a minimum of \$22,380 to meet basic housing, nutritional, and medical needs in Riverside County. The only source of income for many of these seniors is Social Security, which provides an average annual income of just \$19,884 in California in 2022, based on AARP's reported monthly average Social Security income of \$1,657 in March 2022. This is slightly less than 150% of federal poverty level (FPL) for a one-person household (\$20,385 in 2022). HARC reported that 21.2% of seniors had annual household incomes under \$20,000 in 2019.

HARC's 2020 COVID-19 Needs Assessment surveyed 624 Valley adults. Survey participants reported increased stress (60.2%), anxiety (59.1%), and depression (39.8%); decreased income (37.6%); and increased difficulty in paying for rent or mortgage (45%), utilities (37.9%), food (24.3%), and healthcare or prescriptions (15.4%). As noted, in 2018 HARC reported that approximately 22% of Valley seniors had been diagnosed with one or more mental health disorders.

Seniors on fixed incomes are experiencing increased financial pressure, which contributes to increased anxiety and decreased quality of life. The U.S. Bureau of Labor Statistics reported a Consumer Price Index increase of 8.5% in the 12-month period ending March 2022, the highest since 1981, fueled by pandemic-related global supply issues. In a recent survey of Joslyn Centers food pantry recipients, 41% of the participants state that sometimes they ran out of food and did not have money to buy more. In addition, 29% of the participants state that at times they have had to choose between rent and food, 27% utilities or food, and 22% medications or food.

**Geographic Area(s) Served:**

Cathedral City; Coachella; Indio; Indian Wells; La Quinta; Palm Desert; Rancho Mirage; Thousand Palms

**Age Group:**

(25-64) Adults  
(65+) Seniors

**Total Number of District Residents Served:**

**Direct:** 61  
**Indirect:** 152

**Project Goals and Evaluation**

<p><b>Goal #1:</b> By June 30, 2023, a minimum of 25 low-income older District residents aged 60 and</p>	<p><b>Evaluation #1:</b> Progress towards goal achievement will be tracked and monitored by the Program</p>
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<p>over, including 20% from the Coachella Valley's Hispanic community, will participate in Problem Solving Therapy and will have received behavioral health assessments by the Joslyn Wellness Center's mental health clinicians to identify behavioral health issues that result in development of a treatment/action plan with specified goals and timeline for goal achievement.</p>	<p>Director, a Licensed Clinical Social Worker (LCSW), in conjunction with the Program Supervisor (LSCW), Associate Marriage and Family Therapist (AMFT) counselors and the Intake/Outreach Coordinator. The Program Supervisor tracks qualitative data via an Excel spreadsheet from clinician notes and assessments, including data on counseling sessions, clinical assessments and treatment plans provided. The Intake Outreach Coordinator tracks quantitative data that includes age, ethnicity, language preference, and zip code. Program success is evaluated by at least 80 program participants receiving behavioral health assessments, including PHQ-9 assessments, or an equivalent diagnostic tool; at least 25 will be District-funded clients, which represents 31% of program clients. The Program Director will provide ongoing program monitoring to track progress towards providing projected assessments, treatment plans, and Hispanic community outreach and program activities at satellite counseling locations at the Braille institute, the Indio Senior Center, and other locations that are accessible to the Hispanic community. A general client satisfaction survey is conducted annually or upon client's exit from program to elicit qualitative feedback on program and staff; and ask open-ended questions about agency performance. Results are reviewed, summarized, and presented to staff and Board. Information is used to develop an action plan addressing necessary changes to programs, services, and administrative operations.</p>
<p><b>Goal #2:</b> By June 30, 2023, a minimum of 17 low-income older District residents aged 60 and over, including 20% from the Coachella Valley's Hispanic community, who receive Problem Solving Therapy through the program will demonstrate improvement in resolving presenting issue identified in behavioral health treatment plans</p>	<p><b>Evaluation #2:</b> Improvement in resolving presenting issue and program results is evaluated on an ongoing basis by Program Director in conjunction with Program Supervisor and counselors. Clients may participate in up to 12 counseling sessions. They are then re-evaluated for presenting issue resolution and/or manifestation of additional presenting</p>

<p>developed in collaboration with the program’s counselors and Licensed Clinical Social Worker Program Director as documented through clinical assessment and/or self-report.</p>	<p>issues requiring subsequent on-site treatment or referrals to other providers. Clinicians monitor client engagement in treatment as indicated by participation in at least three sessions; administer Patient Health Questionnaire (PHQ-9), a depression screening assessment, on a pre and post treatment basis; and administer client surveys in English and Spanish to ascertain quality of life improvement and program satisfaction. Program success is evaluated by at least 56 (70%) of 80 program participants self-reporting improvement or resolution in presenting issues and/or improvement in PHQ-9 assessments; at least 17 will be District-funded clients. Intake/Outreach Coordinator tracks quantitative and qualitative data in Excel from clinician reports.</p>
<p><b>Goal #3:</b> By June 30, 2023, a minimum of 21 low-income older District residents aged 60 and over, including 20% from the Coachella Valley’s Hispanic community, will demonstrate achievement in one or more personal goals upon completion of the Aging Mastery Program.</p>	<p><b>Evaluation #3:</b> Goal achievement evaluation is monitored on ongoing basis by Program Director in conjunction with counselors. Program participants complete pre- and post-program surveys developed by HARC. Clients may participate in up to 10 Aging Mastery program sessions after which they are evaluated for achievement of at least one identified personal goal. Program Director monitors client engagement in program as indicated by participation in at least seven of 10 classes required for graduation; identification of personal goals related to subject matter; and number of clients achieving at least one self-identified personal goal. Staff administer English and Spanish client surveys to ascertain quality of life improvement and program satisfaction. Success is evaluated by at least 70 (70%) of 100 participants (31 District-funded) achieving at least one goal; at least 21 will be District-funded clients. Intake/Outreach Coordinator tracks quantitative/ qualitative data in Excel from participant surveys. Program results are monitored by Program Director.</p>

<p><b>Goal #4:</b>          By June 30, 2023, a minimum of 26 low-income older District residents aged 60 and older, including 20% from the Coachella Valley’s Hispanic community, who receive behavioral health services through the program will demonstrate learning of a minimum of one new technique to improve memory upon completion of the Brain Boot Camp. Participants in the program complete both a pre- and post-program survey in order to document participant progress.</p>	<p><b>Evaluation #4:</b>          Program Director monitors goal achievement evaluation on ongoing basis with certified course facilitators. Clients participate in two Brain Boot Camp program sessions and are then evaluated for demonstration of learning at least one memory improving technique. Facilitators monitor client engagement as indicated by participation in both sessions; and ability to learn at least one new memory improvement technique. Staff administer English/Spanish client surveys to ascertain improvement in quality of life and overall program satisfaction. Pre/post tests developed by HARC are administered to clients. Program success is evaluated by a minimum of 84 (70%) out of 120 participants (37 District-funded) that demonstrate learning of minimum of one new technique to improve memory upon conclusion of the program; a minimum of 26 will be District-funded clients. Intake/Outreach Coordinator tracks quantitative and qualitative data in Excel from facilitator reports and surveys. Program results are monitored on an ongoing basis by Program Director.</p>
<p><b>Goal #5:</b>          By June 30, 2023, a minimum of 23 low-income older District residents aged 60 and older, including 20% from the Coachella Valley’s Hispanic community, who participate in Go4Life exercise programs through the Joslyn Wellness Center will self-report improved quality of life and reduced anxiety and depression.</p>	<p><b>Evaluation #5:</b>          Program Director monitors evaluation achievement is monitored on an ongoing basis by Program Director. Clients may participate in multiple components of Go4Life program, including exercises focusing on building endurance, strength, balance, and flexibility. Instructor monitors client engagement as indicated by ongoing participation in exercise sessions, and client self-reporting on quality of life, depression and anxiety. Pre/post tests developed by HARC are administered to clients. Staff administer client English/Spanish surveys to ascertain improvement in quality of life, reduction in anxiety and depression, and program satisfaction. Program success is evaluated by a minimum of 75 (75%) out of 100 participants (31 District-funded) that self-report improvement in quality of life and</p>

	reduction in anxiety and depression; a minimum of 23 will be District-funded clients. Intake/Outreach Coordinator tracks quantitative and qualitative data in Excel from sign-in sheets and participant responses to surveys. Program results are monitored on an ongoing basis by Program Director.
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### **Proposed Project Evaluation Plan**

The Joslyn Wellness Center projects a minimum of 200 unduplicated clients participating in one or more program components. Success is measured by achieving benchmarks, objectives, and positive behavioral health outcomes. Problem Solving Therapy benchmarks include number of unduplicated clients participating in treatment; attendance at three or more counseling sessions; meeting of treatment goals; and improvement in presenting problem demonstrated through clinical assessments and client self-reports. **Evaluation processes are consistent with International Classification of Diseases and Related Health Problems (ICD 10), including pre and post PHQ-9 assessments.** Last year, of 97 counseling clients; 100% received assessments and participated in at least three sessions; 90% demonstrated PHQ-9 assessment improvement; and 80% achieved at least one treatment goal. **Pre/post tests developed by HARC are utilized in Aging Mastery, Brain Boot Camp and Go4Life components.** Aging Mastery benchmarks include participation in at least seven sessions and meeting at least one self-identified personal goal. Brain Boot Camp benchmarks include completion of two program sessions and demonstration of learning at least one memory improvement technique. Go4Life benchmarks include clients participating in regular exercise and quality of life, anxiety, and depression improvement. Last year 139 clients participated in Go4Life; 80% continued with regular exercise programs. Intake/Outreach Coordinator tracks quantitative and qualitative data in Excel from clinician reports. Quantitative data includes gender, age, zip code, income, ethnicity, and other data. Qualitative data includes number of treatment sessions; clinical assessments; treatment plans; achievement of treatment, Aging Mastery and Brain Boot Camp goals; and Go4Life sessions and quality of life, depression and anxiety improvements. Program results are reported quarterly and analyzed by staff under direction of the LCSW Program Director and reported monthly to Executive Director and at regular intervals to the Board of Directors.

### **Organizational Capacity and Sustainability**

#### **Organizational Capacity**

Since 1981, the Joslyn Center has provided a multitude of educational programs, recreational activities, and vital services including food delivery to thousands of older Valley adults. In 2018, we launched the Joslyn Wellness Center to address local seniors emerging needs as they live longer than their predecessors and many are unprepared for physical, emotional and financial challenges they confront. The Wellness Center's Senior Behavioral Health Services program provides broad based, inter-related components that create a holistic approach to mental health wellness in the Valley's aging population. Staff include an Licensed Clinical Social Worker (LCSW) Program

Director, with specialized supervision training, who oversees two AMFT. The Program Director meets weekly with AMFT to review case files and assess clients' progress in achieving treatment goals. Other program staff includes a Outreach/Intake Coordinator, who conducts outreach to educate the community about the program and is responsible for data entry; and a Program Supervisor, also an LCSW, who ensures program goals are achieved and provides outreach to facilitate and strengthen collaboration with community partners. Since the COVID-19 pandemic's onset, we have instituted virtual counseling via the encrypted, HIPAA-compliant Zoom platform in addition to in person counseling.

### **Organizational Sustainability:**

The Joslyn Wellness Center's establishment was a key component of our 2017 Strategic Plan. The stated goal was: To Continue Growing Wellness Center and Evaluate Programs and Services. The current Strategic Plan adopted in June 2022 Under Strategic Direction relating to programs and services has a stated goal: To identify existing and future programs and services that will meet the needs of the population we serve. A second goal is to expand existing programs and services including the Wellness Center to meet our service population's needs. An overarching goal for Programs and Services is to "Develop and implement programs and services that meet the needs of the older community, including the unserved, underserved and underrepresented." Expansion of fund development efforts, grant funding, and stronger donor relations are integral parts of the current Plan. Each month, our Board monitors progress towards strategic goals, including client statistics and outcomes, and development of community collaborations. The Wellness Center's continued development is among the Board's highest priorities. The program has varied funding sources that provide financial support and reduce vulnerability to reductions from any one funding source, including grants, fundraising, membership, and contributions from the cities of Rancho Mirage, Indian Wells and Palm Desert.

### **Diversity, Equity, and Inclusion**

#### **How does your organization address diversity, equity, and inclusion at the board and executive staff levels?**

The Joslyn Center addresses diversity, equity, and inclusion in our board of directors, senior staff positions, and staff positions and program development. With respect to the Board of Directors, the recently adopted Strategic Plan specifically addresses this issue: "Find Board members who represent the values of Joslyn, the demographics of the community, and are well-connected. This will position Joslyn to make decisions that reflect Joslyn's current and future goals." In recent board recruitment, we have expanded our diversity by recruiting a Hispanic board member. Our board president is an African American woman. Our strategic direction relative to staffing states: "Ensure Joslyn Center has highly skilled, diverse, and friendly employees and volunteers to meet the needs of our members." Prior to the adoption of the current strategic plan, The Joslyn Center has been working on expanding our diversity. We have added Hispanic staff who are bilingual in order to be able to provide services to the Hispanic community. In addition, our senior staff is more diverse with the addition of persons of color in leadership positions. The board of directors and staff is committed to maintaining and expanding our diversity both among staff and among the people we serve.

**If your organization is not currently addressing diversity, equity, and inclusion at the board and executive staff levels, please explain the barriers, such as knowledge, financial investment, capacity, etc., that are preventing you from doing so.**

As noted, addressing diversity, equity, and inclusion at the board and executive levels is an ongoing process with which we continue to make progress.

**Partnerships:**

**Key Partners:**

The Joslyn Wellness Center benefits from our long-standing and continually developing partnerships with community-based service providers in the Coachella Valley and Riverside County. We provide on-site programming at the Indio Senior Center, the Cathedral City Senior Center, and the Braille Institute, which have enabled us to expand Latino/Hispanic community services and outreach. Problem Solving Therapy is found to be especially effective for older adults in coping with the onset of macular degeneration served by the Braille Institute. Other key partners and collaborators include Alzheimer's Coachella Valley and Coachella Valley Alzheimer's Association. Presentations, classes, and counseling have been provided to their respective members through the Problem Solving Strategies counseling program. We have also established a collaborative partnership with Mizell Center to provide Wellness Center counseling and programming and work with their Senior Case Managers to address client needs. We collaborate closely with medical and behavioral health providers at Desert Oasis Healthcare, Eisenhower Health and Desert Regional Medical Center, among others. We partner with other providers of services to seniors, including Senior Advocates of the Desert, Martha's Village, Habitat for Humanity of the Coachella Valley, Well in the Desert, Salvation Army, Coachella Valley Rescue Mission, and Catholic Charities. Transportation access is coordinated with Desert ARC and Sunline Transportation. We maintain vital partnerships with Riverside County's Office on Aging, Department of Public Social Services and Adult Protective Services, as well as the Veteran's Administration.

## Line Item Budget Project Operational Costs

PROJECT OPERATIONS		Total Project Budget	Funds from Other Sources <span style="color: red;">Detail on sheet 3</span>	Amount Requested from DHCD
<b>Total Staffing Costs</b> <span style="color: red;">Detail on sheet 2</span>		\$ 240,442.00	\$ 165,692.00	\$ 74,750.00
<b>Equipment (itemize)</b>				
1				\$ -
2				\$ -
3				\$ -
4				\$ -
<b>Supplies (itemize)</b>				
1	Aging Mastery Program Workshops	\$ 1,000.00	\$ 1,000.00	\$ -
2	Brain Boot Camp materials	\$ 750.00	\$ 750.00	\$ -
3				\$ -
4				\$ -
<b>Printing / Duplication</b>		\$ 500.00	\$ 500.00	\$ -
<b>Mailing / Postage</b>				\$ -
<b>Travel / Mileage (use current Federal mileage rate)</b>				\$ -
<b>Education / Training</b>				\$ -
* Items listed below are included for calculation of the total project budget only. For use of DHCD funds, these line items would be included in the allowable 10% indirect cost rate.				
<b>Office / Rent / Mortgage*</b>			\$ -	\$ -
<b>Telephone / Fax / Internet*</b>			\$ -	\$ -
<b>Utilities*</b>			\$ -	\$ -
<b>Insurance*</b>			\$ -	\$ -
<b>Other direct project costs not described above (itemize)</b>				
1	Program Outreach	\$ 10,000.00	\$ 7,477.00	\$ 2,523.00
2	Indirect costs @ 10% not charged to gra	\$ 17,542.00	\$ 17,542.00	\$ -
3		\$ -		\$ -
4				\$ -
<b>Indirect Cost Rate - Maximum of 10% Allowed</b>				\$ 7,727.30
<b>Total Project Budget</b>		<b>\$ 277,961.30</b>	<b>\$ 192,961.00</b>	<b>\$ 85,000.30</b>
<b>Budget Narrative</b>	Aging Mastery Program Workshop costs include printed manuals, course materials and licensing; Brain Boot Camp costs include printed manuals, course materials and licensing; Marketing and Advertising costs include print and internet advertising in publications with a large senior and older adult readership; and Indirect Costs calculated @ 15% for administration, accounting for reporting compliance, audit, security, utilities, insurance, and other overhead costs for the counseling program.			



### Line Item Budget Staffing Costs

Staff Salaries		Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD
<b>Employee Position/Title</b>					
1	Program Director (LCSW)	\$ 49,920.00	100%	49,920.00	\$ 10,000.00
2	Program Supervisor (LCSW)	\$ 24,960.00	100%	24,960.00	\$ 10,000.00
3	Bi-lingual Counselor (AMFT)	\$ 60,000.00	100%	60,000.00	\$ 35,000.00
4	Counselors (2 AMFT)	\$ 15,000.00	200%	30,000.00	\$ -
5	Certified Exercise Instructor	\$ 5,200.00	100%	5,200.00	\$ -
6	Intake/Outreach Coordinator	\$ 39,000.00	100%	39,000.00	\$ 10,000.00
7				-	
8				-	
<b>Total Employee Benefits / Employer Taxes - proportional fringe costs and/or employer taxes based on 15% of time allocated to project</b>				31,362.00	9,750.00
<b>Enter this amount in Section 1; Staffing Costs</b>			<b>Total &gt;</b>	<b>\$ 240,442.00</b>	<b>\$ 74,750.00</b>
<b>Budget Narrative</b>	Program Director, LCSW- Licensed clinician manages all aspects of program and supervises counseling interns; Program Supervisor- Tracks program results and develops strategies for marketing and outreach and supervises data entry and program intakes; Bi-lingual Counselor, AMFT (1)- Under supervision of Program Director works with both English and Spanish speaking clients to deliver Problem Solving Therapy and trained in delivery of Brain Boot Camp and Aging Mastery; Counselors, AMFT (2)- Under supervision of Program Director, delivers Problem Solving Therapy and trained in delivery of Brain Boot Camp and Aging Mastery; Certified Exercise Instructor-deliver Go4Life training curriculum and fitness classes; and Intake/Outreach Coordinator- Provides program intakes, data entry for reports, and conducts community outreach.				
<b>Budget Narrative</b>	Employee benefits are calculated at 15% for state, federal and other taxes as well as Workers' Compensation Insurance and medical insurance if applicable to the position.				
Professional Services / Consultants		Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD
<b>Company and Staff Title</b>					
1					
2					
3					
4					
5					
<b>Enter this amount in Section 1; Staffing Costs</b>				<b>Total &gt;</b>	<b>\$ -</b>
<b>Budget Narrative</b>	Please describe in detail the scope of work for each professional service/consultant on this grant.				

## Line Item Budget Other Project Funds

Other funding received (actual or projected) SPECIFIC to this project. "Total funding in addition to DHCD request" below should match or exceed value listed in Section 1 for "Funds from Other Sources".			Amount
<b>Fees</b>			
<b>Donations</b>			
<b>Grants (List Organizations)</b>			
1	Riverside County Community Investment Division	\$	10,000.00
2	Grace Helen Spearman Charitable Foundation	\$	25,000.00
3	Auen Foundation	\$	25,000.00
4	Houston Family Foundation	\$	50,000.00
5	SCAN Foundation ([pending)	\$	30,000.00
6	S. L. Gimble Foundation (pending)	\$	25,000.00
<b>Fundraising (describe nature of fundraiser)</b>			
1	Annual fundraising campaign	\$	20,961.00
2			
<b>Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)</b>			
1	Desert Oasis Healthcare	\$	7,000.00
2			
3			
4			
<b>Total funding in addition to DHCD request</b>			<b>\$ 192,961.00</b>
<b>Budget Narrative</b>	<p style="color: red; font-size: small;">Grants from Riverside County Community Investment Division, Grace Helen Spearman Charitable Foundation, Auen Foundation and Houston Family Foundation are secured funds allocated grants to the program for the grant period. Requests are pending to the SCAN Foundation and S. L. Gimble Foundation. Fundraising revenues allocated to program include project net revenues from annual Fashion Show and Wine &amp; All That Jazz events, and ongoing fundraising campaign throughout the year. Desert Oasis Healthcare provides program fees for plan members.</p>		

# Grant Scoring Review

## Grant Staff Review # 1 of 3

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**Executive Summary:** 9

**Community Need and Alignment:** 10

**Goals:** 9

**Proposed Evaluation Plan:** 9

**Applicant Capacity and Infrastructure:** 9

**Organizational Sustainability:** 9

**Budget:** 9

**Key Partners/Collaborations:** 10

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**Total Score:** 74.00

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### **Reviewer Comments:**

The Joslyn Center is requesting support to continue to address the heightened challenges faced by a vulnerable population: mental health support. This focus directly aligns with the strategic priorities of the Desert Healthcare District, goal #3: Proactively expand community access to behavioral/mental health services.. Our funds will support Joslyn’s Wellness Center’s mental health clinicians and program staff in providing behavioral health assessments, treatment plans, continued follow-up counseling care, and all other comprehensive programs focusing on senior health, wellness and vitality to low-income District seniors.

### **Response Notes:**

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### **Average Review Score:**

Fiscal Staff Review Stage: 17.5 (2 of 2)

Grant Program Staff Review Stage: 74.3333333333333333333333333333 (3 of 3)

### **Sum of all Reviews:**

Fiscal Staff Review Stage: 35 (2 of 2)

Grant Program Staff Review Stage: 223 (3 of 3)

**Total average proposal score: 92/100**

# Grant Scoring Review

## Grant Staff Review # 2 of 3

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**Executive Summary:** 10

**Community Need and Alignment:** 9

**Goals:** 9

**Proposed Evaluation Plan:** 9

**Applicant Capacity and Infrastructure:** 10

**Organizational Sustainability:** 9

**Budget:** 9

**Key Partners/Collaborations:** 9

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**Total Score:** 74.00

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**Reviewer Comments:**

The Joslyn Center Wellness Center behavioral health program provides older adults with a comprehensive evidence-based program. Some of the services are vital for older adults to age gracefully and in a healthy manner. The program which is led by licensed clinical social workers ensures older adults have access to multiple services ranging from social activities to nutrition, exercise, and mental health interventions. District funds will be utilized to increase capacity and target Latino/Hispanic older adults with Spanish language services, which is a first for the Joslyn Center.

**Response Notes:**

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**Average Review Score:**

Fiscal Staff Review Stage: 17.5 (2 of 2)

Grant Program Staff Review Stage: 74.333333333333333333333333333333 (3 of 3)

**Sum of all Reviews:**

Fiscal Staff Review Stage: 35 (2 of 2)

Grant Program Staff Review Stage: 223 (3 of 3)

**Total average proposal score: 92/100**

## Grant Scoring Review

### Grant Staff Review # 3 of 3

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**Executive Summary:** 10

**Community Need and Alignment:** 9

**Goals:** 8

**Proposed Evaluation Plan:** 10

**Applicant Capacity and Infrastructure:** 9

**Organizational Sustainability:** 9

**Budget:** 10

**Key Partners/Collaborations:** 10

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**Total Score:** 75.00

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#### **Reviewer Comments:**

The services identified by the Cove Communities Senior Association dba The Joselyn Center will provide an array of educational and supportive options geared for the older adult community in the Coachella Valley. The services include Problem Solving Therapy, Aging Mastery Program, Brain Boot Camp and Go4Life. These programs are all evidence based practices that have been found to be useful when serving older adults and have resulted in sustainable improvements in the lives of the participants. Each of the programs will focus on different developmental need areas; problem identification/solution development, brain and memory health, and physical activity as a linkage to improved behavioral health levels. Outcomes will be tracked and evaluated utilizing pre/post assessment tools, clinician reports, client participation levels in sessions/meetings, and demonstrated improvements related to quality of life, depression and anxiety levels.

These services align with the DHCD Strategic Goal #3 (Proactively expand community access to behavioral/mental health services), Strategies 3.1, 3.2, 3.6, and 3.7. The capacity to provide these services is evident in the structure of the budget and its focus on the hiring of BH team members who have the necessary training and skills to implement and evaluate the program as it is initiated. The sustainability of this program will be supported by monthly Board of Director reviews of the organization strategic plan goals and how the progress of this program aligns with those expectations. Many community partners have been identified as part of this program and will assist with the ongoing community based focus and linkage that should promote the successful implementation and potential future expansion or replication of this model for this older adult community (ages 60+ and their family support members if available).

## **Grant Scoring Review**

### **Response Notes:**

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#### **Average Review Score:**

Fiscal Staff Review Stage: 17.5 (2 of 2)

Grant Program Staff Review Stage: 74.3333333333333333333333333333 (3 of 3)

#### **Sum of all Reviews:**

Fiscal Staff Review Stage: 35 (2 of 2)

Grant Program Staff Review Stage: 223 (3 of 3)

**Total average proposal score: 92/100**

## Grant Scoring Review

### Fiscal Staff Review # 1 of 2

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**Fiduciary Compliance:** 9

**Financial Stability:** 10

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**Total Score:** 19.00

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**Reviewer Comments:** Financial audits reviewed and approved by Board of Directors. Assets sufficient to meet liabilities. Positive cash flow noted for 2020 but not 2021. Grant budget is reasonable in comparison to overall organizational budget with multiple sources of funding for both. Detailed strategic plan in place to identify short and long term funding.

**Response Notes:**

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### **Average Review Score:**

Fiscal Staff Review Stage: 17.5 (2 of 2)

Grant Program Staff Review Stage: 74.333333333333333333333333333333 (3 of 3)

### **Sum of all Reviews:**

Fiscal Staff Review Stage: 35 (2 of 2)

Grant Program Staff Review Stage: 223 (3 of 3)

**Total average proposal score: 92/100**

## Grant Scoring Review

### Fiscal Staff Review # 2 of 2

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**Fiduciary Compliance:** 8

**Financial Stability:** 8

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**Total Score:** 16.00

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#### **Reviewer Comments:** Fiduciary Compliance - 8

The FY 06/30/21 audit report is unmodified. The Board of Directors accepted the audit report.

Audit report Current Ratio is strong (1.8:1), which represents the grantee's ability to pay its short-term liabilities.

The Net Assets increased by \$30k as of 6/30/21, with Total Net Assets of \$1.3M. Internal financial statements, as of 5/31/22, demonstrates an increase of \$62k. The Balance Sheet is in good order.

#### Financial Stability - 8

Grantee demonstrates a relatively sound financial position.

Grantee has diversified resources for this project of \$278k. The District's grant of \$85k is well supported by other resources.

#### **Response Notes:**

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#### **Average Review Score:**

Fiscal Staff Review Stage: 17.5 (2 of 2)

Grant Program Staff Review Stage: 74.333333333333333333333333333333 (3 of 3)

#### **Sum of all Reviews:**

Fiscal Staff Review Stage: 35 (2 of 2)

Grant Program Staff Review Stage: 223 (3 of 3)

**Total average proposal score: 92/100**





**Date:** September 13, 2022

**To:** Program Committee

**Subject:** Grant # 1361 Desert Aids Project

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**Grant Request:** DAP Health Monkeypox Virus Response

**Amount Requested:** \$586,727.00

**Project Period:** 10/1/2022 to 9/30/2023

**Project Description and Use of District Funds:**

Monkeypox (MPX) cases are increasing in Riverside County where DAP is located. Over two weeks ago, Riverside County Public Health Department declared MPX as a local public health emergency. As of August 31, 2022, Riverside County has confirmed 197 cases of MPX. Nearly half of all the cases in Riverside County, 96 cases, have occurred in Palm Springs, CA where DAP's main campus is located.

DAP's service region contains a significant population of gay, bisexual, and other men who have sex with men who, according to The Centers for Disease Control (CDC) are at high risk for MPX. The target population for DAP's MPX project is MSM Adults (25-64 years old); Homeless; Seniors (65+ years old); Uninsured; and Individuals with a compromised immune system.

DAP aims to prevent the spread of MPX infection among the high-risk MSM population in our service region. DAP's MPX response is a new project built on the foundation of DAP's 35-plus years of experience in the treatment and prevention of one of the most widespread pandemics in human history (HIV). DAP is modeling its MPX response on its rapid community response to the COVID-19 pandemic. DAP anticipates that 5,000 at-risk individuals will be served with MPX testing, treatment and/or vaccines as appropriate.

Currently, DAP is the only agency in Coachella Valley providing comprehensive MPX services: testing, linkage to care, vaccines, and supportive services (motel vouchers, food, and home deliveries). DAP has reassigned clinical staff, early intervention specialists (EIS) and clinical support staff from DAP's Sexual Wellness Clinic at their Palm Springs location to their MPX testing, linkage to treatment and vaccination



efforts. DAP has held two weekend vaccination clinics, with two additional clinics scheduled. Clinical staff and EIS have been serving an average of 40-50 MPX patients per week. As of August 31, DAP has vaccinated 1,662 people, tested 146 people, detected 69 positive cases, provided 9 patients with TPOXX, and provided 2 patients with motel stays.

District funds would support staffing to include: clinicians, clinical staff, early intervention specialists, and hotline coordinator; program expenses to include: medical/ PPE supplies, laundry and linens supply; supportive services to include: motel vouchers for infected patients to isolate; food and home supplies for isolating patients; trac phones for EIS staff to contact patients, such as infected homeless community members, for treatment appointment reminders; patient wellness education/referrals; outreach marketing activities; rental expense for community MPX vaccination clinics; training and certifications for hired/contracted staff; and other office equipment and supplies.

**Strategic Plan Alignment:**

**Goal 2:** Proactively expand community access to specialty care serves

**Strategy 2.3:** Provide funding support and evaluation to community organizations providing expanded mobile primary and specialty care services

**Strategy 2.6:** Collaborate/Partner with the Riverside University Health System on increasing the number of public health initiatives, including but not limited to: COVID-19, obesity, sex education, drug use/addiction, and nutrition

**Strategy 2.7:** Utilize an equity lens to expand services and resources to underserved communities

**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 \$586,727.00 be approved.
- Recommendation with modifications
- Deny



## **Grant Application Summary**

### **Desert Aids Project, Grant #1361**

#### **About the Organization**

Desert Aids Project  
1695 N. Sunrise Way  
Palm Springs, California 92262-3702  
Tel: (760) 992-0432 Ext: 262  
Fax: (760) 323-1299  
<http://www.daphealth.org>

**Tax ID #:** 330068583

#### **Primary Contact:**

David Brinkman  
Tel: 760-992-04015  
[dbrinkman@daphealth.org](mailto:dbrinkman@daphealth.org)

#### **Organization History and Mission**

Until there's a cure, DAP's vision is of healthy individuals, families, and communities despite the existence of HIV. To bring this vision to life, the mission of DAP is to enhance and promote the health and well-being of our community. DAP was founded in Palm Springs, CA by all volunteers in 1984 as a grassroots organization in response to the HIV/AIDS epidemic. DAP is the only comprehensive HIV healthcare and support services agency in our service region in Eastern Riverside County, known as the Coachella Valley, which is continually challenged by high prevalence rates of HIV/AIDS and rising incidence rates. Over the past three decades, DAP has developed a nationally-recognized expertise ensuring the provision of medical care and support services to those affected by HIV/AIDS who are economically disadvantaged, uninsured, and otherwise marginalized due to stigma. Prompted by gaps in healthcare among economically disadvantaged community members, we sought and received full Federally Qualified Health Center status in 2015. This designation broadens our capacity to serve at-risk people living at or below 200% of the Federal Poverty Line regardless of HIV status, and advances our goal to reduce transmission of HIV and other communicable diseases.

**Organization Annual Budget:** \$68,121,360.00

**Historical (approved Requests)**

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
1999		\$25,000	Grant	12/31/1999	
2000		\$75,000	Grant	12/31/2000	
2004	Behavioral assessment to determine optimal education design	\$10,000	Grant	9/1/2004	Grant budget
2008	Nutritional Services Program	\$2,500	Grant	12/5/2008	Grant budget
2008	D.A.P. Nutrition Services Program	\$2,500	Grant	4/28/2009	
2009	Desert AIDS Project's Nutrition Services Program	\$5,000	Food Assistance	8/5/2009	Grant budget
2009	Desert AIDS Project's Nutrition Services Program	\$5,000	Food Assistance	11/30/2009	Grant budget
2009	Desert AIDS Project's Nutrition Services Program	\$5,000	Food Assistance	1/12/2010	Grant budget
2009	Desert AIDS Project's Dental Clinic -- Dental Hygienist	\$48,100	Improving Lives	1/26/2010	Grant budget
2009	Desert AIDS Project's Nutrition Services Program	\$4,244	Food Assistance	5/14/2010	Grant budget
2010	Desert AIDS Project's Nutrition Services Program	\$5,000	Food Assistance	12/9/2010	Grant budget
2010	Desert AIDS Project Nutrition Services Program	\$5,000	Food Assistance	4/25/2011	Grant budget
2011	D.A.P. Electronic Health Record Acquisition for Clinical Quality Improvement	\$151,439	Achievement Building	7/26/2011	Grant budget
2011	Desert AIDS Project's Farmer's Market and Emergency Food Distribution Program	\$10,000	Food Assistance	10/5/2011	Grant budget
2012	Desert AIDS Project's Substance Abuse Services Program	\$55,884	Grant	6/25/2013	Grant budget
2014	Get Tested Coachella Valley: Early Intervention Services & Public Health Liaisons	\$498,625	Grant	11/19/2014	Grant budget
2014	Desert AIDS Project: Sexually Transmitted Infection Clinic	\$800,000	Grant	6/23/2015	Grant budget
2019	COVID-19 Response	\$150,000	Grant	4/1/2020	
2020	DAP Health Expands Access to Healthcare	\$100,000	Grant	5/26/2021	

**Project Information****Project Title:** DAP Health Monkeypox Virus Response**Start Date:** 10/1/2022 **End Date:** 9/30/2023**Term:** 12 months**Total Project Budget:** \$901,487**Requested Amount:** \$586,727**Executive Summary:**

Need: Monkeypox (MPX) cases are increasing in Riverside County where DAP is located. Over two weeks ago, Riverside County Public Health Department declared MPX as a local public health emergency ([www.rivcoph.org](http://www.rivcoph.org)). As of August 31, 2022, Riverside County has confirmed 197 cases of MPX. Nearly half of all the cases in Riverside County, 96 cases, have occurred in Palm Springs, CA where DAP's main campus is located. Target population: DAP's service region contains a significant population of gay, bisexual, and other men who have sex with men who, according to The Centers for Disease Control (CDC) are at high risk for MPX: "Data suggest that gay, bisexual, and other men who have sex with men make up the majority of cases in the current MPV outbreak."

(<https://www.cdc.gov/poxvirus/monkeypox/response/2022/index.html>) The target population for DAP's MPX project is MSM Adults (25-64 years old); Homeless; Seniors (65+ years old); Uninsured; and Individuals with a compromised immune system. Most recent regional epidemiological data from Riverside University Health System- Public Health shows that the highest percentage risk factor for HIV in Riverside County, 70.6%, is unsafe male to male sexual contact ("Epidemiology of HIV in Riverside County," Riverside University Health System, 2020). Riverside County demographic statistics for MPX are in alignment with CDC MPX statistics: 42% of MPX cases have occurred among gay, lesbian, or same gender-loving individuals; 99% of cases have occurred in males; and 42% have occurred between male sex partners.

(<https://rivcoph.org/Monkeypox>). Project Goals/Benefit to the Community: DAP aims to prevent the spread of MPX infection among the high-risk MSM population in our service region. DAP has pursued an "all hands-on deck" strategy to rapidly respond to Riverside County's declared MPX public health emergency. DAP's MPX response is a new project built on the foundation of DAP's 35-plus years of experience in the treatment and prevention of one of the most widespread pandemics in human history (HIV). DAP is modeling its MPX response on its rapid community response to the COVID-19 pandemic. DAP anticipates that 5,000 at-risk individuals will be served with MPX testing, treatment and/or vaccines as appropriate. Evaluation: Quantitative outcomes relating to patients receiving MPX testing, linkage to care, treatment and vaccinations are currently tracked and recorded on a dedicated dashboard. We also track and record numbers of community members contacting DAP's dedicated MPX hotline. Social media metrics are collected relating to MPX awareness outreach postings, videos, and website traffic

**Community Need for the Project:**

Monkeypox (MPX) cases are increasing in Riverside County where DAP is located. Over two weeks ago, Riverside County Public Health Department declared MPX as a local public health emergency ([www.rivcoph.org](http://www.rivcoph.org)). As of August 31, 2022, Riverside County has confirmed 197 cases of MPX. Nearly half of all the cases in Riverside County, 96 cases, have occurred in Palm Springs, CA where DAP's main campus is located. DAP's service region contains a significant population of gay, bisexual, and other men who have sex with men who, according to The Centers for Disease Control (CDC) are at high risk for MPX: "Data suggest that gay, bisexual, and other men who have sex with men make up the majority of cases in the current MPV outbreak" (<https://www.cdc.gov/poxvirus/monkeypox/response/2022/index.html>). Most recent regional epidemiological data from Riverside University Health System- Public Health shows that the highest number of people living with HIV reside in DAP's service region of Eastern Riverside County, known as Coachella Valley; 1,459.7 per 100,000 population, amounting to 73% of all people living with HIV in Riverside County. The highest percentage risk factor for HIV in Riverside County, 70.6%, is unsafe male to male sexual contact ("Epidemiology of HIV in Riverside County," Riverside University Health System, 2020). Riverside County demographic statistics for MPX are in alignment with CDC MPX statistics: 42% of MPX cases have occurred among gay, lesbian, or same gender-loving individuals; 99% of cases have occurred in males; and 42% have occurred between male sex partners. (<https://rivcoph.org/Monkeypox>).

**Strategic Plan Alignment:**

**Goal 2:** Proactively expand community access to specialty care serves

**Strategy 2.3:** Provide funding support and evaluation to community organizations providing expanded mobile primary and specialty care services

**Strategy 2.6:** Collaborate/Partner with the Riverside University Health System on increasing the number of public health initiatives, including but not limited to: COVID-19, obesity, sex education, drug use/addiction, and nutrition

**Strategy 2.7:** Utilize an equity lens to expand services and resources to underserved communities

**Project Description and Use of District funds:**

To prevent the spread of infection among the high-risk population in our service region, DAP has pursued an "all hands-on deck" strategy to rapidly respond to Riverside County's declared MPX public health emergency. In May, DAP organized an internal task force and launched an MPX landing page on DAP's website, providing public health information. In July, DAP hosted an MPX public education town hall meeting. We have partnered with Riverside County Public Health Department and local businesses to launch our dedicated on-site MPX testing, treatment (TPOXX) and vaccination services within our Sexual Wellness Clinic ("Orange Clinic"). Also in late July, DAP launched a social media campaign with in-app public health advertising to raise awareness of MPX exposure risk, symptoms and access to testing and care. In early August, DAP launched an MPX hotline enlisting volunteers to field requests for testing and vaccines. As of August 31, 2022, the MPX hotline has received 1,500 calls, and

served over 10,000 people with MPX information about access to testing, treatment, and vaccines. Currently, DAP is the only agency in Coachella Valley providing comprehensive MPX services: testing, linkage to care, vaccines, and supportive services (motel vouchers, food, and home deliveries). We have received 5 vaccine allotments from Riverside County Public Health and national sources. We have reassigned clinical staff, early intervention specialists (EIS) and clinical support staff from DAP's Sexual Wellness ("Orange") Clinic at our Palm Springs location to our MPX testing, linkage to treatment and vaccination efforts. DAP has held two weekend vaccination clinics, with two additional clinics scheduled. Clinical staff and EIS have been serving an average of 40-50 MPX patients per week. As of August 31, DAP has vaccinated 1,662 people, tested 146 people, detected 69 positive cases, provided 9 patients with TPOXX, and provided 2 patients with motel stays. As detailed in the program budget, grant funds, if awarded will support project implementation, as follows: Staffing, to include clinicians, clinical staff, early intervention specialists, and hotline coordinator; program expenses to include: medical/ PPE supplies, laundry and linens supply; supportive services, to include motel vouchers for infected patients to isolate; food and home supplies for isolating patients; trac phones for EIS staff to contact patients, such as infected homeless community members, for treatment appointment reminders; patient wellness education/referrals; outreach marketing activities; rental expense for community MPX vaccination clinics; training and certifications for hired/contracted staff; and other office equipment and supplies.

**Description of the Target Population (s):**

DAP's service region contains a significant population of gay, bisexual, and other men who have sex with men who, according to The Centers for Disease Control (CDC) are at high risk for MPX: "Data suggest that gay, bisexual, and other men who have sex with men make up the majority of cases in the current MPV outbreak."

(<https://www.cdc.gov/poxvirus/monkeypox/response/2022/index.html>) The target population for DAP's MPX project is MSM Adults (25-64 years old); Homeless; Seniors (65+ years old); Uninsured; and Individuals with a compromised immune system. Most recent regional epidemiological data from Riverside University Health System- Public Health shows that the highest percentage risk factor for HIV in Riverside County, 70.6%, is unsafe male to male sexual contact ("Epidemiology of HIV in Riverside County," Riverside University Health System, 2020). Riverside County demographic statistics for MPX are in alignment with CDC MPX statistics: 42% of MPX cases have occurred among gay, lesbian, or same gender-loving individuals; 99% of cases have occurred in males; and 42% have occurred between male sex partners.

(<https://rivcoph.org/Monkeypox>).

**Geographic Area(s) Served:**

All District Areas

**Age Group:**

(25-64) Adults

(65+) Seniors

**Total Number of District Residents Served:**

**Direct:** 5,000

**Indirect:** 10,000

## Project Goals and Evaluation

<p><b>Goal #1:</b> From October 1, 2022 to September 30, 2023, DAP Health will test, treat, or vaccinate 5,000 at-risk individuals for MPX. This project goal coincides with the District and Foundation's Strategic Plan performance measure # of individuals who were connected to primary and specialty healthcare services in underserved communities under strategy 2.7 Utilize an equity lens to expand services and resources to underserved communities.</p>	<p><b>Evaluation #1:</b> Quantitative outcomes relating to patients receiving MPX testing, linkage to care, treatment and vaccinations are currently tracked and recorded on a dedicated dashboard.</p>
<p><b>Goal #2:</b> From October 1, 2022 to September 30, 2023, DAP Health will provide 1,000 community members with MPX information about access to testing, treatment and vaccines through DAP's MPX hotline. This project goal coincides with the District and Foundation's Strategic Plan performance measure # of individuals who were connected to primary and specialty healthcare services in underserved communities under strategy 2.7 Utilize an equity lens to expand services and resources to underserved communities.</p>	<p><b>Evaluation #2:</b> We track and record numbers of community members contacting DAP's dedicated MPX hotline.</p>
<p><b>Goal #3:</b> From October 1, 2022 to September 30, 2023, DAP will continue to deploy a digital/social media public health campaign including in-app public health advertising to raise awareness of MPX exposure risk, symptoms and access to testing and care. This project goal coincides with the District and Foundation's Strategic Plan performance measure # of individuals who were connected to primary and specialty healthcare services in underserved communities under strategy 2.7 Utilize an equity lens to expand services and resources to underserved communities.</p>	<p><b>Evaluation #3:</b> Social media metrics collected to include views, clicks, impressions, and website visits are collected relating to MPX awareness outreach postings, videos, and website traffic.</p>



<b>Goal #4:</b>	<b>Evaluation #4:</b>
<b>Goal #5:</b>	<b>Evaluation #5:</b>

### **Proposed Project Evaluation Plan**

DAP envisions success for this project as preventing the spread of MPX in our service region. Data collected and partnerships formed for this project will inform future responses to public health outbreaks to include health care, public health information and support for infected people. Quantitative outcomes relating to patients receiving MPX testing, linkage to care, treatment and vaccinations are currently tracked and recorded on a dedicated dashboard. We also track and record numbers of community members contacting DAP's dedicated MPX hotline. Social media metrics are collected relating to MPX awareness outreach postings, videos, and website traffic. For example, social media data as of August 31 showed that our informational videos have received 21,001 views; in-app ads have been viewed by 441,293 people, resulting in 4,020 clicks to DAP's dedicated MPX website landing page. As of August 31, social media posts have generated 39,000 impressions and 464 clicks to DAP's MPX website landing page. There have been 8,688 total visits to DAP's web-based MPX resource page. DAP has engaged numerous healthcare entities, local businesses, and social media personalities to partner with us in our rapid response to the local MPX public health emergency. DAP's vaccination clinic partners include Desert Oasis Health Care; Molina Health; Inland Empire Health Plan; Tenet Health; UCR Residency Program; Riverside County Department of Public Health; and Molina Health. We partner with Desert Regional Medical Center and Eisenhower Medical Center emergency departments to link patients diagnosed with MPX to motel stays, trac phones; food delivery and follow up appointments with DAP's specialty infectious disease physician. We partner with social media personalities and influencers for social media messaging and videos to bring awareness to MPX risk factors, symptoms, and access to testing, vaccination, care and treatment.

### **Organizational Capacity and Sustainability**

#### **Organizational Capacity**

With experience and capacity, DAP is uniquely suited to address the local MPX public health emergency. DAP plans to continue providing MPX testing, linkage to care, treatment, vaccinations (as supplies allow), supportive services and media outreach for the next six months. The project budget indicates hiring/contracting temporary clinical staff (2 nurse practitioners; 2 medical assistants; 1 RN; 1 LVN); two contracted early intervention specialists (EIS), one patient registration specialist, and an MPX hotline coordinator to manage volunteers to handle incoming requests for testing and vaccinations. All contracted staff will receive in-depth training on DAP policies, procedures and protocols for testing, linkage to care, treatment and vaccinations. Testing, treatment and vaccinations will occur in a dedicated space on the DAP campus. Follow-up appointments will be managed by the contracted patient representative. Following our standard protocols for individuals testing positively for HIV/STI, when an individual tests positively for MPX, our contracted EIS staff will provide health benefits navigation, link patients to care with our specialty infectious disease physician, assess for housing and food insecurity, and arrange for motel rooms for patients who are unable to isolate. DAP is also taking referrals from local emergency rooms.

**Organizational Sustainability:**

DAP's MPX response project directly aligns with DAP's current strategic plan, Vision 2030. As stated therein, "DAP's goal is to improve the overall health of our entire community, especially the disenfranchised, by providing culturally competent, quality primary and preventative health care and social services on one campus. These include infectious disease care, dentistry and programs related to mental health...substance use recovery." DAP Health's strategic plan recognizes that "just as DAP Health met HIV, HEP C, STI's and COVID head-on, our team of infectious disease specialists stands ready to protect our community to protect our community's health and well-being." Business plans for DAP Health's Department of Community Health (under whose auspices DAP's MPX response project is conducted) are aligned with DAP Health's strategic goals. DAP's MPX response is a new project built on the foundation of DAP's 35-plus years of experience in the treatment and prevention of one of the most widespread pandemics in human history (HIV). DAP is modeling its MPX response on its rapid community response to the COVID-19 pandemic.

**Diversity, Equity, and Inclusion****How does your organization address diversity, equity, and inclusion at the board and executive staff levels?**

DAP expends ongoing effort to recruit Board Members and executive level staff who reflect key population sectors DAP Health serves, in particular the LGBTQ community, often overlooked as an underserved population in need of specialized primary healthcare. When recruiting staff members, we do so in compliance with ethical and legal standards of recruitment and retention.

**If your organization is not currently addressing diversity, equity, and inclusion at the board and executive staff levels, please explain the barriers, such as knowledge, financial investment, capacity, etc., that are preventing you from doing so.** Not Applicable.

**Partnerships:****Key Partners:**

DAP has engaged numerous healthcare entities, local businesses, and social media personalities to partner with us in our rapid response to the local MPX public health emergency. DAP's vaccination clinic partners include Desert Oasis Health Care; Molina Health; Inland Empire Health Plan; Tenet Health; UCR Residency Program; Riverside County Department of Public Health; and Molina Health. We partner with Desert Regional Medical Center and Eisenhower Medical Center emergency departments to link patients diagnosed with MPX to motel stays, trac phones; food delivery and follow up appointments with DAP's specialty infectious disease physician. We partner with social media personalities and influencers for social media messaging and videos to bring awareness to MPX risk factors, symptoms, and access to testing, vaccination, care and treatment.

Line Item Budget

Operational Costs

Project

PROJECT OPERATIONS		Total Project Budget	Funds from Other Sources <i>Detail on sheet 3</i>	Amount Requested from DHCD
<b>Total Staffing Costs</b> <i>Detail on sheet 2</i>		\$ 405,427.80	\$ -	\$ 405,427.80
<b>Equipment (itemize)</b>				
1	Other equipment & supplies: standard office equipment and supplies	\$8,000.00		\$ 8,000.00
2				\$ -
3				\$ -
4				\$ -
<b>Supplies (itemize)</b>				
1	Food & Essential item/Home delivery (1 delivery = \$40 for 180 patients	\$7,200.00		\$ 7,200.00
2	Tracfones (1 tracfone for 30 days = \$40; 300 tracfones for MPX patients	\$12,000.00		\$ 12,000.00
3	Medical Supplies/PPE	\$29,120.00		\$ 29,120.00
4	Linens & Laundry supply	\$3,640.00		\$ 3,640.00
<b>Printing / Duplication</b>				\$ -
<b>Mailing / Postage</b>				\$ -
<b>Travel / Mileage (use current Federal mileage rate)</b>				\$ -
<b>Education / Training: Training and Certification</b>		\$3,000.00		\$ 3,000.00
* Items listed below are included for calculation of the total project budget only. For use of DHCD funds, these line items would be included in the allowable 10% indirect cost rate.				
<b>Office / Rent / Mortgage*</b>		\$20,000.00		\$20,000.00
<b>Telephone / Fax / Internet*</b>			\$ -	\$ -
<b>Utilities*</b>			\$ -	\$ -
<b>Insurance*</b>			\$ -	\$ -
<b>Other direct project costs not described above (itemize)</b>				
1	Marketing/advertisements/communications	\$35,000.00		\$ 35,000.00
2	Wellness Education/Referral and support groups	\$10,000.00		\$ 10,000.00
3	MPX testing, vaccines, medication and treatment	\$ 314,760.00	\$ 314,760.00	\$ -
4				\$ -
<b>Indirect Cost Rate - Maximum of 10% Allowed</b>				\$ 53,338.78
<b>Total Project Budget</b>		<b>\$ 901,487</b>	<b>\$ 314,760</b>	<b>\$ 586,727</b>
<b>Budget Narrative</b>	<p>Fully describe items above in this cell. You may insert rows or create additional worksheets if more space is needed to fully describe your budget. Office Supplies/Small Tools &amp; Equipment: Standard office supplies, tools and minor equipment (i.e.: paper, related copy supplies, pens, pencils, tablets, paper clips, desk/office supplies, and other miscellaneous items), calculators, printers, scanners, keyboards, mouse, etc. Medical Supplies: Projected costs for medical supplies (such as band aids, gloves, gauze, portable scales, alcohol, tongue depressors) and other supplies required to provide program services delivery. Office/Rent/Mortgage: Portion of rent expense for Indio office when staffed to deliver program service delivery. Other Direct Project Costs: Marketing/Advertising/Communications: social media outreach public education for MPX risk factors, symptoms, access to testing, treatment and vaccinations), includes digital in-app ad buys, website maintenance, handouts at town hall meetings. Wellness Education Referrals and Support Groups: for MPX diagnosed patients and HIV patients suffering PTSD due to MPX outbreak: Support groups compliment patients care and contribute to positive health outcomes and promote self-management skills. MPX patients in need of employment may be referred to DAP career development services for career and workforce development services to link patients to community and business support services that will support treatment plans. Indirect Cost Rate: Standard DAP rate 10%.</p>			

**Line Item Budget  
Staffing Costs**

<b>Staff Salaries</b>		<b>Annual Salary</b>	<b>% of Time Allocated to Project</b>	<b>Total Project Salary</b>	<b>Amount Requested from DHCD</b>
<b>Employee Position/Title</b>					
<b>1</b>	Medical Oversight, Dr. David Morris, Chief Medical Officer (15 hours per week)	\$ 344,839.00	38%	\$57,193.00	\$57,193.00
<b>2</b>	Nursing Manager of Sexual Wellness, Mark DeJarnett (15 hours per week)	\$ 110,413.00	38%	\$26,185.00	\$26,185.00
<b>Total Employee Benefits / Employer Taxes - proportional fringe costs and/or employer taxes based on % of time allocated to project</b>					
			25%	20,845.00	20,845.00
<b>Enter this amount in Section 1;Staffing Costs</b>			<b>Total &gt;</b>	<b>\$104,223.00</b>	<b>\$104,223.00</b>
<b>Budget Narrative</b>	Please describe in detail the scope of work and duties for each employee on this grant. Clinical oversight is provided by DAP Chief Medical Officer. Supervision of clinicians (Nurse Practitioners;RN;LVN, Medical Assistants) provided by Nursing Manager of Sexual Wellness. Clinicians Scope of Work: The Nurse Practitioners and Medical Assistants will support testing for MPX in DAP Sexual Wellness Clinic. NP will prescribe TPOXX for treatment. The RN will lead vaccine efforts with LVN in dedicated space on DAP site. EIS staff will coordinate home delivery of food/essential items to MPX diagnosed patients' homes. EIS will provide tracfones to MPX diagnosed patients who do not have a means to communicate with DAP clinical and EIS staff. EIS staff will asses for need and book hotel rooms for two-four weeks of isolation for MPX diagnosed patients who are unable to isolate (eg. homeless). Registration staff will be responsible for check in for MPX diagnosed patients and scheduling any follow-up visits for treatment or vaccines. Hotline Coordinator will oversee the MPX hotline at DAP and serve as the bridge of communication from program and clinical staff to volunteers working the hotline.				
<b>Budget Narrative</b>	Please describe in detail the employee benefits including the percentage and salary used for calculation. Fringe benefits @ 25% for DAP staff only: Chief Medical Officer and Nursing Manager of Sexual Wellness; fringe includes workers' compensation, Social Security Taxes; Insuranances (eg, health, dental, disability).				
<b>Professional Services / Consultants</b>		<b>Hourly Rate</b>	<b>Hours/Week</b>	<b>Monthly Fee</b>	<b>Total Project Fees</b>
<b>Company and Staff Title</b>					
<b>3</b>	Nurse Practitioner, To Be Hired "TBH"(20 hours/week)	n/a = contract	50%	\$49,467.60	\$49,467.60
<b>4</b>	Nurse Practitioner, TBH (20 hours/week)	n/a = contract	50%	\$49,467.60	\$49,467.60
<b>5</b>	RN, TBH (Full-time)	n/a = contract	100%	\$62,400.00	\$62,400.00
<b>6</b>	LVN, TBH (Full-time)	n/a = contract	100%	\$28,080.00	\$28,080.00
<b>7</b>	Medical Assistant, TBH (Full-time)	n/a = contract	100%	\$18,720.00	\$18,720.00
<b>8</b>	Medical Assistant, TBH (Full-time)	n/a = contract	100%	\$18,720.00	\$18,720.00
<b>9</b>	Early Intervention Services (EIS), TBH (Full-time)	n/a = contract	100%	\$21,320.00	\$21,320.00
<b>10</b>	Early Intervention Services (EIS), TBH (20 hours /week)	n/a = contract	50%	\$10,660.00	\$10,660.00
<b>11</b>	Registration/Patient Services Representative, TBH, (Full-time)	n/a = contract	100%	\$22,921.60	\$22,921.60
<b>12</b>	Hotline Coordinator, TBH (Full-time)	n/a = contract	100%	\$19,448.00	\$19,448.00
<b>Enter this amount in Section 1;Staffing Costs</b>				<b>Total &gt;</b>	<b>\$301,204.80</b>
<b>Budget Narrative</b>	Please describe in detail the scope of work for each professional service/consultant on this grant. EIS staff will coordinate home delivery of food/essential items to MPX diagnosed patients' homes. EIS will provide tracfones to MPX diagnosed patients who do not have a means to communicate with DAP clinical and EIS staff. EIS staff will asses for need and book hotel rooms for two-four weeks of isolation for MPX diagnosed patients who are unable to isolate (eg. homeless). Registration staff will be responsible for check in for MPX diagnosed patients and scheduling any follow-up visits for treatment or vaccines. Hotline Coordinator will oversee the MPX hotline at DAP and serve as the bridge of communication from program and clinical staff to volunteers working the hotline.				

## Line Item Budget Other Project Funds

<b>Other funding received (actual or projected) SPECIFIC to this project. "Total funding in addition to DHCD request" below should match or exceed value listed in Section 1 for "Funds from Other Sources".</b>		<b>Amount</b>
Fees		tbd
Donations		tbd
<b>Grants (List Organizations)</b>		
	1	State of California Department of Public Health (CDPH) <span style="float: right;">tbd</span>
	2	Health Resources and Services Administration (HRSA) <span style="float: right;">tbd</span>
	3	
	4	
<b>Fundraising (describe nature of fundraiser)</b>		
	1	
	2	
<b>Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)</b>		
	1	
	2	
	3	
	4	
<b>Total funding in addition to DHCD request</b>		<b>\$ -</b>
<b>Budget Narrative</b>	Describe project income listed above. Note whether income is "projected" or actual.	

# Grant Scoring Review

## Grant Staff Review # 1 of 3

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**Executive Summary:** 9

**Community Need and Alignment:** 8

**Goals:** 8

**Proposed Evaluation Plan:** 8

**Applicant Capacity and Infrastructure:** 10

**Organizational Sustainability:** 9

**Budget:** 8

**Key Partners/Collaborations:** 10

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**Total Score:** 70.00

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**Reviewer Comments:**

DAP Health is recognized as the leader in providing health care and support services to populations afflicted with communicable diseases. DAP is modeling its response to Monkey Pox on its rapid community response to the COVID-19 pandemic. Currently DAP is the only agency in the CV providing comprehensive Monkey Pox services. DAP anticipates to receive funding from the federal and state governments that will include procuring vaccines, administering treatment , and testing (these items are NOT included in this grant request). DAP's MPX response project directly aligns with DAP's current strategic plan and the District's strategic plan goal #2: proactively expand community access to specialty care services. DAP Health is a trusted organization and has the capacity to work towards the goal that Monkey Pox does not morph into a pandemic in the Coachella Valley.

**Response Notes:**

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**Average Review Score:**

Fiscal Staff Review Stage: 18.5 (2 of 2)

Grant Program Staff Review Stage: 73.666666666666666666666666666667 (3 of 3)

**Sum of all Reviews:**

Fiscal Staff Review Stage: 37 (2 of 2)

Grant Program Staff Review Stage: 221 (3 of 3)

**Total average proposal score: 92/100**

## Grant Scoring Review

### Grant Staff Review # 2 of 3

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**Executive Summary:** 10

**Community Need and Alignment:** 9

**Goals:** 9

**Proposed Evaluation Plan:** 9

**Applicant Capacity and Infrastructure:** 10

**Organizational Sustainability:** 10

**Budget:** 9

**Key Partners/Collaborations:** 9

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**Total Score:** 75.00

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#### **Reviewer Comments:**

The monkeypox virus has impacted the Coachella Valley disproportionately more than any region in Riverside County. DAP Health proposal addresses three key interventions to protect our District residents from monkeypox. Those three interventions include testing/vaccination, education, and outreach to ensure District residents have access to resources to protect themselves or others from monkeypox. DAP Health has a long track record of providing equitable and safe access to sexual health programs and services, and will implement that experience and lessons learned to ensure a successful campaign against monkeypox.

#### **Response Notes:**

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#### **Average Review Score:**

Fiscal Staff Review Stage: 18.5 (2 of 2)

Grant Program Staff Review Stage: 73.6666666666666666666666666667 (3 of 3)

#### **Sum of all Reviews:**

Fiscal Staff Review Stage: 37 (2 of 2)

Grant Program Staff Review Stage: 221 (3 of 3)

**Total average proposal score: 92/100**

## Grant Scoring Review

### Grant Staff Review # 3 of 3

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**Executive Summary:** 9

**Community Need and Alignment:** 10

**Goals:** 10

**Proposed Evaluation Plan:** 10

**Applicant Capacity and Infrastructure:** 9

**Organizational Sustainability:** 9

**Budget:** 9

**Key Partners/Collaborations:** 10

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**Total Score:** 76.00

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#### **Reviewer Comments:**

This project as described by the Desert Aids Project (DAP) will address the needs of the local community related to the recent Monkeypox (MPX) outbreak. This support services structure will include a prevention aspect of MPX testing, treatment and vaccination services. DAP has extensive experience with mobilizing supportive responses to high priority medical needs for the Coachella Valley. The target population will include gay, bisexual, and other men who have sex with men (MSM) ages 25-64.

This project aligns with the District Strategic Plan Goal # 2 (Proactively expand community access to specialty care services), Strategy 2.3, 2.6, and 2.7. District funds will support the work of the Chief Medical Officer and Nursing Manager positions that will oversee the project implementation. District funds will also support the purchase of the necessary equipment to implement community outreach and education including medical supplies, communication collateral materials (handouts) for community outreach (town meetings), Direct services include MPX testing, vaccination, treatment and support group options. This support is critical in supporting improved wellness for those served by this project as this outbreak evolves.

Project outcomes will be evaluated through an internal agency patient tracking system. Social media outreach will be tracked to identify community awareness of MPX and available support services. The DAP dedicated MPX hotline will also tracked for the number of community contacts related to MPX.



## Grant Scoring Review

DAP has establish strong community partnerships over its history as a service provider in the Coachella Valley. These partnerships include medical providers and health plans (Desert Oasis, Inland Empire Health Plan, Tenet Health, etc.), UCR Residency Program, RUHS-Public Health, and Molina Health. It is this connectivity that increases the ability to coordinate services across organizations to promote the necessary whole person care that this outbreak calls for.

### **Response Notes:**

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#### **Average Review Score:**

Fiscal Staff Review Stage: 18.5 (2 of 2)

Grant Program Staff Review Stage: 73.6666666666666666666666666667 (3 of 3)

#### **Sum of all Reviews:**

Fiscal Staff Review Stage: 37 (2 of 2)

Grant Program Staff Review Stage: 221 (3 of 3)

**Total average proposal score: 92/100**

## Grant Scoring Review

### Fiscal Staff Review # 1 of 2

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**Fiduciary Compliance:** 10

**Financial Stability:** 9

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**Total Score:** 19.00

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#### **Reviewer Comments:** Fiduciary Compliance - 10

The FY 06/30/21 audit report is unmodified. The Board of Directors accepted the audit report.

Audit report Current Ratio is strong (7.5:1), which represents the grantee's ability to pay its short-term liabilities.

The Net Assets increased by \$15M as of 6/30/21, with Total Net Assets of \$48M. Internal financial statements, as of 6/30/22, demonstrates an increase of \$6M. The Balance Sheet is strong.

#### Financial Stability - 9

Grantee demonstrates a sound financial position.

Grantee has diversified resources for this project of approximately \$1M. The District's grant of \$586,727 is well supported by potential other resources.

#### **Response Notes:**

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#### **Average Review Score:**

Fiscal Staff Review Stage: 18.5 (2 of 2)

Grant Program Staff Review Stage: 73.6666666666666666666666666667 (3 of 3)

#### **Sum of all Reviews:**

Fiscal Staff Review Stage: 37 (2 of 2)

Grant Program Staff Review Stage: 221 (3 of 3)

**Total average proposal score: 92/100**

## Grant Scoring Review

### Fiscal Staff Review # 2 of 2

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**Fiduciary Compliance:** 9

**Financial Stability:** 9

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**Total Score:** 18.00

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**Reviewer Comments:** Audited financial statements presented to and approved by Board of Directors. Assets sufficient to address liabilities. Positive cash flow noted for 2020, but not 2021. The organizational budget contains multiple funding sources. The grant budget is reasonable in comparison to the organizational budget. There is a strategic plan which identifies the areas for long term growth but didn't identify how the needed funds would be raised for facility expansion.

**Response Notes:**

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### **Average Review Score:**

Fiscal Staff Review Stage: 18.5 (2 of 2)

Grant Program Staff Review Stage: 73.6666666666666666666666666667 (3 of 3)

### **Sum of all Reviews:**

Fiscal Staff Review Stage: 37 (2 of 2)

Grant Program Staff Review Stage: 221 (3 of 3)

**Total average proposal score: 92/100**