



**DESERT HEALTHCARE DISTRICT  
BOARD MEETING  
Board of Directors  
April 23, 2024  
5:30 P.M.**

Regional Access Project Foundation  
Conference Room 103  
41550 Eclectic Street  
Palm Desert, CA 92211

*This meeting is handicapped-accessible*

In lieu of attending the meeting in person, members of the public can participate by webinar using the following link:

<https://us02web.zoom.us/j/88671987917?pwd=T29iRktfDZiRDm3ITBmJDWkFiMnVMdz09>  
**Password: 355860**

Members of the public can also participate by telephone, using the following dial in information:

**(669) 900-6833 or Toll Free (833) 548-0282**  
**Webinar ID: 886 7198 7917**  
**Password: 355860**

You may also email [ahayles@dhcd.org](mailto:ahayles@dhcd.org) with your public comment no later than 4 p.m., Tuesday, 04/23

<i>Page(s)</i>	<b>REVISED AGENDA</b> <i>Any item on the agenda may result in Board Action</i>	<i>Item Type</i>
	<b>A. CALL TO ORDER – President PerezGil</b> Roll Call Director Rogers, RN____Director De Lara____ Director Zendle, MD____Director Shorr____ Secretary Barraza____ Vice-President Zavala, PsyD____President PerezGil	
	<b>B. PLEDGE OF ALLEGIANCE</b>	
1-4	<b>C. APPROVAL OF AGENDA</b>	<b>Action</b>
	<b>D. PUBLIC COMMENT</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. <b>The Board has a policy of limiting speakers to no more than three minutes.</b> The Board cannot take action on items not listed on the agenda. Public input may be offered on agenda items when they come up for discussion and/or action.	
	<b>E. CONSENT AGENDA</b> All Consent Agenda item(s) listed below are considered routine by the Board Directors and will be enacted by one motion. <u>There will be no separate discussion of items unless a Board member so requests, in which event the item(s) will be considered following approval of the Consent Agenda.</u>	<b>Action</b>



	1. BOARD MINUTES	
5-8	a. Special Meeting of the Board – March 05, 2024	
9-10	b. Special Meeting of the Board – March 11, 2024	
11-13	c. Special Meeting of the Board – March 19, 2024	
14-16	d. Special Meeting of the Board – March 20, 2024	
17-18	e. Special Meeting of the Board – March 21, 2024	
19-28	f. Board of Directors Meeting – March 26, 2024	
	2. AGREEMENTS	
29-32	a. Success for Nonprofits – Feasibility Study for Director of Development – NTE \$6,000	
33-37	b. Coachella Valley Accounting & Auditing – \$6,500 per each small non-profit grantee audit	
	3. PERSONNEL	
38-72	a. Regional Government Services Human Resources Consulting Agreement – NTE \$40,000	
	4. LAS PALMAS MEDICAL PLAZA (LPMP)	
73-101	a. Lease Renewal – Desert Regional Medical Center – Suite 2E-107 – 5-year lease	
102-103	b. Security Agreement – Addendum #1 – Extension to May 31, 2025	
104-109	c. Consulting Services Agreement – Van Surveying, Inc. – Flooding Surveying for Drainage Plan - \$13,200	
	5. ENVIRONMENTAL HEALTH SYMPOSIUM	
110-113	a. Environmental Health Summit Project Budget	
	i. \$75,000 Presenting Sponsorship Commitment from the Desert Healthcare District	
114-121	ii. Westin Service Agreement (incorporated in the Project Budget)	
122-131	<b>F. PRESENTATION</b>	Information
	1. Mariela Magana Ceballos, Student, Presentation on East Coachella Valley Senior Farmworker Health Needs Assessment	
132-135	<b>G. STRATEGIC GRANT FUNDING</b>	<b>ACTIONS</b>
	1. Social Isolation and Loneliness “Building Connected Communities” Proposals:	
136-150	a. Grant #1432 Variety – the Children’s Charity of the Desert Tent 66 – Outreach and Future Program Expansion – \$102,949	
151-173	b. Grant #1437 Youth Leadership Institute – Community Advocates for Resilient Emotional Safety (ECV CARES) – \$100,000	
174-197	c. Grant #1441 Desert AIDS Project, dba DAP Health – DAP Health Community Health Workers Build Community Connections – \$125,000	
198-223	d. Grant #1443 Voices for Children – Court Appointed Special Advocate (CASA) Program – \$60,000	



- 224-254 e. Grant #1445 Cove Communities Senior Association dba The Joslyn Center – Increasing Behavioral Health Access and Social Connectedness for Older Coachella Valley Adults – \$200,000
- 255-286 f. Grant #1452 El Sol Neighborhood Educational Center – Coachella Valley Community Assistance, Resources, and Empowerment Services (CV-CARES) – \$200,000
- 287-308 g. Grant #1453 Vision y Compromiso – Cultivando Community Connections – \$199,914
- 309-323 h. Grant #1455 Angel View Inc. – Outreach program to reduce social isolation and loneliness – \$86,250
- 324-348 2. Grant # 1434 Riverside University Health System – Public Health – Coachella Community Blue Zones Project: \$2,095,200 for 45 months – Program Committee Declination – Not in Alignment with the Board-Approved High Priority Strategic Plan Goals

**H. REPORTS**

- 349 1. Desert Regional Medical Center CEO Report – Michele Finney, CEO Information
- 350 2. Desert Regional Medical Center Governing Board Meeting – President Evett PerezGil and Director Les Zendle, MD Information
- 351-352 3. Desert Healthcare District CEO Report – Chris Christensen, Interim CEO Information
  - a. Letter of Support - AB 2757 (Garcia, Padilla) – Southeast California Economic Region – Designation and alignment of state and federal programs to benefit communities impacted by lithium and other mineral extraction and clean energy development.
  - b. Remaining Hospital Lease Negotiations Informational Status Meeting – April 30 at the UCR Palm Desert Campus Auditorium
  - c. Tudor Ranch Employee Wellness Event
- 353-354 d. CEO Engagements and District Media Visibility
- 4. Legal – Jeffrey G. Scott, Esq., Law Offices of Jeffrey G. Scott Information

**I. COMMITTEE MEETINGS**

- 355-362 1. **PROGRAM COMMITTEE** – Chair/President Evett PerezGil, Vice-President Carmina Zavala, PsyD, and Director Leticia De Lara Information
  - a. Draft Meeting Minutes – April 09, 2024
  - b. Progress and Final Reports Update
  - 449-452 c. Grant Applications and RFP Proposals Submitted and Under Review
  - 453 d. Grant Payment Schedule
- 2. **FINANCE, LEGAL, ADMINISTRATION & REAL ESTATE COMMITTEE** – Chair/Treasurer Arthur Shorr, Vice-President Carmina Zavala, PsyD, and Director Leticia De Lara Information
  - 454-458 a. Draft Meeting Minutes – April 10, 2024
  - 459-460 b. Las Palmas Medical Plaza Unit Rental Status
  - 461-462 c. Las Palmas Medical Plaza 2023 CAM Reconciliation
  - 463-464 d. Exempt Status from Single Audit Reporting for FY 2022-23



**J. BOARD MEMBER COMMENTS**

**K. ADJOURNMENT**

The undersigned certifies that a copy of this agenda was posted in the front entrance to the Desert Healthcare District offices located at 1140 North Indian Canyon Drive, Palm Springs, California, and the front entrance of the Desert Healthcare District office located at the Regional Access Project Foundation, 41550 Eclectic Street, Suite G100, Palm Desert California at least 72 hours prior to the meeting. If you have a disability or require a translator or 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) 567-0591 at least 72 hours prior to the meeting.

*Andrea S. Hayles*

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Andrea S. Hayles, Board Relations Officer



**DESERT HEALTHCARE DISTRICT  
SPECIAL BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
March 05, 2024**

<b>Directors Present</b>	<b>District Staff Present</b>	<b>Absent</b>
President Evett PerezGil Kimberly Barraza, Secretary Director Les Zendle, MD Director Leticia De Lara, MPA Director Carole Rogers, RN	Chris Christensen, CPA, Interim CEO Andrea S. Hayles, MBA, Board Relations Officer Donna Craig, Chief Program Officer Alejandro Espinoza, MPH, Chief of Community Engagement Will Dean, Director of Communications and Marketing  Jeff Scott, Legal Counsel	Vice-President Carmina Zavala, PsyD Treasurer Arthur Shorr

<b>AGENDA ITEMS</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>A. Call to Order</b>  <b>Roll Call</b>	President PerezGil called the meeting to order at 6:00 p.m.  The Clerk of the Board called the roll with all directors present except Directors Zavala and Shorr.	
<b>B. Pledge of Allegiance</b>	President PerezGil led the Pledge of Allegiance.	
<b>C. Approval of Agenda</b>	President PerezGil asked for a motion to approve the agenda.	<b>#24-10 MOTION WAS MADE by Director Zendle and seconded by Director Rogers to approve the agenda.</b> <b>Motion passed unanimously.</b> <b>AYES – 5 President PerezGil, Secretary Barraza, Director Zendle, Director De Lara, Director Rogers</b> <b>NOES – 0</b> <b>ABSENT – 2 Vice-President Zavala and Director Shorr</b>
<b>D. Public Comment</b>	There were no public comments for matters not listed on the agenda.	
<b>E. Information Community Forum on the Tenet Lease Negotiations</b>		



**DESERT HEALTHCARE DISTRICT  
SPECIAL BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
March 05, 2024**

<p><b>1. Presentation</b></p>	<p>Director Rogers provided opening remarks, welcomed the public, and introduced Chris Christensen, Interim CEO, who presented a brief overview of potentially reassuming hospital operations and seeking an alternative hospital operator, the background and timeline of the district, Tenet’s proposal, the benefits, challenges, and alternatives.</p> <p>Public Comments:</p> <p>Gary Gardner, Council Member, Desert Hot Springs (see attached public comments)</p> <p>Jose Candelario, MD, Chief Resident, Family Medicine, Desert Regional Medical Center</p> <p>Gail Whetstone, BSN, RN, Trauma Injury Prevention, Desert Regional Medical Center</p> <p>Nyomi Gastelo, Public Safety Cadet</p> <p>Stephanie Salters, RN</p> <p>Yea Ping Lin, MD, Hospitalist, Teaching Physician, Desert Care Network</p> <p>Ezra Kaufman, Palm Desert Resident</p> <p>Jeff Hohman, Greater Coachella Valley Chamber of Commerce, Desert Hot Springs Chamber Chair</p> <p>Gene Martin, Retired Engineer</p> <p>Megan Barajas, Regional Vice-President, Hospital Association of Southern California</p>	
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**DESERT HEALTHCARE DISTRICT  
SPECIAL BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
March 05, 2024**

	<p>Deborah Edwards, RN, Neonatal Intensive Care Unit, Desert Regional Medical Center</p> <p>Linda Stevens, Retired, 30- year Former Employee, Desert Regional Medical Center</p> <p>Scott Worey, Chief Nursing Officer, Desert Regional Medical Center</p> <p>Michele Finney, CEO, Desert Care Network, Desert Regional Medical Center</p> <p>The Board thanked the public for their participation in the community forum, inquired with legal counsel about outlining the District’s role over oversight in comparison to the California Department of Public Health, property taxes east and west of Cook, and suggested that the Board and Staff meet with local elected officials throughout the Coachella Valley concerning the lease, consider having some public meetings during the day for seniors, freeze the grant funding program as the District commences its fiscal budget, and consider the lease decision with due diligence affecting the future of healthcare in the next 30 years.</p>	
<b>F. Adjournment</b>	President PerezGil adjourned the meeting at 7:29 p.m.	<b>Audio recording available on the website at</b> <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and- Documents</a>

ATTEST: \_\_\_\_\_

Kimberly Barraza, Secretary, Board of Directors  
Desert Healthcare District Board of Director

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

**From:** [Evans, Linda](#)  
**To:** [Andrea Hayles](#)  
**Cc:** [Evans, Linda](#); [Chris Christensen](#)  
**Subject:** Written Public Comment - 3/5/24 DHCD Community Forum  
**Date:** Tuesday, March 5, 2024 1:48:29 PM  
**Attachments:** [image001.png](#)

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**From:** Gary Gardner <ggardner@cityofdhs.org>  
**Sent:** Tuesday, March 5, 2024 1:39 PM  
**To:** Evans, Linda  
**Subject:** Comments for meeting

Members of the Desert Healthcare District Board:

My name is Gary Gardner, I serve as a member of the Desert Hot Springs City Council, and unfortunately our council meeting is being held as you hold this meeting so I'm unable to attend.

I wanted the Board to know that I have been a patient at the Comprehensive Cancer Care Center at DRMC, and I cannot say enough about the care and treatment I've received there. The staff at the center are caring and compassionate and really make the trauma of undergoing cancer treatment as stress free and easy as possible. My oncologist pre practices at Eisenhower, but my General Physician is part of the Desert Care network, so I had my choice, and I was glad I chose the cancer center at DRMC. I appreciate very much the care I received there, and I believe that Tenet's operation of the hospital has been outstanding. As a taxpayer, I'd prefer they continue to operate the hospital rather than having the Board take over managing and operating the hospital.

I recognize that the Board is in a difficult position, and to be honest, and this is my personal opinion not a position of the city, I'm apprehensive about eventually selling the hospital, but I've yet to study in-depth whether the proposed contract is good or not. But I do not believe that switching management or trying to manage the hospital yourself is a wise move at this time.

Thank you.





**DESERT HEALTHCARE DISTRICT  
SPECIAL BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
March 11, 2024**

Directors Present	District Staff Present	Absent
President Evett PerezGil Vice-President Carmina Zavala, PsyD Kimberly Barraza, Secretary Treasurer Arthur Shorr Director Les Zendle, MD Director Leticia De Lara, MPA Director Carole Rogers, RN	Chris Christensen, CPA, Interim CEO  Jeff Scott, Legal Counsel	

AGENDA ITEMS	DISCUSSION	ACTION
<b>A. Call to Order</b>  <b>Roll Call</b>	President PerezGil called the meeting to order at 5:30 p.m.  The Clerk of the Board called the roll with all directors present except Vice-President Zavala who joined the meeting at 5:40 p.m., and exited at 6:17 p.m.	
<b>B. Approval of Agenda</b>	President PerezGil asked for a motion to approve the agenda.	<b>#24-11 MOTION WAS MADE by Director Zendle and seconded by Director Rogers to approve the agenda.</b> <b>Motion passed unanimously.</b> <b>AYES – 6 President PerezGil, Secretary Barraza, Director Zendle, Director De Lara, Director Rogers</b> <b>NOES – 0</b> <b>ABSENT – 1 Vice-President Zavala</b>
<b>C. Public Comment</b>	There were no public comments for matters not listed on the agenda.	
<b>E. Convene to Closed Session of the Desert Healthcare District Board of Directors</b>  1. Public Employee Appointment: Chief	President PerezGil convened to closed session of the Board of Directors meeting.	



**DESERT HEALTHCARE DISTRICT  
SPECIAL BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
March 11, 2024**

Executive Officer PURSUANT TO GOVERNMENT CODE 54957(b)(1)		
<b>F. Reconvene to Open Session of the Desert Healthcare District Board of Directors Meeting</b>	President PerezGil reconvened to open session of the Board of Directors meeting at 6:50 p.m.	
<b>F. Adjournment</b>	President PerezGil adjourned the meeting at 6:51 p.m.	<b>Audio recording available on the website at <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></b>

ATTEST: \_\_\_\_\_  
 Kimberly Barraza, Secretary, Board of Directors  
 Desert Healthcare District Board of Directors

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

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**DESERT HEALTHCARE DISTRICT  
SPECIAL BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
March 19, 2024**

Directors Present	District Staff Present	Absent
President Evett PerezGil Vice-President Carmina Zavala, PsyD – Virtual Participation Kimberly Barraza, Secretary Treasurer Arthur Shorr Director Les Zendle, MD Director Leticia De Lara, MPA Director Carole Rogers, RN	Chris Christensen, CPA, Interim CEO Donna Craig, Chief Program Officer – Virtual Participation Alejandro Espinoza, MPH, Chief of Community Engagement Will Dean, Director of Communications and Marketing Andrea S. Hayles, MBA, Board Relations Officer  Jeff Scott, Legal Counsel	

AGENDA ITEMS	DISCUSSION	ACTION
<b>A. Call to Order</b>	President PerezGil called the meeting to order at 6:06 p.m.	
<b>Roll Call</b>	The Clerk of the Board called the roll with all directors present.	
<b>B. Pledge of Allegiance</b>	President PerezGil led the Pledge of Allegiance.	
<b>C. Approval of Agenda</b>	President PerezGil asked for a motion to approve the agenda.	<b>#24-12 MOTION WAS MADE by Director De Lara and seconded by Director Rogers to approve the agenda.</b> <b>Motion passed unanimously.</b> <b>AYES – 7 President PerezGil, Vice-President Zavala, Secretary Barraza, Director Shorr, Director Zendle, Director De Lara, Director Rogers</b> <b>NOES – 0</b> <b>ABSENT – 0</b>
<b>D. Public Comment</b>	Brad Anderson, Rancho Mirage Resident, provided public comment concerning board members virtual participation.	
<b>E. Information Community Forum on the Tenet Lease Negotiations</b>		



**DESERT HEALTHCARE DISTRICT  
SPECIAL BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
March 19, 2024**

<p><b>1. Presentation of current status of negotiations of proposal from Tenet for a new Lease and Option to Purchase – Chris Christensen, Interim CEO</b></p> <p><b>2. Public input and comments</b></p> <p><b>3. Board discussion</b></p>	<p>Director De Lara provided opening remarks, welcomed the public, thanked the community for attending the public forum—one of several throughout the Valley—and introduced Chris Christensen, Interim CEO.</p> <p>Mr. Christensen provided a presentation on the status of the lease negotiations with background details and a timeline of the District, Tenet’s proposal, and the benefits, challenges, and alternatives. between the District and Tenet Health.</p> <p>Public Comments:</p> <p>Michele Finney, CEO, Desert Care Network, Desert Regional Medical Center</p> <p>Terilee Povall, Stroke Coordinator, JFK Memorial Hospital</p> <p>Isela Murillo, Marketing Director, Desert Care Network</p> <p>Brad Anderson, Rancho Mirage Resident</p> <p>Megan Barajas, Regional Vice President, Hospital Association of Southern California</p> <p>Jose Candelario, MD, Chief Resident, Family Medicine, Desert Regional Medical Center</p> <p>Camilo Neacato, Resident, Family Medicine Program, Desert Regional Medical Center</p> <p>Esperanza Santero, 30-Year Coachella Valley Resident</p>	
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**DESERT HEALTHCARE DISTRICT  
SPECIAL BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
March 19, 2024**

	<p>Robin Boardman, Coachella Valley Resident</p> <p>Deborah Edwards, RN, Desert Regional Medical Center</p> <p>Karen Faulis, CEO, JFK Memorial Hospital</p> <p>The Board thanked the community for attending, described JFK Memorial Hospital’s role with Desert Care Network and their investments in the hospital serving remote areas in the east, and Tenet’s commitment to the growing needs in the Eastern Coachella Valley, which requires more concrete details for the next 20–30 years as requested from the Board during the negotiations. The Board also discussed the district’s mission, the grant program's role in accessing healthcare services, seismic costs and taxing residents, limiting disruptions, and the complexities of the Board’s decision.</p>	
<b>F. Adjournment</b>	President PerezGil adjourned the meeting at 7:20 p.m.	<b>Audio recording available on the website at <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></b>

ATTEST: \_\_\_\_\_  
 Kimberly Barraza, Secretary, Board of Directors  
 Desert Healthcare District Board of Directors

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



**DESERT HEALTHCARE DISTRICT  
SPECIAL BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
March 20, 2024**

<b>Directors Present</b>	<b>District Staff Present</b>	<b>Absent</b>
President Evett PerezGil Vice-President Carmina Zavala, PsyD Kimberly Barraza, Secretary Treasurer Arthur Shorr Director Les Zendle, MD Director Leticia De Lara, MPA Director Carole Rogers, RN – Virtual Participation	Chris Christensen, CPA, Interim CEO Andrea S. Hayles, MBA, Board Relations Officer Donna Craig, Chief Program Officer Alejandro Espinoza, Chief of Community Engagement  Jeff Scott, Legal Counsel	

<b>AGENDA ITEMS</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>A. Call to Order</b>  <b>Roll Call</b>	President PerezGil called the meeting to order at 5:33 p.m.  The Clerk of the Board called the roll with all directors present except Director De Lara joining the meeting at 5:38 p.m. and Director Rogers joining the meeting at 5:45 p.m., then exiting at 6:22 p.m.	
<b>B. Pledge of Allegiance</b>	President PerezGil led the Pledge of Allegiance.	
<b>C. Approval of Agenda</b>	President PerezGil asked for a motion to approve the agenda.	<b>#24-13 MOTION WAS MADE by Director Zendle and seconded by Vice-President Zavala to approve the agenda.</b> <b>Motion passed unanimously.</b> <b>AYES – 7 President PerezGil, Vice-President Zavala, Secretary Barraza, Director Shorr, Director Zendle,</b> <b>NOES – 0</b> <b>ABSENT – 2 Director De Lara and Director Rogers</b>
<b>D. Public Comment</b>	There were no public comments.	
<b>E. Workshop on Improving Government Practices</b>		

DESERT HEALTHCARE DISTRICT  
SPECIAL BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
March 20, 2024

<p><b>1. Facilitated Workshop discussion on Governance Development - Larry Walker, President, The Walker Company</b></p>	<p>Larry Walker, President, Walker Company, described the goals and strategies from the December governance meeting, including the ad hoc committee meeting, and detailed the recommendations.</p> <p>The board discussed a clear description of board member roles, such as expectations and time commitments, including the ethical standards of strategies 1.1, 1.2, and 1.3 for review by the Policies Committee.</p> <p>After a lengthy discussion on strategy 2.2, the board will modify the strategy to adopt a board meeting evaluation form for use by the directors, then assess the monthly board meetings to consider any suggestions for the board meetings.</p> <p>The board discussed a process for staff to bring forth issues, such as unethical matters, and determined that legal counsel, the interim CEO, and director De Lara will discuss the process for the HR consultant and the CEO 360 evaluations. Mr. Walker suggested a different description for strategy 3.2 with a scaled-down version of the evaluation.</p>	
<p><b>F. Adjournment</b></p>	<p>President PerezGil adjourned the meeting at 7:33 p.m.</p>	<p><b>Audio recording available on the website at</b> <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></p>



**DESERT HEALTHCARE DISTRICT  
SPECIAL BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
March 20, 2024**

ATTEST: \_\_\_\_\_  
Kimberly Barraza, Secretary, Board of Directors  
Desert Healthcare District Board of Directors

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

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**DESERT HEALTHCARE DISTRICT  
SPECIAL BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
March 21, 2024**

Directors Present	District Staff Present	Absent
President Evett PerezGil Vice-President Carmina Zavala, PsyD Kimberly Barraza, Secretary Treasurer Arthur Shorr Director Les Zendle, MD Director Leticia De Lara, MPA Director Carole Rogers, RN	Jeff Scott, Legal Counsel	

AGENDA ITEMS	DISCUSSION	ACTION
<b>A. Call to Order</b>  <b>Roll Call</b>	President PerezGil called the meeting to order at 5:30 p.m.  The Clerk of the Board called the roll with all directors present.	
<b>B. Approval of Agenda</b>	President PerezGil asked for a motion to approve the agenda.	<b>#24-14 MOTION WAS MADE by Director Zendle and seconded by Director Rogers to approve the agenda.</b> <b>Motion passed unanimously.</b> <b>AYES – 6 President PerezGil, Secretary Barraza, Director Zendle, Director De Lara, Director Rogers</b> <b>NOES – 0</b> <b>ABSENT – 1 Vice-President Zavala</b>
<b>C. Public Comment</b>	There were no public comments for matters not listed on the agenda.	
<b>E. Convene to Closed Session of the Desert Healthcare District Board of Directors</b>  1. Public Employee Appointment: Chief Executive Officer PURSUANT TO	President PerezGil convened to closed session of the Board of Directors meeting.	



**DESERT HEALTHCARE DISTRICT  
SPECIAL BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
March 21, 2024**

GOVERNMENT CODE 54957(b)(1)		
<b>F. Reconvene to Open Session of the Desert Healthcare District Board of Directors Meeting</b>	President PerezGil reconvened to open session of the Board of Directors meeting at 6:59 p.m.	
<b>F. Adjournment</b>	President PerezGil adjourned the meeting at 7:00 p.m.	<b>Audio recording available on the website at <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></b>

ATTEST: \_\_\_\_\_  
 Kimberly Barraza, Secretary, Board of Directors  
 Desert Healthcare District Board of Directors

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

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**DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
March 26, 2024**

Directors Present	District Staff Present	Absent
President Evett PerezGil Vice-President Carmina Zavala, PsyD Secretary Kimberly Barraza Director Les Zendle, MD Director Leticia De Lara, MPA Director Carole Rogers, RN	Chris Christensen, CPA, Interim CEO Donna Craig, Chief Program Officer Alejandro Espinoza, MPH, Chief of Community Engagement Will Dean, Director of Communications and Marketing Andrea S. Hayles, MBA, Board Relations Officer  <u>Legal Counsel</u> Jeff Scott	Treasurer Arthur Shorr

AGENDA ITEMS	DISCUSSION	ACTION
<b>A. Call to Order</b>  <b>Roll Call</b>	President PerezGil called the meeting to order at 5:30 p.m.  The Clerk of the Board called the roll with all directors present except Director Shorr and Vice-President Zavala joining the meeting at 5:36 p.m.	
<b>B. Pledge of Allegiance</b>	President PerezGil led the pledge of allegiance.	
<b>C. Approval of Agenda</b>	President PerezGil asked for a motion to approve the agenda.	<b>#24-15 MOTION WAS MADE by Director De Lara and seconded by Director Rogers to approve the agenda.</b> <b>Motion passed unanimously.</b> <b>AYES – 5 President PerezGil, Secretary Barraza, Director Zendle, Director De Lara, and Director Rogers</b> <b>NOES – 0</b> <b>ABSENT – 2 Vice-President Zavala and Director Shorr</b>
<b>D. Public Comment</b>	Public Comments Supporting Desert Regional Medical Center:	

DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
March 26, 2024

	<p>Sandra Aaronson, Respiratory Therapist, Desert Regional Medical Center Mike Ditoro, COO, Desert Regional Medical Center Jeff Hocker, President, Hocker Productions</p>	
<p><b>E. Consent Agenda</b></p> <ol style="list-style-type: none"> <li>1. <b>BOARD MINUTES</b> <ol style="list-style-type: none"> <li>a. Board of Directors Meeting – February 27, 2024</li> </ol> </li> <li>2. <b>FINANCIALS</b> <ol style="list-style-type: none"> <li>a. Approval of the February 2024 Financial Statements – F&amp;A Approved March 13, 2024</li> </ol> </li> <li>3. <b>AGREEMENTS</b> <ol style="list-style-type: none"> <li>a. Temporary Employment Agreement – Chloe Vartanian, UC Berkeley Spring 2024 Graduate – 8 weeks commencing May 13, 2024</li> <li>b. Consulting Services Agreement Extension – CV Strategies – \$25,000 Increase for Professional Services NTE 6 months</li> </ol> </li> <li>4. <b>PERSONNEL</b> <ol style="list-style-type: none"> <li>a. Program Associate Job Description (PLACING AN AD)</li> </ol> </li> <li>5. <b>LAS PALMAS MEDICAL PLAZA (LPMP)</b> <ol style="list-style-type: none"> <li>a. Property Management/Maintenance Agreement Addendum #3 – INPRO Construction, Inc. – 3% increase from \$11,485/mo. to \$11,829/mo. – Effective</li> </ol> </li> </ol>	<p>President PerezGil asked for a motion to approve the consent agenda.</p>	<p><b>#24-16 MOTION WAS MADE by Director Barraza and seconded by Director Zendle to approve the consent agenda.</b> <b>Motion passed unanimously.</b> <b>AYES – 6</b> President PerezGil, Vice-President Zavala, Secretary Barraza, Director Zendle, Director De Lara, and Director Rogers <b>NOES – 0</b> <b>ABSENT – 1</b> Director Shorr</p>

**DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
March 26, 2024**

<p align="center">May 1, 2024 through April 30, 2025</p> <p><b>6. CEO DISCRETIONARY FUND</b></p> <p><b>a. Increase of \$15,000 (totaling \$65,000) through the end of fiscal year June 30, 2024</b></p>		
<p><b>F. Presentations</b></p> <p><b>1. Jeff Hocker, President &amp; Executive Producer, Hocker Productions – Palm Springs Health Run and Wellness Festival Recap and \$3,000 Check Presentation to One Future Coachella Valley – Black &amp; African American Healthcare Scholarship Fund</b></p> <p><b>2. Adam Problosky, President, Probolsky Research – Districtwide Voter Survey Results</b></p>	<p>Jeff Hocker, President, Hocker Productions, Executive Producer of the Palm Springs Health Run and Wellness Festival, provided an overview of this year’s festival, which expanded this year with a greater media presence, further detailing and presenting Sheila Thorton, President/CEO, One Future Coachella Valley, with a check for a \$3k grant to fund the Black and African American Healthcare Scholarships.</p> <p>Ms. Thorton thanked the District for sponsoring the event and the work of the team on the One Future Black and African American Healthcare alignment team spearheaded by Cristina Gregorio, who also thanked the District and provided an overview of the healthcare pipeline.</p> <p>Adam Problosky, President, Probolsky Research, provided a detailed presentation on the Districtwide voter survey results, including the key findings and demographics.</p>	

**DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
March 26, 2024**

	<p>The Board thanked Mr. Problosky and commented on the consistencies and inconsistencies of the survey data, concerns from the voters about the valley-wide quality of care, the underserved remote areas in the east, messaging strategies, and a ballot resolution for a measure based on the message.</p>	
<p><b>F. Reports</b></p> <p><b>1. Desert Regional Medical Center CEO Report – Michele Finney, CEO</b></p> <p><b>2. Desert Regional Medical Center Governing Board Meeting – President Evett PerezGil and Director Les Zendle, MD</b></p>	<p>Michele Finney, CEO, DRMC, DCN, provided an overview of her report describing events, operations, quality, service/events, capital &amp; construction projects highlighting advance perinatal from the joint commission, the DAP Health 5-year \$500k commitment, the one-year celebration as a trauma 1 level hospital, and the upcoming elevator replacement commencement at the end of Q3.</p> <p>Director Zendle, MD, described the most recent Governing Board meeting, highlighting the presentations from Scott Morey, RN, Chief Nursing Officer, and Sam Roth, Tenet Healthcare Director of Government Relations, including the February report from Jim Fisher, CEO. Director Zendle provided a brief overview of the residency program</p>	

**DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
March 26, 2024**

<p><b>3. Desert Healthcare District CEO Report – Chris Christensen, Interim CEO</b></p> <p><b>a. Partners in Medical Education, Inc. – GME Feasibility Analysis in the Coachella Valley</b></p> <p><b>b. Remaining Hospital Lease Negotiations Informational Status Meetings</b></p> <p><b>i. April 2 – The Cathedral City Senior Center April 16 – Fantasy Springs Special Events Center April 30 – UCR Palm Desert Campus Auditorium</b></p>	<p>transitional medical slots for one year, a review of credentialing and privileging of medical and allied professional staff, Peer Review, the Quality Report, and the Policies and Procedures.</p> <p>Mr. Christensen described the feasibility analysis presentation from Partners in Medical Education (PME) at the February Board meeting, which requires additional review considering the current lease negotiations, recommending temporarily postponing the study with staff continuing communication with PME for future steps.</p> <p>The Board discussed and requested an outcome of the analysis, given the \$17,000 investment in the study.</p> <p>Mr. Christensen updated the Board on the upcoming community meetings with the completion of two and the April 2nd community forum at the Cathedral City Senior Center.</p> <p>The Board described the low attendance of community members at the most recent forum, recommending forwarding notices to the Rotary Club, possibly changing the time to 7 p.m., a Spanish</p>	
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**DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
March 26, 2024**

<p><b>c. CEO Engagements and District Media Visibility</b></p> <p><b>4. Legal – Jeffrey G. Scott, Esq., Law Offices of Jeffrey G. Scott</b></p>	<p>translation of the presentations available at the meetings, and contacting the Chambers of Commerce.</p> <p>Mr. Christensen provided an overview of his CEO engagements highlighting the One Future Coachella Valley 7th Annual The Future Is Ours Awards Celebration and Fundraiser with a District Sponsorship, also emphasizing the community forums media exposure.</p> <p>Jeff Scott, Legal Counsel, provided an update on seismic legislation of AB 869 and SB 1432. The Board inquired about participating in the lobbyist consultant meetings with Deveau Burr Group.</p>	
<p><b>G. Committee Meetings –</b></p> <p><b>I.1. Program Committee Meeting</b></p> <p><b>a. The Program Committee did not convene in March.</b></p> <p><b>I.1.2. Finance, Legal, Administration, and Real Estate Committee</b></p> <p><b>a. Draft Meeting Minutes of March 13, 2024</b></p>	<p>The Program Committee did not convene in March.</p> <p>President PerezGil inquired about any questions concerning the March 13, F&amp;A Committee meeting minutes.</p> <p>There were no questions or comments.</p>	
<p><b>H. Board Member Comments</b></p>	<p>Director Rogers provided an update on the Lift to Rise Catalyst Fund's forthcoming funding cuts, the Palm Springs Navigation Center Grand</p>	





**DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
March 26, 2024**

	Opening, and additional updates on the DPMG Health Mobile Unit in Desert Hot Springs and Palm Springs.	
<b>I. Adjournment</b>	President PerezGil adjourned the meeting at 6:45 p.m.	<b>Audio recording available on the website at <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></b>

ATTEST: \_\_\_\_\_  
Kimberly Barraza, Secretary, Board of Directors  
Desert Healthcare District and Foundation

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

DRAFT



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: April 23, 2024  
To: Board of Directors  
Subject: Consulting Services Agreement with Success for Nonprofits to complete a Feasibility Study Proposal for Desert Healthcare District

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**Recommendation:** to recommend approval of a consulting services agreement with Success For Nonprofits to conduct a feasibility study for Desert Healthcare District to evaluate the viability of hiring a full-time Director of Development – NTE \$6,000.

**Background:**

- The Desert Healthcare District board of directors approved its five-year strategic plan in October 2021 with seven goals and accompanying strategies.
- Goal #1 is to *Proactively increase the financial resources DHCD/F can apply to support community health needs. Low Priority*
- All of the relevant six strategies were developed to meet this goal.
- Included in the strategies is strategy 1.6: *Evaluate the potential to conduct community-based fund raising (Foundations, individuals, corporations) – Hire a development director – explore planned giving programs.*
- Recently, staff was directed to pursue hiring of a full-time Director of Development to meet the strategies of Goal #1. The Feasibility Study Proposal, presented by Success For Nonprofits, will evaluate the viability of hiring said Director of Development and include recommendations and other analysis as appropriate. A key activity will review past history regarding HDCD’s fundraising activities and proposed future needs.
- At the April 10, 2024, Finance & Administration Committee meeting, the Committee recommended forwarding the agreement for approval by the full Board.
- Staff recommends approval of the Consulting Services Agreement with Success for Nonprofits.

**Fiscal Impact:**

- NTE \$6,000 to be allocated from the FY 2023/2024 grant budget.

## **CONSULTING SERVICES AGREEMENT**

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

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

1. District would like to retain the professional services of Consultant to conduct a feasibility study to evaluate the viability of hiring a full-time Director of Development.
2. Consultant is well known in the community, is qualified and possesses the knowledge, skill, expertise necessary to provide the professional services (“Services”) as more specifically outlined in the attached Exhibit “A” (“Consultant Proposal”).

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

#### **1. CONSULTANT’S SERVICES.**

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

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

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

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

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

2.1 Compensation for Services. For the full and satisfactory performance of the Services, District shall compensate Consultant a Not To Exceed amount of \$6,000, plus customary expenses.

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

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

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

3.1 Term. The term of this Agreement shall run from the date this Agreement is fully executed until June 30, 2024, subject to Section 1.3 above or the District's right to terminate sooner for convenience.

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

### **4. INDEPENDENT CONTRACTOR.**

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

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

All deliverables and other documents generated by Consultant in the performance of the Services, including all work papers, work-in-progress, designs, documents, data, ledgers, journals and reports prepared by Consultant as a part of Consultant's Services shall belong to and be subject to the sole ownership and use of the District. The provisions of this Paragraph 5 shall survive any termination of this Agreement.

### **6. INDEMNIFICATION.**

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

## **7. NOTICE.**

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

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

To: Consultant  
Success for Nonprofits  
Attention: Stephanie Minor  
79374 Calle Palmeto  
La Quinta, CA 92253

## **8. MISCELLANEOUS PROVISIONS.**

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

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

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

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

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

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

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

"District":

Desert Healthcare District

"Consultant":

Success for Nonprofits

By: \_\_\_\_\_  
Chris Christensen, Interim CEO

By: \_\_\_\_\_  
Stephanie Minor, CEO

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

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



## Feasibility Study Proposal for Desert Health Care District

### **Deliverable**

Conduct a feasibility study for Desert Health Care District (DHCD) to evaluate the viability of hiring a full-time Director of Development. Issue a final report, including recommendations, potential options for implementation, job description duties, best practices, and other analysis as appropriate.

### **Key Activities**

- Review past history regarding DHCD's fundraising activities and proposed future needs.
- Research data from similar organizations locally, as well as selected similar organizations in California and across the country regarding development positions, fundraising efforts, and best practices.
- Interview DHCD's staff leadership and board members to determine priorities, opportunities, and challenges regarding hiring a full-time development position and DHCD's fundraising needs and capacity.
- Synthesize, analyze, and organize the documentation, research, and interviews into a written report with an evaluation from the analysis, including consultant recommendations. Key recommendations may include implementation procedures, potential duties of such a position, how that position meets or does not meet the organization's needs and opportunities, and possible impacts of implementation.

### **Timeline**

- Research and review of information – May 2024
- Interviews with staff leadership and board members (during staff, committee, and board meeting sessions or one-on-one as appropriate) – May to Mid-June 2024
- Conduct follow-up interviews, as necessary – June 2024
- Present analysis and recommendations in a Feasibility Study Plan – By end of June 2024

### **Consultants Conducting Study**

#### **Stephanie Minor:**

Stephanie Minor is the founder and CEO of Success for Nonprofits, where she advances nonprofit organizations through capacity building and technical assistance. Stephanie is an award-winning veteran fundraising professional, nonprofit executive, and strategic development coach whose proven fundraising strategies have won big grants and gifts for important and impactful nonprofit causes. She was awarded the 2023 "Outstanding Fundraising Professional" by the Association of Fundraising Professionals (AFP) Desert Communities Chapter. As a seasoned, spirited, and optimistic executive consultant, Stephanie guides nonprofits on how to create and

execute winning strategies through the power of strategic campaigns and effective storytelling. Previously, Stephanie was the Director of NPO Centric, the director of development of Martha's Village and Kitchen, and founder of Premiere Designs, LLC, a marketing and social media firm. She has a BA degree in English from Cal State San Bernardino.

**Gregory Charleston:**

Greg Charleston has more than 30 years' experience working with nonprofits, including as a nonprofit executive, management consultant, educator, and communications professional. Greg has led numerous workshops at NPO Centric in Grant Writing, Marketing, and Board and Leadership Development, as well as coached organizations in strategic planning, grant writing, and development. He was President and CEO of a \$5 million nonprofit in Indiana, and has served on numerous boards, national committees, and grant review panels across the U.S. Greg was named a "Distinguished Hoosier" by a former Indiana Governor and was honored by the Mayor of Indianapolis for his community involvement and city leadership. A summa cum laude graduate of Butler University, Greg has a MA degree in English and BA degrees in English and Journalism.

**Cost**

30 hours x \$200/hour = \$6,000 total

Cost includes the work of both consultants to conduct interviews and research, synthesize data, analyze, and write report recommendations.





**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: April 23, 2024  
To: Board of Directors  
Subject: Consideration to approve an audit fee proposal with Coachella Valley Accounting & Auditing to provide financial audits for small non-profits without audited financial statements.

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**Staff Recommendation:** Consideration to approve an audit fee proposal from Coachella Valley Accounting & Auditing to provide audit services to small non-profit organizations.

**Background:**

- The District/Foundation requires audited financial statements to award grants to non-profit organizations.
- Some organizations (annual revenue of \$500,000 or less) may be financially unable to provide audited financial statements. Under certain circumstances defined by the ability of the organization and if the organization is able to provide a service to meet the mission of the District/Foundation, Staff recommends providing a small grant to allow the organization to complete the financial audit.
- In 2020, the Board approved establishing a budget of up to \$50,000 per year to provide audit services to small non-profit organizations with the following requirements:
  - ✓ Organization must not have previously completed a financial statement audit.
  - ✓ Organization size is less than \$500,000 of revenue each of three consecutive years.
  - ✓ The District will pay 100% of the audit fees in the 1<sup>st</sup> year.
  - ✓ 66% of the audit fees in the 2<sup>nd</sup> year.
  - ✓ 33% of the audit fees in the 3<sup>rd</sup> year.
- Staff has reached out to CPA firms to provide the audit service, with Coachella Valley Accounting & Auditing providing a proposal to complete the audits for the District.
- Most audits would be completed for \$6,500 per audit.
- At the April 10, 2024, Finance & Administration Committee meeting, the Committee recommended forwarding the proposal for approval by the full Board.
- Staff recommends approving the Coachella Valley Accounting & Auditing proposal for small organization's audit fees of \$6,500 per audit.

**Fiscal Impact:**

NTE \$50,000 to be utilized from the annual Grant Budget.

**Proposal for Professional Services**

Submitted by: Andrea Oliveri, CPA  
Coachella Valley Accounting & Auditing  
PO BOX 6030  
La Quinta, CA 92248  
(442) 325-0089

March 19, 2024



**ACCOUNTING & AUDITING**

P.O. BOX 6030 • La Quinta • CA • 92248  
Telephone (442) 325-0089 • Fax (442) 273-2233  
[www.cvaccountingandauditing.com](http://www.cvaccountingandauditing.com)

March 19, 2024

Board of Directors and Members  
Desert Healthcare District  
1140 N. Indian Canyon Drive  
Palm Springs, CA 92262

Dear Board of Directors and Members:

We, at Coachella Valley Accounting & Auditing, are pleased to have this opportunity to present this proposal to perform the financial statement audit services to not-for-profit, Desert Healthcare District grant recipients. We assure you of our sincere commitment to provide a full range of the highest quality of professional services.

**FIRM OVERVIEW**

Coachella Valley Accounting & Auditing (CV A&A) began operations in February 2022 to provide clients with the highest-level quality work and customer service when engaged to perform audits, reviews, and compilations. Focusing on services for not-for-profits, country clubs, and homeowners associations.

In response to the changing environment and in an effort to maintain and attract excellent staff, CV A&A partners and staff are working remotely when they are not on-site at the clients. Our staff provides excellent customer service to all our clients which fosters an improved working relationship and overall client experience. While the firm is a remote office environment, all staff are located within the Coachella Valley.

CV A&A is currently an 8 person CPA firm that consists of the following team:

Andrea Oliveri, CPA, MSA – Partner  
Shannon Maidment, CPA – Partner  
Coryn La Rue, CPA, MSA  
Mary Richarte, MBA – Staff Accountant  
Mara Lopez, CPA, MSA – (Part-time)  
Veronica Vega-Barajas, CPA, MSA – (Part-time)  
Kayla Royal, Senior Staff Accountant – (Part-time)  
Ashley Jones – Administrative Assistant

Effective February 2022, Andrea and Shannon entered into an amicable agreement with Lund & Guttry to transition the auditing and review practice to their newly established firm. Additionally, the firm is contracting with an experienced CPA and current partner at Lund & Guttry, Gary Dack, to assist with client transition. Our trained personnel will be able to provide the services that the Organization requires.

## **TEAM QUALIFICATIONS**

A brief background of partners experience and qualifications are as follows:

### **Andrea Oliveri, CPA, MSA**

- Position - Partner
- Education - M.S. Accounting, California State University – San Bernardino (Palm Desert Campus) – 2014
- Background - 10 years in public accounting – focus on auditing
- Experience - Works 100% exclusively on audits year-round primarily for, not-for-profits, country clubs and homeowner associations within the Coachella Valley.

### **Shannon Maidment, CPA**

- Position - Partner
- Education - B.S. Accounting, California State University – San Bernardino (Palm Desert Campus) – 2009
- Background - 15 years in public accounting – focus on auditing
- Experience - Works 100% exclusively on audits year-round primarily for, country clubs, homeowner associations, and not-for-profits within the Coachella Valley.

## **AUDIT APPROACH**

CV A&A will staff the audit with one in charge auditor and the audit partner will assist and supervise the engagement. We will provide a list of requested schedules to be prepared for us prior to our start date.

The firm has equipped its audit staff with portable laptop computers, portable scanners and printers to maintain efficiency and to decrease paper usage by securely storing files on the encrypted computers. The laptop computers give the auditors access to various useful programs for analysis and documentation along with direct communication by email from anyone within the organization. We utilize an electronic work paper system allowing us to stay organized while reducing paper usage. The firm also maintains electronic subscriptions to the latest accounting literature and standards. We maintain IT consultants to ensure we are doing everything we can to secure all client data.

## **FEES**

Our fees for audit services for the years ending December 31, 2023 through September 30, 2024, are estimated at a minimum of \$6,500 for each not-for-profit organization (grantee). While we believe the minimum fee will be sufficient for most small non-profits, we may need to reassess the fees if the grantee requiring our services needs adjustments for cash to accrual work, have significant debt activities or unusual transactions, etc. Upon initial review of their internal financial information, if a higher fee is needed, we can provide Desert Healthcare District and the prospective non-profit with the reasons for the increased fee and the committee may evaluate the proposed fee at that time.

We will bill our standard hourly rates for all other additional work resulting from accounting problems or unsupported transactions. We are always available throughout the year to provide advice and guidance on any issues as needed. We do not charge for quick questions or phone calls unless research is required in excess of approximately one hour. Fees for additional professional services will be based on our standard hourly rates, ranging from \$100 - \$320 depending on level of experience.

We will provide monthly billings for our services after we begin the work. Payment is due 30 days after the invoice date. We will submit billings to Desert Healthcare District for payment on behalf of the not-for-profit organization (grantee).

Our annual fee increases typically range from 3% - 5%.

**CLIENT REFERENCES**

We provide services to approximately 80 clients annually, 50 of which are not-for profit organizations. Additionally, we perform approximately 6, A-133 audits annually. A brief list of selected not-for-profit clients that we currently provide audit services for are as follows:

Coachella Valley Rescue Mission – *Darla Burkett* – (760) 347-3512 ext. 222

Animal Samaritans – *Tom Snyder* – (760) 601-3756

Martha’s Village & Kitchen – *Sam Hollenbeck* – (760) 347-4741 ext. 143

Jewish Family Services

Big Brothers Big Sisters

Friends of the Desert Mountains

Mizell Center

Coachella Valley Repertory

Regional Access Project Foundation

Habitat for Humanity

Ranch Recovery Center

Guide Dogs of the Desert

Desert ARC

California Conference for Women

Alianza Coachella Valley

Coachella Valley Accounting & Auditing and all our personnel are independent of Desert Healthcare District. Prior to engaging with every client, we evaluate independence with all organizations requesting our services and the engagement letter will be with management at each organization with the understanding that Desert Healthcare District will be reimbursing or directly paying CV A&A for the audit services.

If you would like CV A&A to proceed with an audit referral or have any questions, please contact me. Once a client has been referred, we will review their internal financial information and notify you regarding the fee. If approved to move forward, we will provide them with an engagement letter.



Sincerely,

Andrea Oliveri, CPA

Partner

COACHELLA VALLEY ACCOUNTING & AUDITING



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

Date: April 23, 2024  
To: Board of Directors  
Subject: Consideration to Approve a Consulting Services Agreement for Regional Government Services to provide human resources assessment and services. NTE \$40,000

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**Staff Recommendation:** Consideration to approve a consulting services agreement with Regional Government Services to provide human resources assessment and services. NTE \$40,000.

**Background:**

- The Board recently approved an RFP for the District to engage the services of a human resources consultant to oversee the important HR functions of the District.
- The RFP produced 2 proposals. HR Advantage and Regional Government Services.
- Regional Government Services, who provides services several special districts, provides the most comprehensive and complete services in response to the RFP.
- Scope of services will include:
  - a. Assessment of the District's current HR program and recommendations for improvement. NTE \$30,000
  - b. HR consultative support directly to the CEO and General Counsel. NTE \$10,000
- Included in the packet for review and consideration of approval is the consulting services agreement and proposal.
- At the April 10, 2024, Finance & Administration Committee meeting, the Committee recommended forwarding the agreement for approval by the full Board.
- Staff recommends approval of the consulting services agreement with Regional Government Services.

**Fiscal Impact:**  
NTE Exceed \$40,000

## **CONSULTING SERVICES AGREEMENT**

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

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

1. District would like to retain the professional services of Consultant to provide review, development, and sustainment of human resource program services.
2. Consultant is a reputable human resource consultant, is qualified and possesses the knowledge, skill, expertise necessary to provide the professional services (“Services”) as more specifically outlined in the attached Exhibit “A” (“Consultant Proposal”).

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

#### **1. CONSULTANT’S SERVICES.**

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

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

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

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

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

2.1 Compensation for Services. For the full and satisfactory performance of the Services, District shall compensate Consultant a Not To Exceed amount of \$40,000, plus customary expenses.

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

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

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

3.1 Term. The term of this Agreement shall run from the date this Agreement is fully executed until December 31, 2024, subject to Section 1.3 above or the District's right to terminate sooner for convenience.

3.2 Termination for Convenience. District may, at any time in the exercise of its sole discretion, terminate this Agreement in whole or in part, with or without cause, by providing 15-days written notice to Consultant of its intention to terminate the Agreement for convenience. So long as Consultant is not in default under this Agreement at the time of such termination, District shall pay Consultant for all Services incurred upto and including the date of termination. Notwithstanding any other provision of this agreement, Consultant may terminate this agreement, at any time, without cause, by giving at least 30 (thirty) days' prior written notice to the District.

### **4. INDEPENDENT CONTRACTOR.**

District has retained Consultant to provide, and Consultant shall perform, the Services as an independent contractor maintaining exclusive direction and control over its employees; and, no personnel utilized by Consultant to perform the Services are employees of the District. Further, District confirms that Consultant employees are not assuming and are not expected to assume any District staff position(s).

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

All deliverables and other documents generated by Consultant in the performance of the Services, including all work papers, work-in-progress, designs, documents, data, ledgers, journals and reports ("Work Product") prepared by Consultant as a part of Consultant's Services shall belong to and be subject to the sole ownership and use of the



District. The provisions of this Paragraph 5 shall survive any termination of this Agreement. Any use of Work Product for other projects and/or any use of uncompleted documents without specific written authorization from Consultant will be at District's sole risk and without liability or legal exposure to Consultant and District shall indemnify and hold harmless Consultant from all claims, damages, losses and expenses, including attorneys' fees arising out of or resulting therefrom.

**6. INDEMNIFICATION.**

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

**7. NOTICE.**

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

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

To: Consultant  
Regional Government Services Authority  
Attention: Sophia Selivanoff, Executive Director  
P.O. Box 1350  
Carmel Valley, CA 93924  
E: [contracts@rgs.ca.gov](mailto:contracts@rgs.ca.gov)

**8. MISCELLANEOUS PROVISIONS.**

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

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

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

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

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

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

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

"District":

"Consultant":

Desert Healthcare District

Regional Government Services Authority

By: \_\_\_\_\_  
Chris Christensen, Interim CEO

By: \_\_\_\_\_  
Sophia Selivanoff, Executive  
Director

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

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



# PROPOSAL

**Desert Healthcare District & Foundation**

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**Human Resources Support Services**

**February 2024**





February 2, 2024

Chris Christensen, Interim Chief Executive Officer

**Desert Healthcare District & Foundation**

1140 N. Indian Canyon Drive

Palm Springs, CA 92262

**RE: PROPOSAL TO THE DESERT HEALTHCARE DISTRICT & FOUNDATION TO PROVIDE  
REVIEW, DEVELOPMENT, AND SUSTAINMENT OF HUMAN RESOURCE PROGRAM  
SERVICES**

Dear Mr. Christensen,

Regional Government Services (RGS) is pleased to submit this proposal to the Desert Healthcare District & Foundation to provide Review, Development, and Sustainment of Human Resources Program Services. RGS is a unique, fee-supported, Joint Powers Authority specializing in public-sector administration and consulting services. RGS serves public agencies and their non-profit public benefit partners and employs experienced public-sector professionals to assist our partner agencies. Since 2002, RGS has served nearly 400 public agencies throughout the State of California.

Proposing an initial project for the Desert Healthcare District & Foundation, RGS will conduct a comprehensive Human Resources Needs Assessment to evaluate the current HR practices and processes, as well as identify gaps. This assessment involves document reviews, interviews with key personnel, and an analysis of administrative systems, covering areas such as organizational charts, policies, and HR administrative systems.

The outcome will be a comprehensive report offering recommendations to enhance regulatory compliance, administrative effectiveness, and workforce engagement. RGS commits to completing the HR needs assessment and recommendations within six months after the agreement's execution, with flexibility based on the preferences of the District and Foundation. The information gathered will inform a second optional project, detailing the scope, timeline, and cost for specific HR services or projects as per the District and Foundation's priorities.

The lead advisor and point of contract for these services is Betsy Adams. She can be reached at (650) 587-7300 ext. 43 or via [badams@rgs.ca.gov](mailto:badams@rgs.ca.gov). We look forward to hearing from you soon.

Sincerely,

Sophia Selivanoff, Executive Director

**REGIONAL GOVERNMENT SERVICES**

# REVIEW, DEVELOPMENT, AND SUSTAINMENT OF HUMAN RESOURCE PROGRAM SERVICES

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# REVIEW, DEVELOPMENT, AND SUSTAINMENT OF HUMAN RESOURCE PROGRAM SERVICES

## FIRM OVERVIEW

### REGIONAL GOVERNMENT SERVICES

P.O. Box 135

Carmel Valley, CA 93924



Regional Government Services (RGS) is a California Joint Powers Authority (JPA) serving the needs of public agencies—cities, counties, special districts, and other governmental entities, since 2002.

RGS works collaboratively with public agencies, providing a ready source of skilled and effective administrative best practices and support for operational delivery. In addition to offering expertise in the design and delivery of core agency administration, including executive management, transparent governance, finance, and human resource administration, RGS offers consulting services in strategic planning, project management, public works, and land use policy and projects, engagement and communications, and local and regional economic development. RGS currently serves approximately one hundred public agencies.

RGS is a streamlined organization of consultants who work virtually—or within our partner agency offices on an as-needed basis. Our unique network of geographically distributed employees provides a highly flexible service delivery system that reduces overhead and expands our ability to provide high-quality services throughout the state, as well as competitive pricing.

The RGS team of nearly 200 employees possesses a wide range of technical expertise as well as extensive management and executive experience in California public agencies. RGS prides itself on delivering accurate, professional products and services, developing, and meeting appropriate project timelines, and providing clear, honest, and compassionate communications, thus promoting good relations with stakeholders at all phases of a client's project.

Our Executive Director, Sophia Selivanoff, has worked with RGS since 2009 and works closely with our leadership team to ensure outstanding delivery of all RGS services and to develop new services, business partners, and knowledge resources to support our public agency partners.

RGS is uniquely qualified to provide HR services based on our specific and substantial expertise and experience working with public agencies throughout California and the flexible and scalable services provided by our team of public sector HR professionals. RGS has a proven track record of working with local government agencies to successfully deliver effective HR management systems and administration in organizations.

The primary contact person for services under this proposal is:

Betsy Adams, Interim Human Resources Services Director, Project Supervisor/Client Liaison

Tel: (650) 587-7300 ext.43 Email: [badams@rgs.ca.gov](mailto:badams@rgs.ca.gov)

# REVIEW, DEVELOPMENT, AND SUSTAINMENT OF HUMAN RESOURCE PROGRAM SERVICES

## PROJECT TEAM

RGS staff prides itself on its ability to provide clear, honest, and effective communications, all of which help to promote good relations with stakeholders throughout our process. As appropriate, additional RGS Advisors will be brought onto the team for specific tasks. Resumes for the proposed project team are provided in Appendix C of this proposal. RGS does not utilize subcontractors.

If selected, Betsy Adams, Interim Human Resources Services Director, will serve as the project supervisor/client liaison to ensure the team has the resources needed for the project and that the project is on target to meet deadlines. Ms. Adams has more than 25 years of municipal experience at department director and executive levels and brings the ability to oversee the success of large, complex projects.

Two Senior Advisors will serve as Co-Project Managers and will be the project's primary point of contact. These Senior Advisors will work directly with the City's team's points of contact on policy review and creation. Additionally, they will coordinate all the work done by the RGS team.

Cherie Johnson will serve as one of the Project Managers. Ms. Johnson has over 25 years of HR experience in the public and private sectors, including municipal experience. Throughout her career, Ms. Johnson has served in professional leadership roles and has extensive experience developing and implementing policies.

Charley Howard will serve as one of the Co-Project Managers. Mr. Howard has over 35 years of public agency HR experience, including municipal experience. Mr. Howard understands all aspects of HR and the interaction within HR and the overall agency to create an effective partnership. Mr. Howard is a strong communicator with extensive experience developing and implementing policies and procedures.

Advisor Susanne St. Clair will serve as Project Advisor. Ms. St. Clair has over 34 years of HR experience in the public, non-profit, and private sectors and holds a Juris Doctorate. She has extensive experience in revising and developing personnel policies and personnel manuals, including many for special districts.

Advisor Judy LaPorte will also serve as Project Advisor. Ms. LaPorte has over twenty years of senior-level management experience in public sector agencies. Before joining RGS, Ms. LaPorte served in senior management positions in county, city, and special district government and has experience as an executive recruiter for public agencies.

Technical Specialist Matthew Jadrich will provide technical support to the RGS project team. His primary role is to finalize the layout of the policy review and creation report.

# REVIEW, DEVELOPMENT, AND SUSTAINMENT OF HUMAN RESOURCE PROGRAM SERVICES

## SCOPE OF SERVICES

The District is seeking: A) a one-time review of its current human resource system and programs, with recommendations for improvement. During this review project, a second service to be provided is B) HR consultative support directly to the CEO and General Counsel. Additionally, the District notes a number of potential and ongoing services and projects that are possible or desired results of the review. RGS is prepared to engage in a second project phase, C, that of developing and implementing prioritized recommendations. Pricing of this phase can only be determined after the assessment is complete, and recommendations are prioritized and adopted by the District.

This set of services requires the engagement of a knowledgeable and experienced team deeply versed in the unique facets of both public sector and non-profit HR practices in California. The RGS team brings just this expertise--in HR laws, processes, and systems—to both public agencies and public benefit non-profits to ensure effective HR administration, and compliance with state, federal, and local law. Proposed services to facilitate the District and Foundation’s accomplishment of these objectives include:

### **A. REVIEW OF THE DISTRICT’S CURRENT HR PROGRAM AND RECOMMENDATIONS FOR IMPROVEMENT**

RGS takes a holistic approach to HR assessments since each agency is unique in its work culture, services, and community. In the case of a public agency sharing staff with a 501(c)3 organization, employer of record clarity will also be an important factor, as there are different requirements for these different types of organizations. RGS will consider these factors when analyzing and making recommendations. RGS will be available to help plan, facilitate, and participate in a communication plan or employee meetings to communicate the timeline, and process, and to answer questions. A summary of agencies where RGS has provided HR assessments and other similar assessments is provided in Appendix A of this proposal.

For the Desert Healthcare District & Foundation, RGS proposes an evaluative review of the HR practices and processes listed in the RFP to ensure compliance with mandated employment regulations and achieve an effective human resources administrative system to support a competent workforce and engaging work culture. It is anticipated that items from the list of specific services identified in the District and Foundation’s RFP will be addressed in the analysis and recommendations from the HR assessment.

To conduct this assessment, a team of RGS HR Advisors will review written policies and procedures and other relevant documents and records to evaluate the District and Foundation’s alignment with a range of requirements and best practices and to acquire an understanding of



# REVIEW, DEVELOPMENT, AND SUSTAINMENT OF HUMAN RESOURCE PROGRAM SERVICES

the competence and functionality of Districts and Foundation's human resources management structure and systems. In addition, RGS will interview key staff, either individually or in small groups, to develop an understanding of the communication channels, working relationships, and cultural dynamics that affect the delivery of District and Foundation's HR services.

Key elements, which may be included in this review, are listed below. The final scope, order, and timing will be determined by District and Foundation's priorities and availability of staff.

## 1. Review of Existing Administrative and Key HR Policy Documents

- Organizational chart
- Job descriptions/Areas of responsibility
- Budget and salary schedules
- Contracts with third-party administrators, and consultants

## 2. Review of Key HR Policy Documents

- Personnel ordinance(s) or other locally established legal foundations of HR systems
- Personnel rules and/or employee handbook
- HR administrative policies and procedures
- Payroll manuals and benefit administration policies
- Memoranda of understanding with employee groups/compensation resolutions
- Governance policies, mission and vision statements, and strategic plans

## 3. Interviews

- Agency chief executive
- Key administrative managers/department heads
- Key HR transactional staff
- Other staff, as requested by the District and Foundation.

## 4. Review of HR Administrative Systems

In addition to document review, the data about the following administrative practices and systems may be evaluated through a combination of interviews and reviews of operational documentation:

- Records Creation and Retention
- On-line systems – access and functionality
- Paper files – locations, access, and duplication
- Assignment of administrative responsibilities and staffing allocations
- Employment risk management practices
- Recruitment and hiring practices
- Succession planning and retention strategies

# REVIEW, DEVELOPMENT, AND SUSTAINMENT OF HUMAN RESOURCE PROGRAM SERVICES

- Employment practices and procedures
  - Performance management and accountability
  - Leave management
  - Salary and Benefits Administration
  - Retirement, terminations, and resignations
- Organizational ethics, workplace behavior, and employee perceptions
- Formal and informal communications systems
- Operational accountability

## 5. Analysis

RGS will analyze and offer recommendations regarding:

1. Existing organizational services
2. Unmet organizational needs
3. Opportunities for positive change, developing resource partnerships, and the right-sized and sustainable HR program

The key outcome of this evaluative review will be a written report presenting a “big picture” assessment of existing HR management practices and systems for the District and Foundation’s review, including recommendations or alternatives for developing or improving HR practices to increase regulatory compliance and administrative effectiveness, attraction and engagement of a skilled workforce, and cultural support of both.

As agreed with the District and Foundation, RGS will conduct the HR needs assessment and develop the set of recommendations within six (6) months after the execution of an agreement for these services. If the District and Foundation prefer a different schedule, RGS will be happy to discuss alternatives. The proposed 6-month schedule follows:

HR Needs Assessment Schedule	Tentative Dates	Responsible Party
1. Virtual kick-off meeting with District & Foundation’s points of contact to discuss project	Week 1	District/RGS
2. Request and receive all pertinent District materials	Weeks 2-5	District/RGS
3. Review of materials received	Weeks 6-9	RGS
4. Interviews with District staff via video conference and onsite (may include onsite review of HR documents & systems)	Weeks 10-14	District/RGS
5. Review and analysis of information and develop recommendations	Weeks 15-19	RGS
6. Prepare draft HR assessment for District to review	Weeks 20-22	RGS

# REVIEW, DEVELOPMENT, AND SUSTAINMENT OF HUMAN RESOURCE PROGRAM SERVICES

HR Needs Assessment Schedule	Tentative Dates	Responsible Party
7. RGS submits draft HR assessment report to District for review	Week 23	RGS
8. District returns draft HR assessment report to RGS with suggested edits	Week 25	District
9. RGS submits final HR assessment report to District	Week 26	RGS

## COST ESTIMATE FOR PROPOSED HR ASSESSMENT PROJECT

At RGS, we bill only actual hours attributable to the project at the bill rates provided below. Work is performed as agreed and subsequently billed each month based on actual hours worked. RGS Advisors are skilled at prioritizing projects and working within the budget of partner agencies.

The total project for the HR needs assessment would not exceed \$30,000. Mileage, if applicable, will be calculated/invoiced using the current IRS rate. The fee is based on the schedule identified in the scope of services and includes the following work:

- General meetings with District & Foundation’s points of contact, including kickoff meeting, emails, and phone contacts
- Project related internal meetings, emails & phone calls of RGS Advisors
- Review of all pertinent District & Foundation documents and systems
- Interviews with District & Foundation staff (remote and possibly in person)
- Review/analysis of information & develop recommendations
- Prepare draft HR assessment & recommendations for District & Foundation review
- Finalize/submit HR assessment & recommendations to District & Foundation

Information from this HR needs assessment would then be used for a second phase to develop the scope, timeline, and cost for specific HR services and/or projects determined by the District and Foundation, including the specified services listed in the RFP.

# REVIEW, DEVELOPMENT, AND SUSTAINMENT OF HUMAN RESOURCE PROGRAM SERVICES

## B. HR CONSULTATIVE ADVICE SERVICES

In addition to the HR assessment, RGS can provide the District and Foundation with optional on-call HR services during the duration of the HR assessment, which is anticipated to be six (6) months, for a not-to-exceed estimate of \$10,000. A summary of the range of consultative HR services RGS provides is listed in Appendix B. On-call consultative advice and associated deliverables would be performed as agreed and subsequently billed each month based on actual hours worked.

Human Resources Assessment	Estimated Costs
A. HR assessment and recommendations	\$30,000
B. Optional on call human resources consulting for duration of HR assessment	\$10,000
<b>Total Estimated Cost (Not to Exceed)</b>	<b>\$40,000</b>

## C. OPTIONAL: IMPLEMENTATION OF HR IMPROVEMENT RECOMMENDATIONS

Information from this HR needs assessment should be used for a second project, scope, and cost TBD, to develop the workplan and implementation timeline for specific HR tools, services and/or programs as prioritized by the District and Foundation, including the specified services listed in the RFP. RGS is prepared to provide price estimates and engage in implementation projects as desired.

### RGS BILL RATES

Work is performed as agreed, and subsequently billed each month based on hours actually worked. RGS bill rates are as follows:

Title	Hourly Rate
Strategic Services Consultant	\$176
Senior Advisor	\$150
Advisor	\$128
Technical Specialist	\$114
Administrative Specialist	\$102

# REVIEW, DEVELOPMENT, AND SUSTAINMENT OF HUMAN RESOURCE PROGRAM SERVICES

## REFERENCES AND RELATED EXPERIENCE

RGS consultants have conducted more than 30 organizational assessments for public agencies, all of which have focused on organizational objectives and the structure, staffing, and systems necessary to accomplish those objectives. A complete list of those agencies can be found in Appendix A of this proposal.

In addition to HR assessments, RGS provides a wide variety of HR services to public agencies, including special districts, throughout California. Information on special district references along with a list of special districts for which RGS currently provides HR services follows.

### SPECIAL DISTRICT REFERENCES

#### **Citrus Heights Water District**

RGS provides ongoing as-needed human resources services to the District in addition to special projects. RGS has conducted a 45-year staffing project assessment and a department-specific assessment with short- and long-term recommendations. RGS also provides as-needed financial services in support of special projects. RGS has worked with the District to develop a performance management system and form. Additionally, RGS provides performance evaluation assistance including working with the Board of Directors to complete the General Manager's annual performance evaluation.

Hilary Straus  
General Manager  
[hsstraus@chwd.org](mailto:hsstraus@chwd.org)  
Citrus Heights Water District  
6230 Sylvan Road  
Citrus Heights, CA 95610  
(916) 735-7715

#### **West County Wastewater**

RGS provides ongoing as-needed human resources services to the District in addition to special projects.

Justin Lovell  
Director of Administrative Services  
[jlovell@wcvwd.org](mailto:jlovell@wcvwd.org)  
(510) 222-6700  
West County Water  
2910 Hilltop Drive  
Richmond, CA 94806

#### **Contra Costa Transportation Authority**

RGS provides ongoing as-needed human resources services to the District in addition to special projects.

Tarienne Grover, MMC, EMPA  
Director, Administrative Services/Clerk of the Board  
[tgrover@ccta.net](mailto:tgrover@ccta.net)  
(925) 256-4722  
Contra Costa Transportation Authority  
2999 Oak Road, Suite 100  
Walnut Creek, CA 94597

# REVIEW, DEVELOPMENT, AND SUSTAINMENT OF HUMAN RESOURCE PROGRAM SERVICES

Patricia A. Howard  
District Manager  
[dm@bbkucd.org](mailto:dm@bbkucd.org)  
(925) 625-2279  
Byron-Brentwood-Knightensen  
Union Cemetery District  
PO Box 551  
Brentwood, CA 94513

## **Byron-Brentwood-Knightensen Union Cemetery District**

RGS provides ongoing as-needed human resources services to the District in addition to special projects.

Chad Davisson  
General Manager  
[davisson@isd.us.com](mailto:davisson@isd.us.com)  
Ironhouse Sanitation District  
450 Walnut Meadows Drive  
Oakley, CA 94561  
(925) 625-2279

## **Ironhouse Sanitation District**

RGS provides ongoing as-needed human resources services to the District in addition to special projects. RGS provides employee relations support, disability management, performance management, and classification and compensation studies.

## **CURRENT SPECIAL DISTRICT CLIENTS FOR HUMAN RESOURCES SERVICES**

RGS currently provides on-call HR support to the following special districts unless otherwise noted.

- Alliance of Pest Control Districts
- Bryon-Brentwood-Knightensen Union Cemetery District
- Castro Valley Sanitation District
- Citrus Heights Water District
- Contra Costa Transit Authority
- Feather River Air Quality Management District
- Humboldt Bay Municipal Water District (Compensation Study only)
- Ironhouse Sanitary District
- Madera County Mosquito & Vector Control District
- Marina Coast Water District
- Marina Municipal Water District
- Marin Wildfire Prevention Authority (Recruitment only)
- Marin Sonoma Mosquito & Vector Control District
- Monterey Peninsula Water Management District
- Nevada County Consolidated Fire District
- Regional Water Authority
- San Miguel Community Services District (Classification Study only)
- Santa Ynez River Water Conservation District, ID No. 1 (Recruitment only)
- Solano County Water Agency
- Tri-Valley–San Joaquin Valley Regional Rail Authority
- West County Wastewater
- West Valley Sanitation District

# **APPENDIX A – RGS ASSESSMENTS EXPERIENCE**

# RGS ASSESSMENTS EXPERIENCE

Since 2012, RGS consultants have conducted more than 30 organizational assessments for public agencies, all of which have focused on organizational objectives and the structure, staffing, and systems necessary to accomplish those objectives. The following studies are illustrative of several of the strengths of RGS’ Advisors—a deep understanding of organizational and human behavior; an ability to identify key strategic issues linked to organizational mission success; and the development of a practical set of sequenced actions that can be completed to move organizations toward improved and effective outcomes, both operationally and culturally. RGS Advisors and the client organization adapt strategies and persist in finding meaningful data and discovering valuable solutions together.

RGS’ role in each of the assessments has been to develop and lead the assessment process, identify strengths and gaps, and develop short- and long-term recommendations. During the process, RGS partnered with the organization, met, and provided updates as needed, and ensured the organization understood the process. Additionally, as requested, RGS presented the organization study to the organization’s governing body.

Human Resources Assessments	Other Assessments
1. City of Yountville (2023)	1. Sacramento Area Sewer District (2024) – Finance Staffing
2. City of Compton (2020, HR Audit)	2. Sacramento Area Sewer District (2023) – HR Staffing
3. City of Del Rey Oaks (2020)	3. City of South Lake Tahoe (2023) – Parks & Recreation Operations & Staffing
4. Gold Ridge Fire Protection District (2019)	4. Citrus Heights Water District (2021) – Water Efficiency Division
5. Access Services (2018)	5. <b>Citrus Heights Water District (2020) – Long-Range Staffing</b>
6. City of San Anselmo (2018)	6. <b>Las Gallinas Valley Sanitary District (2020) – Core Functions Analysis</b>
7. City of South Lake Tahoe (2018)	7. City of Concord (2018) – Finance with Reorg & Reclasse Components
8. West County Wastewater District (2018)	8. City of South Lake Tahoe (2020) – Community Development Operations & Staffing
9. City of Dublin (2017, HR Audit)	9. City of South Lake Tahoe (2019) – Public Works Operations & Staffing
10. City of San Jacinto (2017)	10. City of Ukiah (2018) – Payroll Functions
11. City of Sebastopol (2017)	11. Town of Belvedere (2017) – Finance
12. Sonoma County Library Authority (2017, Hiring Functions Only)	
13. City of Arvin (2016)	
14. City of Fairfield (2016)	
15. City of Mill Valley (2016)	
16. City of Patterson (2016)	
17. Central Fire Authority of Sonoma County (2015)	



# RGS ASSESSMENTS EXPERIENCE

Human Resources Assessments	Other Assessments
18. San Mateo County Harbor District (2015)	12. <b>Golden Hills Community Services District (2017) – HR and Finance Operations</b>
19. City of Artesia (2014)	13. Solano County Water Agency (2017) – HR & Finance
20. Ross Valley Sanitary District (2014)	14. <b>Placer Mosquito and Vector Control District (2015) – HR and Finance Operations</b>
21. Sacramento Area Council of Governments (2013)	15. City of St. Helena (2014) – All Departments
22. City of Marina (2012)	

## **APPENDIX B – RGS HUMAN RESOURCES CONSULTING SERVICES**

# RGS HUMAN RESOURCES CONSULTING SERVICES

RGS can assist the Desert Healthcare District and Foundation's current and future HR needs in the following areas:

- **Employee Relations Administration:** Review, interpret, and apply various provisions of policies, procedures, employment agreements, and compensation resolutions; provide related education and information to employees and supervisors; write clarifying language and obtain agreement to same when needed. RGS can advise managers on the resolution of complaints and disputes, conduct research, prepare documents to support effective problem-solving and facilitate formal and informal communications between employees and/or management to achieve agreements that result in a productive and positive workplace.
- **Personnel Policy and Procedures Development:** Update or develop new policies and procedures consistent with current legal standards and organizational objectives; and develop implementation and training plans for required changes.
- **Benefit Design and Services:** RGS will review, and process pay changes and benefits forms, provide related education and information to employees and supervisors, and address problems with benefit providers and systems. RGS can also work with third-party providers for COBRA benefits.
- **Recruitments:** The RGS Recruitment Team offers comprehensive recruitment, selection, and pre-employment services for public-sector jobs. RGS uses a thorough search and screening approach, based on the best practices of merit selection, and an objective assessment of job-related qualifications and competencies. We collaborate with our partner agencies to achieve a selection of high-quality employees in a timely and cost-effective manner.
- **Classification and Compensation Study:** RGS Classification and Compensation Team conducts classification and compensation studies of all sizes, from assessing a single class or classification series to analysing agency-wide structures. We are skilled at crafting, reviewing, and analysing public sector organizational classification and compensation structures and are familiar with the technical requirements associated with the professions and services of public agencies.
- **Disability and Leave Management Services:** RGS will resolve day-to-day issues that occur in the interpretation and application of complex regulations and systems particularly in the following areas:
  - **Medical Leave Administration:** Identifying pay and benefit requirements and formulating appropriate communications, ensuring legal compliance and recordkeeping, monitoring eligibility, managing modified work issues, and following up as needed with a return to work or end-of-employment planning.

- **ADA Administration:** Identifying a schedule for reviewing and updating essential functions and physical demands contained in job descriptions; serving as the interactive process coordinator; and ensuring appropriate communications and records regarding agreed-upon temporary or permanent accommodations.
- **HR Recordkeeping:** Develop appropriate employment event documentation templates, and recordkeeping systems and standards as needed.
- **Payroll Review:** Review payroll processes and practices to ensure compliance with state and federal laws, and best practices in payroll administration. If needed, RGS does offer payroll services to either process payroll for an agency or work with a third-party provider.
- **Training:** Develop organizational training plans and handle the administration of training on behalf of the organization. RGS can provide legally required training (sexual harassment prevention, etc.) as well as training in performance management, supervisory roles, problem-solving, communication skills, and more as needs are identified and/or training is requested.
- **Selected Employment-Related Risk Management Functions:** RGS can oversee or assist with workers' compensation third-party (TPA) claims management, ensure compliance with HIPAA and other medical privacy laws; and manage administrative leave and fitness for duty situations. RGS may also develop, deliver, and provide training and programs for a variety of employee health, wellness, and safety issues upon request.
- **Strategic Human Resources Planning:** Assess current and long-range organizational needs and priorities and review assigned functions and roles with associated competencies to develop plans and timelines to improve organizational capacity and skills and to enhance organizational and administrative structures.
- **NEOGOV Public Sector HR Software & Management Solutions:** RGS, a NEOGOV partner, supports public entities in their implementation, optimization, maintenance, and training of NEOGOV software modules.

## **APPENDIX C – RESUMES**



# Betsy Adams

## Strategic Services Consultant/ Interim Human Resources Services Director/Project Supervisor

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Ms. Adams joined Regional Government Services as an Advisor in 2020 and is currently serving our partner agencies by providing large project oversight and management as a Senior Advisor. Ms. Adams's executive experience in local government is extensive, and she is a skilled administrator. During her career in local government, which has spanned over twenty-five years, she has served as City Manager, Assistant City Manager, Parks and Community Services Director, Administrative Services Director, Purchasing Manager, and Interim and Human Resources Director.

Ms. Adams has both an MBA and a bachelor's degree in Business Administration.

### **PROFESSIONAL EXPERIENCE**

#### **REGIONAL GOVERNMENT SERVICES**

##### **Interim Human Resources Manager/Project Supervisor**

In addition to assisting our partner agencies with executive searches, Ms. Adams is available to contribute her broad range of experience in administrating City operations. Past and current assignments include projects with special districts, a municipality, and a county:

Coordinated a multifunctional team of RGS Advisors during a period of significant staff turnover and transition of a General Manager

- Human Resources – hiring and separations, disability leaves, update to benefits including adoption of a Section 125 plan
- Finance – payroll processing, annual operating budget
- Staff reports, board resolutions, coordination with district's labor attorney, work with Board subcommittees, attended board meetings and closed sessions
- Coordinating the RGS Finance Service Group team to provide grant administration and project management for two parks grants
- Providing oversight to ensure compliance
- Served as primary contact with State Parks on the District's grants  
Serving as project manager overseeing the RGS Finance Service Group team for projects with a full-service city
- Preparing grant reports including CDBG Reports
- Assisting with bank reconciliations and month-end closes
- Assisting with annual budget preparation
- Updating business license information
- Coordinating the RGS team assisting with the creation of a new centralized Information Technology Department
- Working with county consultant, CIO and HR on organizational structure, job classifications, and compensation



## **CITY OF GRAND TERRACE**

### **City Manager**

Ms. Adams managed all department heads as well as police (contract service) and fire (fire district) with annual budgets totaling \$13 million and 62 employees. She managed redevelopment dissolution activity for the Successor Agency and Housing Authority. In addition, she replaced outdated employee benefits through provider consolidation, reducing employer cost while increasing benefits provided to employees, and oversaw development of \$1.8 million grant-funded park.

## **CITY OF MORENO VALLEY**

### **Assistant City Manager**

Ms. Adams was responsible for providing high-level administrative support to the City Manager and City Council, managing office staff, Financial and Administrative Services, Fire and Police Services, Human Resources, Library Services, Parks, and Community Services. She served as the Employee Relations Officer and Chief Labor Negotiator.

### **Interim Parks and Community Services Director**

Ms. Adams was responsible for managing recreation programs providing after-school programs at forty-three sites and licensed child-care at five sites as well as 380 acres of parkland. She oversaw completion of a thirteen-acre sports park that received the California Park and Recreation Society "Award of Excellence." She managed grants successfully to fund community fitness equipment, upgrades to the senior fitness center, conference center sound and lighting equipment, and a park renovation. In addition, Ms. Adams oversaw a software implementation in conjunction with a comprehensive fee schedule update and provided executive-level support to five City Council-appointed boards and commission.

### **Administrative Services Director**

Ms. Adams directed Animal Services, Media and Communications, Risk Management, Technology Services, Graphic Services, and Volunteer and Disaster Services. She also served as Interim Human Resources Director and as a member of both the labor negotiation team and the budget review committee.

### **Assistant to the City Manager**

In this position, Ms. Adams was responsible for managing the Technology Services Division, Legislative Advocacy, and the Volunteer and Disaster Services Program. She served as the project manager for the implementation of updated ERP software for Finance and Human Resources, established the independent library and was a member of the Emergency Operations Center design team.





# Cherie Johnson

## Senior Advisor – Human Resources/Co-Project Manager

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Cherie Johnson joined Regional Government Services (RGS) as a Senior Advisor in the Human Resources Service Group in 2022. Ms. Johnson has over twenty years' professional leadership experience in both public and private sector agencies. Having served in served in city, quasi-federal, and regional government operations for ten years and human resources administration, recruitment, and staff development positions for twenty years, she is well prepared to provide consulting services in a wide variety of functional areas.

Ms. Johnson has a master's degree in organizational psychology, a bachelor's degree in sports physiology, a labor relations certificate, and is a SHRM Senior Certified Professional.

### **PROFESSIONAL EXPERIENCE**

#### **REGIONAL GOVERNMENT SERVICES**

##### **Senior Advisor – Human Resources Manager/Project Manager**

Ms. Johnson serves RGS partner agencies as a project leader in professional Human Resources services. She provides a broad range of complex Human Resources support in relation to recruitment, compliance, labor relations, policy interpretation, benefits administration, and operational efficiencies. Her risk management background is a plus as is her data-driven assessment of success.

#### **CITY OF BANNING**

##### **Human Resources and Risk Manager**

Ms. Johnson was responsible for managing a three-person HR department serving 162 employees in a full-service city. In addition, she managed risk management, investigations, and agency wide COVID response. She was responsible for achieving win-win negotiating solutions with five bargaining units.

#### **ST. CLOUD STATE UNIVERSITY, MINNESOTA**

##### **Human Resources Business Partner**

Ms. Johnson provided HR services for 250 employees in nine assigned departments or colleges with five MOUs. She managed COVID-19 leaves, early retirement offers, and campus pandemic departure and return protocols.

#### **CITY OF COACHELLA**

##### **Human Resources Manager**

Ms. Johnson was responsible for a two-person HR department serving 100 employees. As HR Manager, Ms. Johnson implemented a leadership development and learning system to increase equity and accountability, equitable performance management and disciplinary guidance, strengthened relationships with unions by using collaborative negotiation strategies, and increased supervisory employment law compliance and policy adherence. In addition, she administered risk management, investigations, safety, and enforcement.





**THE HOUSING AUTHORITY OF COLUMBUS, GEORGIA**  
**Chief Human Resources and Risk Management Officer**

Ms. Johnson was responsible for HR services for 125 employees at sixteen locations. She provided full-cycle Request for Proposal (RFP) and contract management. In addition, she was the administrator of risk management and safety programs, and she co-managed thirty property managers and assistant property managers.

**GREAT RIVER REGIONAL LIBRARY SYSTEM, MINNESOTA**  
**Regional Human Resources Coordinator**

Ms. Johnson managed HR services for 250 employees at thirty-two branch location across a six-county public library region. She supervised an HR/Training Generalist and co-managed twelve branch librarians. She was also responsible for risk management and safety as well as investigations, mediations, and legal resources.

**MONCHERIE FOTOGRAHY, INC.**  
**CEO**

Ms. Johnson delivered high-end marketable images for \$400MM in property listings for over 500 clients. She was responsible for strategic business development, client relationship, sales, networking, and marketing.

**TALAH CARE CENTER, ST. CLOUD, MINNESOTA**  
**Human Resources Director**

As HR Director, Ms. Johnson diversified the applicant pipeline, managed staff development, coordinated monthly meetings of HR/payroll professionals to leverage knowledge and best practices. She administered HR services for 230 employees and three service provider contracts.

**CENTRACARE / ST. CLOUD HOSPITAL, MINNESOTA**  
**HRIS Specialist**

Ms. Johnson served as an expert HRIS user and trainer. In addition, she processed bi-weekly payroll for more than 3,000 employees for five business locations.

**MINNESOTA COMMUNITY AFFAIRS, INC.**  
**Director of Operations and Co-founder**

Ms. Johnson obtained funding for transformative crime prevention and multicultural initiatives in at-risk neighborhoods. She assisted community groups with conflict management and negotiation.





# Charley Howard

## Senior Advisor – Human Resources/Co-Project Manager

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Mr. Howard joined Regional Government Services (RGS) as an Advisor in the Human Resources service group in 2016 bringing a broad range of Labor Relations and Human Resource services to RGS partner agencies such as employee relations and personnel policy updates. As a Senior Advisor, Mr. Howard has consulted with numerous partner agencies on matters of employee behavior and performance, including complex discipline and grievance processes, and has served as Chief Labor Negotiator for successor collective bargaining agreements.

Mr. Howard has over thirty-five years of experience in labor advocacy, labor relations, and human resources management in local government agencies. He is a seasoned professional in employee and labor issues. His strengths include conflict management and dispute mediation, grievance processing and defense, skillful handling of personnel matters, and productive relationship building between management and labor.

Mr. Howard has a bachelor's degree in organizational communication.

### **PROFESSIONAL EXPERIENCE**

#### **REGIONAL GOVERNMENT SERVICES**

##### **Senior Advisor – Human Resources**

Mr. Howard has provided a broad range of professional consulting services for RGS partner agencies such as:

##### **Employee/Labor Relations**

- Negotiated six comprehensive collective bargaining agreements, with several more pending, and numerous side letters and other agreements.
- Instituted an "Employee Liaison Forum" to improve communication between employees and management.
- Guided management's handling of five disciplinary cases including over a dozen separations from employment.

##### **Policies and Procedures**

- Audited and completely rewrote personnel policies, and terms and conditions of employment.  
City of Vacaville

##### **Human Resources Manager**

Mr. Howard was responsible for all aspects of human resources as well as employee and labor relations including:

##### ***Human Resources Operations and Management***

- Managed recruitment and selection
- Administered employee benefits
- Maintained Classifications and compensation program



Charley Howard

Senior Advisor – Human Resources/ Co-Project Manager

Page 2

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- Served as Chief City Investigator on personnel matters
- Implemented of citywide policies and procedures
- Managed the divisional budget

***Labor Relations***

- Served as Chief Negotiator – achieved multi-year successor labor agreements with six bargaining units.
- Achieved 100% success rate in grievance defense.
- Served as Special Advisor to the City during the Local 39 Strike of 2014
- Revised City’s Employer-Employee Relations Resolution
- Conducted internal investigations, drafted disciplinary actions, and co-prosecuted numerous cases.

***Training and Development***

- Developed and conducted training in Human Resources and Labor Relations for supervisors and managers.

**EMPLOYEE REPRESENTATION SERVICES, INC.**

**Founding Partner/Senior Negotiator/Advocate**

Mr. Howard provided senior level representation on behalf of individual and organizational public sector clients throughout California and Nevada.

- Served as Chief Negotiator for over one hundred and twenty labor agreements.
- Served as Chief Negotiator, Advocate, and Account Manager for largest client (2,400 employees including 450 Superior Court employees).
- Performed comprehensive defense of administratively accused clients.
- Trained and supervised professional staff.

**PEACE OFFICERS RESEARCH ASSOCIATION OF CALIFORNIA**

**Labor Representative**

Mr. Howard represented public law enforcement clients including State of California Unit Seven (4,500 law enforcement and regulatory members)

- Concurrently negotiated twelve labor agreements in one fiscal year.





# Susanne St. Clair

## Advisor – Human Resources

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Ms. St. Clair joined Regional Government Services (RGS) as an Advisor in the Human Resources service group in 2015. During her tenure with RGS, she has provided a variety of Human Resources management services in partner agencies.

Prior to joining RGS, Ms. St. Clair had over thirty-four years of experience in Human Resources management and consulting. She has knowledge and experience in the following areas:

- Classification
- Compensation
- Human Resources Operations and Management
- Labor Relations
- Policies and Procedures
- Recruitment and Selection
- Training and Development

Ms. St. Clair holds a Juris Doctorate and a bachelor's degree in psychology.

### **PROFESSIONAL EXPERIENCE**

#### **REGIONAL GOVERNMENT SERVICES**

##### **Human Resources Advisor**

As an Advisor, Ms. St. Clair has served RGS partner agencies by conducting classification and compensation studies and an HR audit as well as creating and revising personnel rules and policies and job descriptions. She has also conducted public outreach.

#### **ST. CLAIR HR CONSULTING**

##### **President**

As a consultant, Ms. St. Clair provides a wide range of Human Resources services to non-profit organizations, and small businesses such as recruitment, HR assessments, employee handbooks, training, and compensation studies.

#### **DELTA HEALTH CARE**

##### **Human Resource Director**

Ms. St. Clair designed and implemented the agency's first Human Resources Department. Her responsibilities included staffing and recruitment, training and development, salary administration, as well as safety and facilities management for several sites.

#### **KMART APPAREL**

##### **Human Resources Director**

As a Human Resources Generalist, Ms. St. Clair managed the Human Resources Department for a distribution center employing 450 union and non-union employees. With an HR staff, she was responsible for recruitment and staffing, labor relations, health and safety, and employee relations.





# Judy LaPorte

## Advisor – Human Resources

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Judy LaPorte joined Regional Government Services as an Advisor in the Human Resources service group in 2019. Her areas of expertise include human resources, risk management, finance, information technology, management, and project oversight.

Ms. LaPorte has over twenty years of senior level management experience in public sector agencies. Prior to joining RGS, Ms. LaPorte served in senior management positions in county, city, and special district government and has experience as an executive recruiter for public agencies.

Ms. LaPorte has a bachelor's degree in business administration.

### **PROFESSIONAL EXPERIENCE**

#### **REGIONAL GOVERNMENT SERVICES**

##### **Project Advisor**

As an Advisor, Ms. LaPorte has led organizational development projects for partner agencies. Specific assignments have included:

- Organizational assessments
- Reorganization analysis
- Classification and compensation studies
- Created detailed reports from data analysis
- Recruitments
- Performed complex Human Resources services

#### **DEBORAH GLASSER LABOR RELATIONS, LLC.**

##### **Labor Relations Specialist**

Ms. LaPorte served as Chief Negotiator for a northern California client resulting in settlement of two contracts, on time and within the agency's budget. She met with the agency's Board on a regular basis in closed session.

#### **COUNTY OF PLACER**

##### **Assistant Director of Human Resources**

Overseeing a staff of fifty, Ms. LaPorte was responsible for assisting in the overall direction and management of the Human Resources Department including managing the administrative and fiscal operations, benefits, HR Information System, participating in labor negotiations, and providing professional assistance to management on personnel matters.

#### **COUNTY OF PLACER – SHERIFF'S OFFICE**

##### **Administrative Services Manager**

Ms. LaPorte was responsible for managing the fiscal and human resource function for this the Sheriff's Office of 500 employees with an annual budget of \$110 million.



**BOB MURRAY & ASSOCIATES**

**Vice President**

Ms. LaPorte conducted executive searches for senior management positions serving cities, counties, and special districts.

**CITY OF ROCKLIN**

**Director of Administrative Services**

Ms. LaPorte was responsible for overseeing the department comprised of the Finance, Human Resources, Risk Management, Information Technology, and Fleet Services divisions.





# Matthew Jadrich

## Technical Specialist – Communications and Engagement

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Mr. Jadrich joined RGS in 2018 as a technical specialist. Known for his skills in project management and team leadership, he brings considerable experience overseeing technical and logistical projects in various business environments. Alongside managing the technical aspects of RGS communications and outreach, Mr. Jadrich also serves as a Communications Specialist for partner agencies associated with RGS. His role highlights his effective communication skills in a collaborative setting, extending his expertise to benefit multiple organizations.

### TECHNICAL PROFICIENCIES

#### PLATFORMS

Windows, Mac OS 10-7, Adobe Connect, Zoom, RingCentral

#### TOOLS

Adobe Suite, Canva, CivicPlus, Streamline, WordPress, Oracle, Microsoft Office Suite

### LINKEDIN CREDENTIALS

- Marketing Analytics: Presenting Digital Marketing Data
- Content Marketing Foundations
- Content Marketing: Newsletters
- Write Marketing Copy
- Write for the Web
- Marketing During a Crisis

### PROFESSIONAL EXPERIENCE

#### REGIONAL GOVERNMENT SERVICES

##### Technical Specialist – Communications and Engagement

Mr. Jadrich plays a pivotal role in bolstering communication efforts for both RGS and its partner agencies. This encompasses a diverse set of responsibilities aimed at enhancing outreach and maintaining effective communication channels. He facilitates the production of the monthly agency newsletters, ensuring timely and engaging content. Managing RGS's presence on LinkedIn, Mr. Jadrich oversees content strategy and engagement to uphold a strong online profile.



Matthew Jadrich

Technical Specialist – Communications and Engagement

Page 2

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His coordination of marketing outreach initiatives involves strategic planning to promote RGS and its partner agencies, fostering positive connections with the audience. Furthermore, he provides technical hosting services for RGS Training and Development sessions, leveraging his technical expertise for seamless program delivery. In addition, Mr. Jadrich contributes to agency website tasks, encompassing updates, maintenance, and improvements to enhance its functionality. Through this comprehensive approach, Mr. Jadrich significantly contributes to the overall success and effectiveness of RGS and its affiliated agencies.

### **IBM/RATIONAL SOFTWARE/PURE ATRIA/PURE SOFTWARE**

**Supplier Base Manager**

**Senior Buyer/Planner**

**Materials Planner/Buyer**

Mr. Jadrich played a crucial role in overseeing the procurement and fulfillment of product software within a rapidly growing software organization. He closely collaborated with engineering teams to facilitate efficient product releases. By overseeing print and fulfillment vendors, Mr. Jadrich ensured the smooth delivery of software products to both customers and internal stakeholders. He applied strategic planning and organizational skills to enhance the procurement workflow, fostering collaboration with vendors and internal teams. Mr. Jadrich's meticulous attention to detail and comprehensive understanding of the software procurement lifecycle contributed significantly to the seamless acquisition and fulfillment of product software. In turn, this support enhanced the organization's operational efficiency and customer satisfaction.







**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: April 23, 2024  
To: Board of Directors  
Subject: LPMP 5-year Lease Renewal – Tenet Healthsystem Desert – Suite 2E-107

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**Staff Recommendation:** Consideration to approve a 5-year lease renewal with Tenet Healthsystem Desert – Suite 2E-107.

**Background:**

- Tenet Healthsystem Desert (Tenet) had a 10-year lease of suite 2E-107.
- The lease expired 12/31/23.
- While a new lease was being negotiated, the District and Tenet agreed to temporarily extend the lease to 4/30/24 at no increased cost.
- The Interim CEO and District’s legal counsel have worked extensively to negotiate and complete the lease terms with Tenet.
- The lease rate is \$1.76/sf, with annual increases of 3%.
- Tenant Improvement of \$10/sf - \$131,120.
- At the April 10, 2024, Finance & Administration Committee meeting, the Committee recommended forwarding the lease for approval by the full Board.
- The new draft lease agreement is included in the packet for your review.
- Staff recommends approval of the 5-year lease agreement.

**Fiscal Impact:**

Estimated Revenue from Rent and CAMS for life of the base lease - \$2,146,814  
Estimated Cost of Tenant Improvement Allowance \$10/sf - \$131,120  
Net Lease Income (base lease) - \$2,015,694

**OFFICE BUILDING LEASE**

**Between**

**DESERT HEALTHCARE DISTRICT,  
DOING BUSINESS AS LAS PALMAS MEDICAL PLAZA  
AS LANDLORD**

**And**

**TENET HEALTHSYSTEM DESERT, INC.**

**AS TENANT**

**DATED**

**May 01, 2024**

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\_\_\_\_\_ District    \_\_\_\_\_ Recipient

## OFFICE BUILDING LEASE

This Lease between Desert Healthcare District, doing business as Las Palmas Medical Plaza hereinafter referred to as “Landlord”, and Tenet HealthSystem Desert, Inc., hereinafter referred to as “Tenant”, and is dated May 01, 2024.

### 1. LEASE OF PREMISES.

In consideration of the Rent (as defined at Section 5.4) and the provisions of this Lease, Landlord leases to Tenant and Tenant leases from Landlord the Premises described in Section 2L. The Premises are located within the Building and Project described in Section 2m. Tenant shall have the non-exclusive right (unless otherwise provided herein) in common with Landlord, other tenants, subtenants, and invitees, to use of the Common Areas (as defined at Section 2e).

### 2. DEFINITIONS.

As used in this Lease, the following terms shall have the following meanings:

a. *Base Rent (Initial)*: \$ Two Hundred Seventy-Six Thousand, Nine Hundred Twenty-Five and 44/100 Dollars (\$276,925.44) per year.

b. *Base Year*: N/A.

c. *Broker(s)*:  
Landlord's: N/A.

Tenant's: CBRE – 14201 Dallas Parkway, Dallas, Texas 75254.

In the event that N/A represents both Landlord and Tenant, Landlord and Tenant hereby confirm that they were timely advised of the dual representation and that they consent to the same, and that they do not expect said broker to disclose to either of them the confidential information of the other party.

d. *Commencement Date*: May 1, 2024.

e. *Common Areas*: The building lobbies, common corridors and hallways, restrooms, parking areas, stairways, elevators and other generally understood public or common areas. Landlord shall have the right to regulate or restrict the use of the Common Areas.

f. *Expense Stop*: NOT APPLICABLE

\_\_\_\_\_ District      \_\_\_\_\_ Recipient

- g. *Expiration Date*: April 30, 2029, unless otherwise sooner terminated in accordance with the provisions of this Lease.
- h. *Landlord's Mailing Address*: 1140 N. Indian Canyon, Dr., Palm Springs, CA 92262.

*Tenant's Mailing Address*: Desert Regional Medical Center, 1150 N. Indian Canyon Drive, Palm Springs, CA 92262; with a copy to Tenet HealthSystem, 14201 Dallas Parkway, Dallas, Texas 75254 Attn: Legal Department.

- i. *Monthly Installments of Base Rent (initial)*: \$ Twenty-Three Thousand, Seventy-Seven and 12/100 Dollars (\$23,077.12) per month.
- j. *Project Operating Costs (CAMs)*: Currently Eighty-Six Cents (\$.86) per square foot per month (NNN).
- k. *Tenant Improvement Allowance (TI)*: Ten Dollars (\$10.00) per square foot or One Hundred Thirty-One Thousand, One Hundred Twenty and 00/100 Dollars (\$131,120.00).
- l. *Parking*: Tenant shall be permitted, to park 56 cars on a non-exclusive basis in the area(s) designated by Landlord for parking (for Staff - generally in the back of the parking area, perimeter streets, and Wellness Park parking lot). Tenant shall abide by any and all parking lot regulations and rules established from time to time by Landlord or Landlord's parking operator.
- m. *Premises*: That portion of the Building containing a total of approximately 13,112 square feet of Rentable Area. 9,322 sq. ft. located in Building 2ESuites 101-107, the hallway connecting to Building 1E, and Building 1E Suites 104-106; and 3,880 sq. ft. located in Building 2E Suites 201-204.
- n. *Project*: The building of which the Premises are a part (the "Building") and any other buildings or improvements on the real property (the "Property") located at 555 E. Tachevah Drive, Palm Springs, California 92262. The Project is known as The Las Palmas Medical Plaza.
- o. *Rentable Area*: As to both the Premises and the Project, the respective measurements of floor area as may from time to time be subject to lease by Tenant and all tenants of the Project, respectively, as determined by Landlord and applied on a consistent basis throughout the Project.
- p. *Security Deposit (Section 7)*: \$ Thirteen Thousand, One Hundred Twelve and 00/100 Dollars (\$13,112.00) carried over from prior lease.
- q. *State*: the State of California.
- r. *Tenant's First Adjustment Date (Section 5)*: The first day of the calendar month following the Commencement Date plus 12 months.
- s. *Tenant's Proportionate Share*: 26.57%. Such share is a fraction, the numerator of which is the Rentable Area of the Premises and the denominator of which is the Rentable Area of the Project, as determined by Landlord from time to time. The Project consists of six building(s) containing a total Rentable Area of 49,356 square feet.
- t. *Tenant's Use Clause (Article 8)*: Medically related and general office use, together with ancillary uses consistent therewith and, subject to Landlord's reasonable approval, any other use the City may allow under the City of Palm Springs zoning.
- u. *Term*: The period commencing on the Commencement Date and expiring at midnight on the Expiration Date.

\_\_\_\_\_ District \_\_\_\_\_ Recipient

3. EXHIBITS AND ADDENDA.

The exhibits and addenda listed below (unless lined out) are incorporated by reference in this Lease:

- a. Exhibit "A" Rules and Regulations.
- b. Addenda\*

\*See Addendum attached hereto and by this reference made a part hereof.

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\_\_\_\_\_ District \_\_\_\_\_ Recipient

#### 4. DELIVERY OF POSSESSION.

Tenant is currently in possession of the Premises pursuant to a prior lease. This lease shall commence on the Commencement Date and supersede the prior lease.

#### 5. RENT.

5.1 *Payment of Base Rent:* Tenant agrees to pay the base rent for the Premises. Monthly installments of Base Rent shall be payable in advance on the first day of each calendar month of the term. If the term begins (or ends) on other than the first (or last) day of a calendar month, the Base Rent for the partial month shall be prorated on a per diem basis. Tenant shall pay Landlord the first Monthly Installment of Base Rent when Tenant executes the Lease.

#### 5.2 *Adjusted Base Rent:*

- a. The Base Rent (and the corresponding monthly installments of Base Rent) set forth at Section 2a shall be adjusted annually (the "Adjustment Date"), commencing on Tenant's First Adjustment Date.
- b. Such adjustment shall be the greater of 3% over the preceding year or an adjustment comparative to that of the Consumer Price Index, not to exceed 5% over the preceding year.

#### 5.3 *Project Operating Costs (CAMs):*

- a. In order that the Rent payable during the Term reflect Project Operating Costs, Tenant agrees to pay to Landlord as Rent, Tenant's Proportionate Share of all costs, expenses and obligations attributable to the Project and its operation as set forth in 2i, all as provided below.
- b. During any calendar year during the Term, Tenant shall pay to Landlord, in addition to the Base Rent and all other payments due under this lease, an amount equal to Tenant's Proportionate Share of Project Operating Costs in accordance with the provisions of this Section 5.3.

(1.) The term "Project Operating Costs" shall include all those items described in the following subparagraphs (a) and (b), subject, however, to the Addendum attached hereto.

(a.) All taxes, assessments, water and sewer charges and other similar governmental charges levied on or attributable to the Building or Project or their operation, including without limitation, (i) real property taxes or assessments levied or assessed against the Building or Project, (ii) assessments or charges levied or assessed against the Building or Project by any redevelopment agency, (iii) any tax measured by gross rentals received from the leasing of the Premises, Building or Project, excluding any net income, franchise, capital stock, estate or inheritance taxes imposed by the State or federal government or their agencies, branches or departments; provided that if at any time during the Term any governmental entity levies, assesses or imposes on Landlord any (1) general or special, ad valorem or specific, excise, capital levy or other tax, assessment, levy or charge directly on the Rent received under this lease or on the rent received under any other leases of space in the Building or Project, or (2) and license fee, excise or franchise tax, assessment, levy or charge measured by or based, in whole or in part, upon such rent, or (3) any transfer, transactions, or similar tax, assessment, levy or charge based directly or indirectly upon the transaction represented by this Lease or such other leases, or (4) any occupancy, use, per capita or other tax, assessment, levy or charge based directly or indirectly upon the use or occupancy of the Premises or other premises within the Building or Project, then any such taxes, assessments, levies and charges shall be deemed to be included in the term Project Operation Costs. If at any time during the Term the assessed valuation of, or taxes on, the Project are not based on a completed Project having at least eighty-five percent (85%) of the Rentable Area occupied, then the "taxes" component of Project Operating Costs shall be adjusted by Landlord to reasonably Approximate the taxes, which would have been payable if the Project were completed and at least eighty-five percent (85%) occupied.

(b.) Operating costs incurred by Landlord in maintaining and operating the Building and Project, including without limitation the following: costs of (1) utilities for the Common Areas; (2) supplies; (3) insurance (including public liability, property damage, earthquake, and fire and extended coverage insurance for the full replacement cost of the Building and Project as required by Landlord or its lenders for the Project; (4) services of independent contractors; (5) compensation (including employment taxes and fringe benefits) of all persons who perform duties connected with the operation, maintenance, repair or overhaul of the Building or Project, and equipment, improvements and facilities located within the Project, including without limitation engineers, janitors, painters, floor waxers, window washers, security and parking personnel and gardeners (but excluding persons performing services not uniformly available to or performed for substantially all Building or Project tenants); (6) operation and maintenance of a room for delivery and distribution of mail to tenants of the Building or Project as required by the U.S. Postal Service; (7) management of the Building or Project, whether managed by Landlord or an independent contractor (including, without limitation, an amount equal to the fair market value of any on-site manager's office); (8) rental expenses for (or a reasonable depreciation allowance on) personal property used in the maintenance, operation or repair of the Building or Project; (9) costs, expenditures or charges (whether capitalized or not) required by any governmental or quasi-governmental authority; (10) amortization of capital expenses (including financing costs), provided that such charges are based on the full useful life of

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the capital expenditure, and provided the same are (i) required by a governmental entity for energy conservation or life safety purposes, or (ii) made by landlord to reduce Project Operating Costs; and (II) any other costs or expenses incurred by Landlord under this Lease and not otherwise reimbursed by third parties or tenants of the Project, but excluding items specifically set forth on the Addendum. If at any time during the Term, less than eighty-five percent (85%) of the Rentable Area of the Project is occupied, the "operating costs" component of Project Operating Costs shall be adjusted by Landlord to reasonably approximate the operating costs which would have been incurred if the Project had been at least eighty-five percent (85%) occupied.

- (2.) Tenant's Proportionate Share of Project Operating Costs shall be payable by Tenant to Landlord as follows:
- (a.) The intent is that this lease is a triple net lease, in which Tenant pays all Project Operating Costs for the Premises, rather than a gross lease or modified gross lease with a base year. Accordingly, beginning with the first calendar year containing the Commencement Date and for each calendar year thereafter, Tenant shall pay Landlord an amount equal to Tenant's Proportionate Share of the estimated total Project Operating Costs expected to be incurred by Landlord during such calendar year.
  - (b.) Tenant shall, at Landlord's request, pay as additional rent, an amount equal to Tenant's Proportionate Share of the Project Operating Costs payable during such calendar year, as reasonably estimated by Landlord from time to time. Such payments shall be made in monthly installments, commencing on the Commencement Date based on the amount calculated in accordance with Section 2(i) for the initial calendar year and continuing until the first day of the month following the month in which Landlord gives Tenant a new notice of estimated Project Operating Costs in subsequent calendar years. It is the intention hereunder to estimate from time to time the amount of the Project Operating Costs for each calendar year and Tenant's Proportionate Share thereof, and then to make an adjustment in the following year based on the actual Project Operating Costs incurred for such calendar year.
  - (c.) On or before April 1 of each calendar year (or as soon thereafter as is practical), Landlord shall deliver to Tenant a statement setting forth the actual amount constituting Tenant's Proportionate Share of the Project Operating Costs for the preceding calendar year. If Tenant's Proportionate Share of the actual Project Operating Costs for the previous calendar year exceeds the total of the estimated monthly payments made by Tenant for such year, Tenant shall pay Landlord the amount of the deficiency within thirty (30) days of the receipt of the statement. If such total exceeds Tenant's Proportionate Share of the actual Project Operating Costs for such preceding calendar year, then Landlord shall credit against Tenant's next ensuing monthly installment(s) of additional rent an amount equal to the difference until the credit is exhausted. If the credit is due from Landlord on the Expiration Date, Landlord shall pay Tenant the amount of the credit. The obligations of Tenant and Landlord to make payments required under this Section 5.3 shall survive the Expiration Date.
  - (d.) Tenant's Proportionate Share of Project Operating Costs in any calendar year having less than 365 days shall be appropriately prorated. If any period during the Term includes a partial calendar year, Tenant's Proportionate Share shall be prorated to represent only the partial year in which Tenant is in possession of the Premises.
  - (e.) Tenant shall have the right after reasonable notice and at reasonable times to inspect Landlord's records related to all Project Operating Costs and associated accounting in accordance with the provisions set forth on the Addendum. Tenant agrees to pay the cost of such audit unless it reveals an overstatement of Project Operating Costs by more than five percent (5%).
  - (f.) If this Lease sets forth an Expense Stop at Section 2f, then during the Term, Tenant shall be liable for Tenant's Proportionate Share of any actual Project Operating Costs which exceed the amount of the Expense Stop. Tenant shall make current payments of such excess costs during the Term in the same manner as provided for payment of Tenant's Proportionate Share under the applicable provisions of Section 5.3(2)(b) and (c) above.

5.4 *Definition of Rent*: The Rent shall be paid to the Building manager (or other person) and at such place, as Landlord may from time to time designate in writing, without any prior demand therefore and without deduction or offset, in lawful money of the United States of America. Landlord shall provide Tenant with no less than 10 business days' notice of any change in such payment address.

5.5 *Rent Control*: If the amount of Rent or any other payment due under this Lease violates the terms of any governmental restrictions on such Rent or payment, then the Rent or payment due during the period of such restrictions shall be the maximum amount allowable under those restrictions. Upon the termination of the restrictions, Landlord shall, to the extent it is legally permitted, recover from Tenant the difference between the amounts received during the period of the restrictions and the amounts Landlord would have received had there been no restrictions.

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5.6 *Taxes Payable by Tenant*: In addition to the Rent and any other charges to be paid by Tenant hereunder, Tenant shall reimburse Landlord upon demand for any and all taxes payable by Landlord (other than net income taxes) which are not otherwise reimbursable under this Lease, whether or not now customary or within the contemplation of the parties, where such taxes are upon, measured by or reasonably attributable to this Lease, including: (a) the cost or value of Tenant's equipment, furniture, fixtures and other personal property located in the Premises, or the cost or value of any leasehold improvements made in or to the Premises by or for Tenant, other than the Building Standard Work made by Landlord, regardless of whether title to such improvements is held by Tenant or Landlord; (b) the gross or net Rent payable under this Lease, including, without limitation, any rental or gross receipts tax levied by any taxing authority with respect to the receipt of the Rent hereunder; (c) the possession, leasing, operation, management, maintenance, alteration, repair, use or occupancy by Tenant of the Premises or any portion thereof; or (d) this transaction or any document to which Tenant is a party creating or transferring an interest or an estate in the Premises. If it becomes unlawful for Tenant to reimburse Landlord for any costs as required under this Lease, the Base Rent shall be revised to net Landlord the same net Rent after imposition of any tax or other charge upon Landlord as would have been payable to Landlord but for the reimbursement being unlawful.

5.7 *Tenant Improvement Allowance*: In recognition of Tenant completing the contemplated tenant improvements to the Premises as mutually agreed by Landlord and Tenant (the "Tenant Improvements"), Landlord shall provide Tenant with a total Tenant improvement allowance not to exceed that set forth in Section 2j upon completion of the Tenant Improvements. Landlord will pay the allowance to Tenant upon Landlord's satisfactory receipt of paid invoices (and inspection by Landlord or its Property Management company verifying that work has been satisfactorily completed). Any additional tenant improvements will be at the sole expense of the Tenant. Tenant Improvements shall conform to a high quality of design as approved by Landlord prior to commencement of work, and shall be performed by a licensed General Contractor reasonably approved by Landlord. Tenant shall submit plans and specifications for the Tenant Improvements to Landlord, and where necessary, the City of Palm Springs and other applicable government agencies for their required approval (if any) prior to commencement of work. Tenant and the General Contractor shall indemnify and hold Landlord and its officers, agents and employees harmless from any liability resulting from the Tenant Improvement work, exclusive of the gross negligence or willful misconduct of any such indemnitee, and Landlord shall be named as an additional insured on the liability insurance policy of both the Tenant and the General Contractor. All work shall be performed in accordance with applicable law, including any applicable prevailing wage and competitive bid statutes governing the work undertaken by Tenant.

## 6. INTEREST AND LATE CHARGES.

If Tenant fails to pay when due any Rent or other amounts or charges which Tenant is obligated to pay under the terms of this Lease, the unpaid amounts shall bear interest at the maximum rate then allowed by law. Tenant acknowledges that the late payment of any Monthly Installment of Base Rent will cause Landlord to lose the use of that money and incur costs and expenses not contemplated under this Lease, including without limitation, administrative and collection costs and processing and accounting expenses, the exact amount of which is extremely difficult to ascertain. Therefore, in addition to interest, if any such regular installment of monthly Rent is not received by Landlord, Tenant shall pay Landlord a late charge equal to five percent (5%) of such installment of Rent. Landlord and Tenant agree that this late charge represents a reasonable estimate of such costs and expenses and is fair compensation to Landlord for the loss suffered from such nonpayment by Tenant. Acceptance of any interest or late charge shall not constitute a waiver of Tenant's default with respect to such nonpayment by Tenant nor prevent Landlord from exercising any other rights or remedies available to Landlord under this Lease. Notwithstanding anything to the contrary, the foregoing late fee and interest shall not apply under the tenth (10<sup>th</sup>) day following the date that such payment is due, except that with respect to any regular installment of Rent, such grace period shall not apply more than two (2) times in any twelve (12) month period.

## 7. SECURITY DEPOSIT.

Tenant agrees to deposit with Landlord the Security Deposit set forth at Section 2.0 upon execution of this Lease, as security for Tenant's faithful performance of its obligations under this Lease. Landlord and Tenant agree that the Security Deposit may be commingled with funds of Landlord and Landlord shall have no obligation or liability for payment of interest on such deposit. Tenant shall not mortgage, assign, transfer, or encumber the Security Deposit without the prior written consent of Landlord and any attempt by Tenant to do so shall be void, without force or effect and shall not be binding upon Landlord.

If Tenant fails to pay Rent or other amount prior to the 10<sup>th</sup> day following the date when due and payable under this Lease, or fails to perform any of the terms hereof following notice and an opportunity to cure, Landlord may appropriate and apply or use all or any portion of the Security Deposit for Rent payments or any other amount then due and unpaid, for payment of any amount for which Landlord has become obligated as a result of Tenant's default or uncured breach, and for any loss or damage sustained by Landlord as a result of Tenant's default or breach, and Landlord may so apply or use this deposit in lieu of any other remedy Landlord may have by reason of Tenant's default or breach. However, (i) any grace period or cure prior provided for in this paragraph shall not apply more than twice in any twelve (12) month period (and after such time, Landlord may disregard such grace period or opportunity to cure and immediately exercise its rights to utilize the Security Deposit under this paragraph upon the next event allowing such action), and (ii) if Landlord so uses any of the Security Deposit, Tenant shall, within ten (10) days after written demand, therefore, restore the Security Deposit to the full amount originally deposited; Tenant's failure to do so shall constitute an event of default hereunder and Landlord shall have the right to exercise any remedy provided for at Article 27 hereof. Within fifteen (15) days after the Term (or any extension thereof) has expired or Tenant has vacated the Premises, whichever shall last occur, after reduction of any losses incurred

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by Landlord, Landlord shall return the Security Deposit to Tenant, or, if Tenant has assigned its interest in such Security Deposit under this Lease, to the last assignee of Tenant.

If Landlord sells its interest in the Premises, Landlord may deliver the Security Deposit to the purchaser of Landlord's interest and thereupon, Landlord shall be relieved of any further liability or obligation with respect to the Security Deposit.

## 8. TENANT'S USE OF THE PREMISES

Tenant shall use the Premises solely for the purposes set forth in Tenant's Use Clause. Tenant shall not use or occupy the Premises in violation of applicable law or any covenant, condition or restriction affecting the Building or Project, or the certificate of occupancy issued for the Building or Project, and shall, upon notice from Landlord, immediately discontinue any such violative use of the Premises. Tenant, at Tenant's own cost and expense, shall comply with all laws, ordinances, regulations, rules and/or any directions of any governmental agencies or authorities having jurisdiction which shall, by reason of the nature of Tenant's use or occupancy of the Premises, impose any duty upon Tenant or Landlord with respect to the Premises or its use or occupation. A judgment of any court of competent jurisdiction or the admission by Tenant in any action or proceeding against Tenant that Tenant has violated any such laws, ordinances, regulations, rules and/or directions in the use of the Premises shall be deemed to be a conclusive determination of that fact as between Landlord and Tenant. Tenant shall not do or permit to be done anything, which will invalidate or increase the cost of any fire, extended coverage or other insurance policy covering the Building or Project and/or property located therein (except for any use permitted by Tenant's Use Clause), and shall comply with all rules, orders, regulations, requirements and recommendations of the Insurance Services Office or any other organization performing a similar function. Tenant shall promptly upon demand reimburse Landlord for any additional premium charged for such policy by reason of Tenant's failure to comply with the provisions of this Article. Except as permitted in Tenant's Use Clause, Tenant shall not do or permit anything to be done in or about the Premises which will obstruct or interfere with the rights of other tenants or occupants of the Building or Project, or that will injure or annoy them, or, except as permitted in Tenant's Use Clause, use or allow the Premises to be used for any improper, immoral, unlawful or objectionable purpose, nor shall Tenant cause, maintain or permit any nuisance in, on or about the Premises. Tenant shall not commit or suffer to be committed any waste in or upon the Premises.

## 9. SERVICES AND UTILITIES.

The Premises are separately metered for utility services, and subject to the Rules and Regulations of the Building or Project, electricity, water, telephone and heating, ventilation and air conditioning ("HVAC") as required for the comfortable use and occupancy of the Premises are available, at Tenant's expense, on a 24/7 basis. Tenant is responsible for the cost of directly metered utility service to the Premises, and Landlord is not responsible for the provision of services within the Premises, and Landlord shall not be liable for a loss of or injury to property or business in connection with or incidental to the failure of utility companies to provide such services to the Premises. Except to the extent arising as a direct result of the negligence or intentional conduct of Landlord, Landlord shall not be in default hereunder or be liable for any damages directly or indirectly resulting from, nor shall the Rent be abated by reason of (i) the installation, use or interruption of use of any equipment in connection with the furnishing of any of the foregoing services, (ii) failure to furnish or delay in furnishing any such services where such failure or delay is caused by accident or any condition or event beyond the reasonable control of Landlord, or by the making of necessary repairs or improvements to the Premises, Building or Project, or (iii) the limitation, curtailment or rationing of, or restrictions on, use of water, electricity, gas or any other form of energy serving the Premises, Building or Project.

Landlord shall be responsible for maintaining the HVAC system, at Landlord's sole cost and expense. However, if Tenant uses heat generating machines or equipment in the Premises which unreasonably and unusually affect the temperature otherwise maintained by the HVAC system, Landlord reserves the right to install supplementary air conditioning units in the Premises and the actual additional cost incurred by Landlord in connection with the provision thereof, including the cost of installation, operation and maintenance thereof, shall be paid by Tenant to Landlord upon demand by Landlord.

Landlord shall also maintain and keep lighted, cooled and heated the common stairs, common entries and restrooms in the Building, which costs are reimbursed as Project Operating Costs. With respect to Common Areas within the Building, Landlord shall furnish elevator service, lighting replacement for standard lights, restroom supplies, window washing and janitor services of common area in a manner that such services are customarily furnished to comparable office buildings in the area.

Tenant is responsible for janitorial services within the Premises, at its sole cost and expense.

## 10. CONDITION OF THE PREMISES.

Tenant's taking possession of the Premises shall be deemed conclusive evidence that as of the date of taking possession of the Premises are in good order and satisfactory condition, except for such matters as to which Tenant gave Landlord notice on or before the Commencement Date; provided, however, that nothing herein shall eliminate Landlord's obligation to provide habitable Premises to Tenant, or otherwise interfere with Tenant's right to quiet enjoyment. No promise of Landlord to alter, remodel, repair or improve the Premises, the Building or the Project and no representation, express or implied, respecting any matter or thing relating to the Premises, Building, Project or this Lease (including, without limitation, the condition of the Premises, the Building or the Project) have been made to Tenant by Landlord or its Broker or Sales Agent, other than as may be contained herein or in a separate exhibit or addendum signed by Landlord and Tenant.

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## II. CONSTRUCTION, REPAIRS AND MAINTENANCE.

- a. *Landlord's Obligations:* Landlord shall maintain in good order, condition and repair the Building and all other portions of the Premises not the obligation of Tenant or of any other tenant in the Building. Landlord represents and warrants to Tenant that to the reasonable knowledge of the Landlord, the Building is in good condition and repair, and complies (including the Common Areas) with all applicable laws, rules and regulations.
- b. *Tenant's Obligations:*
- (1.) Tenant shall perform Tenant's work to the Premises as described in an exhibit specific to Tenant Improvements, if applicable.
  - (2.) Tenant at Tenant's sole expense shall, except for services furnished by Landlord pursuant to Article 9 hereof, maintain the Premises in good order, condition and repair, including the interior surfaces of the ceilings, walls and floors, all doors, all interior windows, all ~~interior~~ plumbing, pipes and fixtures, electrical wiring, switches and fixtures, Building Standard furnishings and special items and equipment installed by or at the expense of Tenant.
  - (3.) ~~Except as otherwise expressly provided in this Lease, Tenant~~ shall be responsible for all repairs and alterations in and to the Premises, Building and Project and the facilities and systems thereof, the need for which arises out of (i) Tenant's use or occupancy of the Premises, (ii) the installation, removal, use or operation of Tenant's Property (as defined in Article 13) in the Premises, (iii) the moving of Tenant's Property into or out of the Building, or (iv) the act, omission, misuse or negligence of Tenant, its agents, contractors, employees or invitees.
  - (4.) If Tenant fails to maintain the Premises in good order, condition and repair, Landlord shall give Tenant notice to do such acts as are reasonably required to so maintain the Premises. If Tenant fails to promptly commence such work following such notice and thereafter diligently prosecute it to completion (subject to events outside the control of Tenant), then Landlord shall have the right to do such acts and expend such funds at the expense of Tenant as are reasonably required to perform such work. Any amount so expended by Landlord shall be paid by Tenant promptly after demand with interest at the prime commercial rate then being charged by Bank of America NT & SA plus two percent (2%) per annum, from the date that Landlord invoices Tenant for such work until the date of payment, but not to exceed the maximum rate then allowed by law. Landlord shall have no liability to Tenant for any damage, inconvenience, or interference with the use of the Premises by Tenant as a result of performing any such work.
- c. *Compliance with Law:* Landlord and Tenant shall each do all acts reasonably required to comply with all applicable laws, ordinances, and rules of any public authority relating to their respective maintenance obligations as set forth herein.
- d. *Waiver by Tenant:* Tenant expressly waives the benefits of any ~~contrary~~ statute now or hereafter in effect which would otherwise require that Landlord perform services that are the responsibility of Tenant under this Lease, or ~~that~~ that afford the Tenant the right to make such repairs at Landlord's expense or to terminate this Lease because of Landlord's failure to keep the Premises in good order, condition and repair.
- e. *Load and Equipment Limits:* Tenant shall not place a load upon any floor of the Premises which exceeds the load per square foot which such floor was designed to carry, as determined by Landlord or Landlord's structural engineer. The cost of any such determination made by Landlord's structural engineer shall be paid for by Tenant upon demand. Tenant shall not install business machines or mechanical equipment which cause noise or vibration to such a degree as to be objectionable to Landlord or other Building tenants.
- f. Except as otherwise expressly provided in this Lease, Landlord shall have no liability to Tenant nor shall Tenant's obligations under this Lease be reduced or abated in any manner whatsoever by reason of any inconvenience, annoyance, interruption or injury to business arising from Landlord's making any repairs or changes which Landlord is required or permitted by this Lease or by any other tenant's lease or required by law to make in or to any portion of the Project, Building or the Premises, Landlord shall use reasonable efforts to minimize any interference with Tenant's business in the Premises.
- g. Tenant shall give Landlord prompt notice of any damage to or defective condition in any part or appurtenance of the Building's mechanical, electrical, plumbing, HVAC or other systems serving, located in, or passing through the Premises.
- h. Upon the expiration or earlier termination of this Lease, Tenant shall return the Premises to Landlord clean and in the same condition as on the date Tenant took possession, except for normal wear and tear. Any damage to the Premises, including any structural damage, resulting from Tenant's use (exclusive of normal wear and tear) or from the removal of Tenant's fixtures, furnishings and equipment pursuant to Section 13b shall be repaired by Tenant at Tenant's expense.

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## 12. ALTERATIONS AND ADDITIONS.

- a. Tenant shall not make any material additions, alterations or improvements to the Premises without obtaining the prior written consent of Landlord. For purposes of this Lease, alterations and modification shall be material if they (i) exceed \$25,000 in value, (ii) involve areas not entirely within the interior of the Premises, or (iii) impact any structural components of the Building. Landlord's consent may be conditioned on Tenant's removing any such additions, alterations or improvements upon the expiration of the term and restoring the Premises to the same condition as on the date Tenant took possession. All work with respect to any addition, alteration or improvement shall be done in a good and workmanlike manner by properly qualified and, where required by law, payment of prevailing wages, competitive bidding, licensed personnel, and such work shall be diligently prosecuted to completion (subject to force majeure). Landlord may, at Landlord's option, require that any structural work be performed by a contractor approved in writing by Landlord. Tenant shall pay to Landlord upon completion of any such work by Landlord's contractor, as applicable, an administrative fee of no more than fifteen percent (15%) of the cost of the work.
- b. Tenant shall pay the costs of any work done on the Premises by Tenant, and shall keep the Premises, Building and Project free and clear of liens of any kind as a result of any failure to pay such costs. Tenant shall indemnify, defend against and keep Landlord free and harmless from all liability, loss, damage, costs, attorneys' fees and any other expense incurred on account of claims by any person performing work or furnishing materials or supplies for Tenant or any person claiming under Tenant (excluding those performing work that is the responsibility of Landlord hereunder).

Tenant shall keep Tenant's leasehold interest, and any additions or improvements which are or become the property of Landlord under this Lease, free and clear of all attachment or judgment liens arising as a result of the action of Tenant or work undertaken at the Premises. Before the actual commencement of any work for which a claim or lien may be filed, Tenant shall give Landlord notice of the intended commencement date a sufficient time before that date to enable Landlord to post notices of non-responsibility or any other notices which Landlord deems necessary for the proper protection of Landlord's interest in the Premises, Building or the Project, and Landlord shall have the right to enter the Premises and post such notice at any reasonable time.

- c. Landlord may require, at Landlord's sole option, for work in excess of \$100,000, that Tenant provide to Landlord, at Tenant's expense, a lien and completion bond in an amount equal to at least one and one-half (1.5) times the total estimated cost of any additions, alterations or improvements to be made in or to the Premises, to protect Landlord against any liability for mechanic's and material men's liens and to insure timely completion of the work. Nothing contained in this Section 12c shall relieve Tenant of its obligations under Section 12b to keep the Premises, Building and Project free of all liens.
- d. Unless their removal is required by Landlord as provided in Section 12a, all additions, alterations and improvements made to the Premises shall become the property of Landlord and be surrendered with the Premises upon the expiration of the Term; provided, however, Tenant's equipment, machinery and trade fixtures which can be removed without damage to the Premises shall remain the property of Tenant and may be removed, subject to the provisions of Section 13b.

## 13. LEASEHOLD IMPROVEMENTS; TENANT'S PROPERTY.

- a. All fixtures, equipment, improvements and appurtenances attached to or built into the Premises at the commencement of or during the Term, whether or not by or at the expense of Tenant ("Leasehold Improvements"), shall be and remain a part of the Premises, shall be the property of Landlord and shall not be removed by Tenant, except as expressly provided in Section 13b.
- b. Notwithstanding anything to the contrary herein, all movable partitions, business and trade fixtures, machinery and equipment, communications equipment and office equipment located in the Premises and acquired by or for the account of Tenant, without expense to Landlord, which can be removed without structural damage to the Building, and all furniture, furnishings and other articles of movable personal property owned by Tenant and located in the Premises (collectively "Tenant's Property") shall be and remain the property of Tenant and may be removed by Tenant at any time during or upon expiration of the Term; provided that if any of Tenant's Property is removed, Tenant shall promptly repair any damage to the Premises or to the Building resulting from such removal.

## 14. RULES AND REGULATIONS.

Tenant agrees to comply with (and cause its agents, contractors, employees and invitees to comply with) the rules and regulations attached hereto as Exhibit "D" and with such reasonable modifications thereof and additions thereto as Landlord may from time to time make. Landlord shall not be responsible for any violation of said rules and regulations by other tenants or occupants of the Building of Project.

## 15. CERTAIN RIGHTS RESERVED BY LANDLORD.

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Landlord reserves the following rights, exercisable without liability to Tenant for (a) damage or injury to property, person or business, (b) causing an actual or constructive eviction from the Premises, or (c) disturbing Tenant's use or possession of the Premises:

- a. To name the Building and Project and to change the name or street address of the Building or Project;
- b. To install and maintain all signs on the exterior and interior of the Building and Project (exclusive of the interior of the Premises); provided, however, that Tenant shall be entitled to signage marking its premises in the lobby of the Building and the exterior of the Premises (in accordance with the standard Building policy);
- c. To have pass keys to the Premises and all doors within the Premises, excluding Tenant's vaults, safes and private offices or other areas in which protected health information (PHI) is stored or maintained (which area will not be assessable to Landlord without notice and opportunity for Tenant to be present and take appropriate precautions to prevent disclosure of PHI in accordance with HIPAA Privacy Rules);
- d. At any time during the Term, and on reasonable prior notice to Tenant (of not less than 24 hours), to inspect the Premises, and to show the Premises to any prospective purchaser or mortgagee of the Project, or to any assignee of any mortgage on the Project, or to others having an interest in the Project or Landlord, and during the last six months of the Term, to show the Premises to prospective tenants thereof; provided, however, that at no point will Landlord have access to areas containing PHI; and
- e. Subject to reasonable written notice to Tenant (of not less than 24 hours, except in the event of an urgent need or emergency), enter the Premises for the purpose of making inspections, repairs, alterations, additions or improvements to the Premises or the Building (including, without limitation, checking, calibrating, adjusting or balancing controls and other parts of the HVAC system) consistent with this Lease, and to take all steps as may be reasonably necessary or desirable for the safety, protection, maintenance or preservation of the Premises or the Building or Landlord's interest therein, or as may be reasonably necessary or desirable for the operation or improvement of the Building or in order to comply with laws, orders or requirements of governmental or other authority. Landlord agrees to use its best efforts to minimize interference with Tenant's business in the Premises in the course of any such entry, and further agrees that in no event shall Landlord be entitled to access areas containing PHI without providing Tenant with advance notice in which to protect the privacy and confidentiality of such material in accordance with HIPPA rules. For avoidance of doubt, where repairs are requested by Tenant, 24-hours advance notice will not be required for Landlord's entry into the Premises (however, Landlord and Tenant shall reasonably cooperate to schedule a mutually acceptable time for entry where possible).

#### 16. ASSIGNMENT AND SUBLETTING.

No assignment of this Lease or sublease of all or any part of the Premises shall be permitted, except as provided in this Article 16.

- a. Tenant shall not, without the prior written consent of Landlord, assign or hypothecate this Lease or any interest herein or sublet the Premises or any part thereof, or permit the use of the Premises by any party other than Tenant. Any of the foregoing acts without such consent shall at the option of Landlord terminate this Lease. This Lease shall not, nor shall any interest of Tenant herein, be assignable by operation of law without the written consent of Landlord. Notwithstanding the foregoing, Tenant shall be permitted to sublease the Premises, and Landlord hereby expressly consents to such sublease, to (i) individual physicians performing services at the Premises in connection with the Permitted Use, and/or (ii) to Tenet Physician Recourses, First Choice Physician Partners or another affiliated entity responsible for the operations at the Premises; provided, however, that in either case Tenant shall not be released from its obligations under this Lease.
- b. If at any time or from time to time during the Term Tenant desires to assign this Lease or sublet all or any part of the Premises (other than as contemplated in (a) above), Tenant shall give notice to Landlord setting forth the terms and provisions of the proposed assignment or sublease, and the identity of the proposed assignee or subtenant. Tenant shall promptly supply Landlord with such information concerning the business background and financial condition of such proposed assignee or subtenant as Landlord may reasonably request. With respect to any sublease or assignment to an entity that is not an affiliate of Tenant, Landlord shall have the option, exercisable by notice given to Tenant within twenty (20) days after Tenant's notice is given, to terminate this Lease as to the portion of the Premises that is the subject of the proposed assignment or sublease. If Landlord does not exercise such option, Tenant may assign the Lease or sublet such space to such proposed assignee or subtenant on the following further conditions:
  - (1.) Landlord shall have verified that such subtenant or assignee does not propose a reputational risk for Landlord or the Premises and if Tenant is to be released from all or any portion of its obligations under this Lease in connection with such arrangement, Landlord must approve the financial condition of the proposed assignee or sublessee on terms and conditions at the discretion of the Landlord;
  - (2.) The assignment or sublease shall be on the same terms set forth in the notice given to Landlord;

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(3.) No assignment or sublease shall be valid, and no assignee or sub lessee shall take possession of the Premises until an executed counterpart of such assignment or sublease has been delivered to Landlord; and

(4.) No assignee or sub lessee shall have a further right to assign or sublet except on the terms herein contained.

- c. Notwithstanding the provisions of paragraphs a and b above, Tenant may assign this Lease or sublet the Premises or any portion thereof, without Landlord's consent and without extending any recapture or termination option to Landlord, to any corporation which controls, is controlled by or is under common control with Tenant, or to any corporation resulting from a merger or consolidation with Tenant, or to any person or entity which acquires all the assets of Tenant's business as a going concern, provided that (i) the assignee or sub lessee assumes, in full, the obligations of Tenant under this Lease, (ii) Tenant remains fully liable under this Lease, and (iii) the use of the Premises under Article 8 remains unchanged.
- d. No subletting or assignment shall release Tenant of Tenant's obligations under this Lease or alter the primary liability of Tenant to pay the Rent and to perform all other obligations to be performed by Tenant hereunder. The acceptance of Rent by landlord from any other person shall not be deemed to be a waiver by Landlord of any provision hereof. Consent to one assignment or subletting shall not be deemed consent to any subsequent assignment or subletting. In the event of default by an assignee or subtenant or any successor of Tenant in the performance of any of the terms hereof, Landlord may proceed directly against Tenant without the necessity of exhausting remedies against such assignee, subtenant or successor. Landlord may consent to subsequent assignments of the Lease or sub lettings or amendments or modifications to the Lease with assignees of tenant, without notifying Tenant, or any successor of Tenant, and without obtaining its or their consent thereof and any such actions shall not relieve Tenant of liability under this Lease.
- e. If Tenant assigns the Lease or sublets the Premises or requests the consent of Landlord to any assignment or subletting or if Tenant requests the consent of Landlord for any act that Tenant proposes to do, then Tenant shall, upon demand, pay Landlord an administrative fee of One Hundred Fifty and No/100 Dollars (\$150.00) plus any attorney's fees reasonably incurred by Landlord in connection with such act or request.

#### 17. HOLDING OVER.

If after expiration of the Term, Tenant remains in possession of the Premises with Landlord's permission (express or implied), Tenant shall become a tenant from month to month only, upon all the provisions of this Lease (except as to term and Base Rent), but the "Monthly Installments of Base Rent" payable by Tenant shall be increased to one hundred fifty percent (150%) of the Monthly Installments of Base Rent payable by Tenant at the expiration of the Term. Such monthly rent shall be payable in advance on or before the first day of each month. If either party desires to terminate such month-to-month tenancy, it shall give the other party not less than thirty (30) days advance written notice of the date of termination.

#### 18. SURRENDER OF PREMISES.

- a. Tenant shall peaceably surrender the Premises to Landlord on the Expiration Date, in broom-clean condition and in as good condition as when Tenant took possession, except for (i) reasonable wear and tear, (ii) loss by fire or other casualty, (iii) loss by condemnation, and (iv) compliance with the requirements of this Lease (including Section 13.a.). In connection with the expiration of the Term, Tenant shall, on Landlord's request, remove Tenant's Property on or before the Expiration Date and promptly repair all damage to the Premises or Building caused by such removal.
- b. If Tenant abandons or surrenders the Premises, or is dispossessed by process of law or otherwise, any of Tenant's Property left on the Premises shall be deemed to be abandoned, and, at Landlord's option, title shall pass to Landlord under this Lease as by a bill of sale. If Landlord elects to remove all or any part of such Tenant's Property, the cost of removal, including repairing any damage to the Premises or Building caused by such removal, shall be paid by Tenant. On the Expiration Date Tenant shall surrender all keys to the Premises.

#### 19. DESTRUCTION OR DAMAGE.

- a. If the Premises or the portion of the Building necessary for Tenant's occupancy is damaged by fire, earthquake, act of God, the elements, or other casualty, Landlord shall, subject to the provisions of this Article, promptly repair the damage, if such repairs can, in Landlord's opinion, be completed within ninety (90) days. If Landlord determines that repairs can be completed with ninety (90) days, this Lease shall remain in full force and effect, except that if such damage is not the result of the negligence or willful misconduct of Tenant or Tenant's agents, employees, contractors, licensees, or invitees, the Base Rent shall be abated to the extent Tenant's use of the Premises is impaired, commencing with the date of damage and continuing until completion of the repairs required of Landlord under Section 19d.
- b. If in Landlord's opinion, such repairs to the Premises or portion of the Building necessary for Tenant's occupancy cannot be completed within ninety (90) days, Landlord shall provide notice to Tenant within thirty (30) days after the date of such fire or other casualty, and either Landlord or Tenant may elect, in writing to the other party, to

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terminate this Lease. If neither party provides such written notice within 10 days following Landlord's notification, Landlord shall promptly repair such damage, in which event this Lease shall continue in full force and effect, but the Base Rent shall be partially abated as provided in Section 19a.

- c. If any other portion of the Building or Project is totally destroyed or damaged to the extent that in Landlord's opinion repair thereof cannot be completed within ninety (90) days, Landlord shall provide notice to Tenant within thirty (30) days after the date of such fire or other casualty, and either Landlord or Tenant may elect, in writing to the other party, to terminate this Lease. If neither party provides such written notice within 10 days following Landlord's notification, this Lease shall continue in full force and effect, but the Base Rent shall be partially abated as provided in Section 19a.
- d. If the Premises are to be repaired under this Article, Landlord shall repair at its cost any injury or damage to the Building and the Premises. Tenant shall be responsible at its sole cost and expense for the repair, restoration, and replacement of any other Leasehold Improvements and Tenant's Property, except where caused by the gross negligence and willful misconduct of Landlord (in which case Landlord shall be obligated to restore or repair the same). Except as provided herein, Landlord shall not be liable for any loss of business, inconvenience or annoyance arising from any repair or restoration of any portion of the Premises, Building, or Project as a result of any damage from fire or other casualty.
- e. This Lease shall be considered an express agreement governing any case of damage to or destruction of the Premises, Building, or Project by fire or other casualty, and any present or future law which purports to govern the rights of Landlord and Tenant in such circumstances in the absent of express agreement, shall have no application.

## 20. EMINENT DOMAIN.

- a. If the whole of the Building or Premises is lawfully taken by condemnation or in any other manner for any public or quasi-public purpose, this Lease shall terminate as of the date of such taking, and Rent shall be prorated to such date. If less than the whole of the Building or Premises is so taken, this Lease shall be unaffected by such taking, provided that (i) Tenant shall have the right to terminate this Lease by notice to Landlord given within ninety (90) days after the date of such taking if twenty percent (20%) or more of the Premises is taken or the remaining area of the Premises or parking area is not reasonably sufficient for Tenant to continue operation of its business in accordance with all laws and internal protocols, and (ii) Landlord shall have the right to terminate this Lease by notice to Tenant given within ninety (90) days after the date of such taking. If either Landlord or Tenant so elects to terminate this Lease, the Lease shall terminate on the thirtieth (30th) day after either such notice. The Rent shall be prorated to the date of termination. If this Lease continues in force upon such partial taking, the Base Rent and Tenant's Proportionate Share shall be equitably adjusted according to the remaining Rentable Area of the Premises and Project.
- b. In the event of any taking, partial or whole, all of the proceeds of any award, judgment, or settlement payable by the condemning authority shall be the exclusive property of Landlord, and Tenant hereby assigns to Landlord all of its right, title, and interest in any award, judgment, or settlement from the condemning authority. Tenant, however, shall have the right, to the extent that Landlord's award is not reduced or prejudiced, to claim from the condemning authority (but not from Landlord) such compensation as may be recoverable by Tenant in its own right for relocation expenses and damage to Tenant's personal property.
- c. In the event of a partial taking of the Premises which does not result in a termination of this Lease, Landlord shall restore the remaining portion of the Premises as nearly as practicable to its condition prior to the condemnation or taking. Tenant shall be responsible at its sole cost and expenses for the repair, restoration, and replacement of any other Leasehold improvements and Tenant's Property.

## 21. INDEMNIFICATION.

- a. a. Tenant shall indemnify and hold Landlord harmless against and from liability and claims of any kind for loss or damage to property of Tenant or any other person, or for any injury to or death of any person, arising out of: (1) Tenant's use and occupancy of the Premises, or any work, activity, or other things allowed or suffered by Tenant to be done in, on, or about the Premises; (2) any breach or default by Tenant of any of the Tenant's obligations under this Lease; or (3) any negligent or otherwise tortuous act or omission of Tenant, its agents, employees, invitees, or contractors. Tenant shall at Tenant's expense and by counsel satisfactory to Landlord, defend Landlord in any action or proceeding arising from any such claim and shall indemnify Landlord against all costs, attorneys' fees, expert witness fees, and any other expenses incurred in such action or proceeding. As a material part of the consideration for Landlord's execution of this Lease, Tenant hereby assumes all risk of damage or injury to any person or property in, on, or about the Premises. Tenant, however, shall not be required to indemnify or release Landlord for its own gross negligence, willful misconduct or breach of this Lease.
- b. Landlord shall not be liable for injury or damage which may be sustained by the person or property of Tenant, its employees, invitees, or customers or any other person in or about the Premises, caused by or resulting from fire, steam, electricity, gas, water, or rain which may leak or flow from or into any part of the Premises, or from the

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breakage, leakage, obstruction, or other defects of pipes, sprinklers, wires, appliances, plumbing, air conditioning, or lighting fixtures, whether such damage or injury results from conditions arising upon the Premises or upon other portions of the Building or Project or from other sources. Landlord shall not be liable for any damages arising from any act or omission of any other tenant of the Building or Project.

c.

## 22. TENANT'S INSURANCE.

- a. All insurance required to be carried by Tenant hereunder shall be issued by responsible insurance companies acceptable to Landlord and qualified to do business in the State (for avoidance of doubt, Landlord acknowledges that Tenant's current insurance program and the insurance companies providing such insurance are acceptable to Landlord). Each liability policy shall name Landlord, and at Landlord's request any mortgagee of Landlord, as an additional insured, as their respective interests may appear. Each policy shall contain (i) a cross-liability endorsement, (ii) a provision that such policy and the coverage evidenced thereby shall be primary and non-contributing with respect to any policies carried by Landlord and that any coverage carried by Landlord shall be excess insurance, and (iii) a waiver by the insurer of any right of subrogation against Landlord, its agents, employees, and representatives, which arises or might arise by reason of any payment under such policy or by reason of any act or omission of Landlord, its agents, employees, or representatives. A certificate of the insurer evidencing the existence and amount of each insurance policy required hereunder shall be delivered to Landlord before the Commencement Date, and thereafter within thirty (30) days after any demand by Landlord therefore as necessary to evidence continuing coverage. Tenant shall furnish Landlord with renewals or "binders" of any such policy prior to the expiration thereof. Tenant agrees that if Tenant does not maintain such insurance, Landlord may (but shall not be required to) procure said insurance on Tenant's behalf and charge the Tenant the premiums together with a twenty percent (20%) handling charge, payable upon demand. Tenant shall have the right to provide such insurance coverage pursuant to blanket policies obtained by the Tenant, provided such blanket policies expressly afford coverage to the Premises, Landlord, Landlord's mortgagee, and Tenant as required by this Lease.
- b. Beginning on the date Tenant is given access to the Premises for any purpose and continuing until expiration of the Term, Tenant shall procure, pay for and maintain in effect policies of casualty insurance covering (i) all Leasehold Improvements (including any alterations, additions, or improvements as may be made by Tenant pursuant to the provisions of Article 12 hereof), and (ii) trade fixtures, merchandise, and other personal property from time to time in, on, or about the Premises, in an amount not less than one hundred percent (100%) of their actual replacement cost from time to time, providing protection against any peril included within the classification "Fire and Extended Coverage" together with insurance against sprinkler damage, vandalism, and malicious mischief. The proceeds of such insurance shall be used for the repair or replacement of the property so insured. Upon termination of this Lease following a casualty as set forth herein, the proceeds under (i) above be paid to Landlord, and the proceeds under (ii) above be paid to Tenant.
- c. Beginning on the date Tenant is given access to the Premises for any purpose and continuing until expiration of the Term, Tenant shall procure, pay for, and maintain in effect worker's compensation insurance as required by law and comprehensive public liability and property damage insurance with respect to the construction of improvements on the Premises, the use, operation, or condition of the Premises, and the operations of Tenant in, on, or about the Premises, providing broad form property damage coverage for not less than Five Hundred Thousand Dollars (\$500,000) per person and One Million Dollars (\$1,000,000) each occurrence, and property damage liability insurance with a limit of not less than Two Hundred Fifty Thousand Dollars (\$250,000) each accident.
- d. Not less than every three (3) years during the Term, Landlord and Tenant shall review, and may mutually agree to increases in, Tenant's insurance policy limits for all insurance to be carried by Tenant as set forth in this Article. In the event Landlord and Tenant cannot mutually agree upon the amounts of said increases, then Tenant agrees that all insurance policy limits as set forth in this Article shall be adjusted for increases in the cost of living in the same manner as is set forth in Section 5.2 hereof for the adjustment of the Base Rent.

## 23. WAIVER OF SUBROGATION.

Landlord and Tenant each hereby waive all rights or recovery against the other and against the officers, employees, agents, and representatives of the other, on account of loss by or damage to the waiving party of its property or the property of others under its control, to the extent that such loss or damage is insured against under any fire and extended coverage insurance policy which either may have in force at the time of the loss or damage Tenant shall upon obtaining the policies of insurance required under this Lease, give notice to its insurance carrier or carriers that the foregoing mutual waiver of subrogation is contained in this Lease.

## 24. SUBORDINATION AND ATTORNMENT.

Upon written request of Landlord, or any first mortgagee or first deed of trust beneficiary of Landlord, or ground lessor of Landlord, Tenant shall, in writing, subordinate its rights under this Lease to the lien of any first mortgage or first deed of

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trust, or to the interest of any lease in which Landlord is lessee, and to all advances made or thereafter to be made thereunder. However, before signing any subordination agreement, Tenant shall have the right to obtain from any lender or lessor or Landlord requesting such subordination, an agreement in writing providing that, as long as Tenant is not in default hereunder, this Lease shall remain in effect for the full Term. The holder of any security interest may, upon written notice to Tenant, elect to have this Lease prior to its security interest regardless of the time of the granting or recording of such security interest.

In the event of any foreclosure sale, transfer in lieu of foreclosure, or termination of the lease in which Landlord is lessee, Tenant shall attorn to the purchaser, transferee, or lessor, as the case may be, and recognize that party as Landlord under this Lease provided such party acquires and accepts the Premises subject to this Lease.

## 25. TENANT ESTOPPEL CERTIFICATE.

Within thirty (30) days after written request from Landlord, Tenant shall execute and deliver to Landlord or Landlord's designee, a written statement certifying: (a) that this lease is unmodified and in full force and effect, or is in full force and effect as modified and stating the modifications; (b) the amount of Base Rent and the date to which Base Rent and additional rent have been paid in advance; (c) the amount of any security deposited with Landlord; and (d) based on Tenant's actual present knowledge, that Landlord is not in default hereunder or, if Landlord is claimed to be in default, stating the nature of any claimed default. Any such statement may be relied upon by a purchaser, assignee, or lender. Tenant's failure to execute and deliver such statement within the time required shall at Landlord's election be a default under this Lease and shall also be conclusive upon Tenant that: (1) this Lease is in full force and effect and has not been modified except as represented by Landlord; (2) there are no uncured defaults in Landlord's performance and that Tenant has not right of offset, counter-claim, or deduction against Rent; and (3) not more than one month's Rent has been paid in advance.

## 26. TRANSFER OF LANDLORD'S INTEREST.

In the event of any sale or transfer by Landlord of the Premises, Building, or Project, and assignment of this Lease by Landlord, Landlord shall be and is hereby entirely freed and relieved of any and all liability and obligations contained in or derived from this Lease arising out of any act, occurrence, or omission relating to the Premises, Building, Project, or Lease occurring after the consummation of such sale or transfer, providing the purchaser shall expressly assume all of the covenants and obligations of Landlord under this Lease. If any security deposit or prepaid Rent has been paid by Tenant, Landlord may transfer the security deposit or prepaid Rent to Landlord's successor and upon such transfer, Landlord shall be relieved of any and all further liability with respect thereto.

## 27. DEFAULT.

27.1. *Tenant's Default.* The occurrence of any one or more of the following events shall constitute a default and breach of this Lease by Tenant:

- a. If Tenant abandons the Premises; or
- b. If Tenant fails to pay any Rent or any other charges required to be paid by Tenant under this Lease and such failure continues for five (5) days after such payment is due and payable; or
- c. If Tenant fails to promptly and fully perform any other covenant, condition, or agreement contained in this lease and such failure continues for thirty (30) days after written notice thereof from Landlord to Tenant (provided, however, that if such covenant, condition or agreement is not capable of being remedied within such 30 day period, and Tenant is diligently pursuing the remediation or cure of such condition, such 30-day period shall be extended to allow a sufficient time period to address such condition, provided that the cure period, in the aggregate shall not exceed 60days); or
- d. If a writ of attachment or execution is levied on this Lease; or
- e. If Tenant makes a general assignment for the benefit of creditors, or provides for an arrangement, composition, extension or adjustment with its creditors; or
- f. If Tenant files a voluntary petition for relief or if a petition against Tenant in a proceeding under the federal bankruptcy laws or other insolvency laws is filed and not withdrawn or dismissed within forty-five (45) days thereafter, or if under the provisions of any law providing for reorganization or winding up of corporations, any court of competent jurisdiction assumes jurisdiction, custody, or control of Tenant or any substantial part of its property and such jurisdiction, custody, or control remains in force unrelinquished, unstayed, or unterminated for a period of forty-five (45) days; or
- g. If in any proceeding or action in which Tenant is not a party, a trustee, receiver, agent, or custodian is appointed to take charge of the Premises or Tenant's Property (or has the authority to do so) for the purpose of enforcing a lien against the Premises or Tenant's Property;

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- h. If Tenant is a partnership or consists of more than one (1) person or entity, if any partner of the partnership or other person or entity is involved in any of the acts or events described in subparagraphs d through g above; or

27.2. *Remedies.* In the event of Tenant's default hereunder, then, in addition to any other rights or remedies Landlord may have under any law, Landlord shall have the right, at Landlord's option, without further notice or demand of any kind to do the following:

- a. Terminate this Lease and Tenant's right to possession of the Premises and re-enter the Premises and take possession thereof, and Tenant shall have no further claim to the Premises or under this Lease; or
- b. Continue this Lease in effect, re-enter and occupy the Premises for the account of Tenant, and collect any unpaid Rent or other charges which have or thereafter become due and payable; or
- c. Re-enter the Premises under the provisions of subparagraph b and thereafter elect to terminate this Lease and Tenant's right to possession of the Premises.

If Landlord re-enters the Premises under the provisions of subparagraph b or c above, Landlord shall not be deemed to have terminated this Lease or the obligation of Tenant to pay any Rent or other charges thereafter accruing, unless Landlord notifies Tenant in writing of Landlord's election to terminate this Lease. In the event of any re-entry or retaking of possession by Landlord, Landlord shall have the right, but not the obligation, to remove all or any part of Tenant's Property in the Premises and to place such property in storage at a public warehouse at the expense and risk of Tenant. If Landlord elects to relet the Premises for the account of Tenant, the rent received by Landlord from such reletting shall be applied as follows: first, to the payment of any indebtedness other than Rent due hereunder from Tenant to Landlord; second, to the payment of any costs of such reletting; third, to the payment of the cost of any alterations or repairs to the Premises; fourth, to the payment of Rent due and unpaid hereunder; and the balance, if any, shall be held by Landlord and applied in payment of future Rent as it becomes due. If that portion of rent received from the reletting, which is applied against, the Rent due hereunder is less than the amount of the Rent due, Tenant shall pay the deficiency to Landlord promptly upon demand by Landlord. Such deficiency shall be calculated and paid monthly. Tenant shall also pay to Landlord, as soon as determined, any costs and expenses incurred by Landlord in connection with such reletting or in making alterations and repairs to the Premises, which are not covered by the rent received from the reletting.

Should Landlord elect to terminate this Lease under the provisions of subparagraph a or c above, Landlord may recover as damages from Tenant the following:

- (1.) *Past Rent.* The worth at the time of the award of any unpaid Rent which had been earned at the time of termination; plus
- (2.) *Rent Prior to Award.* The worth at the time of the award of the amount by which the unpaid Rent which would have been earned after termination until the time of award exceeds the amount of such rental loss that Tenant proves could have been reasonably avoided; plus
- (3.) *Rent After Award.* The worth at the time of the award of the amount by which the unpaid Rent for the balance of the Term after the time of award exceeds the amount of the rental loss that Tenant provides could be reasonably avoided; plus
- (4.) *Proximately Caused Damages.* Any other amount necessary to compensate Landlord for all detriment proximately caused by Tenant's failure to perform its obligations under this Lease or which in the ordinary course of things would be likely to result therefrom including, but not limited to, any costs or expenses (including attorneys' fees) incurred by Landlord in (a) retaking possession of the Premises, (b) maintaining the Premises after Tenant's default, (c) preparing the Premises for reletting to a new tenant, including any repairs or alterations, and (d) reletting the Premises, including broker's commissions. Except as expressly provided for in the preceding sentence, in no event shall Tenant be liable for consequential, punitive, speculative or special type damages, and Landlord expressly waives the same.

"The worth at the time of the award@ as used in subparagraphs 1 and 2 above is to be computed by allowing interest at the rate of ten percent (10%) per annum." The worth at the time of the award@ as used in subparagraph 3 above is to be computed by discounting the amount at the discount rate of the Federal Reserve Bank situated nearest to the Premises at the time of the award plus one percent (1%).

The waiver by Landlord of any breach of any term, covenant, or condition of this Lease shall not be deemed a waiver of such term, covenant, or condition or of any subsequent breach of the same or any other term, covenant, or condition. Acceptance of Rent by Landlord subsequent to any breach hereof shall not be deemed a waiver of any preceding breach other than the failure to pay the particular Rent so accepted, regardless of Landlord's knowledge of any breach at the time of such acceptance of Rent. Landlord shall not be deemed to have waived any term, covenant, or condition unless Landlord gives Tenant written notice of such waiver.

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27.3 *Landlord's Default.* If Landlord fails to perform any covenant, condition, or agreement contained in this Lease within thirty (30) days after receipt of written notice from Tenant specifying such default, or if such default cannot reasonably be cured within thirty (30) days, if Landlord fails to commence to cure within that thirty (30) day period, then Landlord shall be liable to Tenant for any damages sustained by Tenant as a result of Landlord's breach; provided, however, it is expressly understood and agreed that if Tenant obtains a money judgment against Landlord resulting from any default or other claim arising under this Lease, that judgment shall be satisfied only out of the rents, issues, profits, and other income actually received on account of Landlord's right, title, and interest in the Premises, Building, or Project, and no other real, personal, or mixed property of Landlord (or of any of the partners which comprise Landlord, if any) wherever situated, shall be subject to levy to satisfy such judgment. If, after notice to Landlord of default, Landlord (or any first mortgagee or first deed of trust beneficiary of Landlord) fails to cure the default as provided herein, then Tenant shall have the right to cure that default at Landlord's expense (which cost may be offset from Rent) or terminate the lease. Tenant shall not have the right to terminate this Lease, or to withhold, reduce, or offset any amount against any payments of Rent or any other charges due and payable under this Lease, except as otherwise specifically provided herein.

## 28. BROKERAGE FEES.

Tenant warrants and represents that it has not dealt with any real estate broker or agent in connection with this Lease or its negotiation except those noted in Section 2.c. Tenant shall indemnify and hold Landlord harmless from any cost, expenses, or liability (including costs of suit and reasonable attorneys' fees) for any compensation, commission, or fees claimed by any other real estate broker or agent in connection with this Lease or its negotiation by reason of any act of Tenant.

## 29. NOTICES.

All notices, approvals, and demands permitted or required to be given under this Lease shall be in writing and deemed duly served or given if personally delivered or sent by certified or registered U.S. mail, postage prepaid, and addressed as follows: (a) if to Landlord, to Landlord's Mailing Address and to the Building manager, and (b) if to Tenant, to Tenant's Mailing Address. Landlord and Tenant may from time to time by notice to the other designate another place for receipt of future notices.

## 30. GOVERNMENT ENERGY OR UTILITY CONTROLS.

In the event of imposition of federal, state, or local government controls, rules, regulations, or restrictions on the use or consumption of energy or other utilities during the Term, both Landlord and Tenant shall be bound thereby.

## 31. RELOCATION OF PREMISES.

Where Landlord reasonably determines that it is necessary for the benefit of the Building, Landlord or to otherwise comply with the terms of this Lease (including in the event of a casualty event), Landlord shall have the right to relocate the Premises to another part of the Building in accordance with the following:

- a. The new premises shall be substantially the same in size, dimension, configuration, decor and nature as the Premises described in this Lease, considering the improvements made in connection with this Lease, and if the relocation occurs after the Commencement Date, shall be placed in that condition by Landlord at its cost.
- b. Landlord shall give Tenant at least sixty (60) days written notice of Landlord's intention to relocate the Premises.
- c. As nearly as practicable, the physical relocation of the Premises shall take place on a weekend and shall be completed before the following Monday, and shall be undertaken at Landlord's expense. If the physical relocation has not been completed in that time, Base Rent shall abate in full from the time the physical relocation commences to the time it is completed. Upon completion of such relocation, the new premises shall become the "Premises" under this Lease.
- d. All reasonable costs incurred by Tenant as a result of the relocation shall be paid by Landlord.
- e. If the new premises are smaller than the Premises as it existed before the relocation, Base Rent shall be reduced proportionately; however, for avoidance of doubt, this provision is not intended to modify subsection a. above, and Tenant shall not be required to accept space that is substantially smaller than the Premises contemplated under this Lease.
- f. Following relocation, the parties hereto shall immediately execute an amendment to this Lease setting forth the relocation of the Premises and the reduction of Base Rent, if any.

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### 32. QUIET ENJOYMENT.

Tenant, upon paying the Rent and performing all of its obligations under this Lease, shall peaceably and quietly enjoy the Premises, subject to the terms of this Lease and to any mortgage, lease, or other agreement to which this Lease may be subordinate.

### 33. OBSERVANCE OF LAW.

Tenant shall not use the Premises or permit anything to be done in or about the Premises which will in any way conflict with any law, statute, ordinance or governmental rule or regulation now in force or which may hereafter be enacted or promulgated. Tenant shall, at its sole cost and expense, promptly comply with all laws, statutes, ordinances and governmental rules, regulations or requirements now in force or which may hereafter be in force, and with the requirements of any board of fire insurance underwriters or other similar bodies now or hereafter constituted, relating to, or affecting the condition, use or occupancy of the Premises, excluding structural changes not related to or affected by Tenant's improvements or acts. The judgment of any court of competent jurisdiction or the admission of Tenant in any action against Tenant, whether Landlord is a party thereto or not, that Tenant has violated any law, ordinance or governmental rule, regulation or requirement, shall be conclusive of that fact as between Landlord and Tenant. Landlord shall ensure that the Common Areas comply with all laws, statutes, ordinances and governmental rules, regulations or requirements now in force or which may hereafter be in force, and with the requirements of any board of fire insurance underwriters or other similar bodies now or hereafter constituted, relating to, or affecting the condition, use or occupancy of the Common Areas.

### 34. FORCE MAJEURE.

Any prevention, delay or stoppage of work to be performed by Landlord or Tenant which is due to strikes, labor disputes, inability to obtain labor, materials, equipment or reasonable substitutes therefore, acts of God, governmental restrictions or regulations or controls, judicial orders, enemy or hostile government actions, civil commotion, fire or other casualty, or other causes beyond the reasonable control of the party obligated to perform hereunder, shall excuse performance of the work by that party for a period equal to the duration of that prevention, delay or stoppage. Nothing in this Article 34 shall excuse or delay Tenant's obligation to pay Rent or other charges under this Lease.

### 35. CURING TENANT'S DEFAULTS.

If Tenant defaults in the performance of any of its obligations under this Lease beyond any period for cure, during the continuance of such uncured default, Landlord may (but shall not be obligated to) without waiving such default, perform the same for the account at the expense of Tenant. Tenant shall pay Landlord all costs of such performance promptly upon receipt of a bill therefore.

### 36. SIGN CONTROL.

Tenant shall not affix, paint, erect or inscribe any sign, projection, awning, signal or advertisement of any kind to any part of the Premises, Building or Project, including without limitation, the inside or outside of windows or doors, without the written consent of Landlord. Landlord shall have the right to remove any signs or other matter, installed without Landlord's permission, without being liable to Tenant by reason of such removal, and to charge the cost of removal to Tenant as additional rent hereunder, payable within ten (10) days of written demand by Landlord. However, Tenant shall have the right to maintain all signs in the locations currently existing as of the Commencement Date.

### 37. MISCELLANEOUS.

- a. *Accord and Satisfaction; Allocation of Payments:* No payment by Tenant or receipt by Landlord of a lesser amount than the Rent provided for in this Lease shall be deemed to be other than on account of the earliest due Rent, nor shall any endorsement or statement on any check or letter accompanying any check or payment as Rent be deemed an accord and satisfaction, and Landlord may accept such check or payment without prejudice to Landlord's right to recover the balance of the Rent or pursue any other remedy provided for in this Lease. In connection with the foregoing, Landlord shall have the absolute right in its sole discretion to apply any payment received from Tenant to any account or other payment of Tenant then not current and due or delinquent.
- b. *Addenda:* If any provision contained in an addendum to this Lease is inconsistent with any other provision herein, the provision contained in the addendum shall control, unless otherwise provided in the addendum.
- c. *Attorneys' Fees:* If any action or proceeding is brought by either party against the other pertaining to or arising out of this Lease, the finally prevailing party shall be entitled to recover all costs and expenses, including reasonable attorneys' fees, incurred on account of such action or proceeding.
- d. *Captions, Articles and Section Numbers:* The captions appearing within the body of this Lease have been inserted as a matter of convenience and for reference only and in no way define, limit or enlarge the scope or meaning of this Lease. All references to Article and Section numbers refer to Articles and Sections in this Lease.

\_\_\_\_\_ District \_\_\_\_\_ Recipient

- e. *Intentionally Omitted.*
- f. *Choice of Law:* This Lease shall be construed and enforced in accordance with the laws of the State of California.
- g. *Consent:* Notwithstanding anything contained in this Lease to the contrary, Tenant shall have no claim, and hereby waives the right to any claim against Landlord for money damages by reason of any refusal, withholding or delaying by Landlord of any consent, approval or statement of satisfaction, and in such event, Tenant's only remedies therefore shall be an action for specific performance, injunction or declaratory judgment to enforce any right to such consent, etc.
- h. *Corporate Authority:* Each individual signing this Lease on behalf of Tenant or Landlord represents and warrants that he is duly authorized to execute and deliver this lease on behalf of the corporation, and that this Lease is binding on Landlord or Tenant, as applicable, in accordance with its terms.
- i. *Counterparts:* This Lease may be executed in multiple counterparts, all of which shall constitute one and the same Lease.
- j. *Execution of Lease; No Option:* The submission of this Lease to Tenant shall be for examination purposes only, and does not and shall not constitute a reservation of or option for Tenant to lease, or otherwise create any interest of Tenant in the Premises or any other premises within the Building or Project. Execution of this Lease by Tenant and its return to Landlord shall not be binding on Landlord notwithstanding any time interval, until Landlord has in fact signed and delivered this Lease to Tenant.
- k. *Furnishing of Financial Statements; Tenant's Representations:* Tenant has previously provided information to Landlord regarding Tenant's current financial condition. Notwithstanding the foregoing or any provision of the Lease to the contrary, in no event shall Tenant be required to provide sales reports or other financial reports relating to activities from or within the Premises. So long as Tenant is an affiliate of Tenet Healthcare Corporation and Tenet Healthcare Corporation remains a publicly traded corporation, Tenant shall not be required to provide financial statements to Landlord.
- l. *Further Assurances:* The parties agree to promptly sign all documents reasonably requested to give effect to the provisions of this Lease.
- m. *Mortgagee Protection:* Tenant agrees to send by certified or registered mail to any first mortgagee or first deed of trust beneficiary of Landlord whose address has been furnished to Tenant, a copy of any notice of default served by Tenant on Landlord. If Landlord fails to cure such default within the time provided for in this Lease, such mortgagee or beneficiary shall have an additional thirty (30) days to cure such default; provided that if such default cannot reasonably be cured within that thirty (30) day period, then such mortgagee or beneficiary shall have such additional time to cure the default as is reasonably necessary under the circumstances.
- n. *Prior Agreements; Amendments:* This Lease contains all of the agreements of the parties with respect to any matter covered or mentioned in this Lease, and no prior agreement or understanding pertaining to any such matter shall be effective for any purpose. No provisions of this Lease may be amended or added to except by an agreement in writing signed by the parties or their respective successors in interest.
- o. *Recording:* Tenant shall not record this Lease without the prior written consent of Landlord. Tenant, upon the request of Landlord, shall execute and acknowledge a "short form" memorandum of this Lease for recording purposes.
- p. *Severability:* A final determination by a court of competent jurisdiction that any provision of this Lease is invalid shall not affect the validity of any other provision, and any provision so determined to be invalid shall, to the extent possible, be construed to accomplish its intended effect.
- q. *Successors and Assigns:* This Lease shall apply to and bind the heirs, personal representatives, and permitted successors and assigns of the parties.
- r. *Time of the Essence:* Time is of the essence of this Lease.
- s. *Waiver:* No delay or omission in the exercise of any right or remedy of Landlord upon any default by Tenant shall impair such right or remedy or be construed as a waiver of such default.
- t. *Compliance:* The parties hereto agree to comply with all applicable federal, state and local laws, regulations, codes, ordinances and administrative orders having jurisdiction over the parties, property or the subject matter of this Agreement, including, but not limited to, the 1964 Civil Rights Act and all amendments thereto, the Foreign Investment In Real Property Tax Act, the Comprehensive Environmental Response Compensation and Liability Act, and The Americans With Disabilities Act.

\_\_\_\_\_ District      \_\_\_\_\_ Recipient

The receipt and acceptance by Landlord of delinquent Rent shall not constitute a waiver of any other default; it shall constitute only a waiver of timely payment for the particular Rent payment involved.

No act or conduct of Landlord, including, without limitation, the acceptance of keys to the Premises, shall constitute an acceptance of the surrender of the Premises by Tenant before the expiration of the Term. Only a written notice from Landlord to Tenant shall constitute acceptance of the surrender of the Premises and accomplish a termination of the Lease.

Landlord's consent to or approval of any act by Tenant requiring Landlord's consent or approval shall not be deemed to waive or render unnecessary Landlord's consent to or approval of any subsequent act by Tenant.

Any waiver by Landlord of any default must be in writing and shall not be a waiver of any other default concerning the same or other provision of the Lease.

The parties hereto have executed this Lease as of the dates set forth below.

Date:	_____	Date:	_____
Landlord:	<u>Desert Healthcare District</u>	Tenant:	<u>Tenet Healthsystem Desert, Inc.</u>
	<u>dba: Las Palmas Medical Plaza</u>		
By:	<u>Chris Christensen</u>	By:	_____
Signature:	_____	Signature:	_____
Title:	<u>Interim CEO</u>	Title:	_____

CONSULT YOUR ADVISORS This document has been prepared for approval by your attorney. No representation or recommendation is made as to the legal sufficiency or tax consequences of this document or the transaction to which it relates. These are questions for your attorney.

\_\_\_\_\_

In any real estate transaction, it is recommended that you consult with a professional, such as a civil engineer, industrial hygienist or other person, with experience in evaluating the condition of the property, including the possible presence of asbestos, hazardous materials and underground storage tanks.

\_\_\_\_\_ District \_\_\_\_\_ Recipient

EXHIBIT "A"

RULES AND REGULATIONS

1. No sign, placard, pictures, advertisement, name or notice shall be inscribed, displayed or printed or affixed on or to any part of the outside or inside of the Building (excluding the interior of the Premises) without the written consent of Landlord first had and obtained and Landlord shall have the right to remove any such sign, placard, picture, advertisement, name or notice not consented to by Landlord without notice to and at the expense of Tenant.

All approved signs or lettering on entry door and directory shall be printed, painted, affixed, or inscribed at the expense of Landlord by a person approved by Landlord outside the Premises; provided, however, that Landlord may furnish and install a Building standard interior window covering at all exterior windows. Tenant may, if not provided by Landlord, provide privacy screens on any window in order to protect patient privacy and all PHI.

2. The sidewalks, halls, passages, exits, entrances, elevators and stairways shall not be obstructed by any of the tenants or used by them for any purpose other than for ingress and egress from their respective Premises.
3. Tenant shall not alter any lock or install any new or additional locks or any bolts on any doors or windows of the Premises, except as necessary to protect PHI.
4. The toilet rooms, urinals, wash bowls and other apparatus shall not be used for any purpose other than that for which they were constructed and no foreign substance of any kind whatsoever shall be thrown therein and the expense of any breakage, stoppage or damage resulting from the violation of the rule shall be borne by the Tenant who, or whose employees or invitees, shall have caused it.
5. Tenant shall not overload the floor of the Premises or in any way deface the Premises or any part thereof.
6. Landlord shall have the right to prescribe the weight, size and position of all safes and other heavy equipment brought into the Building and also the times and manner of moving the same in and out of the Building. Safes or other heavy objects shall, if considered necessary by Landlord, stand on supports of such thickness as is necessary to properly distribute the weight. Landlord will not be responsible for loss of or damage to any such safe or property from any cause and all damage done to the Building by moving or maintaining any such safe or other property shall be repaired at the expense of Tenant.
7. Tenant shall not use, keep or permit to be used or kept any foul or noxious gas or substances in the Premises, or permit or suffer the Premises to be occupied or used in a manner reasonably offensive or objectionable to Landlord or other occupants of the Building by reason of noise, odors and/or vibrations, or unreasonably interfere with other tenants or those having business therein, nor shall any animals or birds be brought in or kept in or about the Premises of the Building.
8. The Premises shall not be used for storage of merchandise, for washing clothes, for lodging or for any improper, objectionable or immoral purposes. Food service within the Premises shall be limited to coffee, microwave reheating, food delivery and other typical office uses. Food items must be secured in containers for clean and healthy conditions.
9. Tenant shall not use or keep in the Premises or the Building any kerosene, gasoline or inflammable or combustible fluid or material, or use any method of heating or air conditioning other than that supplied by Landlord.
10. Landlord will direct electricians as to where and how telephone and telegraph wires are to be introduced. No boring or cutting for wires will be allowed without the consent of the Landlord. The location of telephones, call boxes and other office equipment affixed to the Premises shall be subject to the approval of Landlord.
11. Tenant shall have access to the Building and Premises 24-hours a day, seven days a week. However, on Saturdays, Sundays and legal holidays, and on other days between the hours of 6:00 p.m. and 8:00 a.m. the following day, access to the Building or to the halls, corridors, elevators or stairways in the Building, or to the Premises may be refused unless the person seeking access is known to the person or employee of the Building in charge and has a pass or is properly identified. The Landlord shall in no case be liable for damages for any error with regard to the admission to or exclusion from the Building of any person. In case of invasion, mob, riot, public excitement, or other commotion, the Landlord reserves the right to prevent access to the Building during the continuance of the same by closing of the doors or otherwise, for the safety of the tenants and protection of property in the Building and the Building.
12. Landlord reserves the right to exclude or expel from the Building any person who, in the judgment of Landlord, is intoxicated or under the influence of liquor or illegal drugs, or who shall in any manner do any act in violation of any of the rules and regulations of the Building.
13. No vending machine or machines of any description shall be installed, maintained or operated upon the Premises without the written consent of the Landlord.

\_\_\_\_\_ District \_\_\_\_\_ Recipient



- 14. Landlord shall have the right, exercisable without notice and without liability to Tenant, to change the name and street address of the Building of which the Premises are a part.
- 15. Tenant shall not disturb, solicit, or canvass any occupant of the Building and shall cooperate to prevent same.
- 16. Without the written consent of Landlord, Tenant shall not use the name of the Building in connection with or in promoting or advertising the business of Tenant except as Tenant's address or to provide general directions to Tenant's Premises.
- 17. Landlord shall have the right to control and operate the public portions of the Building, and the public facilities, and heating and air conditioning, as well as facilities furnished for the common use of the tenants, in such manner as it deems best for the benefit of the tenants generally.
- 18. All entrance doors in the Premises shall be left locked when the Premises are not in use, and all doors opening to public corridors shall be kept closed except for normal ingress and egress from the Premises.

\_\_\_\_\_  
Landlord's Initials

\_\_\_\_\_  
Tenant's Initials

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\_\_\_\_\_ District \_\_\_\_\_ Recipient

ADDENDUM

Addendum to that certain Office Building Lease dated July 01, 2023, by and between Desert Healthcare District doing business as the Las Palmas Medical Plaza, as Landlord and Tenet HealthSystem Desert, Inc., as Tenant for the property commonly known as Las Palmas Medical Plaza located 555 E. Tachevah Drive, Palm Springs, California 92262.

Page 1

LANDLORD AND TENANT ACKNOWLEDGE AND AGREE THAT IN THE EVENT OF ANY INCONSISTENCY BETWEEN THE ADDENDUM LANGUAGE AND THE BODY OF THE LEASE, THE ADDENDUM LANGUAGE SHALL PREVAIL.

- 1. Commencement Date: May 1, 2024
- 2. Expiration Date: April 30, 2029
- 3. Rent Schedule:
 

5/1/2024 – 4/30/2025	\$23,077.12
5/1/2025 – 4/30/2026	\$23,769.43*
5/1/2026 – 4/30/2027	\$24,482.52*
5/1/2027 – 4/30/2028	\$25,216.99*
5/1/2028 – 4/30/2029	\$25,973.50*

\*Estimate: Increase to be greater of 3% or CPI (not to exceed 5%)

- 4. CAMs: \$.86 per square foot (NNN), subject to adjustment each calendar year as provided for in the Lease

5. **Tenant Audit Rights.** Except in the case of fraud or willful misrepresentation, any objection by Tenant to a statement of Operating Costs provided by Landlord or to any information reported in it shall be deemed waived if not raised by notice to Landlord within 1 year after delivery of the statement. After giving such notice, Tenant shall have the right to audit Landlord's books and records with regard to Operating Costs for the calendar year to which the statement relates. Such audit shall occur at the location of Landlord's accounting records, during Landlord's regular business hours and on reasonable prior notice. The audit may be conducted by Tenant's employee or a reputable certified public accountant that has experience reviewing financial operating records of office building landlords, provided that neither shall be retained on a contingency or performance bonus basis. The audit must be completed not later than 90 business days after such books and records are made available for inspection. Any audit report prepared by Tenant's auditor shall be delivered concurrently to Landlord and Tenant within the 90-day period.

Either party may dispute the results of such audit by giving notice to the other within 30 days of receipt of the full complete audit report. Landlord and Tenant shall negotiate in good faith to resolve the dispute. The audit shall be performed at Tenant's sole cost and expense, unless after resolution of all disputes it is determined that Tenant's proportionate share of any item of operating costs shown on the disputed statement of Operating Costs exceeds the correct amount by more than five percent (5%) of the amount shown on the disputed statement, in which case Landlord shall pay reasonable and verifiable costs and expenses relating to the audit.

- 6. Security Deposit: Carryover of previous deposit of Thirteen Thousand, One Hundred Twelve and 00/100 Dollars (\$13,112.00).

7. **Exclusion from Operating Costs.** The following items to be excluded from operating costs: (a) ground lease rent; (b) depreciation and amortization; (c) marketing costs (including attorneys' fees, space planners' fees, real estate brokers' commissions, marketing and advertising expenses) incurred in connection with negotiation and preparation of letters, deal memos, letters of intent, leases, subleases, assignments or other transactions with present or prospective tenants or other occupants of the Building; (d) costs or expenses resulting from the violation of this Lease by Landlord, or the violation of other tenants of the provisions of their leases (excepting, however, the cost of any reasonable insurance deductible permitted by this Lease, if such violation results in an insured loss); (e) overhead and profit increment paid to Landlord or to subsidiaries or affiliates of Landlord for goods or services in the Building to the extent same exceeds the costs of such services rendered by unaffiliated third parties on a competitive basis; (f) interest, principal,

points and fees on debts, or amortization on any mortgage (first or otherwise) or other debt instrument encumbering the Building or the real property on which it is situated; (g) costs arising from the negligence or fault of: other tenants; Landlord or Landlord's agents; or, any vendors, contractors or providers of materials or services selected, hired or engaged by Landlord or Landlord's agents (including, without limitation, the selection of building materials); (h) Landlord's charitable or political contributions; or (i) wages and costs of personnel that furnish services to the Building and other properties owned by Landlord or its affiliates, unless such wages and costs are equitably apportioned between the Building and such other properties. By way of example, it is understood this would exclude general repairs and services to HVAC units throughout the Las Palmas Medical Plaza.

8. **Compliance.** Landlord and Tenant enter into this Lease with the intent of conducting their relationship and implementing the agreements contained herein in full compliance with applicable federal, state and local law, including without limitation, the Medicare/Medicaid Anti-Kickback statute (the "Anti-Kickback Law") and Section 1877 of the Social Security Act (the "Stark Law"), as amended. Notwithstanding any unanticipated effect of any of the provisions of this Lease, neither party will intentionally conduct itself under the terms of this Lease in a manner that would constitute a violation of the Anti-Kickback Law or the Stark Law. Without limiting the generality of the foregoing, Landlord and Tenant expressly agree that nothing contained in this Lease shall require either party to refer any patients to the other, or to any affiliate or subsidiary of the other. If any legislation, regulation or government policy is passed or adopted, the effect of which would cause either party to be in violation of such laws due to the existence of any provision of this Lease, then Landlord and Tenant agree to negotiate in good faith to modify the terms of this Lease to comply with applicable law.
  
9. **Early Termination.** Landlord, as ground lessor, and Tenet HealthSystem Desert, Inc., as ground lessee, are parties to that certain Hospital Lease Agreement dated May 30, 1997 (the "Ground Lease"). Tenant is an affiliate of Tenet HealthSystem Desert, Inc. ("Ground Lessee"), and would not have a need for the Premises or its operations, or otherwise be a tenant of Landlord, but for the existence of the Ground Lease. Accordingly, if at any time the Ground Lease terminates, for any reason other than a termination by Landlord pursuant to Section 8.4(a) of the Ground Lease following a material and uncured event of default by Ground Lessee, then Tenant shall have the immediate right to terminate this Lease upon not less than 60 days notice to Landlord. In such event, Tenant shall specify the termination date in Tenant's notice to Landlord, and upon such date Tenant shall surrender the Premises to Landlord in accordance with Section 18, this Lease shall automatically terminate (with such specified date becoming the Termination Date hereunder).

[Signature Page to Follow]

*The foregoing is hereby agreed to and accepted:*

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

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

Landlord: Desert Healthcare District  
dba: Las Palmas Medical Plaza

Tenant: Tenet Healthsystem  
Desert, Inc.

By: Chris Christensen

By: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: Interim CEO

Title: \_\_\_\_\_

DRAFT

<b>Summary report:</b>	
<b>Litera Compare for Word 11.4.0.111 Document comparison done on 3/20/2024 5:04:35 PM</b>	
<b>Style name:</b> Default Style	
<b>Intelligent Table Comparison:</b> Active	
<b>Original DMS:</b> iw://WORKSITE.US.DENTONS.COM/US_ACTIVE/125015014/4	
<b>Modified DMS:</b> iw://WORKSITE.US.DENTONS.COM/US_ACTIVE/125015014/5	
<b>Changes:</b>	
<u>Add</u>	132
<u>Delete</u>	113
<u>Move From</u>	0
<u>Move To</u>	0
<u>Table Insert</u>	0
<u>Table Delete</u>	1
<u>Table moves to</u>	0
<u>Table moves from</u>	0
Embedded Graphics (Visio, ChemDraw, Images etc.)	0
Embedded Excel	0
Format changes	0
<b>Total Changes:</b>	<b>246</b>

DRAFT



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: April 23, 2024  
To: Board of Directors  
Subject: Addendum #1 to the Security Agreement with Green Security Solutions to provide security services for Las Palmas Medical Plaza extending to May 31, 2025.

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**Staff recommendation:**

Consideration to approve an addendum to the Security Agreement for Green Security Solutions to provide security services for Las Palmas Medical Plaza, extending to May 31, 2025.

**Background:**

- The Board approved a security agreement with Green Security Solutions June 1, 2023 to provide security services at the Las Palmas Medical Plaza.
- Security service upgrades have included camera recording and live viewing, in addition to a combination of on-site security personnel.
- These services provided by Green Security have substantially improved the security at the medical plaza.
- Staff recommends continuing the security service with Green Security Solutions for second year with no cost increase.
- At the April 10, 2024, Finance & Administration Committee meeting, the Committee recommended forwarding the Addendum for approval by the full Board.
- Staff recommends approval of the draft addendum to the security agreement for the period June 1, 2024 – May 31, 2025.
- Draft Addendum #1 is attached for your review.

**Fiscal Impact:**

No cost increase. \$11,954.66 per month and will be included in the Las Palmas Medical Plaza FY24-25 annual budget.

NOTE: The security fees are charged to the LPMP tenants through the CAM fees.

**LAS PALMAS MEDICAL PLAZA  
SECURITY AGREEMENT  
ADDENDUM #1**

This Security Agreement (“Agreement”) was entered into on June 1, 2023, by and between Desert Healthcare District (“District”), a public agency organized and operating pursuant to California Health and Safety Code section 32000 et seq., and Green Security Solutions (“Green”) as follows:

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

1. This Addendum extends and revises the termination date in Section 1 to May 31, 2025.
2. All other terms and conditions of the original agreement remain unchanged.

“District”:

Desert Healthcare District

“Consultant”:

Green Security Solutions

By: \_\_\_\_\_  
Chris Christensen  
Interim CEO

By: \_\_\_\_\_  
Cody Lowe  
Owner

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

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



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

Date: April 23, 2024  
To: Board of Directors  
Subject: Services Agreement with Van Surveying to provide survey services to design a drainage plan at the Las Palmas Medical Plaza. \$13,200

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**Staff recommendation:**

Consideration to approve a services agreement with Van Surveying to provide survey services to design a drainage plan at the Las Palmas Medical Plaza. \$13,200.

**Background:**

- Whenever Palm Springs receives moderate to heavy rain, some first-floor suites at the Las Palmas Medical Plaza receive water intrusion.
- During drought years, this is not an issue.
- However, with the previous 2 years and the significant rain, the medical plaza has experienced recurring water intrusion issues.
- Each episode causes disruption to tenant's business and repairs that can cost the District upwards to \$20,000.
- Staff would like to pursue a long-term solution to this issue.
- Staff is working with Chris Mills, a long-time architect and designer for the medical plaza, to facilitate a design plan and ultimate completion of grading that would resolve the drainage issue.
- Included for review is a services agreement with Van Surveying, Inc. who is a reputable engineering firm in the District.
- At the April 10, 2024, Finance & Administration Committee meeting, the Committee recommended forwarding the agreement for approval by the full Board, with a request to include additional estimates if available.
- Staff received communication from Chris Mills that he had encountered difficulty obtaining additional estimates which included the specifics of the scope of work and that he did not anticipate receiving any additional estimates.
- Staff recommends approval of the services agreement with Van Surveying, Inc. at a cost of \$13,200.

**Fiscal Impact:**

Capitalized costs of \$13,200.





# VAN SURVEYING, INC.

LAND SURVEYING-MAPPING-CONSTRUCTION STAKING

PO BOX 2250, RANCHO MIRAGE, CA 92270

Phone (760)323-1047 Cell (760)250-4465 email vansurveying@gmail.com

## AUTHORIZATION FOR SERVICE

<b>CLIENT:</b> c/o Chris Mills	<b>JOB NUMBER:</b>
<b>COMPANY:</b> Las Palmas Medical Plaza	<b>DATE REQUESTED:</b> 9/07/23
<b>ADDRESS:</b> 555 E. Tachevah Drive	<b>REQUESTED BY:</b> Chris
Palm Springs, CA 92264	<b>PHONE:</b> 760.408.7767
<b>EMAIL:</b>	<b>CELL:</b>
<b>BILL TO:</b>	<b>PO NUMBER:</b>
	<b>TIME &amp; MATERIALS:</b>
	<b>CONTRACT AMOUNT:</b> 1) \$8400 2) \$4800
<b>PROJECT LOCATION:</b>	
Address Above	
<b>SCOPE OF SERVICES TO BE PROVIDED:</b>	
1)Design Survey consisting of locating buildings, knee walls, concrete pads, visible utilities, large vegetation, curb/paving, shooting spot elevations and preparing design drawing to be used by others.	
2)Construction Staking	
<b>REMARKS:</b>	
We Request a \$3400 deposit prior to beginning said work with balance due upon completion.	
<b>VAN SURVEYING, INC.:</b>	<b>AUTHORIZED BY:</b>
<b>PREPARED BY:</b> Steven J. Van, P.L.S.	<b>TITLE:</b>
Reg. #6500, Exp. 6/30/25	<b>FIRM:</b>
<b>DATE:</b> 9/11/23	<b>DATE:</b>

**PLEASE NOTE:** Payment for Professional Services rendered shall be due UPON PRESENTATION OF INVOICE. Except as otherwise provided by written agreement, a charge of one and one half percent (1.5%) per month will be added 30 days from the date of invoice. Should legal action become necessary to enforce the terms of this agreement, the prevailing party shall be entitled to reasonable attorney's fees and costs. TERMS AND CONDITIONS AS OUTLINED IN THE ATTACHED PROVISIONS OF AGREEMENT SHALL APPLY.

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**PROVISIONS OF AGREEMENT**

1. **Las Palmas Medical Plaza** (Client) and Van Surveying, Inc. (Consultant) bind themselves, their partners, successors, executors', administrators, and assigns to all of the terms, conditions, and Scope of Work of this agreement.
2. It is understood that there are no oral agreements between the parties hereto affecting this Agreement and this Agreement supersedes and cancels any and all previous negotiations, arrangements, agreements, and understandings, if and between the Parties, and none shall be used to interpret this Agreement. This Agreement may be amended at any time by the mutual consent of the Parties by an instrument in writing.
3. For any work performed which is outside the original Scope of Work of this agreement, when directed by Client's duly authorized representative or agent in writing, the Consultant will be entitled to compensation on a time and materials basis.
4. In the event any provision of this agreement shall be held to be invalid and unenforceable, the other provisions of this agreement shall be valid and binding on the parties hereto.
5. The Consultant is not responsible for delay, nor shall Consultant be responsible for damages or be in default or deemed to be in default by reason of strikes, lockouts, accidents, or acts of God; or the failure of Client to furnish timely information or to approve or disapprove Consultant's work promptly; or delay or faulty performance by Client, other contractors, or governmental agencies; or any other delays beyond Consultant's reasonable control.
6. Consultant shall not be liable for damages resulting from the actions or inactions of governmental agencies including but not limited to permit processing, environmental impact reports, dedications, general plans and amendments thereto, zoning matters, annexations or consolidations, use or conditional use permits, and building permits; and Consultant shall only act as an advisor in all governmental relations.
7. In the event that, pursuant to this agreement, any governmental agency changes its ordinances, policies, procedures, or requirements after the date of this agreement, any additional work incurred due to these changes shall be treated as extra work and billed on an hourly basis.
8. All original papers and documents, and copies thereof, produced as a result of this contract, except documents which are required to be filed with public agencies, shall remain the property of the Consultant and may be used by Consultant without the consent of Client. Copies shall be provided to the Client and/or his authorized agent upon request.
9. In the event that any changes are made in the plans and specifications by the Client or persons other than the Consultant, which affect the Consultant's work, and all liability arising out of such changes is waived as against the Consultant and the Client assumes full responsibility for such changes unless Client has given Consultant prior notice and has received from consultant a written consent for such changes.
10. Plans prepared by the Consultant commonly show the location of existing underground utilities in an approximate way only. Client agrees that in accordance with generally accepted construction practices, the construction contractor shall determine the exact location of all existing utilities before commencing work and shall be fully responsible for any and all damages occasioned by this failure to locate and preserve said utilities.

Client \_\_\_\_\_ Consultant \_\_\_\_\_  
Van Surveying, Inc.

11. All fees and other charges will be billed monthly and shall be due at the time of billing unless otherwise specified in agreement. A mechanics lien may be filed for any invoice remaining unpaid after thirty (30) days from date of invoice.
12. Client hereby agrees that the balance as stated on the billing from the Consultant to Client is correct, conclusive, and binding on the Client unless Client within ten (10) days from the date of the making of the billing notifies Consultant in writing of the particular time that is alleged to be incorrect.
13. A late payment finance charge will be computed at the periodic rate of 1.5% per month, which is an annual percentage rate of 18% (or a minimum of \$10.00) and will be applied to any unpaid balance commencing 30 days after the date of the original invoice.
14. Unless otherwise specified in this Agreement, Consultant shall be entitled to payment of all outstanding invoices (or 85% of total design fee, if fixed price contract) prior to submittal of drawings to review agencies for plan checking. Consultant reserves the right to withhold release of plans until such payments are received.
15. Payment is not contingent on any loan of any type in existence or any loan to be funded in the future. Client represents that it has adequate funds for the payment of Consultant's fees, and the validity of this agreement is not dependent upon Client obtaining financing.
16. It is the practice of this office, when providing services to closely held corporations, partnerships, or limited liability companies, to require the major shareholders, partners or members to assume responsibility for payment of our fees in the event the entity does not have sufficient resources. Your signature on this agreement constitutes your personal guarantee.
17. Staking Services will be provided at no less than a 4-hour minimum for each jobsite trip. If called to perform Contract Services on tasks requiring less time, the difference in time will be treated as extra services and billed hourly.
18. In the event that any staking is destroyed by an act of God or parties other than Consultant, the cost of re-staking shall be paid for by Client as extra work and billed hourly.
19. Client agrees that in performing an ALTA/NSPS Land Title Survey in accordance with this agreement, Consultant is required to sign a statement on the survey documents. In the event that Consultant is asked to sign any statement differing from the statement as shown in the current standards, Client hereby agrees to indemnify and hold Consultant harmless from any and all liability arising from or resulting from the signing of such different statement.
20. Client acknowledges and agrees that if Consultant provides Surveying Services, which require the filing of a Record of Survey in accordance with Business and Professions Code Section 8762, all costs of preparation, examination and filing of such Record of Survey will be paid for by Client as extra services.
21. Contract fees presented in this Agreement shall be for scope of services specified. Assistance provided Client after plans are completed such as responding to contractor inquiries, assisting with bidding process, explaining and/or interpreting design documents, coordinating with utility companies, providing cost estimates other than as described under Basic Services and providing construction support services other than normal construction staking services, shall be billed as Additional Services in accordance with prevailing hourly fee schedule.

Client \_\_\_\_\_ Consultant \_\_\_\_\_  
Van Surveying, Inc.

22. Consultant fully intends to use state of the art communications devices as possible, i.e., e-mail, document transfer by computer, cellular telephones, and facsimile transfers. The use of such devices under current technology may place your confidences and privileges at risk. The effectiveness involved in use of these devices outweighs the risk of accidental disclosure. Your signature on this agreement constitutes your consent to the use of these devices.
23. The Client shall pay the costs of checking and inspection fees, zoning and annexation application fees, assessment fees, soils engineering fees, soils testing fees, aerial topography fees, and all other fees, permits, bond premiums, title company charges, blueprints and reproductions, and all other charges not specifically covered by the terms of this agreement. Any such charges prepaid by consultant shall be invoiced to Client at 1.2 times actual cost.
24. Consultant has the right to complete all Services agreed to be rendered pursuant to this contract. In the event this Agreement is terminated before the completion of all Services, unless Consultant is responsible for the early termination, Client agrees to pay Consultant the full contract price and that any such termination shall automatically release Consultant from any and all liability for Services performed.
25. In the event Client fails to pay Consultant within thirty (30) days after invoices are rendered, Client agrees that Consultant shall have the right to consider said default a total breach of this agreement and, upon written notice, the duties, obligations, and responsibilities of the Consultant under this agreement are terminated. In such event, Client shall then promptly pay the Consultant for all the fees, charges, and services provided by consultant.
26. The Client shall have the right to terminate this agreement without cause, upon ten (10) working days advance written notice to the Consultant.
27. The Consultant may terminate this agreement upon ten (10) working days advance written notice to the Client without cause.
28. In the event this agreement is terminated by any party for any reason, the Consultant shall be paid by the Client for all services provided on the time and material basis of work completed and not previously paid for, on the date notice of termination is given. Should dispute arise between the parties as to the work completed by the Consultant the Client shall have the right to audit the cost records and time records of the Consultant to the extent that they relate to the services provided hereunder.
29. Deposits, retainers and/or advance fees shall be deemed earned upon receipt and credited against final payment.
30. This agreement shall include an automatic escalation of 5% of the unbilled amount effective each one-year anniversary from the date of this agreement.
31. If a breach of this agreement occurs and any party to this Agreement is required to initiate or defend or is made a party to any action or proceeding to enforce this Agreement, the prevailing party in such action or proceeding, in addition to any other relief which may be granted, whether legal or equitable, shall be entitled to reasonable attorney's fee, whether or not the matter proceeds to judgment. This paragraph shall only apply if the breaching party has been given written notice and an adequate time to correct the breach before any action or proceeding is initiated.

Client \_\_\_\_ Consultant \_\_\_\_  
Van Surveying, Inc.

32. This Agreement may be executed in any number of counterparts, any of which shall be deemed to be the original if fully executed, as shall any photocopies or facsimiles of any such counterparts.
33. The provisions of this Agreement shall be governed by the laws of the State of California.

**Client Responsibilities**

1. Client shall provide access to the site.
2. Client to provide current Preliminary Title Report(s) for all property involved in project.
3. Client will require any construction contractors to indemnify Consultant from any and all losses, damages, claims, expenses, including attorney's fees, and costs arising out of the contractor's work, except only losses, damages, claims, expenses including attorney's fees, and costs which are caused by the sole negligence or willful misconduct of consultant in performing its services under this agreement. Client will require that the construction contractors add Consultant as an additional insured in the comprehensive general liability auto liability, worker's compensation and builder risk insurance coverages required by Client.



Date: April 23, 2024

To: Board of Directors

Subject: Desert Healthcare District and Foundation plans an inaugural Coachella Valley environmental health summit for fall 2024

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Consideration to approve a draft budget and venue, including venue deposit schedule, to present an inaugural Coachella Valley environmental health summit.

**Background:**

- In August 2023, the Desert Healthcare District and Foundation staff coordinated a meeting of community partners and Hocker Productions to plan a Coachella Valley-wide health symposium that would bring together stakeholders and educate the community on health challenges and solutions. Environmental health was quickly identified as the summit topic with the broadest interest and potential impact.
- Since the initial meeting, the Environmental Health Summit Planning Committee has regularly convened to map out the details—exploring topics, participants and attendees, venues, format, and more. The Committee decided to present a day and a half-day of summit activities on Sept. 20 and 21, 2024. Meetings continue monthly leading up to the summit, which is expected to accommodate up to 500 attendees.
- The event planning process has sparked among Planning Committee members/partners an enthusiasm for this collective approach to addressing community health issues, eliminating less-effective silos. A consensus of District and Foundation staff and community partners supports presenting the summit as an annual or periodic event with an important health focus.
- Hocker Productions has submitted a draft budget that covers the costs of producing the inaugural summit. It includes a maximum commitment of \$75,000 from the Desert Healthcare District and Foundation, with an opportunity to lessen that commitment level as event sponsorships are secured. *The draft budget follows this report.*
- District staff and the event producer visited venues in 2023 and recommended the Westin Rancho Mirage Golf Resort & Spa as the 2024 summit host, which the Planning Committee supports. The venue offers optimal space and amenities, as well as a central location, for an event of this scope. *The Westin's agreement, which follows this report, includes a schedule of deposits to secure the location.* The deposits will be applied to the venue costs.
- At the April 10, 2024, Finance & Administration Committee meeting, the Committee recommended forwarding the budget to the full Board for approval.

**Fiscal Impact:**

A projected budget of \$256,931.42, including a \$75,000 commitment from the District and Foundation. The symposium committee anticipates several sponsorships to support coverage of the expenses.

**Desert Healthcare District & Foundation Environmental  
Health Summit Line-Item Budget  
Friday, September 20 and Saturday, September 21, 2024**

**DRAFT**

	<b>Projected Budget 2024</b>
<b>REVENUE</b>	
<b>Presenting Sponsor: \$75,000</b>	
Desert Healthcare District	75,000.00
Amazon	
<b>Health Sponsor: \$25,000</b>	
Desert Care Network	50,000.00
<b>Equity Sponsor: \$15,000</b>	
Desert Oasis Healthcare	20,000.00
<b>Sponsor: \$10,000</b>	
Auen or Berger Foundation	10,000.00
DAP Health	10,000.00
City of Rancho Mirage	10,000.00
City of Palm Springs	
City of Palm Desert	
Desert Community Foundation	10,000.00
Weingart Foundation (Patricia Watkins)	10,000.00
<b>Silver Sponsor: \$5,000</b>	
Agua Caliente Band of Cahuilla Indians	5,000.00
Eisenhower Health	5,000.00
Grace Helen Spearman Foundation	5,000.00
IEHP -	10,000.00
Lift to Rise	5,000.00
RAP Foundation	5,000.00
Riverside County Supervisors	5,000.00
Molina Health Plan	
Scan Health	5,000.00
Kaiser Permanente	5,000.00
First Foundation Bank	5,000.00
Inland Empire Community Foundation	5,000.00
<b>Care: \$2,500</b>	
Burrtec	
Palm Springs Disposal (Possibly \$7,500)	5,000.00
Joslyn Center	2,500.00
Jewish Family Service of the Desert	2,500.00

Desert Healthcare District and Foundation Summit Budget  
September 20 21, 2024

True Evolution	2,500.00
UCR Riverside (LuAnn)	2,500.00
First 5 Riverside	2,500.00
<b>Diversity Sponsors: \$1,500</b>	
<b>TOTAL SPONSORS</b>	<b>272,500.00</b>
<b>TOTAL REVENUE</b>	<b>272,500.00</b>
<b>EXPENSES</b>	
Speaker Fees	20,000.00
Speaker Transportation	2,500.00
Westin Mission Hills- 5 Rooms for 2 nights for Speakers (Includes Tax)	3,046.42
DJ Mod Girl - Kellee Quinn (2 days)	1,500.00
Photography -Andrew Cabral (10 hours @ \$150)	1,200.00
Videography	1,500.00
Mercado Sound Engineer and Backline Equipment (Bernie Mercado)	2,500.00
Security	1,500.00
<b>Martin Coogan ASL</b>	<b>500.00</b>
<b>Translator</b>	<b>500.00</b>
<b>TOTAL ENTERTAINMENT AUDIO &amp; VISUAL</b>	<b>34,746.42</b>
<b>PRINTING AND COLLATERAL</b>	
Save-the-Date: Printing & Postage	2,000.00
Invitation: Printing & Postage	5,000.00
Staples - office supplies	300.00
Retractable Banners (8)	1,200.00
Foam Core Signs (Speakers and Breakout Sessions) (10)	600.00
Name Badges	200.00
Name Badge Making Machine	600.00
<b>TOTAL PRINTING &amp; COLLATERAL</b>	<b>9,900.00</b>
<b>VENUE, PRODUCTION, F&amp;B AND DÉCOR</b>	
Westin Mission Hills & Spa Room (Rental is waived with \$20,000 F&B)	
<b>Friday, September 20 (500 People)</b>	
Continental Breakfast Buffett (\$35.00 pp)	\$17,500
Buffet Lunch (\$54.00 pp)	\$27,000
Coffee, Water & Soft Drink Stations All Day (\$29.00 pp)	\$14,500



Desert Healthcare District and Foundation Summit Budget  
September 20 21, 2024

<b>Saturday, September 21 (300 People)</b>	
Continental Breakfast Buffett (\$35.00 pp)	\$10,500
Buffet Lunch (\$54.00 pp)	\$16,200
Coffee, Water & Soft Drink Stations All Day (\$29.00 pp)	\$8,700
<b>Subtotal</b>	<b>94,400.00</b>
<b>Total for Both Days</b>	
Service Charge at 25% (F&B Staff Charge and F&B House Charge)	23,500.00
Taxes at 7.75%	7,285.00
Self & Valet Parking are FREE	
Westin Mission Hills- Encore Event Technologies Audio/Visual	7,500.00
Florist Christina Adams, christina.petitebee@gmail.com	1,600.00
<b>Subtotal</b>	<b>39,885.00</b>
<b>TOTAL CATERING &amp; EVENT RENTAL</b>	<b>134,285.00</b>
<b>MEDIA COSTS</b>	
KESQ News Channel 3 - TV / Telemundo	2,000.00
NBC Palm Springs / Univision	2,000.00
La Informacion	1,500.00
La Prensa	1,500.00
Marker Broadcasting	1,500.00
Alpha Media	1,500.00
Social Media Engagement	2,000.00
Domains, Website Landing Page & Registration Portal	6,000.00
<b>TOTAL MEDIA EXPENSE</b>	<b>18,000.00</b>
<b>EXECUTIVE PRODUCER CONSULTANT FEE</b>	
Hocker Productions	40,000.00
<b>TOTAL CONSULTANT EXPENSES</b>	<b>40,000.00</b>
<b>CONTINGENCY</b>	<b>20,000.00</b>
<b>TOTAL ALL EVENT EXPENSES</b>	<b>256,931.42</b>
<b>TOTAL ALL EVENT REVENUE (Projected)</b>	<b>272,500.00</b>
<b>Net Excess/(Deficit)</b>	<b>15,568.58</b>



**CATERING SALES AGREEMENT**

**DESCRIPTION OF GROUP AND EVENT**

The following represents an agreement between The Westin Rancho Mirage Golf Resort & Spa, 71333 Dinah Shore Drive, Rancho Mirage, CA, 92270, (760) 328-5955 and Desert Healthcare District & Foundation.

ORGANIZATION: Desert Healthcare District & Foundation

CONTACT:

- Name:
- Job Title:
- Street Address:
- City, State, Postal Code:
- Country/Region:
- Phone Number:
- Fax Number:
- E-mail Address:

ONSITE CONTACT:

- Name: Jeff Hocker
- Phone Number: (760) 341-2211
- E-mail Address: [jeffhocker1@gmail.com](mailto:jeffhocker1@gmail.com)

NAME OF EVENT: Desert Healthcare District & Foundation - Community Forum

REFERENCE #: M-T1QFX03

OFFICIAL PROGRAM DATES: Friday, 09/20/2024 - Sunday, 09/22/2024

**GUEST ROOM COMMITMENT/GROUP ROOM RATES**

The Hotel agrees that it will provide, and Group agrees that it will be responsible for utilizing, 10 room nights in the pattern set forth below (such number and such pattern, the "Room Night Commitment"):

Date	Day	Traditional King	Total Rooms
09/20/2024	Fri	5	5
09/21/2024	Sat	5	5

Start Date	End Date	Room Type	Rate
09/20/2024	09/21/2024	Traditional King	\$269.00

Hotel's room rates are subject to applicable state and local taxes (currently 13.25%) in effect at the time of check-out.

**COMMISSION**

The group room rates listed above are net non-commissionable.

**RESORT FEE**

Room rates will be subject to a non-commissionable REDUCED daily resort fee of \$25.00 per room per night plus taxes. This fee will cover several amenities, which include:

- Premium Wi-Fi access in Guestrooms and Meeting Room Wi-Fi access (for general browsing)
- Daily Social Hour in Pinz & Pints from 4:30pm-5:30pm featuring house wine, beer and batch craft cocktails

- Two Games of Duck Pin Bowling
- Daily In Room Bottled Water
- Access to Little Links Miniature Golf Course
- Access to Westin Workout Fitness Studio
- Two-hour bike rental per stay for up to 2 guests

#### **SPECIAL CONCESSIONS**

- Reduced Resort Fee of \$25.00 (Regularly \$38.00)
- Waived Overnight Self-Parking (Regularly \$16.00)
- Courtesy Room Block
- Waived Meeting Room Rental with \$20,000.00 Food and Beverage Minimum

#### **METHOD OF RESERVATIONS – ROOMING LIST**

A room list is to be provided by the meeting planner or designate, by the cutoff date of **Tuesday, August 20, 2024** in the Hotel room list format. Reservations must be made on or before the cutoff date of **Tuesday, August 20, 2024** in order to be eligible for the group rate. Any reservations made after the Cutoff Date shall be at the Hotel's then current available rate.

#### **GUARANTEED RESERVATIONS**

All reservations must be accompanied by a first night room deposit or guaranteed with a major credit card or by Desert Healthcare District & Foundation. Hotel will not hold any reservations unless secured by one of the above methods.

#### **CUT-OFF DATE**

Reservations by attendees must be received on or before **Tuesday, August 20, 2024**, (the "Cut-Off Date"). At the Cut-Off Date, Hotel will review the reservation pick up for the Event, release the unreserved rooms for general sale, and determine whether or not it can accept reservations based on a space- and rate-available basis at the Desert Healthcare District & Foundation group rate after this date.

#### **NO ROOM TRANSFER BY GUEST**

Desert Healthcare District & Foundation agrees that neither Desert Healthcare District & Foundation nor attendees of the Event nor any intermediary shall be permitted to assign any rights or obligations under this Group Sales Agreement, or to resell or otherwise transfer to persons not associated with Desert Healthcare District & Foundation reservations for guestrooms, meeting rooms or any other facilities made pursuant to this Group Sales Agreement.

#### **BILLING ARRANGEMENTS**

The following billing arrangements apply:

- Room, Resort Fee and Tax to Master
- Banquet Catering to Master Account

An advance payment of **\$6,054.86** will be required in order to hold arrangements on a definite basis. This advance payment is due upon contract signing and will be credited toward Group's Master Account.

#### **PHISHING**

Please be aware that bad actors can impersonate Hotel employees. Group should never rely solely on contact information sent in an email or respond directly to any email requesting a bank account information change. If Group receives a request from Hotel regarding bank account information, Group should contact the Hotel via verified phone number or in person to confirm the request prior to providing such information.

#### **PAYMENT BY CREDIT CARD OR COMPANY CHECK**

If Desert Healthcare District & Foundation wishes to pay any portion of its obligation by credit card or company check, the credit card information must be entered into our secure online website.

Prior to the execution of this agreement Desert Healthcare District & Foundation shall provide hotel with credit card authorization information. A Credit Card Information Request e-mail will be sent to the e-mail address provided by Desert Healthcare District & Foundation.

Desert Healthcare District & Foundation agrees that the Hotel may charge to this credit card any payment as required under this Group Sales Agreement.

**ADVANCE PAYMENT**

An advance payment of \$6,054.86 will be required. This advance payment is due upon contract signing and will be credited toward the Master Account.

**ADVANCE PAYMENT SCHEDULE**

Desert Healthcare District & Foundation agrees to pay an advance deposit as outlined in the schedule below:

TYPE	DUE DATE	AMOUNT
1 <sup>st</sup> Deposit	Upon Contract Signing	\$6,054.86
2 <sup>nd</sup> Deposit	June 5, 2024	\$6,054.86
3 <sup>rd</sup> Deposit	August 5, 2024	\$6,054.86
Final Deposit	September 10, 2024	100% Estimated Balance

The above payments will be applied to payment of the Master Account. In the event that the payments exceed the balance of the Master Account, including any liquidated damages associated with cancellation/attrition by Desert Healthcare District & Foundation, Hotel will refund the difference between the payments and the balance of the Master Account within thirty (30) days.

**FUNCTION INFORMATION AGENDA/EVENT AGENDA**

Based on the requirements outlined by Desert Healthcare District & Foundation, the Hotel has reserved the function space set forth on the below Function Information Agenda/Event Agenda.

Date	Day	Start Time	End Time	Function Type	Setup	# People	Rental	Function Space
09/20/2024	Fri	8:00 AM	2:00 PM	Community Forum	Theatre	500	Waived	Celebrity A-E
09/21/2024	Sat	8:00 AM	10:00 AM	Wellness Stretching	Special	100	Waived	Front Lawn
09/21/2024	Sat	8:00 AM	5:00 PM	Community Forum	Theatre	500	Waived	Celebrity A-E
09/21/2024	Sat	5:00 PM	7:00 PM	Reception	Lounge	500	Waived	Celebrity Foyer & Plazas

All meeting room, food and beverage, and related services are subject to applicable taxes (currently 7.75%) and a F&B Staff Charge (currently 11%) and F&B House Charge (currently 14%) in effect on the date(s) of the event.

**DAMAGE TO FUNCTION SPACE**

Desert Healthcare District & Foundation agrees to pay for any damage to the function space that occurs while Desert Healthcare District & Foundation is using it. Desert Healthcare District & Foundation will not be responsible, however, for ordinary wear and tear or for damage that it can show was caused by persons other than Desert Healthcare District & Foundation and its attendees.

**FACILITY FEES**

Based on Desert Healthcare District & Foundation's requirements, Hotel's function space fees would be \$15,000.00. Based upon the Room Night Commitment and the functions identified on the Function Information Agenda/Event Agenda outlined in this Agreement, the Hotel will waive these fees with \$20,000.00 Food and Beverage Minimum.

**MINIMUM BANQUET FOOD AND BEVERAGE REVENUE REQUIREMENT**

Desert Healthcare District & Foundation agrees to a minimum banquet food and beverage revenue of \$20,000.00, exclusive of tax and service charge (the “Minimum Banquet Food and Beverage Revenue”). Hotel has confirmed the food and beverage prices to Desert Healthcare District & Foundation.

**CURRENT CATERING MINIMUM RATES**

Hotel’s 2023 minimum catering prices are as follows:

Continental Breakfast:	\$35.00++ per person
Buffet Lunch:	\$54.00++ per person
Plated Dinner:	\$105.00++ per person
Buffet Dinner	\$140.00++ per person
Coffee Break:	\$29.00++ per person
Cocktail Reception (Beverages only):	\$37.00 per person per hour
Light Reception (Food only)	\$28.00++ per person

These quotations do not include any applicable tax (currently at 7.75%), and a 25% service charge. All food and beverage served in the Hotel must be purchased from the Hotel.

**Resort agrees that the current minimums will not increase more than 5% year over year**

**CANCELLATION**

In the event of a group cancellation occurring 0 to 3 business days prior to arrival, liquidated damages in the amount of one hundred percent (100%) of the Room Night Commitment and the Minimum Banquet Food and Beverage Revenue will be due, plus applicable taxes.

In the event of a group cancellation occurring 4 business days to 90 days prior to arrival, liquidated damages in the amount of forty percent (40%) of the Minimum Banquet Food and Beverage Revenue will be due, plus applicable taxes.

In the event of a group cancellation occurring 91 to 180 days prior to arrival, liquidated damages in the amount of forty percent (40%) of the Minimum Banquet Food and Beverage Revenue will be due, plus applicable taxes.

**IMPOSSIBILITY**

The performance of this Agreement is subject to termination without liability upon the occurrence of any circumstance beyond the control of either party – such as acts of God, war, acts of terrorism, government regulations, disaster, strikes, civil disorder, or curtailment of transportation facilities – to the extent that such circumstance makes it illegal or impossible for the Hotel to provide, or for groups in general to use, the Hotel facilities. The ability to terminate this Agreement without liability pursuant to this paragraph is conditioned upon delivery of written notice to the other party setting forth the basis for such termination as soon as reasonably practical - but in no event longer than ten (10) days - after learning of such basis.

**COMPLIANCE WITH LAW**

This Agreement is subject to all applicable federal, state, and local laws, including health and safety codes, alcoholic beverage control laws, disability laws, federal anti-terrorism laws and regulations, and the like. Hotel and Desert Healthcare District & Foundation agree to cooperate with each other to ensure compliance with such laws.

**CHANGES, ADDITIONS, STIPULATIONS, OR LINING OUT**

Any changes, additions, stipulations or deletions including corrective lining out by either Hotel or Desert Healthcare District & Foundation will not be considered agreed to or binding on the other unless such modifications have been initialed or otherwise approved in writing by the other.

**DISPUTE RESOLUTION**

In the event of dispute resolution, the non-prevailing party will pay the other’s costs and attorney’s fees.

**LIQUOR LICENSE**

Desert Healthcare District & Foundation understands that Hotel’s liquor license requires that beverages only be dispensed by Hotel employees or bartenders. Alcoholic beverage service may be denied to those guests who appear to be intoxicated or are underage.

**COMPLIANCE WITH EQUAL OPPORTUNITY LAWS**

This section describes Marriott’s obligations as a U.S. federal contractor. It does not apply to customers that are not part of the U.S. federal government or using funds from the U.S. federal government for this contract.

Marriott shall comply with all applicable laws, statutes, rules, ordinances, codes, orders and regulations of all federal, state, local and other governmental and regulatory authorities and of all insurance bodies applicable to the Hotel premises in performing its obligations under this Agreement.

Marriott (referred to as “contractor” in this section) shall comply with Executive Order 11246, as amended, Section 503 of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans’ Readjustment Assistance Act, as amended, which are administered by the United States Department of Labor (“DOL”), Office of Federal Contract Compliance Programs (“OFCCP”). The equal employment opportunity clauses of the implementing regulations, including but not limited to 41 C.F.R. §§ 60.1-4, 60-300.5(a), and 60-741.5(a), are hereby incorporated by reference, with all relevant rules, regulations and orders pertaining thereto. **This contractor and subcontractor shall abide by the requirements of 41 C.F.R. §§ 60-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, sexual orientation, gender identity, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, protected veteran status or disability.**

Marriott also shall comply with Executive Order 13496 and with all relevant rules, regulations and orders pertaining thereto, to the extent applicable. The employee notice clause and all other provisions of 29 C.F.R. Part 471, Appendix A to Subpart A, are hereby incorporated by reference.

To the extent applicable, Marriott shall include the provisions of this section in every subcontract or purchase order so that such provisions shall be binding upon each contractor, subcontractor or vendor performing services or providing materials relating to this Agreement and the services provided pursuant to the terms hereof.

**PRIVACY**

Marriott International, Inc. (“Marriott”) is committed to complying with obligations applicable to Marriott under applicable privacy and data protection laws, including to the extent applicable EU data protection laws. Hotel shall comply with the then-current Marriott Group Global Privacy Statement (the “Privacy Statement,” currently available at <http://www.marriott.com/about/privacy.mi>) with respect to any personal data received under this Agreement.

Without limiting the foregoing obligation, Hotel has implemented measures designed to: (1) provide notice to individuals about its collection and use of their personal data, including through the Privacy Statement; (2) use such personal data only for legitimate business purposes; (3) provide means by which individuals may request to review, correct, update, suppress, restrict or delete or port their personal data, consistent with applicable law; (4) require any service providers with whom personal data is shared to protect the confidentiality and security of such data; and (5) use technical and organizational measures to protect personal data within its organization against unauthorized or unlawful access, acquisition, use, disclosure, loss, or alteration.

Desert Healthcare District & Foundation will obtain all necessary rights and permissions prior to providing any personal

data to Hotel, including all rights and permissions required for Hotel, Hotel affiliates, and service providers to use and transfer the personal data to locations both within and outside the point of collection (including to the United States) in accordance with Hotel’s privacy statement and applicable law. Notwithstanding any other provision, Hotel may use an individual’s own personal data to the extent directed by, consented to or requested by such individual.

### **IN-HOUSE EQUIPMENT**

Hotel will provide, at no charge, a reasonable amount of meeting equipment (for example, chairs, tables, etc.). These complimentary arrangements do not include special setups or extraordinary formats that would deplete Hotel’s present in-house equipment to the point of requiring rental of an additional supply to accommodate Desert Healthcare District & Foundation’s needs. If such special setups or extraordinary formats are requested, Hotel will present Desert Healthcare District & Foundation two (2) alternatives: (1) charging Desert Healthcare District & Foundation the rental cost for additional equipment, or (2) changing the extraordinary setup to a standard format, avoiding the additional cost.

### **TECHNICAL SERVICES**

Encore is Hotel’s preferred provider for audio/visual needs. Because the use of another provider will necessarily involve the use of some of Hotel’s and Encore’s equipment and expertise, a fee will be charged if Desert Healthcare District & Foundation selects such a provider.

### **UNATTENDED ITEMS/ADDITIONAL SECURITY**

The Hotel cannot ensure the security of items left unattended in function rooms. Special arrangements may be made with the Hotel for securing a limited number of valuable items. If Desert Healthcare District & Foundation requires additional security with respect to such items or for any other reason, the Hotel will assist in making these arrangements. All security personnel to be utilized during the Event are subject to Hotel approval.

### **USE OF OUTSIDE VENDORS**

If Desert Healthcare District & Foundation wishes to hire outside vendors to provide any goods or services at Hotel during the Event, Desert Healthcare District & Foundation must notify Hotel of the specific goods or services to be provided and provide sufficient advance notice to the Hotel so that the Hotel can (i) determine, in Hotel’s sole discretion, whether such vendor must provide Hotel, in form and amount reasonably satisfactory to Hotel, an indemnification agreement and proof of adequate insurance, and (ii) approve, using reasonable judgment, the selection of the outside vendor and the goods or services to be provided by such outside vendor to Desert Healthcare District & Foundation, taking into consideration: (a) whether Hotel offers such goods and services; (b) the risk level posed by certain activities; and (c) the safety and well-being of guests at Hotel.

### **PERFORMANCE LICENSES**

Desert Healthcare District & Foundation will be solely responsible for obtaining any necessary licenses or permission to perform, broadcast, transmit, or display any copyrighted works (including without limitation, music, audio, or video recordings, art, etc.) that Desert Healthcare District & Foundation may use or request to be used at the Hotel.

### **MARRIOTT BONVOY EVENTS**

Marriott Bonvoy Events provides Points or Miles to eligible Marriott Bonvoy Members who book and hold qualifying meetings and events at Participating Properties.

Approximately ten (10) business days after the conclusion of the Event (provided that the Event is not cancelled and Desert Healthcare District & Foundation has otherwise complied with the material terms and conditions of this Agreement), the Hotel will award Points or Miles to the Member and relevant account identified below. By inserting the airline frequent flyer account information, the recipient elects to receive Miles instead of Points.

Marriott Bonvoy Events is not available in certain circumstances, including (1) for any government employee or official booking a government event (U.S. government event or non-U.S. government event); (2) for any employee of a state-owned or state-controlled entity (“SOE”) booking an event on behalf of the SOE; or (3) for any other planner or intermediary when booking an event on behalf of a non-U.S. governmental entity or SOE. Hotels in the Asia Pacific region

are restricted from awarding Points or Miles to any intermediary booking an event on behalf of any governmental entity or SOE.

GROUP MUST CHECK **ONE** OPTION BELOW:

The Contact (as identified on page 1 of this Agreement or the Authorized Signer of this Agreement) is eligible to receive Points or Miles.

Member Name \_\_\_\_\_

Marriott Bonvoy Membership Number \_\_\_\_\_

\*If Miles are desired instead of Points, please also provide:

Participating airline name \_\_\_\_\_

Participating airline frequent flyer account number \_\_\_\_\_

OR

The Contact (as identified on page 1 of this Agreement or the Authorized Signer of this Agreement) declines or is not eligible to receive Points or Miles and hereby waives the right to receive Points or Miles in connection with the Event.

The individual identified above to receive either Points or Miles may not be changed without such individual’s prior written consent. The number of Points or Miles to be awarded shall be determined pursuant to the Marriott Bonvoy Terms and Conditions (the “Terms and Conditions”), as in effect at the time of award. All Marriott Bonvoy Terms and Conditions apply. The Terms and Conditions are available on-line at <https://www.marriott.com/loyalty/terms/default.mi> and may be changed at the sole discretion of Marriott International, Inc. at any time and without notice. Capitalized terms used in this section have the meanings given to them in the Terms and Conditions.

\*Electronic selection – This may be done in Microsoft Word by double-clicking on the above unfilled box, choosing a blackened box, and then clicking “Insert.” Alternatively, one can use the commands “Insert” and “Symbol,” choose the blackened box, and then click “Insert.”

**ACCEPTANCE**

When presented by the Hotel to Desert Healthcare District & Foundation, this document is an invitation by the Hotel to Desert Healthcare District & Foundation to make an offer. Upon signature by Desert Healthcare District & Foundation, this document will be an offer by Desert Healthcare District & Foundation. Only upon signature of this document by all parties will this document constitute a binding agreement. Unless the Hotel otherwise notifies Desert Healthcare District & Foundation at any time prior to Desert Healthcare District & Foundation’s execution of this document, the outlined format and dates will be held by the Hotel for Desert Healthcare District & Foundation on a first-option basis until **Tuesday, April 2, 2024** . If Desert Healthcare District & Foundation cannot make a commitment prior to that date, this invitation to offer will revert to a second-option basis or, at the Hotel’s option, the arrangements will be released, in which case neither party will have any further obligations.

Upon signature by both parties, Desert Healthcare District & Foundation and the Hotel shall have agreed to and executed this Agreement by their authorized representatives as of the dates indicated below.

**SIGNATURES**

Approved and authorized by Desert Healthcare District & Foundation:

Name: (Print) \_\_\_\_\_



M-T1QFXO3

Rachel Leary

Title: (Print) \_\_\_\_\_

Signature: \_\_\_\_\_

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

Approved and authorized by Hotel:

Name: (Print) Rachel Leary

Title: (Print) Sales Executive

Signature: \_\_\_\_\_

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



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

Date: April 23, 2024

To: Board of Directors

Subject: Eastern Coachella Valley Senior Farmworker Health Needs Assessment

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**Staff Recommendation:** Information only

**Background:**

- Mariela Magana Ceballos joined the Desert Healthcare District for a summer internship opportunity in June 2023.
- Mariela is a Coachella Valley resident, and a 3<sup>rd</sup> year medical student from ATSU School of Medicine. She is also a Health Career Connection alumnus and formerly worked with Lift to Rise and FIND Food Bank.
- Mariela's project is entitled "Health Needs of Senior Farm Workers". Her work centered on the community of North Shore and through the assistance of Promotoras de Salud (health promoters) with Principal Investigators and community focus groups, the study allowed us to understand the health needs of agricultural participants age 55+. The obtained data will be used to inform the development of new programs to the region that will help better coordinate the health services of the soon retiring agricultural workers in the region.
- Mariela worked in partnership with Dr. Ann Cheney, faculty at UCR School of Medicine Department of Social Medicine Population and Public Health, who in her position conducts community engaged health services research with a focus on Latinx immigrant health communities in the Coachella Valley.
- Mariela's project engaged the community residents of North Shore to help inform the District's planning for continued access to healthcare services and addressing gaps, barriers and challenges.
- This final assessment has been completed and is being presented to the Board of Directors at the April 23, 2024 meeting.

**Fiscal Impact:** \$11,587.68 FY 2023/2024 District and Foundation budgets (budget line items: Wages/Taxes for a temporary employee (Mariela); Professional services 3 Promotoras); CV Equity Collaborative expenses (focus group incentives); Meals & Entertainment expenses (focus group snacks))

## East Coachella Valley Senior Farmworker Health Needs Assessment 2024

By

Ann Cheney, PhD & Mariela Magaña Ceballos, OMS-III

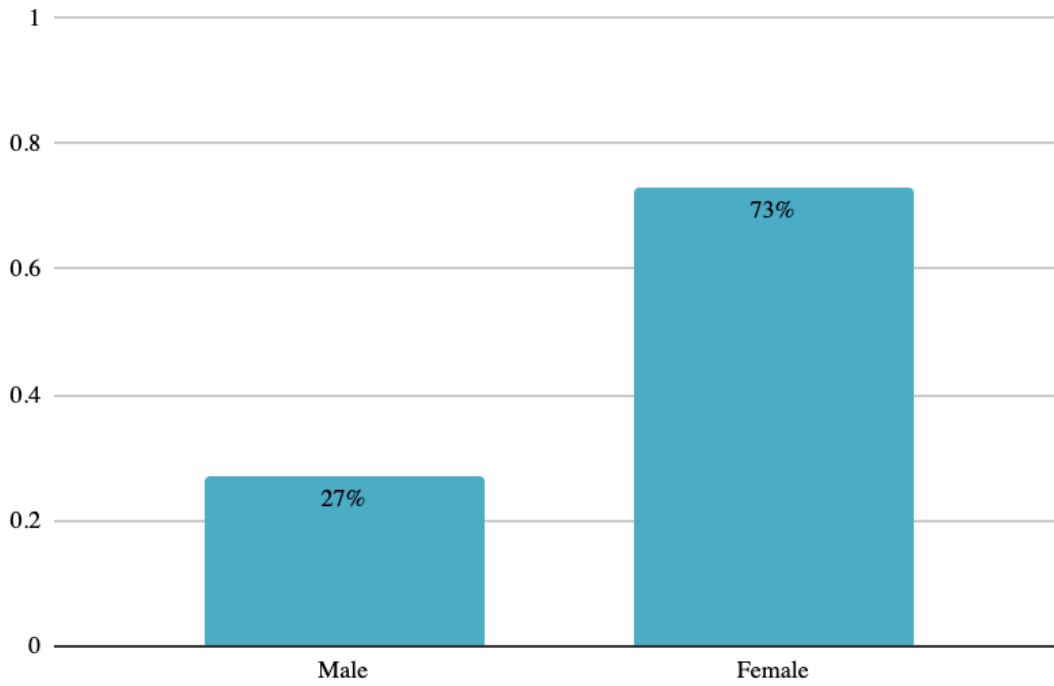
A total of four focus groups were hosted between December 2023 and January 2024. A total of 45 participants. Two focus groups were in person and 2 were hosted virtually through zoom. Three of the four focus groups were facilitated in Spanish and one focus group was facilitated in Purépecha dialect. Participants live in the communities of Coachella, Thermal, Oasis, Mecca, Northshore, and Salton City.

### Qualitative Data Takeaways

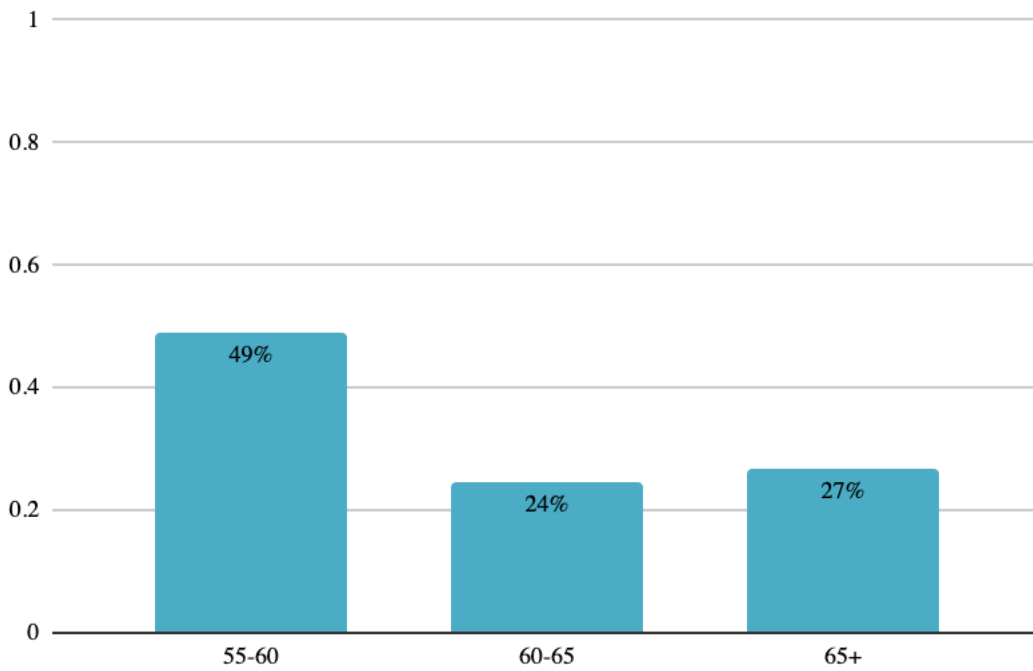
1. Medical Services Available
  - a. Participants are traveling long distances to see specialists most are located west of the Coachella valley including Loma Linda and Moreno Valley.
  - b. Communities like North Shore and Salton City have little to no medical services available.
  - c. Participants shared having a better experience when seen at Eisenhower/ Desert Regional Medical Center ER's.
  - d. People who are uninsured and/or can travel to Mexicali will make the drive as participants expressed receiving care faster.
2. Farm Worker Retirement Plan
  - a. Although farmworkers have the intention to save for retirement it's a difficult task and impossible for many.
  - b. Some farmworkers are eligible for social security income support upon retiring; however, it is not enough.
  - c. Unlike other employees' farmworkers aren't offered a retirement program through their employer. Participants share sentiments of feeling unvalued for all their years of work. Participants shared an immigration amnesty could possibly be a solution.
  - d. A small number of the participants are thinking of retiring in their home country (ex. Mexico), most are planning on staying upon retiring. The Coachella Valley is their "home."
3. Medical Service Gaps in the Community
  - a. Proximity to specialist providers.
  - b. High need for more providers who speak Purépecha and Spanish at clinics and hospitals.
  - c. Create one stop medical clinics.
  - d. Reduce ER waiting time and quality of care. (Establishing more urgent care centers might be a short-term solution).
  - e. Improve access to transportation support services.
4. Support Needed to Navigate the Health System
  - a. Linguistic and culturally competent case managers at clinics and hospitals.
  - b. Improve authorization/referral knowledge and process.
  - c. Most participants understand the difference between urgent care and emergency care.
5. Medication
  - a. Most participants expressed medication labels are translated into Spanish not Purépecha dialect.

- b. For participants who live more than 20 mins from a pharmacy they would like to have an affordable medication delivery program option.
  - c. Language barriers have impacted patients' ability to understand why they are taking their prescribed medication.
6. Medical Terminology
- a. Lack of diagnosis understanding and knowledge.
  - b. Anecdote: patient had her eyes dilated during her ophthalmologist appointment, wasn't told she couldn't drive, ended up driving and almost got on a car accident. (Miscommunication/ language barrier)
  - c. Participants expressed some community members aren't explained what it means to fast for lab work. (Miscommunication/language barrier)
  - d. Lack of understanding why imaging, labs, and referrals are ordered.
7. Possible Solutions
- a. Provide translated documents to patients in their preferred language.
  - b. Implement health literacy programs.
  - c. Ability to extend the doctor visit time when there will be a discussion of complex topics like the program of All-Inclusive Care for the Elderly (PACE) model.
  - d. Have on site translators or virtual translation program to avoid the use of staff to translate.
  - e. Increase transportation access to appointments.
  - f. Increase awareness on insurance eligibility regarding the most recent Medi-Cal expansion policy.
  - g. Strategize ways in which providers and allied health staff can be recruited to the area.
  - h. Strategize the possibility of creating more urgent care clinics as a short-term solution.
  - i. Pilot and extension of clinic hours until 6PM and/or open at least one weekend out of the month.

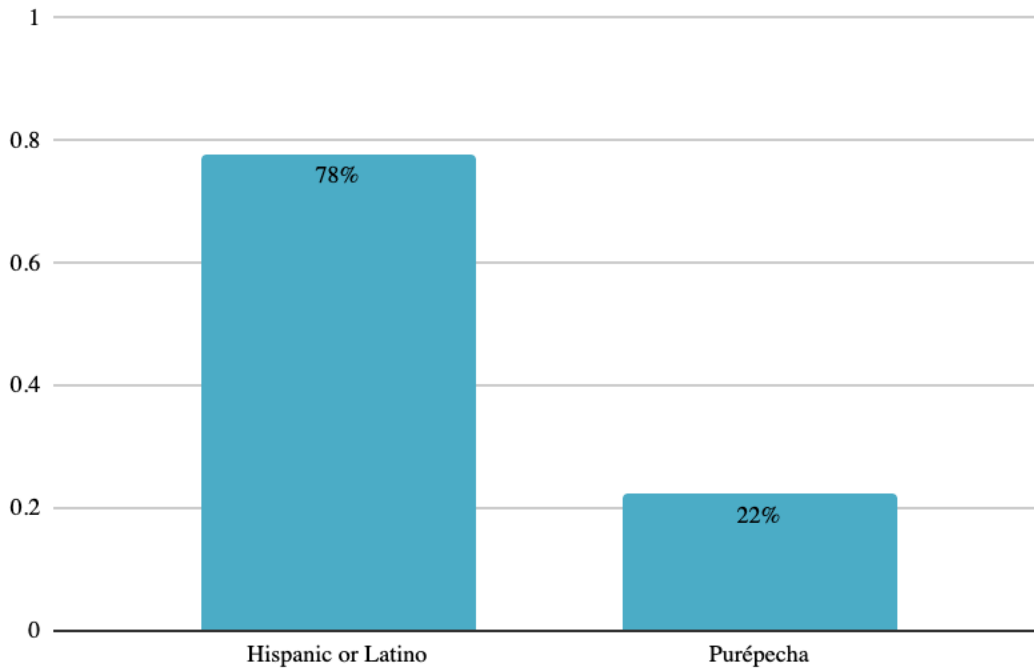
Gender/Sex (n=45)



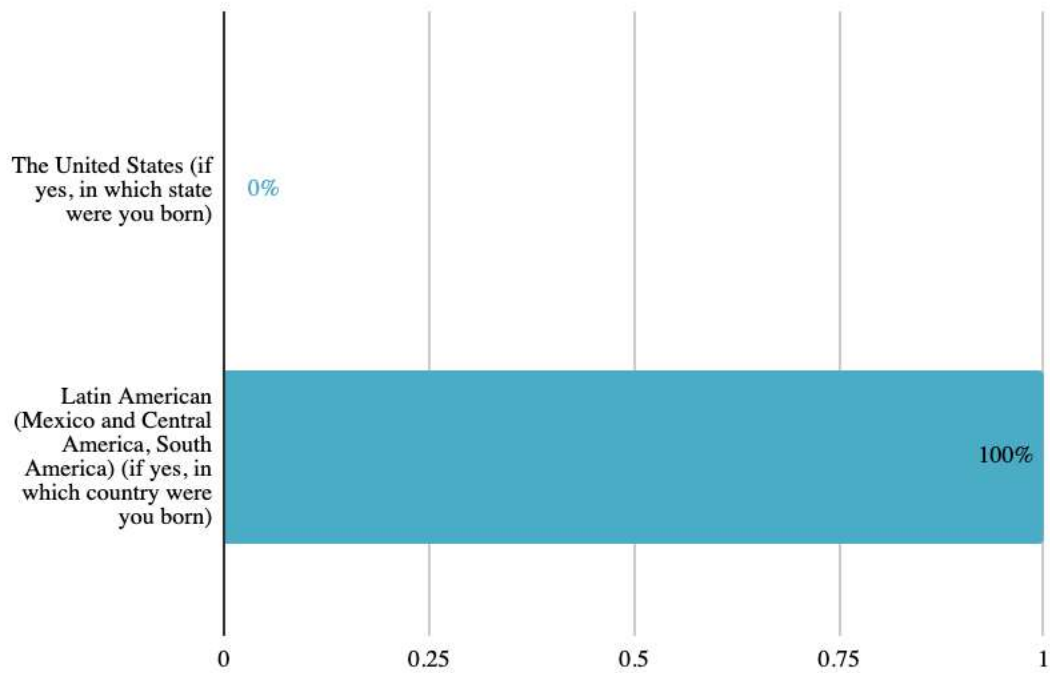
Age (n=45)



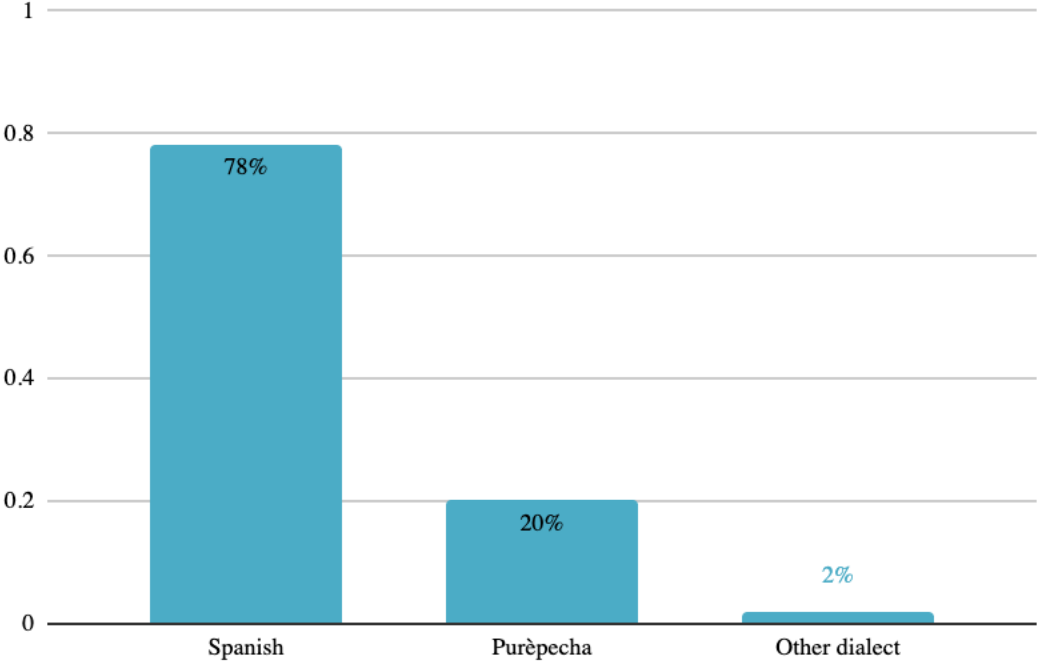
### Heritage/Ancestry (n=45)



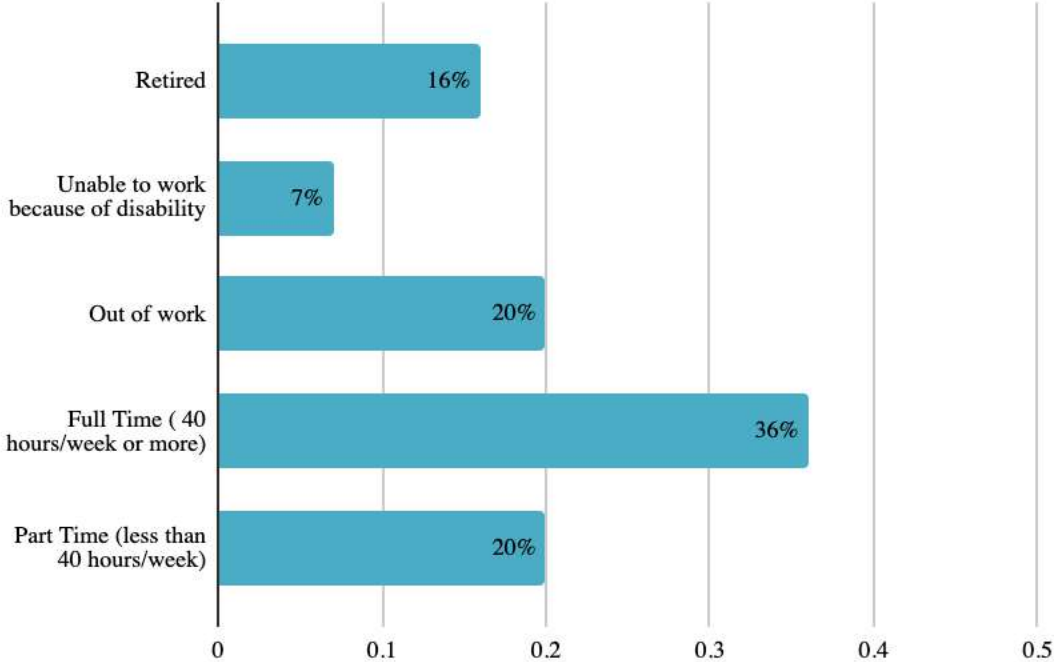
### Where were you born (n=45)



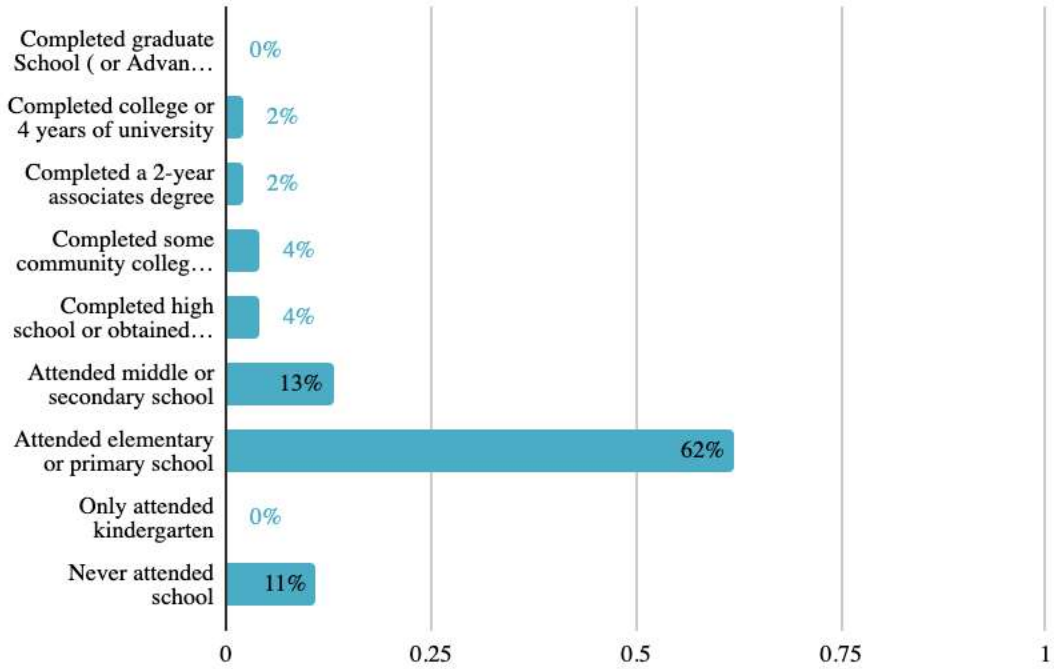
Preferred Language (n=45)



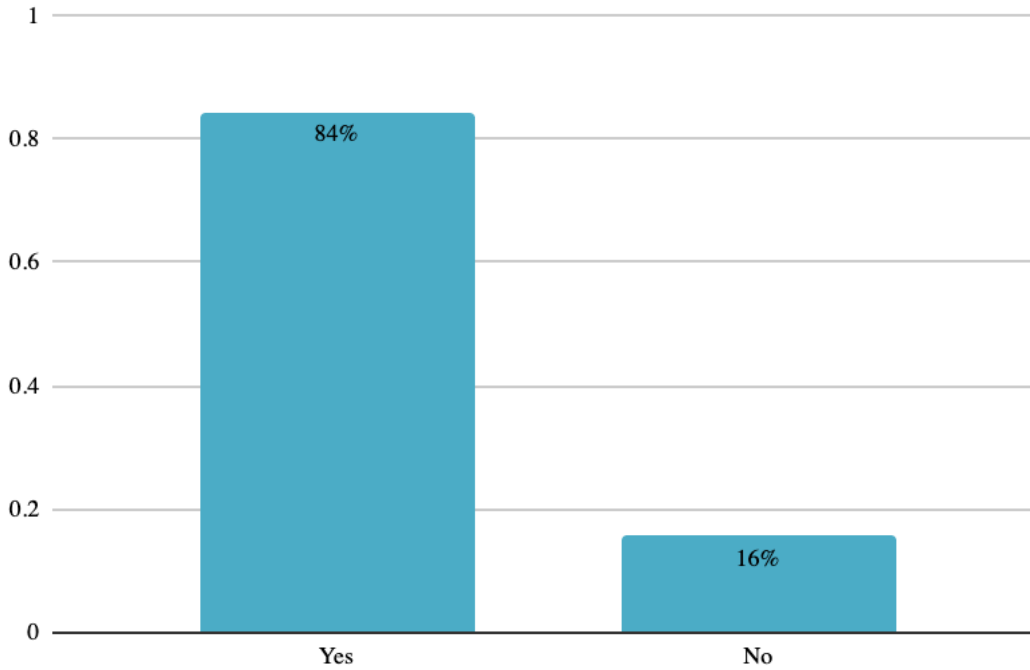
Employment Status (n=45)



### Highest Level of Education (n=45)

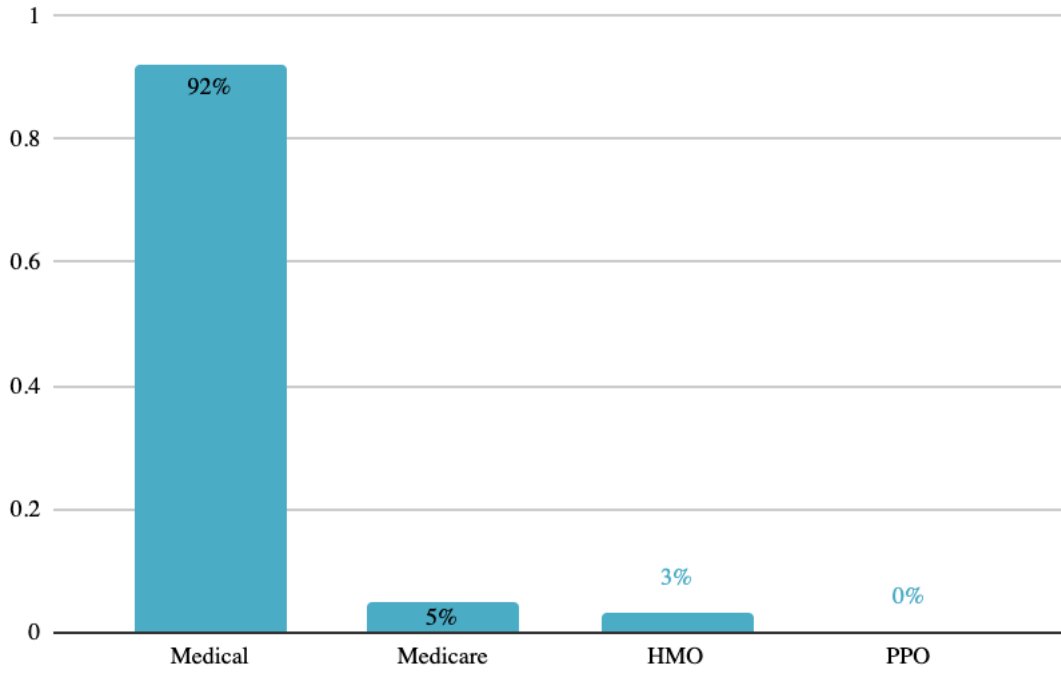


### Health Insurance Coverage (n=45)

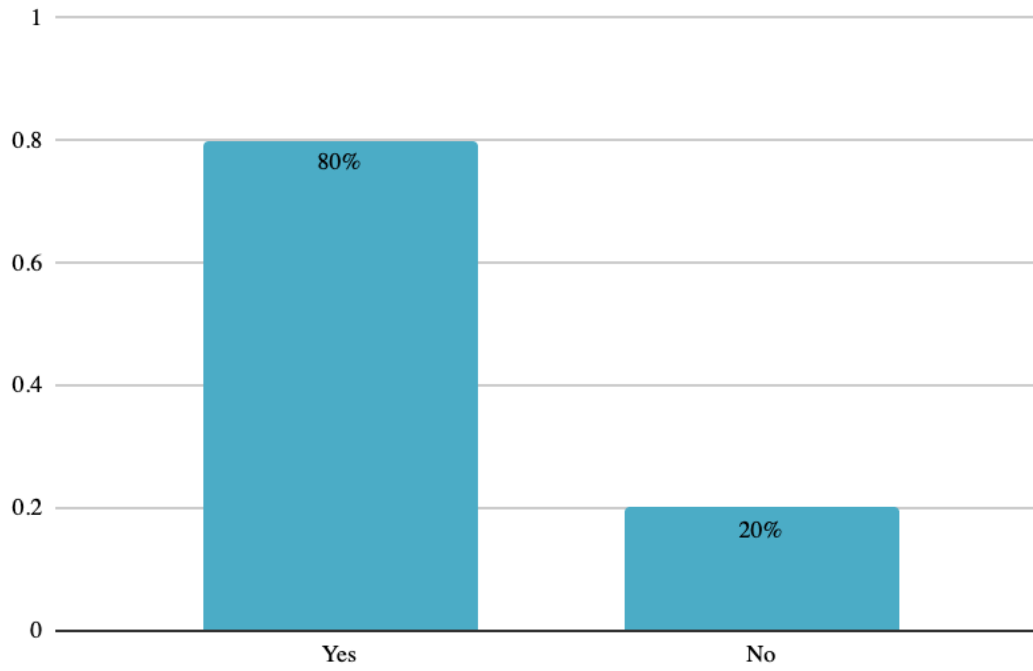




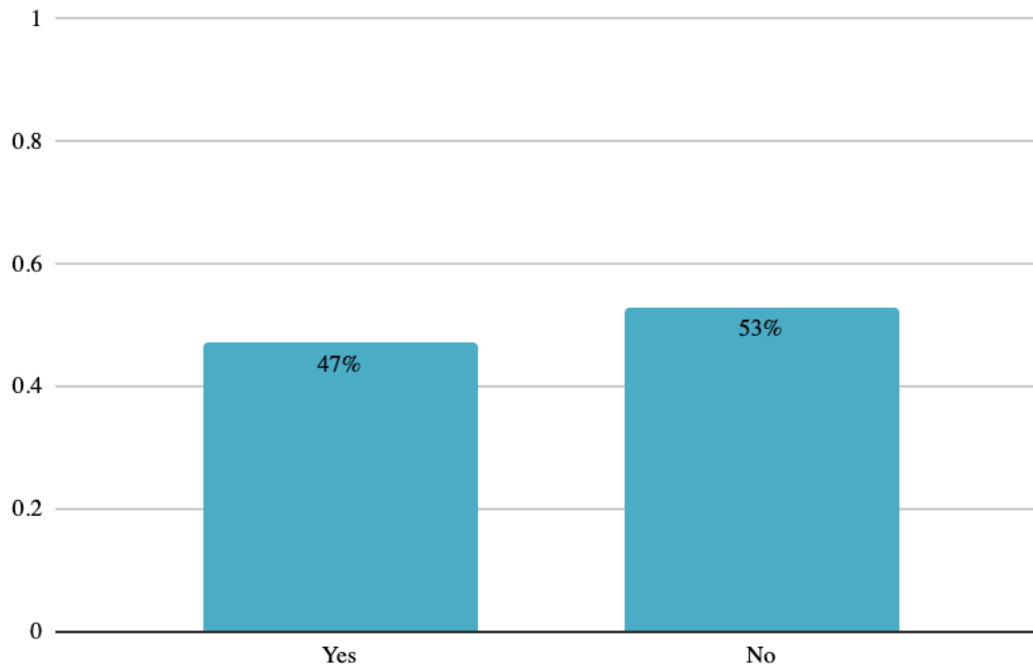
Type of insurance (n=38)



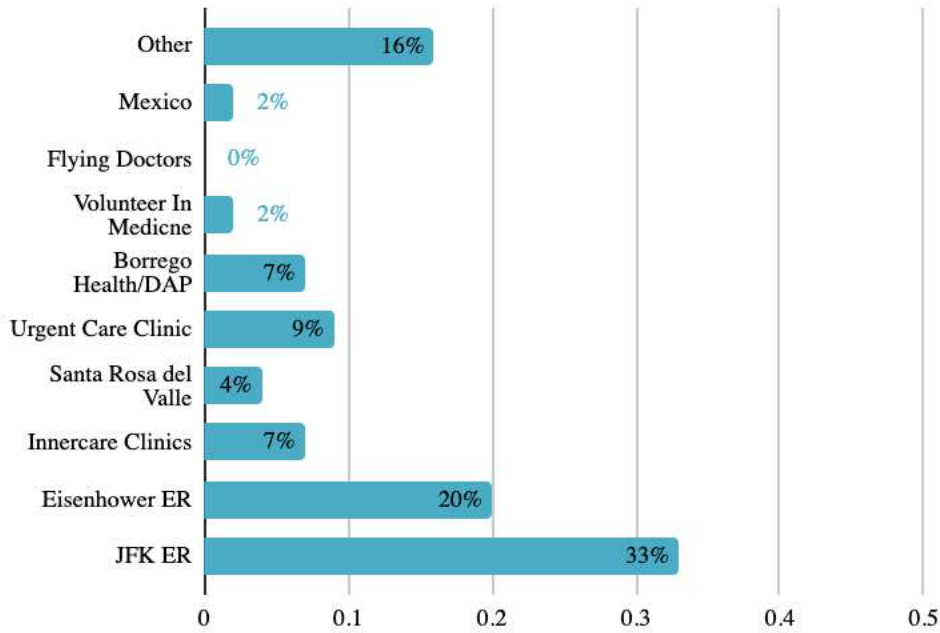
Have Primary Care Provider (n=38)



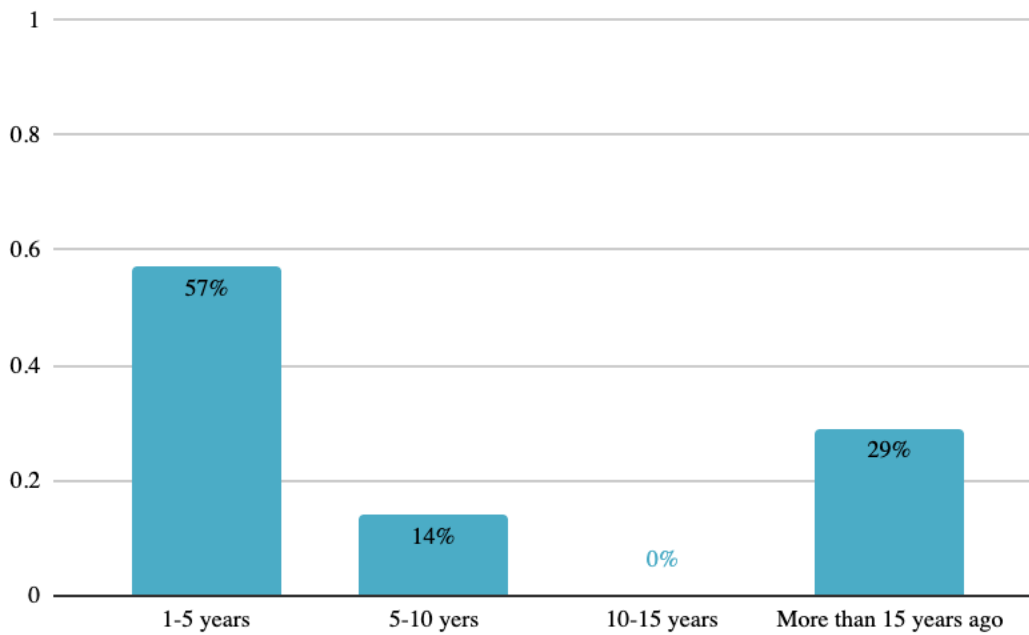
Chronic Diseases (n=45)



If you need to be seen by a doctor, where will be the first place where you will seek care?



If you currently don't have a primary care provider, when was the last time you visited the doctor? (n=7)





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

Date: April 23, 2024  
To: Board of Directors  
Subject: Request for Proposals (RFP): Building Connected Communities

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**Background:**

- On January 8, 2024, the Desert Healthcare District released an RFP focused on addressing the community impact of social isolation and loneliness.
- The RFP closed on February 16, 2024, and the District received 20 applications in response to the open request.
- Due to the high response rate, the internal District review process timeline was extended until the end of March. This allowed staff to facilitate the necessary review to determine alignment to the RFP strategies, budget and deliverables prior to advancement to the April Program Committee and District Board of Directors for approval.

**Information:**

- The Building Connected Communities: Improving Community Supports to Reduce Social Isolation and Loneliness RFP had three strategies:
  - RFP Strategies:
    - *Strategy 1:* Increase the number of community navigators serving Coachella Valley residents. (This was a required strategy).
    - *Strategy 2:* Increase awareness and access to behavioral/mental health resources.
    - *Strategy 3:* Improve access to community support services through systems and environments that build connectedness
  - After thorough review by District staff, the following eight organizations listed below were presented to the Program Committee at their April 9, 2024 meeting and resulted in the following recommendation to the Board of Directors:

**Program Committee Recommendation to the Board of Directors:** approval of the following eight organizations. Please reference the attached individual organization application packets for more information.

Organization, Project Name, and Funding Request	Staff Recommended Funding Amount	RFP Strategy Alignment	Staff Recommendation
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<p>Grant #: 1432</p> <p><b>Variety Childrens Charity of the Desert</b> <b>Tent 66 -</b> <i>Outreach and Future Program Expansion</i></p> <p>Funding request: \$51,475</p>	<p>\$102,949</p>	<p>1, 2, and 3</p>	<p>Variety Childrens Charity’s request focused on the continued development and expansion of their Outreach Program. The Outreach Program fills an identified gap in services for children with special needs with case management support, increase access and awareness of behavioral/mental health services, and increased resources and referrals to community support services. This grant will enable Variety Childrens Charity to improve the overall social and community support for children with special needs and their families.</p> <ul style="list-style-type: none"> <li>• Variety Childrens Charity’s original request of \$51,475 was a one-year budget that they meant to simply duplicate for year two. District staff worked with Variety to make the correction and is recommending funding of \$102,949.</li> </ul>
<p>Grant #: 1437</p> <p><b>Youth Leadership Institute - Community Advocates for Resilient Emotional Safety</b></p> <p>Funding request: \$200,000</p>	<p>\$100,000</p>	<p>1 and 2</p>	<p>Youth Leadership Institute is utilizing their ¡Que Madre! Programming and Youth Community Navigator training programs to address social isolation and loneliness among youth in Eastern Coachella Valley. This grant will enable Youth Leadership Institute to hire and train two Youth Community Navigators. The youth will develop targeted mental health resource information to disseminate to the public and collaborate on health-related trainings for the community.</p> <ul style="list-style-type: none"> <li>• Youth Leadership Institute’s original \$200,000 request incorporated narrative outside of the focus of the RFP strategies. District staff worked with Youth Leadership to remove the unaligned focuses and recommended revisions to the application and funding of \$100,000.</li> </ul>
<p>Grant #: 1441</p> <p><b>DAP Health - DAP Health Community Health Workers Build Community Connections</b></p> <p>Funding request: \$199,993</p>	<p>\$125,000</p>	<p>1 and 2</p>	<p>DAP Health is expanding their Community Health Worker services within their Department of Community Health. This grant will enable DAP Health to fill their CHW position for the Latinx community and retain three other CHWs to continue connecting and mitigating barriers for marginalized populations to behavioral health services/resources and assisting them with navigating the healthcare system.</p> <ul style="list-style-type: none"> <li>• DAP Health’s original \$199,993 request incorporated primary and specialty medical care related deliverables. District staff worked with DAP to remove the unaligned focuses and recommended revisions to the application and funding of \$125,000.</li> </ul>
<p>Grant #: 1443</p> <p><b>Voices for Children - Court Appointed Special Advocate (CASA) Program</b></p> <p>Funding request: \$60,000</p>	<p>\$60,000</p>	<p>1 and 2</p>	<p>Voices for Children addresses the crisis of child abuse and neglect by filling a critical gap in the foster care system through the Court Appointed Special Advocate (CASA) program. Isolation and loneliness are hallmarks of foster care, as children are uprooted from their families, neighborhood friends, and schools and often placed with strangers in unfamiliar neighborhoods for their safety. This grant will enable VFC to expand their existing Coachella Valley efforts</p>

			<p>and provide 30 more children life-changing advocacy from their own dedicated CASA volunteer. CASA volunteers serve as community navigators for children in foster care, connecting the children to mental health services, extracurricular activities, and additional resources to help them mitigate the effects of loneliness and isolation.</p> <ul style="list-style-type: none"> <li>• Staff is recommending funding of \$60,000.</li> </ul>
<p>Grant #: 1445</p> <p><b>The Joslyn Center -</b> <i>Increasing Behavioral Health Access and Social Connectedness for Older Coachella Valley Adults</i></p> <p>Funding request: \$200,000</p>	\$200,000	1, 2, and 3	<p>By utilizing a Community Navigator approach, the Joslyn Center will focus efforts on Hispanic/Latino seniors and seniors with disabilities to increase awareness and access to behavioral health resources and the Center’s programs. Programmatic attention will prioritize decreasing the stigma of seeking mental health support, increasing an understanding of depression and anxiety in seniors, and identifying seniors in need of support. This grant will enable The Joslyn Center to train and hire additional Community Navigators and directly link additional seniors to behavioral health services and programs.</p> <ul style="list-style-type: none"> <li>• Staff is recommending funding of \$200,000.</li> </ul>
<p>Grant #: 1452</p> <p><b>El Sol Neighborhood Educational Center -</b> <i>Coachella Valley Community Assistance, Resources, and Empowerment Services</i></p> <p>Funding request: \$200,000</p>	\$200,000	1, 2, and 3	<p>El Sol is utilizing a tiered Community Health Worker approach to increase community resilience, improve access to mental health resources, and reduce isolation. The project starts out with extensive, large-scale outreach, followed by screening for isolation and loneliness, then direct referrals and connections to supportive care services, and follow-up surveying for impact understanding. This grant will enable El Sol to expand their reach into Coachella Valley with staff for outreach, marketing, and training.</p> <ul style="list-style-type: none"> <li>• Staff is recommending funding of \$200,000.</li> </ul>
<p>Grant #: 1453</p> <p><b>Vision y Compromiso -</b> <i>Cultivando Community Connections</i></p> <p>Funding request: \$200,000</p>	\$199,914	1, 2, and 3	<p>Vision y Compromiso’s project focuses on extensive outreach via educational workshops, targeted table events, and participation in community and cultural events. From these events, Vision will provide direct referrals and warm hand offs to local resources and services and survey individuals to better understand impact. This grant will enable Vision to support the overall staff and supplies necessary for outreach and connections.</p> <ul style="list-style-type: none"> <li>• Staff is recommending funding of \$199,914.</li> </ul>
<p>Grant #: 1455</p> <p><b>Angel View - Outreach program to reduce social isolation and loneliness</b></p> <p>Funding request: \$133,000</p>	\$86,250	1 and 2	<p>Angel View will target children with disabilities, their siblings, and their parents to improve access to needed medical care services/resources, aid them in navigating complex care systems, and connect the children and family members to supportive services. This grant will enable Angel View to purchase case management software and retain four Community Navigator positions to expand their reach in providing case management services to children with disabilities and their families.</p> <ul style="list-style-type: none"> <li>• Angel View’s original \$133,000 request incorporated scholarships and mileage reimbursements outside of the focus of the RFP</li> </ul>

			strategies. District staff worked with Angel View to remove the unaligned focuses and recommended revisions to the application and funding of \$86,250.
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**Fiscal Impact:**

- \$1,074,113 to be allocated from the FY 2023/2024 grant budget.



**Date:** April 23, 2024

**To:** Board of Directors

**Subject:** Grant # 1432 Variety – the Children’s Charity of the Desert Tent 66

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**Grant Request:** Outreach and Future Program Expansion

**Amount Requested:** \$102,949.00

**Project Period:** 5/1/2024 to 4/30/2026

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

In response to the uplifted and prioritized needs expressed by the convening of local community stakeholders, the District and Foundation sought proposals from organizations with the release of the **Request for Proposals Building Connected Communities: Improving Community Supports to Reduce Social Isolation and Loneliness**. Specifically, the District and Foundation sought projects that address isolation and loneliness through the recruitment, retainment, and training of community navigators to improve connectedness. After a thorough review process, District staff identified applications to recommend funding approval from the Program Committee and full Board of Directors.

Variety – the Children’s Charity of the Desert submitted a funding request to support their Outreach Program. The program focuses on improving access to case management services, access to behavioral/mental health services, and resources and referrals to community services for children with special needs and their families. Programmatic components will focus on expanding their community awareness activities throughout Coachella Valley and bringing additional children and families in for case management.

The District funding will be used to support the partial salary and benefits of the Outreach Coordinator. The Outreach Coordinator will be responsible for continuing to develop and expand the Outreach Program targeting the improvement of community and social supports for children with special needs and their families.





**Strategic Plan Alignment:**

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

**RFP Strategy 1:** Increase the number of community navigators serving Coachella Valley residents.

**RFP Strategy 2:** Increase awareness and access to behavioral/mental health resources.

**RFP Strategy 3:** Improve access to community support services through systems and environments that build connectedness

**Geographic Area(s) To Be Served:**

All 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 \$102,949.00 be approved.

Recommendation with modifications

Request for more information

Decline



## **RFP Building Connected Communities Grant Application Summary**

### **Variety Childrens Charities Of The Desert Tent 66, Grant # 1432**

#### **About the Organization**

Variety Childrens Charities Of The Desert Tent 66  
42600 Cook Street, Ste 150  
Palm Desert, CA 92211-6108  
760-773-9800  
[www.varietyofthedesert.org](http://www.varietyofthedesert.org)  
**Tax ID #:** 33-0278817

#### **Primary Contact:**

Heidi Maldoon, Executive Director  
[Heidi@varietyofthedesert.org](mailto:Heidi@varietyofthedesert.org)

#### **Organization's Mission Statement and History**

In 1987, Variety – the Children's Charity of the Desert ("Tent 66") was established to bring the profound and life-changing purpose and vision of Variety International (with 39 offices in 14 countries) to our community. Following the lead of Variety International, we strive to meet the multiple unmet needs of children who are sick, disadvantaged, or live with disabilities, making a life-long positive impact on their well-being and quality of life. Our mission is to promote the health, mobility, independence, and social inclusion of special needs and disadvantaged children throughout the Coachella Valley. Over the past 37 years, we have touched the lives of over 100,000 local children, assisting youth who would otherwise not have access to services and support that help them obtain vital medical assistance, early intervention, and enrichment activities needed for equality and inclusion.

**Organization Annual Budget:** \$957,000.00

#### **Project Information**

**Project Title:** Outreach and Future Program Expansion

**Start Date:** 5/01/2024    **End Date:** 4/30/2026

**Total Project Budget:** \$343,473.00

**Requested Amount:** \$102,949.00

### **Community Need for this Project in the Coachella Valley:**

*Identify and describe the specific need(s) for the project in the Coachella Valley. Please incorporate relevant and valid Coachella Valley data that highlight the full scope of the need and clearly make a connection to the project's targeted population.*

The 2015 U.S. Census Bureau's American Community Survey (September 2015) states that 23.7% of children ages 0-17 in Riverside County are living in poverty. The California Department of Education's Special Education Division (October 2015) documents that 13.2% of Riverside County children live with autistic, orthopedic, traumatic brain injury, visual or multiple disabilities. With the Coachella Valley's full-time population of 375,000 persons and 106,000 children (U.S. Census Bureau 2015 projections), approximately 25,000 are living in poverty and 14,000 have special needs. These sobering figures demonstrate the vital need for services addressing the needs of underprivileged and physically challenged children. Most families of children with special needs (resulting from conditions including autism, cerebral palsy, Down syndrome, cystic fibrosis, multiple sclerosis, paralysis, missing limbs, blindness, and deafness) have limited financial resources for several reasons. Treatment and equipment are expensive, medical insurance rarely covers the full cost of care, family budgets are strained under the pressure of ongoing needs and costs, and often one or both parents must serve as caregivers which reduces families' earning power. When developmental delays are identified and addressed early, it can have a life-changing impact for children and families – yet in California, 70% of children with delays are not identified or supported until kindergarten (Helpmegroeca.org). Furthermore, 28.1% of children under age 6 in California are at moderate or high risk for developmental, behavioral, or social delays (gettingdowntofacts.com). The Desert Health Care District Foundation's 2019 Community Health Needs Assessment of the Coachella Valley recognized the critically important first five years of life for children. The report noted the impact of positive development during these formative years which ultimately reduces the social and financial costs of services the children might need in later years of adulthood. It is for this reason that children are expected to meet various milestones which include smiling during the first two months to speaking clearly by age 5. When a child is not meeting developmental milestones, it is important for the child to see a healthcare provider and if needed, obtain early interventions. Accessing interventions earlier benefits a child's overall development and establishes a foundation for learning which improves outcomes as outlined in the assessment. Program priorities include developmental screenings, referrals and supportive services provided by Caring Connections which support a growing population of younger families in underserved communities across the Coachella Valley. This is a critically important service due to a workforce shortage of physicians which is most evident in pediatrics having 70 fewer pediatricians than are needed locally based on the Community Clinical and Social Needs Assessment conducted by the Desert Healthcare District in March 2023. Service location priorities include access points to services in communities where residents are facing the highest risk in areas such as lack of transportation, risk of being uninsured, and other social factors. Service areas for Caring Connections include Cathedral City, Coachella, Desert Hot Springs, (ZIP Codes 99240 and 99241), Indio (92201), Mecca, North Palm Springs, Thermal and Thousand Palms which are high-risk areas as identified in the DHCD's Community Clinical and Social Needs Assessment.

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

*Describe the scope of the project and how your organization will utilize the Desert Healthcare District funding. Clearly state the approach you are going to take to meet the community's need and specify how the success of this project directly aligns to the purpose of the request for proposals to Build Connected Communities: Improving Community Supports to Reduce Social Isolation and Loneliness.*

Funds are utilized to support Variety's programs which play a critical role in sustainable and consistent services for vulnerable populations adversely impacted by the recent health pandemic, experiencing increased costs associated with raising children with special needs, and those historically underserved and disadvantaged by challenges of economic instability.

Variety conducts a broad and effective range of primary direct services activities that benefit Coachella Valley children in need. We serve children aged 0-18 of all ethnicities residing in the Coachella Valley region of Riverside County. We have dedicated offices across the Coachella Valley in Mecca, Palm Desert, and Desert Hot Springs. Most families of children with special needs (resulting from conditions including autism, cerebral palsy, Down syndrome, cystic fibrosis, multiple sclerosis, paralysis, missing limbs, blindness, and deafness) have limited financial resources for several reasons. Treatment and equipment are expensive, medical insurance rarely covers the full cost of care, family budgets are strained under the pressure of ongoing needs and costs, and often one or both parents must serve as caregivers which reduces families' earning power.

Our four core programs are: **The Freedom Program** delivering vital life-changing equipment and services for mobility, independence, and social inclusion for children through the *Adaptive Bike Program, Bikes for Kids, Recycled Rides* and *Sunshine Coach Vans*. **The Future Program** delivers crucial life-enriching services, education, and self-esteem to children with special needs and their families such as *Art from the Heart* and *Adaptive Sports, recreation and activities*. **The Care Program** delivers critical life-saving medical equipment and services, healthcare, and well-being to children through *Caring Connections* providing early detection and intervention services for infants and young children, and our *Certified Autism and Resource Center*. **The Outreach Program** has started with a soft launch and anticipated pilot program launch in October 2024, to fill an identified gap in services for children with special needs with case management support, increase access and awareness of behavioral/mental health services, and increased resources and referrals to community support services. Funds will support the Outreach Program's pilot program which focuses on improving community and social support for children with special needs and their families. The program focuses on improving access to case management services, access to behavioral/mental health services, and resources and referrals to community services. Participating children and their families will have increased awareness and access to supportive services, socially inclusive activities and experiences, and reduced isolation and loneliness.

**RFP Building Connected Communities Goal/Strategies:**

**2021-2026 Desert Healthcare District Strategic Plan Goal 3:**

Proactively expand community access to behavioral/mental health services.

**RFP Strategy 1:** Increase the number of community navigators serving Coachella Valley residents.

**RFP Strategy 2:** Increase awareness and access to behavioral/mental health resources.

**RFP Strategy 3:** Improve access to community support services through systems and environments that build connectedness

**Project Deliverables and Evaluation**

<p><b>Deliverable #1:</b> By the end of the project, the Outreach Coordinator will be retained in the position and receive specialized training as a Community Navigator.</p>	<p><b>Evaluation #1:</b> The Outreach Coordinator, a Community Navigator position, will oversee the launch and development of the Outreach Program, including training in case management and wraparound services to increase job knowledge and the ability to serve the residents of the Coachella Valley.</p>
<p><b>Deliverable #2:</b> By the project's end, the Outreach Program will reach an estimated 300 at-risk individuals through 24 awareness activities (workshops, educational classes, inclusive gatherings, etc.) access to social connectedness interventions in partnership with 15 community organizations and partners.</p>	<p><b>Evaluation #2:</b> The Outreach Program will serve an estimated 300 at-risk individuals through 24 internal and external community awareness activities including workshops, education, and awareness in partnership with 15 community organizations. Internal community awareness activities will include social connectedness interventions such as workshops, educational opportunities, events, and socially inclusive experiences. External community awareness activities, provided in partnership with critical community partners, include access to behavioral and mental health counseling services, parent advocacy training, and support groups. Tracking of individuals</p>

	served will be conducted by registration and sign-in sheets with progress reports indicating the activity held such as workshops, advocacy support, educational opportunities, and other events.
<b>Deliverable #3:</b> By the project's end, the Outreach Program will reach an estimated 50 at-risk individuals through culturally competent resources and case management services.	<b>Evaluation #3:</b> The Outreach Program will reach an estimated 50 at-risk individuals, both children and their family members such as siblings, parents and guardians, through culturally competent case management, wraparound, resource, and referral services to improve access to supportive services and interventions.
<b>Deliverable #4:</b>	<b>Evaluation #4:</b>

**Project Demographic Information**

**Target Geographic Area(s) To Be Served:**

All areas

**Target Population Age Group:**

0 to 5, 6 to 17

**Target Population Ethnicity:**

Hispanic/Latino (of any race), Not Hispanic or Latino (of any race)

**Target Population Race:**

American Indian and Alaska Native, Asian, Black or African American, Native Hawaiian and other Pacific Islander, White, Some other race

**Additional Target Population Information:**

Variety's purpose is to continue meeting the multiple unmet needs of children (0-18) of all ethnicities and races who are sick, disadvantaged, or live with disabilities, making a life-long positive impact on children residing in the Coachella Valley region of Riverside County. We have dedicated offices across the Coachella Valley in Mecca, Palm Desert, and Desert Hot Springs.

Most families of children with special needs (resulting from conditions including autism, cerebral palsy, Down syndrome, cystic fibrosis, multiple sclerosis, paralysis, missing limbs, blindness, and deafness) have limited financial resources for several reasons. Treatment and equipment are expensive, medical insurance rarely covers the full cost

of care, family budgets are strained under the pressure of ongoing needs and costs, and often one or both parents must serve as caregivers which reduces families' earning power.

## **Capacity, Sustainability, and Partnerships**

### **Organizational Capacity:**

*Describe your organization's capacity to meet the demands of this project (i.e. allocated staff time, internal expertise, organizational structure, history of similar work, etc.).*

Our mission is to promote the health, mobility, independence, and social inclusion of special needs and disadvantaged children throughout the Coachella Valley. Over the past 37 years, we have touched the lives of over 100,000 local children, assisting youth who would otherwise not have access to services and support that help them obtain vital medical assistance, early intervention, and enrichment activities needed for equality and inclusion.

Our team is comprised of six full time staff members: Executive Director Heidi Maldoon, MBA with 17 years' experience as a nonprofit executive director; Rose Smith, Development Coordinator; Lupita Garza, Program Coordinator; Annika Renteria, Outreach Coordinator; Laura Nunez and Kimberli Garcia, Program Specialists. Additionally, the organization hosts two interns from the CSUSB Early Childhood Education Department.

Our organization has worked with The International Board of Credentialing and Continuing Education Standards (IBCCES), a global leader in online training and certification programs, to be designated as a Certified Autism Center™ (CAC). Our staff has completed training and certification in best practices when assisting autistic individuals. By undergoing additional autism-specific training, the goal is for our team to be better equipped to provide better resources, referrals, services, and support to all.

### **Organizational Sustainability:**

*Describe your organization's sustainability strategies (i.e. funding, staff recruitment/retention, effective collaboration and partnerships, thoughtful long-term planning, etc.).*

Variety is led by a diverse 12-member volunteer Board of Directors, each of whom are highly skilled in their industry or area of expertise. Each board member has a strong commitment to the organization's mission and devotes significant time and effort to support our operations through organizational oversight, fundraising, and marketing activities. The Board works closely with the Executive Director to develop and implement strategies ensuring the ongoing success and sustainability of Variety. The Executive/Finance Committee meets monthly, and the full Board of Directors meets every other month to review and act on policy, fiscal and business matters. The Board maintains Executive, Governance, Finance, and supports fundraising events committees. Variety assesses the long-term success of the organization through the realization of the goals and objectives set forth in a strategic plan developed by the

Board of Directors. Variety measures the success of program objectives through the achievement of milestones, realization of service goals and objectives as well as and the responsiveness to fill identified gaps in service and support for children in need. The organization is funded through individual and local business contributions, corporate and foundation grants, and fundraising events. Annual fundraising events include the KPLM BIG 106 Cares for Kids Radiothon, Variety Golf Scramble, Women of Wonder Luncheon, and the Art from the Heart Reception.

**Partnerships/Collaborations:**

*If you are planning to partner or collaborate with other organizations, please list them and describe each of their roles in the project. If not partnering, enter N/A.*

Collaboration with our partner agencies throughout the Coachella Valley is a critical factor in increasing awareness and connecting families to the services they need. Partnerships are leveraged to generate awareness and increase referrals for Variety's programs and services and to connect families to the resources they need. Existing partnerships include the following organizations: Loma Linda University and Indio Clinic, Riverside County Family Resource Centers (Mecca and Desert Hot Springs), Braille Institute, Boys and Girls Clubs of the Coachella Valley/Cathedral City/Palm Springs, Family YMCA of the Desert, Angel View, Camp of Champions, Childhood Cancer Foundation, Coachella Valley Autism Society Association, Paras Con Ganas, Building Bridges, Fenixia Foundation, Olive Crest, United Cerebral Palsy Inland Empire, LEAP Services, Jewish Family Services and many more. Partnerships with area school districts, medical professionals, pediatricians, therapists, special education professionals, social workers, and tribal leaders will also be utilized for program referrals and promotion.

**Diversity, Equity, and Inclusion (DEI)**

**How does your organization address DEI in your policies, strategic plan, board and staff, etc.?**

The Board intentionally considers diversity, equity and inclusion within its membership and works to recruit candidates who fill areas which are not currently represented.

**What barriers does your organization face when addressing DEI?**

As a small and growing organization, DEIB must continue to be discussed and addressed. DEIB is an intentional priority to identify areas of underrepresentation while maintaining a welcoming and diverse organization at all levels.



## Grant Budget

Project Grant Budget				
<b>Applicant:</b>		<b>Variety - the Children's Charity</b>		<b>Outreach Program</b>
OPERATIONAL EXPENSES		Total Project Budget	Funds From Other Sources <small>Detail On Section 3</small>	Amount Requested From DHCD/F
<b>Total Staffing Expenses <small>Detail on Section 2</small></b>		\$ 189,616.66	\$ 100,095.95	\$ 89,520.70
<b>Equipment (itemize)</b>				
1			\$ -	
2			\$ -	
3			\$ -	
4			\$ -	
<b>Supplies (itemize)</b>				
1	Socially Inclusive Events, Activities, etc.	\$ 30,000.00	\$ 30,000.00	
2	Case Management & Mental Health Services	\$ 20,000.00	\$ 20,000.00	
3		\$ -	\$ -	
4			\$ -	
<b>Printing / Duplication</b>		\$ 600.00	\$ 600.00	\$ -
<b>Mailing / Postage</b>		\$ 600.00	\$ 600.00	\$ -
<b>Mileage (use current Federal mileage rate)</b>		\$ 1,200.00	\$ 1,200.00	\$ -
<b>Education / Training</b>		\$ 4,800.00	\$ 4,800.00	\$ -
<b>Other Direct Project Expenses Not Described Above (itemize)</b>				
1	Professional Fees (Accountant, Auditor, etc.)	\$ 19,200.00	\$ 19,200.00	\$ -
2	Dues, Subscriptions & Fees	\$ 7,800.00	\$ 7,800.00	\$ -
3	Advertising & Volunteer Expenses	\$ 42,800.00	\$ 42,800.00	\$ -
4			\$ -	
<b>* Items listed below are included for calculation of the total project budget only. For use of DHCD/F funds, these line items would be included in the allowable 15% indirect cost rate.</b>				
<b>Office / Rent / Mortgage*</b>		\$ 13,428.00	\$ 13,428.00	\$ -
<b>Telephone / Fax / Internet*</b>			\$ -	\$ -
<b>Utilities*</b>			\$ -	\$ -
<b>Insurance*</b>			\$ -	\$ -
<b>Indirect Rate</b>	<input checked="" type="checkbox"/> Check Box To Utilize Indirect Rate Up To 15%	Enter Rate	15.00%	\$ 13,428.11
<b>Total Project Budget (Rounded up to nearest dollar)</b>				
		<b>\$ 343,473</b>	<b>\$ 240,524</b>	<b>\$ 102,949</b>
<b>Budget Narrative</b>	<p style="color: red; font-size: small;">The Outreach Coordinator is the primary expense related to the Outreach Program project. The Outreach Coordinator has been on staff for 2 years, and has overseen the program development and pilot program. Expenses related to the project promote socially inclusive and supportive services for at-risk children and their families. Access to events activities, experiences, educational workshops, and more will be provided through this project. Additionally, clients will receive case management support, referrals and access to mental health support and counseling services.</p>			

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Staff Salary Expenses		Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD/F
<b>Employee Position/Title</b>					
1	Outreach Coordinator	\$ 52,000.00	70%	72,800.00	\$ 72,800.00
2	Development Coordinator	\$ 52,000.00	20%	20,800.00	\$ -
3	Executive Director	\$ 101,000.00	30%	60,600.00	\$ -
4				-	
5				-	
6				-	
Enter Total Employee Benefits / Employer Taxes % (Proportional Fringe Costs and/Or Employer Taxes Based On % Of Time Allocated To Project)			22.97%	35,416.66	16,720.70
<b>Total Will Populate In Total Staffing Expenses Section 1</b>			<b>Total &gt;</b>	<b>\$ 189,616.66</b>	<b>\$ 89,520.70</b>
Budget Narrative - Scope of Work	The Outreach Coordinator will oversee the Outreach Program including the continued development, program launch, and increasing effectiveness of the program services. For the duration of the project, the Outreach Coordinator focuses on the Outreach Program 70% of their time and related programs and services during the remaining 30%.				
Budget Narrative - Employee Benefits	Full-time employees are eligible for benefits of the organization including holidays, vacation and sick leave. Full-time employees have the option to participate in the organizations health plan.				
Professional Services / Consultant Expenses		Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD/F
<b>Company and Staff Title</b>					
1					
2					
3					
4					
<b>Total Will Populate in Total Staffing Expenses Section 1</b>			<b>Total &gt;</b>	<b>\$ -</b>	<b>\$ -</b>
Budget Narrative - Scope of Work	Please describe in detail the <b>scope of work</b> for each professional service/consultant on this grant.				

<b>Funds From Other Sources (Actual Or Projected) SPECIFIC To This Project</b>		
<b>"Total Funding In Addition To DHCD/F Request" Below Should Match Or Exceed Value Listed In Section 1 for "Funds from Other Sources".</b>		<b>Amount</b>
<b>Fees</b>		\$ -
<b>Donations</b>		\$ 20,524.00
<b>Grants (List Organizations)</b>		
1	Additional Grant Requests (Projected)	\$ 50,000.00
2		
3		
8		
<b>Fundraising (Describe Nature Of Fundraiser)</b>		
1	29th & 30th Annual KPLM Cares for Kids Radiothon (Projected)	\$ 100,000.00
2		
3		
8		
<b>Other Income, e.g., Bequests, Membership Dues, In-Kind Services, Investment Income, Fees From Other Agencies, Etc. (Itemize)</b>		
1	Other Fundraising & Events (Projected)	\$ 50,000.00
2	Mental Health Services, Trainers for Workshops/Classes (Actual)	\$ 20,000.00
3		
8		
<b>Total Funding In Addition To DHCD/F Request</b>		<b>\$ 240,524.00</b>
<b>Budget Narrative</b>	The organization seeks grant funding to launch a current pilot program. The long term funding strategy includes grant funds at one-third of organizational income. Sources for revenue include major events and increased private donations, in-kind services in the form of workshop trainers, mental health services and leadership of events, activities, etc. are reflected.	

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**EXHIBIT B**

**PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES**

<u>Project Title</u>	<u>Start/End</u>
Outreach and Future Program Expansion	5/01/2024 4/30/2026

**PAYMENTS:**

(4) Payments: \$ 23,163  
 10% Retention: \$ 10,297

**Total request amount: \$ 102,949.00**

**GRANT AND PAYMENT SCHEDULE REQUIREMENTS:**

Scheduled Date	Grant Requirements for Payment	Payment
5/01/2024	Signed Agreement submitted & accepted.	Advance of \$23,163 for time period 5/01/2024 - 10/31/2024
12/01/2024	1st six-month (5/01/2024 - 10/31/2024) progress report, budget reports and receipts submitted & accepted	Advance of \$23,163 for time period 11/01/2024 - 4/30/2025
6/01/2025	2nd six-month (11/01/2024 - 4/30/2025) progress report, budget reports and receipts submitted & accepted	Advance of \$23,163 for time period 5/01/2025 - 10/31/2025
12/01/2025	3rd six-month (5/01/2025 - 10/31/2025) progress report, budget reports and receipts submitted & accepted	Advance of \$23,163 for time period 11/01/2025 - 4/30/2026
6/01/2026	4th six-month (11/01/2025 - 4/30/2026) progress report, budget reports and receipts submitted & accepted	\$0
6/15/2026	Final report (5/01/2024 - 4/30/2026) and final budget report submitted & accepted	\$10,297 (10% retention)

**TOTAL GRANT AMOUNT: \$ 102,949.00**

DELIVERABLES:

Project Deliverables and Evaluation

<p><b>Deliverable #1:</b> By the end of the project, the Outreach Coordinator will be retained in the position and receive specialized training as a Community Navigator.</p>	<p><b>Evaluation #1:</b> The Outreach Coordinator, a Community Navigator position, will oversee the launch and development of the Outreach Program, including training in case management and wraparound services to increase job knowledge and the ability to serve the residents of the Coachella Valley.</p>
<p><b>Deliverable #2:</b> By the project's end, the Outreach Program will reach an estimated 300 at-risk individuals through 24 awareness activities (workshops, educational classes, inclusive gatherings, etc.) access to social connectedness interventions in partnership with 15 community organizations and partners.</p>	<p><b>Evaluation #2:</b> The Outreach Program will serve an estimated 300 at-risk individuals through 24 internal and external community awareness activities including workshops, education, and awareness in partnership with 15 community organizations. Internal community awareness activities will include social connectedness interventions such as workshops, educational opportunities, events, and socially inclusive experiences. External community awareness activities, provided in partnership with critical community partners, include access to behavioral and mental health counseling services, parent advocacy training, and support groups. Tracking of individuals served will be conducted by registration and sign-in sheets with progress reports indicating the activity held such as workshops, advocacy support, educational opportunities, and other events.</p>
<p><b>Deliverable #3:</b> By the project's end, the Outreach Program will reach an estimated 50 at-risk individuals through culturally competent resources and case management services.</p>	<p><b>Evaluation #3:</b> The Outreach Program will reach an estimated 50 at-risk individuals, both children and their family members such as siblings, parents and guardians, through culturally competent case management, wraparound, resource, and referral services to improve access to supportive services and interventions.</p>

The Desert Healthcare District has implemented Results-Based Accountability (RBA) into their grantmaking process to streamline reporting and offer a straightforward approach to effectively measuring program-level performance.

## **RFP Building Connected Communities Goal/Strategies**

**Strategy 1: Increase the number of community navigators serving Coachella Valley residents.**

*You have selected Strategy 1.*

Your project deliverables need to capture the following performance measures.

- # of Community Navigators trained
- # of Community Navigator positions retained

**Strategy 2: Increase awareness and access to behavioral/mental health resources.**

*You have selected Strategy 2.*

Your project deliverables need to capture the following performance measures.

- # of clients provided service in their native language
- # of cultural competency resources disseminated
- # of community engagement/awareness activities
- # of clients/potential clients reached through awareness efforts
- # of clients who were directly connected to behavioral/mental health services
- # of clients/potential clients who increased their knowledge of behavioral/mental health resources
- % of clients/potential clients who increased their knowledge of behavioral/mental health resources

**Strategy 3: Improve access to community support services through systems and environments that build connectedness**

*You have selected Strategy 3.*

Your project deliverables need to capture the following performance measures.

- # of clients reached
- # of clients connected to community groups/organizations for practical and emotional support



**Date:** April 23, 2024

**To:** Board of Directors

**Subject:** Grant # 1437 Youth Leadership Institute

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**Grant Request:** Community Advocates for Resilient Emotional Safety - (ECV CARES)

**Amount Requested:** \$100,000.00

**Project Period:** 5/1/2024 to 4/30/2026

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

In response to the uplifted and prioritized needs expressed by the convening of local community stakeholders, the District and Foundation sought proposals from organizations with the release of the **Request for Proposals Building Connected Communities: Improving Community Supports to Reduce Social Isolation and Loneliness**. Specifically, the District and Foundation sought projects that address isolation and loneliness through the recruitment, retainment, and training of community navigators to improve connectedness. After a thorough review process, District staff identified applications to recommend funding approval from the Program Committee and full Board of Directors.

Youth Leadership Institute submitted a funding request to expand their Que Madre! Programming and further implement training for two new Youth Community Navigators. The program and training addresses social isolation and loneliness among youth in the Eastern Coachella Valley (ECV) by fostering community engagement, leadership development, and mental health awareness. Programmatic components focus on:

- Youth Engagement and Advocacy by engaging 15 youth from the ECV, ages 14-25, in uplifting community narratives and issues in their community through storytelling and advocacy.
- Strategic Partnerships and Mental Health Support by maximizing strategic partnerships to create inclusive, meaningful opportunities for engagement by partnering with mental health providers and by developing a network of adult allies.
- Empowering Youth Community Navigators by building Skills, fostering leadership, and increasing access to health resources.



This multifaceted approach contributes significantly to enhancing community support and, ultimately, reducing social isolation and loneliness, creating a more connected and resilient Eastern Coachella Valley.

The District funding will be used to support the partial salaries and benefits of three positions: a Program Coordinator and two Youth Community Navigators. Additionally, funding will be allocated to education/training to support the capacity building and professional development opportunities for the Youth Community Navigators.

**Strategic Plan Alignment:**

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

**RFP Strategy 1:** Increase the number of community navigators serving Coachella Valley residents.

**RFP Strategy 2:** Increase awareness and access to behavioral/mental health resources.

**Geographic Area(s) To Be Served:**

Coachella, Mecca, North Shore, Oasis, Thermal

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

✓ Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of \$100,000.00 be approved.

Recommendation with modifications

Request for more information

Decline





## **RFP Building Connected Communities Grant Application Summary**

### **Youth Leadership Institute, Grant # 1437**

#### **About the Organization**

Youth Leadership Institute  
198 Potrero Avenue  
San Francisco, CA 94103  
628-400-9252

**Tax ID #:** 68-0184712

#### **Primary Contact:**

Olivia Rodriguez Mendez, Eastern Coachella Valley Program Manager  
grants@yli.org

#### **Organization's Mission Statement and History**

YLI's mission is to build communities where young people and their adult allies come together to create positive social change. YLI's work is based in the conviction that, if we invest in young people and help them uncover their authentic leadership style, the entire community will prosper as a result. YLI believes that everyone has the potential to be an engaged member of society no matter their age, gender, immigration status, socioeconomic status, or any other identifier so long as their skills are developed and the community is ready for their participation.

Founded in 1991, YLI has sparked the leadership of over 100,000 young people to solve pressing social issues and serve communities. YLI implements community-based programs throughout California in the counties of Fresno, Los Angeles, Madera, Marin, Merced, San Francisco, San Mateo, and Riverside. Across 70 cohorts, YLI serves 1,700 youth leaders ages 12-26 each week, 90% of whom are youth of color, and 67% of whom qualify as low income. A nationally recognized leader in the field of youth development, YLI provides young people with tools and support to identify community needs and implement solutions, while also training adult allies to successfully partner with youth in community change efforts. The young people of YLI have successfully advocated for over 135 policy wins across California with their partners and allies.

YLI's programs weave together job skills development, adult-youth mentoring relationships, youth-led grantmaking, and targeted, youth-led advocacy campaigns. This

approach results in engaged, empowered, and confident youth, increased community resilience, and policies that better reflect the needs of marginalized populations - all of which has a major, long-term impact on wellbeing throughout a given locale.

yli's Training and Consulting Services arm packages the on-the-ground knowledge gained from these experiences, and has delivered it to more than 220 communities across the U.S. and internationally. Trainings include best practices in youth development, cultural competency, alcohol and drug prevention, youth philanthropy, policy advocacy, youth media and storytelling. yli is the designated national trainer for Communities Mobilizing for Change on Alcohol, a Federal Substance Abuse and Mental Health Service Administration (SAMHSA) model program.

**Organization Annual Budget:** \$10,022,760.00

### **Project Information**

**Project Title:** Community Advocates for Resilient Emotional Safety - (ECV CARES)

**Start Date:** 5/01/2024    **End Date:** 4/30/2026

**Total Project Budget:** \$137,852.00

**Requested Amount:** \$100,000.00

#### **Community Need for this Project in the Coachella Valley:**

*Identify and describe the specific need(s) for the project in the Coachella Valley. Please incorporate relevant and valid Coachella Valley data that highlight the full scope of the need and clearly make a connection to the project's targeted population.*

In the Coachella Valley, a critical need has been identified through the Desert Healthcare District and Foundation's comprehensive data walk, revealing the alarming rates and impact of isolation and loneliness. This resonates with the National Institute on Aging's definition of loneliness and isolation, indicating significant health risks. During the community data walk, challenges and opportunities emerged, emphasizing the need for improved transportation, expanded extracurricular activities, targeted training for trusted messengers, and increased capacity of community health workers.

Moreover, it's crucial to highlight the specific ways in which youth in the Eastern Coachella Valley (ECV) experience isolation and loneliness. Our youth programming encompasses the ECV, which includes the city of Coachella and unincorporated communities of Thermal, Oasis, North Shore, and Mecca. ¡Que Madre! Media fosters a sense of community because it is a safe space for youth. ECV staff share firsthand experiences of growing up with feelings of isolation which leads to relatable and empathetic spaces for authentic discussions. The aftermath of the COVID-19 pandemic has exacerbated the issue, disrupting in-person schooling and amplifying social isolation. yli has led initiatives addressing these challenges, during the COVID-19 pandemic and as we transitioned back to in-person programming. Our staff collaborated

with mental health providers and established partnerships with institutions like University of California, Riverside School of Medicine Center for Health Disparities Research. Throughout these collaborations we were able to host workshops with young people and culturally competent local mental health providers to support in navigating feelings of grief, transitioning through life stages, isolation, etc.

Additionally, we acknowledge the geographic disconnect caused by unreliable transportation and combat this by offering accessible and culturally competent curriculum that resonates with the community's diverse demographics. In the ECV lack of public transportation is one of the primary barriers to accessing community spaces and health resources. In Desert Healthcare District and Foundation's (DHCD) Community Health Needs Assessment (CHNA), public transportation was noted several times as it impacts healthcare access, mobility-related disabilities, social isolation, and climate related issues. Community members are dependent on the SunLine Transit Agency and while improvements have been made over the years, several routes only have scheduled pick-ups for once an hour. For students, the Coachella Valley Unified School District (CVUSD) Transportation Department provides transportation for 11 months to students who reside within the board-approved busing guidelines. According to the CVUSD website, their buses "travel more than 1.3 million miles a year and transport more than 9,500 students each day."

Recognizing these obstacles, we have been innovative in ensuring our staff can offer comprehensive support to youth. This commitment extends to facilitating transportation assistance, distributing hotspots, offering stipends, and providing meals — all aimed at mitigating obstacles related to transportation, connectivity, and basic needs. Most significantly, throughout our programming, youth participants not only connect with their peers but also forge meaningful relationships with adult allies, including YLI staff and mental health providers. Serving as a bridge to other community members through our outreach strategy, youth also facilitate connections with local resources, particularly in the realm of mental and behavioral health. We have proactively strengthened the role of our staff and youth participants as trusted messengers in the community. In the past year, this has involved providing COVID-19 resources, PPE, Extreme Heat guides, ITIN information and local mental health resources guides. Through our programming we're able to offer training sessions to young people in creating relevant content, and implementing a comprehensive dissemination plan for both in-person and social media platform strategies. Youth leaders are able to bridge the identified gaps by curating a network of resources that reflect the needs of their communities. By actively involving youth as community navigators, our programs not only respond to but also proactively contribute to mitigating the impact of isolation and loneliness in the Coachella Valley.

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

*Describe the scope of the project and how your organization will utilize the Desert Healthcare District funding. Clearly state the approach you are going to take to meet the community's need and specify how the success of this project directly aligns to the purpose of the request for proposals to Build Connected Communities: Improving Community Supports to Reduce Social Isolation and Loneliness.*

Our ¡Que Madre! Programming and Youth Community Navigator training represent an impactful response to Desert Healthcare District's goal to proactively expand community access to mental health services. The initiative addresses social isolation and loneliness

among youth in the Eastern Coachella Valley (ECV) by fostering community engagement, leadership development, and mental health awareness. The DHCD funding will be purposefully directed to align with the specified strategies and their corresponding performance measures:

- Youth Engagement and Advocacy: Engage 15 youth from the ECV, ages 14-25, in uplifting community narratives and issues in their community through storytelling and advocacy.
  - Addressing Community Need:
    - To minimize transportation barriers for youth, programming will be offered in accessible community locations like public libraries, parks, schools and through Zoom if needed.
  - Alignment:
    - By establishing and nurturing a secure space that encourages youth voices, experiences, and concerns, the project cultivates a sense of connectedness, belonging and shared identity. This aligns directly with the goal of reducing social isolation and loneliness. Incorporating culturally competent curriculum and integrating relevant community issues throughout youth programming enhances relatability, fostering connections among youth. Empowering youth as advocates promotes a sense of purpose and shared responsibility, contributing to a community-driven approach.
- Strategic Partnerships and Mental Health Support: Maximize strategic partnerships to create inclusive, meaningful opportunities for engagement by partnering with mental health providers and by developing a network of adult allies.
  - Addressing Community Need:
    - Establishing strategic partnerships serves to bridge the gap in awareness of mental health resources by leveraging existing networks, ensuring comprehensive support for youth. Collaborating with mental health providers plays a pivotal role in demystifying the process of accessing mental health resources, providing youth with familiarity on how to utilize these crucial services.
  - Alignment:
    - Identifying and strengthening partnerships with adult allies empowers the community by expanding the network of support, bridging generational gaps, and creating mentorship opportunities. Cultivating collaborations with mental health providers enhances the accessibility of mental health resources, directly aligning with the goal to reduce social isolation and loneliness through comprehensive support.
- Empowering Youth Community Navigators: Building Skills, Fostering Leadership, and Increasing Access to Health Resources

- Addressing Community Need:
  - To empower youth with the essential skills and knowledge, Youth Community Navigators will collaborate with 1-2 local mental health providers and/or services to enhance awareness and peer to peer support for mental/behavioral resources in the ECV. This initiative aims to improve their capacity to navigate local public health challenges and play an active role in their communities.
    - Youth Community Navigator’s required training will include: Mental Health First Aid Training, Mandated Reporter Training, Building Youth and Adult Partnerships, and training related to Policy-Advocacy and Communications.
    - Youth Community Navigators will partner with 1-2 mental health service providers to conduct the following trainings to strengthen peer to peer support: Mental Health and Well-being trainings such as Suicide Prevention and Building Resilience.
  
- Alignment:
  - By investing in training, the project ensures that youth participants develop leadership qualities, effective communication strategies, and collaborative skills. This aligns with the overarching goal of reducing social isolation and loneliness by fostering a proactive community support network.
  - By providing comprehensive training and skill development, the project aims to expand the pool of knowledgeable and skilled individuals within the community who can effectively serve as Youth Community Navigators. This contributes to the broader goal of enhancing community support and reducing social isolation and loneliness.

Our ¡Que Madre! Programming and Youth Community Navigator training stand as a comprehensive and youth-driven initiative to address the pressing challenges of social isolation and loneliness among youth in the ECV. The utilization of Desert Healthcare District funding will be used to align with specific strategies and their corresponding performance measures. Through the targeted approach of engaging 15 youth in uplifting community narratives, strategically addressing transportation barriers, and fostering a sense of belonging through culturally competent programming, we aim not only to reduce social isolation but also to empower youth as advocates and agents of change in their community. Lastly, in building the skills and leadership qualities of youth through monthly training sessions, we envision not only a reduction in social isolation but also an expansion of a pool of knowledgeable individuals serving as Community Navigators. This multifaceted approach contributes significantly to enhancing community support and, ultimately, reducing social isolation and loneliness, creating a more connected and resilient Eastern Coachella Valley.

**RFP Building Connected Communities Goal/Strategies:**

**2021-2026 Desert Healthcare District Strategic Plan Goal 3:**

Proactively expand community access to behavioral/mental health services.

**RFP Strategy 1:** Increase the number of community navigators serving Coachella Valley residents.

**RFP Strategy 2:** Increase awareness and access to behavioral/mental health resources.

**Project Deliverables and Evaluation**

<p><b>Deliverable #1:</b> By the end of the project, yli will hire 2 Youth Community Navigators to support in leading outreach efforts and promoting mental health awareness in the Eastern Coachella Valley.</p>	<p><b>Evaluation #1:</b></p> <ul style="list-style-type: none"><li>• yli will hire 2 Youth Community Navigators by the end of the project.</li><li>• The 2 Youth Community Navigators will complete the following training as part of their onboarding process at yli: Mental Health First Aid Training, Mandated Reporter Training, Building Youth and Adult Partnerships, and training related to Policy-Advocacy and Communications.</li><li>• Youth Community Navigators will support the recruitment of 15 youth, ages 14 - 25 for each ¡Que Madre! Media Fall and Spring cohorts.</li></ul>
<p><b>Deliverable #2:</b> By the end of the project, 10 community engagement activities will be hosted by the Youth Community Navigators reaching 500 individuals to inform mental health resource guides and information development that’s culturally competent and relevant to the local community in the ECV.</p>	<p><b>Evaluation #2:</b></p> <ul style="list-style-type: none"><li>• yli staff will collaborate with local youth to strategize and select suitable meeting locations, prioritizing areas with transportation challenges in rural ECV. To ensure accessibility yli staff will prioritize locations in the ECV such as school, parks and local community centers. Hybrid activities and meetings will be integrated as</li></ul>

	<p>needed to further enhance accessibility.</p> <ul style="list-style-type: none"> <li>• Community engagement activities will consist of tabling events, canvassing efforts and/or social media campaigns in the ECV.</li> <li>• Youth Community Navigators will keep track of the impact of community engagement activities, including highlights, challenges and the total number of community members reached through social media and in-person activities.</li> </ul>
<p><b>Deliverable #3:</b> By the end of the project, 2 bilingual mental health zines will be produced, based on community impact, reaching an estimated 2,000 of individuals. The zines will focus on local public health issues, with a significant emphasis on promoting mental health awareness. Each zine will also feature a local mental health resource guide, enhancing the community's access to crucial mental health support and resources.</p>	<p><b>Evaluation #3:</b></p> <ul style="list-style-type: none"> <li>• Youth Community Navigators will create and maintain a mental health resource database. This database will be utilized to create local mental health resource guides included in published zines.</li> <li>• Youth Community Navigators will incorporate youth-created content in the zines, including personal narratives, photography, and art related to mental health issues. Additionally, they will launch a call-out on social media to gather additional ECV youth narratives for inclusion in the zine.</li> <li>• By February 2026, Youth Community Navigators will develop and implement a comprehensive promotion and outreach strategy for the Mental Health Zine Launch.</li> <li>• By the end of the project, 1,000 copies of each zine will be printed</li> </ul>

	and distributed, accompanied by a virtual launch of the zine.
<p><b>Deliverable #4:</b> By the end of the project, 8 mental health trainings will be conducted, with the support of the Youth Community Navigators, reaching 120 individuals.</p>	<p><b>Evaluation #4:</b></p> <ul style="list-style-type: none"> <li>• In partnership with Riverside University Health System – Public Health, Youth Community Navigators will schedule trainings that will include Mental Health and Well-being trainings such as Suicide Prevention and Building Resilience.</li> <li>• Youth Community Navigators will cultivate collaborations with 1-2 local mental health providers and/or services, to schedule training for youth ages 14-25 to enhance their awareness of mental/behavioral resources in the Eastern Coachella Valley.</li> <li>• Youth Community Navigators will develop a short survey to gather feedback from participants on the impact of the training in fostering a supportive and inclusive community conversation around mental health.</li> </ul>

**Project Demographic Information**

**Target Geographic Area(s) To Be Served:**

Coachella, Mecca, North Shore, Oasis, Thermal

**Target Population Age Group:**

6 to 17, 18 to 24, 25 to 39

**Target Population Ethnicity:**

Hispanic/Latino (of any race)

**Target Population Race:**

American Indian and Alaska Native, Asian, Black or African American, Native Hawaiian and other Pacific Islander, White



### **Additional Target Population Information:**

The target population our programs serve include youth of all genders, LGBTQIA+ youth, rural youth, low income youth, and migrant youth. These populations are underserved in the community and we focus a lot of our efforts on including these populations.

### **Capacity, Sustainability, and Partnerships**

#### **Organizational Capacity:**

*Describe your organization's capacity to meet the demands of this project (i.e. allocated staff time, internal expertise, organizational structure, history of similar work, etc.).*

The strength of yli's programming is in deep local commitments: staff from the communities in which we operate offices, local leadership and coalitions and partnerships on the ground. In addition, yli has grown to include statewide partners and work that extends beyond our offices. This statewide work is emerging and includes:

- Leading and producing Idea Labs with the California's Mental Health Services Oversight and Accountability office to amplify youth solutions to the mental health crises currently facing teens.
- Running Healthy Online Platforms for Everyone (HOPE) that resources young people to engage elected officials and technology leaders to create guidelines so that social media and other online spaces are inclusive of young people and built with their best interests in mind.
- Managing the legacy program Calafia which is a statewide youth media project that produces an award-winning thematic magazine every year with young people across California.
- Partnered with RUHS - PH to engage with parents and youth in ECV, including ¡Que Madre! youth, on Riverside Resilience resolution, a "cross-cultural collaboration with aim to reduce incidence of ACEs & promoting positive environments to improve health and educational outcomes for youth in Riverside County.
- During COVID-19 Riverside County wide response led by DHCD, yli created the Riverside Youth Task Force to support vaccination/testing efforts by playing a key role in outreach, creating and disseminating bilingual COVID-19 resource in rural areas, and creating tool kits for other young people to lead outreach efforts.yli has partnered with community experts to host bilingual virtual forums addressing community concerns regarding COVID-19.

Young people in the ECV hosted an in-person Mental Health + COVID-19 Panel on Saturday December 9, 2023 at the Coachella Library. Around 30 community members were in attendance with the majority being young people from the ECV along with adult allies. Panelists included staff from The Center, SafeHouse of the Desert, Alianza and yli's HOPE Campaign.

yli's commitment to amplifying youth voices extends to our internal, organizational processes. yli fulfills this promise by creating a pipeline for our youth participants to join our staff through paid internships and as full-time staff members. This pipeline not only creates career opportunities for our youth, it ensures that our staff truly reflect - and are directly connected to - the communities they serve. The majority of our program staff are transitional-age youth (between the ages of 18-25).

Our youth are involved at the highest levels of our organizational decision making.

Three of our 13 board members are youth, and staff have created several internal committees that are tasked with leading various decision making efforts. These include:

- The Grassroots Committee, which includes all Program Coordinators (PCs) - the entry level, direct service position, made up almost entirely of transitional age youth. This Committee is 100% PC-led, and monthly calls cover a range of topics, sharing resources for programs and professional development opportunities, as well as gathering collective input, concerns and priorities to be shared with the Leadership Team.
- The Advisory Committee, which is composed of one staff member (from any level) from each of our 7 offices. The Committee is tasked with assessing yli's work for alignment with its values of Community, Inclusion, Innovation, and Social Justice. This body has the power to request organizational information from leadership and to make recommendations on improvements to organizational practices. They are also responsible for decisions regarding yli's support for pending legislative policies and partner-led campaigns and calls-to-action.
- The Program Manager/Leadership Team, which is made up of Program Managers, Directors and our CEO. Monthly calls cover the internal business of running the organization and provide a conduit for high-level decisionmaking to reach Program Coordinators their Managers.
- The Leadership Team, which includes Program Directors, other Directors (i.e., Communications, Finance, Strategy, etc.) and the CEO. Monthly calls cover the internal business of running the organization.

### **Organizational Sustainability:**

*Describe your organization's sustainability strategies (i.e. funding, staff recruitment/retention, effective collaboration and partnerships, thoughtful long-term planning, etc.).*

yli is a financially stable organization, with a budget built on diverse revenue sources that practices strong fiscal oversight. As a statewide organization with seven offices across California and a budget of over \$10M annually, yli manages more than 35 government contracts each year (45% of income) and more than 60 contracts with private foundations and organizations (40% of income). The remainder is contributed through other fundraising activities (5%) and earned from yli's Training and Consulting Services (TCS) arm (10% of income).

Finally, yli's audits have no major findings, and yli maintains clear fiscal reporting rules to ensure strong financial management as the organization continues to grow. As of the

January 2023 audit, yli has cash reserves of \$774,173 and is on pace to add to that during the fiscal year ending in June 2023, with a goal of two month's operating expenses (approximately \$1,200,000) in the bank by the January 2024 audit. yli's board includes finance professionals whose organizational oversight includes review and approval of the budget, a mid-year revised budget, regular updates with the CFO and the finance committee, and an annual audit. The board and senior leadership team just passed an investment policy to best steward the cash reserves we have and are in the midst of a feasibility study on buying property for one of our central valley offices. The last four years have been years of growth at yli and the board and senior leadership team have prioritized strong backbone staff investments in order to maintain a strong administrative, supportive and sustainable organization. This has included investments in a grants team and individual donor team in order to drive continued revenue retention and growth. It has also included a contracts manager and a strong finance team to comply with all contractual and government obligations and maintain solid fiscal records. And lastly, an experienced H.R. director and Chief Program Officer who are helping to build out our young workforce and support management and program implementation.

Lastly, our true resiliency and sustainability is always about our people. yli's approach to young people in our communities– that they are assets and to be included in solutions to problems that are facing our communities– extends to hiring former youth participants as staff to continue on innovative social justice work in their communities. We value our people and our partnerships and find sustainability in our continued investment in the people and places that make up our organization.

### **Partnerships/Collaborations:**

*If you are planning to partner or collaborate with other organizations, please list them and describe each of their roles in the project. If not partnering, enter N/A.*

yli is committed to fostering youth engagement and community collaboration in the ECV. Our proposed project aims to empower youth leaders through strategic partnerships, leveraging existing relationships with key stakeholders in the region. These partnerships play a pivotal role in enhancing our outreach, providing valuable opportunities for youth participation, and amplifying the impact of our initiatives. Below are detailed descriptions of our key partnerships and their roles in the project:

Coachella Valley Unified School District (CVUSD): We have long standing partnerships with teachers and administrators at both Coachella Valley High School and Desert Mirage High School. The longstanding partnerships with these high schools involve collaboration with teachers and administrators. This allows us to conduct presentations and outreach directly in the classroom. For 2024, we are also in the process of solidifying our MOU with CVUSD to extend our programming into after-school hours. This strategic initiative is pivotal in expanding youth participation, as it will enhance accessibility to our meetings, effectively overcoming transportation barriers that many youth in our community currently face.

Alianza's Community Justice Campaign Through our involvement, we collaborate with community members, non-profits, and government entities to lead school climate efforts at CVUSD. ¡Que Madre! Media staff actively participate in the Community Justice arm, specifically working on introducing restorative justice practices at local schools. We're able to provide direct support by conducting workshops, strengthening youth leadership, development, and advocacy skills. Additionally, we actively engage with local stakeholders to uplift young people's priorities and concerns related to school climate.

Riverside University Health System-Public Health (RUHS - Public Health): Our longstanding relationship with RUHS - Public Health has been instrumental in the development and implementation of Riverside County's local task force on adverse childhood and community experiences. Our past collaboration with RUHS - Public Health, involved youth in a cross-cultural collaboration on the Riverside Resilience resolution, demonstrated our commitment to reducing ACEs and promoting positive environments for youth in Riverside County. Building on this relationship, we plan to solidify a partnership to strengthen training programs for youth community navigators. DHCD's Coachella Valley Equity Collaborative: yli is dedicated to participating in the collaborative space, a vital platform for connecting with other partners and supporting our ongoing monthly outreach efforts. Additionally, we actively contribute to Communications calls, collaborating on training developments related to the fentanyl education campaign for youth. As we develop our youth community navigator training curriculum, our staff will contribute to leveraging the expertise of partners, extending our commitment to offering trainings to the collaborative as well.

Behavioral/Mental Health Support and Service Providers: ¡Que Madre! Media is dedicated to prioritizing youth mental health support through collaborations with organizations, LCSWs, and therapists. Some of the organization's we've partnered with include RUHS - Public Health, UC Riverside, Borrego Health and Safehouse of the Desert. In these partnerships, we've successfully conducted workshops, mental health journaling sessions and community healing circles for youth participants. These sessions serve as a safe space to navigate pandemic-related challenges, including coping with grief, managing social isolation, practicing self-care, and addressing anxiety and stress. This commitment is an integral aspect of our comprehensive engagement strategy. These collaborations empower us to deliver presentations and outreach directly in classrooms, fostering a supportive environment.

These strategic partnerships underscore our dedication to creating a collaborative and inclusive approach to address community needs, enhance youth leadership, and promote mental health awareness in the Eastern Coachella Valley.

### **Diversity, Equity, and Inclusion (DEI)**

#### **How does your organization address DEI in your policies, strategic plan, board and staff, etc.?**

Inclusion sits at the center of yli's values and work. We operate from the truth that the people most affected by systemic oppression - low-income, LGBTQ, communities of color, and other marginalized populations - are often excluded from decision- and

policy-making processes. yli aims to reverse this trend by amplifying the voices of underserved youth to ensure they have a say in their communities' futures. Nationwide, yli shares the best of this work by leading training on racial equity, power, privilege, and on engaging youth in community work.

yli is more than an organization – we are a collective of human beings, many of whom are drawn from and reflect the powerful and resilient communities we serve. Our CEO, Patty Barahona, is a Latinx, gender-nonconforming, queer leader, and 94% of our staff identify as people of color who come from the communities in which they now lead work. Of the 1,700 youth (ages 12-26) we serve each week, 90% are youth of color, and 67% qualify as low income. Additionally, 62% of yli's board of directors identify as people of color and 54% are women.

yli's commitment to amplifying youth voices extends to its internal, organizational decision making processes. A full quarter of our current staff began their trajectory at yli as youth participants. The majority of our program staff are transitional-age youth (between the ages of 18-25) and one of our 13 board members is a youth. This pipeline not only creates career opportunities for our youth, it ensures that our staff truly reflect - and are directly connected to - the communities they serve.

Our youth – perhaps better than any generation before them – know that oppressive systems do not operate in isolation, and their campaigns reflect their deeply intersectional analysis. At the same time, identifying key issue areas allows them to build strategy and zero in on specific targets. Guided by the vision of our youth, our programs currently focus on six primary Platforms: Economic, Education, Environmental, Gender, Health, and Racial Justice (<https://yli.org/platforms/>). We are also working internally, as a collective of social justice-minded people, to dismantle the oppressive systems in which we are all embedded.

In the aftermath of George Floyd's murder, Black staff raised the necessary discussion to yli leadership about how yli could improve infrastructure to support Black staff and youth and to build organizational capacity to address anti-Black violence and racism. Since then, Black staff and yli Leadership worked collaboratively to identify the top 5 organizational priorities that will address policies and practices, curriculum and training, and additional support for Black staff. Black staff will report a noticeable shift in yli culture, policies, and practices, and nonblack yli staff will report increased capacity of holding conversations about anti-blackness and anti-racism.

1. Black staff will develop a curriculum centered on anti-Blackness and anti-racism to build the capacity of staff
  - a. to understand racism and anti-Blackness; and
  - b. to implement the curriculum in their programmatic work with youth
2. yli will engage an external facilitator to support in co-creating a plan to help us root out racist and anti black systems/ policies within the organization and develop more just internal systems/ policies
3. Black staff and yli leadership will work collaboratively to review and update current org wide policies, implement the top 5 decided organizational priorities, and develop new policies to address any gaps.

We are currently working with Edutainment for Equity on a 14-month, \$60,000 contract that trains all staff and board in anti-racist practices, invigorates our youth curriculum to sharpen our anti-racist work and to create a strategic plan that embodies our anti-racist commitment.

**What barriers does your organization face when addressing DEI?**

yli is a proudly BIPOC-led organization, with over 90% of staff and over 50% of the board of directors identifying as people of color. Inclusion is one of our organizational values and we work hard to promote equity and inclusion across identities in the organization. However, yli exists within racist systems that impact our people and organizational practices which impacts the DEI work that we do.

The first barrier we face is trust. While the leadership of the organization is primarily people of color, program staff still struggle to trust and be patient with ongoing anti-racist work that the organization is engaged in. Trusting a leadership team and consultants to press through to sustainable answers is hard work in the face of systemic pain and while yli has embraced anti-racist practices across the organization it hasn't been fast enough or far enough for some staff.

The second barrier is resources. Funders regularly limit the amount of indirect costs that can be collected by the organization and it is very challenging to identify resources to set aside time and money for robust DEI work when our time and our budgets are already so stretched by the work at hand in communities with young people. It can be pretty overwhelming to be working towards racial justice in our communities while also doing DEI work within the organization. The balance of focusing on external program work which directly addresses racist systems that impact young people versus taking on our internal DEI work can sometimes be a barrier.

Section 1 - Operational Expenses				
Project Grant Budget				
Applicant:		Youth Leadership Institute (yli)		ECV CARES
OPERATIONAL EXPENSES		Total Project Budget	Funds From Other Sources Detail On Section 3	Amount Requested From DHCD/F
<b>Total Staffing Expenses Detail on Section 2</b>		\$ 85,000.00	\$ -	\$ 85,000.00
<b>Equipment (itemize)</b>				
1	2 computers	\$ 6,000.00	\$ 6,000.00	
2			\$ -	
3			\$ -	
4			\$ -	
<b>Supplies (itemize)</b>				
1	writing materials - pens, markers, notepads, etc.	\$ 1,000.00	\$ 1,000.00	
2			\$ -	
3			\$ -	
4			\$ -	
<b>Printing / Duplication</b>		\$ 2,000.00	\$ 2,000.00	
<b>Mailing / Postage</b>		\$ 500.00	\$ 500.00	
<b>Mileage (use current Federal mileage rate)</b>		\$ 1,000.00	\$ 1,000.00	
<b>Education / Training</b>		\$ 2,500.00	\$ 544.00	\$ 1,956.00
<b>Other Direct Project Expenses Not Described Above (itemize)</b>				
1	Youth Participation Stipends	\$ 3,000.00	\$ 3,000.00	
2			\$ -	
3			\$ -	
4			\$ -	
* Items listed below are included for calculation of the total project budget only. For use of DHCD/F funds, these line items would be included in the allowable 15% indirect cost rate.				
<b>Office / Rent / Mortgage*</b>		\$ 18,768.00	\$ 18,768.00	
<b>Telephone / Fax / Internet*</b>		\$ 3,840.00	\$ 3,840.00	
<b>Utilities*</b>		\$ 1,200.00	\$ 1,200.00	\$ -
<b>Insurance*</b>			\$ -	\$ -
<b>Indirect Rate</b>		<b>15%</b>		\$ 13,043.40
<b>Total Project Budget (Rounded up to nearest dollar)</b>		<b>\$ 137,852</b>	<b>\$ 37,852</b>	<b>\$ 100,000</b>
<b>Budget Narrative</b>	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. Fully describe items above in this cell. A) EDUCATION/TRAINING: \$1,956 This is allocated to provide additional capacity building and professional development opportunities for youth community navigators. B) INDIRECT RATE: 15% of \$100,000 budget, total cost of \$13,043.40.			

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Section 2 - Itemized Expenses					
Staff Salary Expenses		Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD/F
<b>Employee Position/Title</b>					
1	Program Manager	\$ 69,000.00	10%	-	in kind
2	Program Coordinator	\$ 50,000.00	20%	9,700.00	\$ 9,700.00
3	Youth Community Navigator	\$ 20,800.00	70%	29,120.00	\$ 29,120.00
4	Youth Community Navigator	\$ 20,800.00	70%	29,120.00	\$ 29,120.00
5	Senior Program Manager	\$ 58,000.00	15%	-	in kind
Enter Total Employee Benefits / Employer Taxes % (Proportional Fringe Costs and/Or Employer Taxes Based On % Of Time Allocated To Project)				17,060.00	17,060.00
Total Will Populate In Total Staffing Expenses Section 1			Total >	\$ 85,000.00	\$ 85,000.00
Budget Narrative - Scope of Work	Please describe in detail the <b>scope of work</b> and duties for each employee on this grant. Program manager Olivia Rodriguez will be working with program coordinators and youth community navigator's to ensure they have all the tools necessary to successfully complete deliverables. The program manager will also complete all financial and narrative reports and submit all needed documentation. The program manager will also support in developing and strengthening relationships with local partners. Senior Program Coordinator is responsible for managing all of the logistics and functional tasks necessary for meeting the goals and objectives of the assigned campaigns, and for ensuring that the young people are experiencing high quality and culturally relevant leadership opportunities. The Program Coordinator (PC) is responsible for coordinating and providing the direct educational curriculum delivery, youth prosocial and leadership activity development, youth leadership skill building and training, community education/awareness outreach, and social norms campaign development and implementation of community navigator learning. 2 Youth Community Navigators will serve as a youth workforce opportunity partnereirng with PC to empower youth with the necessary skills and knowledge, monthly training sessions will be conducted throughout the program with the core goal to enhance their ability to navigate local public health issues and contribute actively to their communities. PERSONNEL & BENEFITS: @25%: .2 FTE Program Coordinator, and (2) .7 FTE Youth Community Navigators. These staffing costs are reflective over the course of this grant 24 month timeline.				
Budget Narrative - Employee Benefits	The benefit rate is calculated at 25% of salary and wages at the above salary and wage rate noted. Benefits include employment taxes, retirement contributions, commuter benefits, company paid health, dental, vision and life insurance.				
Professional Services / Consultant Expenses		Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD/F
<b>Company and Staff Title</b>					
1					
2					
3					
4					
Total Will Populate in Total Staffing Expenses Section 1			Total >	\$ -	\$ -
Budget Narrative - Scope of Work	Please describe in detail the <b>scope of work</b> for each professional service/consultant on this grant.				

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**Section 3 - Other Funding**

**Funds From Other Sources (Actual Or Projected)  
SPECIFIC To This Project**

<b>"Total Funding In Addition To DHCD/F Request" Below Should Match Or Exceed Value Listed In Section 1 for "Funds from Other Sources".</b>		<b>Amount</b>
<b>Fees</b>		
<b>Donations</b>		
<b>Grants (List Organizations)</b>		
1	The California Endowment	\$ 35,480.00
2	California's Office of Community Partnerships Strategic Communications (OSPCS)	\$ 1,200.00
3		
8		
<b>Fundraising (Describe Nature Of Fundraiser)</b>		
1		
2		
3		
8		
<b>Other Income, e.g., Bequests, Membership Dues, In-Kind Services, Investment Income, Fees From Other Agencies, Etc. (Itemize)</b>		
1		
2		
3		
8		
<b>Total Funding In Addition To DHCD/F Request</b>		<b>\$ 36,680.00</b>
<b>Budget Narrative</b>	Please describe in detail any additional information or explanations for items listed above.	

Version 07.07.23 Please see instructions tab for additional information

**EXHIBIT B**

**PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES**

<u>Project Title</u>	<u>Start/End</u>
Community Advocates for Resilient Emotional Safety - (ECV CARES)	5/01/2024 4/30/2026

**PAYMENTS:**

(4) Payments: \$ 22,500.  
10% Retention: \$ 10,000.

**Total request amount:** \$ 100,000.

**GRANT AND PAYMENT SCHEDULE REQUIREMENTS:**

Scheduled Date	Grant Requirements for Payment	Payment
5/01/2024	Signed Agreement submitted & accepted.	Advance of \$22,500. for time period 5/01/2024 - 10/31/2024
12/01/2024	1st six-month (5/01/2024 - 10/31/2024) progress report, budget reports and receipts submitted & accepted	Advance of \$22,500. for time period 11/01/2024 - 4/30/2025
6/01/2025	2nd six-month (11/01/2024 - 4/30/2025) progress report, budget reports and receipts submitted & accepted	Advance of \$22,500. for time period 5/01/2025 - 10/31/2025
12/01/2025	3rd six-month (5/01/2025 - 10/31/2025) progress report, budget reports and receipts submitted & accepted	Advance of \$22,500. for time period 11/01/2025 - 4/30/2026
6/01/2026	4th six-month (11/01/2025 - 4/30/2026) progress report, budget reports and receipts submitted & accepted	\$0
6/15/2026	Final report (5/01/2024 - 4/30/2026) and final budget report submitted & accepted	\$10,000. (10% retention)

**TOTAL GRANT AMOUNT:** \$ 100,000.

DELIVERABLES:

Project Deliverables and Evaluation

<p><b>Deliverable #1:</b> By the end of the project, yli will hire 2 Youth Community Navigators to support in leading outreach efforts and promoting mental health awareness in the Eastern Coachella Valley.</p>	<p><b>Evaluation #1:</b></p> <ul style="list-style-type: none"><li>• yli will hire 2 Youth Community Navigators by the end of the project.</li><li>• The 2 Youth Community Navigators will complete the following training as part of their onboarding process at yli: Mental Health First Aid Training, Mandated Reporter Training, Building Youth and Adult Partnerships, and training related to Policy-Advocacy and Communications.</li><li>• Youth Community Navigators will support the recruitment of 15 youth, ages 14 - 25 for each ¡Que Madre! Media Fall and Spring cohorts.</li></ul>
<p><b>Deliverable #2:</b> By the end of the project, 10 community engagement activities will be hosted by the Youth Community Navigators reaching 500 individuals to inform mental health resource guides and information development that’s culturally competent and relevant to the local community in the ECV.</p>	<p><b>Evaluation #2:</b></p> <ul style="list-style-type: none"><li>• yli staff will collaborate with local youth to strategize and select suitable meeting locations, prioritizing areas with transportation challenges in rural ECV. To ensure accessibility yli staff will prioritize locations in the ECV such as school, parks and local community centers. Hybrid activities and meetings will be integrated as needed to further enhance accessibility.</li><li>• Community engagement activities will consist of tabling events, canvassing efforts and/or social media campaigns in the ECV.</li><li>• Youth Community Navigators will keep track of the impact of community engagement activities, including highlights, challenges and</li></ul>

	<p>the total number of community members reached through social media and in-person activities.</p>
<p><b>Deliverable #3:</b>  By the end of the project, 2 bilingual mental health zines will be produced, based on community impact, reaching an estimated 2,000 of individuals. The zines will focus on local public health issues, with a significant emphasis on promoting mental health awareness. Each zine will also feature a local mental health resource guide, enhancing the community's access to crucial mental health support and resources.</p>	<p><b>Evaluation #3:</b></p> <ul style="list-style-type: none"> <li>• Youth Community Navigators will create and maintain a mental health resource database. This database will be utilized to create local mental health resource guides included in published zines.</li> <li>• Youth Community Navigators will incorporate youth-created content in the zines, including personal narratives, photography, and art related to mental health issues. Additionally, they will launch a call-out on social media to gather additional ECV youth narratives for inclusion in the zine.</li> <li>• By February 2026, Youth Community Navigators will develop and implement a comprehensive promotion and outreach strategy for the Mental Health Zine Launch.</li> <li>• By the end of the project, 1,000 copies of each zine will be printed and distributed, accompanied by a virtual launch of the zine.</li> </ul>
<p><b>Deliverable #4:</b>  By the end of the project, 8 mental health trainings will be conducted, with the support of the Youth Community Navigators, reaching 120 individuals.</p>	<p><b>Evaluation #4:</b></p> <ul style="list-style-type: none"> <li>• In partnership with Riverside University Health System – Public Health, Youth Community Navigators will schedule trainings that will include Mental Health and Well-being trainings such as Suicide Prevention and Building Resilience.</li> <li>• Youth Community Navigators will cultivate collaborations with 1-2 local mental health providers and/or services, to schedule training</li> </ul>

	<p>for youth ages 14-25 to enhance their awareness of mental/behavioral resources in the Eastern Coachella Valley.</p> <ul style="list-style-type: none"> <li>• Youth Community Navigators will develop a short survey to gather feedback from participants on the impact of the training in fostering a supportive and inclusive community conversation around mental health.</li> </ul>
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The Desert Healthcare District has implemented Results-Based Accountability (RBA) into their grantmaking process to streamline reporting and offer a straightforward approach to effectively measuring program-level performance.

### RFP Building Connected Communities Goal/Strategies

**Strategy 1: Increase the number of community navigators serving Coachella Valley residents.**

*You have selected Strategy 1.*

Your project deliverables need to capture the following performance measures.

- # of Community Navigators trained
- # of Community Navigator positions retained

**Strategy 2: Increase awareness and access to behavioral/mental health resources.**

*You have selected Strategy 2.*

Your project deliverables need to capture the following performance measures.

- # of clients provided service in their native language
- # of cultural competency resources disseminated
- # of community engagement/awareness activities
- # of clients/potential clients reached through awareness efforts
- # of clients/potential clients who increased their knowledge of behavioral/mental health resources
- % of clients/potential clients who increased their knowledge of behavioral/mental health resources



**Date:** April 23, 2024

**To:** Board of Directors

**Subject:** Grant # 1441 Desert AIDS Project, dba DAP Health

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**Grant Request:** DAP Health Community Health Workers Build Community Connections

**Amount Requested:** \$125,000.00

**Project Period:** 5/1/2024 to 4/30/2026

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

In response to the uplifted and prioritized needs expressed by the convening of local community stakeholders, the District and Foundation sought proposals from organizations with the release of the **Request for Proposals Building Connected Communities: Improving Community Supports to Reduce Social Isolation and Loneliness**. Specifically, the District and Foundation sought projects that address isolation and loneliness through the recruitment, retainment, and training of community navigators to improve connectedness. After a thorough review process, District staff identified applications to recommend funding approval from the Program Committee and full Board of Directors.

DAP Health submitted a funding request to expand the capacity of its Community Health Worker program beyond outreach to and engagement of populations at risk for HIV, to directly engage with focus populations (hard-to reach-Coachella Valley populations including LGBTQ+; men who have sex with men; Latinx; Black/African-American; migratory) to reduce their isolation by improving their health care awareness and access to behavioral health care services. DAP Health will deploy their new hire CHW for outreach to and engagement of the Latinx and migratory worker communities. Through outreach events, the Community Health Workers will provide connections to community-based behavioral/mental health services and/or resources and direct referrals to DAP Health behavioral/mental health services.

The District funding will be utilized to support four partial Community Health Worker salaries. One Community Health Worker will be a new hire serving the Latinx and migratory worker communities. Additionally, funding will cover incentives used for follow-up for care referrals, printing for outreach related materials, mileage reimbursement, and booth registration fees at outreach events.



**Strategic Plan Alignment:**

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

**RFP Strategy 1:** Increase the number of community navigators serving Coachella Valley residents.

**RFP Strategy 2:** Increase awareness and access to behavioral/mental health resources.

**Geographic Area(s) To Be Served:**

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

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

✓ Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of \$125,000.00 be approved.

Recommendation with modifications

Request for more information

Decline



## **RFP Building Connected Communities Grant Application Summary**

### **Desert AIDS Project d/b/a/ DAP Health, Grant # 1441**

#### **About the Organization**

Desert AIDS Project d/b/a/ DAP Health  
lnachison@daphealth.org  
Palm Desert, CA United States  
760-323-2118

<http://daphealth.org>

**Tax ID #:** 33-0068583

#### **Primary Contact:**

Laura Nachison, Senior Grant Writer  
lnachison@daphealth.org

#### **Organization's Mission Statement and History**

Desert AIDS Project, dba DAP Health's (DAP) mission is to enhance and promote the health and well-being of our community. Founded in 1984 in Palm Springs, California as an all-volunteer response to the emerging AIDS crisis, DAP became a federal and state nonprofit organization in 1985. DAP opened its medical clinic in Palm Springs in 1992, staffed with American Academy of HIV Medicine specialists. Today DAP operates four primary health care clinics on its main Palm Springs campus, treating low-income patients regardless of HIV status. In furtherance of its mission, DAP operates comprehensive support programs and services that address negative social determinants of health to ensure the health and well-being of its patients and clients. Services include: sexual wellness (HIV/STI/HCV testing, treatment, and care in our walk-in sexual wellness clinics and mobile testing unit: Early Intervention Services); behavioral health care (psychiatry; psychological individual and group therapy; substance use disorder counseling); dental health care (restorative and preventative); Harm Reduction services and Outpatient Drug-free Program (operated by our Department of Community Health, DCH); medical and non-medical case management; medical transportation; housing placement assistance; food distribution; career development/job placement services; and client wellness services including psycho-social support groups to reduce client isolation and loneliness such as Relapse



Prevention Peer-Support group; Grupo Latino for Latinx HIV clients; speaker series empowering self-care; and art therapy. Client Wellness services offers alternative therapies that reduce isolation including meditation, strength training; tai chi; and yoga; as well as acupuncture; and chiropractic. Prompted by gaps in healthcare among disadvantaged community members, DAP sought and received Federally Qualified Health Center (FQHC) status in 2015, broadening the agency's capacity to offer services to low-income members of the community living below 200% of Federal Poverty Level (FPL), regardless of HIV status, health insurance, or the ability to pay for healthcare. In 2023, DAP acquired all 23 operating Borrego Health ("Borrego") FQHC's and specialty clinics (dental clinics and seven mobile clinics) in Riverside and San Diego counties through a competitive bid process supervised by the U.S. Bankruptcy Court. The acquisition was complete on August 1, 2023. DAP has incorporated Borrego staff and facilities into DAP's system of care. DAP's acquisition of Borrego was key to preserving and maintaining access to health care for thousands of vulnerable Borrego patients. The health centers of DAP+Borrego, now known collectively as DAP Health, are in areas of communities of color and other populations challenged by lack of access to health care and supportive services: low-income; refugees/immigrants; Latinx; Black/African-Americans; Native Americans; and LGBTQIA+. DAP Health currently serves 97,245 patients. DAP Health promotes access to healthcare by providing a comprehensive range of healthcare and related services for marginalized populations. Our health centers in Riverside and San Diego counties provide primary medical care; behavioral health; dental care; sexual wellness clinical services (HIV/STI/HCV testing and care); women's health (including integrated Prenatal Care model and comprehensive Perinatal Services); pediatrics; specialty care for the LGBTQIA+ population, including gender affirming care; veterans' care; immunizations; pharmaceutical services; screenings; diagnostic radiology and laboratory; case management; and home health services. We eliminate underserved populations' barriers to accessing health care through benefits navigation, and low/no cost services. We provide application assistance for Med-Care, Medi-Cal/Medicaid; Covered California; Family PACT (family planning assistance for low-income California residents); Department of California Health Care Services (DHCS) Program "Every Woman Counts" (free breast and cervical cancer screenings for underserved populations); Presumptive Eligibility for Pregnant Women Program (Medi-Cal prenatal care and prescriptions for low-income women/families); DHCS Well-Child Health and Disability Prevention Programs (periodic health assessments and services for low-income children); and AIDS Drug Assistance Program.

**Organization Annual Budget: \$151,156,427.00**

## **Project Information**

**Project Title:** DAP Health Community Health Workers Build Community Connections

**Start Date:** 5/01/2024    **End Date:** 4/30/2026

**Total Project Budget:** \$325,734.00

**Requested Amount:** \$125,000.00

### **Community Need for this Project in the Coachella Valley:**

*Identify and describe the specific need(s) for the project in the Coachella Valley. Please incorporate relevant and valid Coachella Valley data that highlight the full scope of the need and clearly make a connection to the project's targeted population.*

DAP Health's "Community Health Workers Build Community Project ("CHW Project") will focus on outreach and engagement of hard-to reach-Coachella Valley populations including LGBTQ+; men who have sex with men; Latinx; Black/African-American; migratory workers, the unhoused, and populations at risk for substance use disorder. These populations are particularly challenged by negative social determinants of health, such as stigma, transportation barriers, and other cultural and linguistic barriers that impede health care knowledge and access to behavioral health care. These focus populations will benefit from our CHW outreach and engagement services throughout Coachella Valley that will reduce isolation by providing health care education/information and promoting access to behavioral health care. **LGBTQ+:** The LGBTQ+ community, comprising 4.2% of the population makes Riverside County, where DAP Health is located, one of the largest LGBTQ+ communities per capita in the nation. This specialized population experiences isolation and healthcare utilization barriers due to negative experiences of stigma and discrimination. (Lesbian, Gay, Bisexual, Transgender Health & Wellness Profile, County of Riverside Department of Public Health, 2014). Studies have shown nearly one-fifth of transgender patients delay healthcare due to fear of discrimination (Seelman KL, et al. "Transgender Non-Inclusive Healthcare and Delaying Care Because of Fear: Connections to General Health and Mental Health Among Transgender Adults," Transgender Health, Vol. 2, No. 1, 2017). This focus population, inclusive of men who have sex with men, is at high risk for contracting HIV/STI/HCV. County-wide, unsafe male to male sexual contact accounts for the highest risk factor for HIV transmission, at 70.6%. This population will benefit from DAP's CHWs' culturally sensitive outreach and engagement to obtain infectious disease prevention education to prevent the spread of infection and connections to behavioral health care. **Latinx/Migratory Workers:** According to the most recent U.S. Census, Latinx is 71% of Coachella Valley's total population (<https://censusreporter.org/profiles/06000US0606590520-coachella-valley-ccd-riverside-county-ca/>). In Eastern Coachella Valley, 92% of the foreign-born population, primarily working in agriculture, identifies as Latinx. Within the Latinx population in Coachella Valley, 55.6% speak Spanish at home. Limited English-speaking households often face barriers to access resources as they may have trouble communicating with social service and health care providers (<https://www.pbssocal.org/neighborhood-data-for-social-change/the-eastern-coachella-valleys-immigrant-communities>, 2018) "Latinx

patient mistrust of the healthcare system is common and has been well documented, especially among the Latinx population with limited English proficiency (Escobedo, L., et al. "Barriers in Healthcare for Latinx Patients with Limited English Proficiency- a Narrative Review," J Gen Intern med., 2023). Used by DAP Health, the promotora or community health worker is a well-established and much needed model in the Latinx community to reduce isolation, and poor health outcomes due to language barriers, lack of independent transportation, and limited health literacy. Black/African-American: The most recent U.S. Census shows that Black/African-Americans constitute 1% of Coachella Valley's population. Black/African-Americans report feeling isolated and experiencing racism, factors that present barriers to accessing health care and supportive services (<https://censusreporter.org/profiles/06000US0606590520-coachella-valley-ccd-riverside-county-ca/>; <https://www.pbssocal.org/socal-focus/african-americans-shaping-the-california-desert-coachella-valley>; <https://tcf.org/content/report/racism-inequality-health-care-african-americans/>). Studies show that the CHW model is effective in providing health awareness within the Black/African-American community; for example, promoting cancer awareness and nutrition education (Cherrington, A., MD., et al, "Recognizing the Diverse Roles of Community Health Workers in the Elimination of Health Disparities." Ethn Dis 2013). Unhoused/Substance Use Disorder: The number of unhoused people in Coachella Valley increased by 3% in 2023 to 982 individuals (Riverside County Point-in-Time Count 2023). This population also experiences a higher percentage of substance use disorder (<https://www.addictioncenter.com/>). By the nature of their existence, the unhoused are isolated and therefore, challenged to access substance use disorder treatment as an aspect of behavioral health care, and other, behavioral health care services. due to lack of transportation, lack of health insurance, and other barriers. CHWs assist the unhoused in obtaining services (<https://calmatters.org/health/2023/07/street-medicine-health-unhoused>).

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

*Describe the scope of the project and how your organization will utilize the Desert Healthcare District funding. Clearly state the approach you are going to take to meet the community's need and specify how the success of this project directly aligns to the purpose of the request for proposals to Build Connected Communities: Improving Community Supports to Reduce Social Isolation and Loneliness.*

DAP Health's proposed CHW Project is built on the established programmatic and operating infrastructure of our existing CHW services (see organizational capacity). To reduce isolation and loneliness, our proposed CHW project will incorporate Desert Health Care District (DHCD) Strategy 1, increase the number of community navigators serving Coachella Valley residents; and Strategy 2, increase health awareness and improve access to behavioral/mental health resources. With support from DHCD, DAP Health will expand the capacity of its CHW program beyond outreach to and engagement of populations at risk for HIV, to directly engage with focus populations (see need) to reduce their isolation by improving their health care awareness and access to behavioral health care services. DHCD funding will support retention of three trained, culturally, and linguistically competent CHWs, and an additional CHW to be hired. Our currently employed CHWs have been trained in the CHW model, have lived/shared experience(s) within their communities; for example, living with HIV and/or communities of color, and/or LGBTQ+ communities; experiencing stigma within their population based on sexual identity, and/or race/ethnicity; or general fear of engaging in

healthcare. Our CHWs demonstrate the ability and willingness to connect with and serve their respective communities. Aligned with DHCD's mission to achieve optimal health for DHCD residents, DAP's CHW Project will advance DHCD's goal to reduce isolation and loneliness by connecting marginalized populations to behavioral health care services, including those provided by DAP Health. Approach: DAP Health's proposed CHW Project will incorporate our DCH standardized CHW work flows, policies, and procedures contained in our CHW manual and maintain our community collaborations for CHW outreach to and engagement of focus populations. Work flows describe supervision of the CHW program, CHWs' activities, and data collection of CHWs' activities. DAP's Electronic Health Record contains a data collection tool to track and record CHWs' activities to meet project deliverables. Methodology: Our CHWs assist individuals to connect with needed behavioral health care. They expand general health education by offering guidance to focus populations in making healthier choices, incorporating their communities' beliefs, values, and traditions. Advocacy for health, behavioral health, and self-care is another key responsibility of our CHWs, as they empower individuals to advocate for themselves. CHWs will engage in the following activities: 1. Cultivate trusting relationships with members of the focus populations; 2. Raise awareness about health care and behavioral health care, in a culturally-sensitive and linguistically competent manner; 3. Informally survey focus populations about their behavioral health needs in a culturally-sensitive and linguistically competent manner; 4. Enable connections between focus populations and behavioral health care, by providing referrals to DCH EIS (for HIV or HEPC-positive people), or to DAP Health case managers. EIS and Case Managers assess needs and provide appropriate referrals to DAP Health for behavioral health care and/or to DAP behavioral health care programs and/or to community resources for behavioral health care, such as substance use disorder counseling; 5. Assist community members to navigate behavioral healthcare services; 6. Provide culturally appropriate health and well-being education, such as infectious disease prevention and care; behavioral health; and substance use disorder; and 7. Collect data about numbers of encounters and numbers of referrals. In implementing this proposed CHW Project, we will position our CHWs in Coachella Valley locations to optimize outreach to and engagement of focus populations: LGBTQ+: We will position a CHW who is a member of the LGBTQ+ community, to include MSM, at community gatherings and meetings for transgender and gender fluid communities; and venues attracting MSM. Our CHW will assist the LGBTQ+ population in our community (a key service population of DAP Health), to overcome fears of engaging in care, including behavioral health care. Our LGBTQ+ CHW also provides infectious disease education and prevention education. Our CHW will facilitate connections to our sexual wellness clinics on our Palm Springs campus, in Cathedral City, and in Indio for testing, and linkage to care, and facilitate connections to our established transgender health program provided in a gender-affirming environment that includes an interdisciplinary clinical team of medical and behavioral health clinicians. Latinx/Migratory Workers: We will recruit and hire a culturally and linguistically competent CHW (bilingual/Spanish language) for outreach to and engagement of these focus populations in Eastern Coachella Valley and Desert Hot Springs. The CHW will demonstrate shared/lived experience of their community with knowledge and understanding of their community's challenges to engage in behavioral health care. We will provide training on the promotora model, and communication strategies, community health principles, and ethical considerations in working with vulnerable populations. For outreach and engagement, the CHW will be placed in community centers, faith-based

venues, and community events. including Jesse O'James Desert Highland Unity Center; California Care Force, and Mecca Community Center. Black/African Americans. Our CHW is reflective of both the Black/African-American, and LGBTQ+ community with a deep understanding of the challenges to access care, including behavioral health care, faced by these communities. Our CHW is placed in locations offering needs assistance and in community and faith-based centers in Desert Hot Springs. Unhoused/Substance Use Disorder: Our CHW assigned to our Harm Reduction program actively supports in outreach to and engagement of the unhoused community through our mobile van, and onsite at our Palm Springs campus, where the CHW also engages other members of the community who use drugs. Our CHW is well-versed in the distribution of harm reduction supplies and equipped to educate individuals encountered on safe practices to minimize the risks associated with drug use. Our CHW plays a crucial role in promoting safer drug use practices, preventing overdose, and connecting individuals with additional services to address their broader needs, such as substance disorder counseling, and other behavioral health needs.

**RFP Building Connected Communities Goal/Strategies:**

**2021-2026 Desert Healthcare District Strategic Plan Goal 3:**

Proactively expand community access to behavioral/mental health services.

**RFP Strategy 1:** Increase the number of community navigators serving Coachella Valley residents.

**RFP Strategy 2:** Increase awareness and access to behavioral/mental health resources.

**Project Deliverables and Evaluation**

**Deliverable #1:**

By the end of the project period, DAP will increase the number of community navigators who will reduce social isolation and loneliness for identified focus populations who are Coachella Valley residents (strategy 1). By the end of the project period, DAP Health will retain three CHWs, and hire, train, and deploy a fourth CHW for outreach to and engagement of the Latinx and migratory worker communities. The newly hired CHW will be a bilingual/Spanish language speaker, and a member of the Latinx community. This CHW will be culturally sensitive to these communities' challenges to acquire health knowledge and to

**Evaluation #1:**

We will track and record responses from recruitment strategies used (for example, employment offer placed on social media platforms, (such as LinkedIn; Indeed), and in Spanish language publications; the number of employment applications received; and the number of interviews conducted.

access behavioral health care due to health literacy disadvantage, fear of engaging in health care, language barriers, and lack of independent transportation. Recruiting this CHW from the Latinx community is a collaborative effort between our DCH and our “People and Places” Department (human resources). As part of the recruiting process, we will reach out to community partners in the Latinx community where DAP provides testing services, such as community centers, migratory worker communities, and community-based organizations providing services to the Latinx community. Our People and Places Department is experienced in developing recruitment and retention plans. CHW Certification will not be a requirement. Retention plans will include the opportunity for professional development and potential advancement within our DCH, such as training for and promotion to Community Health Educator/Testing Counselor; EIS; patient assistance program navigation; or within the agency at large. We will also encourage the newly hired CHW to join the California Association of Community Health Workers, if they are not already members (<http://www.cachw.org/>), and to consider obtaining CHW certification. The newly hired CHW will receive training from an external training consultant to include topics such as stigma and discrimination related to the Latinx and migratory worker populations; communication skills; motivational interviewing; maintaining professional boundaries; understanding social determinants of health; and overcoming challenges in engaging hard-to-reach, high-risk populations. The newly hired CHW will be specifically trained to build trust and relationships with the Latinx/migratory worker focus populations. A significant aspect of the CHW’s training will be awareness of and sensitivity to negative social determinants of health prevalent among this focus population. For example, educational disadvantage, lack of independent transportation, and language barriers challenge the Eastern Riverside County large migratory worker

<p>population. Among those most at risk of HIV, stigma is still pervasive. As part of orientation to DAP's EIS and DCH, the CHW will learn workflows for the CHW program, and receive training to report and document CHW field activities into DAP's data systems. The CHW will shadow our retained CHWs, EIS, and Case Managers to learn about their roles and responsibilities and to understand how the CHW will interface and interact with these staff. CHWs will also be introduced to key staff of DAP's comprehensive on-site services, and gain information about DAP Health's and community resources they can convey to community members they encounter for behavioral/mental health care including substance use disorder counseling.</p>	
<p><b>Deliverable #2:</b> By the end of the project period, DAP Health's CHWs will outreach to and engage with at least 1600 members of focus populations in an estimated 9 locations in Coachella Valley selected to optimize CHW encounters that will reduce isolation and loneliness in identified focus populations (goal 3; strategy 2). CHWs will provide health information at an estimated 10 events during the project period. CHWs will use culturally-sensitive communication strategies, including communications to an estimated 200 individuals in their native language as appropriate, to informally survey community members' behavioral/mental health concerns and/or needs and provide general behavioral/mental health education and services information.</p>	<p><b>Evaluation #2:</b> CHWs will be primarily responsible for data collection for deliverable 2 over the project period. Evaluation will include monthly tracking and recording of CHWs' location placements and events attended; number of encounters with identified focus populations in Coachella Valley; number of focus population members in Coachella Valley who CHWs informally surveyed about behavioral/mental health concerns/needs; number of focus population members in Coachella Valley to whom CHWs provided general health information/education; behavioral/mental health information/education; and information about community behavioral/mental health resources.</p>
<p><b>Deliverable #3:</b> By the end of the project period, DAP Health CHW's will navigate 400 members of focus</p>	<p><b>Evaluation #3:</b> We will track the number of focus population members whom CHWs</p>

<p>populations to an estimated 50 community-based behavioral/mental health services and/or resources, and/or facilitate an estimated 20 connections to DAP Health behavioral/mental health services.</p>	<p>navigated to behavioral/mental health resources and/or services; the number of community based behavioral/mental health services to whom DAP Health/DAP Health CHW's navigated members of focus populations; and the number of CHWs' referrals to DAP Health EIS or case Managers for connection to DAP Health behavioral/mental health services and programs.</p>
<p><b>Deliverable #4:</b> n/a</p>	<p><b>Evaluation #4:</b> n/a</p>

**Project Demographic Information**

**Target Geographic Area(s) To Be Served:**

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

**Target Population Age Group:**

18 to 24, 25 to 39, 40 to 54, 55 to 64, 65+

**Target Population Ethnicity:**

Hispanic/Latino (of any race), Not Hispanic or Latino (of any race)

**Target Population Race:**

Black or African American, White

**Additional Target Population Information:**

LGBTQ+/Men who Have Sex with Men: Most recent epidemiological data shows that Eastern Riverside County has the highest percentage of persons living with HIV, at 66%; three times the number of people living with HIV (PLWH) county-wide; 44% are Hispanic/Latinx, also the highest percentage in Riverside County. Eastern Riverside County posts the highest incidence rate of HIV cases at 18.4 per 100,000 population, double and triple the number over other county regions (West, South and Mid-County). County-wide, unsafe male to male sexual contact accounts for the highest risk factor for HIV transmission, at 70.6%. Latinx account for the highest proportion of new HIV cases from 2018-2020, at 49.5% (HIV/AIDS Epidemiology, Riverside/San Bernardino, Riverside University Health System, Public Health, "RUHS," 2021Epidemiology of HIV in Riverside County, 2020, RUHS). Latinx/Migratory Workers: In Coachella Valley, 58%



of the adult foreign-born population has had less than a high school education. The disparity is even larger for immigrants who are not citizens; 67% of non-U.S. citizens in the eastern Coachella Valley region have less than a high school education. A higher percentage of the foreign-born population lives below 200% of the federal poverty line when compared to the native-born population. The foreign-born population also faces a substantial language barrier; 71% of the foreign-born population (5 years or older) in Eastern Riverside County reports that their ability to speak English is less than “very well” according to the American Community Survey. Black/African-American: DAP places its CHW in locations in Desert Hot Springs, where 9.6% of the population is Black/African-American; to reach the 61% Latinx population of Desert Hot Springs, we will also position our newly hired CHW in appropriate locations in Desert Hot Springs. (<https://www.census.gov/quickfacts/fact/table/deserthotspringscitycalifornia/PST045223>) . Un-housed/Substance Use Disorder: Most recent data from Riverside County shows an upward trend in death rate due to drug use; 17.5/100,000 population as compared to a rate of 13.1/100,000 in California overall ([www.shaperivco.org/indicators](http://www.shaperivco.org/indicators); 2020).

## **Capacity, Sustainability, and Partnerships**

### **Organizational Capacity:**

*Describe your organization's capacity to meet the demands of this project (i.e. allocated staff time, internal expertise, organizational structure, history of similar work, etc.).*

DAP Health has the capacity and experience to successfully implement its proposed CHW Project. Prior to acquisition of Borrego, DAP enhanced its current organizational structure by adding CHW services to its Department of Community Health (DCH) to improve outreach, engagement, testing, and linkage to care services for populations at risk for contracting HIV. With the support of grant funding from the U.S. Department of Health and Resources Administration, Ryan White Part C Capacity Building program awarded in 2022, DAP's DCH hired four CHWs for outreach to and engagement of the LGBTQ+, Latinx, and Black-African communities, as well as outreach to and engagement of participants in DAP's Harm Reduction services. Our CHWs connect these populations to HIV/STI/HCV testing and linkage to care through referrals to DAP Health's EIS, and thereafter to ongoing case management to ensure retention in care. EIS and case management staff initially assess individuals referred from CHW encounters for health care, behavioral health care, and needs for support services. EIS or case managers make necessary referrals to health care and support services at DAP Health, and/or make community-based referrals for needed services. HRSA funding supported developing CHW policies, procedures, work flows, CHW training, and a CHW manual to integrate CHW services into DAP Health's care and support services. DAP Health established a dedicated module in its electronic health record for the DCH to track and record CHWs' activities (see evaluation). During the HRSA grant period, DAP Health drew on existing community collaborations, and established new community relationships to optimize CHW placements for outreach to and engagement of at-risk

populations. We identified key community placements to ensure CHW encounters with focus populations. In the one-year grant period, our four CHWs encountered 800 members of the focus communities. We have retained three of our four CHWs. However, our CHW for the Latinx community has since resigned her position to pursue educational goals; hence our request for DHCD funding to replace our CHW for the Latinx community. Our CHWs are directly supervised by DAP's Lead Community Health Educator. With the addition of 23 Borrego clinics, the majority of which are in Coachella Valley, DAP Health has the capacity to expand its geographical reach for CHW services, to connect focus populations to accessible behavioral health in nearby health clinics, and to create connections to local community resources.

**Organizational Sustainability:**

*Describe your organization's sustainability strategies (i.e. funding, staff recruitment/retention, effective collaboration and partnerships, thoughtful long-term planning, etc.).*

DAP Health has over three decades of experience successfully sustaining service delivery with a diverse funding strategy for general operating expenses, including earned income from our chain of retail/resale stores; public and private insurance reimbursement including Medi-Care/Medi-Cal, and Inland Empire Health Plan, as well as other healthcare plans for the low-income community; county fee-for-service contracts; fundraising from special events and projects; individual donations; and solicitation of public and private grants. As an FQHC, DAP Health participates in the 340B federal drug program; proceeds are directly allocated to sustaining services and programs. DAP's diverse funding stream will support continuing strategies, policies, and procedures for CHW services. For staff professional development, we provide training on CHW best practices; staff also participate in DEI training on a regularly scheduled basis through required online courses. We maintain numerous collaborations, both formally and informally through long-standing relationships in the community (see partnerships/collaborations discussion). DAP Health also engages in strategic planning. We have attached the most recent strategic plan, Vision 2030. DAP Health will be developing a new strategic plan, reflecting the acquisition of Borrego in the fall of 2024.

**Partnerships/Collaborations:**

*If you are planning to partner or collaborate with other organizations, please list them and describe each of their roles in the project. If not partnering, enter N/A.*

For our CHW services, we partner and/or collaborate with a range of community organizations, events, and venues to ensure an optimized number of encounters with members of focus populations. LGBTQ+: For CHW outreach and engagement in the LGBTQ+ community, and to reach and engage the transgender community, DAP collaborates with its long-term partner, The Center, which provides programming and services to the LGBTQ+ community in DAP Health's service region. For CHW outreach to and engagement of the high-risk population of MSM, DAP Health will partner with local retail and business establishments attracting this population, such as Chill Bar, Gear Leather and Fetish, Not So Innocent, and local resorts including Helios, CCBC, All

Worlds, the MAZE where DAP currently provides outreach and HIV testing.

Latinx/Migratory Workers: For CHW outreach to and engagement of the Latinx and Migratory worker populations, DAP collaborates with community partners where DAP currently provide HIV testing services; for example, Casa Cecilia, Casa Las Palmas, Hacienda Valdez. Other collaborations include Mecca Community Center and California Care Force. Black/African-American: For CHW outreach and engagement in the Black/African-American community, DAP collaborates with, among other organizations, the James O. Jessie Desert Highland Unity Center, the Desert Hot Springs Family Resource Center; and faith-based venues, including the First Baptist Community Church in Desert Hot Springs. Unhoused/Substance Use Disorder: For outreach to and engagement of the unhoused population for Harm Reduction Services (in which our CHW is active), DAP Health partners with the City of Palm Springs Homeless Outreach Coordinator, the Palm Springs Police Department, Martha's Village and Kitchen, Jewish Family Services, Coachella Valley Rescue Mission, DPMG Health, Well in the Desert, and California State University, Department of Nursing.

### **Diversity, Equity, and Inclusion (DEI)**

#### **How does your organization address DEI in your policies, strategic plan, board and staff, etc.?**

DAP Health is committed to and intentionally addresses diversity, equality, and inclusivity (DEI) at the organizational and service levels. Recruitment and employment policies state our non-discrimination commitment and intention that our Board, leadership, and staff reflect our service populations. Leadership and staff regularly receive training. We incorporate DEI principles by eliminating barriers to health care access. We provide health care regardless of ability to pay. Our health centers are in areas of concentrated populations of communities of color and other vulnerable populations: low-income, refugees/immigrants, Latinx, Native Americans, and LGBTQIA+. Direct service staff, reflective of our service populations, provide culturally and linguistically competent health care and related services. Cultural competency is a priority of DAP Health. Demographics of DAP Health: Approximately 85% of DAP Health Board Members and 73% of C-Level Executives are White; 25% of staff are White. Of Board Members, 17% are Black/African American and 5% of staff are Black/African American. Of C-Level Executives, 23% are Latinx and 59% of staff are Latinx. Of Board Members and C-Level Executives, 50% are male and 50% are female. Of staff, 54% are female, 30% are male, 1% are non-binary, and an unknown number are transgender. Several Board Members identify as LGBTQ+; of DAP's board prior to the Borrego acquisition, 57% of DAP's board identified as Gay.

#### **What barriers does your organization face when addressing DEI?**

DAP Health strives to incorporate DEI principles when recruiting Board members, Executive Leadership, Management, and staff. DEI in service delivery is prioritized at DAP Health. Job descriptions include linguistic requirements or preferences, as appropriate, to ensure that translation capacity is retained for Spanish, the most common language spoken by our service population other than English. We maintain active contracts to procure translation of other languages and American Sign Language

for any patient and for any encounter if requested. DAP ensures that all staff members complete cultural competency online training courses, at least annually, covering a variety of topics, for example, Patient Cultural Competency for Non-Clinicians, Cultural Competence and Sensitivity in the LGBTQ Community, and Building a Multicultural Care Environment. Staff also participate in cultural sensitivity trainings online monthly. In early 2023, all DAP staff participated in six hours of Diversity, Equity and Inclusion training provided on a virtual platform, in compliance with federal requirements for DAP as a Federally Qualified Health Center.

## Grant Budget

Project Grant Budget - Two Years				
<b>Applicant:</b>		<b>DAP Health</b> <b>DAP Health Community Health Workers Build Community Connections</b>		
OPERATIONAL EXPENSES		Total Project Budget	Funds From Other Sources <small>Detail On Section 3</small>	Amount Requested From DHCD/F
<b>Total Staffing Expenses</b> <small>Detail on Section 2</small>		\$ 286,787.33	\$ 180,734.15	\$ 106,053.18
<b>Equipment (itemize)</b>				
1	Computer hardware (computer/headset/camera)	\$ 2,000.00	\$ 2,000.00	\$ -
2			\$ -	
3			\$ -	
4			\$ -	
<b>Supplies (itemize)</b>				
1	Incentives (food cards, transportation, tracfones)	\$ 2,000.00	\$ -	\$ 2,000.00
2			\$ -	
3			\$ -	
4			\$ -	
<b>Printing / Duplication</b>		\$ 1,000.00	\$ 500.00	\$ 500.00
<b>Mailing / Postage</b>			\$ -	
<b>Mileage ( current Federal mileage rate)</b>		\$ 2,500.00	\$ -	\$ 2,500.00
<b>Education / Training</b>			\$ -	
<b>Other Direct Project Expenses Not Described Above (itemize)</b>				
1	Marketing	\$ 10,000.00	\$ 10,000.00	\$ -
2	Outreach - Booth Registration Fees	\$ 2,583.00	\$ -	\$ 2,583.00
3			\$ -	
4			\$ -	
<b>* Items listed below are included for calculation of the total project budget only. For use of DHCD/F funds, these line items would be included in the allowable 15% indirect cost rate.</b>				
<b>Office / Rent / Mortgage*</b>		\$ 5,000.00	\$ 5,000.00	\$ -
<b>Telephone / Fax / Internet*</b>		\$ 2,000.00	\$ 2,000.00	\$ -
<b>Utilities*</b>		\$ 500.00	\$ 500.00	\$ -
<b>Insurance*</b>			\$ -	\$ -
<b>Indirect Rate</b>	<input checked="" type="checkbox"/> Check Box To Utilize Indirect Rate Up To 15%	Enter Rate	10.00%	\$ 11,363.62
<b>Total Project Budget (Rounded up to nearest dollar)</b>				
		<b>\$ 325,734</b>	<b>\$ 200,735</b>	<b>\$ 125,000</b>
<b>Budget Narrative</b>	<p><b>Operational Expenses - Two Years</b></p> <p><b>Operational Expenses:</b> \$27,583.00. Total operational expenses requested from DHCD/F \$7,583.00.</p> <p><b>Equipment:</b> Computer Hardware: Computer/tablet; headset; camera for use by Community Health Worker (CHW) to be hired. \$2,000.00; requested from DHCD/F: \$0.00.</p> <p><b>Supplies:</b> <b>Incentives:</b> \$2,000.00; requested from DHCD/F: \$2,000.00, to include grocery cards, medical transportation (Lyt) for referred care; tracfones for contacting encountered individuals for follow up for care referrals.</p> <p><b>Printing/Duplication:</b> \$1,000.00; requested from DHCD/F: \$500.00. Costs for printed material, copier/duplicating costs and services, flyers, associated with outreach events and health information to be distributed to individuals encountered by CHW in locations and community events. Digital media ad placement for recruitment, outreach efforts and promotion of Community Health Worker (CHW) service delivery program.</p> <p><b>Mileage:</b> \$2,500.00; requested from DHCD/F: \$2,500.00. Mileage Reimbursement: Staff travel for project service at current IRS determined mileage rates. Total annual miles, 3,731 miles @ .67/mile.</p> <p><b>Marketing:</b> \$10,000; requested from DHCD/F: \$0.00. Prepare flyers for CHW distribution; digital ads/geo-fencing for CHWfor outreach.</p> <p><b>Community Events Booth Registration Fees:</b> \$2,583.00; requested from DHCD/F: \$2,583.00. Costs for outreach and engagement in booths at estimated 10 community events to be staffed by CHWs, community health educator.</p> <p><b>Indirect Costs:</b> \$11,363.62 at 10% of total amount requested from DHCD/F.</p>			

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Staff Salary Expenses		Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD/F
<b>Employee Position/Title</b>					
1	Community Health Senior Programs Manager	\$ 81,548.00	5%	4,077.40	\$ -
2	Community Health Diagnostic Testing and Outreach Supervisor	\$ 60,819.00	5%	3,040.95	\$ -
3	Lead Community Health Educator	\$ 53,664.00	5%	2,683.20	\$ -
4	Community Health Worker	\$ 47,653.00	100%	47,653.00	\$ 19,061.20
5	Community Health Worker	\$ 49,171.00	100%	49,171.00	\$ 19,668.40
6	Community Health Worker	\$ 49,171.00	100%	49,171.00	\$ 19,668.40
7	Community Health Worker; TBH	\$ 47,653.00	100%	47,653.00	\$ 19,061.20
8	Chief of Community Health	\$ 206,400.00	5%	10,320.00	\$ -
9	Director of Community Health Programs	\$ 120,000.00	5%	6,000.00	\$ -
10				-	-
Enter Total Employee Benefits / Employer Taxes % (Proportional Fringe Costs and/Or Employer Taxes Based On % Of Time Allocated To Project)			27.00%	59,337.78	20,913.98
Total Will Populate In Total Staffing Expenses Section 1			Total >	\$ 279,107.33	\$ 98,373.18
Budget Narrative - Scope of Work	Please see Section 4 Tab for detailed scope of work and duties for each employee on this grant.				
Budget Narrative - Employee Benefits	FICA, staff insurance, retirement, disability, work's compensation, other benefits @ .27 x \$279,107.33 = \$59,337.58. Requested of DHCD/F \$20,913.98; .27 x \$77,459.20.				
Professional Services / Consultant Expenses		Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD/F
<b>Company and Staff Title</b>					
1	CHW Trainer	\$ 240.00	32	\$ 7,680.00	\$ 7,680.00
2					
3					
4					
Total Will Populate in Total Staffing Expenses Section 1			Total >	\$ 7,680.00	\$ 7,680.00
Budget Narrative - Scope of Work	<p>Please describe in detail the <b>scope of work</b> for each professional service/consultant on this grant:</p> <p>CHW Trainer: \$7680. CHW Trainer will provide 32 hours of CHW training to the newly hired CHW, @\$240/hr. Training includes topics such as stigma and discrimination related to the Latinx and Migratory worker populations; communication skills; motivational interviewing; maintaining professional boundaries; understanding social determinants of health; and overcoming challenges in engaging hard-to-reach, high-risk populations.</p>				

<b>Funds From Other Sources (Actual Or Projected) SPECIFIC To This Project</b>		
<b>"Total Funding In Addition To DHCD/F Request" Below Should Match Or Exceed Value Listed In Section 1 for "Funds from Other Sources".</b>		<b>Amount</b>
<b>Fees</b>		
<b>Donations</b>		
<b>Grants (List Organizations)</b>		
1	HRSA Ryan White Part C - Early Intervention Services	\$ 15,000.00
2	2iS AIDS United	\$ 15,000.00
3		
8		
<b>Fundraising (Describe Nature Of Fundraiser)</b>		
1		
2		
3		
8		
<b>Other Income, e.g., Bequests, Membership Dues, In-Kind Services, Investment Income, Fees From Other Agencies, Etc. (Itemize)</b>		
1	DAP Health General Operation Budget	\$ 170,735.00
2		
3		
8		
<b>Total Funding In Addition To DHCD/F Request</b>		<b>\$ 200,735.00</b>
<b>Budget Narrative</b>	<p><b>Grants:</b>  <b>HRSA Ryan White- Part C-Early Intervention Services</b>, \$15,000.00 Funding from this grant supports EIS services allocated to this project including referrals from CHWs, assessments of individual's needs, and referrals to DAP Health or community-based (as appropriate) primary care, specialty care, behavioral health care, and/or supportive services.  <b>2iS/AIDS United</b>, \$15,000.00 Funding from this grant supports patients with HIV and Substance Use Disorder to receive specialty HIV care, and substance use disorder counseling from DAP Health's behavioral health department, and DAP Health's Outpatient Drug-Free Program, operated by DAP Health's DCH. Allocation from this grant supports DAP Health's Community Health Outreach Worker, and the CHW assigned to DAP Health's Harm Reduction/Substance Use Disorder Programs.  <b>General Operating Funds</b>, \$170,735.00: DAP Health will contribute general operating funds to support fifty percent of the CHW staffing expenses for the proposed project. General operating funds consist of revenue from sources including fundraising events, donor contributions, Board of Directors contributions, FQHC 340B.</p>	

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DAP Health's Department of Community Health (DCH) serves as the lead department for DAP Health's Project, "Community Health Workers Build Community Connections." Staffing scope of work and expenses as follows:

**Staff Salary Expenses- Two Years**

Total Staff Salaries + Fringe @ 27%: \$279,107.33; Salaries: \$219,769.55; Fringe: \$59,337.78; Amount Requested from DHCD/F: \$98,373.18

**DCH Staffing Expenses:**

Chief of Community Health: Annual Salary: \$206,400.00; 0.05 FTE=\$10,320.00; requested from DHCD/F=\$0.00. This position provides overall direction, guidance, and support to DAP Health's DCH. For this project, Chief of Community Health directly supervises the Director of Community Health/Project Director, and is responsible for revisions to DAP's Health Community Health Worker program, work flows, policies, and procedures.

Director of Community Health/Project Director: Annual Salary: \$120,000; 0.05 FTE=\$6,000.00; requested from DHCD/F=\$0.00. This position relates to CHW project objectives for outreach to and engagement of focus populations. Director is responsible for overall project oversight and direction as well as collaborating with the Chief of Community Health for revisions to policies, procedures, and workflows for CHW program. This position directly supervises the Community Health Senior Programs Manager, provides oversight of the CHW program, and EIS service delivery. The Director of Community Health will lead efforts to maintain and coordinate community partnerships to facilitate CHW's access to focus populations. The Director of Community Health ensures seamless care coordination and referrals between CHW's, EIS and internal DAP departments for linkage to health care, behavioral health care, specialty services, and support services.

Community Health Senior Programs Manager: Annual Salary: 81,548.00; 0.05 FTE=\$4,077.40; requested from DHCD/F: \$0.00. This position relates to CHW project objectives for outreach to and engagement of focus populations. This position directly supervises the Community Health Diagnostic Testing and Outreach Supervisor, the Community Health Educator, and the CHWs. This position collaborates with the Director of Community Health for revisions to policies, procedures, and workflows for CHW program.

Community Health Diagnostic, Testing, Outreach Manager: Annual Salary: \$60,819.00; 0.05 FTE=\$3,040.95; requested from DHCD/F=\$0.00. This position relates to CHW project objectives for outreach to and engagement of focus populations. This position is directly supervised by the Senior Programs Manager. This position will coordinate CHW outreach placements, working with community-based partners for placement of CHW for outreach to and engagement of focus populations: LGBTQ+; Latinx/Migratory Workers; Black/African-American; Unhoused/Substance Use Disorder.

Lead Community Health Educator: Annual Salary: \$53,664.00; 0.00 FTE=\$2,682.20; requested from DHCD/F=\$0.00. This position relates to CHW project objectives for outreach to and engagement of focus populations. This position is supervised by the Senior Programs Manager. This position supervises the CHWs.

Community Health Worker: Annual Salary: \$47,653.00; 1.0 FTE=\$47,653.00; requested from DHCD/F=\$19,061.20 (40%). This position relates to CHW project objectives for outreach to and engagement of focus populations. This position is supervised by the Senior Programs Manager, who is a member of both the Black/African-American and LGBTQ+ communities, will engage in outreach and engagement of the Black/African-American communities, provide general health information; make referrals to DAP Health's staff for behavioral health care.

Community Health Worker: Annual Salary: \$49,171.00; 1.0 FTE=\$49,171.00; requested from DHCD/F: \$19,668.40 (40%). This position relates to CHW project objectives for outreach to and engagement of focus populations. This position is supervised by the Senior Programs Manager. As a gender-fluid member of the LGBTQ+ community, they will engage in outreach and engagement of the LGBTQ+ community, provide general health information; make referrals to DAP Health's staff for behavioral health care.

Community Health Worker: Annual Salary: \$49,171.00; 1.0 FTE=\$49,171.00; requested from DHCD/F: \$19,668.40 (40%). This position relates to CHW project objectives for outreach to and engagement of focus populations. This position is supervised by the Senior Programs Manager. Working with the Community Health Educator, Community Health Worker will engage in outreach and engagement of the Unhoused/Substance Use Disorder community, provide general health information; make referrals to DAP Health's staff for behavioral health care.

Community Health Outreach Worker To Be Hired: Annual Salary: \$47,653.00; 1.0 FTE: \$47,653.00; requested from DHCD/F: \$19,061.20 (40%). This position will be recruited from the Latinx focus population community; receive specialized CHW training; orientation to DAP staff, programs, and services as well as CHW policies, procedures, and workflow implemented for this project; and will be placed in community-based locations for outreach to and engagement of the Latinx/Migratory Worker focus populations to provide general health information; make referrals to DAP Health's staff for behavioral health care.



**EXHIBIT B**

**PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES**

<u>Project Title</u>	<u>Start/End</u>
DAP Health Community Health Workers Build Community Connections	5/01/2024 4/30/2026

**PAYMENTS:**

(4) Payments: \$ 28,125.  
10% Retention: \$ 12,500

**Total request amount:** \$ 125,000.

**GRANT AND PAYMENT SCHEDULE REQUIREMENTS:**

Scheduled Date	Grant Requirements for Payment	Payment
5/01/2024	Signed Agreement submitted & accepted.	Advance of \$28,125. for time period 5/01/2024 - 10/31/2024
12/01/2024	1st six-month (5/01/2024 - 10/31/2024) progress report, budget reports and receipts submitted & accepted	Advance of \$28,125. for time period 11/01/2024 - 4/30/2025
6/01/2025	2nd six-month (11/01/2024 - 4/30/2025) progress report, budget reports and receipts submitted & accepted	Advance of \$28,125. for time period 5/01/2025 - 10/31/2025
12/01/2025	3rd six-month (5/01/2025 - 10/31/2025) progress report, budget reports and receipts submitted & accepted	Advance of \$28,125. for time period 11/01/2025 - 4/30/2026
6/01/2026	4th six-month (11/01/2025 - 4/30/2026) progress report, budget reports and receipts submitted & accepted	\$0
6/15/2026	Final report (5/01/2024 - 4/30/2026) and final budget report submitted & accepted	\$12,500. (10% retention)

**TOTAL GRANT AMOUNT:** \$ 125,000.

DELIVERABLES:

Project Deliverables and Evaluation

<p><b>Deliverable #1:</b> By the end of the project period, DAP will increase the number of community navigators who will reduce social isolation and loneliness for identified focus populations who are Coachella Valley residents (strategy 1). By the end of the project period, DAP Health will retain three CHWs, and hire, train, and deploy a fourth CHW for outreach to and engagement of the Latinx and migratory worker communities. The newly hired CHW will be a bilingual/Spanish language speaker, and a member of the Latinx community. This CHW will be culturally sensitive to these communities' challenges to acquire health knowledge and to access behavioral health care due to health literacy disadvantage, fear of engaging in health care, language barriers, and lack of independent transportation. Recruiting this CHW from the Latinx community is a collaborative effort between our DCH and our "People and Places" Department (human resources). As part of the recruiting process, we will reach out to community partners in the Latinx community where DAP provides testing services, such as community centers, migratory worker communities, and community-based organizations providing services to the Latinx community. Our People and Places Department is experienced in developing recruitment and retention plans. CHW Certification will not be a requirement. Retention plans will include the opportunity for professional development and potential advancement within our DCH, such as training for and promotion to Community Health Educator/Testing Counselor; EIS; patient assistance program navigation; or within the agency at large. We will also encourage the newly hired CHW to join the California Association of Community Health Workers, if they are not already members (<a href="http://www.cachw.org/">http://www.cachw.org/</a>), and to consider obtaining CHW certification. The newly hired CHW will receive training from an external training consultant to include topics such as stigma and discrimination related to the Latinx and migratory worker populations; communication</p>	<p><b>Evaluation #1:</b> We will track and record responses from recruitment strategies used (for example, employment offer placed on social media platforms, (such as LinkedIn; Indeed), and in Spanish language publications; the number of employment applications received; and the number of interviews conducted.</p>
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<p>skills; motivational interviewing; maintaining professional boundaries; understanding social determinants of health; and overcoming challenges in engaging hard-to-reach, high-risk populations. The newly hired CHW will be specifically trained to build trust and relationships with the Latinx/migratory worker focus populations. A significant aspect of the CHW's training will be awareness of and sensitivity to negative social determinants of health prevalent among this focus population. For example, educational disadvantage, lack of independent transportation, and language barriers challenge the Eastern Riverside County large migratory worker population. Among those most at risk of HIV, stigma is still pervasive. As part of orientation to DAP's EIS and DCH, the CHW will learn workflows for the CHW program, and receive training to report and document CHW field activities into DAP's data systems. The CHW will shadow our retained CHWs, EIS, and Case Managers to learn about their roles and responsibilities and to understand how the CHW will interface and interact with these staff. CHWs will also be introduced to key staff of DAP's comprehensive on-site services, and gain information about DAP Health's and community resources they can convey to community members they encounter for behavioral/mental health care including substance use disorder counseling.</p>	
<p><b>Deliverable #2:</b> By the end of the project period, DAP Health's CHWs will outreach to and engage with at least 1600 members of focus populations in an estimated 9 locations in Coachella Valley selected to optimize CHW encounters that will reduce isolation and loneliness in identified focus populations (goal 3; strategy 2). CHWs will provide health information at an estimated 10 events during the project period. CHWs will use culturally-sensitive communication strategies, including communications to an estimated 200 individuals in their native language as appropriate, to informally survey community members' behavioral/mental health concerns and/or needs and provide general behavioral/mental health education and services information.</p>	<p><b>Evaluation #2:</b> CHWs will be primarily responsible for data collection for deliverable 2 over the project period. Evaluation will include monthly tracking and recording of CHWs' location placements and events attended; number of encounters with identified focus populations in Coachella Valley; number of focus population members in Coachella Valley who CHWs informally surveyed about behavioral/mental health concerns/needs; number of focus population members in Coachella Valley to whom CHWs provided general health information/education;</p>

	behavioral/mental health information/education; and information about community behavioral/mental health resources.
<p><b>Deliverable #3:</b> By the end of the project period, DAP Health CHW's will navigate 400 members of focus populations to an estimated 50 community-based behavioral/mental health services and/or resources, and/or facilitate an estimated 20 connections to DAP Health behavioral/mental health services.</p>	<p><b>Evaluation #3:</b> We will track the number of focus population members whom CHWs navigated to behavioral/mental health resources and/or services; the number of community based behavioral/mental health services to whom DAP Health/DAP Health CHW's navigated members of focus populations; and the number of CHWs' referrals to DAP Health EIS or case Managers for connection to DAP Health behavioral/mental health services and programs.</p>

The Desert Healthcare District has implemented Results-Based Accountability (RBA) into their grantmaking process to streamline reporting and offer a straightforward approach to effectively measuring program-level performance.

**RFP Building Connected Communities Goal/Strategies**

**Strategy 1: Increase the number of community navigators serving Coachella Valley residents.**

*You have selected Strategy 1.*

Your project deliverables need to capture the following performance measures.

- # of Community Navigators trained
- # of Community Navigator positions retained
- # of Community Navigators hired

**Strategy 2: Increase awareness and access to behavioral/mental health resources.**

*You have selected Strategy 2.*

Your project deliverables need to capture the following performance measures.

- # of clients provided service in their native language

- # of cultural competency resources disseminated
- # of community engagement/awareness activities
- # of clients/potential clients reached through awareness efforts
- # of clients who were directly connected to behavioral/mental health services
- # of clients/potential clients who increased their knowledge of behavioral/mental health resources
- % of clients/potential clients who increased their knowledge of behavioral/mental health resources



**Date:** April 23, 2024

**To:** Board of Directors

**Subject:** Grant # 1443 Voices for Children

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**Grant Request:** Court Appointed Special Advocate (CASA) Program

**Amount Requested:** \$60,000.00

**Project Period:** 5/1/2024 to 4/30/2026

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

In response to the uplifted and prioritized needs expressed by the convening of local community stakeholders, the District and Foundation sought proposals from organizations with the release of the **Request for Proposals Building Connected Communities: Improving Community Supports to Reduce Social Isolation and Loneliness**. Specifically, the District and Foundation sought projects that address isolation and loneliness through the recruitment, retainment, and training of community navigators to improve connectedness. After a thorough review process, District staff identified applications to recommend funding approval from the Program Committee and full Board of Directors.

Voices for Children submitted a funding request to support their Court Appointed Special Advocate (CASA) program. CASAs are volunteer individuals that are trained and supervised to be matched with individual children in foster care to advocate for their best interests. Isolation and loneliness are hallmarks of foster care, as children are uprooted from their families, neighborhood friends, and schools and often placed with strangers in unfamiliar neighborhoods for their safety. The isolation, uncertainty, powerlessness, loneliness, hopelessness, and stigma inherent in foster care, combined with the trauma of past abuse and neglect, contribute to a long list of adverse impacts that individuals can experience during and after foster care.

The District funding will be utilized to support the partial salaries of three CASA support staff: two Advocacy Supervisors and a CASA Recruitment and Outreach Manager. Additionally, funding will cover CASA recruitment and marketing-related expenses.



**Strategic Plan Alignment:**

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

**RFP Strategy 1:** Increase the number of community navigators serving Coachella Valley residents.

**RFP Strategy 2:** Increase awareness and access to behavioral/mental health resources.

**Geographic Area(s) To Be Served:**

All 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 \$60,000.00 be approved.

Recommendation with modifications

Request for more information

Decline



## **RFP Building Connected Communities Grant Application Summary**

### **Voices for Children, Grant # 1443**

#### **About the Organization**

Voices for Children  
2851 Meadow Lark Drive  
San Diego, CA 92123  
858-569-2019

[www.speakupnow.org](http://www.speakupnow.org)

**Tax ID #:** 95-3786047

#### **Primary Contact:**

Rebecca Rader, Director of Philanthropy  
[RebeccaR@speakupnow.org](mailto:RebeccaR@speakupnow.org)

#### **Organization's Mission Statement and History**

The mission of Voices for Children (VFC) is to transform the lives of abused, abandoned, or neglected children by providing them with trained, volunteer Court Appointed Special Advocates (CASAs). The CASA model emerged in Seattle in 1977, in which trained and supervised community volunteers called CASAs are matched with individual children in foster care to advocate for their best interests. The CASA model has been effectively used nationwide for more than four decades. The National CASA Association reports that children with CASAs have significantly fewer placement changes; are more likely to find a safe, permanent home; and are half as likely to reenter the child welfare system. They also receive more services, perform better in school, both academically and behaviorally, and report higher levels of hope.

VFC has served as the CASA program for Riverside County since 2015, when the Judicial Council of the State of California and the Superior Court of Riverside County asked VFC to establish a Riverside County CASA program. VFC maintains three offices in Riverside County: one in Palm Desert, one in the city of Riverside, and one in Temecula. VFC is the sole organization designated by the Court to recruit, train, and supervise CASA volunteers in Riverside County. VFC also provides CASAs to children in San Diego County, where we were founded in 1980.



Since our program's inception, VFC's Riverside County CASA program has consistently expanded to meet the evolving needs of the children we serve. We have continued our trajectory of year over year program growth. During Fiscal Year (FY) 2022–23, VFC served 521 children in foster care, including nearly 100 from Coachella Valley. We also expanded our team by two positions this year, including a new Advocacy Supervisor who will serve in the Coachella Valley region. We examine and refine our program to provide children with the support and resources they need to be safe, stable, healthy, and happy.

Because Voices for Children's Riverside County Court Appointed Special Advocate (CASA) program is run as an autonomous program, we are using our Riverside County budget as our organization's annual budget in an effort to better reflect the scope of our relevant activities.

**Organization Annual Budget:** \$1,544,857.00

### **Project Information**

**Project Title:** Court Appointed Special Advocate (CASA) Program

**Start Date:** 5/01/2024    **End Date:** 4/30/2026

**Total Project Budget:** \$113,038.00

**Requested Amount:** \$60,000.00

### **Community Need for this Project in the Coachella Valley:**

*Identify and describe the specific need(s) for the project in the Coachella Valley. Please incorporate relevant and valid Coachella Valley data that highlight the full scope of the need and clearly make a connection to the project's targeted population.*

Isolation and loneliness can have a tremendous impact on health, both individual and societal, and is associated with chronic health conditions, premature death, depression, anxiety, diminished school performance, and more. The surgeon general likens being socially disconnected to smoking up to 15 cigarettes a day—a comparison that highlights the importance of prevention and early intervention. A child suffering isolation and loneliness faces a lifetime of social disconnection, and children in foster care are especially prone to isolation and loneliness.

This year, an estimated 5,000 children will spend time in the Riverside County foster care system, including approximately 1,000 from the Coachella Valley and surrounding areas. Each child in foster care has experienced multiple traumatic experiences in the form of child abuse and neglect at the hands of a caregiver or parent. Once in the foster care system, children face new stressors: being isolated from their families, living with strangers in unfamiliar surroundings, and frequently lacking consistent and caring adult figures in their lives. While the pandemic heightened the impact of isolation and loneliness on all of us, it greatly exacerbated the level of social disconnection already

endemic in the foster youth population.

Voices for Children (VFC) addresses the crisis of child abuse and neglect by filling a critical gap in the foster care system through the Court Appointed Special Advocate (CASA) program. The CASA program will serve a record 540 children in Riverside County, more than 20% of whom will come from the Coachella Valley and eastern Riverside County, in fiscal year 2023–24 and even more in FY 2024–25. This grant will enable VFC to expand our existing Coachella Valley program to serve additional children.

Isolation and loneliness are hallmarks of foster care, as children are uprooted from their families, neighborhood friends, and schools and often placed with strangers in unfamiliar neighborhoods for their safety. The isolation, uncertainty, powerlessness, loneliness, hopelessness, and stigma inherent in foster care, combined with the trauma of past abuse and neglect, contribute to a long list of adverse impacts that individuals can experience during and after foster care.

Children in foster care are twice as likely as are their peers to have mental and physical health challenges, including developmental delays, anxiety, depression, asthma, obesity, and vision problems (Turney and Wildeman, “Mental and Physical Health of Children in Foster Care,” *Pediatrics*, Nov. 2016).. Children in foster care score lower than their peers on most measures of well-being—they are more likely to have anxiety (5x more likely), behavioral challenges (6x), and depression (7x).

Trauma and abuse puts children and youth who experience foster care at high risk for adverse consequences throughout their lives. Lack of social connections, myriad mental and physical health issues, unstable housing or homelessness, insufficient elementary and secondary education, barriers to healthcare, and justice system involvement are a few of the daunting challenges that they may encounter during and after foster care.

These dire outcomes can be mitigated. Research from the Center for the Study of Social Policy suggests that social support and equitable access to essential services will strengthen children and families that have had experience with the child welfare system. Moreover, “permanent relationships with positive adults are a powerful protective factor against negative outcomes and can provide critical support to youth as they transition to adulthood,” according to Youth.gov. CASA volunteers are just such positive adults, and they help children in foster care grapple with isolation and loneliness and achieve better outcomes.

In addition, CASA volunteers often describe serving as a CASA volunteer as the most rewarding volunteer opportunity that they have ever had, getting far more from the experience than they give. CASA volunteers gain personal growth, empathy, and a profound sense of satisfaction for making a tangible difference in the lives of vulnerable children. Although we aim to improve the lives of children in foster care, an ancillary benefit is improving the lives of our volunteers. This experience allows our CASAs to interact with children and others in the community, thereby increasing their level of social connection as well. This project will increase the number of volunteer opportunities in the Coachella Valley.

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

*Describe the scope of the project and how your organization will utilize the Desert Healthcare District funding. Clearly state the approach you are going to take to meet the community's need and specify how the success of this project directly aligns to the purpose of the request for proposals to Build Connected Communities: Improving Community Supports to Reduce Social Isolation and Loneliness.*

VFC respectfully requests \$60,000 over the course of this two-year grant. This grant will enable VFC to expand our existing Coachella Valley efforts and provide 30 more Coachella Valley children with a year of life-changing advocacy from their own dedicated CASA volunteer. CASA volunteers serve as community navigators for children in foster care, connecting the children to mental health services, extracurricular activities, and additional resources to help them mitigate the effects of loneliness and isolation.

VFC's Riverside County CASA program will provide children in foster care in the Coachella Valley with relationships with consistent adults to address feelings of isolation and loneliness and advocacy to ensure that they have equitable access to mental health services and other resources they need to thrive despite their challenges.

Volunteer recruitment is a critical component of this program. For this grant, VFC will identify 30 new CASA volunteers through three primary efforts: digital marketing, public relations, and community recruitment. Our digital marketing strategy includes social media posts that are targeted to specific audiences. VFC also works with various media outlets to share mission-rich stories that tell the impact of CASA volunteers. We also run public service announcements and advertisements in local and regional media. Finally, VFC works to build relationships in the community by attending local events, during which we promote the CASA program and the impact of volunteerism. Through each of these efforts, VFC is able to increase the number of children we can serve with CASAs. Because this project aims to increase the number of volunteers serving Coachella Valley children, many of our recruitment efforts will center on the Coachella Valley area.

CASAs are carefully screened and expertly trained to advocate on behalf of children. CASAs complete a rigorous training and screening process before being matched with children. Our 35-hour training program is designed with a trauma-informed lens and educates trainees about the impact of trauma and how it manifests in a child's behavior and development.

CASAs commit to serving for at least 18 months and spending 10–15 hours a month on their cases. CASAs spend time with children during one-on-one visits and speak with a child's caregivers, family members, teachers, therapists, child welfare professionals, and others involved in the children's lives. When a CASA identifies unmet needs, they then advocate on a child's behalf in court, in schools, in healthcare settings, and the community to ensure that a child has access to the resources they need. Every six months, CASAs attend court on behalf of their youth and submit comprehensive written reports about each child's status, including their current frame of mind. Judges rely on these reports to make informed decisions about a child's education, mental and physical health, housing placement, and overall well-being.

A CASA's advocacy is tailored to address the individual needs of the child they serve, and the CASA is often the most consistent adult in the life of a child in foster care. By spending more time with the child than any other adult on the child's case, CASAs form trusting relationships that allow them a clear perspective of each child's fears, worries, hopes, and dreams.

In addition to providing children with access to care, CASAs directly benefit the child's mental health through their positive relationship. Research shows that having a safe, stable, and nurturing relationship with an adult, such as a CASA, can help to reverse the negative impacts of trauma.

CASAs address children's loneliness, isolation, and mental health in many ways: providing a relationship with a dependable adult, delivering positive childhood experiences, ensuring access to appropriate mental healthcare services for a child's specific mental healthcare needs, fostering positive and stable relationships with friends and family, facilitating involvement in extracurricular activities, and more. CASAs are well positioned to observe behavioral changes and other indicators that a child needs more intensive therapeutic services. They overcome service barriers, such as insurance and transportation issues.

Ultimately, CASAs offer the children they advocate for with healthy outcomes from positive experiences (HOPE). HOPE is an emerging framework that helps build positive experiences to mitigate the impact of adverse experiences by focusing on family strengths and fostering child and family resilience, according to the Children's Bureau. Building blocks for HOPE include healthful relationships; safe, equitable, and stable environments; social and civic engagement; and emotional growth through play and interactions with peers. These building blocks encapsulate so much of what CASAs do through their advocacy: they forge trusting relationships with their assigned children; ensure the children have access to stable housing and beneficial resources, and encourage and facilitate the children's participation in social and peer engagement through outings in the community and by advocating for more safe family and neighborhood connections. For example, CASAs often advocate that children remain in their neighborhood schools so that they are not isolated from their natural peer groups while placed out of their homes.

The CASA program improves outcomes for Coachella Valley children in foster care in several ways based on the specific needs of each individual child. CASAs preserve children's connections with siblings; ensure children live in healthful environments; help families stabilize and reunify, thereby reducing feelings of isolation, loneliness, depression, and anxiety; facilitate children's involvement in extracurricular activities; enhance emotional growth; improve access to mental healthcare resources; overcome barriers to care; and connect children with the programs best suited for them. In addition, CASAs address each child's educational and physical and mental health needs.

This grant will fund a portion of the salaries of the VFC program staff who recruit, screen, train, and guide CASA volunteers and support CASA volunteer recruitment activities in the Coachella Valley. Our organizational cost to provide a child with one year of CASA advocacy is \$2,000, so a \$60,000 grant will enable VFC to provide

CASAs to 30 children for a year. Significantly, this project will also allow us to build infrastructure (staffing and volunteer corps) that will allow us to continue to grow, reaching larger numbers of children in need even after this project's completion.

With your support, we will help more children heal from trauma, overcome obstacles, and pursue healthier, brighter futures.

**RFP Building Connected Communities Goal/Strategies:**

**2021-2026 Desert Healthcare District Strategic Plan Goal 3:**

Proactively expand community access to behavioral/mental health services.

**RFP Strategy 1:** Increase the number of community navigators serving Coachella Valley residents.

**RFP Strategy 2:** Increase awareness and access to behavioral/mental health resources.

**Project Deliverables and Evaluation**

<p><b>Deliverable #1:</b> By April 30, 2026, VFC will recruit, screen, and train 30 community members to serve as CASA volunteers (community navigators) for Coachella Valley youth in foster care.</p>	<p><b>Evaluation #1:</b> We will consider this deliverable met if we successfully recruit, screen, and train 30 new CASA volunteers during the grant period.</p> <p>VFC will monitor progress on this goal by counting the number of court orders assigning newly trained CASA volunteers to children in foster care. We will track progress on this goal and adjust recruitment and training efforts accordingly. We anticipate having matched at least 15 newly trained CASAs for this program by the end of the first year.</p> <p>In order to achieve our growth goals for the next two years, VFC will identify 200 prospective new CASA volunteers in Riverside County, including at least 30 who will serve children from the Coachella Valley through this project. Once prospective CASAs complete an initial Information Session and decide to take the next step to become a CASA, they participate in an initial interview, 35 hours of initial training, and two follow-up interviews. They also undergo multiple</p>
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	<p>background checks prior to being matched. VFC CASA training, also called Advocate University, includes dependency law, child development, court report writing, the impact of childhood trauma and abuse, and a course on privilege and bias. During training, CASAs become familiar with courtroom procedures and personnel and writing court reports. Once they are fully trained and screened, they are sworn in as a child's CASA by the Juvenile Court. VFC maintains a copy of each court order in CASA Manager, our database and case management system.</p>
<p><b>Deliverable #2:</b> By April 30, 2026, VFC's CASA volunteers will connect 30 Coachella Valley children in foster care with mental health/behavioral resources such as therapy or extracurricular activities bases on their individualized needs.</p>	<p><b>Evaluation #2:</b> VFC will consider this deliverable met if we connect 30 Coachella Valley children with resources to address specific needs or goals based on the children's unique situations.</p> <p>At least once a month, each CASA and their Advocacy Supervisor communicate regarding the CASA's efforts on the child's case and discuss each child's specific needs and how these needs can be best addressed. Through these discussions, Advocacy Supervisors ensure that CASAs continue to regularly communicate with caregivers, teachers, therapists, and others involved in the children's lives. Through these communications, CASAs gain valuable and detailed information about the children, including how they are doing in their housing placements, family connectedness, schools, extracurricular activities, and therapeutic/behavioral services and, significantly, any unmet needs. Advocacy Supervisors and CASAs next address ways to meet these needs, whatever they are, and action steps to ensuring the children receive access to the services they need.</p> <p>Advocacy Supervisors record this information as notes within CASA Manager. These notes and communications also inform the reports about the children that CASAs submit to the Juvenile Court every six months.</p>

**Deliverable #3:**

By April 30, 2026, VFC's CASA volunteers will submit reports detailing a child's current status and needs to Juvenile Court judges on behalf of 30 Coachella Valley children in foster care.

**Evaluation #3:**

VFC will consider this deliverable met if we submit at least 30 court reports on behalf of the 30 Coachella Valley children provided CASAs through this program.

We assess our program's individual impact on children in foster care through the court report process, a six-month cycle of information gathering and case planning which concludes with the submission of a comprehensive, written report. The court report is a critical tool that helps juvenile court judges make well-informed decisions about each child's case and provides VFC with an internal means of monitoring and assessing each child's progress on their path toward safety, stability, and well-being.

Each court report serves several important functions:

1) It serves as a roadmap that guides CASAs as they gather information about a child's situation. The Court Report template prompts CASAs to learn about all aspects of a child's life, including their housing placement, contact with family members, medical and therapeutic information, education, and progress toward independence (for youth ages 16+). It helps CASAs to identify a child's strengths, challenges, and areas of unmet need. They then leverage the child's strengths and focus their advocacy on those areas where a child is in greatest need of support.

2) It documents a child's progress over time. Court reports are typically submitted once every six months (in conjunction with a child's regular court-scheduled hearings). These formal updates provide point-in-time summaries of a child's situation, progress, and unmet needs so that a child's progress can be assessed. If a child's situation is not stable or improving, VFC program team members can work with the CASA to implement new advocacy strategies.

3) It is an advocacy tool that provides a child's judge, attorney, and social worker with timely information

	<p>about a child’s most urgent needs. It also provides judges with unbiased, holistic information that helps them to make decisions about a child’s case that are informed by the CASA’s individual knowledge of the child’s unique circumstances, preferences, and perspective.</p> <p>4) It has a humanizing impact that provides the Court with a whole-child perspective on the child for whom they are making life-altering decisions. A CASA’s court report highlights a child’s personality, interests, positive attributes, strengths, hopes, and desires. It also centers a child’s individual needs within the context of their broader support system, including their extended family, neighborhood, school, and personal network of friends and supporters.</p> <p>As VFC learns and grows, we regularly review and update the Court Report template to make sure it aligns with our programmatic values and priorities. Over the last several years, we have updated the court report language to be increasingly trauma-informed, conscious of equity and inclusion, and focused on child and family strengths.</p>
<b>Deliverable #4:</b>	<b>Evaluation #4:</b>

**Project Demographic Information**

**Target Geographic Area(s) To Be Served:**

All areas

**Target Population Age Group:**

0 to 5, 6 to 17, 18 to 24

**Target Population Ethnicity:**

Hispanic/Latino (of any race), Not Hispanic or Latino (of any race)

**Target Population Race:**

American Indian and Alaska Native, Asian, Black or African American, Native Hawaiian and other Pacific Islander, White, Some other race



### **Additional Target Population Information:**

VFC serves children living in the foster care system throughout Riverside County, including more than 100 Coachella Valley children and youth annually. Approximately 58% are female and 42% are male. They range in age from birth to 21. Approximately 8% of the youth we serve are infants and toddlers between the ages of 0 and 5, 59% are children between the ages of 6 and 15, and 33% are transitional age youth between the ages of 16 and 21.

These children are especially afflicted with feelings of loneliness, isolation, and hopelessness. Each of these children has experienced abuse, neglect, or abandonment. The abuse and neglect that these children have endured is often the result of intergenerational trauma caused by poverty, racism, or discrimination. Each has also been subjected to the isolation, loneliness, and stigma inherent in the foster care system and the accompanying feelings of helplessness, powerlessness, and hopelessness.

While the foster care system impacts children and families of every race, ethnicity, and socioeconomic class, children of color remain overrepresented. Of the Riverside County children VFC serves through the CASA program, approximately 52% are Hispanic/Latino, 25% are white/Caucasian, 15% are Black/African American, 1% are Native American, 1% are Asian/Pacific Islander, 2% are multi-racial, and 4% are of unknown racial or ethnic background. LGBTQ+ youth are also overrepresented in foster care, often due to rejection and abuse associated with their sexual orientation or gender expression and identity.

We only serve children in foster care, all of whom are presumed to be low-to-moderate-income individuals by the U.S. Department of Housing and Urban Development.

### **Capacity, Sustainability, and Partnerships**

#### **Organizational Capacity:**

*Describe your organization's capacity to meet the demands of this project (i.e. allocated staff time, internal expertise, organizational structure, history of similar work, etc.).*

VFC's Riverside County Managing Director, Sharon Morris, will be responsible for the implementation and completion of the proposed project. Sharon began employment at VFC in 2015. She currently directs the CASA program for all of Riverside County, including CASA recruitment, training, and advocacy support. Sharon was previously the Director of Programs for the Riverside County CASA program and oversaw its year-over-year programmatic growth for the past eight years. She has also managed each of our previous CDBG projects. An outstanding leader and wonderful ambassador for VFC, Sharon is well respected by our judges and colleagues in child welfare. Sharon first joined VFC as a CASA volunteer in 2010 while working at Sony Online

Entertainment, LLC as Director of Customer Service. Sharon earned her Applied Associates of Paralegal Studies from Kaplan University and her Bachelors of Arts in history from Brunel University in London.

Under Sharon, our Riverside County program team includes two program managers; eight Advocacy Supervisors, each of whom manages 40–50 CASA volunteers; a CASA Recruitment & Outreach Manager; and an administrative assistant. We also have a philanthropy manager, based in Palm Desert, who works to build support for our organization throughout Riverside County.

Our Advocacy Supervisors provide support and guidance to CASAs for the duration of a CASA's volunteerism. Advocacy Supervisors support CASAs by reviewing their court reports, attending meetings on their behalf if they are unavailable, and answering challenging questions that come up in each child's case. Advocacy Supervisors carry an emergency cell phone 365 days per year, 24 hours per day for CASAs to access. Through these efforts, VFC is closing the gap for children in foster care and improving outcomes for each individual child.

VFC has proudly served as the CASA program for Riverside County since 2015, when the Judicial Council of the State of California and the Superior Court of Riverside County asked VFC, which was founded in San Diego in 1980, to establish a Riverside County CASA program. VFC maintains three offices in Riverside County: one in Palm Desert, one in the city of Riverside, and one in Temecula. VFC is the sole organization designated to recruit, train, and supervise CASA volunteers in Riverside County.

Since its inception, VFC's Riverside County CASA program has consistently expanded to meet the evolving needs of the children we serve. We examine and refine our program to provide children with the support and resources they need to be safe, stable, healthy, and happy. VFC's Riverside County CASA program achieved the following successes in the last year alone:

- We have continued our trajectory of year-over-year program growth. During fiscal year (FY) 2022–23, VFC served 521 Riverside County children in foster care. We also hired an additional Advocacy Supervisor who will guide CASA volunteers serving in the Coachella Valley region.
- In 2023, VFC and the Juvenile Court in Riverside County launched a pilot program to allow VFC to assess the cases of youth who are declared dual status (having open cases in dependency and the juvenile justice system) for CASA assignment without waiting for a referral. This will allow us to provide youth with more complex needs with the support of a CASA in a timely way.
- In 2023, the Pechanga Band of Indians reached out and requested that VFC establish

a CASA program for children under the jurisdiction of the Pechanga Tribal Court. In January, we signed our first MOU with the Pechanga Band of Indians, and we have matched CASAs to eight children in the Tribe so far. This is the first agreement of its kind with a tribal court in Riverside County and only the third currently operating in California.

**Organizational Sustainability:**

*Describe your organization's sustainability strategies (i.e. funding, staff recruitment/retention, effective collaboration and partnerships, thoughtful long-term planning, etc.).*

VFC is committed to the sustainability of the CASA program for years to come. Creating and maintaining a diverse revenue stream supports our sustainability. The Riverside County CASA program budget is comprised of revenue generated primarily through foundation and corporate support (26%), government grants (62%), and individual philanthropy (12%). We solicit support through grant requests, major gift solicitations, and direct mail campaigns. Our Community Advisory Committee is actively engaged in expanding the organization's visibility in the community and our network of supporters.

Over the last couple of years, we have been implementing our current strategic plan, which our Board of Directors approved in June 2021. Under this plan, we will remain focused on improving our advocacy for children while positioning ourselves for greater stability in the future. The plan's initiatives and priorities include recruiting and retaining talented and experienced staff; investing in technology to improve our efficiency and impact; and determining a strategy to increase our endowment and advance our organizational financial strength. Through these strategic initiatives, we will be better able to deliver our mission for years to come.

VFC has taken concrete measures to improve our ability to recruit and retain talented staff. We are especially pleased to provide an employer contribution to our staff's 403b retirement plans for the first time. This makes long-term employment at VFC more attractive for current staff. Retaining talented staff is extremely beneficial to the children we serve as their institutional knowledge and real-world experience is invaluable as they support and guide CASA volunteers. In addition, we have completed a multiyear plan to increase salaries to a more equitable level.

Volunteer recruitment is also critical to our continued growth and success. Because our program depends on the selflessness of community members to serve as CASAs, we are especially heartened by the success of our 100-day volunteer recruitment campaign, "Your Voice, Their Future," which we launched in January 2023. The goal of the campaign was to match new CASAs to 100 more youth on our waiting lists in Riverside and San Diego Counties by May 1, 2023, the beginning of National Foster Care Month. Current CASAs referred friends or contacts who they felt would be an outstanding CASA. With their help, VFC more than doubled our goal. This successful campaign was among our ongoing efforts to attract new volunteers. We recently

launched the 2024 edition of the “Your Voice, Their Future” campaign, with an increased goal of 150 more youth altogether.

VFC collaborates with many institutions, organizations, agencies, and government offices in Riverside County to serve youth in foster care. We work most closely with the Superior Court of California – Riverside County and the Riverside County Department of Public Social Services (DPSS). We have an MOU with the Superior Court of California – Riverside County which is in effect until December 31, 2024, and is typically renewed in two-year increments. We also collaborate with attorneys and social workers as we work to address the unmet needs of youth. Other partners in service include the Riverside County Department of Probation, Riverside County Tribal Alliance, the Department of Public Social Services’ System Improvement Core, the Riverside County Office of Education, and local school districts, foster family agencies, and mental health providers. Finally, our CASAs regularly connect youth to resources and programs offered by various entities throughout Riverside County.

**Partnerships/Collaborations:**

*If you are planning to partner or collaborate with other organizations, please list them and describe each of their roles in the project. If not partnering, enter N/A.*

VFC will be collaborating and partnering with other organizations providing services to Coachella Valley youth in foster care through this project; however, we can not specify any organizations at this time because these partnerships will be determined strictly by the unique needs of each individual child served through this grant.

Our CASA volunteers spend a great deal of time building trust with the children to whom they are assigned, gaining a comprehensive and thorough understanding of each child’s needs, concerns, hopes, interests, and aspirations. CASAs will work with VFC staff members to identify the best resources for each individual child so that each child has a personalized plan to thrive.

Because our advocacy is tailored to the specific child, often a success story is the best way to illustrate the tremendous impact that CASAs can have on children.

CASA Teresa was assigned to █-year-old █ in March █. █ and her twin brother █ were placed into care in █ after their family was found homeless and living in a tent without access to running water. At the time, █ was not enrolled in school and exhibited symptoms of PTSD from sexual abuse.

The twins do best when placed together, but they fight often. CASA Teresa prioritized █’s desire to stay with █. Most recently, after a violent squabble that led their foster parents to request that the twins be separated and at least one twin be removed from the home, CASA Teresa collaborated with █’s CASA to get them into equine therapy to teach them conflict resolution and coping skills. While █ had not been

open to therapy before, CASA Teresa had built enough trust with her to persuade her to try.

█████ is now fully engaged with therapy, thriving in her foster home with █████, and enjoying school. Without CASA Teresa, █████ would likely be in yet another foster or group home, isolated from █████, attending another school where she knew no one, and no longer participating in any therapy. Thank you for considering this request, which will enable VFC to provide more children like █████ with CASA volunteers like Teresa.

## **Diversity, Equity, and Inclusion (DEI)**

### **How does your organization address DEI in your policies, strategic plan, board and staff, etc.?**

VFC believes that we have an organizational responsibility to foster an equitable culture in our program because the marginalized children we serve are vulnerable to the systemic inequities that exist in our society. Additionally, BIPOC children and LGBTQ+ youth are overrepresented in the foster care system. We are committed to diversity, equity, and inclusion at all levels of our organization.

Like any organization, we benefit from increased creativity and improved problem-solving the more diverse we become as we broaden our perspectives and options. Having leaders, staff, and volunteers who have personally dealt with some of the challenges that the children we serve face allows us to benefit from their lived experiences. It also helps us identify real issues that a more monolithic organization might overlook.

Similarly, by fostering a more inclusive workplace, we are able to recruit talented staff and volunteers who otherwise might be reticent to join us. Moreover, inclusivity improves overall morale and greater employee and volunteer retention. Ultimately, this means we provide better service to the children we serve. For example, efforts to recruit and retain Spanish-speaking staff and volunteers allows us to more directly serve our Spanish-speaking clientele without delays and misunderstandings. Even seemingly small cultural competencies can make a world of difference to a child in foster care. For example, Tasha is a 9-year-old Black girl placed in a potentially adoptive home with caregivers of another race. Unfortunately, the caregivers were unaware of Tasha's specialized haircare needs. Tasha's CASA understood how Tasha's haircare needs differed from her caregiver's and went shopping with Samantha and the caregiver for appropriate haircare products. The CASA provided the caregiver with information about Tasha's haircare needs, products, style choices, and recommendations for salons that could properly style her hair. The CASA knew that this would help Tasha care for her hair and improve her self-esteem, which would lead to improved behavior at home and at school.

Through our ongoing efforts, VFC has learned that we have the opportunity to learn more and do better in our DEI work. We are proud of our progress thus far, but we also recognize that the intergenerational trauma caused by racism, systemic and otherwise, and discrimination has been a major contributing factor to not only child abuse and

neglect but also bias and disparity in the very social systems developed to address the abuse and neglect. Therefore, VFC is more resolved than ever to live up to its commitment to diversity, equity, and inclusion. We believe that several recent and ongoing projects demonstrate this ongoing and strengthening commitment.

One of our biggest successes has been the development and growth of our agency-wide IDEAA (Inclusion, Diversity, Equity, Access and Action) Council into an integral and enduring part of our operations. Formed as part of our response to a growing awareness of racial inequities sparked by the George Floyd killing, the IDEAA Council has exceeded our expectations and become a driving and inspirational force within our organization. Since the IDEAA Council's creation, VFC has made tremendous organizational strides in integrating it into the daily fabric of our operations, from allocating time and resources for the committee to creating clear communications between the IDEAA Council and our leadership team to ensure the council produces tangible, practical results. The IDEAA Council has, and will continue to, inform our operations, including the recruitment and training of volunteers, staff, and board members.

Through the efforts of the IDEAA Council, VFC has established Fostering Ideas, a bi-monthly DEI training program for all staff members, to increase the cultural competency of our staff and to provide a deeper awareness of DEI-related topics. These trainings include interactive exercises, discussion groups, expert presentations, and panel discussions focusing on specific, historically marginalized groups.

Another IDEAA Council initiative that will significantly improve our ability to meet the needs of our Spanish-speaking children and families is a strategy to additionally compensate fluent, bilingual Spanish-English speakers who use their bilingual skills to carry out their job duties. This is an important initiative because so many of our children's caregivers and parents either speak only Spanish or are much more comfortable speaking Spanish.

Other efforts include having our Board of Directors attend our revamped Advocate University trainings on DEI topics such as bias and privilege. Advocate University is the 35-hour training program that all CASAs attend during their training and screening process. All VFC program staff also attend AU as part of the onboarding process.

### **What barriers does your organization face when addressing DEI?**

Our greatest challenge in addressing DEI is effectively recruiting a diverse volunteer corps to serve as CASAs. Children from historically marginalized communities are overrepresented in foster care.

We ask much of our volunteers, including a 40-hour-plus training and screening period and then approximately 10–15 hours a month working on their cases. Volunteers must also have access to reliable transportation. These requirements skew our volunteer corps and other supporters to people of privilege. In addition, women comprise most of our volunteers due to traditional gender expectations.

To mitigate these demographic realities, VFC actively tries to diversify our volunteer corps. Examples of this include advertising and marketing in Spanish-speaking outlets,

building our relationships with groups such as local chapters of the NAACP, and reaching out to primarily male organizations, such as retired law enforcement organizations.

We also devote a great deal of training to understanding DEI issues so that our volunteers are better able to advocate on behalf of any child in foster care.

## Grant Budget

Project Grant Budget				
Applicant:	Voices for Children		Coachella Valley CASA Program	
OPERATIONAL EXPENSES	Total Project Budget	Funds From Other Sources <span style="color: red;">Detail On Section 3</span>	Amount Requested From DHCD/F	
<b>Total Staffing Expenses</b> <span style="color: red;">Detail on Section 2</span>	\$ 49,191.40	\$ 191.40	\$ 49,000.00	
<b>Equipment (itemize)</b>				
1		\$ -		
2		\$ -		
3		\$ -		
4		\$ -		
<b>Supplies (itemize)</b>				
1	Office supplies	\$ 1,900.00	\$ 1,900.00	
2	Dues, Fees, Subscriptions	\$ 3,200.00	\$ 3,200.00	
3		\$ -		
4		\$ -		
<b>Printing / Duplication</b>		\$ 500.00	\$ 500.00	
<b>Mailing / Postage</b>		\$ 220.00	\$ 220.00	
<b>Mileage (use current Federal mileage rate)</b>		\$ 16,000.00	\$ 16,000.00	
<b>Education / Training</b>			\$ -	
<b>Other Direct Project Expenses Not Described Above (itemize)</b>				
1	CASA Recruitment/Marketing	\$ 8,500.00	\$ 5,325.00	\$ 3,175.00
2	Children's Assistance Fund	\$ 3,000.00	\$ 3,000.00	
3			\$ -	
4			\$ -	
* Items listed below are included for calculation of the total project budget only. For use of DHCD/F funds, these line items would be included in the allowable 15% indirect cost rate.				
<b>Office / Rent / Mortgage*</b>		\$ 18,500.00	\$ 18,500.00	\$ -
<b>Telephone / Fax / Internet*</b>		\$ 1,700.00	\$ 1,700.00	\$ -
<b>Utilities*</b>			\$ -	\$ -
<b>Insurance*</b>		\$ 2,500.00	\$ 2,500.00	\$ -
<b>Indirect Rate</b>	<input checked="" type="checkbox"/> Check Box To Utilize Indirect Rate Up To 15%	Enter Rate	15.00%	\$ 7,826.25
<b>Total Project Budget</b> (Rounded up to nearest dollar)		\$ 113,038	\$ 53,037	\$ 60,002
<b>Budget Narrative</b>	<p style="color: red; margin: 0;">Office Supplies: Includes general office items that will be used by staff to carry out daily activities of the program, such as pens, paper, pencils, computer cables, etc.</p> <p style="color: red; margin: 0;">Dues, Fees, and Subscriptions: Includes business licenses and software licenses.</p> <p style="color: red; margin: 0;">CASA Volunteer Recruitment/Marketing: Includes digital and radio advertising, social media marketing, public service announcements, booth space rentals, and print collateral.</p> <p style="color: red; margin: 0;">Children's Assistance Fund: Material assistance that is provided to children in foster care to address educational and enrichment needs (i.e., school uniforms, sports equipment, tutoring expenses), emergency and basic needs (temporary shelter and food), and celebratory events (birthdays and holidays).</p> <p style="color: red; margin: 0;">Office/Rent/Mortgage: Includes rent and utility expenses for the locations where our employees work and hold meetings and trainings with CASA volunteers.</p> <p style="color: red; margin: 0;">Telephone/Fax/Internet: Includes phone and internet services for program staff. VFC also maintains an emergency cell phone 7 days a week/365 days a year to support CASAs and children during case emergencies.</p> <p style="color: red; margin: 0;">Utilities: Utilities are included in our "Rent" line item.</p> <p style="color: red; margin: 0;">Insurance: Corporate insurance.</p>			

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Staff Salary Expenses		Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD/F
<b>Employee Position/Title</b>					
1	Advocacy Supervisor	\$ 60,319.00	30%	18,095.70	\$ 18,000.00
2	Advocacy Supervisor	\$ 60,319.00	30%	18,095.70	\$ 18,000.00
3	CASA Recruitment & Outreach Mgr	\$ 65,000.00	20%	13,000.00	\$ 13,000.00
4				-	
5				-	
6				-	
Enter Total Employee Benefits / Employer Taxes % (Proportional Fringe Costs and/Or Employer Taxes Based On % Of Time Allocated To Project)				-	-
<b>Total Will Populate In Total Staffing Expenses Section 1</b>				<b>Total &gt;</b>	<b>\$ 49,191.40 \$ 49,000.00</b>
<b>Budget Narrative - Scope of Work</b>	Each Advocacy Supervisor manages a caseload of 40-50 CASA volunteers who provide direct services to Coachella Valley children in foster care. Advocacy Supervisors provide CASAs with guidance, supervision, and assistance as they advocate on behalf of children. The CASA Recruitment & Outreach Manager oversees volunteer recruitment activities in the Coachella Valley ara.				
<b>Budget Narrative - Employee Benefits</b>	Employee benefits include employee medical and dental benefits, a 403b contribution, payroll taxes, and worker's compensation. Health and dental benefits are approximately 5% of Riverside County staff salaries (not all employees opt into health and dental benefits). VFC's 403b contribution is calculated at 3% of Riverside County staff salaries. Payroll taxes are calculated at a rate of 7.65% (6.2% Social Security + 1.45% Medicare). Worker's compensation is calculated at a rate of .93%.				
Professional Services / Consultant Expenses		Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD/F
<b>Company and Staff Title</b>					
1					
2					
3					
4					
<b>Total Will Populate in Total Staffing Expenses Section 1</b>				<b>Total &gt;</b>	<b>\$ - \$ -</b>
<b>Budget Narrative - Scope of Work</b>	n/a				

<b>Funds From Other Sources (Actual Or Projected) SPECIFIC To This Project</b>		
<b>"Total Funding In Addition To DHCD/F Request" Below Should Match Or Exceed Value Listed In Section 1 for "Funds from Other Sources".</b>		<b>Amount</b>
<b>Fees</b>		\$ -
<b>Donations</b>		\$ 71,663.00
<b>Grants (List Organizations)</b>		
1	Foundation Grants (inc. ALDI Smart Kids, Devto Support Foundation, Anderson Children's Foundation, Kaiser Permanente, Mechanics Bank, Rite Aid Foundation/Healthy Futures, Stater Bros. Charities, U.S. Bank Foundation, and Ross Stores Inc.	\$ 70,925.00
2	Government Grants (inc. Cal CASA-administered state funding, California Governor's Office of Emergency Services VOCA funding, and funding from County of Riverside CDBG and CID funding, Desert Healthcare District, City of Palm Springs grants program, and City of Indio Community Grant).	\$ 840,616.00
3		
8		
<b>Fundraising (Describe Nature Of Fundraiser)</b>		
1	Third Party Events (Rancho Mirage Taste of Summer, Palm Desert Golf Parade, Palm Springs Wine & Dine Around the World, etc.) (Projected)	\$ 20,000.00
2		
3		
8		
<b>Other Income, e.g., Bequests, Membership Dues, In-Kind Services, Investment Income, Fees From Other Agencies, Etc. (Itemize)</b>		
1		\$ -
2		
3		
8		
		<b>\$ 1,003,204.00</b>
<b>Budget Narrative</b>	VFC operates on an accrual accounting system. At the start of each fiscal year (beginning on July 1), we begin raising the budget for that year. We have listed selected grants received thus far during FY 2023-24, which covers the beginning of the grant period. These grants cover the Coachella Valley and the rest of Riverside County's CASA program budget of \$1,544,857; however, we are not including grants awarded for use exclusively outside of the Coachella Valley. We will continue to raise funds for this project in the following years as well.	

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**EXHIBIT B**

**PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES**

<u>Project Title</u>	<u>Start/End</u>
Court Appointed Special Advocate (CASA) Program	5/01/2024 4/30/2026

**PAYMENTS:**

(4) Payments: \$ 13,500.  
10% Retention: \$ 6,000.

**Total request amount:** \$ 60,000.

**GRANT AND PAYMENT SCHEDULE REQUIREMENTS:**

Scheduled Date	Grant Requirements for Payment	Payment
5/01/2024	Signed Agreement submitted & accepted.	Advance of \$13,500. for time period 5/01/2024 - 10/31/2024
12/01/2024	1st six-month (5/01/2024 - 10/31/2024) progress report, budget reports and receipts submitted & accepted	Advance of \$13,500. for time period 11/01/2024 - 4/30/2025
6/01/2025	2nd six-month (11/01/2024 - 4/30/2025) progress report, budget reports and receipts submitted & accepted	Advance of \$13,500. for time period 5/01/2025 - 10/31/2025
12/01/2025	3rd six-month (5/01/2025 - 10/31/2025) progress report, budget reports and receipts submitted & accepted	Advance of \$13,500. for time period 11/01/2025 - 4/30/2026
6/01/2026	4th six-month (11/01/2025 - 4/30/2026) progress report, budget reports and receipts submitted & accepted	\$0
6/15/2026	Final report (5/01/2024 - 4/30/2026) and final budget report submitted & accepted	\$6,000. (10% retention)

**TOTAL GRANT AMOUNT:** \$ 60,000.

DELIVERABLES:

**Project Deliverables and Evaluation**

<p><b>Deliverable #1:</b> By April 30, 2026, VFC will recruit, screen, and train 30 community members to serve as CASA volunteers (community navigators) for Coachella Valley youth in foster care.</p>	<p><b>Evaluation #1:</b> We will consider this deliverable met if we successfully recruit, screen, and train 30 new CASA volunteers during the grant period.</p> <p>VFC will monitor progress on this goal by counting the number of court orders assigning newly trained CASA volunteers to children in foster care. We will track progress on this goal and adjust recruitment and training efforts accordingly. We anticipate having matched at least 15 newly trained CASAs for this program by the end of the first year.</p> <p>In order to achieve our growth goals for the next two years, VFC will identify 200 prospective new CASA volunteers in Riverside County, including at least 30 who will serve children from the Coachella Valley through this project. Once prospective CASAs complete an initial Information Session and decide to take the next step to become a CASA, they participate in an initial interview, 35 hours of initial training, and two follow-up interviews. They also undergo multiple background checks prior to being matched. VFC CASA training, also called Advocate University, includes dependency law, child development, court report writing, the impact of childhood trauma and abuse, and a course on privilege and bias. During training, CASAs become familiar with courtroom procedures and personnel and writing court reports. Once they are fully trained and screened, they are sworn in as a child’s CASA by the Juvenile Court. VFC maintains a copy of each court order in CASA Manager, our database and case management system.</p>
<p><b>Deliverable #2:</b> By April 30, 2026, VFC’s CASA volunteers will connect 30 Coachella Valley children in foster care with mental health/behavioral resources such as therapy or extracurricular activities bases on their individualized needs.</p>	<p><b>Evaluation #2:</b> VFC will consider this deliverable met if we connect 30 Coachella Valley children with resources to address specific needs or goals based on the children’s unique situations.</p> <p>At least once a month, each CASA and their Advocacy Supervisor communicate regarding the CASA’s efforts on the child’s case and discuss each child’s specific needs and how</p>

	<p>these needs can be best addressed. Through these discussions, Advocacy Supervisors ensure that CASAs continue to regularly communicate with caregivers, teachers, therapists, and others involved in the children’s lives. Through these communications, CASAs gain valuable and detailed information about the children, including how they are doing in their housing placements, family connectedness, schools, extracurricular activities, and therapeutic/behavioral services and, significantly, any unmet needs. Advocacy Supervisors and CASAs next address ways to meet these needs, whatever they are, and action steps to ensuring the children receive access to the services they need.</p> <p>Advocacy Supervisors record this information as notes within CASA Manager. These notes and communications also inform the reports about the children that CASAs submit to the Juvenile Court every six months.</p>
<p><b>Deliverable #3:</b> By April 30, 2026, VFC’s CASA volunteers will submit reports detailing a child’s current status and needs to Juvenile Court judges on behalf of 30 Coachella Valley children in foster care.</p>	<p><b>Evaluation #3:</b> VFC will consider this deliverable met if we submit at least 30 court reports on behalf of the 30 Coachella Valley children provided CASAs through this program.</p> <p>We assess our program’s individual impact on children in foster care through the court report process, a six-month cycle of information gathering and case planning which concludes with the submission of a comprehensive, written report. The court report is a critical tool that helps juvenile court judges make well-informed decisions about each child’s case and provides VFC with an internal means of monitoring and assessing each child’s progress on their path toward safety, stability, and well-being.</p> <p>Each court report serves several important functions:</p> <p>1) It serves as a roadmap that guides CASAs as they gather information about a child’s situation. The Court Report template prompts CASAs to learn about all aspects of a child’s life, including their housing placement, contact with family members, medical and therapeutic information, education, and progress toward independence (for youth ages 16+). It helps CASAs to identify a child’s strengths, challenges, and areas of unmet need. They then leverage the child’s strengths and focus</p>

	<p>their advocacy on those areas where a child is in greatest need of support.</p> <p>2) It documents a child’s progress over time. Court reports are typically submitted once every six months (in conjunction with a child’s regular court-scheduled hearings). These formal updates provide point-in-time summaries of a child’s situation, progress, and unmet needs so that a child’s progress can be assessed. If a child’s situation is not stable or improving, VFC program team members can work with the CASA to implement new advocacy strategies.</p> <p>3) It is an advocacy tool that provides a child’s judge, attorney, and social worker with timely information about a child’s most urgent needs. It also provides judges with unbiased, holistic information that helps them to make decisions about a child’s case that are informed by the CASA’s individual knowledge of the child’s unique circumstances, preferences, and perspective.</p> <p>4) It has a humanizing impact that provides the Court with a whole-child perspective on the child for whom they are making life-altering decisions. A CASA’s court report highlights a child’s personality, interests, positive attributes, strengths, hopes, and desires. It also centers a child’s individual needs within the context of their broader support system, including their extended family, neighborhood, school, and personal network of friends and supporters.</p> <p>As VFC learns and grows, we regularly review and update the Court Report template to make sure it aligns with our programmatic values and priorities. Over the last several years, we have updated the court report language to be increasingly trauma-informed, conscious of equity and inclusion, and focused on child and family strengths.</p>
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The Desert Healthcare District has implemented Results-Based Accountability (RBA) into their grantmaking process to streamline reporting and offer a straightforward approach to effectively measuring program-level performance.

## RFP Building Connected Communities Goal/Strategies

**Strategy 1: Increase the number of community navigators serving Coachella Valley residents.**

*You have selected Strategy 1.*

Your project deliverables need to capture the following performance measures.

- # of Community Navigators trained

**Strategy 2: Increase awareness and access to behavioral/mental health resources.**

*You have selected Strategy 2.*

Your project deliverables need to capture the following performance measures.

- # of clients who were directly connected to behavioral/mental health services



**Date:** April 23, 2024

**To:** Board of Directors

**Subject:** Grant # 1445 Cove Communities Senior Association dba The Joslyn Center

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**Grant Request:** Increasing Behavioral Health Access and Social Connectedness for Older Coachella Valley Adults

**Amount Requested:** \$200,000.00

**Project Period:** 5/1/2024 to 4/30/2026

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

In response to the uplifted and prioritized needs expressed by the convening of local community stakeholders, the District and Foundation sought proposals from organizations with the release of the **Request for Proposals Building Connected Communities: Improving Community Supports to Reduce Social Isolation and Loneliness**. Specifically, the District and Foundation sought projects that address isolation and loneliness through the recruitment, retainment, and training of community navigators to improve connectedness. After a thorough review process, District staff identified applications to recommend funding approval from the Program Committee and full Board of Directors.

The Joslyn Center submitted a funding request to build on their existing services that are geared to reducing isolation and loneliness and expand outreach to improve connectedness among underserved, primarily low-income seniors. Preliminary efforts will focus on Hispanic/Latino seniors and seniors with disabilities, including those with visual impairment, Autism, and Parkinson's Disease. The proposed program utilizes a Community Navigator approach including community-based and social media outreach to provide education and increase access. Navigators will follow guidance of the American Psychological Association (2020), which prioritizes expanding access, including the use of technology; decreasing the stigma of seeking mental health support; increasing an understanding of depression and anxiety in seniors; and identifying seniors in need of prevention. The Joslyn Center will engage Vision y Compromiso to provide their Promotores training to the Community Navigator, Program Director, Wellness Center Manager, and counselors.





The District funding will be used to support the partial salaries and benefits of four positions: Licensed Clinical Social Work Program Director – Behavioral Health Services, two Bi-lingual Mental Health Counselors, and a Community Navigator. Additionally, funding will be allocated for training consultant services from Vision y Compromiso, printing materials, and outreach and advertising.

**Strategic Plan Alignment:**

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

**RFP Strategy 1:** Increase the number of community navigators serving Coachella Valley residents.

**RFP Strategy 2:** Increase awareness and access to behavioral/mental health resources.

**RFP Strategy 3:** Improve access to community support services through systems and environments that build connectedness

**Geographic Area(s) To Be Served:**

Cathedral City, Coachella, Indian Wells, Indio, La Quinta, Mecca, 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 \$200,000.00 be approved.

Recommendation with modifications

Request for more information

Decline



## **RFP Building Connected Communities Grant Application Summary**

### **Cove Communities Senior Association dba The Joslyn Center, Grant # 1445**

#### **About the Organization**

Cove Communities Senior Association dba The Joslyn Center  
73750 Catalina Way, Palm Desert, CA 92260  
Palm Desert, CA 92260-2906  
760-340-3220

[www.joslyncenter.org](http://www.joslyncenter.org)

**Tax ID #:** 95-3622332

#### **Primary Contact:**

Jack Newby, Executive Director  
[JackN@joslyncenter.org](mailto:JackN@joslyncenter.org)

#### **Organization's Mission Statement and History**

Incorporated in 1981 as a non-profit organization, the Joslyn Center has helped area seniors live independent, active, and productive lives. Our mission is to provide extensive programs and services for older adults in Indian Wells, Palm Desert, Rancho Mirage, and surrounding Coachella Valley communities. Our vision is to lead the way by enhancing the quality of life for older adults. Situated on a three-acre site in Palm Desert, our 20,000 square foot facility is the Inland Empire's largest senior center with over 2,300 members ranging in age from 50 -105. Our varied programs and services include health and wellness-centered fitness programs; on-site state-of-the-art fitness center; behavioral health services; food and nutrition programs; educational classes; and social activities and games, among others. We offer more than 85 weekly group activities, and we host an average of 250 - 400 visitors each day. Our Center has facilitated over 55,500 connections over the past year through programs and activities designed to decrease social isolation. We remain committed to ensuring diversity, equity, and inclusion in our programs, services, and outreach to aging adults of all backgrounds and abilities.

Our members receive access to health insurance counseling, an annual health fair, on-site influenza and COVID-19 vaccinations, legal consultation, tax preparation, a free lending library, on-site computers, free wi-fi on the premises, social events,

entertainment, blood pressure monitoring, and other vital services. Our Telephone Safety Net makes nearly 2,400 calls annually to ensure the health and well-being of local seniors. Case management services are provided on-site monthly through collaboration with the Mizell Center. Our senior nutrition programs provide outreach and support to low-income, isolated and food insecure seniors. Last year, the Meals on Wheels program delivered over 12,500 nutritious meals via 20 volunteer drivers to 40 – 60 homebound seniors each week. Penny’s Pantry Food Bank and our free Farmers Market provide more than 3,200 bags of groceries, including fresh produce and non-perishable food, twice monthly to thousands of low-income seniors.

The Center is engaged with the National Council on Aging, chambers of commerce, the Senior Collaborative, Office on Aging, and the national Meals on Wheels Association. Some evidence-based programs are licensed through the UCLA Longevity Center, Maine Health, and the National Council on Aging. A fourteen-member Board of Directors guides eight full-time and six part-time staff. The center provides services to its members, community organizations and businesses six days per week.

The Joslyn Wellness Center which opened in 2017, provides comprehensive programs focusing on senior health, wellness and vitality through a series of evidence-based programs, classes and activities. The Wellness Center is focused on four pillars of need: Mental Health, Healthy Aging, Exercise and Active Living, and Nutritional and Health Education.

Working with professionals specializing in older adult health, therapists, counselors, hospitals, and community-based experts on aging, the Wellness Center utilizes an integrated holistic program for the growing senior population in the Coachella Valley. The Aging Mastery Program, Problem Solving Strategies, and Brain Boot Camp Programs along with our evidence-based exercise components, support our vision to improve the quality of life for older adults. The Joslyn Wellness Center has been making strides to provide our counseling services to the underserved Hispanic population, providing culturally competent evidence-based Problem Solving Therapy to residents in the Coachella Valley. We have expanded collaborations with Coachella Valley Volunteers in Medicine, the Braille Institute, and Inland Regional Center. Through our work with the Braille Institute and Inland Regional Center, we are expanding our outreach and programming to individuals with disabilities who are experiencing a high degree of social isolation and are offering programs designed to meet their unique needs. The Joslyn Wellness Center was recognized by the National Council on Aging in the Health and Wellness Category for the 2020 National Institute of Senior Centers Programs of Excellence.

**Organization Annual Budget: \$1,449,581.00**

## **Project Information**

**Project Title:** Increasing Behavioral Health Access and Social Connectedness for Older Coachella Valley Adults

**Start Date:** 5/01/2024    **End Date:** 4/30/2026

**Total Project Budget:** \$736,743.00

**Requested Amount:** \$200,000.00

### **Community Need for this Project in the Coachella Valley:**

*Identify and describe the specific need(s) for the project in the Coachella Valley. Please incorporate relevant and valid Coachella Valley data that highlight the full scope of the need and clearly make a connection to the project's targeted population.*

According to the University of Michigan's 2023 National Poll on Healthy Aging (NPHA), 34% of adults aged 50-80 reported feeling isolated. Of the 2,563 survey respondents, 37% reported feeling a lack of companionship and 33% reported infrequent contact of less than once per week with people outside their home. Results were reported in "Trends in Loneliness Among Older Adults from 2018-2023," issued in March 2023 by the University of Michigan's Institute for Healthcare Policy and Innovations. According to the report, "chronic loneliness... can adversely affect mental, cognitive, and physical health, general well-being, and even longevity." This is reinforced by the 2023 US Surgeon General's Report in "Our Epidemic of Loneliness and Isolation," which states that "loneliness and isolation represent profound threats to our health and well-being."

The Coachella Valley is the epicenter of a rapidly growing senior population in California which continues to live longer and grow increasingly diverse with fewer resources. Health Assessment and Research for Communities (HARC) reported that 42% of the Valley's population was aged 55 and older in 2022; 30% subsist on incomes at 200% or less of poverty level. The percentage of Hispanic seniors continues to trend upwards, particularly in the east Valley.

HARC surveyed Valley adults of all ages on behavioral health issues in 2022; 29.9% reported feelings of loneliness, sometimes (21.9%), often (6.6%) or always (1.4%). HARC reported that while "being alone does not always equate to feeling lonely...when we become disengaged from our social lives, loneliness and isolation can occur." The Centers for Disease Control (CDC) 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. In a 2021 study, the National Institutes of Health reported that nearly one-half of Americans surveyed reported recent onset of depression and anxiety. This increase in mental health symptoms has been directly related to the COVID pandemic. In the Joslyn Center's discussions with potential collaborating partners, we learned that the post COVID need for mental health intervention has increased due to bereavement and increased anxiety and depression. Although this is an anecdotal observation, it is from a large and

respected community organization. The 2023 US Surgeon General's Report stated that a myriad of physical ailments can be directly related to the lack of social connection and community.

Our proposed project will focus on underserved senior populations impacted by social isolation and loneliness, including the predominately low-income Hispanic population in the east Valley, and seniors with disabilities such as Autism spectrum disorder, vision impairment and Parkinson's Disease. The Desert Healthcare District Community Needs Assessment reported that some of the cities with the largest Hispanic/Latino population reported mental health disorder rates, including anxiety and depression, ranging from 24.7% in Indio to 41% in Thermal. The report concluded that there is a significant disparity because of cultural stigma in seeking mental health care among the Hispanic/Latino community until they are "extremely sick."

HARC reported that in 2022, 7.7% of local adults were deaf/hard of hearing and 3.9% were blind or low vision. Because it is an emerging field, information is scarce for adults living with Autism spectrum disorder. In a 2017 report, the CDC estimated that approximately 2.25% of adults were living with autism and that California had far and away the largest number of adults living with autism at over 700,000. Based on these statistics, we extrapolate that there are an estimated 2,700 Valley adults aged 50 and older living with autism. As reported in the journal of Health Psychology and Behavioral Medicine (3/29/2019), older adults over age 50 are increasingly receiving first time diagnosis of Autism spectrum disorder because they grew up "in a time when Autism was poorly recognized" and "lived unknowingly with the condition." University College London postdoctoral research fellow Gavin Stewart reported in "Autism in Older Adults: Studies Show Higher Rates of Mental, Physical Ills" (published in May 2023) that many older Autistic participants experienced social isolation and loneliness."

The Joslyn Center's proposed program will target underserved senior populations, including seniors from low-income Hispanic communities and seniors with disabilities. The program will provide outreach, education, and access to behavioral health services and activities that will reduce isolation and loneliness while enhancing peer support networks.

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

*Describe the scope of the project and how your organization will utilize the Desert Healthcare District funding. Clearly state the approach you are going to take to meet the community's need and specify how the success of this project directly aligns to the purpose of the request for proposals to Build Connected Communities: Improving Community Supports to Reduce Social Isolation and Loneliness.*

The Joslyn Center is uniquely positioned to address isolation and loneliness among underserved senior populations through the synergism of our behavioral health services developed over seven years; 43 years of experience in providing socialization activities for seniors; and our proposed navigation component to expand outreach and access to address these issues. Our proposed program, "Increasing Behavioral Health Access and Social Connectedness for Older Coachella Valley Adults," builds on our existing services that are geared to reducing isolation and loneliness and expand outreach to improve connectedness among undeserved, primarily low-income seniors. Preliminary efforts will focus on Hispanic/Latino seniors and seniors with disabilities, including those

with visual impairment, Autism, and Parkinson's Disease.

Senior Centers build social connectedness and support emotional wellness among their members and participants. "Get the Facts on Senior Centers" published in August 2023 by the National Council on Aging and based on published research found that "Older adults who participate in senior center programs experience better psychological well-being across several measures compared to non-participants." These include social and health benefits, lower levels of depression, supportive friendships, and lower stress levels.

The proposed program utilizes a Community Navigator approach including community-based and social media outreach to provide education and increase access. We provide free behavioral health services and multiple activities to reduce isolation at the Center and at various partnering provider facilities. Virtually all of the Joslyn Center's existing services and activities have mental health benefits by reducing loneliness and isolation and improving feelings of social connection. The Community Navigators will increase awareness and access to behavioral/mental health resources and Center programs. The Community Navigator will be bi-lingual and will work with our behavioral health services staff to expand outreach and education to target populations. Navigators will follow guidance of the American Psychological Association (2020), which prioritizes expanding access, including the use of technology; decreasing the stigma of seeking mental health support; increasing an understanding of depression and anxiety in seniors; and identifying seniors in need of prevention. Outreach efforts will include Joslyn website search engine optimization, connection with connectie.org, our own website which has the capability to translate into Spanish, and social media such as Facebook and Instagram, including posts in Spanish. We will engage Vision y Compromiso to provide their Promotores training to the Community Navigator, Program Director, Wellness Center Manager, and counselors.

Outreach to Hispanic seniors will focus on the east Valley and the area surrounding our facility which includes Palm Desert's highest concentration of Hispanic residents, including those who reside in nearby low-income housing communities. As Hispanic membership increases at the Center we will increase Spanish-language and culturally appropriate activities to increase connectedness and reduce isolation. We will provide education about behavioral health services and access to services provided by the Joslyn Center in east Valley cities, including Indio, Coachella, and Mecca. We will build on our programming and mental health services which we are currently providing on-site at Indio Senior Center, and Volunteers in Medicine. This includes on-site outreach by our mental health counselors and the Community Navigator.

Outreach will also include advertising in the local Spanish-language newspaper, El Informador, and Spanish-language broadcast media, including the local Telemundo affiliate, and local Spanish language radio stations. We will participate in area health fairs, including those by Indio Senior Center and our Lady of Soledad Church. We will build new collaborations with at least two additional community-based and faith-based organizations, including Sacred Heart Church, and Indio-based Martha's Village to provide culturally competent mental/behavioral health services. We will provide culturally competent evidence-based individual or group Problem solving Therapy to low-income, underserved Hispanic residents concentrating on communities and areas

with the highest demographics of these residents. These individuals are isolated from receiving mental health services because of language barriers and because of stigma related to mental health in their community. Delivered through the Joslyn Wellness Center, the program utilizes bi-lingual Associate Marriage and Family Counselors or Associate Clinical Social Workers who work under the supervision of a Licensed Clinical Social Worker trained to provide supervision to Associate counselors.

The program also targets older adults with disabilities. We will build on our existing collaborative relationship for low vision and blind individuals with The Braille Institute, which includes English and Spanish-language counseling groups; individual counseling for vision impaired clients; classes for white cane training on-site at the Joslyn Center; staff training on assisting those with low vision or who are blind; and blended groups and activities with Braille and Joslyn clients. Our Care Navigator will work with Braille to provide outreach activities and to cross-refer clients who can benefit from these collaborative services. Many of our members also experience low vision or potential blindness.

The Joslyn Center is currently in process of training to become a certified Autism agency, including training for our “public facing” employees and counselors. Upon completion, the Center will be the first Inland Empire senior center approved by the Inland Regional Center to provide Specialized Recreational Therapy to older adults with Autism in accordance with California Code of Regulations under Title 17. This certification will prepare the Community Navigator and counselors to outreach and provide services to older adults living with Autism and their caregivers, who are often their elderly parents.

We are finalizing an MOU with Eisenhower Health to provide a regular Parkinson’s Disease in Motion exercise class at the Joslyn Center. This will facilitate education for participants about the Center’s multiple weekly activities that help individuals to reduce isolation and loneliness. Additionally, care Navigators will outreach to local Parkinson’s Disease service providers.

The Joslyn Center’s program will provide widespread outreach to underserved seniors to educate them about the need for and availability of local behavioral health services and community activities that can build connectedness on-site at our Center and at partnering provider’s locations. This will ensure we reach older adults from the Hispanic/Latino community and those with disabilities.

### **RFP Building Connected Communities Goal/Strategies:**

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

**RFP Strategy 1:** Increase the number of community navigators serving Coachella Valley residents.

**RFP Strategy 2:** Increase awareness and access to behavioral/mental health resources.

**RFP Strategy 3:** Improve access to community support services through systems and environments that build connectedness

**Project Deliverables and Evaluation**

<p><b>Deliverable #1:</b> By October 30, 2024, a minimum of six Joslyn Center employees will be fully trained and providing Community Navigation services to improve connectedness and reduce isolation among underserved, primarily low-income older adults, including older adults who are Spanish-speaking and/or living with disabilities, and their caregivers and family members. By July 30, 2024, one part-time Community Navigator will be hired to implement the project.</p>	<p><b>Evaluation #1:</b> Evaluation of successful training of six employees to provide community navigation services to improve connectedness and reduce isolation among underserved, primarily low-income older adults, will be measured through achievement of benchmarks, objectives, and positive outcomes. Progress will be tracked and monitored by the Program Director, a Licensed Clinical Social Worker (LCSW), the Program Director of Social &amp; Recreational Programs, and the Wellness Center Manager. Evaluation activities are reported monthly and conducted under the supervision of the Executive Director.</p> <p>The deliverable of training six employees represents 100% of the six employees that will be trained for the program as grant funds are targeted to fully fund training. Benchmarks include: recruiting and hiring the Community Navigator by July 30, 2024; enrolling the Community Navigator, the Wellness Manager, Program Director of Social &amp; Recreational Programs, and three associate counselors on staff in the navigation training contracted through Vision y Compromiso; completion of training estimated to encompass 48 hours over six weeks by September 30, 2024; training to service older adults with Autism will be conducted as needed by the International Board of Credentialing and Continuing Education Standards. Six employees will be trained as navigators increasing the number of navigators serving Coachella Valley residents by six.</p>
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**Deliverable #2:**

By the end of this project, the Community Navigator will engage in a minimum of 80 community engagement and awareness activities during the two-year period which will reach a minimum of 400 members of target populations. From the community engagement activities, at least 108 older adults will be linked and provided behavioral health services provided by the Joslyn Center, to include at least 54 Hispanic seniors and 54 seniors with disabilities that include visual impairment, Autism and Parkinson's Disease

**Evaluation #2:**

Evaluation of successful attainment of linkage to behavioral health services will be measured through achievement of benchmarks, objectives, and positive outcomes. Progress will be tracked and monitored by the Wellness Center Manager, the supervising Licensed Clinical Social Worker (LCSW), Associate Marriage and Family Therapist (AMFT) and Associate Clinical Social Worker (ASW) counselors, and the Community Navigator. Evaluation activities are reported monthly and conducted under the supervision of the Executive Director. The deliverable of linking 108 Desert Healthcare District grant funded older adults to behavioral health services represents those clients funded through Desert Healthcare District funds. Priority populations for this linkage will be Hispanic/Latino older adults 55+, older adults age 50+ with Autism, adults age 55+ with low or no vision, and older adults 55+ with Parkinson's disease. This includes the following benchmarks to be monitored and reported throughout the grant period: 200 Hispanic/Latino older adults reached through outreach activities to behavioral health services; 75 older adults with Autism reached through outreach activities to behavioral health services; 80 older adults with low vision or who are blind reached through outreach activities to behavioral health services; and, 40 older adults with Parkinson's disease reached through outreach activities to behavioral health services.

The LCSW Program Supervisor will track qualitative data via an Excel spreadsheet from clinician notes and assessments, including data on counseling sessions, clinical assessments and treatment plans provided. Additional quantitative data will be tracked by the Wellness Center Manager to include age,

ethnicity, language preference, and zip code. 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. Additionally, qualitative data is monitored by the LCSW Supervisor through weekly review of client charts and their reported progress in reaching treatment goals. 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. By the end of the first year of this project, the Wellness Center Manager, Community Navigator, and Associate Counselors will receive training in effective community outreach with an emphasis on reaching those who are experiencing barriers due to stigma and lack of understanding of the benefits of behavioral/mental health counseling.

Our bi-lingual Community Navigator will provide community-based outreach in English and Spanish in conjunction with bi-lingual AMFT/ASW counselors who provide outreach as allowed as part of their hours earned toward achieving licensing under the supervision of the LCSW Program Supervisor. This team will provide a minimum of 80 community engagement and awareness activities during the two-year period which will reach a minimum of 400 members of target populations. As part of the program a minimum of 1,000 Spanish language and 1,000 English language brochures will be distributed at speaking engagements and community events, including health fairs. We will place a minimum of 100 ads in newspapers, radio, television, and social media to reach an estimated 100,000 impressions viewed by members of the target population, their family members, and

	<p>caregivers. Additionally, we will work with media partners to present feature articles and coverage of the program to help address the issues of stigma relating to mental health counseling within the Spanish speaking and Hispanic/Latino community.</p>
<p><b>Deliverable #3:</b> By the end of this project, at least 70 older adults will be accessing community support services that build connectedness and support mental health benefits.</p>	<p><b>Evaluation #3:</b> Evaluation of successful attainment of linkage to community support services through systems and environments that build connectedness will be measured through achievement of benchmarks, objectives, and positive outcomes. Progress will be tracked and monitored by the Program Director of Social &amp; Recreational Programs, and the Community Navigator. Evaluation activities are reported monthly and conducted under the supervision of the Executive Director.</p> <p>The deliverable of linking 70 Desert Healthcare District grant funded older adults to accessing community support services that build connectedness represents the number of Desert Healthcare District individuals served through this project. We estimate a total of 250 older adults who will be linked to services. This includes the following benchmarks: The program will link a total of 125 Hispanic/Latinos from surrounding communities in the two-year grant period; the program will link a total of 40 older adults with Autism reached through outreach activities to community support services in the two-year grant period. Additionally, the program will link a total of 50 older adults with low vision or who are blind reached through outreach activities to community support services in the in the two-year grant period; and the program will link 25 older adults with Parkinson’s disease reached through outreach activities to community support services in the two-year grant period</p>

for a total of 250 in the two-year grant period. Of 125 Hispanic/Latino clients served, at least 50 will be served in Spanish.

The Program Director of Social & Recreational Programs will track quantitative data for the various groups via an Excel spreadsheet based upon membership and other intake data. Additional quantitative data will be tracked to include age, ethnicity, language preference, and zip code. Additional deliverables include:

- By the end of the grant period, establishing on-going and regularly scheduled Spanish language programs on-site at The Joslyn Center to address the needs of the local Hispanic/Latino community;
- Establishing various programs for older adults (50+) with autism, and other older adults with vision impairment, Parkinsons’s Disease, and other disabilities that keep them isolated and alone;
- These defined groups will be surveyed at least four (4) times during this program period to evaluate their sense of social connectedness and improved mental health benefits such as lower stress, anxiety, and depression as a result of their participation in Joslyn Center classes and activities.

Results of the surveys will be 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. Our bi-lingual Community Navigator will provide community-based outreach in English and

	<p>Spanish in conjunction with the Program Director. This team will provide a minimum of 80 community engagement and awareness activities or engagements during the two-year period which will reach a minimum of 400 members of target populations. As part of the program a minimum of 1,000 Spanish language and 1,000 English language brochures will be distributed at speaking engagements and community events, including health fairs. We will place a minimum of 100 ads in newspapers, radio, television, and social media to reach an estimated 100,000 impressions viewed by members of the target population, their family members, and caregivers.</p>
<p><b>Deliverable #4:</b> N/A</p>	<p><b>Evaluation #4:</b> N/A</p>

**Project Demographic Information**

**Target Geographic Area(s) To Be Served:**

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

**Target Population Age Group:**

40 to 54, 55 to 64, 65+

**Target Population Ethnicity:**

Hispanic/Latino (of any race), Not Hispanic or Latino (of any race)

**Target Population Race:**

American Indian and Alaska Native, Asian, Black or African American, Native Hawaiian and other Pacific Islander, White, Some other race

**Additional Target Population Information:**

The senior and older adult population in the Coachella Valley is growing and becoming more diverse. HARC reported that 177,700 Coachella Valley residents were older adults aged 55 and over, representing 53% of the Valley’s adult population of 336,000 in 2022 and 42% of the Valley’s estimated population of 425,806, including adults and children. Of Valley seniors, 31.1% reported their ethnicity as of Hispanic, Latino or Spanish origin. This is a significantly lower proportion than among all Valley adults (45.4%), but indicative of increasing need for programs and services among Hispanic seniors in the

coming years. The vast majority of seniors identify their race as White/Caucasian (82.6%); 2.3% were Black/African American, 2.9% Asian, 1.8% American Indian/Alaska Native, and 10.4% "other." The Joslyn Center is located in central Palm Desert which is also the area where most Latino residents reside. The most recent census data indicates that the Latino/Hispanic population in Palm Desert totals 24% of its residents. Rancho Mirage is nearly 12% Latino/Hispanic and Indian Wells is approximately 7% Latino/Hispanic. Many of the Latino/Hispanic residents in these cities live in city owned low income housing communities.

According to HARC, 12.4% of seniors had household income levels at or below 100% of federal poverty level (FPL), with 18.0% between 101% and 200% FPL, 14.6% between 201 and 300%, and 55% at 300% FPL or above in 2022. However, it is important to distinguish between the federal poverty level and the true cost of living in the Inland Empire. Coachella Valley poverty levels vary greatly by city. For example, the Palm Desert poverty level is 13.7%, but in Thermal the rate is over 30%. The more newly accepted measure of cost of living for older adults is in the Elder Economic Index. In March of 2021, the US Bureau of Labor Statistics recommended creating a cost-of-living index for older adults because the general cost of living index relied on older data and did not take certain costs related to older adults into sufficient consideration. Additionally, the poverty level is the same across the country and does not take into account actual costs in various geographic areas. Utilizing the Elder Economic Index related to the greater Inland Empire, the actual calculated cost of living is more than double the federal poverty level for a two-person household of \$20,440 in 2024. The Elder Economic Index calculates the real costs of living for a two-person household who are renting at \$42,948.00 per year. This significantly impacts the real cost of living in lower income communities and communities of color. HARC reported that more than half of seniors were retired (54.5%), unable to work (5.5%), or out of work (4.6%). For many seniors, the only source of income is Social Security. CNN reported (10/12/23) that average monthly Social Security income in 2024 is estimated to be \$1,907 or \$22,884 annually. The 3.2% cost of living adjustment to social security income for 2024 has barely kept pace with inflation. According to the U.S. Bureau of Labor Statistics, the Consumer Price Index increase of 3.4% for 2023 follows two years of historically high inflation (6.5% in 2022 and 7.0% in 2021). Complicating these statistics is that many Hispanic/Latino residents do not qualify for Social Security or have much lower Social Security benefits.

As senior households with reduced income confront significantly higher expenses, socio-economic needs can contribute to anxiety. For example, HARC reported that an estimated 29,739 seniors were worried that they would run out of food before they got money to buy more. In addition to food insecurity, reported social economic needs included assistance with utilities (8.4%), financial support (7.7%), transportation (6.8%), home health care (5.4%), and housing related costs (7.9%). A recent survey of Joslyn Centers food pantry recipients showed that: 41% of the participants state sometimes

they run out of food and did not have money to buy more. 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. The lingering impact of the COVID-19 pandemic continues to intensify financial insecurity issues. According to HARC in 2022, as a result of the pandemic, 32.0% of Coachella Valley adults reported reductions in income or working hours; 13.3% reported losing their regular job; 20% reported difficulties in paying for basic necessities; and 17.2% reported difficulties in paying rent or mortgage.

## **Capacity, Sustainability, and Partnerships**

### **Organizational Capacity:**

*Describe your organization's capacity to meet the demands of this project (i.e. allocated staff time, internal expertise, organizational structure, history of similar work, etc.).*

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 2017, 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. In 2020, The Joslyn Wellness Center was nationally recognized as a Program of Excellence by the National Council on Aging/National Institute of Senior Centers. Staff includes a Licensed Clinical Social Worker (LCSW) Program Director, with specialized supervision training, who oversees three Associate Counselors. The Program Director meets weekly with Associates to review case files and assess clients' progress in achieving treatment goals. Other program staff includes a Wellness Center Manager, who conducts outreach to educate the community about the program; is responsible for client intake, data entry, and scheduling of appointments and classes; tracks goals to ensure program goals are achieved; and provides outreach to facilitate and strengthen collaboration with community partners. We provide in person counseling and Tele-health counseling via the encrypted, HIPAA-compliant Zoom platform.

The Joslyn Center currently offers over 85 social, recreational, and educational activities each week. Membership and attendance have seen steady growth since we re-opened following the COVID pandemic. Attendance is tracked for each class and activity we offer and reported internally each month. Both our Wellness Center and regular programming are staffed with bilingual/Spanish employees to assist Spanish-speaking clients. We have established collaborative partnerships with the Braille Institute; Coachella Valley Volunteers in Medicine; the Office on Aging with specific classes on caregiver support; Eisenhower Health for the purpose of offering exercise classes for those living with Parkinson's' Disease; Indio Senior Center; Inland Regional Center; and Sacred Heart Catholic Church in Palm Desert. We meet regularly with our community

collaborators to ensure that expectations are being met and that the collaboration remains mutually beneficial. Through our work with Inland Regional Center, we have begun to work with older adults with Autism. We have embarked on training for our “front facing” staff with International Board of Credentialing and Continuing Education Standards to become an Autism Certified Organization. Additional staff includes a Finance and Operations Director, Director of Development, Program Director, Meals on Wheels Director, Development and Marketing Associate, Volunteer Coordinator, and bilingual/Spanish Front Desk Coordinator. The Executive Director provides overall organizational management and oversight of all staff and programs. Regular staff training takes place collectively through State-mandated trainings as well as continuing education related to individual areas of responsibility.

We employ several avenues of communication to our members, stakeholders, and general public, including advertising programs and services in The Desert Sun, Tid Bits, and the Spanish language newspaper, El Informador; and via broadcast media such as regular spots and guest appearances on local radio shows and television. We conduct social media outreach on Facebook and X (Twitter). We publish a bi-monthly magazine which is mailed to all our members and distributed throughout the community. We distribute a weekly email newsletter. We maintain an extensive media contact list which is updated regularly to reflect the rapidly changing local media environment. Our website is regularly updated with respect to our programs and services and is available in both Spanish and English.

Our board of directors meets monthly except for August and December to review financial reports and review regular updates on the progress in reaching goals and objectives in our Strategic Plan. We maintain an Endowment Fund which is designated to support programs and services with income that is generated. The organization is audited annually. The audit and IRS Form 990 are reviewed for approval by the board. The board receives training at least annually in board duties and obligations. Board committees consist of Executive, Finance, Program and Fund Development as well as Board Development which is tasked with board recruitment and assessment. The Joslyn Center has 100% Board Participation in contributions to the organization.

**Organizational Sustainability:**

*Describe your organization’s sustainability strategies (i.e. funding, staff recruitment/retention, effective collaboration and partnerships, thoughtful long-term planning, etc.).*

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.” Objectives included to refine programs and services that are suited to community collaboration; assess additional programs and services related to the Wellness Center and monitor effectiveness; and establish a stable funding base. 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 a strong basis of 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. Since the Wellness Center's inception, significant funding support has been received from the Regional Access Project, Auen, Grace Helen Spearman, Kaiser, Houston Family, SCAN, and Coachella Valley Wellness Foundations. This commitment to the Wellness Center was reaffirmed in the 2022 Strategic Plan, in which the Board identified priorities that included expanding and evaluating outreach and collaboration with other regional organizations. The Joslyn Center received a significant "seed" grant from the Coeta and Donald Barker Foundation to begin the programming for older adults with Autism and their caregivers. Through our approval as a social recreational center with Inland Regional Center we anticipate program revenue for providing services to older adults with Autism.

To enhance long-term sustainability of the organization, the board of directors authorized the establishment of an Endowment Fund in 2017. A Quasi-Endowed Fund was established with the Inland Empire Community Foundation in 2018 with an initial contribution of \$250,000. With subsequent contributions, the Endowment fund currently stands at \$632,635.00 with a goal of soon reaching \$1,000,000, which will provide an estimated annual income of \$50,000. The board also maintains board designated investment accounts with current unobligated funds exceeding \$300,000. To further control costs and establish a strong future, The Joslyn Center has invested in a solar power system by paying for it in cash, that will be able to power the entire campus year-round. With electric bills exceeding \$30,000. per year, and expected to rise, these funds can be redirected to program services and other expenses.

Other investments have been made to help increase fund development effectiveness. Our grant management system is now through Foundant Grant Hub. This system streamlines and maintains in one place all information on current and prospective grantees and reporting requirements as well as providing a search tool for finding potential funders through Grant Station. To assist potential foundation and private funders in assessing our organization, The Joslyn Center maintains a Platinum rating with Guidestar for transparency. We have been working with local financial advisors and providing information to our members and donors and are promoting our Legacy Circle in order to provide estate contributions to the Joslyn Center. This effort has resulted in three new legacy donors in the past year. Through our relationship with the Inland Empire Community Foundation we have access to their capability to establish Charitable Gift Annuities with our members and donors with the residual upon death benefitting the Joslyn Fund.

The Joslyn Center also produces three key fundraisers each year. These are not "gala"

events with high production costs, but reduced cost events, that have demonstrated increasing net proceeds over the past three years. We also conduct two direct mail campaigns that produce significant income for our nutrition programs and general operating expenses.

Through a combination of governmental support from the Cove Communities of Palm Desert, Indian Wells and Rancho Mirage, a varied grant award portfolio, Legacy gifts, Endowment income, and private contributions through a variety of fundraising vehicles, The Joslyn Center does not rely on any one income source but can work with several funding sources and avenues to remain sustainable and thrive as an organization.

**Partnerships/Collaborations:**

*If you are planning to partner or collaborate with other organizations, please list them and describe each of their roles in the project. If not partnering, enter N/A.*

The Joslyn Center and Wellness Center are working with several community partners in providing social recreational programming and Problem-Solving Therapy counseling services. We intend to continue working with our current partners and adding and expanding our role with others.

Braille Institute: We currently provide Spanish speaking group therapy with two groups and are also providing individual counseling in English and Spanish to Braille Institute clients. The Braille Institute conducts classes on our campus for white cane training and social connectedness classes that are open to Braille clients and to general Joslyn membership. We hold quarterly meetings with Braille Institute management to assess the collaboration and determine any necessary improvements. Through regular collaboration we ascertain needs to adjust schedules; monitor existing programs; and explore additional mechanisms to share resources. Our Community Navigator will work with the Braille Institute to outreach to vision-impaired seniors in increase program awareness.

Indio Senior Center: Currently we provide individual and group therapy at this location. We will also be working with Indio Senior Center and the Riverside County Office on Aging to establish an on-site Grandparents Raising Grandchildren group at the Indio Senior Center. We will expand outreach services to Indio Senior Center clients and provide bi-lingual program information as well as information on other mental health service providers. Our collaboration agreement also includes the opportunity to provide educational presentations to members to explain the counseling program and to help reduce stigma associated with mental health counseling. Quarterly meetings will assess program needs and determine if we are meeting our mutual program goals, including making necessary program adjustments and providing an additional counselor if necessary.

Volunteers in Medicine: We are working with Coachella Valley Volunteers in Medicine to

provide on-site counseling services twice weekly for their patients and to provide outreach services. We are working to expand outreach services and provide educational seminars for their patients to help reduce stigma related to mental health counseling within the Spanish speaking community. These services are advertised in El Informador to help reduce stigma and outreach to Spanish speaking clients. VIM also provides counseling space that can be used to provide counseling to non-VIM clients.

Eisenhower Health: We are expanding our collaboration with Eisenhower Health by supplementing our promotion of their video health education programs to an on-site Wellness Wednesday Lunch and Learn seminar series. This on-site program will help introduce individuals to Joslyn programs to decrease isolation and loneliness and will be jointly advertised and promoted. We are working on a formal MOU to offer a Parkinson's Exercise program on-site weekly taught by Eisenhower staff, supported by Joslyn volunteers, and jointly marketed to help provide social and recreational programming to this group of individuals.

Sacred Heart Catholic Church-Palm Desert: The Joslyn Wellness Center has begun outreach efforts at Sacred Heart Catholic Church-Palm Desert. Our counselors are scheduled to be present at Spanish speaking Mass and to conduct outreach efforts following the Mass. We have also been referred to speak at several ministries such as the Bereavement Ministry. The church leadership is committed to working with Joslyn Wellness Center counselors to enhance counseling services to their Spanish speaking parishioners.

Office on Aging and Vision y Compromiso: The Joslyn Center has opened conversations with these two organizations to help expand our social recreational programs to those with disabilities as well as for training of our care navigators.

Coachella Senior Center and Our Lady of Soledad Catholic Church: We have had initial meetings with these two organizations and propose to collaborate with the senior center serving isolated and underserved Spanish speaking members and their families. We are proposing to collaborate with Our Lady of Soledad Catholic Church in providing counseling services to their parishioners. These collaborations are designed to help reduce stigma in the Hispanic community through education as well as provide resources for more complex mental health needs.

### **Diversity, Equity, and Inclusion (DEI)**

#### **How does your organization address DEI in your policies, strategic plan, board and staff, etc.?**

An organization cannot be programmatically competent unless it is culturally competent. We are taking a number of steps to ensure that diversity, equity, and inclusion are practiced at all agency levels, including leadership, personnel, policies, and the strategic planning process.

Of our 14-member Board of Directors, 21% are from communities of color, including 14% who are Hispanic/Latino and 7% African American; 64% are female and 36% male; and 21% are LGBTQ community members. In our most recent Strategic Plan for the two-year period of 2022-2024, inclusivity and diversity were once again identified as one of the agency's core values. Increasing Board diversity was reinforced as a key priority. We have made incremental progress in this area in recent years. Our Board President is an African American woman and two Hispanic/Latino members have been added. We recognize that increasing diversity, equity, and inclusion on the Board level will be an ongoing priority to achieve a Board composition that is truly representative of the community we serve. We have retained a consultant to help provide expertise on building Board diversity. We are holding board seats open to address this goal.

We are committed to recruiting, retaining, and promoting a diverse staff that represents our service region's demographic characteristics. It is essential that staff and management not only represent the diversity of communities in the Valley but are able to communicate well with persons from diverse ethnic and cultural backgrounds. We currently have a staff of 15 employees; 53% are from communities of color, including 40% who are Hispanic/Latino, 7% African American and 7% multi-racial; 60% are female and 40% male; and 20% are LGBTQ community members. We are committed to maintaining and expanding diversity among leadership, staff, and the people we serve. We continue to work on expanding our staff diversity, including hiring persons of color in leadership positions, as well as increasing the number of staff who are bi-lingual in Spanish at all levels of the organization. This is particularly critical in our behavioral health services, where simply bringing in an on-staff interpreter to work with a mental health clinician is not an option. To provide culturally appropriate behavioral health services for the Spanish-speaking community, we have hired a full-time bi-lingual, Spanish speaking mental health counselor. This counselor provides counseling services that are accessible to the Valley's Hispanic community by offering on-site services at the Coachella Valley Volunteers in Medicine, the Indio Senior Center and at the Braille Institute to service vision-impaired Spanish speaking populations. In addition to Spanish-language services, we have hired a full-time bi-lingual Spanish-speaking Intake and Outreach Manager at the Wellness Center. This facilitates a seamless intake and outreach process for Spanish speaking clients and ensure that inquiries from the Spanish-speaking community are processed in a timely manner to expedite service provision. Our commitment to diversity extends to our on-site programming and access to social and recreational programs to build connectedness. We have hired a full-time bi-lingual/Spanish front desk coordinator who is able to help direct Spanish speaking clients to activities or classes and who can answer the phone and answer questions and inquiries about classes and activities in Spanish. We now have the tools to translate our website into Spanish. Forms, signage, and literature are available in English and Spanish. Culturally congruent outreach is key to our ability to serve diverse populations. Our bi-lingual mental health counselor has begun outreach to the Hispanic community in Coachella at Our Lady of Soledad Catholic Church and other venues. The proposed program will facilitate significant outreach expansion to improve access to behavioral health services thereby reducing isolation and loneliness among Valley seniors from all communities.

In addition, the Board has approved the recognition of Martin Luther King Day and

Juneteenth as official holidays for the organization. We are providing education and information to our members as to why it is important to recognize those holidays. We continue to implement services that appeal to a widely diverse community, including, for example, offering exhibits from Hispanic and Muslim members reflecting their diverse cultures and offering a potluck luncheon where members brought dishes reflecting their ethnic diversity. Plans include offering "Loteria," a Spanish version of Bingo and a deep part of local Hispanic culture. This will provide inclusive activities for Spanish-speaking individuals, help those wanting to learn how to speak Spanish, and recognize a highly popular game among the Hispanic community. This is a preliminary step towards providing multiple classes and activities for our Spanish speaking local community.

**What barriers does your organization face when addressing DEI?**

As noted, addressing diversity, equity, and inclusion at the board and management levels is an ongoing process with which we continue to make progress. However, these efforts are not without challenges and further work needs to be done. Our board consultant is assisting with this process, including training current Board members on the importance of diversity. Our Board Development Committee is also reviewing potential by-laws changes that may make it easier to recruit more diverse board members.

One of our most significant barriers in addressing DEI is the perceived identity in the Hispanic community that the Joslyn Center serves only the wealthy white community. While we have made significant in-roads in our outreach to the Hispanic/Spanish speaking community, there remains the need for trust building with both our current community partners, as well as with potential partners with which we are beginning to develop collaborative relationships. One of the most essential elements in building trust is in not over promising and underdelivering. That is why we hired a bilingual/Spanish speaking front desk coordinator who is immediately available to those speaking Spanish and seeking services. We recognize that changing our perception in the community will take some time and are focusing our outreach to trusted community organizations such as churches and other community service organizations that can facilitate this process. Building our collaborative working relationship with two of the largest Catholic churches with a large Hispanic congregation is an integral part of our efforts. Furthermore, while in recent years we have begun to offer Spanish-language services, there is a vast unmet need for services among the east Valley population that requires resources and ongoing commitment. We believe the Joslyn Center is well positioned to meet these needs.

## Grant Budget

Project Grant Budget				
<b>Applicant:</b>		<b>The Joslyn Center</b>		<b>Increasing Behavioral Health Access and Social</b>
OPERATIONAL EXPENSES		Total Project Budget	Funds From Other Sources <small>Detail On Section 3</small>	Amount Requested From DHCD/F
<b>Total Staffing Expenses <small>Detail on Section 2</small></b>		\$ 618,756	\$ 463,056	\$ 155,700
<b>Equipment (itemize)</b>				
1			\$ -	
2			\$ -	
3			\$ -	
4			\$ -	
<b>Supplies (itemize)</b>				
1			\$ -	
2			\$ -	
3			\$ -	
4			\$ -	
<b>Printing / Duplication</b>		\$ 20,000	\$ 15,000	\$ 5,000
<b>Mailing / Postage</b>			\$ -	
<b>Mileage (use current Federal mileage rate)</b>		\$ 4,000	\$ 4,000	
<b>Education / Training</b>		\$ 5,000	\$ 5,000	\$ -
<b>Other Direct Project Expenses Not Described Above (itemize)</b>				
1	<b>Outreach and Advertising</b>	\$ 30,000	\$ 16,787	\$ 13,213
2		\$ -	\$ -	\$ -
3			\$ -	
4			\$ -	
<small>* Items listed below are included for calculation of the total project budget only. For use of DHCD/F funds, these line items would be included in the allowable 15% indirect cost rate.</small>				
<b>Office / Rent / Mortgage*</b>		\$ 24,000	\$ 24,000	\$ -
<b>Telephone / Fax / Internet*</b>		\$ 5,500	\$ 5,500	\$ -
<b>Utilities*</b>		\$ 2,400	\$ 2,400	\$ -
<b>Insurance*</b>		\$ 1,000	\$ 1,000	\$ -
<b>Indirect Rate</b>	<input checked="" type="checkbox"/> Check Box To Utilize Indirect Rate Up To 15%	Enter Rate	15.00%	\$ 26,086.95
<b>Total Project Budget (Rounded up to nearest dollar)</b>				
		<b>\$ 736,743</b>	<b>\$ 536,743</b>	<b>\$ 200,000</b>
<b>Budget Narrative</b>	Printing/Duplicating- annual cost of \$10,000 x 2 years to print program materials for community distribution; Mileage- annual cost of \$2,000 x 2 years to reimburse program staff for program-related travel; Training- staff training required for agency to be Certified Autism Center @ \$5,000 in year 1 only; Outreach & Advertising- \$15,000 annual cost x 2 years for social media, print, radio, and television advertising to facilitate community education; Facility cost allocation to program of \$12,000 annually x 2 years; Telephone/Fax/Internet allocation to program of \$2,750 annually for 2 years; Utility allocation to program of \$1,200 annually x 2 years to program; and insurance allocation to program of \$1,000 annually for 2 years.			

Version 07.07.23 Please see instructions tab for additional information

Staff Salary Expenses		Annual Salary	% of Time Allocated to Project (annual allocation is doubled to reflect 2 years)	Total Project Salary	Amount Requested from DHCD/F
<b>Employee Position/Title</b>					
1	LCSW Program Director- Behavioral Health Services	\$ 24,960	200%	49,920	15,000
2	Program Director- Social/Recreational Programs	\$ 17,500	200%	35,000	
3	Bi-lingual Mental Health Counselor 1	\$ 35,000	200%	70,000	-
4	Bi-lingual Mental Health Counselor 2	\$ 35,000	200%	70,000	10,000
5	Bi-lingual Mental Health Counselor 3	\$ 70,000	200%	140,000	15,000
6	Community Navigator	\$ 37,500	200%	75,000	75,000
7	Executive Director	\$ 6,250	200%	12,500	
8	Wellness Center Manager	\$ 27,500	200%	55,000	
			0%	-	-
Enter Total Employee Benefits / Employer Taxes @ 18% (Proportional Fringe Costs and/Or Employer Taxes Based On % Of Time Allocated To Project)			18.00%	91,336	20,700
<b>Total Will Populate in Total Staffing Expenses Section 1</b>			<b>Total &gt;</b>	<b>598,756</b>	<b>135,700</b>
<b>Budget Narrative - Scope of Work</b>	LCSW Program Director/Behavioral Health Services – Licensed Clinical Social Work (LCSW) oversees behavioral health services and outreach and supervises interns in training including Associate Marriage and Family Therapists (AMFT) and Associate Clinical Social Workers (ACSW) (\$49,920 annual salary allocated @ 50% x 2 years); Program Director/Social Recreational Programs- develops programs, activities, and events to increase socialization and decrease isolation (\$70,000 annual salary allocated @ 25% x 2 years); Bi-lingual Counselors 1 & 2, AMFT- conduct outreach, education, and community navigation as a recognized part of hours required for licensure and provide Problem Solving Therapy to English and Spanish speaking clients under supervision of licensed LCSW (\$70,000 annual salaries allocated @ 50% x 2 years each); Bi-lingual Counselor 3, AMFT- conducts outreach, education, and community navigation as a recognized part of hours required for licensure and provides Problem Solving Therapy to English and Spanish speaking clients under supervision of licensed LCSW (\$70,000 annual salary allocated @ 100% x 2 years); Bi-Lingual Community Navigator – conducts outreach and education, builds relationships, solves problems and coaches clients to proactively seek and secure resources and provides data management and program support (\$50,000 annual salary allocated @ 75% x 2 years); Executive Director - responsible for overall leadership and management of program and agency operations to ensure achievement of goals (\$125,000 annual salary allocated @ 5% x 2 years); and Wellness Center Manager- schedules counseling appointments, facilitates intakes, ensures completion of client progress notes, and data entry (\$55,000 annual salary allocated @ 50% x 2 years).				
<b>Budget Narrative - Employee</b>	Employee benefits are calculated at 18% for state, federal and other taxes as well as Workers' Compensation Insurance and medical insurance if applicable to the position.				
<b>Professional Services / Consultant Expenses</b>		<b>Hourly Rate</b>	<b>Hours/Week</b>	<b>Total Project Fee</b>	<b>Amount Requested from DHCD/F</b>
<b>Company and Staff Title</b>					
1	Vision y Compromiso		48 hours/6wks	\$ 20,000.00	\$ 20,000.00
2					
3					
4					
<b>Total Will Populate in Total Staffing Expenses Section 1</b>			<b>Total &gt;</b>	<b>\$ 20,000.00</b>	<b>\$ 20,000.00</b>
<b>Budget Narrative - Scope of Work</b>	Vision y Compromiso will deliver Promotoras Transforming Families and Communities training. This training aims to equip participants with the necessary skills and knowledge to effectively engage in community health activities and contribute to the transformation of their communities. The training will consist of 48 classroom hours, with an ideal schedule of 8 hours per day, offered once a week over 6 consecutive weeks. The training will be structured around the core competency training identified in The California Endowment framing paper entitled "The Promotor Model: A Model for Building Healthy Communities." At the conclusion of the training program, participants will provide written and verbal evaluations. Upon successful completion of the training, participants will receive an individual Certificate of Completion.				

<b>Funds From Other Sources (Actual Or Projected) SPECIFIC To This Project</b>		
<b>"Total Funding In Addition To DHCD/F Request" Below Should Match Or Exceed Value Listed In Section 1 for "Funds from Other Sources".</b>		<b>Amount</b>
<b>Fees</b>		
<b>Donations</b>		\$ 162,743.00
<b>Grants (List Organizations)</b>		
1	Auen Foundation	\$ 50,000.00
2	Houston Family Foundation	\$ 150,000.00
3	Regional Access Project Foundation	\$ 50,000.00
4	2024-2026 Grants Program	\$ 80,000.00
5		
6		
7		
8		
<b>Fundraising (Describe Nature Of Fundraiser)</b>		
1		
2		
3		
4		
5		
6		
7		
8		
<b>Other Income, e.g., Bequests, Membership Dues, In-Kind Services, Investment Income, Fees From Other Agencies, Etc. (Itemize)</b>		
1	Inland Regional Center	\$ 30,000.00
2	Desert Oasis Healthcare	\$ 14,000.00
3		
4		
5		
6		
7		
8		
<b>Total Funding In Addition To DHCD/F Request</b>		<b>\$ 536,743.00</b>
<b>Budget Narrative</b>	<p style="color: red;">Auen Foundation- current funder projected to award \$25,000 grant annually for two years; Houston Family Foundation- current funder projected to award \$75,000 grant annually for two years; Regional Access Project Foundation- current grant expires in late 2024; 2024-2026 Grants Program revenues are budgeted to include renewed awards over two-year period from past or current funders that include the Grace Helen Spearman Foundation, SCAN Foundation, Coeta and Donald Barker Foundation, Kaiser Family Foundation, SCAN Foundation, and Palm Desert CDBG-Program, among others; Desert Oasis Healthcare provides program fees for plan members estimated @ \$7,000 annually for two years; and Inland Regional Center- projected fees for services to clients with Autism Spectrum Disorder over two years</p>	



**EXHIBIT B**

**PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES**

<u>Project Title</u>	<u>Start/End</u>
Increasing Behavioral Health Access and Social Connectedness for Older Coachella Valley Adults	5/01/2024 4/30/2026

**PAYMENTS:**

(4) Payments: \$ 45,000.  
10% Retention: \$ 20,000.

**Total request amount:** \$ 200,000.

**GRANT AND PAYMENT SCHEDULE REQUIREMENTS:**

Scheduled Date	Grant Requirements for Payment	Payment
5/01/2024	Signed Agreement submitted & accepted.	Advance of \$45,000. for time period 5/01/2024 - 10/31/2024
12/01/2024	1st six-month (5/01/2024 - 10/31/2024) progress report, budget reports and receipts submitted & accepted	Advance of \$45,000. for time period 11/01/2024 - 4/30/2025
6/01/2025	2nd six-month (11/01/2024 - 4/30/2025) progress report, budget reports and receipts submitted & accepted	Advance of \$45,000. for time period 5/01/2025 - 10/31/2025
12/01/2025	3rd six-month (5/01/2025 - 10/31/2025) progress report, budget reports and receipts submitted & accepted	Advance of \$45,000. for time period 11/01/2025 - 4/30/2026
6/01/2026	4th six-month (11/01/2025 - 4/30/2026) progress report, budget reports and receipts submitted & accepted	\$0
6/15/2026	Final report (5/01/2024 - 4/30/2026) and final budget report submitted & accepted	\$20,000. (10% retention)

**TOTAL GRANT AMOUNT:** \$ 200,000.

DELIVERABLES:

**Project Deliverables and Evaluation**

<p><b>Deliverable #1:</b> By October 30, 2024, a minimum of six Joslyn Center employees will be fully trained and providing Community Navigation services to improve connectedness and reduce isolation among underserved, primarily low-income older adults, including older adults who are Spanish-speaking and/or living with disabilities, and their caregivers and family members. By July 30, 2024, one part-time Community Navigator will be hired to implement the project.</p>	<p><b>Evaluation #1:</b> Evaluation of successful training of six employees to provide community navigation services to improve connectedness and reduce isolation among underserved, primarily low-income older adults, will be measured through achievement of benchmarks, objectives, and positive outcomes. Progress will be tracked and monitored by the Program Director, a Licensed Clinical Social Worker (LCSW), the Program Director of Social &amp; Recreational Programs, and the Wellness Center Manager. Evaluation activities are reported monthly and conducted under the supervision of the Executive Director.</p> <p>The deliverable of training six employees represents 100% of the six employees that will be trained for the program as grant funds are targeted to fully fund training. Benchmarks include: recruiting and hiring the Community Navigator by July 30, 2024; enrolling the Community Navigator, the Wellness Manager, Program Director of Social &amp; Recreational Programs, and three associate counselors on staff in the navigation training contracted through Vision y Compromiso; completion of training estimated to encompass 48 hours over six weeks by September 30, 2024; training to service older adults with Autism will be conducted as needed by the International Board of Credentialing and Continuing Education Standards. Six employees will be trained as navigators increasing the number of navigators serving Coachella Valley residents by six.</p>
<p><b>Deliverable #2:</b> By the end of this project, the Community Navigator will engage in a minimum of 80 community engagement and awareness activities during the two-year period which will reach a minimum of 400 members of target populations. From the community engagement activities, at least 108 older adults will be linked</p>	<p><b>Evaluation #2:</b> Evaluation of successful attainment of linkage to behavioral health services will be measured through achievement of benchmarks, objectives, and positive outcomes. Progress will be tracked and monitored by the Wellness Center Manager, the supervising Licensed Clinical Social Worker (LCSW), Associate Marriage and Family Therapist (AMFT) and Associate Clinical Social Worker (ASW) counselors, and the Community Navigator. Evaluation activities are reported monthly and conducted under the supervision of the</p>

<p>and provided behavioral health services provided by the Joslyn Center, to include at least 54 Hispanic seniors and 54 seniors with disabilities that include visual impairment, Autism and Parkinson's Disease</p>	<p>Executive Director. The deliverable of linking 108 Desert Healthcare District grant funded older adults to behavioral health services represents those clients funded through Desert Healthcare District funds. Priority populations for this linkage will be Hispanic/Latino older adults 55+, older adults age 50+ with Autism, adults age 55+ with low or no vision, and older adults 55+ with Parkinson's disease. This includes the following benchmarks to be monitored and reported throughout the grant period: 200 Hispanic/Latino older adults reached through outreach activities to behavioral health services; 75 older adults with Autism reached through outreach activities to behavioral health services; 80 older adults with low vision or who are blind reached through outreach activities to behavioral health services; and, 40 older adults with Parkinson's disease reached through outreach activities to behavioral health services.</p> <p>The LCSW Program Supervisor will track qualitative data via an Excel spreadsheet from clinician notes and assessments, including data on counseling sessions, clinical assessments and treatment plans provided. Additional quantitative data will be tracked by the Wellness Center Manager to include age, ethnicity, language preference, and zip code. 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. Additionally, qualitative data is monitored by the LCSW Supervisor through weekly review of client charts and their reported progress in reaching treatment goals. 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. By the end of the first year of this project, the Wellness Center Manager, Community Navigator, and Associate Counselors will receive training in effective community outreach with an emphasis on reaching those who are experiencing barriers due to stigma and lack of understanding of the benefits of behavioral/mental health counseling.</p> <p>Our bi-lingual Community Navigator will provide community-based outreach in English and Spanish in conjunction with bi-lingual AMFT/ASW counselors who provide outreach as allowed as part of their hours earned toward achieving</p>
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	<p>licensing under the supervision of the LCSW Program Supervisor. This team will provide a minimum of 80 community engagement and awareness activities during the two-year period which will reach a minimum of 400 members of target populations. As part of the program a minimum of 1,000 Spanish language and 1,000 English language brochures will be distributed at speaking engagements and community events, including health fairs. We will place a minimum of 100 ads in newspapers, radio, television, and social media to reach an estimated 100,000 impressions viewed by members of the target population, their family members, and caregivers. Additionally, we will work with media partners to present feature articles and coverage of the program to help address the issues of stigma relating to mental health counseling within the Spanish speaking and Hispanic/Latino community.</p>
<p><b>Deliverable #3:</b> By the end of this project, at least 70 older adults will be accessing community support services that build connectedness and support mental health benefits.</p>	<p><b>Evaluation #3:</b> Evaluation of successful attainment of linkage to community support services through systems and environments that build connectedness will be measured through achievement of benchmarks, objectives, and positive outcomes. Progress will be tracked and monitored by the Program Director of Social &amp; Recreational Programs, and the Community Navigator. Evaluation activities are reported monthly and conducted under the supervision of the Executive Director.</p> <p>The deliverable of linking 70 Desert Healthcare District grant funded older adults to accessing community support services that build connectedness represents the number of Desert Healthcare District individuals served through this project. We estimate a total of 250 older adults who will be linked to services. This includes the following benchmarks: The program will link a total of 125 Hispanic/Latinos from surrounding communities in the two-year grant period; the program will link a total of 40 older adults with Autism reached through outreach activities to community support services in the two-year grant period. Additionally, the program will link a total of 50 older adults with low vision or who are blind reached through outreach activities to community support services in the in the two-year grant period; and the program will link 25 older adults with Parkinson’s disease reached through outreach activities to community support services in the two-year grant period for a</p>

total of 250 in the two-year grant period. Of 125 Hispanic/Latino clients served, at least 50 will be served in Spanish.

The Program Director of Social & Recreational Programs will track quantitative data for the various groups via an Excel spreadsheet based upon membership and other intake data. Additional quantitative data will be tracked to include age, ethnicity, language preference, and zip code. Additional deliverables include:

- By the end of the grant period, establishing on-going and regularly scheduled Spanish language programs on-site at The Joslyn Center to address the needs of the local Hispanic/Latino community;
- Establishing various programs for older adults (50+) with autism, and other older adults with vision impairment, Parkinson's Disease, and other disabilities that keep them isolated and alone;
- These defined groups will be surveyed at least four (4) times during this program period to evaluate their sense of social connectedness and improved mental health benefits such as lower stress, anxiety, and depression as a result of their participation in Joslyn Center classes and activities.

Results of the surveys will be 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. Our bi-lingual Community Navigator will provide community-based outreach in English and Spanish in conjunction with the Program Director. This team will provide a minimum of 80 community engagement and awareness activities or engagements during the two-year period which will reach a minimum of 400 members of target populations. As part of the program a minimum of 1,000 Spanish language and 1,000 English language brochures will be distributed at speaking engagements and community events, including health fairs. We will place a minimum of 100 ads in newspapers, radio,

	television, and social media to reach an estimated 100,000 impressions viewed by members of the target population, their family members, and caregivers.
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The Desert Healthcare District has implemented Results-Based Accountability (RBA) into their grantmaking process to streamline reporting and offer a straightforward approach to effectively measuring program-level performance.

**RFP Building Connected Communities Goal/Strategies**

**Strategy 1: Increase the number of community navigators serving Coachella Valley residents.**

*You have selected Strategy 1.*

Your project deliverables need to capture the following performance measures.

- # of Community Navigators trained
- # of Community Navigators hired

**Strategy 2: Increase awareness and access to behavioral/mental health resources.**

*You have selected Strategy 2.*

Your project deliverables need to capture the following performance measures.

- # of clients provided service in their native language
- # of cultural competency resources disseminated
- # of community engagement/awareness activities
- # of clients/potential clients reached through awareness efforts
- # of clients who were directly connected to behavioral/mental health services

**Strategy 3: Improve access to community support services through systems and environments that build connectedness**

*You have selected Strategy 3.*

Your project deliverables need to capture the following performance measures.

- # of clients connected to community groups/organizations for practical and emotional support



**Date:** April 23, 2024

**To:** Board of Directors

**Subject:** Grant # 1452 El Sol Neighborhood Educational Center

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**Grant Request:** Coachella Valley Community Assistance, Resources, and Empowerment Services (CV-CARES)

**Amount Requested:** \$200,000.00

**Project Period:** 5/1/2024 to 4/30/2026

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

In response to the uplifted and prioritized needs expressed by the convening of local community stakeholders, the District and Foundation sought proposals from organizations with the release of the **Request for Proposals Building Connected Communities: Improving Community Supports to Reduce Social Isolation and Loneliness**. Specifically, the District and Foundation sought projects that address isolation and loneliness through the recruitment, retainment, and training of community navigators to improve connectedness. After a thorough review process, District staff identified applications to recommend funding approval from the Program Committee and full Board of Directors.

El Sol Neighborhood Educational Center submitted a funding request to implement their Coachella Valley Community Assistance, Resource, and Empowerment Services (CV-CARES) project designed to address social isolation and mental health issues in the Coachella Valley. The CHWs will serve as the primary community empowerment model, providing direct services and technical assistance to partner organizations. The project aims to train community health workers as community navigators, educate residents on social isolation and mental health, and connect them to support services. Core Project Activities to be performed by CHW/CNs:

1. **Resource Connection:** Connect individuals to local resources such as food banks, housing assistance, job training programs, and healthcare services. They can also help individuals navigate these resources, assisting with paperwork and follow-ups.
2. **Mental Health Screening:** Conduct screenings for mental health needs using validated tools. They can then refer individuals to appropriate mental health services and provide follow-up to ensure they receive the necessary care.



3. **Social Isolation Assessment:** Assess individuals for signs of social isolation and loneliness. They can then connect these individuals to community groups, activities, or resources that can help reduce their feelings of isolation.
4. **Public Awareness Campaigns:** Implement public awareness campaigns to educate the general public about social isolation, mental health, and the importance of community support. This could involve presentations at community events, distribution of educational materials, or social media campaigns.
5. **Support Groups Facilitation:** Facilitate support groups for individuals experiencing social isolation or mental health issues. These groups can provide a safe space for individuals to share their experiences, learn from others, and build supportive relationships.
6. **Cultural Competency Training:** Provide cultural competency training to other healthcare providers and organizations in the community. This can help ensure that services are culturally appropriate and responsive to the community's needs.
7. **Community Advocacy:** Advocate for policies and initiatives that address social isolation and improve mental health resources in the community. This could involve meeting with policymakers, participating in community meetings, or organizing advocacy campaigns.

The District funding will be used to support the partial salaries and benefits of seven positions: Program Director, Project Supervisor, three Community Health Workers, Project Administration Support, and an Evaluator. Additionally, funding will be utilized for two consultants to provide assistance with marketing design and mental health related training, two computers, office supplies, printing, and mileage reimbursement.

#### **Strategic Plan Alignment:**

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

**RFP Strategy 1:** Increase the number of community navigators serving Coachella Valley residents.

**RFP Strategy 2:** Increase awareness and access to behavioral/mental health resources.

**RFP Strategy 3:** Improve access to community support services through systems and environments that build connectedness





**Geographic Area(s) To Be Served:**

Cathedral City, Coachella, Desert Hot Springs, Desert Palms, Indio, La Quinta, Palm Desert, Palm Springs, Rancho Mirage, All 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 \$200,000.00 be approved.

- ✓ Partial recommendation and forward to the Board for consideration with the Committee's recommendation (2 to 1) that a grant amount of \$200,000.00 be approved.

Recommendation with modifications

Request for more information

Decline



## **RFP Building Connected Communities Grant Application Summary**

### **El Sol Neighborhood Educational Center, Grant # 1452**

#### **About the Organization**

El Sol Neighborhood Educational Center  
766 N Waterman Ave  
SAN BERNARDINO, CA 92410  
909-884-3735

[www.elsolnec.org](http://www.elsolnec.org)

**Tax ID #:** 33-0552297

#### **Primary Contact:**

Alexander Fajardo, Executive Director  
[alexfajardo@elsolnec.org](mailto:alexfajardo@elsolnec.org)

#### **Organization's Mission Statement and History**

**Mission:** El Sol Neighborhood Educational Center (El Sol) was founded in 1991 with the mission *"to empower vulnerable communities to lead healthy lives with access to health care; safe, affordable housing; opportunities for education; and the leadership skills to eliminate disparities."* While initially focusing primarily on filling the educational needs of immigrants, El Sol evolved into addressing a wide array of community needs and introduced the Community Health Workers/Promotores (CHW/P) as the primary strategy to empower the community.

Consistent with this "community-first" approach, El Sol programs are guided by a Community Advisory Board, which includes representation of the communities served. Similarly, the program design and evaluation follow Community-Based Participatory Research and Empowerment Evaluation principles. El Sol has worked with the target communities for over 25 years and has demonstrated the capacity and experience to engage the identified target population(s) to address the identified needs of the service area/target community.

In 2001, El Sol developed the Community Health Worker / Promotores Training Center, which now trains over 300 CHWs annually and hosts two approved Registered Apprenticeship programs: Community Health Workers and Home Visitors. Additionally,

El Sol has developed a network of Community Health Workers (CHWs) or Promotores de Salud that includes African American/Black, Latino/Hispanic, and now, Asian/Pacific Islanders. El Sol has over 120 trained CHWs/Ps that can be summoned and deployed in the community. Additionally, El Sol can recruit, train, and support new CHWs to meet specific needs in the community.

El Sol has the added comparative advantage of being able to serve hard-to-reach populations, remote geographic regions, and Hispanic/Latino, mono-lingual, and bilingual community residents. El Sol has extensive experience designing community-driven culturally and linguistically appropriate initiatives, and an essential element of success is engaging residents in discovering and analyzing underlying social, economic, and environmental forces that create health and social inequities in a community.

El Sol's capacity and ability to initiate the project on day one of the contract, deliver proposed services without delays, and meet monthly financial and activity reporting requirements is based on 1) having the necessary financial resources, 2) fiscal control mechanisms to ensure appropriate use of funds; 3) community partners and networks; 4) management information systems for robust program monitoring and evaluation (including capacity for research focus groups, and surveys); 5) organizational experience with successful community engagement for health promotion and education; 6) well-trained and skilled personnel with expertise in community engagement and public health; and 7) recognized as a pioneers in the development of Community Health Workers through the Community Health Workers Training Center.

In 2023, El Sol documented impacting over 115,000 participants through several community-based programs. The following list of core programmatic strategies provides an overview of El Sol's experience, which lends itself to being able to implement the proposed project successfully:

- **Prevention and early intervention:** El Sol has a positive track record implementing evidence-based parenting education programs throughout Riverside County (e.g., Nurturing Parenting Program, Parent-Child Home Program, Mamás y Bebés). El Sol deploys mental health community health workers to improve community residents' physical, social, emotional, and mental health and well-being by addressing social determinants of health during individual counseling and case management sessions.
- **Structured Case Management:** The organization provides supportive services by improving access to resources and services to identify family needs and ongoing support through case management, linkages, and referrals for self-

sufficiency. This includes programs such as Life Coaches to strengthen resilience in underserved families.

- **Early childhood development and parenting education:** Provide training and support to parents as models for them to nurture and provide a caring environment for child excellence. Parenting education is delivered in a group-based or home-visitation format.
- **Home visitation:** El Sol has ample experience leading home visitation programs, linkages and referrals programs, and community-based education programs, including partnerships with Nurturing Parenting Programs, Healthy Families America, Parent as Teachers, and Parent-Child Home Program.
- **Policy Advocacy, Capacity building, and Community research.** Provide technical assistance to develop the capacity of the community and organizations in areas such as forming coalitions, collaborating with key community stakeholders, grant writing, program design and evaluation, and community-based participatory research.

**Organization Annual Budget:** \$8,515,179.00

### **Project Information**

**Project Title:** Coachella Valley Community Assistance, Resources, and Empowerment Services (CV-CARES)

**Start Date:** 5/01/2024    **End Date:** 4/30/2026

**Total Project Budget:** \$200,000.00

**Requested Amount:** \$200,000.00

### **Community Need for this Project in the Coachella Valley:**

*Identify and describe the specific need(s) for the project in the Coachella Valley. Please incorporate relevant and valid Coachella Valley data that highlight the full scope of the need and clearly make a connection to the project's targeted population.*

**Project Description:** The project addresses three key strategies in the Coachella Valley region of California: increasing the number of community navigators, enhancing awareness and access to behavioral/mental health resources, and improving access to community support services.

**Coachella Valley Overview:** The Coachella Valley, located in Riverside County, California, is an arid rift valley in the Colorado Desert. The valley extends approximately 45 miles southeast from the San Gorgonio Pass to the northern shore of the Salton Sea and the neighboring Imperial Valley and is approximately 15 miles wide along most of its length. (1)

**Demographics:** As of 2020, the population of Coachella Valley was approximately 190,541, with a median age of 40.72. The population is diverse, with 71% identifying as Hispanic, 24% White, 2% Asian, and 1% Black.. The median household income is \$65,105, and about 12.8% of persons living below the poverty line. The U.S. Census Bureau reports that 32 percent of Coachella Valley residents are 60 years of age or older. (2)

**Language:** Additionally, approximately 90% of Coachella residents are Spanish speakers, and 81.43% of Coachella residents speak a language other than English at home, with Spanish being the most common. In the broader Coachella Valley, the percentage of people who speak a language other than English at home is also significant. (3) These language barriers can impact various aspects of life, including access to healthcare, education, and participation in local politics. Language barriers can significantly contribute to social isolation and loneliness. Potential implications include:

- **Limited Social Interaction:** Individuals who do not speak the dominant language in their community may find it challenging to communicate with others, leading to fewer social interactions.
- **Access to Services:** Language barriers can hinder access to social, health, and community services, which can exacerbate feelings of isolation
- **Misunderstandings and Misinterpretations:** Language barriers can lead to misunderstandings or misinterpretations, which can strain relationships and lead to social withdrawal.
- **Reduced Participation:** Individuals facing language barriers may be less likely to participate in community events or social activities, increasing feelings of isolation.
- **Impact on Mental Health:** The combination of social isolation and language barriers can have a detrimental impact on mental health, leading to conditions such as depression and anxiety.

**Mental Health:** In the Coachella Valley, approximately 28.6% of adults (about 97,340 adults) and 18.5% of children (about 13,521 under the age of 17) have been diagnosed with a mental health disorder at some point, according to data from 2019. The most common mental health disorders among adults were depression (14.2%), anxiety disorder (12.4%), and PTSD (9.3%). (4)

**Social Isolation:** Social isolation is a significant issue in the Coachella Valley, particularly among seniors. The U.S. Census Bureau reports that 32 percent of Coachella Valley residents are 60 years of age or older, a higher percentage than Riverside County and the state of California. This means there are a lot of potentially lonely people living among us. The pandemic has exacerbated feelings of loneliness and social isolation, particularly among seniors. (5)

Additionally, Riverside County, California, had 4.1 membership organizations per

10,000 people, compared to 6.0 in California. These include civic, political, religious, sports, and professional organizations. (6) Membership organizations play a crucial role in fostering social capital, enhancing the sense of community, and mitigating loneliness and social isolation. They provide platforms for individuals to connect, share interests, and engage in collective activities, thus building networks of support and belonging. These organizations facilitate interactions that can strengthen bonds between community members, offer emotional and social support, and provide opportunities for civic engagement, all of which are essential components in reducing feelings of loneliness and isolation.

Sources:

1) <https://censusreporter.org/profiles/06000US0606590520-coachella-valley-ccd-riverside-county-ca/>

2)

[https://data.census.gov/profile/Coachella\\_Valley\\_CCD,\\_Riverside\\_County,\\_California?g=060XX00US0606590520](https://data.census.gov/profile/Coachella_Valley_CCD,_Riverside_County,_California?g=060XX00US0606590520)

3) <https://nbcpalmsprings.com/2019/05/22/breaking-down-language-barriers-in-coachella-city-council-meetings/>

4) <https://www.desertsun.com/story/news/health/2021/09/13/local-report-shows-valley-must-address-mental-health-health-access/8262147002/>

5) <https://cvindependent.com/2023/03/ending-isolation-what-can-be-done-to-help-coachella-valley-seniors-as-they-struggle-with-pandemic-caused-loneliness/>

6) Source: <https://www.countyhealthrankings.org/explore-health-rankings/california/riverside?year=2023>

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

*Describe the scope of the project and how your organization will utilize the Desert Healthcare District funding. Clearly state the approach you are going to take to meet the community's need and specify how the success of this project directly aligns to the purpose of the request for proposals to Build Connected Communities: Improving Community Supports to Reduce Social Isolation and Loneliness.*

The “**Coachella Valley Community Assistance, Resource, and Empowerment Services (CV-CARES)**” project is a comprehensive initiative designed to address social isolation and mental health issues in the Coachella Valley region. The CHWs will serve as the primary community empowerment model, providing direct services and technical assistance to partner organizations.

**Approach and Alignment with RFP:** Our approach is to leverage the skills and knowledge of Community Health Workers (CHW) as Community Navigators (CNs) to increase community resilience, improve access to mental health resources, and reduce social isolation. We aim to train at least six Community Navigators from partner organizations and educate residents about social isolation and mental health. We will also connect residents to virtual and in-person support groups based on their interests and needs.

This project aligns with the RFP's purpose to “Build Connected Communities: Improving Community Supports to Reduce Social Isolation and Loneliness.” By increasing the number of community navigators, enhancing awareness and access to mental health

resources, and improving access to community support services, we aim to build a more connected and resilient community in the Coachella Valley. Importantly, the project will use standardized or validated instruments to measure changes in key outcomes. For example, we will measure social isolation and loneliness, which, although related, are distinct concepts and measured differently. This will be accomplished through commonly used tools for measuring these conditions, such as A) **Social Isolation: 1) Berkman-Syme Social Network Index:** This index measures social isolation by considering an individual's social network's size, diversity, and interconnectedness. 2) **Lubben Social Network Scale:** This scale assesses the size of an individual's social network by asking about the number of family members and friends they have regular contact with. B) **Loneliness: 1) UCLA Loneliness Scale<sup>14</sup>:** This scale measures subjective feelings of loneliness and social isolation. The revised version has 20 items, but a shorter three-item version is also commonly used. 2) **De Jong Gierveld Loneliness Scale:** This 11-item scale measures emotional loneliness (missing an intimate relationship) and social loneliness (missing a wider social network).

**Use of Funds:** The project aims to train community health workers as community navigators, educate residents on social isolation and mental health, and connect them to support services. It aligns to build a more connected and resilient community. Funding will be used for the following:

- **Curriculum Development:** Updating the Community Health Worker / Community Navigator curriculum to include social isolation and mental health topics.
- **Staff:** Includes Project Director, Project Supervisor, Community Health Workers (CHWs), Fiscal Support, and Admin Support.
- **Training Programs:** Conducting training for new Community Navigators, focusing on skills to reduce social isolation and improve mental health.
- **Assessment Tools:** Purchasing or developing assessment tools for evaluating Community Navigator competencies and the impact on residents' social isolation and mental health.
- **Public Education Campaigns:** Implementing campaigns to educate residents about social isolation, mental health, and available community resources.
- **Resource Connection Activities:** Enabling Community Navigators to connect individuals to local resources, including mental health services and community support groups.
- **Mental Health Screening and Support:** Facilitating mental health screenings and support group facilitation, including costs associated with materials, venue, and logistics.
- **Community Engagement and Awareness Activities:** Organizing and conducting community engagement activities to increase awareness of behavioral and mental health resources.

**Design:** Community Health Workers (CHWs), functioning as Community Navigators, will play an important role in the CV-CARES project. They will serve as the primary

agents of change, working directly with the residents of Coachella Valley to address social isolation and mental health issues. This approach is selected due to the following:

- **Direct Connection:** CHWs, being part of the community they serve, have a deep understanding of the community's needs, culture, language, and resources. This enables them to build trust and rapport with community members.
- **Bridging the Gap:** CHWs bridge healthcare providers and the community, ensuring services are culturally appropriate and responsive to the community's needs.
- **Empowerment:** CHWs empower individuals and communities by providing health education and resources, promoting self-management of health conditions, and advocating for individual and community health needs.
- **Cost-Effective:** CHWs are cost-effective for improving community health outcomes, particularly in underserved or hard-to-reach populations.
- **Sustainability:** By training local individuals as CHWs, the project ensures sustainability and long-term impact, as these individuals will continue to serve their community beyond the project's life.

#### **Core Project Activities to be performed by CHW/CNs:**

1. **Resource Connection:** Connect individuals to local resources such as food banks, housing assistance, job training programs, and healthcare services. They can also help individuals navigate these resources, assisting with paperwork and follow-ups.
2. **Mental Health Screening:** Conduct screenings for mental health needs using validated tools. They can then refer individuals to appropriate mental health services and provide follow-up to ensure they receive the necessary care.
3. **Social Isolation Assessment:** Assess individuals for signs of social isolation and loneliness. They can then connect these individuals to community groups, activities, or resources that can help reduce their feelings of isolation.
4. **Public Awareness Campaigns:** Implement public awareness campaigns to educate the general public about social isolation, mental health, and the importance of community support. This could involve presentations at community events, distribution of educational materials, or social media campaigns.
5. **Support Groups Facilitation:** Facilitate support groups for individuals experiencing social isolation or mental health issues. These groups can provide a safe space for individuals to share their experiences, learn from others, and build supportive relationships.
6. **Cultural Competency Training:** Provide cultural competency training to other healthcare providers and organizations in the community. This can help ensure that services are culturally appropriate and responsive to the community's needs.
7. **Community Advocacy:** Advocate for policies and initiatives that address social isolation and improve mental health resources in the community. This could



involve meeting with policymakers, participating in community meetings, or organizing advocacy campaigns.

**RFP Building Connected Communities Goal/Strategies:**

**2021-2026 Desert Healthcare District Strategic Plan Goal 3:**

Proactively expand community access to behavioral/mental health services.

**RFP Strategy 1:** Increase the number of community navigators serving Coachella Valley residents.

**RFP Strategy 2:** Increase awareness and access to behavioral/mental health resources.

**RFP Strategy 3:** Improve access to community support services through systems and environments that build connectedness

**Project Deliverables and Evaluation**

<p><b>Deliverable #1:</b> <b>Strategy 1:</b> Increase the number of community navigators serving Coachella Valley residents.</p> <p><b>Goal 1:</b> Strengthen community support and resilience by expanding and optimizing the community navigator workforce in Coachella Valley.</p> <p><b>SMART Objectives (Deliverables):</b></p> <ul style="list-style-type: none"><li>• 1.1. By month 1, review and update the Community Health Worker (CHW) / Community Navigator (CN) curriculum on social isolation and mental health, as measured by the curriculum development report.</li><li>• 1.2. By Month 3, train six CNs(3 paid and 3 unpaid), focusing on essential skills for reducing social isolation and</li></ul>	<p><b>Evaluation #1:</b> To evaluate Goal 1, the comprehensive approach combines quantitative data from assessments and service records with qualitative insights from participant feedback, ensuring a robust evaluation of the project's impact on community support and resilience in Coachella Valley. The evaluation plan includes:</p> <ol style="list-style-type: none"><li>1. <b>Curriculum Update:</b> Document the revision process of the CHW/CN curriculum with a report, ensuring content relevance to social isolation and mental health.</li><li>2. <b>Training New CNs:</b> Validating training through certificates and records, focusing on skills essential for addressing social isolation and mental health.</li><li>3. <b>Competency Assessment:</b> Utilizing assessment results to verify CNs'</li></ol>
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<p>mental health, as measured by completion certificates.</p> <ul style="list-style-type: none"> <li>• 1.3. By Month 6, 4 trained CNs will pass a Community Navigator Competency Assessment, as measured by assessment results.</li> <li>• 1.4. By the end of the project, 4 of CNs report improved self-efficacy in their roles, as measured by the CN self-efficacy scale.</li> <li>• 1.5. By the end of the project, 4 of CNs report increased knowledge of strategies to reduce social isolation and foster a sense of community, as measured by pre- and post-knowledge assessments.</li> </ul>	<p>competency post-training, ensuring they meet required standards.</p> <ol style="list-style-type: none"> <li>4. <b>Public Education Campaign:</b> Measuring reach and effectiveness through service delivery records and feedback from at least residents, assessing the impact on awareness and understanding of social isolation and mental health.</li> <li>5. <b>Self-Efficacy Survey:</b> Employing pre- and post-intervention surveys to gauge CNs' confidence in their roles, illustrating professional growth and effectiveness.</li> <li>6. <b>Knowledge Assessment:</b> Conducting pre- and post-assessments to quantify CNs' knowledge growth on strategies to combat social isolation, fostering a sense of community.</li> <li>7. <b>Participant Feedback:</b> Collecting qualitative feedback from residents served to understand the campaign's impact on community awareness and personal well-being.</li> <li>8. <b>Continuous Monitoring:</b> Regularly reviewing service delivery metrics and CN feedback to adapt strategies, ensuring alignment with community needs and project goals.</li> </ol>
<p><b>Deliverable #2:</b>  <b>Strategy 2: Increase awareness and access to behavioral/mental health resources.</b></p> <p><b>Goal 2:</b> Significantly improve Coachella Valley residents' awareness and access to behavioral and mental health resources,</p>	<p><b>Evaluation #2:</b>  To evaluate Goal 2, the evaluation plan incorporates both quantitative and qualitative measures, focusing on establishing vital partnerships, enhancing service accessibility, engaging the community, ensuring connections to necessary resources, and fostering a</p>

aiming to reach and serve those at risk for social isolation.

**SMART Objectives (Deliverables):**

- 2.1 By month 6, establish formal partnerships with at least three local behavioral/mental health providers to streamline referral processes for at-risk residents, as measured by MOUs or partnership agreements. .
- 2.2 By Month 12, 1,000 residents will receive education in their native language, as measured by service delivery records.
- 2.3 By the end of the project, conduct 20 community engagement/awareness activities combined with a social media campaign, as measured by event logs.
- 2.4 By Month 18, 300 of residents screened at risk for behavioral/mental health services will be connected to appropriate resources, as measured by referral and service connection records.
- 2.5 By the end of the project, 225 of individuals screened as being at risk for mental health needs or social isolation will report an increase in their knowledge of community support/behavioral/mental health resources, as measured by surveys and feedback forms.
- 2.6 By the end of the project, 225 of participants report a) increased knowledge about accessing behavioral/mental health resources,

positive shift in perceptions related to mental health and social support. The evaluation plan includes the following components:

- **Partnership Establishment:** Track the formation of partnerships with local behavioral/mental health providers by collecting and reviewing MOUs or partnership agreements by month 6. This ensures an effective referral network for at-risk residents.
- **Service Delivery in Native Language:** Monitor and record the number of residents receiving services in their native language by month 12, utilizing service delivery records to ensure accessibility and inclusiveness.
- **Community Engagement Activities:** Document the execution of 20 community engagement and awareness activities, along with a complementary social media campaign, by the end of the project, using event logs. This aims to broaden outreach and impact.
- **Connection to Resources:** Evaluate the effectiveness of connecting at-risk residents to appropriate resources by month 18 through referral and service connection records, ensuring timely support.
- **Knowledge Increase:** Measure the increase in knowledge among individuals at risk for mental health needs or social isolation regarding community support and mental health resources by the end of the project, using surveys and feedback forms.

<p>or b) change in attitudes toward mental health such as a reduction in stigma, as measured by pre- and post-activity surveys.</p>	<ul style="list-style-type: none"> <li>• <b>Attitude and Stigma Change:</b> Assess the change in attitudes towards mental health and reduction in stigma among engagement activity participants by the end of the project through pre- and post-activity surveys, promoting a more inclusive and supportive community environment.</li> </ul>
<p><b>Deliverable #3:</b>  <b>Strategy 3: Improve access to community support services through systems and environments that build connectedness.</b></p> <p><b>Goal 3:</b> Strengthen community bonds and increase social capital in Coachella Valley by enhancing the connectivity between residents and support services, thereby reducing feelings of isolation and loneliness.</p> <p><b>SMART Objectives (Deliverables):</b></p> <ul style="list-style-type: none"> <li>• 3.1 By the end of the project, 5,000 residents will receive comprehensive outreach on community support services, as measured by outreach efforts and engagement records.</li> <li>• 3.2 By the end of the project, 1,000 residents will be screened for loneliness or social isolation, as measured by screenings completed.</li> <li>• 3.3 By the end of the project, 80% of residents deemed at risk for loneliness or social isolation or who score as lonely or at risk for social isolation will be connected to community groups or organizations for practical and emotional support, as measured by successful referral follow-ups.</li> </ul>	<p><b>Evaluation #3:</b>  To evaluate Goal 3, the plan employs a mixed-methods approach, combining quantitative data from records, screenings, and surveys with qualitative feedback from interviews and focus groups to comprehensively evaluate the strategy’s impact on enhancing community connectivity and reducing isolation. The comprehensive evaluation plan includes:</p> <ol style="list-style-type: none"> <li>1. <b>Outreach and Information Distribution:</b> <ul style="list-style-type: none"> <li>• Collect and analyze outreach effort records and engagement data to assess the extent of information dissemination about community support services to 5,000 residents.</li> <li>• Utilizing digital tracking (website visits, social media analytics) and physical distribution records (flyers, informational packets).</li> </ul> </li> <li>2. <b>Screening for Loneliness and Social Isolation:</b> <ul style="list-style-type: none"> <li>• Implementing standardized screening tools across community events and partner organizations, compiling and</li> </ul> </li> </ol>

<ul style="list-style-type: none"> <li>• 3.4 By the end of the project, 180 participants served by a Community Navigator will report a reduction in levels of isolation and/or loneliness, as measured by standardized assessment tools.</li> <li>• 3.5 By the end of the project, 240 clients report an increase in sense of belonging, sense of community, or social capital, as measured by post-intervention surveys.</li> <li>• 3.6. By the end of the project, at least four organizations will have integrated a community connections or isolation reduction strategy into their existing services, as measured by documented changes to service offerings and feedback from service users.</li> </ul>	<p>analyzing screening data to ensure 1,000 residents are assessed.</p> <ul style="list-style-type: none"> <li>• Training staff and volunteers on screening procedures to maintain consistency.</li> </ul> <p><b>3. Connection to Support Services:</b></p> <ul style="list-style-type: none"> <li>• Tracking referral follow-ups through a database to verify that 95% of at-risk residents are connected to support groups or organizations.</li> <li>• Establishing a feedback loop with partner organizations to monitor the quality and effectiveness of referrals.</li> </ul> <p><b>4. Reduction in Isolation and Loneliness:</b></p> <ul style="list-style-type: none"> <li>• Administering pre- and post-intervention assessments using validated tools to measure changes in isolation and loneliness among participants, ensuring a 60% reporting rate of reduced levels.</li> <li>• Conducting interviews or focus groups to supplement quantitative data with qualitative insights into participants' experiences.</li> </ul> <p><b>5. Increase in Sense of Belonging and Community:</b></p> <ul style="list-style-type: none"> <li>• Distributing post-intervention surveys to gauge improvements in the sense of belonging, community, or</li> </ul>
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	<p>social capital, aiming for a 70% positive response rate.</p> <ul style="list-style-type: none"> <li>Analyzing survey data in conjunction with community participation rates in events and programs as secondary indicators of increased social capital.</li> </ul> <p><b>6. Integration of Connection Strategies by Organizations:</b></p> <ul style="list-style-type: none"> <li>Reviewing documented changes in service offerings from at least four organizations to validate the integration of community connection or isolation reduction strategies.</li> <li>Gathering feedback from service users and organizational staff through surveys and interviews to evaluate the effectiveness and reception of these integrated strategies.</li> </ul>
<p><b>Deliverable #4:</b> Not Applicable</p>	<p><b>Evaluation #4:</b> Not Applicable</p>

**Project Demographic Information**

**Target Geographic Area(s) To Be Served:**

Cathedral City, Coachella, Desert Hot Springs, Desert Palms, Indio, La Quinta, Palm Desert, Palm Springs, Rancho Mirage, All areas

**Target Population Age Group:**

25 to 39, 40 to 54, 55 to 64, 65+

**Target Population Ethnicity:**

Hispanic/Latino (of any race), Not Hispanic or Latino (of any race)

**Target Population Race:**

American Indian and Alaska Native, Asian, Black or African American, Native Hawaiian and other Pacific Islander, White

**Additional Target Population Information:**

In addition to the primary target population, other groups that will significantly benefit from enhanced community support and connectivity services include communities within Riverside County with a Healthy Places Index (HPI) Score of 25% or less, indicating higher needs due to socio-economic challenges. Racial/ethnic minority groups, residents of rural areas, individuals experiencing poverty or homelessness, immigrants, individuals with limited English proficiency, people with disabilities, older adults aged 60+, individuals with substance use disorders, LGBTQIA2S+ community members, and those experiencing mental illness represent vital segments. These populations often face unique barriers to accessing support and resources, underlining the importance of inclusive and tailored outreach and intervention strategies.

**Capacity, Sustainability, and Partnerships****Organizational Capacity:**

*Describe your organization's capacity to meet the demands of this project (i.e. allocated staff time, internal expertise, organizational structure, history of similar work, etc.).*

El Sol's capacity to meet the project's demands is extensive, combining organizational infrastructure, financial stability, technological resources, and a deep commitment to community engagement. El Sol's capacity includes:

- **Financial Capacity:** Stable funding sources and prudent financial management practices ensure the sustainability of project activities—over \$8 million per year in community engagement initiatives designed to improve health and wellbeing.
- **Staffing:** A dedicated team of professionals experienced in managing and delivering community health programs, including trained Community Health Workers (CHWs) and administrative staff.
- **Technology:** Advanced technological infrastructure for service tracking, including a field-based personnel geolocation system, enhances productivity and efficiency.
- **Tracking of Services:** Sophisticated data collection and reporting systems, like Efforts To Outcomes, for accurate tracking of program activities and outcomes.
- **Experience with the CHW Model:** El Sol pioneered the use of the Community Health Worker model to connect with and serve vulnerable populations, ensuring trust and effectiveness in outreach and service delivery.

- **Regional Experience:** A profound understanding of Coachella Valley's community needs, with a history of successful local engagement and program implementation.
- **Proven Track Record:** Demonstrated success in similar projects, such as the CalCRG initiative and the Elevate Youth Program, showcasing our ability to deliver impactful mental and behavioral health services, engage youth in leadership and empowerment, and conduct widespread community education and engagement efforts.
- **Community Engagement and Public Education:** A rich history of engaging over 105,000 individuals annually through innovative methods, including arts and digital platforms, to spread health messages and foster community dialogue.

El Sol's approach is characterized by a deep commitment to person-centered services, community engagement, and systems navigation, aligning closely with the objectives of this initiative. Our organizational structure, coupled with internal expertise and a history of effective program delivery, positions us exceptionally well to meet the project's demands and contribute to meaningful community impact.

#### **Organizational Sustainability:**

*Describe your organization's sustainability strategies (i.e. funding, staff recruitment/retention, effective collaboration and partnerships, thoughtful long-term planning, etc.).*

El Sol's sustainability strategies are designed to secure the program's and organization's long-term viability and effectiveness, ensuring it can meet its community's needs efficiently and sustainably. These strategies span various aspects of operations, funding, staffing, and program management, each contributing to the organization's resilience and adaptability. Below is an in-depth look at each element:

**1. Program Sustainability:** By integrating new projects into ongoing programs, El Sol ensures continuity and enhances the impact of its service delivery, fostering a seamless experience for the community served.

**2. Fiscal Sustainability:** A) **Diversified Funding:** El Sol maintains robust financial health by diversifying its funding sources, including grants, donations, and government contracts, to buffer against fluctuations in any revenue stream. B) **Fee for Service and CalAIM Reform:** The organization adapts to healthcare reforms and leverages Fee for Service models, ensuring a steady revenue stream by aligning with current healthcare payment models.

**3. Financial Strategies:** A) **Prudent Financial Management:** Through efficient resource use and maintaining financial reserves, El Sol ensures organizational stability and readiness for future challenges. B) **Investment in Technology:** Investing in



advanced technologies improves program delivery and operational efficiency and positions El Sol to adapt to future service delivery innovations.

**4. Partnerships:** A) **Collaboration with Other Organizations:** Strategic alliances with community organizations, healthcare providers, and governmental agencies extend the reach and effectiveness of services. B) **Leveraging Community Resources:** Utilizing local assets supports service extension and fosters community involvement and ownership of health initiatives.

**5. Staffing:** A) **Recruitment and Retention:** Competitive compensation and a supportive work environment attract and retain skilled professionals, ensuring the organization's capacity to deliver high-quality services. B) **Training and Professional Development:** Ongoing training opportunities enhance staff skills and adaptability, which are crucial for responding to evolving program needs and community dynamics.

#### **6. Adaptability and Continuous Improvement:**

- **Adapting to Policy Changes:** Keeping abreast of and responding to policy shifts allows El Sol to navigate funding and service delivery landscapes effectively.
- **Technology Advancements:** Embracing technological advancements enhances service efficiency and client engagement.
- **Community Needs Assessment:** Regular assessments ensure that El Sol's programs remain relevant and responsive to community needs.
- **Environmental Sustainability:** Incorporating green practices reduces operational costs and aligns with broader social responsibility goals.
- **Evaluation and Impact Measurement:** Systematic assessment of program impact guides continuous improvement and justifies continued funding.
- **Volunteer Engagement:** Volunteers extend El Sol's resources and deepen community connections, enhancing program reach and impact.
- **Advocacy:** Influencing policies and securing resources through advocacy efforts supports El Sol's mission and service capacity.
- **Risk Management:** Identifying and mitigating risks protect the organization from potential disruptions, ensuring sustainability.

#### **Partnerships/Collaborations:**

*If you are planning to partner or collaborate with other organizations, please list them and describe each of their roles in the project. If not partnering, enter N/A.*

El Sol is not dependent on external organizational partners to achieve the stated goals. However, El Sol will continue to collaborate with various organizations in the region to enhance its project, which is focused on mental health and reducing social isolation. Each partner will play a crucial role, from outreach and education to direct service provision and support, leveraging their unique strengths and community connections to achieve project goals. Partners include but are not limited to the following:

1. **Faith-Based Groups:** Engage community members through trusted spiritual networks, providing a platform for outreach and support (e.g., Sacred Heart Church, San Luis Rey Church, Fuente de Vida Christian Center): Offer support services, connectedness, and activities to foster a sense of belonging.
2. **Clinics and Healthcare Providers** (e.g., Riverside-San Bernardino County Indian Health, Inc., Loma Linda University, Kaiser Permanente, Clínica Familiar Dr Rios): Offer direct healthcare services, referrals, and collaborate on integrating mental health services.
3. **Social Services** (e.g., Riverside Department of Mental Health, Riverside Department of Social Services): Facilitate access to a wide range of support services, enhancing the social safety net for vulnerable populations.
4. **Social Clubs and Community Organizations** (e.g., The Community Advocacy for Gender & Sexuality Issues (CAGSI), Rainbow Pride Youth Alliance, Mexican Consulate- San Bernardino, Riverside School District, University California Riverside, Family Association): Provide venues for social interaction, advocacy, education, and support, directly addressing social isolation.

### **Diversity, Equity, and Inclusion (DEI)**

#### **How does your organization address DEI in your policies, strategic plan, board and staff, etc.?**

El Sol is deeply committed to promoting Diversity, Equity, and Inclusion (DEI) in its operations, governance, strategic plans, and daily activities. Our organization employs various strategies to advance DEI, from internal operations to community engagement and service delivery. El Sol prioritizes the following strategies to address DE in our policies:

1. **Equity Framework Utilization:** El Sol pioneered the use of an Equity Framework, guiding organizational decision-making and ensuring programs are designed to address and reduce disparities.

2. **Leadership in Health Equity:** Leading the Inland Health Equity Coalition, El Sol collaborates with over 11 organizations focused on reducing health disparities and promoting equity.
3. **Intentional Representation:** Our board and staff composition reflect the diverse communities we serve, ensuring a range of perspectives and experiences inform our work.
4. **Community Health Workers (CHWs):** We recruit CHWs directly from the communities we serve, ensuring our team reflects the population served and has a firsthand understanding of the challenges and needs of our clients.
5. **DEI Training:** All staff and board members undergo regular DEI training to remain informed on best practices for fostering an inclusive environment.
6. **Inclusive Policies and Practices:** Our policies and practices are regularly reviewed and updated to ensure they promote inclusivity, accessibility, and equity for all community members.
7. **Community Engagement:** We actively engage with diverse community groups to understand and address specific needs, ensuring our services are accessible and relevant to all.

### **What barriers does your organization face when addressing DEI?**

Addressing DEI at El Sol involves navigating several complex barriers, including but not limited to:

- **Training Costs:** High-quality DEI training programs can be expensive, posing a significant financial challenge, especially for non-profit organizations operating within tight budget constraints. El Sol addresses this barrier by seeking grants specifically aimed at DEI initiatives, engaging in partnerships with other organizations to share the costs of training programs, and utilizing free or low-cost online DEI resources.
- **Recruitment Challenges:** Achieving a diverse workforce requires overcoming systemic barriers related to education, networking, and hiring practices. This includes attracting candidates from underrepresented groups and ensuring equitable hiring processes. El Sol combats these challenges by hosting or participating in job fairs in diverse communities, identifying candidates from underrepresented backgrounds, and implementing bias-free recruitment practices.
- **Cultural Competence:** Developing a deep understanding of the diverse cultures within the community served is crucial. This requires ongoing education and engagement, which can be resource-intensive. El Sol conducts regular training sessions on cultural awareness to enhance cultural competence, engages with community leaders to facilitate cultural exchange programs, and encourages staff participation in community events.
- **Resistance to Change:** Some organization members may resist DEI initiatives due to a lack of understanding, personal biases, or fear of change, which can hinder progress. El Sol addresses this by creating a DEI committee to lead discussions on the importance of DEI, sharing success stories highlighting

diversity's benefits, and providing support and counseling for staff struggling with change.

- **Sustaining Engagement:** Keeping staff continuously engaged in DEI efforts requires resources and commitment. Without sustained effort, initial gains in DEI can stagnate or regress. El Sol keeps engagement high by embedding DEI goals into the organization's strategic plan, recognizing and rewarding staff contributions to DEI, and setting up DEI-focused task forces.
- **Language and Communication Barriers:** Communicating effectively with a diverse community requires resources for translation services and culturally sensitive communication strategies. El Sol addresses these barriers by employing bilingual staff, using translation services for key documents and communications, and training all staff in culturally sensitive communication practices.
- **Unconscious Bias:** Identifying and addressing unconscious biases within the organization can be challenging, requiring ongoing training and reflection. El Sol tackles this by providing all staff with access to unconscious bias training, establishing safe spaces for discussions on bias, and encouraging self-reflection and peer feedback.
- **Institutional Barriers:** Structural changes may be necessary to embed DEI into the organization, which can be difficult to achieve and requires strong leadership commitment. El Sol meets this challenge by ensuring DEI principles are incorporated into all policy-making levels, regularly reviewing organizational policies and practices through a DEI lens, and ensuring leadership leads by example in DEI matters.
- **Measuring Impact:** Quantifying the impact of DEI initiatives is complex, making it challenging to track progress and justify ongoing investment in these efforts. El Sol approaches this barrier by developing clear, measurable DEI objectives, utilizing qualitative and quantitative data to assess progress, and conducting regular DEI audits and assessments.

## Grant Budget

Project Grant Budget				
Applicant:		ENTER NAME HERE		ENTER PROJECT TITLE HERE
OPERATIONAL EXPENSES		Total Project Budget	Funds From Other Sources <span style="color: red;">Detail On</span>	Amount Requested From DHCD/F
<b>Total Staffing Expenses</b> <span style="color: red;">Detail on Section 2</span>		\$ 161,813.98	\$ -	\$ 161,813.98
<b>Equipment (itemize)</b>				
1	2 Computer	\$ 1,500.00	\$ -	\$ 1,500.00
2			\$ -	
3			\$ -	
4			\$ -	
<b>Supplies (itemize)</b>				
1	Office Supplies	\$ 4,000.00	\$ -	\$ 4,000.00
2			\$ -	
3			\$ -	
4			\$ -	
<b>Printing / Duplication</b>		\$ 2,500.00	\$ -	\$ 2,500.00
<b>Mailing / Postage</b>			\$ -	
<b>Mileage (use current Federal mileage rate)</b>		\$ 4,099.00	\$ -	\$ 4,099.00
<b>Education / Training</b>			\$ -	
<b>Other Direct Project Expenses Not Described Above (itemize)</b>				
1			\$ -	
2			\$ -	
3			\$ -	
4			\$ -	
* Items listed below are included for calculation of the total project budget only. For use of DHCD/F funds, these line items would be included in the allowable 15% indirect cost rate.				
<b>Office / Rent / Mortgage*</b>			\$ -	\$ -
<b>Telephone / Fax / Internet*</b>			\$ -	\$ -
<b>Utilities*</b>			\$ -	\$ -
<b>Insurance*</b>			\$ -	\$ -
<b>Indirect Rate</b>	<input checked="" type="checkbox"/> Check Box To Utilize Indirect Rate Up To		15.00%	\$ 26,086.95
<b>Total Project Budget</b> (Rounded up to nearest dollar)				
		\$ 200,000	\$ -	\$ 200,000
<b>Budget Narrative</b>	Equipment: 2 Computer will be provided to the staff to support data entry and project planning Office Supplies: Pens, binders, etc will be used for the project implementation. Duplication: Flyers, Poster and educational materials will be printed for project education. Mileage: Staff will be paid for mieage at federal mileage rate			

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Staff Salary Expenses		Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD/F
<b>Employee Position/Title</b>					
1	Project Director	\$ 85,000.00	10%	8,500.00	\$ 8,500.00
2	Project Supervisor	\$ 58,300.00	25%	14,575.00	\$ 14,575.00
3	CHW's	\$ 52,500.00	50%	26,250.00	\$ 26,250.00
4	CHW's	\$ 52,500.00	50%	26,250.00	\$ 26,250.00
5	CHW's	\$ 52,500.00	50%	26,250.00	\$ 26,250.00
6	Project Admin Support	\$ 44,500.00	20%	8,900.00	\$ 8,900.00
7	Evaluator	\$ 87,600.00	10%	8,760.00	\$ 8,760.00
Enter Total Employee Benefits / Employer Taxes % (Proportional Fringe Costs and/Or Employer Taxes Based On % Of Time Allocated To Project)			23.50%	28,078.98	28,078.98
<b>Total Will Populate In Total Staffing Expenses Section 1</b>				<b>Total &gt;</b>	<b>\$ 147,563.98 \$ 147,563.98</b>
<b>Budget Narrative - Scope of Work</b>	Project Director: Provides oversight to the team and aproject implementation and will work with evaluation consultant. This position will commit 4 hrs per week. Project Supervisor: Provides support to the CHWs and will be respnsible for all of the activities in the community. This position commits 10hrs per week. CHWs: Provides all of the community intervention in the community. Fiscal Support: Provides support with project tracking and invoices submital. Admin Support: Provides support to the team with data entry and project Support Evaluator: Provides Evaluation Support for the Project and reports				
<b>Budget Narrative - Employee Benefits</b>	Benefirs will be at 23.5% and includes FICA, State Taxes, Workers Comp and Health Insurance				
Professional Services / Consultant Expenses		Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD/F
<b>Company and Staff Title</b>					
1	Mental Health Consultant and Trainir	\$ 60.00	125	\$ 7,500.00	\$ 7,500.00
2	Designer	\$ 45.00	150	\$ 6,750.00	\$ 6,750.00
3					
4					
<b>Total Will Populate in Total Staffing Expenses Section 1</b>				<b>Total &gt;</b>	<b>\$ 14,250.00 \$ 14,250.00</b>
<b>Budget Narrative - Scope of Work</b>	Mental Health Consultant and Training: Will provide training and Coaching to CHWs and will review all materials that will be distributed to the coomunity/ Designer will developed a Mental Health Campain in a cultural manner.				

Funds From Other Sources (Actual Or Projected) SPECIFIC To This Project		
"Total Funding In Addition To DHCD/F Request" Below Should Match Or Exceed Value Listed In Section 1 for "Funds from Other Sources".		Amount
Fees		
Donations		
Grants (List Organizations)		
1		
2		
3		
8		
Fundraising (Describe Nature Of Fundraiser)		
1		
2		
3		
8		
Other Income, e.g., Bequests, Membership Dues, In-Kind Services, Investment Income, Fees From Other Agencies, Etc. (Itemize)		
1		
2		
3		
8		
<b>Total Funding In Addition To DHCD/F Request</b>		<b>\$ -</b>
<b>Budget Narrative</b>	Please describe in detail any additional information or explanations for items listed above.	

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**EXHIBIT B**

**PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES**

<u>Project Title</u>	<u>Start/End</u>
Coachella Valley Community Assistance, Resources, and Empowerment Services (CV-CARES)	5/01/2024 4/30/2026

**PAYMENTS:**

(4) Payments: \$ 45,000.  
10% Retention: \$ 20,000.

**Total request amount:** \$ 200,000.

**GRANT AND PAYMENT SCHEDULE REQUIREMENTS:**

Scheduled Date	Grant Requirements for Payment	Payment
5/01/2024	Signed Agreement submitted & accepted.	Advance of \$45,000. for time period 5/01/2024 - 10/31/2024
12/01/2024	1st six-month (5/01/2024 - 10/31/2024) progress report, budget reports and receipts submitted & accepted	Advance of \$45,000. for time period 11/01/2024 - 4/30/2025
6/01/2025	2nd six-month (11/01/2024 - 4/30/2025) progress report, budget reports and receipts submitted & accepted	Advance of \$45,000. for time period 5/01/2025 - 10/31/2025
12/01/2025	3rd six-month (5/01/2025 - 10/31/2025) progress report, budget reports and receipts submitted & accepted	Advance of \$45,000. for time period 11/01/2025 - 4/30/2026
6/01/2026	4th six-month (11/01/2025 - 4/30/2026) progress report, budget reports and receipts submitted & accepted	\$0
6/15/2026	Final report (5/01/2024 - 4/30/2026) and final budget report submitted & accepted	\$20,000. (10% retention)

**TOTAL GRANT AMOUNT:** \$ 200,000.



DELIVERABLES:

Project Deliverables and Evaluation

<p><b>Deliverable #1:</b> <b>Strategy 1:</b> Increase the number of community navigators serving Coachella Valley residents.</p> <p><b>Goal 1:</b> Strengthen community support and resilience by expanding and optimizing the community navigator workforce in Coachella Valley.</p> <p><b>SMART Objectives (Deliverables):</b></p> <ul style="list-style-type: none"><li>• 1.1. By month 1, review and update the Community Health Worker (CHW) / Community Navigator (CN) curriculum on social isolation and mental health, as measured by the curriculum development report.</li><li>• 1.2. By Month 3, train six CNs(3 paid and 3 unpaid), focusing on essential skills for reducing social isolation and mental health, as measured by completion certificates.</li><li>• 1.3. By Month 6, 4 trained CNs will pass a Community Navigator Competency Assessment, as measured by assessment results.</li><li>• 1.4. By the end of the project, 4 of CNs report improved self-efficacy in their roles, as measured by the CN self-efficacy scale.</li><li>• 1.5. By the end of the project, 4 of</li></ul>	<p><b>Evaluation #1:</b> To evaluate Goal 1, the comprehensive approach combines quantitative data from assessments and service records with qualitative insights from participant feedback, ensuring a robust evaluation of the project's impact on community support and resilience in Coachella Valley. The evaluation plan includes:</p> <ol style="list-style-type: none"><li>1. <b>Curriculum Update:</b> Document the revision process of the CHW/CN curriculum with a report, ensuring content relevance to social isolation and mental health.</li><li>2. <b>Training New CNs:</b> Validating training through certificates and records, focusing on skills essential for addressing social isolation and mental health.</li><li>3. <b>Competency Assessment:</b> Utilizing assessment results to verify CNs' competency post-training, ensuring they meet required standards.</li><li>4. <b>Public Education Campaign:</b> Measuring reach and effectiveness through service delivery records and feedback from at least residents, assessing the impact on awareness and understanding of social isolation and mental health.</li><li>5. <b>Self-Efficacy Survey:</b> Employing pre- and post-intervention surveys to gauge CNs' confidence in their roles, illustrating professional growth and effectiveness.</li><li>6. <b>Knowledge Assessment:</b> Conducting pre- and post-assessments to quantify CNs' knowledge growth on strategies to combat social isolation, fostering a sense of community.</li></ol>
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<p>CNs report increased knowledge of strategies to reduce social isolation and foster a sense of community, as measured by pre- and post-knowledge assessments.</p>	<p>7. <b>Participant Feedback:</b> Collecting qualitative feedback from residents served to understand the campaign's impact on community awareness and personal well-being.</p> <p>8. <b>Continuous Monitoring:</b> Regularly reviewing service delivery metrics and CN feedback to adapt strategies, ensuring alignment with community needs and project goals.</p>
<p><b>Deliverable #2:</b>  <b>Strategy 2: Increase awareness and access to behavioral/mental health resources.</b></p> <p><b>Goal 2:</b> Significantly improve Coachella Valley residents' awareness and access to behavioral and mental health resources, aiming to reach and serve those at risk for social isolation.</p> <p><b>SMART Objectives (Deliverables):</b></p> <ul style="list-style-type: none"> <li>• 2.1 By month 6, establish formal partnerships with at least three local behavioral/mental health providers to streamline referral processes for at-risk residents, as measured by MOUs or partnership agreements. .</li> <li>• 2.2 By Month 12, 1,000 residents will receive education in their native language, as measured by service delivery records.</li> <li>• 2.3 By the end of the project, conduct 20 community engagement/awareness activities combined with a social media campaign, as measured by event logs.</li> </ul>	<p><b>Evaluation #2:</b>  To evaluate Goal 2, the evaluation plan incorporates both quantitative and qualitative measures, focusing on establishing vital partnerships, enhancing service accessibility, engaging the community, ensuring connections to necessary resources, and fostering a positive shift in perceptions related to mental health and social support. The evaluation plan includes the following components:</p> <ul style="list-style-type: none"> <li>• <b>Partnership Establishment:</b> Track the formation of partnerships with local behavioral/mental health providers by collecting and reviewing MOUs or partnership agreements by month 6. This ensures an effective referral network for at-risk residents.</li> <li>• <b>Service Delivery in Native Language:</b> Monitor and record the number of residents receiving services in their native language by month 12, utilizing service delivery records to ensure accessibility and inclusiveness.</li> <li>• <b>Community Engagement Activities:</b> Document the execution of 20 community engagement and awareness activities, along with a complementary social media campaign, by the end of the project, using event logs. This aims to broaden outreach and impact.</li> </ul>

<ul style="list-style-type: none"> <li>• 2.4 By Month 18, 300 of residents screened at risk for behavioral/mental health services will be connected to appropriate resources, as measured by referral and service connection records.</li> <li>• 2.5 By the end of the project, 225 of individuals screened as being at risk for mental health needs or social isolation will report an increase in their knowledge of community support/behavioral/mental health resources, as measured by surveys and feedback forms.</li> <li>• 2.6 By the end of the project, 225 of participants report a) increased knowledge about accessing behavioral/mental health resources, or b) change in attitudes toward mental health such as a reduction in stigma, as measured by pre- and post-activity surveys.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Connection to Resources:</b> Evaluate the effectiveness of connecting at-risk residents to appropriate resources by month 18 through referral and service connection records, ensuring timely support.</li> <li>• <b>Knowledge Increase:</b> Measure the increase in knowledge among individuals at risk for mental health needs or social isolation regarding community support and mental health resources by the end of the project, using surveys and feedback forms.</li> <li>• <b>Attitude and Stigma Change:</b> Assess the change in attitudes towards mental health and reduction in stigma among engagement activity participants by the end of the project through pre- and post-activity surveys, promoting a more inclusive and supportive community environment.</li> </ul>
<p><b>Deliverable #3:</b>  <b>Strategy 3: Improve access to community support services through systems and environments that build connectedness.</b></p> <p><b>Goal 3:</b> Strengthen community bonds and increase social capital in Coachella Valley by enhancing the connectivity between residents and support services, thereby reducing feelings of isolation and loneliness.</p> <p><b>SMART Objectives (Deliverables):</b></p> <ul style="list-style-type: none"> <li>• 3.1 By the end of the project, 5,000</li> </ul>	<p><b>Evaluation #3:</b>  To evaluate Goal 3, the plan employs a mixed-methods approach, combining quantitative data from records, screenings, and surveys with qualitative feedback from interviews and focus groups to comprehensively evaluate the strategy’s impact on enhancing community connectivity and reducing isolation. The comprehensive evaluation plan includes:</p> <ol style="list-style-type: none"> <li>1. <b>Outreach and Information Distribution:</b> <ul style="list-style-type: none"> <li>• Collect and analyze outreach effort records and engagement data to assess the extent of information dissemination</li> </ul> </li> </ol>

<p>residents will receive comprehensive outreach on community support services, as measured by outreach efforts and engagement records.</p> <ul style="list-style-type: none"> <li>• 3.2 By the end of the project, 1,000 residents will be screened for loneliness or social isolation, as measured by screenings completed.</li> <li>• 3.3 By the end of the project, 80% of residents deemed at risk for loneliness or social isolation or who score as lonely or at risk for social isolation will be connected to community groups or organizations for practical and emotional support, as measured by successful referral follow-ups.</li> <li>• 3.4 By the end of the project, 180 participants served by a Community Navigator will report a reduction in levels of isolation and/or loneliness, as measured by standardized assessment tools.</li> <li>• 3.5 By the end of the project, 240 clients report an increase in sense of belonging, sense of community, or social capital, as measured by post-intervention surveys.</li> <li>• 3.6. By the end of the project, at least four organizations will have integrated a community connections or isolation reduction strategy into their existing services, as measured by documented</li> </ul>	<p>about community support services to 5,000 residents.</p> <ul style="list-style-type: none"> <li>• Utilizing digital tracking (website visits, social media analytics) and physical distribution records (flyers, informational packets).</li> </ul> <p><b>2. Screening for Loneliness and Social Isolation:</b></p> <ul style="list-style-type: none"> <li>• Implementing standardized screening tools across community events and partner organizations, compiling and analyzing screening data to ensure 1,000 residents are assessed.</li> <li>• Training staff and volunteers on screening procedures to maintain consistency.</li> </ul> <p><b>3. Connection to Support Services:</b></p> <ul style="list-style-type: none"> <li>• Tracking referral follow-ups through a database to verify that 95% of at-risk residents are connected to support groups or organizations.</li> <li>• Establishing a feedback loop with partner organizations to monitor the quality and effectiveness of referrals.</li> </ul> <p><b>4. Reduction in Isolation and Loneliness:</b></p> <ul style="list-style-type: none"> <li>• Administering pre- and post-intervention assessments using validated tools to measure changes in isolation and loneliness among participants, ensuring a 60% reporting rate of reduced levels.</li> <li>• Conducting interviews or focus groups to supplement quantitative data with qualitative insights into participants' experiences.</li> </ul> <p><b>5. Increase in Sense of Belonging and</b></p>
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<p>changes to service offerings and feedback from service users.</p>	<p><b>Community:</b></p> <ul style="list-style-type: none"> <li>• Distributing post-intervention surveys to gauge improvements in the sense of belonging, community, or social capital, aiming for a 70% positive response rate.</li> <li>• Analyzing survey data in conjunction with community participation rates in events and programs as secondary indicators of increased social capital.</li> </ul> <p><b>6. Integration of Connection Strategies by Organizations:</b></p> <ul style="list-style-type: none"> <li>• Reviewing documented changes in service offerings from at least four organizations to validate the integration of community connection or isolation reduction strategies.</li> <li>• Gathering feedback from service users and organizational staff through surveys and interviews to evaluate the effectiveness and reception of these integrated strategies.</li> </ul>
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The Desert Healthcare District has implemented Results-Based Accountability (RBA) into their grantmaking process to streamline reporting and offer a straightforward approach to effectively measuring program-level performance.

**RFP Building Connected Communities Goal/Strategies**

**Strategy 1: Increase the number of community navigators serving Coachella Valley residents.**

*You have selected Strategy 1.*

Your project deliverables need to capture the following performance measures.

- # of Community Navigators trained
- # of Community Navigator positions retained

**Strategy 2: Increase awareness and access to behavioral/mental health resources.**

*You have selected Strategy 2.*

Your project deliverables need to capture the following performance measures.

- # of clients provided service in their native language
- # of cultural competency resources disseminated
- # of community engagement/awareness activities
- # of clients/potential clients reached through awareness efforts
- # of clients who were directly connected to behavioral/mental health services
- # of clients/potential clients who increased their knowledge of behavioral/mental health resources
- % of clients/potential clients who increased their knowledge of behavioral/mental health resources

**Strategy 3: Improve access to community support services through systems and environments that build connectedness**

*You have selected Strategy 3.*

Your project deliverables need to capture the following performance measures.

- # of clients reached
- # of clients connected to community groups/organizations for practical and emotional support
- # of clients who report reduced levels of isolation and/or loneliness as a result of improved access to supportive services
- % of clients who report reduced levels of isolation and/or loneliness as a result of improved access to supportive services



**Date:** April 23, 2024

**To:** Board of Directors

**Subject:** Grant # 1453 Vision y Compromiso

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**Grant Request:** Cultivando Community Connections

**Amount Requested:** \$199,914.00

**Project Period:** 5/1/2024 to 4/30/2026

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

In response to the uplifted and prioritized needs expressed by the convening of local community stakeholders, the District and Foundation sought proposals from organizations with the release of the **Request for Proposals Building Connected Communities: Improving Community Supports to Reduce Social Isolation and Loneliness**. Specifically, the District and Foundation sought projects that address isolation and loneliness through the recruitment, retainment, and training of community navigators to improve connectedness. After a thorough review process, District staff identified applications to recommend funding approval from the Program Committee and full Board of Directors.

Vision y Compromiso submitted a funding request to expand their work to mitigate mental and behavioral health issues and address the impact of isolation and loneliness in Eastern Coachella Valley. Programmatic components will focus on the training of at least 25 community navigators (promotoras, CHWs, resident leaders, parent advocates) in Coachella Valley, deliver culturally and linguistically relevant outreach and education and attend cultural and community events to reach a minimum of 16,032 primarily Spanish speaking residents in Eastern Coachella Valley, and connect individuals to family-centered health and wellness activities.

The District funding will be used to support the partial salaries and benefits of three positions: a Regional Program Manager and two Promotoras. Additionally, the funding will be utilized for art and office supplies, printing, mileage reimbursement, and education/training.



**Strategic Plan Alignment:**

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

**RFP Strategy 1:** Increase the number of community navigators serving Coachella Valley residents.

**RFP Strategy 2:** Increase awareness and access to behavioral/mental health resources.

**RFP Strategy 3:** Improve access to community support services through systems and environments that build connectedness

**Geographic Area(s) To Be Served:**

Coachella, Indio, Mecca, North Shore, Oasis, Thermal

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

Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of \$199,914.00 be approved.

- ✓ Partial recommendation and forward to the Board for consideration with the Committee's recommendation (2 to 1) that a grant amount of \$199,914.00 be approved.

Recommendation with modifications

Request for more information

Decline





## **RFP Building Connected Communities Grant Application Summary**

### **Vision y Compromiso, Grant # 1453**

#### **About the Organization**

Vision y Compromiso  
49869 Calhoun Street  
Coachella, CA 92236  
213-613-0630

[www.visionycompromiso.org](http://www.visionycompromiso.org)

**Tax ID #:** 32-0071651

#### **Primary Contact:**

Hugo Ramirez, Director of Programs  
[hugo@visionycompromiso.org](mailto:hugo@visionycompromiso.org)

#### **Organization's Mission Statement and History**

Visión y Compromiso (VyC) was founded 22 years ago on the dreams of promotoras who believed in a society of opportunity for their families, where communities are healthy and supported, and where all persons can live up to their full potential. VyC is dedicated to improving the health and well-being of underrepresented communities by supporting promotoras (our mission), trusted community experts who educate, empower, and advocate for change. Known by diverse titles (promotora, CHW, community navigator, peer educator, patient liaison, and more), promotoras are “go to” leaders who live in and share characteristics with the residents they serve. Skilled relationship builders, they know how to engage communities that have been disproportionately invested in and “hardly reached” by traditional health and social service providers.

Committed to *una vida digna y sana*, healthy and dignified living for all, VyC integrates the voice of community to advance our core principles, build local capacity, engage in conversations about family and community wellness, and elevate those conversations in a way that honors community strengths and abilities. VyC supports promotoras and other resident leaders by providing authentic leadership building and culturally and linguistically relevant training, advocacy, workforce development, and employment opportunities. Our culturally and linguistically relevant core skills and subject matter

curricula address diverse topics such as mental health, chronic conditions, caregiving, COVID19 and systems navigation. By employing over 120 promotoras, a primarily Latina women led workforce, to deliver community-based programs, VyC reached over 1 million primarily Spanish-speaking Latino residents on health and wellness topics during 2022 to 2023.

Our Network of Promotoras represents promotoras and other grassroots community leaders throughout California. Active in 13 regions of California, including the Coachella Valley, volunteer leaders come together to identify and address local priorities. In the Coachella Valley, key priorities identified by promotoras include mental health, employment and affordable housing. Our work is supported by longstanding relationships with key partners such as direct service organizations, schools, food banks, health plans, clinics, health coalitions, health departments, mental health agencies, hospitals, faith-based communities, and neighborhood groups.

Since the pandemic began, Latinos in California have been disproportionately impacted by COVID-19 experiencing higher rates of job loss, illness, and deaths, with limited access to technology or educational resources, childcare, support in the healthy grieving of loved ones, and feeling more isolated than ever. Families continue to experience grief, anxiety, stress and the effects of trauma experienced during the pandemic. Access to in-language and culturally relevant mental health and substance abuse services remains limited for the demand.

In 2022, building on our community's strengths (strong family ties, strong sense of community and collectivism, cultural beliefs that create meaning and purpose which have the capacity to empower and strengthen individuals and families), VyC initiated *Cultivando Nuestro Bienestar* (Cultivating Wellness), a comprehensive wellness program to address the devastating impacts of COVID-19 in the Coachella Valley, and we have been building local leadership capacity to cultivate community connections ever since. Recently, 2 of VyC's promotoras from Cultivating Wellness implemented the *Abriendo Puertas/Opening Doors* parent leadership group in the community: 8 workshops were attended by 83 people.

Our team of 13 promotoras in the Coachella Valley has established partnerships with senior centers, schools, parks and churches throughout the region leading educational workshops and wellness activities that have provided hundreds of families opportunities to spend time together, relax, dialogue, and practice simple techniques to de-stress and recover, "I am more aware of my body and the steps I can take to change how I feel." These events are helping community members connect with each other and learn to cope with stress, anxiety and depression, "Now I know some simple things I can do to reduce my stress." And individuals report improved family relationships after participating in fun activities guided by the promotoras, "I am excited to get outside and do more activities with my children."

VyC will also be providing training and technical assistance (Organizational Readiness) to program managers and executive leaders in the Coachella Valley about how to integrate and support the promotora model (including community navigators) as part of their own workforce. These activities, supported by other funds, will support other organizations to build community supportive services and is aligned with the goals of Building Connected Communities.

**Organization Annual Budget:** \$10,602,900.00

### **Project Information**

**Project Title:** Cultivando Community Connections

**Start Date:** 5/01/2024    **End Date:** 4/30/2026

**Total Project Budget:** \$199,914.00

**Requested Amount:** \$199,914.00

#### **Community Need for this Project in the Coachella Valley:**

*Identify and describe the specific need(s) for the project in the Coachella Valley. Please incorporate relevant and valid Coachella Valley data that highlight the full scope of the need and clearly make a connection to the project's targeted population.*

The Coachella Valley region served by the Desert Healthcare District (DHCD) has nearly 450,000 residents; at least 53% identify as Latino, 47% have a high school education or less, 40% speak Spanish, and 32% of children/youth live 100% below the FPL of \$12,060 (DHCD Coachella Valley Mental Health Analysis, 2019). VyC focuses our work in regions of the Coachella Valley where the Healthy Places Index (HPI) is among the lowest in the state and census tracts where by far the majority (over 75%) of residents are immigrant Latinos who speak Spanish at home with their families especially in Coachella, Indio, Bermuda Dunes, Thermal, Mecca, North Shore, and Oasis. In these areas, immigrant residents face challenges to access basic needs, affordable housing, health care, and reliable transportation. Often, services that do exist have eligibility requirements or are cost restrictive; moreover, many residents are fearful to share their stories or access the resources that do exist. In 2019, the DHCD conducted a “Mental & Behavioral Health Needs Assessment” to inform strategies to enhance mental and behavioral health service provision across the Coachella Valley. In surveys and focus groups conducted for the Assessment, 81% of respondents said mental health and behavioral healthcare in the Coachella Valley region was “not at all available” and there was a “shortage of mental and behavioral health providers including those that are bilingual or culturally competent,” particularly in geographic regions (desert, unincorporated areas) well served by VyC’s teams of promotoras.

Throughout the pandemic, VyC’s teams of promotoras were on the frontlines in Coachella Valley conducting in-person and virtual outreach and education to reach vulnerable residents (including in rural areas, farmworker communities, mobile home

parks, etc.), distribute emergency relief funds, coordinate testing and vaccination events, create systems of support, offer navigational assistance, facilitate social support groups, and provide a warm hand off to local resources. In the Coachella Valley alone, promotoras helped coordinate over 60 testing events, administered over 60,000 tests, supported over 200 vaccine events that vaccinated over 40,000 people, and distributed 60,000 masks, 80,000 bottles of hand sanitizer, and 100,000 educational materials in Spanish and English.

In 2022, VyC conducted a telephone survey with a random sample of 369 Riverside County residents served by our COVID-19 Response initiative: 94% of respondents were Latinx, 84% spoke Spanish, 85% had household income <\$35,000, 27% had no internet, and 56% struggled to feed their families. Coachella Valley residents said they need: more affordable rent (77%), food (64%), health care (62%), health insurance (59%), and quality schools (58%); Families with children said they need: jobs that pay a living wage (66%); Older adults said they need: better access to services in Spanish (64%); and Everyone said they need: better access to culturally relevant wellness programs (58%) and affordable mental health services (54%).

Survey respondents reported that they had received education, support, vaccine assistance or other resources from a promotora: 99% said a community promotora had increased their knowledge (85%) and access to local resources (73%); and 66% said a community promotora had helped them feel better (66%) and more connected (48%). These responses have helped VyC better understand the most pressing issues impacting the community and target our COVID-19 recovery efforts to reduce stress and anxiety and help families move forward with dignity.

In 2023, VyC entered into a partnership with Riverside County Latino Commission (RCLC) to hire and train a team of 4 promotoras (3.0 FTEs). Trusted members of their community, promotoras are well known in the Coachella Valley for their ability to bring resources to the community and build relationships, address myths and misinformation, reduce stigma, promote protective factors and skills, reduce stress, increase support and promote community wellness. In partnership with RCLC, VyC's team is providing comprehensive outreach, education, case management, and navigational support to increase access to mental and behavioral health services in Coachella Valley. Promotoras work together with RCLC's mobile community centers and support telehealth strategies to reduce stigma and link residents to RCLC and other community resources. During October 1, 2023 to mid-February 2024, VyC has reached at least 3,624 primarily Spanish speaking residents in Coachella Valley with mental health education and resources via 20 community workshops/presentations, tabling at community and cultural events, one-on-one dialogue in places where people gather, and door to door canvassing. To date, the team has made 364 referrals for mental health treatment and 123 referrals to other community resources.

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

*Describe the scope of the project and how your organization will utilize the Desert Healthcare District funding. Clearly state the approach you are going to take to meet the community's need and specify how the success of this project directly aligns to the purpose of the request for proposals to Build Connected Communities: Improving Community Supports to Reduce Social Isolation and Loneliness.*

The DHCD's Building Connected Communities RFP is timely. Even before the pandemic, "1 in 2 adults in America reported experiencing loneliness" (U.S. Surgeon General, "Our Epidemic of Loneliness and Isolation," 2023 Advisory Report). Loneliness and disconnectedness impact individual and collective health and wellbeing and are associated with greater risk of health issues such as "cardiovascular disease, dementia, stroke, depression, anxiety" and more. The U.S. Surgeon General's 2023 Advisory sheds light on the healing effects of social connection and community and is a call to "build a movement to mend the social fabric of our nation"... among individuals and communities "working together to destigmatize loneliness and change our cultural and policy response to it."

**Our Approach:** Health equity for VyC is deeply rooted in the promotora model. Trusted and respected community leaders, promotoras provide *servicio de corazón* (heartfelt service) and are skilled relationship builders who share characteristics with the community. They are key to reducing isolation, alleviating chronic loneliness, and building social connection – an important social determinant of health. DHCD Building Connected Communities will expand our work to mitigate mental and behavioral health issues and address the impact of isolation and loneliness in E Coachella Valley (Indio, Coachella, Thermal, Mecca, North Shore). VyC's project Cultivando (Cultivating) Connected Communities will primarily reach Spanish speaking residents in Eastern Coachella Valley (and also indigenous residents who speak Purépecha), VyC's activities will be open to all and no one will be turned away.

Cultivating Connected Communities will support all 3 DHCD strategies: 2 existing community navigators @ .50 FTE each, trained by RCLC, will conduct outreach and education on mental health topics. They are ready to hit the ground running to promote a Coachella Valley where all residents can access community supportive services:

### **Strategy 1: Increase the number of community navigators serving Coachella Valley residents**

By 3/31/26, VyC will train at least 25 community navigators (promotoras, CHWs, resident leaders, parent advocates) in Coachella Valley.

VyC Regional Manager will support 2 community navigators with wellness and skills-based training (social isolation, loneliness, social cohesion, parenting, substance abuse, systems navigation, data collection). VyC's Network of Promotoras in Coachella Valley will coordinate 1 Regional Conference in Coachella Valley for at least 75 community navigators including at least 1 workshop on the impact of loneliness and social isolation; and at least 1 activity during Promotoras Month (October) to support community navigators to build community connections. VyC's Workforce Development Team will provide 1 Workforce Readiness training to prepare at least 15 community navigators in Coachella Valley to identify their own personal employment goals, learn to conduct a job search, and apply for positions (provided in-kind by other sources).

### **Strategy 2: Increase awareness & access to behavioral/mental health resources**

By 3/31/26, 2 community navigators will deliver culturally and linguistically relevant outreach and education and attend cultural and community events to reach a minimum of 16,032 primarily Spanish speaking residents in E. Coachella Valley.

2 community navigators lead at least 3 educational workshops per week in non-threatening and non-stigmatizing locations (homes, schools, libraries, community centers, faith-based communities) on topics related to mental and behavioral health (depression, anxiety, stress management, emotional wellness, social isolation, anger management, suicide prevention, substance use, navigating mental health system) reaching 5-25 people/workshop: 2 promotoras x 3 workshops/wk x ave 12 people/workshop x 48 wks/year x 2 yrs = 6,912 people increase their awareness of and access to behavioral and mental health resources. 2 community navigators table in a minimum of 2 locations (markets, small businesses, parks) per week engaging at least 20 people in dialogue per activity (2 promotoras x 2 locations/wk x 20 people/activity x 48 wks/year x 2 yrs): 7,680 people reached. 2 community navigators attend a minimum of 12 community/cultural events per year to reach at least 60 people per event (2 promotoras x 60 people/event x 12 events x 2 years): 1,440 people reached. Navigators will make referrals and provide a warm hand off to local resources and services (see RCLC letter of support). VyC will 1) design ways to measure improved knowledge about mental health and increased access to local resources (based on activity, venue, audience, age, connectivity, literacy) e.g., dyad share-outs (turn and talk), pre- and post-survey, QR code link to a short poll, show of hands; and 2) track # of activities, # of attendees (gender, age), topics covered, primary language spoken, community of residence, and # referrals made.

### **Strategy 3: Improve access to community support services through systems & environments that build connectedness**

By 3/31/26, 2 community navigators will connect at least 20% of people reached or 3,206 people or 72 people per month (16,032 people reached x 20% = 3,206/2 = 1,603/year/12 = ave 72 people/month) to family-centered health and wellness activities, parent leadership groups, support networks, physical activities (walking groups, bailoterapia), etc. in E. Coachella Valley resulting in reduced isolation and/or loneliness, increased access to trusted sources of information and practical/emotional support, stronger social support networks, and improved community connectedness. VyC will develop a 5-10 question follow up survey to assess community residents' self-perception of changes to their social isolation and community connectedness. VyC will administer the survey via 1) telephone or 2) electronic surveys sent via text message to a random sample of at least 10% of 3,206 people (320) who participated in the family-centered health and wellness activities. VyC will also gather recommendations from residents in E Coachella Valley about changes to systems and environments that will address gaps, reduce isolation and build social cohesion.

**Alignment with DHCD Proposal:** DHCD's 2019 Assessment identified a need for more knowledge about mental and behavioral health and major access barriers (few bilingual/culturally competent BH providers, wait lists, unaffordable care, difficult to reach, limited public transportation, rural areas lack services, few services outside work hours). Cultivando Community Connections is aligned with DHCD goals, addresses many community-level barriers identified in the Assessment, builds on VyC's existing work, and meets needs in E Coachella Valley.

Funds will support staff (2 community navigators @ .50 FTE, .19 FTE Manager),

Operating (art/office supplies, training materials, mileage) , printing, booth fees), and Indirect costs @ 15%

**RFP Building Connected Communities Goal/Strategies:**

**2021-2026 Desert Healthcare District Strategic Plan Goal 3:**

Proactively expand community access to behavioral/mental health services.

**RFP Strategy 1:** Increase the number of community navigators serving Coachella Valley residents.

**RFP Strategy 2:** Increase awareness and access to behavioral/mental health resources.

**RFP Strategy 3:** Improve access to community support services through systems and environments that build connectedness

**Project Deliverables and Evaluation**

<p><b>Deliverable #1:</b> By 3/31/2026 (or the end of the project period), 2 Community Navigators will be retained and 25 Community Navigators (promotoras, CHWs, parent leaders) complete training and increase their knowledge and skills to deliver family-centered health and wellness activities and reduce isolation and loneliness and increase community connectedness in East Coachella Valley.</p>	<p><b>Evaluation #1:</b></p> <ul style="list-style-type: none"> <li>• At least 25 Community Navigators complete training; measured by registrations/sign-in sheets</li> <li>• At least 20% of Community Navigators (5) hired into paid or volunteer roles; measured by follow up surveys with training participants</li> <li>• At least 2 Community Navigator positions retained by 3/31/26; measured by follow up surveys with Community Navigators</li> </ul>
<p><b>Deliverable #2:</b> By 3/31/2026 (or the end of the project period), 16,032 people participate in 684 educational workshops, outreach at community and cultural events delivered by VyC’s Community Navigators resulting in increased awareness about behavioral and mental health resources, including treatment services, and opportunities to become more</p>	<p><b>Evaluation #2:</b></p> <ul style="list-style-type: none"> <li>• 6,912 people participate in educational workshops and increase their awareness of and access to behavioral and mental health resources.</li> </ul>

<p>connected to other residents in East Coachella Valley.</p>	<ul style="list-style-type: none"> <li>• 7,680 people reached through peer to peer outreach and tabling at small businesses, parks, libraires, etc.</li> <li>• 1,440 people reached through participation in community/cultural events</li> <li>• At least 10% of people reached (1,603) will receive referrals, navigation assistance, and/or a warm handoff to connect them to local community resources such as health and wellness programs, treatment services, or other activities in their community</li> </ul>
<p><b>Deliverable #3:</b> By 3/31/2026 (or the end of the project period), 3,206 people (average of 72 people per month) are connected to family-centered health and wellness activities, parent leadership groups, support networks, physical activities (walking groups, bailoterapia) in E. Coachella Valley resulting in reduced isolation and/or loneliness, increased access to trusted sources of information and practical/emotional support, stronger social support networks, and improved community connectedness.</p>	<p><b>Evaluation #3:</b></p> <ul style="list-style-type: none"> <li>• 3,206 people reached with health and wellness activities delivered by Community Navigators</li> </ul>
<p><b>Deliverable #4:</b> <b>By 3/31/2026 (or end of the project period),</b> at least 75% of respondents to a follow up survey (360) report reduced social isolation and improved community connectedness as a result of improved access to community supports.</p>	<p><b>Evaluation #4:</b></p> <ul style="list-style-type: none"> <li>• 2,405 people participated in the whole-person care survey developed by VyC to indicate improved access to community resources and learn about community recommendations; VyC disseminated survey via telephone and/or electronic survey after completion of educational workshops</li> </ul>



## **Project Demographic Information**

### **Target Geographic Area(s) To Be Served:**

Coachella, Indio, Mecca, North Shore, Oasis, Thermal

### **Target Population Age Group:**

6 to 17, 18 to 24, 25 to 39, 40 to 54, 55 to 64, 65+

### **Target Population Ethnicity:**

Hispanic/Latino (of any race)

### **Target Population Race:**

American Indian and Alaska Native, Asian, Black or African American, Native Hawaiian and other Pacific Islander, White, Some other race

### **Additional Target Population Information:**

Although VyC's project Cultivando (Cultivating) Connected Communities will primarily reach Spanish speaking residents in Eastern Coachella Valley (and also indigenous residents who speak Purépecha), VyC's activities will be open to all residents who wish to attend and no one will be turned away.

Other characteristics of the community we aim to serve will include, but not be limited to: low-income, immigrant and mixed status and multigenerational families, farmworkers and their families, family members of people with serious mental illness and/or substance use, young people, uninsured residents, individuals and families in rural areas and mobile home parks, unemployed residents, women who are leaders of their household, family caregivers of older adults, family friend and neighbor (FFN)/informal caregivers, pregnant women, and parents of teenagers and children 0-5.

## **Capacity, Sustainability, and Partnerships**

### **Organizational Capacity:**

*Describe your organization's capacity to meet the demands of this project (i.e. allocated staff time, internal expertise, organizational structure, history of similar work, etc.).*

VyC has the organizational capacity to meet the demands of this project – all of the activities proposed herein are projects well within our capacity to manage and our team's capacity to carry out. Our team of promotoras, local community experts, has been trained, hired and onboarded and will be successful because of their existing expertise in mental health and wellness, understanding about the ongoing impact of the pandemic on local residents, and readiness to deliver the proposed services. Moreover, we have the relationships, communications strategies, materials, and messaging in place - the community knows us and we are ready to hit the ground running.

VyC's trained staff of promotoras are skilled at delivering outreach and education on

diverse topics (e.g., COVID-19, ongoing impacts of the pandemic, mental health and wellness, parenting, oral health, resource navigation, child development for families with special needs, and more). Our Cultivando Nuestro Bienestar/Cultivating Wellness team in Riverside County and the Coachella Valley has been engaged in addressing topics related to COVID-19. For example, during a 3- month period (7/1/23-9/30/23), VyC's teams of promotoras participated in or led the following:

COVID-19 Outreach: 20 vaccination and testing events (144 people), 96 outreach activities including door-to-door canvassing (3,187 people), and 3 cultural events (375 people) to share information about COVID-19 vaccinations and testing providing PPE (masks, hand sanitizer, wipes), distributing home test kits, demonstrating how to use them and read the results, and helping the community access local resources.

COVID-19 Education: 252 mental health classes (1,275 people) and 368 wellness activities (1,746 people) on diverse topics related to COVID-19 (introduction to mental health, depression, stress, anxiety, suicide prevention, drug abuse, and anger management).

Community Resource Navigation: Navigate and refer community members to information and resources, provide personalized and culturally relevant support and a warm hand off to COVID-19 related resources including economic assistance, childcare, mental health treatment and other services.

Leadership and Community Connections: Implement Abiendo Puertas/Opening Doors parent leadership groups, offering 8 workshops for 83 attendees.

In addition, VyC's Network of Promotoras in Coachella Valley builds the leadership and skills of parent leaders and volunteer promotoras (public speaking, outreach, coordination). VyC's training encourages many of these leaders to apply for positions with our and other organizations in outreach, education, advocacy, and research projects. As they learn new outreach strategies and design community presentations (topics: diabetes, mental health, suicide prevention, COVID-19), they become effective public speakers, learn to facilitate groups, navigate systems, develop workplans, advocate, and collect data for research and evaluation.

As a statewide organization, VyC has several departments (Programs, Network of Promotoras, Training and Education, Community Engagement) and many staff who work in a wide variety of programs in counties across California. In 2022-2023, our programs reached over 1 million primarily Spanish speaking residents in CA including in the Coachella Valley. Each program is managed by a Project Coordinator and each Coordinator is supervised by a Regional Program Manager or a Director who is supported by our Operations team (HR, Finance, IT, etc). VyC's proposed project will be coordinated by Yoana Luna, Regional Program Manager. Promotoras/Community

navigators assigned to this Project will track and report the # of outreach contacts; # and type of service provided; name of event attended, location of event or city/town/neighborhood where a service was provided; # of attendees at a workshop, educational presentation, home visit, testing/vaccine event or other activity; # of referrals provided to residents and the name of the resource to which they were referred; and the # of social media posts or other media contacts. Sign-in or registration sheets will gather participant names as relevant for follow up. We will also gather testimonials and success stories and take photos and/or videos to document and publicize the work.

**Organizational Sustainability:**

*Describe your organization's sustainability strategies (i.e. funding, staff recruitment/retention, effective collaboration and partnerships, thoughtful long-term planning, etc.).*

VyC was founded in response to promotoras who articulated the need for an organization to represent their interests, provide personal and professional development in response to their needs, and advocate for sustainable employment with equitable compensation, benefits and job security. For over 20 years, we have been delivering culturally and linguistically specific training and leadership opportunities to enhance the skills of this workforce. With decades of experience engaging “hard to reach” residents, sharing information and navigating residents to local resources, promotoras (and other community navigators) are first responders serving low-income communities, immigrant and undocumented families, homebound seniors, and families living with abuse. Today, VyC includes 130 full-time and 65 part-time staff including 120 promotoras who work in diverse community-based programs including in Coachella Valley.

VyC's research demonstrates that promotoras desire to become financially self-sufficient, grow intellectually, become respected professionals, and be given the opportunity to do a job much-needed by the community. Key economic players for their families and communities, they confront serious challenges to education and employment, however. Improved institutional support for this workforce is key to support promotoras to provide for their families, build satisfying and sustainable careers, and increase their capacity to improve community health. Through VyC's trainings, our employment model and our programs, we have 20 years of experience field-testing a toolbox of workforce development practices for working with promotoras (training modules, case studies, job descriptions, HR policies, mentoring, work plans, compensation). And, our Network infrastructure supports promotoras' growth as trusted community liaisons through training, peer networking, regional and state conferences, leadership opportunities, and unique community partnerships critical to their success.

In 2017, VyC created Workforce Readiness (WR) Training and Career Navigational Assistance which supports promotoras/community navigators to successfully apply for and retain employment in hospitals, clinics, health departments, behavioral health, and community-based organizations. WR Training helps community leaders convert their

expertise in community transformation into successful resumes, job applications and interviews in health and other sectors and promotes upward mobility. By building their credibility and increasing awareness about their role and employability, we are increasing the readiness of organizations to embrace this workforce, hire promotoras into stable and meaningful jobs, adopt new policies, and provide the unique supports they need to be successful. Our core skills training (community outreach, group facilitation, popular education, communication, and other skills), barrier removal supports (personal development, life skills) and community-based projects supported by contracts and grant funds, are putting into practice staff and supervisor training modules, organizational and peer mentoring, peer learning, outreach strategies (e.g. virtual outreach, social media), and an Organizational Readiness Toolbox for working with the community transformation model.

The longterm vision for our work is to invest in promotores' skills and encourage broad integration of the promotor model in health and other sectors in order to support them to find and retain gainful employment, upward mobility and economic security. VyC is driven by contract- and grant-funded projects where promotores are employed to work on projects. In this model, we are also an employment training/incubator program as, once a project ends, these skilled workers often lead programs in other agencies. Through our Organizational Readiness training, we can support employers (clinics, hospitals, health plans) to integrate the model in their organization and hire promotoras as subject matter experts in prevention, disease management, or intervention programs. We provide a valuable service to the agency while increasing jobs that pay promotoras a living wage to do what they do best – bring services and support to their community.

VyC leads by example providing one of the highest salaries for promotoras (\$20-\$24/hr) demonstrating how to fairly and equitably compensate them for their unique skills and local expertise. In the next 3 years, we intend to continue to increase staff salaries to levels expected for employees of comparable nonprofits in CA. We will continue to increase our fund development capacity, unrestricted revenue sources, and grow our cash reserve fund. We are looking to CalAIM (Community Supports services and CHW Benefit) to help increase job opportunities for promotoras, CHWs and other community navigators and improve health and wellness for more vulnerable and at risk communities in California.

**Partnerships/Collaborations:**

*If you are planning to partner or collaborate with other organizations, please list them and describe each of their roles in the project. If not partnering, enter N/A.*

VyC has established partnerships with senior centers, schools, parks and churches where promotoras conduct mental health workshops and family-centered wellness activities. In addition to Riverside County Latino Commission (RCLC) named in Strategy 2 (see attached letter of support), our partners and collaborators will include: Coachella Valley Unified School District, Desert Recreation District, DAP Health (formerly Borrego

Health), Thermal Senior Center, local churches (many), Coachella Valley Housing Coalition, COFEM, and more.

## **Diversity, Equity, and Inclusion (DEI)**

### **How does your organization address DEI in your policies, strategic plan, board and staff, etc.?**

Visión y Compromiso is committed to creating a society of opportunity where all families have access to health, education, and well-being. We are committed to advancing the core principles of justice, equity, diversity, and inclusion by lifting up the community leaders and promotoras who are core to community transformation through leadership, training and advocacy. We are committed to work towards una vida digna y sana, healthy and dignified living for all, by integrating community voices and creating and sustaining a Network of Promotoras that builds individual and community strengths, skills, and abilities and fosters conversations and activities that support families.

As an organization, we are committed to hiring community leaders who represent the cultural and linguistic characteristics of the residents we serve: over 95% of VyC's 175 full- and part-time staff identify as Latina/o/x, many are immigrants or children of immigrants (including among our board and leadership), and at least 95% speak Spanish.

To better serve our program participants, VyC is committed to being culturally competent. We do this by recognizing the unique needs of our program participants and knowing how to successfully communicate vital information about their needs. We are committed to providing effective, equitable, understandable, and respectful services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

VyC has established a Cultural Competency Plan, supported by VyC organizational structure, that builds on our experience and relationship with program participants, staff, subcontractors, and the community providers. We remain committed to promoting the delivery of services, from staff, subcontractors, providers, and all program participants in a culturally competent manner, including those with limited English proficiency and diverse cultural and ethnic backgrounds, religions, disabilities, and regardless of gender, sexual orientation, or gender identity, in accordance with Title VI of the Civil Rights Act guidelines and in compliance with the Americans with Disabilities Act.

### **What barriers does your organization face when addressing DEI?**

While we regularly integrate topics related to DEI during all staff meetings, directors meetings, team meetings, retreats, conferences and convenings, we still have a ways to go to ensure full integration of DEI content and regular and ongoing training as part of our new staff onboarding process. And, we would like to establish employee feedback mechanisms to gather suggestions and comments to help us evaluate and assess how and where we can improve.

Section 1 - Operational Expenses				
Project Grant Budget				
Applicant:		Vision y Compromiso		Cultivating Community Connections (CCC)
OPERATIONAL EXPENSES		Total Project Budget	Funds From Other Sources Detail On Section 3	Amount Requested From DHCD/F
<b>Total Staffing Expenses Detail on Section 2</b>		\$ 157,156.55	\$ -	\$ 157,156.55
<b>Equipment (itemize)</b>				
1			\$ -	
2			\$ -	
3			\$ -	
4			\$ -	
<b>Supplies (itemize)</b>				
1	Art supplies and other consumable office supplie	\$ 3,200.00	\$ -	\$ 3,200.00
2			\$ -	\$ -
3			\$ -	
4			\$ -	
<b>Printing / Duplication</b>		\$ 1,764.00	\$ -	\$ 1,764.00
<b>Mailing / Postage</b>			\$ -	
<b>Mileage (use current Federal mileage rate)</b>		\$ 10,292.00	\$ -	\$ 10,292.00
<b>Education / Training</b>		\$ 1,425.00	\$ -	\$ 1,425.00
<b>Other Direct Project Expenses Not Described Above (itemize)</b>				
1				
2			\$ -	
3			\$ -	
4			\$ -	
* Items listed below are included for calculation of the total project budget only. For use of DHCD/F funds, these line items would be included in the allowable 15% indirect cost rate.				
<b>Office / Rent / Mortgage*</b>			\$ -	\$ -
<b>Telephone / Fax / Internet*</b>			\$ -	\$ -
<b>Utilities*</b>			\$ -	\$ -
<b>Insurance*</b>			\$ -	\$ -
<b>Indirect Rate</b>		Enter Rate	15.00%	\$ 26,075.63
<b>Total Project Budget (Rounded up to nearest dollar)</b>		\$ 199,914	\$ -	\$ 199,914
<b>Budget Narrative</b>	Supplies (includes paint, water colors, markers, paper, playdoh, fabric, journals and other art supplies; consumable office supplies) for education and wellness activities includes flip charts, markers, pens, clips, clipboards, toner, post-its, paper, etc) to integrate into educational workshops and wellness activities with community residents in East Coachella Valley @ \$3,200; Promotora Mileage at federal reimbursement rate of .67/mile (IRS rate to be updated each calendar year) x 20 miles x 4 days/wk = 80 miles x 2 promotoras = 160 miles/wk x 48 wks x 2 years to travel throughout the Eastern CV; Education and training costs for the Coachella Valley Network of Promotoras to provide at least 1 workshop for community navigators during their annual conference and/or during Promotor Month (Oct) on topics related to social isolation, emotional wellness and strategies for building community connections (costs include publicity, program agendas, refreshments, and other training materials such as supplies) @ \$1,425; Printing (flyers, brochures, resource lists, educational materials) @ \$1,764; Indirect costs (HR, Finance/Accounting, HR, Insurance, Audit, some administration) are requested at 15% of Staffing+Operational Expenses.			

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Section 2 - Itemized Expenses					
Staff Salary Expenses		Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD/F
<b>Employee Position/Title</b>					
1	Regional Program Manager	\$ 74,281.00	19%	28,226.78	\$ 28,226.78
2	Promotora	\$ 46,800.00	50%	46,800.00	\$ 46,800.00
3	Promotora	\$ 46,800.00	50%	46,800.00	\$ 46,800.00
4					
5				-	
6				-	
Enter Total Employee Benefits / Employer Taxes % (Proportional Fringe Costs and/Or Employer Taxes Based On % Of Time Allocated To Project)			29.00%	35,329.77	35,329.77
Total Will Populate In Total Staffing Expenses Section 1			<b>Total &gt;</b>	<b>\$ 157,156.55</b>	<b>\$ 157,156.55</b>
Budget Narrative - Scope of Work	Regional Program Manager Yoana Luna will supervise the project meeting with promotoras regularly, overseeing presentation development and delivery, conducting training as needed, engaging in problem solving and solution creation, facilitating partner relationships, completing reporting (pregress reports, invoicing) requirements happen in a timely way, and coordinatnig with the Network and other programs in Coachella Valley and Riverside County; 2 promotoras already working on the RCLC mental health and wellness project will conduct outreach, education, develop wellness activites and groups, navigate community to mental health treatment and other resources as needed, make referrals to other ocmunity wellness programs at VyC and with other partners, track outreach and report regularly.				
Budget Narrative - Employee Benefits	Fringe benefits calculated at 29% of Total Staff Salary Expenses and includes PR Tax, W/Comp, Medical, Dental, Vision, and 401K match				
Professional Services / Consultant Expenses		Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD/F
<b>Company and Staff Title</b>					
1					
2					
3					
4					
Total Will Populate in Total Staffing Expenses Section 1			<b>Total &gt;</b>	<b>\$ -</b>	<b>\$ -</b>
Budget Narrative - Scope of Work	Please describe in detail the <b>scope of work</b> for each professional service/consultant on this grant.				

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**Section 3 - Other Funding**

**Funds From Other Sources (Actual Or Projected)  
SPECIFIC To This Project**

"Total Funding In Addition To DHCD/F 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		
2		
3		
8		
<b>Fundraising (Describe Nature Of Fundraiser)</b>		
1		
2		
3		
8		
<b>Other Income, e.g., Bequests, Membership Dues, In-Kind Services, Investment Income, Fees From Other Agencies, Etc. (Itemize)</b>		
1		
2		
3		
8		
<b>Total Funding In Addition To DHCD/F Request</b>		\$ -
<b>Budget Narrative</b>	Please describe in detail any additional information or explanations for items listed above.	

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**EXHIBIT B**

**PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES**

<u>Project Title</u>	<u>Start/End</u>
Cultivando Community Connections	5/01/2024 4/30/2026

**PAYMENTS:**

(4) Payments: \$44,980.  
10% Retention: \$19,994.

**Total request amount: \$ 199,914.00**

**GRANT AND PAYMENT SCHEDULE REQUIREMENTS:**

Scheduled Date	Grant Requirements for Payment	Payment
5/01/2024	Signed Agreement submitted & accepted.	Advance of \$44,980. for time period 5/01/2024 - 10/31/2024
12/01/2024	1st six-month (5/01/2024 - 10/31/2024) progress report, budget reports and receipts submitted & accepted	Advance of \$44,980. for time period 11/01/2024 - 4/30/2025
6/01/2025	2nd six-month (11/01/2024 - 4/30/2025) progress report, budget reports and receipts submitted & accepted	Advance of \$44,980. for time period 5/01/2025 - 10/31/2025
12/01/2025	3rd six-month (5/01/2025 - 10/31/2025) progress report, budget reports and receipts submitted & accepted	Advance of \$44,980. for time period 11/01/2025 - 4/30/2026
6/01/2026	4th six-month (11/01/2025 - 4/30/2026) progress report, budget reports and receipts submitted & accepted	\$0
6/15/2026	Final report (5/01/2024 - 4/30/2026) and final budget report submitted & accepted	\$19,994. (10% retention)

**TOTAL GRANT AMOUNT: \$ 199,914.**

DELIVERABLES:

**Project Deliverables and Evaluation**

<p><b>Deliverable #1:</b> By 3/31/2026 (or the end of the project period), 2 Community Navigators will be retained and 25 Community Navigators (promotoras, CHWs, parent leaders) complete training and increase their knowledge and skills to deliver family-centered health and wellness activities and reduce isolation and loneliness and increase community connectedness in East Coachella Valley.</p>	<p><b>Evaluation #1:</b></p> <ul style="list-style-type: none"> <li>• At least 25 Community Navigators complete training; measured by registrations/sign-in sheets</li> <li>• At least 20% of Community Navigators (5) hired into paid or volunteer roles; measured by follow up surveys with training participants</li> <li>• At least 2 Community Navigator positions retained by 3/31/26; measured by follow up surveys with Community Navigators</li> </ul>
<p><b>Deliverable #2:</b> By 3/31/2026 (or the end of the project period), 16,032 people participate in 684 educational workshops, outreach at community and cultural events delivered by VyC's Community Navigators resulting in increased awareness about behavioral and mental health resources, including treatment services, and opportunities to become more connected to other residents in East Coachella Valley.</p>	<p><b>Evaluation #2:</b></p> <ul style="list-style-type: none"> <li>• 6,912 people participate in educational workshops and increase their awareness of and access to behavioral and mental health resources.</li> <li>• 7,680 people reached through peer to peer outreach and tabling at small businesses, parks, libraires, etc.</li> <li>• 1,440 people reached through participation in community/cultural events</li> <li>• At least 10% of people reached (1,603) will receive referrals, navigation assistance, and/or a warm handoff to connect them to local community resources such as health and wellness programs, treatment services, or other activities in their community</li> </ul>
<p><b>Deliverable #3:</b> By 3/31/2026 (or the end of the project period), 3,206 people (average of 72 people per month) are connected to family-centered health and wellness activities,</p>	<p><b>Evaluation #3:</b></p> <ul style="list-style-type: none"> <li>• 3,206 people reached with health and wellness activities delivered by Community Navigators</li> </ul>

<p>parent leadership groups, support networks, physical activities (walking groups, bailoterapia) in E. Coachella Valley resulting in reduced isolation and/or loneliness, increased access to trusted sources of information and practical/emotional support, stronger social support networks, and improved community connectedness.</p>	
<p><b>Deliverable #4:</b>  <b>By 3/31/2026 (or end of the project period),</b> at least 75% of respondents to a follow up survey (360) report reduced social isolation and improved community connectedness as a result of improved access to community supports.</p>	<p><b>Evaluation #4:</b></p> <ul style="list-style-type: none"> <li>• 2,405 people participated in the whole-person care survey developed by VyC to indicate improved access to community resources and learn about community recommendations; VyC disseminated survey via telephone and/or electronic survey after completion of educational workshops</li> </ul>

The Desert Healthcare District has implemented Results-Based Accountability (RBA) into their grantmaking process to streamline reporting and offer a straightforward approach to effectively measuring program-level performance.

### RFP Building Connected Communities Goal/Strategies

**Strategy 1: Increase the number of community navigators serving Coachella Valley residents.**

*You have selected Strategy 1.*

Your project deliverables need to capture the following performance measures.

- # of Community Navigators trained
- # of Community Navigator positions retained

**Strategy 2: Increase awareness and access to behavioral/mental health resources.**

*You have selected Strategy 2.*

Your project deliverables need to capture the following performance measures.

- # of clients provided service in their native language
- # of cultural competency resources disseminated

- # of community engagement/awareness activities
- # of clients/potential clients reached through awareness efforts
- # of clients who were directly connected to behavioral/mental health services

**Strategy 3: Improve access to community support services through systems and environments that build connectedness**

*You have selected Strategy 3.*

Your project deliverables need to capture the following performance measures.

- # of clients reached
- # of clients connected to community groups/organizations for practical and emotional support
- # of clients who report reduced levels of isolation and/or loneliness as a result of improved access to supportive services
- % of clients who report reduced levels of isolation and/or loneliness as a result of improved access to supportive services



**Date:** April 23, 2024

**To:** Board of Directors

**Subject:** Grant # 1455 Angel View Inc

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**Grant Request:** Outreach program to reduce social isolation and loneliness

**Amount Requested:** \$86,250.00

**Project Period:** 5/1/2024 to 4/30/2026

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

In response to the uplifted and prioritized needs expressed by the convening of local community stakeholders, the District and Foundation sought proposals from organizations with the release of the **Request for Proposals Building Connected Communities: Improving Community Supports to Reduce Social Isolation and Loneliness**. Specifically, the District and Foundation sought projects that address isolation and loneliness through the recruitment, retainment, and training of community navigators to improve connectedness. After a thorough review process, District staff identified applications to recommend funding approval from the Program Committee and full Board of Directors.

Angel View submitted a funding request to expand the reach of their case management support services for children with disabilities and their families. To make a greater impact on improving the children's health, over the past decade, the program has transitioned. Rather than continuing to meet one-time emergency needs, Angel View is now focused on providing longer term support to a core group of clients, primarily Hispanic, all low income. Stabilizing family situations enables parents and siblings to better support the children in the household who have disabilities. Angel View connects all family members to support groups and community activities, so they don't feel isolated. For this Project, Angel View will target 700 children with disabilities from low-income, Coachella Valley, Spanish-speaking families. Three full-time case managers and an Outreach Advocate will help parents take actions to improve their children's access to medical care, support groups and community activities.

The District funding will be used to support the partial salaries and benefits of five positions: a Program Manager, three Case Managers, and an Outreach Advocate.



Additional funding will be allocated to support the implementation of a new case management software program to track service delivery more efficiently, follow-up care, referrals, and client survey results.

**Strategic Plan Alignment:**

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

**RFP Strategy 1:** Increase the number of community navigators serving Coachella Valley residents.

**RFP Strategy 2:** Increase awareness and access to behavioral/mental health resources.

**RFP Strategy 3:** Improve access to community support services through systems and environments that build connectedness

**Geographic Area(s) To Be Served:**

All 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 \$86,250.00 be approved.

Recommendation with modifications

Request for more information

Decline



## **RFP Building Connected Communities Grant Application Summary**

### **Angel View INC, Grant # 1455**

#### **About the Organization**

Angel View INC  
67625 E Palm Canyon Dr  
Cathedral City, CA 92234  
760-329-6471

angelview.org

**Tax ID #:** 95-1861861

#### **Primary Contact:**

Kristin Bloomer, Major Gifts Officer  
kbloomer@angelview.org

#### **Organization's Mission Statement and History**

Since 1954 our mission has been helping children and adults with disabilities reach their maximum potential. Our clients have autism, cerebral palsy, epilepsy, intellectual disabilities, neuromuscular diseases, orthopedic disorders, etc.; 70% use wheelchairs for ambulation. In 2023-2024, we will aim to assist 800 people with disabilities through three primary programs. Residential Care: Angel View built and operates 16 six-bed homes that serve 96 individuals in the Coachella Valley. Our homes provide a therapeutic and loving environment where clients work to meet individual health and wellness goals set by a multidisciplinary team. We provide food, clothing, shelter, transportation and direct care to all of our residential clients.

Day Program: Angel View operates a therapeutic Day Program for up to 105 adults with developmental disabilities. The program provides work skills, educational, recreational and physical activity services and enables clients to learn new skills and achieve goals set by a multidisciplinary team. Transportation is provided.

Outreach: Angel View Children's Outreach provides free services and support to local families struggling to raise children with disabilities. This year we will assist approximately 700 children by providing free resources and referrals, case management, reimbursement for medical miles traveled, activity sponsorships, mini-grants, etc. This program was started in 2014 and has continuously expanded each year supported by individual philanthropy and grants.

**Organization Annual Budget:** \$32,946,207.00

### **Project Information**

**Project Title:** Outreach program to reduce social isolation and loneliness

**Start Date:** 5/01/2024    **End Date:** 4/30/2026

**Total Project Budget:** \$846,617.00

**Requested Amount:** \$86,250.00

#### **Community Need for this Project in the Coachella Valley:**

*Identify and describe the specific need(s) for the project in the Coachella Valley. Please incorporate relevant and valid Coachella Valley data that highlight the full scope of the need and clearly make a connection to the project's targeted population.*

Children with disabilities live with complex conditions including autism, cerebral palsy, Down syndrome, fetal alcohol syndrome, Fragile X Syndrome, intellectual disabilities, muscular dystrophy, multiple sclerosis, seizure disorders, spina bifida and more. They need to be monitored regularly by their physicians. Their vulnerable parents face dramatically higher costs and far greater insecurity than families raising healthy children, so most are very low income. To these families can't afford to pay for organized community activities that happen outside of school time. Thousands of Coachella Valley families face this daunting situation, plus a lack of specialty pediatric care by physicians who accept Medi-Cal. Most local children with disabilities therefore receive care from specialists in Loma Linda, but it's a long way from the Coachella Valley and gasoline is at an all-time high. According to Bankrate, 22% of Americans recently acknowledged forgoing medical care including doctor visits because of the expense. The Kaiser Family Foundation found cost stopped 29% of from taking medications as prescribed. HealthyPeople 2020.gov found, "Inadequate health insurance coverage is one of the largest barriers to health care access ... out of pocket medical care costs may lead individuals to delay or forgo needed care." Children with disabilities can't afford to delay or forgo medical care. But in addition to the cost of the care itself, many Spanish speaking families are unaware that they could qualify for benefits that would improve their access to care. Others don't know how to apply or give up after being denied. To improve access, local families raising children with disabilities need one-on-one bilingual assistance and advocacy. Families are also unaware of support groups and activities to reduce social isolation and loneliness. Our goal is to provide families with a list of resources and case managers register the clients for activities and benefits and make sure they have a way to get there.

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

*Describe the scope of the project and how your organization will utilize the Desert Healthcare District funding. Clearly state the approach you are going to take to meet the community's need and specify how the success of this project directly aligns to the purpose of the request for proposals to Build Connected Communities: Improving Community Supports to Reduce Social Isolation and Loneliness.*



Angel View's Outreach Program was created to help Coachella Valley families struggling to raise children with disabilities. For this Project, we will target 700 children with disabilities from low-income, Coachella Valley, Spanish-speaking families. Four full-time case managers (community navigators) will help parents take actions to improve their children's access to primary and specialty medical care, support groups and community activities. Actions include: helping parents find and apply for various safety net services and health insurance; client advocacy when families are denied benefits or insurance claims; mileage reimbursement for miles traveled accessing specialty pediatric care and activities; and mini-grants for medical equipment, communication devices, supplies and services not covered by Medi-Cal or other insurance. We will measure success by how well we achieve our overall goal of assisting 700 Coachella Valley children with disabilities and the various goals listed in our application. We will purchase a subscription to a case management software in order to track case management hours and survey clients. Case managers and Outreach Advocate will survey clients every 6 months and ask specific questions about isolation and loneliness. Also, as part of the intake process, the clients will be asked if they are feeling isolated or lonely. Outreach was designed to adapt to real life situations. Having now helped thousands of families, we have incorporated our experience providing them with one-on-one assistance into the current design of the program. To make a greater impact on improving the children's health, over the past decade, the program has transitioned. Rather than continuing to meet one-time emergency needs, we are now focused on providing longer term support to a core group of clients, primarily Hispanic, all low income. Stabilizing family situations enables parents and siblings to better support the children in the household who have disabilities. Angel View connects all family members to support groups and community activities, so they don't feel isolated. Valley-wide, in 2022-23, our four case managers (all licensed social workers) and one Outreach advocate assisted approximately 500 local children with disabilities and the families that are raising them. Our staff will use the district funds to reach 700 children during the project period and measure the reduction in social isolation and loneliness.

### **RFP Building Connected Communities Goal/Strategies:**

#### **2021-2026 Desert Healthcare District Strategic Plan Goal 3:**

Proactively expand community access to behavioral/mental health services.

**RFP Strategy 1:** Increase the number of community navigators serving Coachella Valley residents.

**RFP Strategy 2:** Increase awareness and access to behavioral/mental health resources.

## Project Deliverables and Evaluation

<p><b>Deliverable #1:</b> By the end of the project period, Angel View will retain 4 Community Navigators, this includes 3 Case Managers and one Outreach Advocate.</p>	<p><b>Evaluation #1:</b> The 4 Community Navigators will participate in all aspects of this project. Angel View will track the number of clients that receive case management services.</p>
<p><b>Deliverable #2:</b> By the end of the project period, we will provide case management hours to 700 children with disabilities and their families.</p>	<p><b>Evaluation #2:</b> Case Managers will utilize the new software to track each client profile and the services provided. Angel View will connect the client and family members to support groups. We will also emphasize connecting clients with SafetyNet services that highlight referrals to mental health services and resources to reduce isolation and loneliness.</p>
<p><b>Deliverable #3:</b> By the end of the project period Angel View community navigators will survey 700 clients and report on the reduction of isolation and loneliness.</p>	<p><b>Evaluation #3:</b> During the intake process, case managers will note in the client file if they are feeling isolated or lonely. Case Managers will survey all clients every 6 months to measure the feeling of isolation and loneliness. The results of the survey will be tracked in the new case management software. The case managers will conduct a one-on-one conversation survey with each client. The survey will consist of up to 5 questions about isolation and loneliness.</p>
<p><b>Deliverable #4:</b></p>	<p><b>Evaluation #4:</b></p>

## Project Demographic Information

### **Target Geographic Area(s) To Be Served:**

All areas

### **Target Population Age Group:**

0 to 5, 6 to 17, 18 to 24

**Target Population Ethnicity:**

Hispanic/Latino (of any race), Not Hispanic or Latino (of any race)

**Target Population Race:**

American Indian and Alaska Native, Asian, Black or African American, Native Hawaiian and other Pacific Islander, White, Some other race

**Additional Target Population Information:**

Our Children's Outreach Program serves children throughout the Coachella Valley who have disabilities. For this project, we will target children with disabilities who are being raised by low-income Coachella Valley families. Many are uninsured or underinsured.

**Capacity, Sustainability, and Partnerships****Organizational Capacity:**

*Describe your organization's capacity to meet the demands of this project (i.e. allocated staff time, internal expertise, organizational structure, history of similar work, etc.).*

The Outreach Program was started 12 years ago by the current program manager and 100% of her time is allocated to the Outreach Program. All the case managers are licensed social workers. To make a greater impact on improving the children's health, over the past decade, the program has transitioned. Rather than continuing to meet one-time emergency needs, we are now focused on providing longer term support to a core group of clients, primarily Hispanic, all low income. Over the 12 years the program staff has learned that full case management and connecting families with Safety Net services has been most successful. Stabilizing family situations enables parents and siblings to better support the children in the household who have disabilities. As the number of clients and families grew additional case managers were hired to the current number. Each case manager has a portfolio of clients they manage. The clients are referred to Angel View from school districts, DPSS, and Inland Regional Center. This program is well respected by all referring agencies for the case management and support services provided to all clients free of charge. The new case management software will help streamline the intake process and measure the success of the free services that are provided to all Coachella Valley families.

**Organizational Sustainability:**

*Describe your organization's sustainability strategies (i.e. funding, staff recruitment/retention, effective collaboration and partnerships, thoughtful long-term planning, etc.).*

The Outreach Program is funded completely by philanthropy which includes donations, grants and bequests. Angel View has had success in receiving the funds needed to steadily expand the program and now has five full time employees. The Program Manager started the program 12 years ago and has effectively hired new case managers as the number of clients has increased. Angel View has been able to retain case managers for many years and able to work with the same clients for many years. We are now able to assess what the clients need quickly and provide that support or

referrals to organizations/agencies. The Angel View management prioritizes not duplicating services that other agencies are providing and prioritizes partnering with organizations in the Coachella Valley.

The Angel View board formed strategic committees to manage the long-term planning for all aspects of the organization in 2020. When COVID-19 happened, the Board decided it needed to be able to be nimbler and adapt to the needs of our clients at any point in time. For example, during the pandemic the case managers focused on connecting clients to mental health services. Angel View has built an endowment fund for emergency funding, so clients will continue to receive support and services. All the case management services are free of charge for all clients.

**Partnerships/Collaborations:**

*If you are planning to partner or collaborate with other organizations, please list them and describe each of their roles in the project. If not partnering, enter N/A.*

Angel View partners with the following organizations:

Provide Activity Scholarships for clients to participate with the following organizations:

Desert Recreation District

Boys and Girls club

YMCA

First Tee

Living Desert

Zebra House

Kids Play Room

Children's Discovery Museum

Other nonprofits that we refer clients to:

UCP

Variety Childrens Charity

Desert Arc

Desert marriage and family counseling center- holds groups for teens with social anxiety

Safe house- holds groups for different age groups 11 to 25. (Also social skill building)

GANAS- holds groups for social skill building for all family members

Latino Commission- social skills and communication.

Organizations that refer clients to Angel View Outreach

Inland Regional Center

DPSS

SCHOOL DISTRICTS

GANAS

ESSEMBLE THERAPY

SAFE HOUSE  
UCP  
DESERT REC  
BOYS N GIRLS CLUB  
YMCA  
TEEN CENTERS  
RIVERSIDE COUNTY MENTAL HEALTH  
SOCIAL SECURITY OFFICE  
COACHELLA LIBRARY  
PEDIATRIC OFFICES (many)  
IEHP  
MOLINA

### **Diversity, Equity, and Inclusion (DEI)**

#### **How does your organization address DEI in your policies, strategic plan, board and staff, etc.?**

As an organization whose mission is serving individuals with disabilities, regardless of race, ethnicity, sexual orientation, etc., we take diversity, equity and inclusion seriously. Since we represent diverse clients, we make every effort to recruit diverse board members and hire diverse staff. Our board currently consists of 10 community leaders as officers and directors; we are in the process of recruiting one additional member to fill a recent vacancy. The multi-ethnic board is comprised of women and men, heterosexual and LGBTQ, who represent both the East and West Valley. Angel View is led by a female CEO; most of the management staff are also female. Our Qualified Intellectual Disabilities Professionals are all people of color, as are 2/3 of our district managers. Our workforce is comprised of approximately 420 multi-ethnic employees. The majority are Hispanic/Latino. All employees on our Outreach team, including our program manager, are Hispanic/Latino and speak fluent Spanish and English. Please note that we do not ask our staff whether they identify as LGBTQ so we were unable to provide that information in our demographic breakdown. Regarding how we address DEI in our strategic planning, in 2011, we had two programs: 24-hour residential care and a therapeutic Day Program for adults with developmental disabilities. Though most of our residential clients had come to Angel View as children, the vast majority had become adults. Because Angel View had begun as an organization serving children, the board wanted to create a new program that would provide services to local families raising children with disabilities. The board also wanted to expand our services into the East Valley. The Children' Outreach Program was a direct result of the strategic planning process. The Outreach Program now serves approximately 550 children a year, the majority of whom are people of color.

#### **What barriers does your organization face when addressing DEI?**

We do not face any barriers to DEI in our board, staff, or clientele. All reflect the ethnic composition of the Coachella Valley and our dedication to inclusivity.

## Grant Budget

Project Grant Budget				
<b>Applicant:</b>		<b>Angel View INC</b>		<b>Outreach program to reduce social isolation and</b>
OPERATIONAL EXPENSES		Total Project Budget	Funds From Other Sources <small>Detail On Section 3</small>	Amount Requested From DHCD/F
<b>Total Staffing Expenses <small>Detail on Section 2</small></b>		\$ 366,666.11	\$ 301,666.11	\$ 65,000.00
<b>Equipment (itemize)</b>				
1	NEW- Case Management Software	\$ 10,000.00	\$ -	\$ 10,000.00
2			\$ -	
3			\$ -	
4			\$ -	
<b>Supplies (itemize)</b>				
1			\$ -	
2			\$ -	
3			\$ -	
4			\$ -	
<b>Printing / Duplication</b>		\$ 2,000.00	\$ 2,000.00	
<b>Mailing / Postage</b>			\$ -	
<b>Mileage (use current Federal mileage rate)</b>		\$ 6,000.00	\$ 6,000.00	
<b>Education / Training</b>			\$ -	
<b>Other Direct Project Expenses Not Described Above (itemize)</b>				
1	<b>Client Mileage Reimbursement</b>	\$ 400,000.00	\$ 400,000.00	
2	<b>Client Communication Device Grants</b>	\$ 35,000.00	\$ 35,000.00	
3	<b>Client Activity Sponsorships</b>	\$ 1,000.00	\$ 1,000.00	
4			\$ -	
* Items listed below are included for calculation of the total project budget only. For use of DHCD/F funds, these line items would be included in the allowable 15% indirect cost rate.				
<b>Office / Rent / Mortgage*</b>		\$ 12,500.00	\$ 12,500.00	\$ -
<b>Telephone / Fax / Internet*</b>			\$ -	\$ -
<b>Utilities*</b>		\$ 1,000.00	\$ 1,000.00	\$ -
<b>Insurance*</b>		\$ 1,200.00	\$ 1,200.00	\$ -
<b>Indirect Rate</b>	<input checked="" type="checkbox"/> Check Box To Utilize Indirect Rate Up To 15%	Enter Rate	15.00%	\$ 11,250.00
<b>Total Project Budget (Rounded up to nearest dollar)</b>		<b>\$ 846,617</b>	<b>\$ 760,367</b>	<b>\$ 86,250</b>
<b>Budget Narrative</b>	<p style="color: red; font-size: small;">The total budget for the Children's Outreach Program for FY 2023-2024 is \$858,619. That includes services provided in both the Coachella Valley and Western Riverside County. Our project budget is \$846,617. It consists of salaries and benefits paid to the four case managers who will provide case management and other services to families in the Coachella Valley, and other program expenses such as mileage reimbursement, mini-grants, and activity sponsorships which will be awarded to the Coachella Valley clients we will serve. We are requesting a grant of \$86,250, which would enable our case managers to provide case management services to Coachella Valley clients. Angel View will cover the balance of the case managers' salaries and benefits as well as the additional project costs, including all client benefits listed on lines 29-31.</p> <p style="color: red; font-size: small;">Each case manager will use the new software to track the services provided and the survey results.</p>			

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Staff Salary Expenses		Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD/F
<b>Employee Position/Title</b>					
1	Program Manager	\$ 95,579.00	95%	90,800.05	\$ 10,000.00
2	Case Manager 1	\$ 76,000.00	95%	72,200.00	\$ 10,000.00
3	Case Manager 2	\$ 73,864.00	95%	70,170.80	\$ 10,000.00
4	Outreach Advocate	\$ 50,960.00	50%	25,480.00	\$ 10,000.00
5	Case Manager 3	\$ 46,800.00	50%	23,400.00	\$ 10,000.00
6				-	
Enter Total Employee Benefits / Employer Taxes % (Proportional Fringe Costs and/Or Employer Taxes Based On % Of Time Allocated To Project)			30.00%	84,615.26	15,000.00
<b>Total Will Populate in Total Staffing Expenses Section 1</b>			<b>Total &gt;</b>	<b>\$ 366,666.11</b>	<b>\$ 65,000.00</b>
Budget Narrative - Scope of Work	The Outreach Program team is comprised for five bilingual staff members - the Outreach Program Manager, who is also a case manager; three additional case managers (community navigators) and one Outreach Advocate (Community Navigator). The program manager provides the training for the team members. Each case manager has portfolio of clients to work with and provide case management hours. The Outreach Advocate maintains the data and researches new opportunities for clients. The program manager will provide additional training about ways to reduce social isolation and loneliness. All team members will begin to survey all clients every 6 months.				
Budget Narrative - Employee Benefits	Benefits are calculated at 30% of base salary.				
Professional Services / Consultant Expenses		Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD/F
<b>Company and Staff Title</b>					
1					
2					
3					
4					
<b>Total Will Populate in Total Staffing Expenses Section 1</b>			<b>Total &gt;</b>	<b>\$ -</b>	<b>\$ -</b>
Budget Narrative - Scope of Work	Please describe in detail the <i>scope of work</i> for each professional service/consultant on this grant.				

<b>Funds From Other Sources (Actual Or Projected) SPECIFIC To This Project</b>		
<b>"Total Funding In Addition To DHCD/F Request" Below Should Match Or Exceed Value Listed In Section 1 for "Funds from Other Sources".</b>		<b>Amount</b>
<b>Fees</b>		
<b>Donations</b>		\$ 180,000.00
<b>Grants (List Organizations)</b>		
1	Berger Foundation	\$ 20,000.00
2	Barker Foundation	\$ 25,000.00
3		
8		
<b>Fundraising (Describe Nature Of Fundraiser)</b>		
1		
2		
3		
8		
<b>Other Income, e.g., Bequests, Membership Dues, In-Kind Services, Investment Income, Fees From Other Agencies, Etc. (Itemize)</b>		
1	Bequest	\$ 750,000.00
2		
3		
8		
<b>Total Funding In Addition To DHCD/F Request</b>		<b>\$ 975,000.00</b>
<b>Budget Narrative</b>	Listed grants have been funded in this current fiscal year and are typical grants we receive each year. The \$100,000 come from a register roundup at the Angel View thrift stores. All Outreach services are provided at no cost to clients. We do not collect fees.	

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**EXHIBIT B**

**PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES**

<u>Project Title</u>	<u>Start/End</u>
Outreach program to reduce social isolation and loneliness	5/01/2024 4/30/2026

**PAYMENTS:**

(4) Payments: \$19,406.  
10% Retention: \$8,626.

Total request amount: \$ 86,250.

**GRANT AND PAYMENT SCHEDULE REQUIREMENTS:**

Scheduled Date	Grant Requirements for Payment	Payment
5/01/2024	Signed Agreement submitted & accepted.	Advance of \$19,406. for time period 5/01/2024 - 10/31/2024
12/01/2024	1st six-month (5/01/2024 - 10/31/2024) progress report, budget reports and receipts submitted & accepted	Advance of \$19,406. for time period 11/01/2024 - 4/30/2025
6/01/2025	2nd six-month (11/01/2024 - 4/30/2025) progress report, budget reports and receipts submitted & accepted	Advance of \$19,406. for time period 5/01/2025 - 10/31/2025
12/01/2025	3rd six-month (5/01/2025 - 10/31/2025) progress report, budget reports and receipts submitted & accepted	Advance of \$19,406. for time period 11/01/2025 - 4/30/2026
6/01/2026	4th six-month (11/01/2025 - 4/30/2026) progress report, budget reports and receipts submitted & accepted	\$0
6/15/2026	Final report (5/01/2024 - 4/30/2026) and final budget report submitted & accepted	\$8,626. (10% retention)

**TOTAL GRANT AMOUNT: \$ 86,250.**

DELIVERABLES:

**Project Deliverables and Evaluation**

<p><b>Deliverable #1:</b> By the end of the project period, Angel View will retain 4 Community Navigators, this includes 3 Case Managers and one Outreach Advocate.</p>	<p><b>Evaluation #1:</b> The 4 Community Navigators will participate in all aspects of this project. Angel View will track the number of clients that receive case management services.</p>
<p><b>Deliverable #2:</b> By the end of the project period, we will provide case management hours to 700 children with disabilities and their families.</p>	<p><b>Evaluation #2:</b> Case Managers will utilize the new software to track each client profile and the services provided. Angel View will connect the client and family members to support groups. We will also emphasize connecting clients with SafetyNet services that highlight referrals to mental health services and resources to reduce isolation and loneliness.</p>
<p><b>Deliverable #3:</b> By the end of the project period Angel View community navigators will survey 700 clients and report on the reduction of isolation and loneliness.</p>	<p><b>Evaluation #3:</b> During the intake process, case managers will note in the client file if they are feeling isolated or lonely. Case Managers will survey all clients every 6 months to measure the feeling of isolation and loneliness. The results of the survey will be tracked in the new case management software. The case managers will conduct a one-on-one conversation survey with each client. The survey will consist of up to 5 questions about isolation and loneliness.</p>

The Desert Healthcare District has implemented Results-Based Accountability (RBA) into their grantmaking process to streamline reporting and offer a straightforward approach to effectively measuring program-level performance.

**RFP Building Connected Communities Goal/Strategies**

**Strategy 1: Increase the number of community navigators serving Coachella Valley residents.**

*You have selected Strategy 1.*

Your project deliverables need to capture the following performance measures.

- # of Community Navigator positions retained

**Strategy 2: Increase awareness and access to behavioral/mental health resources.**

*You have selected Strategy 2.*

Your project deliverables need to capture the following performance measures.

- # of clients provided service in their native language
- # of cultural competency resources disseminated
- # of clients who were directly connected to behavioral/mental health services
- # of clients/potential clients who increased their knowledge of behavioral/mental health resources
- % of clients/potential clients who increased their knowledge of behavioral/mental health resources

**Strategy 3: Improve access to community support services through systems and environments that build connectedness**

*You have selected Strategy 3.*

Your project deliverables need to capture the following performance measures.

- # of clients who report reduced levels of isolation and/or loneliness as a result of improved access to supportive services
- % of clients who report reduced levels of isolation and/or loneliness as a result of improved access to supportive services



**Date:** April 23, 2024

**To:** Board of Directors

**Subject:** Review, discuss, and give direction/action on a grant application that does not fit in Strategic Plan goals 2, 3, or 6 (specifically strategies 6.1 and 6.2).

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**Background:**

- The Desert Healthcare District’s 5 year (2021-2026) strategic plan was approved in October 2021.
- The plan contained seven goals, two of which were internal (Goals # 1 & 4) with the balance of the five as funding goals.
- Along with individual strategies embedded in the goals, the board of directors approved priorities for each goal and strategy: high priority, moderate priority, and low priority.
- In November and December 2023, the board revisited the strategic plan and revised the following:
  - Remove the labels of “moderate” and “low” priorities from goals and strategies.
  - Prioritizing (high) improving access to primary healthcare and specialty care (goal #2); improving access to behavioral/mental healthcare services (goal #3); and environmental health (goal #6, strategies 6.1 and 6.2).
- These goals and strategies are being considered when reviewing new grant applications that are received during the remainder of this fiscal year and through 2026.
- ***Direction was given to management staff the following on grant funding allocation:***
  - ***“.... When grant requests are received that do not fit in goals 2 and 3 or strategies 6.1 and 6.2 District management will review the request and provide to the Program Committee a list of the applications that are outside of those areas. For each of those listed applications, the Program Committee will make a recommendation to the full board of directors whether to proceed with the grant application process”.***

**Action:** Program Committee was to review and give recommendation to the full board on whether to proceed with the following grant application: # 1434 Riverside University Health System – Public Health: *Coachella Community Blue Zones Project* - \$2,095,200 for 3 years and 9 months (45 months total)



Staff reviewed and brought the following assessment to the April 9, 2024 Program Committee meeting for their review and recommendation:

**Strategic Plan Alignment:** The request does **not** align with the board-approved high priority goals 2,3, and strategies 6.1 and 6.2.

The goals chosen by RUHS-PH are:

- Goal 6 - however, the alignment is in response and refers to the built and physical environment - i.e. walkable, bike-able and tobacco free spaces, whereas the District's goal of environmental health relates to health issues and raising awareness of the impact of air quality and poor water quality.
- Goal 5: be responsive to and supportive of selected communities that enhances economic stability. (not a high priority)
- Goal 7: be responsive and supportive of selected communities that enhance the general health education (not a high priority)

**Use of Funds (and other budget/financial information):**

- District funds would be used to cover local staffing costs (4 positions), inclusive of salaries, benefits and training, which are 43.1% of the total project fees over the 45-month (3 years and 9 months) period.
- From a preliminary fiscal meeting with DHCD accounting and grants management staff, RUHS-PH staff have **not yet determined:**
  - who would be the fiscal entity (RUHS Foundation or the IEHP Foundation);
  - how the funds will be disbursed and to whom; and
  - which entity would actually hire the staff (Blue Zones Project company? RUHS? IEHP?)
- The grant term is listed to begin July 1, 2024 and end March 31, 2028. However, it is stated in the application that the start date is contingent on fully funding the Project.

**Program Committee Review and Recommendation:**

The directors of the Program Committee made a motion *to deny this request as it doesn't meet the District's high priority strategic goals and, even as a low priority, it does not substantiate the dollar amount requested*. The motion was approved unanimously and recommended forwarding to the full Board.



**Fiscal Impact:** The \$2,095,200 is approximately ½ of the District’s allocated grant budget for the upcoming fiscal year 2024/2025,



## **Grant Application Summary**

### **Riverside University Health System - Public Health, Grant # 1434**

#### **About the Organization**

Riverside University Health System -Public Health  
Health Administration Building  
Riverside, CA 92503  
951-358-5311

[www.ruhealth.org/public-health/about-us](http://www.ruhealth.org/public-health/about-us)

**Tax ID #:** 95-6000930

#### **Primary Contact:**

Dr. Eddy Jara, Public Health Program Director  
(951) 358-5311  
[ejara@ruhealth.org](mailto:ejara@ruhealth.org)

#### **Organization's Mission Statement and History**

##### **Mission and Vision**

Established in 1926, the Riverside University Health System-Public Health (RUHS-PH) is the local, public agency responsible for ensuring, promoting and protecting the health and well-being of county residents and visitors. The mission of RUHS-PH is to meaningfully enhance and extend life for all in Riverside County. To achieve its vision of becoming the healthiest county in the nation, RUHS-PH has established local, regional and statewide multi-sectoral collaborations that aim to improve the health and well-being of entire communities, especially communities most overburdened by health disparities.

##### **Partnership with Blue Zones**

To improve the health of the most vulnerable populations in Riverside County, RUHS-PH is partnering with Blue Zones, LLC. Based on our research, the Blue Zones transformation program is one of the only large-scale community transformation programs with predictable and replicable population health outcomes, including improved well-being, reduced chronic disease burden, and reduced health care claims. To date, Blue Zones, LLC has partnered with over 70 cities, towns and counties across 16 states to help communities live longer, healthier, and happier lives. RUHS-PH aims

to leverage Blue Zones participatory methodologies for improving the health of entire cities and communities through transformations (inspired by the world's longest-lived cultures) designed to make the healthy choice the easy choice in the spaces people live, work and play. These transformations include built environment improvements; food and tobacco policy change; environmental changes within worksites, schools, restaurants, grocery stores, and faith/civic organizations; and engagement activities that promote social support for healthy behaviors, volunteering, and purpose. These multi-level changes nudge people to move naturally, eat wisely, connect with their purpose and each other – while contributing to a more productive workforce and vibrant economy.

### **Outcomes**

Blue Zones Projects are designed to achieve predictable improvements in well-being, health behaviors, and chronic diseases. These improvements can be measured and confirmed by independent third-party organizations (including schools, employers, health plans, and Gallup). For example, the Beach Cities Blue Zones Project (in Hermosa, Manhattan, and Redondo) that launched in 2010, in concert with other local programs (e.g., LiveWell Kids), resulted in a 55% drop in childhood obesity (from 13.9% to 6.4%, from 2009 to 2019, as measured by Redondo Beach Unified School District), a 30% reduction in adult obesity/overweight (from 60% in 2010 to 42% in 2020 as measured in the Gallup National Health and Well-Being Survey), and reductions in smoking, diabetes, and high blood pressure. These results were confirmed by the Los Angeles County Department of Public Health, recognized by United States Surgeon General Dr. Vivek Murthy, and published by Lakshmanan et al in the peer-reviewed American Journal of Cardiology in 2020.

As another example, the Fort Worth Blue Zones project launched in 2014 resulted in an improvement in the Gallup National Health and Well-Being Index ranking from 185th out of 190 metropolitan areas (in 2014) to 31st out of 156 metropolitan areas by 2018; a 31% reduction in smoking (from 19.6% to 13.5%); and a 9-point increase in the percentage of residents participating in regular exercise (from 53% to 62%).

Beyond improvements in well-being and rates of chronic disease, Blue Zones Projects predictably reduce health care costs and employee sick days. For example, NCH Healthcare System experienced a 54% decrease in healthcare costs (over 6 years), a \$27 million reduction in self-insured medical claims, and a 40% decline in lost workdays from illness/injury when they implemented Blue Zones in Southwest Florida.

**Organization Annual Budget:** \$226,400,739.00



## **Project Information**

**Project Title:** Coachella Community Blue Zones Project

**Start Date:** 07/01/2024    **End Date:** 03/31/2028

**Total Project Budget:** \$5,999,999.00

**Requested Amount:** \$2,095,200.00

### **Community Need for this Project in the Coachella Valley:**

On 7/27/22, the Coachella City Council approved a proposal by the Riverside University Health System to conduct an assessment to determine the degree of community readiness to engage in a Blue Zones transformation journey. The assessment was at no cost to the City and fully funded by the Riverside University Health System. The Blue Zones assessment of the City of Coachella began in September 2022 and wrapped up in mid-2023. The Assessment looked at factors such as well-being, policy, places and people through the lenses of assets, opportunities, strengths, and challenges.

### **Coachella Community Assets**

The assessment highlighted many of the assets and strengths of the City of Coachella. For example, Coachella is a vibrant city with a relatively younger population. The city is known for its natural beauty and agricultural productivity. Coachella's vibrant arts and culture scene, including events like the Mariachi Festival and Día de los Muertos celebration are a reflection of the city's Latino-majority population. Coachella has successfully created a sense of place while also preserving local cultural heritage. And the city boasts a life expectancy that is higher than that of Riverside County as a whole.

Coachella enjoys an engaged and active leadership that has played a critical role in investing resources towards creating environments that better prioritize pedestrians and bicyclers, offer social gathering/recreation areas, and provide residents with a strong sense of place. City staff have had repeated success in obtaining grants to fund major investments in supporting and protecting the local community.

Importantly, Coachella has incorporated health and wellness goals into the General Plan. The city has also instituted meaningful resiliency and climate change initiatives to ensure the well-being of residents. Measures taken include development of an Active Transportation Plan (2020), tree planting, promotion of hydrogen-fueled buses, electric scooters, ride-sharing initiatives, installation of solar panels in residences, and water efficiency projects. All such efforts are informed by the community and conducted in partnership with the community.

### **Challenges and Opportunities**

Coachella also faces many challenges and opportunities. For example, Coachella is

ranked in the lowest quartile of the Healthy Places Index with a score of 14 (on a scale of 0-100, with 0 indicating the least healthy community conditions and 100 indicating the healthiest community conditions) compared with a score of 39 for Riverside County as a whole. This means that Coachella has less healthy community conditions than 86% of California cities and less than the Riverside County average.

Coachella City residents have expressed concerns about high unemployment and financial stress, lower levels of educational attainment, lack of affordable housing, and the departure of young adults to live elsewhere. Far distances, lack of transportation, and hot temperatures limit access to food sources and recreational opportunities. According to the Healthy Places Index (2024), less than 2% of Coachella residents use active transport (e.g., walking, biking) and more than four out five Coachella residents do not have healthcare insurance - which limits access to preventive care.

Like many cities, Coachella faces challenges with food insecurity, limited access to healthy food and healthcare, and limited funding to sustain recreational services. According to a 2019 Gallup Survey of lifestyle and well-being indicators, compared to top performing Metropolitan Statistical Area communities, Coachella had higher than average rates of obesity, high blood pressure, diabetes, and depression. Coachella has over twice the rate of adult smokers than Riverside County (16.4% in Coachella versus 7% across Riverside County). And in Coachella, more than 1 out of every four tobacco retailers are located within 1000 feet of a school.

The challenges and opportunities described above combined with an engaged and cohesive community mean that there is great potential for residents to benefit from a well-being transformation effort. Coachella residents and leaders expressed interest in improving well-being related to healthy food, transportation, jobs, education, and safe places to gather. Based on the 2022-2023 Blue Zones Readiness Assessment, the City of Coachella was deemed a strong candidate for the Blue Zones certification program because the city met four key criteria: 1) Alignment of community's current initiatives and strategic plans with Blue Zones; 2) Leadership support across sectors; 3) Governing body support and continuity; and 4) Well-being improvement opportunities.

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

The Coachella Blue Zones journey would involve transformation along three components (i.e., People, Places, and Policy) designed to foster lasting community-wide lasting improvements in the spaces where people live, work and play and, as a result, improve the health and well-being of the entire Coachella community. The Blue Zones Project defines success as a measurable improvement in Coachella's community-wide health and well-being - as measured by the Gallup Well-Being Index. As described in Deliverable 4, the Gallup Well-Being Index Survey will be administered at least three times during the Project to capture how Coachella residents are improving their well-being profile over time.

The proposed Project aligns directly with the Desert Healthcare District and Foundation's mission which is: "To achieve optimal health at all stages of life for all District residents." Blue Zones projects are designed to improve the social and physical environment to nudge people to move naturally, eat wisely, connect with purpose, and connect with one another – while contributing to a more productive workforce and vibrant economy. By creating environmental conditions that make the healthy choice the easy choice, the aims of the proposed Project will benefit residents of all ages in the Coachella community. Moreover, this Project builds on the work that the Coachella community has already started and offers an opportunity for Coachella residents to be a catalyst for health by leading through example.

Importantly, the proposed Project aligns directly with the City of Coachella's General Plan that envisions "thriving physical, emotional and spiritual health for the entire community; neighborhoods that provide opportunities for residents to improve their physical and mental health while meeting daily needs – such as walking to the store, meeting friends, bicycling to school, taking transit to work and having access to nutritious and affordable locally-produced food." The city has a long trajectory of collaborative work to promote health and well-being through education, leadership, and community capacity building strategies. From the past Clinton Health Matters and Building Healthy Communities Initiatives to the present meaningful work (e.g., the City's Resident Leadership Academy), there is evidence of a strong alignment with the proposed Coachella Community Blue Zones Project.

The Blue Zones Places and Policy Components align directly with Goal 6 of the Desert Healthcare District's Strategic Plan (i.e., "Be responsive to and supportive of selected community initiatives that enhance the environment in the District's service area"). The Blue Zones Policy Component aims to support efforts that enhance Coachella's physical environment by bringing together city planners, schools, and worksites to shape policies/systems that encourage walkable, bike-able, and tobacco-free spaces. By working with grocery stores, schools, restaurants, and worksites to offer and bring attention to foods that are more nutritious and appealing, the Blue Zones Places Component aligns directly with Goal 6 of the Desert Healthcare District's Strategic Plan.

The Blue Zones People Component aligns with Goal 7 of the Desert Healthcare District's Strategic Plan (i.e., "Be responsive to and supportive of selected community initiatives that enhance the general education of the District's residents"). To promote a stronger sense of purpose, the Blue Zones Project will facilitate activities such as mindfulness and purpose workshops that teach ways to shed stress, live in the moment, and share innate talents through local platforms that enrich the lives of participants and the community. To foster social connectedness, the Blue Zones Project will enhance social connections through moais and peer groups. Since community

awareness/engagement are central to creating widespread change, Blue Zones projects leverage media as part of the solution (e.g., the 2023 Netflix Blue Zones series). Blue Zones projects can mobilize and motivate people to get involved, whether it is in the worksite or school or as a supporter of key policy changes.

The Project also contributes to Goal 5 (i.e., enhancing the economic stability of District residents). According to Gallup, every sustained 1-point increase in the Well-Being Index translates into a 1% reduction in healthcare costs, a 2% reduction in hospital admissions/emergency room visits and a 0.6% reduction in lost workforce productivity. Based on past performance in other Blue Zones transformation communities, Blue Zones predicts that Coachella will achieve a 16% reduction in chronic disease risk at 10 years. This translates into \$25 million in savings (based on combined medical cost savings and enhanced workforce productivity) at five years and \$135 million at 10 years. Locally hired Blue Zones Project staff from the Greater Coachella area will also contribute to the local economy and the career development of the local public health workforce.

The residents of Coachella and partnering organizations are well positioned to improve access to healthy foods, the built environment, and tobacco prevention work. The Coachella Blue Zones project represents an opportunity for Coachella residents and allied organizations to build on previous successes and amplify each other's impact over time to improve well-being for all residents of Coachella. Key organizations/partners are eager to engage in a body of work centered around strengthening a locally centered and equitable food system that would complement Coachella's agricultural roots and advance community health outcomes, natural resource conservation and shared prosperity.

While there has been significant investment to improve safety and walkability, Coachella residents would benefit from a more people-focused built environment that applies a complete streets and networked paths approach that results in improved safety for walking or biking by encouraging reduced travel speeds and shaded areas. The city is building on its tobacco prevention trajectory and is poised to be a leader in County-wide commercial tobacco prevention. The city recently secured State funding to lead a tobacco education and enforcement program titled "GET YOUR HEAD OUT OF THE CLOUD... your health is WORTH IT!"

RUHS-PH would use Desert Healthcare District funds to cover local staffing costs, inclusive of salaries, benefits and training, which are 43.1% of the total project fees over the three-year and 9-month period. Please see Section 2 of the Budget. These positions, hired from the Greater Coachella area, include the Executive Director, the Engagement Lead, the Public Policy Lead and the Organization and Well-being Lead. As described in Section 3 of the Budget, this collaborative Project already has committed sponsorships totaling 55% of the total project cost.

**Strategic Plan Alignment:**

**Goal 6:** Be responsive to and supportive of selected community initiatives that enhance the environment in the District’s service area

**Goal 7:** Be responsive to and supportive of selected community initiatives that enhance the general education of the District’s residents

**Strategy:**

**Project Deliverables and Evaluation**

**Deliverable #1:**

All the deliverable and evaluation time frames are based on an anticipated Project start in July 2024. This start date is contingent on fully funding the Project.

Deliverable 1 – Nine-month Foundation Phase: By end of March 2025, the Coachella Community Blue Zones Project will complete a draft of the Project Blueprint. This first deliverable reflects a participatory approach to develop a detailed implementation plan. Emphasis is placed on building community capacity to guide the Project. This initial stage sets the groundwork, establishing a solid base for the transformative process by understanding Coachella’s unique needs, strengths, and areas for growth, laying the foundation for the subsequent transformation period.

This deliverable is achieved by accomplishing the following activities: a) assemble local Blue Zones staff team; b) train local team; c) establish People, Places, Policy work groups and designate the leadership for the work groups that will comprise the Community Leadership Team; d) establish/convene the Coachella Community Blue Zones Project Steering Committee; e) assess current state

**Evaluation #1:**

The evaluation activities related to Deliverable 1 are designed to assess the extent to which the planned intervention activities were completed and the aim of the deliverable was achieved. In doing so, the evaluation plan can reveal opportunities for deeper community engagement, diversifying partnerships, and fostering collaboration with community stakeholders. The deliverable, and each activity that lead up to the final Project Blueprint approval, has a corresponding evaluation activity.

For the overall deliverable, the minutes of the Coachella Community Blue Zones Project Steering Committee will document the Project Blueprint review process and the related discussion. Staff hiring (to be completed by end of October 2024) will be documented. A staff training log will be maintained. The minutes from People, Places, Policy work group meetings and the Steering Committee meeting will document decision making and provide insight into the functioning of the groups. The list of representation by sub-sector/groups will indicate the diversity of the groups.

<p>of <i>Life Radius Model</i> components (People, Places and Policy); f) engage the Steering Committee in prioritizing the Blueprint targets; and g) Draft Project Blueprint, including prioritized targets, performance indicator baselines, and a local volunteer/stakeholder engagement plan.</p> <p>The Blue Zones national staff members will be responsible for assembling and training the local team. Once hired (by end of October 2024) and trained (by end of December 2024), the local team will be responsible for convening and maintaining the Coachella Community Blue Zones Project Steering Committee (convened by end of November 2024) and the People, Places and Policy Community Leadership Team and work groups (convened by end of December 2024). The Blue Zones national staff and local team will work together with the People, Places and Policy work groups (by end of March 2025) to assess the current conditions that relate to the Project scope using research, focus groups, interviews and Policy Summits. The local Blue Zones team will synthesize findings and facilitate stakeholder (including the Steering Committee) input/prioritizing sessions resulting in a final, Steering Committee approved Project Blueprint (by end of May 2025).</p> <p>The Coachella Community Blue Zones Project Steering Committee is key to the success of the Project. The purpose of the Steering Committee is to ensure Blue Zones assessment work and planning aligns with the community's broader strategic roadmap. Steering Committee membership include representatives as well as individuals representing civic/faith/non-profit organizations, local government, major employers, health care organizations, health plans, philanthropists and other organizations who may be potential</p>	<p>The findings from the assessment of the current state of People, Places, Policy Components in Coachella will be compiled into a report and shared with stakeholders, including the Steering Committee. Using this report, stakeholders will be asked to prioritize Project Blueprint targets. The draft Project Blueprint will highlight the items/revisions based on stakeholder input.</p>
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<p>partners during and after the proposed Project timeline.</p> <p>Steering Committee members will be asked to:</p> <ul style="list-style-type: none"> <li>a) advance awareness of the Blue Zones transformation work with key stakeholders and partners in the community,</li> <li>b) facilitate connections and make introductions to local organizations and individuals critical to the Project work;</li> <li>c) foster consensus on the Blueprint strategy; and</li> <li>d) advise on key decisions impacting the transformation work.</li> </ul>	
<p><b>Deliverable #2:</b></p> <p>Deliverable 2 – Three-year Transformation Phase: By end of March 2028, the targeted engagement and outcome targets as defined and supported by the Project Blueprint and approved by the Steering Committee related to People, Places and Policy will be achieved, positioning Coachella to be granted the status of a Certified Blue Zones Community.</p> <p>The second deliverable reflects the implementation of the Blue Zones Life Radius Model guided by the Project Blueprint. The emphasis is on driving engagement and participation of individuals and organizations and will be achieved by Blue Zones local staff, Blue Zones national experts and Coachella community partners under the direction of the Steering Committee. The Life Radius Model is built on the fact that all Americans spend 90% of their lives within twenty miles of their home. A successful Transformation Phase results in the required evidence to become a certified Blue Zones Project community.</p> <p>For the People Component, the local Blue Zones team and partners will administer a Blue Zones Champion Program aimed at engaging 15% of the adult population through activities</p>	<p><b>Evaluation #2:</b></p> <p>Deliverable 2 is measured by the number/percentage of pledges and engagement by individuals. Most pledges are made online, which allows for automated analytics. For places, the number of schools, restaurants, groceries, and worksites engaging in the pledge and achieving Blue Zones Approved status will be monitored and reported. Updates will be provided to the Steering Committee throughout the Project.</p> <p>There are approximately 36,150 adult residents in the City of Coachella. Obtaining pledges and/or engagement from at least 15% of Coachella residents (by end of March 2028) would be a likely goal. Coachella Valley Unified School District has 23 schools (14 elementary schools, four middle schools, four high schools and one adult school). Therefore, obtaining pledges and becoming Blue Zones Approved with at least 50% of these schools (by March 2028) would be a goal. Since the goal is to engage a significant percentage of the largest workplaces, the exact number of</p>

such as the Blue Zones Checklist and Personal Pledge, Purpose Workshops, Blue Zones "moai" social groups, and Volunteer Programs. The Blue Zones Personal Checklist and Pledge consists of incorporating and practicing the learnings from the original Blue Zones communities that supported greater happiness and longevity as well as making small changes in personal environments that help to make the healthy choice the easy choice. A moai is a small in-person social group in which members support each other's wellness goals.

For the Places Component, engaging local organizations will have four specific audiences - schools, restaurants, grocery stores, and businesses. The goal is to engage at least 50% of Coachella Valley Unified School District schools to take the Schools Pledge and meet criteria to become Blue Zones Approved schools. For businesses, the goal is to engage a significant percentage of the largest workplaces to take the Blue Zones Pledge and meet criteria to become a Blue Zones Approved Worksite. The exact goal is determined during the Blueprint development process. The goal is for 10% of restaurants (likely independently or locally owned) in Coachella to take the Restaurant Pledge and meet criteria to become Blue Zones Approved Restaurants. At least 25% of grocery stores in Coachella will take the pledge and meet criteria to become a Blue Zones Approved Grocery Store.

Examples of school-based pledge items include: creating additional social connectedness opportunities in and out of school; creating physical activity opportunities and mindfulness into the school day; setting specific goals for nutrition promotion and education, physical activity; supporting policies for healthier foods and beverages to be

worksites targeted to become Blue Zones Approved is determined during the Blueprint development process. Obtaining the designation of Blue Zones Approved Restaurants of at least 10% of the restaurants within Coachella by end of March 2028 will also be a likely goal. The target for identified food stores/grocery stores in Coachella to engage in the Blue Zones Grocery Pledge will be 25%.

The targets for each sector will allow for continued measurement toward obtaining the goals throughout the three-year transformation period, and progress toward the goals will be reported and discussed with the Steering Committee. The Project Blueprint will be reviewed and adjusted as needed to ensure the achievement of the goals. The adjusted Project Blueprint will be approved by the Steering Committee.

The Blue Zones Community Policy Pledge involves City leaders completing the Blue Zones Community Policy Assessment. This includes taking an inventory of the current policy status in the categories of Complete Streets, Healthy Eating, Active Living and Tobacco Prevention. Therefore, the documentation, including both the policy goals identified by City leadership and the current status of those policies, allows for a pre-post comparison.



available on the school campus during the school day (e.g., in classroom parties, classroom snacks brought by parents, or other foods given as incentives); assisting in building more collaborations with organizations and community members to enhance well-being initiatives and other school-based activities that promote student wellness; creating walking school buses led by volunteers within the community.

The Blue Zones Worksite Pledge is designed along five areas of best practice: leadership, purpose, physical environment; social networks/engagement and employee wellness benefits. The Blue Zones Project Restaurant Pledge is designed around five areas of best practices: a) provide more entrée options that align with the plant-based focus of Blue Zones regions around the world; b) provide more options for healthier side dishes and portion sizes; c) train restaurant staff on Blue Zones restaurant guidelines; d) model the Blue Zones principles in the restaurant work environment; and e) design menus organized to highlight healthier options. The grocery store pledge includes best practices such as promoting healthier beverages, engineering the store layout to make healthy choices more prominent, adjusting marketing strategies and timing promotions to highlight healthier options.

For the Policy Component, City leaders demonstrate their commitment to create an environment of well-being by taking the Blue Zones Community Policy Pledge to adopt and enforce policy actions. The pledge includes committing to implement: at least two pledge actions from the menu options in the Complete Streets, Healthy Eating, and Active Living policy categories and completing at least one Tobacco policy pledge, and/or to implement at

<p>least two changes to the built environment that permanently change the environment to nudge people into healthier behaviors.</p>	
<p><b>Deliverable #3:</b>          Deliverable 3- Sustainability Planning: By March 2028, the Coachella Community Blue Zones Project will develop a Sustainability Plan and the Blue Zones Community Certification Award decision will be made. This deliverable is achieved by accomplishing the following activities: a) provide support for individuals and organizations that took the Blue Zones People, Places or Policy pledges; b) work on succession planning; c) communicate progress on key indicators; and d) prioritize which Blueprint targets to sustain.</p> <p>Once the pledges are made, the support for individuals and organizations that took the Blue Zones People, Places or Policy pledges will continue throughout the Project. To support the success of the People Component, the local Blue Zones team and partners will set up a Coachella Community Blue Zones project web page. Through this web page, Ambassador Program participants and the local Blue Zones team/partners will be able to send encouraging messages and invitations to Ambassador Program participants. Participants will be able to sign up for – and track activity completion. These activities include, but are not limited to, signing up for Purpose Workshops, "Moai" organization activities, kick-off events, and volunteer events. Civic, faith-based, and other organizations will be engaged to promote and encourage participation.</p> <p>To support the Place Component, local Blue Zones teams will conduct follow-up visits to schools, worksites, grocery stores, and restaurants to identify ways to support progress</p>	<p><b>Evaluation #3:</b>          Each component of Deliverable 3 has corresponding evaluation methods to compare the pledged action to the completed actions. At the end of the project (in March 2028), the local Blue Zones team will document the sustainability planning process as well as the sustainability plan. This documentation will include Project accomplishments, methods used, lesson learned and recommendations for subsequent dissemination and sustainability work. The intention is for this documentation to function as a preliminary road map for the Coachella community's on-going journey for health and well-being.</p> <p>The purpose of pledge monitoring is to identify ways to facilitate on-going support for individuals and organizations to achieve their identified goals. For the People Component pledge monitoring, the local Blue Zones team will use online tracking methods to track support provided, the challenges encountered, and the activities completed by the participants. For the Places and Policy pledge monitoring, the local Blue Zones team will track the support provided, the challenges encountered, and progress made by partners/participants (i.e., schools, worksites, grocery stores, restaurants, and local government/city staff). Local Blue Zones staff will provide the Coachella Community Blue Zones Project Steering Committee with regular</p>

<p>towards organizational pledges and other related goals. For the Policy Component, local Blue Zones team and partners will conduct follow-up meetings with local government/city staff to track policy and physical environment changes. For both the Places and Policy Components, local and national Blue Zones teams will be available for customized technical assistance and expertise (e.g., to explore tactics and to identify appropriate supports/partners).</p> <p>To work on succession planning, (by end of January 2028) local and national Blue Zones staff will develop a detailed plan with the Steering Committee and community leaders to identify ways to build local Project management/implementation and/or sustainability capacity in order to prepare for the Project to be locally led. To communicate progress on key indicators (e.g., pledges, other projects), local Blue Zones staff will provide the Coachella Community Blue Zones Project Steering Committee with regular updates (starting in mid-year 2025 and continuing through the three years of the project) on agreed upon key performance indicators (KPIs) for input and discussion.</p> <p>During the final year of the project, the local Blue Zones Team, guided by the Blue Zones National Experts, will conduct a Sustainability Opportunity Analysis and a Sustainability Contract will be finalized. Under the guidance of the Steering Committee and the Coachella Leadership Team, sustainability planning will take place resulting in a Sustainability Plan. At the end of the final project year (March 2028), a City of Coachella Blue Zones Certification audit will be conducted based upon Blue Zones Certification Criteria reflected in the People, Places and Policy pledges and activities. A Blue Zones Certification Award decision will be</p>	<p>updates on pledge monitoring other Key Performance Metrics (starting in mid-year 2025 and continuing through January 2028).</p> <p>The development of the plan to transition to locally led Project management and implementation will be reflected in Minutes of Steering Committee meetings. Documentation of technical assistance logs will document how the Blue Zones local and national staff members provided customized technical assistance (e.g., exploring tactics and to identify appropriate supports) to advance Project management continuity once the Project timeline is completed. Minutes of Steering Committee meetings will document on-going/regular reporting of KPIs.</p>
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<p>made followed by an announcement and certification celebration.</p>	
<p><b>Deliverable #4:</b>          Deliverable 4 – Monitoring Coachella’s Gallop Well-Being Index Score: By end of March 2028, the local BZ staff will summarize the changes in Coachella’s Gallop Well-Being Index score that occurred over the duration of the Project along with the value the change in well-being created for the City of Coachella and its residents. This summary will be reported to the Coachella Community Blue Zones Project Steering Committee, City of Coachella Leadership and the Desert Health Care District Foundation.</p> <p>Gallup, Inc. has developed and conducts an on-going survey all over the United States and in other parts of the world on five aspects of well-being (i.e., purpose, social, financial, physical and community). This survey has been occurring since 2008. The data obtained can be analyzed at a community level. The community-wide findings are combined into the community’s Well-Being Index (WBI) score. The WBI offers insights into a community’s health behaviors and attitudes and provides a way to compare changes in well-being status over time.</p> <p>The Blue Zones Project has proven that: a) well-being can be measured validly and reliably; b) interventions can be designed to improve well-being; c) big changes in well-being have a big value impact; d) big changes in well-being have a transformational effect; e) people with higher well-being cost less and perform better have less disease conditions. In fact, a one point sustained increase in Well-Being has been demonstrated to equal a 1% reduction in total health care cost, a 2% reduction in Hospital/ER admissions, and a</p>	<p><b>Evaluation #4:</b>          Deliverable 4 will be evaluated through the minutes of the Coachella Community Blue Zones Project Steering Committee, which will document the discussion and actions regarding the changes in Coachella’s Gallop Wellbeing Index score. The value created from the change in the WBI score will also be reported.</p>

<p>0.6% reduction in lost productivity.</p> <p>Blue Zones partners with Gallup, Inc. for WBI surveys to occur in Blue Zones Project communities, using a larger than typical sample size (i.e., a representative oversample), to provide insight into the Well-Being of that community and how that community can best progress on their health and well-being journey. During the proposed Project, Gallup will conduct the WBI survey (using oversampling) in Coachella at least three times. The first WBI survey (i.e., baseline) would be during the nine-month Foundation Phase (by March 2025). The second survey will occur in Year 2. The final WBI will occur near the end of Year 3 (late 2027 or early 2028). The local and national Blue Zones staff team will synthesize and share the findings from all Coachella WBI surveys with the steering committee to provide insight into Coachella’s current state of Well-Being and how Coachella can achieve and sustain improvements in health and well-being throughout the project as reflected in the Project Blueprint.</p>	
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**Project Demographic Information**

**Target Geographic Area(s) To Be Served:**

Coachella

**Target Population Age Group:**

0 to 5, 6 to 17, 18 to 24, 25 to 39, 40 to 54, 55 to 64, 65+

**Target Population Ethnicity:**

Hispanic/Latino (of any race), Not Hispanic or Latino (of any race)

**Target Population Race:**

American Indian and Alaska Native, Asian, Black or African American, Native Hawaiian and other Pacific Islander, White, Some other race

**Additional Target Population Information:**

While the Project focuses on Coachella, there are potential benefits to neighboring communities. For example, the neighboring communities of Mecca and Thermal can

benefit from the Project's work to strengthen the food environment. Thermal residents can benefit from a more robust local food system that serves local residents, access to healthier options in Coachella grocery stores, available nutrition and health education/activities and more information about participating in existing supplemental nutrition/food programs. Surrounding communities can also learn about the well-being innovations to make the healthy choice the easy choice occurring in Coachella and then look for ways to translate those innovations into their community fabric.

## **Capacity, Sustainability, and Partnerships**

### **Organizational Capacity**

In its trajectory to carry out the role as the local, public agency responsible for ensuring, promoting and protecting the health and well-being of county residents and visitors, RUHS-PH had developed the internal organizational capacity to carry out this type of Project. RUHS-PH delivers a comprehensive portfolio of public health programs through a branch system that includes Communicable Disease Control, Nutrition and Health Promotion, Public Health Nursing, Epidemiology, Injury Prevention and Children's Medical Services.

RUHS-PH has a fiscal year 2023-2024 overall budget of \$226,400,739 and 1,130 employees. With its own fiscal and administrative support divisions, RUSH-PH is the recipient of more than \$197.4 million in grant awards from California, federal agencies, and foundations - which demonstrates RUHS-PH's organizational capacity to administer, manage and implement a variety of grant types. RUHS-PH uses PeopleSoft financials to ensure accurate tracking of expenditures by program, using unique identifiers (i.e., grant codes) - and has a knowledgeable and experienced Contracts Unit to initiate funding to partner organizations.

To ensure the success of this Project, RUHS-PH anticipates retaining or recruiting staff with demonstrated skills and experience in community health interventions and evaluation. Specific skills include coalition and partnership development, community mobilization, health equity, program evaluation, data management, policy and environmental interventions, communications, resource development, and grant reporting.

### **Organizational Sustainability:**

The Coachella Community Blue Zones Project is designed to have a lasting impact, which reflects RUHS-PH's fiscal prudence and civic engagement goals related to sustainability. As described above, the proposed Project is designed to contribute to the economic stability of the Desert Healthcare District's service area. By forging long-term/semi-permanent changes to the environment that foster healthy living and well-being, this Project is supporting Coachella and the surrounding region to reap the dividends of prevention. For example, according to Gallup, Inc., every sustained point increase in the Well-Being Index translates to a 1% reduction in healthcare costs, a 2%

reduction in hospital admissions/emergency room visits and a 0.6% reduction in lost workforce productivity. This means that Coachella could save approximately \$25 million in combined medical cost savings and enhanced workforce productivity in five years and approximately \$135 million in 10 years. Moreover, hiring local Project staff from the Greater Coachella area contributes to the local economy and the career development of the local public health workforce.

With regards to civic sustainability - two key strengths of this Project are the tangible outcome and process measures (described above) and the asset/strength-based participatory approach reflected in the Project plans. Having clear measures contributes to local control and transparency which motivates collective action and fosters civic sustainability. During the Foundation phase local strengths and assets will be assessed, which will be reflected in the Project Blueprint. Integrating existing strengths and opportunities with the Project Blueprint adds to the momentum to the existing achievement made by the Coachella community.

### **Partnerships/Collaborations:**

As described above, the Coachella Community Blue Zone Project intervention components call for extensive collaboration with organizations in multiple sectors. RUHS-PH is exploring potential collaborations with the following organizations to fulfill Project roles:

- City of Coachella Staff and Elected Officials: a) function as co-conveners for meetings/events; b) function as spokespersons for the Project; and c) identify venues and other resources for the Project.
- Inland Empire Health Plan Foundation: a) strengthen staff recruitment; and b) potentially serve as the fiscal agent.
- Riverside University Health System Foundation: a) strengthen staff recruitment; and b) potentially serve as the fiscal agent.
- Blue Zones, LLC: a) share lessons learned from previous Blue Zones projects; and b) potentially lead Project implementation (as a subcontractor).
- Public Relations Agency (To Be Determined): a) coordinate paid media activities; b) advise on marketing/communication activities.
- Gallup, Inc.: a) administer the Gallup Well-Being Index at least three times during the Project; and b) provide insight into the potential implications of Well-Being Index scores.

### **Diversity, Equity, Inclusion, and Belonging (DEI)**

**How does your organization address DEI in your policies, strategic plan, board and staff, etc.?**

RUHS-PH (and the County of Riverside) has developed a comprehensive and detailed plan to address diversity, equity, and inclusion through internal and external initiatives, demonstrating a commitment to health equity and justice. In 2020, The Board of Supervisors adopted a resolution declaring racism and inequity a public health crisis. One of the resulting actions from that resolution was to create the County-wide Office of Diversity, Equity, Inclusion and Access (DEIA). RUHS-PH also revised the 5-year Health Equity Strategic Plan of the existing Health Equity and Justice (HEJ) Committee. The HEJ Committee and the DEIA Office have identified ways to collaborate. For example, the HEJ Committee is helping to create a data dashboard to monitor progress on the DEIA-identified indicators. The priority areas in the RUHS-PH Strategic Plan reflect a commitment to address public health issues with a DEIA lens (e.g., addressing the social and emotional health of LGBTQ young people and committing to provide community-based group education in English and Spanish).

The 5-year HEJ Plan includes five priority areas.

- Priority Area 1 (Internal Capacity and Infrastructure) involves conducting internal assessments, reviewing contracting and procurement policies, and implementing equity-driven processes.
- Priority Area 2 (Workforce and Culture) involves developing a comprehensive training curriculum, assessing recruitment and retention practices and incorporating equity into staff evaluations.
- Priority Area 3 (Power-Sharing and Power-Building) focuses on allocating resources to community-led organizations, engaging diverse communities, and sharing decision-making power with community members.
- Priority Area 4 (Equitable Data Practices) improving data practices, conducting assessments on data collection, and developing guidelines for equitable data analysis.
- Priority Area 5 (Equity and Justice in All Policies) includes reviewing existing policies, developing an equity and justice policy guideline, and advocating for equity in public health policies at various levels.

### **What barriers does your organization face when addressing DEI?**

Advancing DEI work has inherent challenges such as having difficult conversation related to race and privilege, reaching the hard-to-reach groups, and building/maintaining an organizational-wide equity lens. In addition to the inherent challenges, RUHS-PH faces some particular challenges in carrying out its DEI-related goals. These include having a large population to serve, a large geographical area to cover and having a relatively new Office of DEIA and a recently re-focused HEJ Committee - that are both in the process of implementing new plans.

The proposed Project provides opportunities for RUHS-PH to continue its work on DEI objectives. For example, Blue Zones Projects are typically able to garner support for public health goals from the business sector of a given community. By learning from Blue Zones on how to better make a business case for advancing health and well-being of communities, RUHS-PH can be more effective at addressing health inequities. Second, given the amount of people in, and the geographical size of, Riverside County, it is hard for RUHS-PH staff to reach its community engagement goals (including



nurturing authentic relationship with residents/partners throughout the County). The Coachella Community Blue Zones Project provides RUHS-PH an opportunity to engage more partners in working towards the vision of achieving healthy people in health communities. Lastly, public employees, including public health staff, are frequently not in a position to directly advocate for public policies to address health inequities. Blue Zones projects have a track record of using participatory approaches to building community-wide support for policies and systems changes to make the community-wide healthy options accessible to everyone in the community.

## Grant Budget

Project Grant Budget				
Applicant:	<b>RUHS-PH</b>		<b>Coachella Community Blue Zones Project</b>	
OPERATIONAL EXPENSES	Total Project Budget	Funds From Other Sources <small>Detail On Section 3</small>	Amount Requested From DHCD/F	
<b>Total Staffing Expenses <small>Detail on Section 2</small></b>	\$ 4,111,918.80	\$ 2,016,718.80	\$ 2,095,200.00	
<b>Equipment (itemize)</b>				
1	Desktop Computers	\$ 3,680.00	\$ 3,680.00	
2	Printer	\$ 4,800.00	\$ 4,800.00	
3	Laptops	\$ 5,400.00	\$ 5,400.00	
4	Task Chairs	\$ 2,900.00	\$ 2,900.00	
<b>Supplies (itemize)</b>				
1	Office Supplies	\$ 4,500.00	\$ 4,500.00	
2	Educational Materials	\$ 3,900.00	\$ 3,900.00	
3	Laptop Adaptor Ports	\$ 600.00	\$ 600.00	
4			\$ -	
<b>Printing / Duplication</b>		\$ 2,500.00	\$ 2,500.00	
<b>Mailing / Postage</b>		\$ 1,350.00	\$ 1,350.00	
<b>Mileage (use current Federal mileage rate)</b>		\$ 11,250.00	\$ 11,250.00	
<b>Other Direct Project Expenses Not Described Above (itemize)</b>				
1	Space Rent/Lease	\$ 9,750.00	\$ 9,750.00	\$ -
2	Communications/Mobile Phone	\$ 9,000.00	\$ 9,000.00	
3	Incentives	\$ 4,500.00	\$ 4,500.00	
<b>* Items listed below are included for calculation of the total project budget only. For use of DHCD/F funds, these line items would be included in the allowable 15% indirect cost rate.</b>				
<b>Office / Rent / Mortgage*</b>		\$ 9,750.00	\$ 9,750.00	\$ -
<b>Telephone / Fax / Internet*</b>		\$ 10,750.00	\$ 10,750.00	\$ -
<b>Utilities*</b>		\$ 6,750.00	\$ 6,750.00	\$ -
<b>Insurance*</b>		\$ 2,700.00		
<b>Blue Zones Licensing/Intellectual Property</b>		\$ 690,000.00		
<b>Non-Executive Overhead and Contract Margin</b>		\$ 1,104,000.00	\$ 1,104,000.00	\$ -
<b>Indirect Rate</b>		<input type="checkbox"/> Check Box To Utilize Indirect Rate Up		
<b>Total Project Budget (Rounded up to nearest dollar)</b>				
		<b>\$ 5,999,999</b>	<b>\$ 3,212,099</b>	<b>\$ 2,095,200</b>
<b>Budget Narrative</b>	<p>Equipment cost include desktop computers for four fulltime staff at \$920 per computer x 4 local staff = \$3,680. Office space rental/lease is calculated at 4.00 budgeted FTEs x 200 sq. ft. x \$3 cost per sq. ft. x 3.75 years = \$9,750. Communication (4 cell phones x \$600/year x 3 years and 9 months): \$9,000. Office supplies (e.g., binders, notepads, easel pads, printer toner) are calculated at \$100 per month x 3 years and 9 months = \$4,500. Postage/ mailing costs include postage costs (Fed Ex, UPS, USPS), mail service for project mailings such as several mass mailings of educational information/promotional materials, and dissemination of evaluation findings and are calculated at \$30 per month x 3 years and 9 months = \$1350. professional liability insurance costs are calculated at \$60/month x 45 months = \$2,700. Printing expenses for outside vendor printing of high quality materials, calculated by project, not by month = \$2500. Local travel (\$0.655/mile x 4,580 local miles x 3.75 years) = 11,250. Educational material costs include purchasing brochures, pamphlets, posters and other materials (in English and other languages, as appropriate) for distribution to target audiences and used in educational packets, calculated per item (\$.78 per unit x approximately 5000) = \$3900. Incentives are provided to program participants to motivate and/or reinforce positive behavior, participation, and/or involvement in project activities and require action on the part of the recipient to receive the incentive, which have an average cost of \$15/incentive x 300 incentives = \$4500. Printer costs relate to a Sharp MX-3050N Color Copier / Scanner / Printer = \$4,800. Laptop costs relate to four HP ProBook 640 G4 LCD Notebooks (1 laptop/local team member x 4 team members x \$1,350) = \$5400. Task Chairs will be purchase meet ergonomic standards (1 chair/local team member x 4 team members x \$725) = \$2,900. Laptop adaptor ports are to connect laptops to monitors and other devices (4 staff x \$150 = \$600).</p>			

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Staff Salary Expenses		Annual Salary	% of Time Allocated to Project (3.75 years)	Total Project Salary	Amount Requested from DHCD/F
<b>Employee Position/Title</b>					
1	Executive Director	\$ 120,000.00	375%	450,000.00	\$ 450,000.00
2	Engagement Lead	\$ 88,000.00	375%	330,000.00	\$ 330,000.00
3	Public Policy Lead	\$ 90,000.00	375%	337,500.00	\$ 337,500.00
4	Organization and Well-being Lead	\$ 90,000.00	375%	337,500.00	\$ 337,500.00
5	Blue Zones Food Policy Expert	\$ 160,000.00	22%	35,200.00	\$ -
6	Blue Zones Land Use Policy Expert	\$ 170,000.00	22%	37,400.00	\$ -
7	Blue Zones Tobacco Policy Expert	\$ 140,000.00	22%	30,800.00	\$ -
8	Blue Zones Workplace Wellness Expert	\$ 130,000.00	22%	28,600.00	\$ -
9	Blue Zones Director of Accounts	\$ 190,000.00	14%	26,600.00	\$ -
10	Blue Zones Vice President of Operations	\$ 180,000.00	14%	25,200.00	\$ -
11	Blue Zones Communication Officer	\$ 160,000.00	14%	22,400.00	\$ -
12	Blue Zones Finance Director	\$ 208,000.00	14%	29,120.00	\$ -
13	Blue Zones Chief Development Officer	\$ 220,000.00	8%	17,600.00	\$ -
14	Blue Zones Transformation Officer	\$ 190,000.00	16%	30,400.00	\$ -
<b>Enter Total Employee Benefits / Employer Taxes % (Proportional Fringe Costs and/Or Employer Taxes Based On % Of Time Allocated To Project)</b>			44.00%	764,860.80	640,200.00
<b>Total Will Populate In Total Staffing Expenses Section 1</b>				<b>Total &gt;</b>	<b>\$ 2,503,180.80 \$ 2,095,200.00</b>
<b>Budget Narrative - Scope of Work</b>	Executive Director is responsible for overall accountability for Community Blueprint development, execution and achieving Blueprint goals and objectives. Engagement Lead works with the local community to maximize participation and engagement of individuals and organizations with the Blue Zones Project. The Public Policy Lead is responsible for the successful advancement of the Blue Zones Project within the policy sector. This will include adding, changing, or removing policies that span city-wide regulations and standards. The Public Policy Lead will collaborate with policy partners to establish, implement, and communicate policy priorities that improve well-being. The Organization and Well-being Lead will partner with the local business community and organization leaders (i.e., worksites, schools, restaurants, and grocery stores) to become a Blue Zones-approved Organization. Blue Zones national experts/staff provide technical assistance and customized training to the local Blue Zones team.				
<b>Budget Narrative - Employee Benefits</b>	Fringe benefits are estimated at a cost of 44% of the salary and include 401(k) matching, dental insurance, flexible spending account, health insurance, health savings account, life insurance, paid time off, retirement plan and vision insurance.				
Professional Services / Consultant Expenses		Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD/F
<b>Company and Staff Title</b>					
1	Paid Media via Public Relations Agency (TDB)			\$ 744,738.00	
2	Engagement Application for Smart Phones			\$ 222,000.00	
3	Measurement via Gallup, Inc.			\$ 342,000.00	
4	Information Technology/HelpDesk			\$ 300,000.00	
<b>Total Will Populate in Total Staffing Expenses Section 1</b>				<b>Total &gt;</b>	<b>\$ 1,608,738.00 \$ -</b>
<b>Budget Narrative - Scope of Work</b>	Paid Media costs will be carried out by a public relation agency to that will place advertisements in TV, radio, movie theaters, newspapers; outdoor advertisements (billboards, bus ads, transit shelters, etc.); or digital advertisements (e.g., ads in newspapers websites or other sites including social media channels, online search campaigns, etc.). The estimated cost per Transformation Phase year (Year 1 = \$280,537, Year 2 = \$274,601, Year 3 = \$270,092) = \$825,230. A Challenge Application for Smart Phones will be customized for the local Blue Zones Project to engage local residents and align with local media campaigns. Gallup, Inc. will conduct at least three (oversampled) surveys in the City of Coachella to assess and monitor a compilation of health/wellness indicators. Information Technology/HelpDesk cost are to assist local staff/partners with technology support.				

<b>Funds From Other Sources (Actual Or Projected) SPECIFIC To This Project</b>		
<b>"Total Funding In Addition To DHCD/F Request" Below Should Match Or Exceed Value Listed In Section 1 for "Funds from Other Sources".</b>		<b>Amount</b>
<b>Fees</b>		
<b>Donations</b>		
<b>Grants (List Organizations)</b>		
1	Inland Empire Health Plan (pending Board approval)	\$3,000,000
2	City of Coachella (pending City Council approval)	\$300,000
<b>Projected Fundraising (Describe Nature Of Fundraiser)</b>		
1	Chamber of Commerce (potential sponsor)	\$40,000
2	Desert Oasis (potential sponsor)	\$35,000
3	Eisenhower Hospital (potential sponsor)	\$35,000
4	Agua Caliente Casinos (potential sponsor)	\$200,000
5	Clinton Foundation (potential sponsor)	\$200,000
6	Coachella Music Festival (potential sponsor)	\$100,000
<b>Other Income, e.g., Bequests, Membership Dues, In-Kind Services, Investment Income, Fees From Other Agencies, Etc. (Itemize)</b>		
1		
2		
3		
<b>Total Funding In Addition To DHCD/F Request</b>		<b>\$ 3,910,000.00</b>
<b>Budget Narrative</b>	The Inland Empire Health Plan (IEHP) leadership approved a grant equivalent to \$3,000,000 to cover up to 50% of City of Coachella Blue Zone Project. The City of Coachella leadership endorsed the Project and verbally committed to propose a Project sponsorship at the level of \$300,000 to the City Council.	

Version 07.07.23 Please see instructions tab for additional information

Date: April 23, 2024  
To: Desert Healthcare District and Foundation Board  
From: Michele Finney, CEO  
Re: **DRMC CEO - District Board Meeting Report April 2024**

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I'm pleased to provide this monthly report to the District Board to share highlights about Desert Regional Medical Center for the month of April.

**People/Quality:**

- All DRMC Residency programs matched during the ACGME March match process. In addition, we have received formal ACGME approval for the transitional year program. We are awaiting notification on the Internal Medicine Program.
- Recruitment and retention strategies continue to be fruitful. DRMC's annualized RN turnover rate is less than 5% and JFK is under 10%. We continue to be successful at both facilities in onboarding new RNs as well as other staff.
- Bargaining sessions continue with SEIU-UHW with two additional sessions on the calendar.

**Survey Activity:**

- NEW Certification: Advanced Perinatal Certification (March 28-29, 2024)-ACPC Awarded April 5, 2024. Desert Regional is the first hospital in the Inland Region to achieve this certification from The Joint Commission. To date, only four other hospitals in the State of California have achieved this advanced credential.

**Services/Events:**

- DRMC Cath lab room 1 complete. Ribbon cutting Ceremony was held with City Officials, Medical Staff, employees and the American Heart Association on April 18<sup>th</sup>.
- DRMC and DCN participated in a number of community events to foster education and wellness and support local non-profit charities. These events have been focused in areas such as blood donation at all three hospitals, Medi-Cal redetermination, Chamber State of the City's, non-profit fundraiser events, and clinical services outreach to the unhoused and those most vulnerable throughout our community. Of particular popularity is the Desert Survival Seminars – "When the Desert Bites Back".

**Capital & Construction Projects Underway:**

- OR Light, Video Integration and LIM project. Four ORs are fully completed. The upgrading of ORs is taking place at both DRMC and JFK.
- East campus roof and air handler replacement complete and awaiting HCAI sign off on 4/24/24.
- ICU Isolation Room Project - Three out of four rooms have been completed. Final room is underway.
- Elevator Replacement - Replacement of the second phase of elevators is expected to start in Q3 2024. This project is currently in the architectural and planning phase. S3 remains out of service.
- ICU Renovation – 2 pods will be updated and are in the planning phase.
- PACU Expansion and OR Storage – A&E to begin in Q2.
- JFK – MRI construction still underway. DRMC – MRI replacement in architect and engineering phase.



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: April 23, 2024  
To: Board of Directors  
From: Evett PerezGil, Board of Directors, President  
Subject: Report from the DRMC Governing Board Meeting held 04/18/24

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**Background:**

- The Desert Regional Medical Center Board of Governors is responsible for financial and professional oversight of Desert Care Network, guiding Desert Care Network in the delivery of high-quality healthcare to the Coachella Valley.
- 

**Governing Board Meeting Overview:**

- Michele Finney, CEO, reported on current updates.
- The Perinatal Center presented a presentation of their services with advanced accreditation as the first in the Inland Empire.
- DRMC is the only Level 3 NICU in the Coachella Valley.
- The Board reviewed the semi-annual compliance report with an overall good score.
- A ribbon-cutting ceremony was held on April 18 for the opening of the catheter lab.
- The Board reviewed the reports on peer review, medical staff, accreditations, and certifications.



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

April 08, 2024

The Honorable Carlos Villapudua  
Chair, Assembly Committee on Jobs, Economic Development, and the Economy  
1021 O Street, Suite 6340  
Sacramento, CA 95814

**RE: AB 2757 (Garcia, Padilla) – Southeast California Economic Region – SUPPORT**

Dear Chair Villapudua and Committee Members:

On behalf of Desert Healthcare District and Foundation, I am pleased to offer our support for Assembly Bill 2757 by Assemblymember Eduardo Garcia and Senator Steve Padilla, which would designate the Southeast California Economic Region for the purpose of aligning state and federal programs to benefit communities impacted by lithium and other mineral extraction and clean energy development. This bill also allows for regional collaboration to create a strategic plan for economic development in the region, as illustrated in the Blue-Ribbon Commission on Lithium Extraction in California report recommendations.

The Desert Healthcare District and Foundation's mission is *to achieve optimal health at all stages of life for all District residents* and a vision *that equitably connects Coachella Valley residents to health and wellness services and programs through philanthropy, health facilities, information and community education, and public policy*. We collaborate with community partners in furthering our environmental health initiative to address and lessen the health effects of environmental hazards and poor air quality in the Eastern Coachella Valley, while prioritizing strategic grant funding for the health of community residents living near the Salton Sea.

In 2023, the District and Foundation awarded over \$6 million through grants, social services, and fiscal sponsorships, which included partnerships for air quality.

Economic regions in the United States promote economic development in distressed areas of the country. Currently, the Imperial Valley is grouped with San Diego as the Southern Border Region, while the Eastern Coachella and Palo Verde Valleys are grouped together with the Inland Empire as part of the greater Southern California Region. Such division dilutes the interests and opportunities for constituents and developers in the Imperial, Eastern Coachella, and Palo Verde Valleys. These Salton Sea communities all share the following hardships with each other more than they do with their current economic regional designations:

- Environmental and economic implications due to Salton Sea degradation.
- Unemployment rates are higher than the state average.
- Median income rates are lower than the state average.
- Lack of infrastructure.
- Decreased local revenue.

AB 2757 will create an economic region that prioritizes and encourages the economic development of the Salton Sea region for the benefit of the surrounding disadvantaged communities.

We urge your “YES” vote when the measure is heard in your committee.

Sincerely,

DocuSigned by:



Chris Christensen, CPA

Interim CEO

Desert Healthcare District and Foundation





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

Date: April 23, 2024  
To: Board of Directors  
Subject: Interim CEO Meetings, Engagements, District Media Visibility, and CEO Discretionary Fund

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**Background:**

- The following is brief information regarding the CEO's current meetings and community engagements.
- The report includes District media visibility and the CEO Discretionary Fund expenditures.

**Meetings and Engagements 03/28/24 – 04/16/24**

- Palm Springs City Council Homelessness Fund \$25,000 Check Presentation
  - Partners in Medical Education (PME) GME Next Steps Discussion
  - Palm Springs Chamber of Commerce Annual Police & Fire Appreciation Luncheon
  - Dream Homes Park Groundbreaking Ceremony
  - Environmental Health Summit Committee and Subcommittee Meetings
  - Association of California Healthcare District (ACHD) CEO Roundtable
  - Gibbins Advisors Draft Summary Report Overview
  - Hospital Lease Negotiations Presentation to the Palm Springs Mayor Bernstein and Councilmember Christy Holstege
  - Second Quarter DRMC Hospital Inspection and Reinspection
- 

**District Media Visibility**

(PSA) KUNA Radio aired multiple 30-second spots promoting the April 16 & 30 community meetings.

(PSA) Promoting the April 16 community meeting in Indio appeared April 11, 2024, in El Informador newspaper. Page 10:

[https://www.elinformadordelvalle.net/\\_files/ugd/231d4b\\_e626105220204947983bf0e303a57607.pdf](https://www.elinformadordelvalle.net/_files/ugd/231d4b_e626105220204947983bf0e303a57607.pdf)

(Eblast) The Rancho Mirage Chamber of Commerce informed its members through its website and newsletter about the community meetings on the lease update, April 8.

(Eblast) The Greater Coachella Valley Chamber of Commerce promoted the community meetings about the lease to its membership on April 4: <https://gcvcc.org/healthcare-district-announces-dates-for-community-meetings-on-hospital-lease-update/>

“Palm Springs nurses demand Tenet address patient safety” (March 29, National Nurses United) <https://www.nationalnursesunited.org/article/palm-springs-nurses-demand-tenet-address-patient-safety>

“Majority of residents favor Tenet lease renewal for Desert Regional, survey says” (March 27, The Desert Sun) <https://www.desertsun.com/story/news/health/2024/03/27/survey-shows-locals-in-favor-of-tenet-desert-regional-palm-springs-area-hospital-lease-renewal/73110620007/>

“Desert Healthcare District announces public forums on Palm Springs hospital lease” (March 26, The Desert Sun updated the article to include remaining meeting dates and locations. <https://www.desertsun.com/story/news/health/2024/02/28/desert-healthcare-district-meeting-public-forums-palm-springs-area-hospital-lease/72760126007/>

“Desert Healthcare District seeks community input” (March 19, NBC Palm Springs) <https://nbcpalmsprings.com/2024/03/19/desert-healthcare-district-seeks-community-input-2/>

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### CEO Discretionary Fund

Date	Name	Memo	Amount
<b>6325 - CEO Discretionary Fund</b>			
07/01/2023	California Forward	Knowledge level sponsorship for 2023 Economic Summit	5,000
08/04/2023	U.S. Bank	Planned Parenthood contribution to 60th Anniversary Cocktail Reception - September 23, 2023	5,000
08/11/2023	Blood Bank of San Bernardino	2023 Thanks4Giving Gala Table Sponsorship - Saturday November 11, 2023	3,500
08/15/2023	Coachella Valley Volunteers in Medicine	2023 VIMY Awards - Bronze Sponsorship	5,000
08/17/2023	UC Riverside Foundation	UCR SOM 2023 Gala and Education Building II Grand Opening - Silver Sponsorship	10,000
08/30/2023	Regional Access Project Foundation	Desert Fast Pitch 2023 Sponsorship	5,000
09/06/2023	Cathedral City Senior Center	Table Sponsor at November 13, 2023 Gala	5,000
10/10/2023	Alianza Nacional De Campesinas Inc.	Storm assistance to help Alianza Nacional de Campesinas purchase and distribute food & water after Tropical Storm Hillary	3,698
01/04/2024	U.S. Bank	OneFuture - The Future Is Ours - February 28, 2024 - Empowering Students Sponsor	2,575
01/31/2024	Alejandro Espinoza Santacruz - Expense Reimbursement	Purchased items for refugee children	1,604
02/01/2024	U.S. Bank	Joslyn Center - CEO Discretionary Fund donation	1,000
02/29/2024	The Bridge To Better	Airfare reimbursement donation for individual in need	280
03/20/2024	City of Coachella	City of Coachella Women's Summit Sponsorship	1,000
<b>TOTAL</b>			<b>48,657</b>



**DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
April 09, 2024**

<b>Directors Present via Video Conference</b>	<b>District Staff Present via Video Conference</b>	<b>Absent</b>
President Evett PerezGil Vice-President Carmina Zavala, PsyD Director Leticia De Lara, MPA	Chris Christensen, CPA, Interim CEO Donna Craig, Chief Program Officer Alejandro Espinoza, MPH, Chief of Community Engagement Meghan Kane, MPH, Senior Program Officer, Public Health Erica Huskey, Grants Manager Andrea S. Hayles, MBA, 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 5:04 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 Director De Lara and Vice-President Zavala and to approve the agenda. Motion passed unanimously.</b>
<b>III. Meeting Minutes</b> <b>1. February 13, 2024</b>	Chair PerezGil asked for a motion to approve the February 13, 2024, meeting minutes.	<b>Moved and seconded by Director De Lara and Vice-President Zavala to approve the February 13, 2024, meeting minutes. Motion passed unanimously.</b>
<b>IV. Public Comment</b>	There were no public comments.	
<b>V. Old Business</b>  <b>1. Program Associate – Update</b>	Chris Christensen, Interim CEO, provided an update on the Program Associate position, describing approval of the job description by the board, recruitment, screenings, and upcoming interviews after closing the position on April 14, with the potential for a start date in May.	

**DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
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<p><b>2. HCC (Health Career Connections) Intern sponsorship update</b></p>	<p>Donna Craig, Chief Program Officer, provided background on the Health Career Connections (HCC) intern sponsorship process of collaborating with HCC and organizations of interest with District funding for internship placement at the Líderes Campesinas training program, with a further update at the May Program and F&amp;A Committee commencing in June for the intern.</p>	
<p><b>VI. Program Updates</b></p> <p><b>1. Progress and Final Reports Update</b></p> <p><b>2. Grant Applications and RFP Proposals Submitted and Under Review</b></p> <p><b>3. Grant Payment Schedule</b></p>	<p>President PerezGil inquired about any questions from the committee concerning the Progress and Final Reports.</p> <p>There were no questions or comments.</p> <p>President PerezGil inquired about any questions from the committee concerning the Grant Applications and RFP Proposals Submitted and Under Review.</p> <p>There were no questions or comments.</p> <p>President PerezGil inquired about any questions from the committee concerning the Grant Payment Schedule.</p> <p>There were no questions or comments.</p>	
<p><b>VII. Grant Funding</b></p> <p><b>A. Social Isolation and Loneliness “Building</b></p>	<p>Mr. Christensen, Interim CEO, provided an overview of the</p>	

DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
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<p><b>Connected Communities” Proposals – Review and determination for forwarding to the Board for consideration:</b></p> <p>1. <b>Grant #1432 Variety – the Children’s Charity of the Desert Tent 66 – Outreach and Future Program Expansion – \$102,949</b></p> <p>2. <b>Grant #1437 Youth Leadership Institute – Community Advocates for Resilient Emotional Safety (ECV CARES) – \$100,000</b></p>	<p>process for the social isolation and loneliness <i>Building Connected Communities</i> RFP, the strategic plan alignment, and the program staff’s recommendations of approval for funding eight organizations.</p> <p>Donna Craig, Chief Program Officer, described the 20 applications that were assessed and reviewed and encouraged agencies not recommended for funding to consider the rolling grant process and alignment with the District’s high priority strategic goals.</p> <p>Ms. Craig highlighted the \$102,949 grant request from Variety of the Children’s Charity Desert Tent 66 outreach and future program expansion.</p> <p>There were no questions or comments from the committee.</p> <p>Ms. Craig highlighted the goals and strategies for the youth as community navigators to target other youth and families of the Youth Leadership Institute – Community Advocates for Resilient Emotional Safety (ECV CARES) \$100,000 grant request. The committee inquired about the 15% indirect costs, such as professional fees and administrative expenses, which is standard.</p>	<p><b>Moved and seconded by Vice-President Zavala and Director De Lara to approve Grant #1432 Variety – the Children’s Charity of the Desert Tent 66 – Outreach and Future Program Expansion – \$102,949 and forward to the Board for approval. Motion passed unanimously.</b></p> <p><b>Moved and seconded by Director De Lara and Vice-President Zavala to approve Grant #1437 Youth Leadership Institute – Community Advocates for Resilient Emotional Safety (ECV CARES) – \$100,000 and forward to the Board for approval. Motion passed unanimously.</b></p>
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**DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
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<p><b>3. Grant #1441 Desert AIDS Project, dba DAP Health – DAP Health Community Health Workers Build Community Connections – \$125,000</b></p>	<p>Vice-President Zavala recused herself from the conversation as an employee of DAP Health.</p> <p>Ms. Craig highlighted the DAP Health Community Health Workers Build Community Connections \$125,000 grant request for capacity of the health workers with engagement of different populations supporting community health worker salaries, a new hire, and various incentives for outreach and resources.</p> <p>There were no questions or comments from the committee.</p>	<p><b>Moved and seconded by Director De Lara and President PerezGil to approve Grant #1441 Desert AIDS Project, dba DAP Health – DAP Health Community Health Workers Build Community Connections – \$125,000 and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>4. Grant #1443 Voices for Children – Court Appointed Special Advocate (CASA) Program – \$60,000</b></p>	<p>Ms. Craig provided an overview of the Voices for Children – Court Appointed Special Advocate (CASA) Program – \$60,000 grant request, highlighting their work and supporting the salaries of the support staff, two advocacy supervisors, and the CASA recruitment and outreach manager.</p> <p>Jessica Munoz, President and CEO of Voices for Children, provided an overview of the volunteers work with social workers and the attentiveness of children requiring behavioral and mental healthcare for linkages to licensed clinicians, as inquired by the committee.</p>	<p><b>Moved and seconded by Director De Lara and Vice-President Zavala to approve Grant #1443 Voices for Children – Court Appointed Special Advocate (CASA) Program – \$60,000 and forward to the Board for approval. Motion passed unanimously.</b></p>

**DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
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<p><b>5. Grant #1445 Cove Communities Senior Association dba The Joslyn Center – Increasing Behavioral Health Access and Social Connectedness for Older Coachella Valley Adults – \$200,000</b></p>	<p>Ms. Craig highlighted The Joslyn Center’s Increasing Behavioral Health Access and Social Connectedness for Older Coachella Valley Adults \$200,000 grant request to develop the existing services and expand the outreach to the underserved and low-income seniors, including individuals with disabilities and Hispanic and Latino seniors, while supporting the current four positions at the Joslyn Center.</p> <p>Jack Newby, Executive Director of The Joslyn Center, described the targeted areas of the underserved population of the low-income housing in Palm Desert, low-income senior housing management collaboration and outside of those communities, such as in Indio collaborating with Volunteers In Medicine. Mr. Newby also emphasized that The Joslyn Center is the first senior center in the nation designated as an Autism Center with staff obtaining 2-year certifications.</p> <p>As a grantee, the committee suggested that the Joslyn Center acknowledge the District on their website, including in the published materials and paid advertising. Mr. Newby also detailed their marketing strategies, a requirement of the grant reporting.</p>	<p><b>Moved and seconded by Director De Lara and President PerezGil to approve Grant #1445 Cove Communities Senior Association dba The Joslyn Center – Increasing Behavioral Health Access and Social Connectedness for Older Coachella Valley Adults – \$200,000 and forward to the Board for approval. Motion passed unanimously.</b></p>
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**DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
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<p><b>6. Grant #1452 El Sol Neighborhood Educational Center – Coachella Valley Community Assistance, Resources, and Empowerment Services (CV-CARES) – \$200,000</b></p>	<p>Ms. Craig highlighted El Sol Neighborhood Educational Center – Coachella Valley Community Assistance, Resources, and Empowerment Services \$200,000 grant request, describing the work of the agency including partnerships with Vision Compromiso, a tiered community health worker approach with large scale outreach, education, and evidence-based outreach through the navigators.</p> <p>Alexander Fajardo, Executive Director of El Sol, described the region, assessments, family support, informational sessions, collecting and analyzing outreach effort records and engagement data for community support services to 5,000 residents, and the number of screenings.</p> <p>The committee inquired and discussed the outreach of the residents, with a 2-1 approval of the grant request based on Vice-President Zavala’s concerns about accomplishing the goal of outreach to 5,000 families.</p>	<p><b>Moved and seconded by Director De Lara and President PerezGil to approve Grant #1452 El Sol Neighborhood Educational Center – Coachella Valley Community Assistance, Resources, and Empowerment Services (CV-CARES) – \$200,000 and forward to the Board for approval. Motion passed 2-1.</b></p>
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**DESERT HEALTHCARE DISTRICT  
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<p><b>7. Grant #1453 Vision y Compromiso – Cultivando Community Connections – \$199,914</b></p>	<p>Ms. Craig highlighted Vision y Compromiso – Cultivando Community Connections grant request, focusing on extensive outreach at events and workshops to direct service providers for mental health and salaries for three positions, describing that the number of families is unique and not duplicated for effectiveness.</p> <p>Melinda Cordero, Associate Director of Programs, and Yoanna Luna, Regional Program Manager, Vision y Compromiso, addressed the committee’s inquiry by describing the 5 to 25 people per workshop for reaching over 6,000 individuals by the end of the grant period, detailing the current programs, and capturing the data with tracking tools for the encounters.</p> <p>The committee voted 2-1 (President PerezGil) to approve the grant request.</p>	<p><b>Moved and seconded by Director De Lara and Vice-President Zavala to approve Grant #1453 Vision y Compromiso – Cultivando Community Connections – \$199,914 and forward to the Board for approval. Motion passed 2-1.</b></p>
<p><b>8. Grant #1455 Angel View Inc. – Outreach program to reduce social isolation and loneliness – \$86,250</b></p>	<p>Ms. Craig described the grant request from Angel View Inc., outreach program to reduce social isolation and loneliness with the implementation of new case management software for tracking their delivery services to reach over 700 families, which will increase the capacity of the current staff, as acknowledged by the committee.</p>	<p><b>Moved and seconded by Director De Lara and Vice-President Zavala to approve Grant #1455 Angel View Inc. – Outreach program to reduce social isolation and loneliness – \$86,250 and forward to the Board for approval. Motion passed unanimously.</b></p>

DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
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<p><b>B. Grant # 1434 Riverside University Health System – Public Health – Coachella Community Blue Zones Project: \$2,095,200 for 45 months – review and give direction for moving forward as this request is not in alignment with board-approved high priority strategic plan goals.</b></p>	<p>Ms. Craig provided an overview of the Blue Zones Project \$2M grant request, the background from the December strategic planning retreat high priority goals and direction to bring forth low priority grant requests to the Program Committee for determination and potential submission to the board.</p> <p>The committee discussed tabling the matter later to determine if additional funds are raised and whether it’s feasible to increase the request from a low to a high priority or a smaller amount to support the lower priority. After a lengthy discussion, the committee denied the request since it doesn’t meet the strategic plan goals as a low priority, including substantiating the requested amount.</p>	<p><b>Moved and seconded by Director De Lara and Vice-President Zavala to deny Grant # 1434 Riverside University Health System – Public Health – Coachella Community Blue Zones Project: \$2,095,200 for 45 months and forward the recommendation to the Board. 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 6:25 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: \_\_\_\_\_  
Evet PerezGil, Chair/ President, Board of Directors  
Program Committee

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



**Date:** April 9, 2024

**To:** Program Committee – District

**Subject:** Progress and Final Grant Reports 2/1/2024 – 3/31/2024

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

**Pueblo Unido, CDC # 1331**

Grant term: 7/1/2022 – 6/30/2024

Original Approved Amount: \$50,000.

**Progress Report** covering the time period from: 7/1/2023 – 12/31/2023

**Desert Arc # 1400**

Grant term: 10/1/2023 – 9/30/2024

Original Approved Amount: \$291,271.

**Progress Report** covering the time period from: 10/1/2023 – 12/31/2023

**Lift To Rise # 1391**

Grant term: 6/1/2023 – 5/31/2026

Original Approved Amount: \$900,000.

**Progress Report** covering the time period from: 9/1/2023 – 11/30/2023

**Alianza Coachella Valley # 1332**

Grant term: 8/1/2022 – 7/31/2024

Original Approved Amount: \$100,000.

**Progress Report** covering the time period from: 2/1/2023 – 7/31/2023

**Galilee Center # 1324**

Grant term: 8/1/2022 – 7/31/2024

Original Approved Amount: \$100,000.

**Progress Report** covering the time period from: 8/1/2023 – 1/31/2024

**Vision y Compromiso # 1325**

Grant term: 7/1/2022 – 6/30/2024

Original Approved Amount: \$150,000.

**Progress Report** covering the time period from: 7/1/2023 – 12/31/2023

**Youth Leadership Institute # 1327**

Grant term: 7/1/2022 – 6/30/2024

Original Approved Amount: \$50,000.

**Progress Report** covering the time period from: 7/1/2023 – 12/31/2023

**CSUSB Philanthropic Foundation # 1394**

Grant term: 8/1/2023 – 7/31/2024

Original Approved Amount: \$73,422.

**Progress Report** covering the time period from: 8/1/2023 – 1/31/2024

**Coachella Valley Volunteers In Medicine # 1408**

Grant term: 11/1/2023 – 10/31/2024

Original Approved Amount: \$478,400.

**Progress Report** covering the time period from: 11/1/2023 – 1/31/2024

**Galilee Center # 1392**

Grant term: 6/1/2023 – 5/31/2024

Original Approved Amount: \$268,342.

**Progress Report** covering the time period from: 12/1/2023 – 2/29/2024

**Organización en California de Lideres Campesinas, Inc. # 1333**

Grant term: 2/1/2023 – 1/31/2025

Original Approved Amount: \$150,000.

**Progress Report** covering the time period from: 8/1/2023 – 1/31/2024

**OneFuture Coachella Valley # 1330**

Grant term: 7/1/2022 – 6/30/2024

Original Approved Amount: \$150,000.

**Progress Report** covering the time period from: 1/1/2023 – 6/30/2023

**DPMG Health # 1329**

Grant term: 10/1/2022 – 9/30/2025

Original Approved Amount: up to \$500,000

**Monthly Progress Report** covering the time period from: 1/1/2024 – 1/31/2024

## Grant Progress Report

**Organization Name:** Pueblo Unido CDC

**Grant #:** 1331

**Project Title:** Interim Drinking Water Program

**Contact Information:**

Contact Name: Sergio Carranza  
Phone: 760-777-7550, x102  
Email: scarranza@pucdc.org

### Grant Information

**Total Grant Amount Awarded:** \$50,000

**Grant Term (example 7/1/22 – 6/30/23):** 7/1/22 – 6/30/24

**Reporting Period (example 7/1/22 – 10/31/22):** 7/1/23 – 12/31/23

### Desert Healthcare District Strategic Plan Alignment

**Strategic Plan Goal:**

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

**Strategic Plan Strategy:**

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

### Progress This Reporting Period

Please describe your project accomplishment(s) during this reporting period in comparison to your proposed goal(s) and evaluation plan.

**Goal #1:** *By July 2024, PUCDC will provide environmental and public health training and education resources to at least 480 low-income residents of Polanco mobile home parks in the Eastern Coachella Valley through one Health Resources Fair (Spring 2023), three capacity-building training workshops (1st, 2nd and 4th quarters of calendar year 2023); and eight community meetings (2023-2024). This project goal coincides with the following DHCD Strategic Plan performance measures: “# of community awareness activities related to educating the community around behavioral/mental health services and resources”; “# of individuals reached through behavioral/mental healthcare community awareness activities (indirect)”; and “# of individuals who were connected to behavioral/mental health services and resources (direct)” under strategy 3.6 Educate community residents on available behavioral/mental health resources.*

**Progress of Goal #1:**

We continue to work with US EPA and other regulatory agencies to ensure residents are receiving the resources and tools needed to regulate their small water systems and comply with water regulations.

Throughout the reporting period, PUCDC collaborated closely with mobile home park owners, residents, and the US EPA to facilitate the dissemination and comprehension of the annual water reports provided by the EPA to all residents. The team also undertook the replacement of POU units with greater water storage capacities, following the completion of new installations in preceding quarters and monthly monitoring, as well as concluding part replacement visits for 2023. Simultaneously, the PUCDC team consistently delivered educational content on water quality, best practices for POU utilization, and updates on water systems regulations.

Furthermore, arsenic water samples were diligently collected and reported on. The results affirmed the proper functionality of POU units, ensuring the provision of safe drinking water.

In a parallel effort, PUCDC extended additional technical assistance to all 32 mobile home parks, coordinating the second round of lead and copper sampling. The team crafted informative materials emphasizing the significance of water samples and adherence to provided instructions. Collaborating with mobile home park owners and residents, a total of 90 additional samples were collected, and results were reported.

Conclusively, PUCDC maintains its commitment to collaborating with the US EPA to equip mobile home park owners with essential information, resources, and support for their individual water systems, ensuring compliance with all drinking water regulations.

**Engagements:**

Monthly monitoring home visits – 645

Maintenance Visits – 40

Capacity building meetings/trainings with MHP owners – 30

Arsenic water sampling collection and result discussions/meetings – 56

Other water sampling needs – 90

POU installation coordination with homeowners – 39

Community Meetings – 4

Other Site Visits – 20

**Goal #2:**

*By July 2024, PUCDC will expand access to safe drinking water by installing 96 under the sink Reverse Osmosis water filtration systems to provide drinkable water and of improved quality for an estimated 480 low-income residents of Polanco mobile home parks in the Eastern Coachella Valley. This project goal coincides with the DHCD Strategic Plan performance measure “# of individuals who received culturally-sensitive behavioral/mental health services” under strategy 3.7 Collaborate/partner with*

*community providers to enhance access to culturally-sensitive behavioral/mental health services.*

**Progress of Goal #2:**

As of December 31, 2023, 405 point-of-use reverse osmosis units have been installed in 32 polanco parks. Additionally, technical assistance has been provided to park owners and residents, including POU maintenance, as well as annual and regular water sampling as required by regulatory agencies. PUCDC has surpassed the goal set under this grant.

**Progress on the Number of District Residents Served**

**Number of Unduplicated District Residents Directly Served During This Reporting Period:** 405

**Number of Unduplicated District Residents Indirectly Served During This Reporting Period:** 2,025

**Please answer the following questions:**

**Is the project on track in meeting its goals?**

PUCDC has met all the proposed goals of the project. Point-of-use (POU) installations have been completed and are working properly. Quarterly arsenic sampling and monitoring are ongoing, and PUCDC will continue to provide technical assistance to the Polanco owners to remain in compliance with regulatory agencies.

**• Please describe any specific issues/barriers in meeting the project goals.**

The level of coordination needed to finalize the installation of all POU units and scheduling of water sampling with the urgency needed to ensure Polanco owners remained in compliance with the regulatory agencies has been the most challenging aspect of the implementation process.

**• If the project is not on track, what is the course correction? n/a**

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

The installation of 405 POU units has been a major milestone for PUCDC as well as an unexpected success for us as we had initially set our goal at 96 units.

# **GRANT PROGRESS REPORT**

**Desert Arc, Grant # 1400**

## **ABOUT THE ORGANIZATION**

Desert Arc  
73255 Country Club Drive  
Palm Desert, CA 92260  
760-346-1611

### **Progress Report Contact:**

Nick Prudhomme, Development Associate  
nprudhomme@desertarc.org

## **PROJECT INFORMATION**

**Project Title:** 1400 Desert Arc Health Care Program

**Grant Term:** 10/01/2023 - 09/30/2024

**Total Grant Amount Awarded:** \$291,271.00

**Reporting Period:** 10/01/2023 - 12/31/2023

**Report Due Date:** 02/01/2024

## **DESERT HEALTHCARE DISTRICT STRATEGIC PLAN ALIGNMENT**

**Goal 2:** Proactively expand community access to primary and specialty care services

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

**Strategy 2.7** Increase equitable access to primary and specialty care services and resources in underserved communities in Coachella Valley (Priority: High)

**Strategy 3.6** Increase awareness of behavioral/mental health resources for residents in Coachella Valley (Priority: Moderate)

## **PROGRESS TOWARDS PROJECT DELIVERABLES**

Write your progress towards each project deliverable in the space below. Project deliverable numbers should ONLY reflect those directly funded by DHCD funds.

### **Project Deliverable #1:**

By June 30, 2024, acquire and install 63 life-saving Automatic External Defibrillators (AEDs) in Desert Arc's buses and vehicles transporting people with disabilities with



round-trip, home to program, curb-to-curb service.

**Progress towards Deliverable #1:**

During this quarter Desert Arc began the planning process for the ordering and installation of 63 Automated External Defibrillators (AEDs) including securing all needed components from the vendor to ensure the devices' security and ease of implementation once ordered and received.

**Project Deliverable #2:**

By September 30, 2024 an estimated 230 clients will benefit from the on- and off-site medical care of a full-time Licensed Vocational Nurse Monday through Friday.

**Progress towards Deliverable #2:**

108 individual (unduplicated) clients, people with intellectual and developmental disabilities, benefitted from the on and off-site care of the Licensed Vocational Nurse. There were 939 total procedures/medication passes which include Physician Ordered Medical Passes, Catheter Care, Vagus Nerve Stimulation, Breathing Treatment, Blood Glucose, and Nasal Sprays. There was a total of 345 interventions performed from Intervention Services (First Aid, Post-Fall, Seizures, PRN, Covid Tests, AED).

**Project Deliverable #3:**

By September 30, 2024, a Board Certified Behavior Analyst will conduct Behavior Assessments and create Behavior Support plans for an estimated 70 clients.

**Progress towards Deliverable #3:**

The Board Certified Behavior Analyst conducted Behavior Assessments and created Behavior Support plans for 31 clients. Working in small groups and one-on-one with clients, the Behavior Plans: 1. Identify Targeted behaviors by outlining the Operational Definition of the behavior, the Behavioral Function, and the behaviors Antecedents 2. Outlines how to Prevent Behavior, Respond to Occurrences of Target Behaviors, and implement Positive Programming 3. Provides Data Collection Procedures.

**Project Deliverable #4:**

By September 30, 2024, the Board Certified Behavior Analyst will train 32 Desert Arc staff members, Direct Support Professionals-Instructors in Behavioral Programs, on Behavior Concepts and related topics.

**Progress towards Deliverable #4:**

The Board Certified Behavior Analyst trained 11 staff members (Direct Support Professionals) on Behavior Concepts and related topics. The training identifies clients with specific tendencies in particular environments and curates a training report for our Direct Support Professionals to help them best manage said tendencies. Examples of predictable behaviors are highlighted and addressed with proper Behavioral Concepts and strategies.

## **PROGRESS TOWARDS PERFORMANCE MEASURES**

Please provide your project's performance measure numbers as they align with your project deliverables and the identified Desert Healthcare District's strategy/strategies. Performance measure numbers should ONLY reflect the reporting period.

**PM 2.7: # of clients who were directly connected to a primary and specialty care service provider:**

108

**PM 3.6: # of clients who were directly connected to behavioral/mental health services:**

31

**PM 3.6: # of clients who increased their knowledge of behavioral/mental health resources:**

11

**PM 3.6: % of clients who increased their knowledge of behavioral/mental health resources:**

25

## **PROGRESS ON THE DISTRICT RESIDENTS SERVED:**

**Total Number of District Residents Reached During This Reporting Period:**

139

**Geographic Area(s) Served During This Reporting Period:**

Bermuda Dunes, Cathedral City, Coachella, Desert Edge, Desert Hot Springs, Desert Palms, Indian Wells, Indio, Indio Hills, La Quinta, Mecca, North Shore, Oasis, Palm Desert, Palm Springs, Rancho Mirage, Sky Valley, Thermal, Thousand Palms

## **PLEASE ANSWER THE FOLLOWING QUESTIONS:**

**Please share any challenges and course corrections you may have experienced during this performance period such as reaching organizational capacity, partnerships, identified geographic areas and/or target populations, etc.**

There have been little to no challenges or course corrections during this reporting period. Once tracking and reporting systems were established it became clear that our progress on all deliverables were in line with what was projected.

**Please share any success stories highlighting the impact that your project had on the community during this reporting period.**

One specific client had a behavioral analysis and assessment completed by the BCBA. This client struggles with overstimulation and running out of areas during transitions.

Because of the BCBA being able to identify the behavioral antecedents and contributing factors, our staff have been able to intervene early, support the client, and de-escalate/redirect the risk behavior. All of which has allowed this client to thrive within their environment while at Desert Arc.

**Is there anything the Desert Healthcare District staff can do to assist you in achieving the deliverables of your project?**

At this time there is no assistance needed from DHCD staff. All questions that we have asked Desert Healthcare District staff have been answered promptly. Your support has been wonderful.

## Grant Progress Report

**Organization Name:** Lift to Rise

**Grant #:** 1391

**Project Title:** Driving Regional Economic Stability Through Collective Impact

**Contact Information:**

Contact Name: Heather Vaikona

Phone: 760-601-5578

Email: heather@lifttorise.org

### Grant Information

**Total Grant Amount Awarded:** \$900,000.00

**Grant Term (example 7/1/22 – 6/30/23):** 6/1/23 – 5/31/26

**Reporting Period (example 7/1/22 – 10/31/22):** 9/1/23 – 11/30/23

### Desert Healthcare District Strategic Plan Alignment

**Goal 5** Be responsive to and supportive of selected community initiatives that enhance the economic stability of the District residents (on a situational basis)

**Strategy: 5.1** Reduce the negative impacts of social determinants of health on homelessness in Coachella Valley (Priority: Moderate)

**Strategy: 5.2** Reduce the negative impacts of social determinants of health on affordable housing in Coachella Valley (Priority: Moderate)

**Strategy: 5.3** Reduce the negative impacts of social determinants of health on poverty in Coachella Valley (Priority: Moderate/Low)

**Strategy: 5.4** Expand health action planning on the co-location of healthcare services within affordable housing developments in Coachella Valley (Priority: Moderate)

### Progress This Reporting Period

Please describe your project accomplishment(s) during this reporting period in comparison to your proposed goal(s) and evaluation plan.

**Progress of Goal #1:** (Goal from grant proposal in black, progress in green)

Identify 3,000 units/year that meet criteria for the affordable housing pipeline (with an emphasis on colocation with healthcare and childcare facilities) and move 50% of pipeline projects to development:

- Identify 3,000 new units for pipeline by 12/31/2023 and another 3,000 by 12/31/2024
  - During the reporting period, approximately 216 additional affordable units have been added to the pipeline, bringing the total to over 7,200 units (approximately 2,200 of which were added since 1/1/2023).
- Review local housing elements and creatively activate or re-purpose vacant land in partnership with county and municipal governments, school districts, utilities and others
  - During the reporting period, Lift to Rise reviewed and mapped a dataset obtained from the Turner Center for Housing Innovation at UC Berkeley of parcels owned by educational institutions and faith-based organizations that as of Jan 1, 2024 are eligible for affordable housing streamlining incentives under a new state law, SB 4. Lift to Rise identified all eligible parcels in the Coachella Valley and identified 2-3 parcels per city that are good fits for affordable housing development.
- Develop criteria for health and Early Childcare and Education co-location, and develop healthcare and childcare plans to be connected to housing
  - During the reporting period, Lift to Rise participated in three monthly meetings with Build Up Riverside, a coalition of partners working on improving early childcare and education (ECE) access in Riverside County. During these meetings, Lift to Rise and the coalition partners are developing criteria for ECE co-location with affordable housing.
  - During the reporting period, Lift to Rise continued to lead a group of 20 local partners and national thought leaders at the nexus of housing and health in crafting policy action incentivizing the co-location of affordable housing and healthcare infrastructure as well as developing criteria for co-location in partnership with the office of Congressman Raul Ruiz. Lift to Rise convened the group twice during the reporting period and presented a comprehensive set of policy recommendations to the Congressman's office.
- Identify 3-4 infrastructure plays that could accelerate development.
  - During the reporting period, Lift to Rise has identified one infrastructure play that could accelerate development: unlocking State and Federal infrastructure and climate funding to produce new electricity substations in the Eastern Coachella Valley to address the Imperial Irrigation District's lack of capacity to provide enough electricity to accommodate the projected population growth and affordable housing development in the area.

Evaluation Plan for Goal #1: (Plan from grant proposal in black, metrics from reporting period in green)

- Monitor and track the # of units identified (~200 during reporting period) as well as the # of units that move from planned to under development in the "Development Status" field within our Affordable Housing Pipeline Portal (~115 during reporting period).

- Monitor and track the # of sites within each city’s Housing Element Update sites inventory that are being considered for affordable housing development via an RFP process issued by a city or negotiations with an affordable housing developer (4 during reporting period across cities with compliant housing elements).
- Monitor and track the # of projects that have an ECE facility either co-located within the development or associated with the development (3 during reporting period); monitor and track the # of projects that have health facility either co-located within the development or associated with the development (1 during reporting period).
- Monitor and track the # of catalytic infrastructure investments made and the \$ amount of those investments (0 during reporting period); monitor and track the # of affordable units unlocked via such investments (0 during reporting period).

**Progress of Goal #2:** (Goal from grant proposal in black, progress in green)

Grow We Lift: the Coachella Valley’s Housing Catalyst Fund’s lending pool to more than \$60 million that will be invested in moving projects to development

- Raise \$30 million in grants for We Lift’s loan loss pool, which will be matched by \$30 million in CDFI and other funds to support predevelopment costs, helping developers secure land and permanent financing to move to construction
  - During the reporting period, Lift to Rise was awarded \$5 million for the We Lift fund from SCAG’s REAP 2.0 PATH NOFA program, the maximum award size given. This award translates to \$10 million raised for the We Lift pool with the dollar-for-dollar CDFI partner match.
- Raise \$10 million in grant dollars to support housing connected to health and ECE outcomes
  - During the reporting period, no funds were raised to support housing connected to health and ECE outcomes – fundraising for these efforts will occur in subsequent reporting periods during the three-year grant term.
- Deploy We Lift loans to at least four projects per year
  - During the reporting, Lift to Rise has deployed a We Lift loan to one project and initiated term sheets for an additional three loans which will close in the first quarter of 2024.
- NOTE – Lift to Rise is not proposing that District funds be allocated into the We Lift fund – the funds will be used as organizational operating support, which includes administering the We Lift fund and building the local market for affordable housing investment.

Evaluation Plan for Goal #2: (Plan from grant proposal in black, metrics from reporting period in green)

- Track the \$ amount of funding secured for the We Lift fund (\$5 million during reporting period)
- Track the \$ amount of funding leveraged to support housing connect to health

- and ECE outcomes (\$0 during reporting period)
- Track the # of loans deployed to projects (1 during reporting period)
- Track the # of units catalyzed through deployed loans (~60 during reporting period)

**Progress of Goal #3:** (Goal from grant proposal in black, progress in green)

Advocate for changes in federal and state regulations for affordable housing programs that remove barriers for our region and align our local jurisdictions in establishing pro-housing policies that support development.

- Federal focus: Seek opportunities for the region to access CDFI Capital Magnet Fund and HUD and USDA housing programs.
  - During reporting period, Lift to Rise continued to review regulations and guidelines from HUD and USDA around project-based vouchers, housing choice vouchers, and rural development loans and developed recommendations for regulatory improvements to address affordable housing development challenges in the Coachella Valley. Lift to Rise also began to investigate the availability and viability of additional Federal funding sources for affordable housing and housing-supportive infrastructure.
- State focus: Re-orient climate and density goals to fit inland California regions in the guidelines and regulations of state funding programs.
  - During the reporting period, Lift to Rise continued to contribute to advocacy efforts calling for changes to the scoring criteria for the CA Tax Credit Allocation Committee (TCAC), which oversees the disbursement of Low Income Housing Tax Credits to affordable housing projects statewide. This includes advocating for changes to how TCAC incorporates the HCD Opportunity Area Maps into its scoring criteria.
- County focus: Work with health and childcare agencies to support affordable housing tied to health and ECE, and unlock new funding for development
  - During the reporting period, Lift to Rise participated in three monthly meetings with Build Up Riverside, a coalition of partners working on improving early childcare and education (ECE) access in Riverside County. During these meetings, Lift to Rise and the coalition partners are continuing to develop criteria for ECE co-location with affordable housing.
- City focus: Support all nine Coachella Valley cities to earn the HCD Pro-Housing Designation and with emphasize by right development and streamlined entitlement.
  - During the reporting period, Lift to Rise continued to support two local cities (Desert Hot Springs and Indio) with their HCD Pro-Housing Designation program applications and conducted outreach to the cities of Palm Springs, Coachella, and La Quinta to encourage those cities to apply for the designation.

Evaluation Plan for Goal #3: (Plan from grant proposal in black, metrics from reporting period in green)

- Monitor and track # of affordable housing / infrastructure-related NOFAs and funding opportunities made available via Federal agencies that apply to local governments or community based organizations in our region (2 during reporting period).
- Monitor and track the # of public comments for bills and regulations at the State level that Lift to Rise and partners submitted (16 during reporting period); # of bills and regulations updated as a result of our shared advocacy (0 during reporting period).
- Monitor and track the # of local jurisdictions, including Riverside County, who have applied for the Pro-housing Designation (0 during reporting period); monitor and track the # of local jurisdictions, including Riverside County, who have received the Pro-housing Designation (0 during reporting period).
- Monitor and track the # of healthcare and ECE agencies engaged around collaborative efforts to co-locate affordable housing with health and ECE infrastructure (4 during reporting period).

**Progress of Goal #4:** (Goal from grant proposal in black, progress in green)

Educate and activate resident leaders, partners, and public officials to advocate for affordable housing in the region.

- Build compelling case for affordable housing and supporting media and materials through work with The Case Made and Swell Creative Group
  - During the reporting period, Lift to Rise worked with Swell Creative Group to develop a strategic communications campaign about our work and the issues of housing affordability and economic mobility in the Coachella Valley. This included strategically placed billboards around the Coachella Valley and rotating ads at the Palm Springs airport.
- Identify other housing advocates in the region and build partnerships around shared agenda interests
  - During the reporting period, Lift to Rise has identified and engaged several new housing advocates in the region including representatives from local chambers of commerce, health stakeholders, and local business owners. Lift to Rise has also continued to build its partnership with the Southern California Association of Non-Profit Housing (SCANPH).
- Activate the Resident Leadership Table to educate residents and increase resident civic engagement through attendance at public meetings, letters of support, and other activities in support of affordable housing
  - During the reporting period, Lift to Rise hosted 3 meetings with the Resident Leadership table and mobilized members and their networks to comment on policy and planning considerations at public meetings.
- Mobilize CAN members and their networks to support affordable housing proposals



- During the reporting period, Lift to Rise hosted 3 meetings with the Housing CAN and mobilized members and their networks to comment on policy and planning considerations at public meetings.
- Design and deliver curricula to educate public officials and for community members who wish to advocate
  - During the reporting period, Lift to Rise continued to work on designing and producing educational materials – delivery of materials will occur in subsequent reporting periods.
- Develop materials and work with partners to equip elected and appointed public officials with data and arguments in support of affordable housing.
  - During the reporting period, Lift to Rise continued to work on compiling data and designing and producing educational materials – delivery of materials will occur in subsequent reporting periods,

Evaluation Plan for Goal #4: (Plan from grant proposal in black, metrics from reporting period in green)

- Monitor and track the # of community residents actively participating in the Resident Leadership Table (8 during reporting period).
- Monitor and track the # of community residents attending Lift 101 and Lift to Rise Townhall events (33 during reporting period).
- Monitor and track the # of community residents mobilized in support of affordable housing projects at local city council and planning commission public meetings (20 during reporting period).
- Monitor and track # of local elected officials engaged around an affordable housing education campaign / curriculum targeted at local elected officials (10 during reporting period).

**Progress of Goal #5:** (Goal from grant proposal in black, progress in green)

Build and sustain the capacity of Lift to Rise to serve as backbone organization for the Housing CAN, provide thought leadership in the region around affordable housing and its fundamental relationship with health and economic dignity, and administer We Lift: the Coachella Valley's Housing Catalyst Fund.

- During the reporting period, Lift to Rise has provided several professional and leadership development opportunities for staff and for Housing CAN partners.

Evaluation Plan for Goal #5: (Plan from grant proposal in black, metrics from reporting period in green)

- Monitor and track the # of employees hired by Lift to Rise and the length of time they stay at the organization (0 during reporting period)
- Monitor and track the # of professional development trainings/resources accessed by Lift to Rise employees (6 during reporting period).

## **Progress on the Number of District Residents Served**

Number of Unduplicated District Residents Directly Served During This Reporting Period: 850

Number of Unduplicated District Residents Indirectly Served During This Reporting Period: 1,600

### **Please answer the following questions:**

- Is the project on track in meeting its goals? Yes, the project is on track to meeting its goals.
- Please describe any specific issues/barriers in meeting the project goals. At this moment, we have not experienced specific barriers to meeting project goals.
- If the project is not on track, what is the course correction? N/A
- Describe any unexpected successes during this reporting period other than those originally planned. N/A

## **Grant Progress Report**

**Organization Name:** Alianza Coachella Valley

**Grant #:** 1332

**Project Title:** Expanding and Advancing Outreach Through Increasing Capacity Development

**Contact Information:**

Contact Name: Patricia S. Carrillo

Phone: (760) 534-6696

Email: patriciacarrillo@alianzacv.org

### **Grant Information**

**Total Grant Amount Awarded:** \$100,000

**Grant Term (example 7/1/22 – 6/30/23):** 08/01/22-07/31/24

**Reporting Period (example 7/1/22 – 10/31/22):** 02/01/23-07/31/23

### **Desert Healthcare District Strategic Plan Alignment**

**Goal:** Goal 3 & 6

**Strategy:** Strategies 3.1, 3.6, 6.1, 6.2, and 6.3

### **Progress This Reporting Period**

Please describe your project accomplishment(s) during this reporting period in comparison to your proposed goal(s) and evaluation plan.

Staff found creative ways to engage with the community and successfully reached more community members than expected. Community members are enjoying the consistency of outreach and meetings throughout Alianza's other scopes of work, which has supported the increase of engagement for our Charlas Comunitarias efforts.

**Goal #1:**

*By September 30, 2022 our first in person Action Team meeting would have taken place and by June 2023 we will have a minimum of 4 Action Team meetings take place. We foresee that a minimum of 40 community residents will participate in each of the four AT meetings every fiscal year. Every FY we will have a minimum of 4 AT meetings, with preparation meetings and community trainings taking place as well.*

Purpose: To transform the social and economic conditions in the Valley by building strong local leadership that works collaboratively to develop vibrant, healthy and thriving communities where residents live, play and work. We seek to achieve this vision by collaboratively identifying and pursuing changes in systems and policies. In these spaces we are able to name what change is needed, how each organization supports this change, identify the resources needed and create an action plan.

### **Progress of Goal #1:**

Our outreach team has been hard at work in identifying where our next Charla Comunitaria community meeting will be. On February 11, 2023, our outreach team tried a different, more mobile approach by hosting the Charla Comunitaria meeting with the community during the North Shore Resource Fair. We had a booth seat down meeting at the north shore park where about 100 people came. The attempt was to be able to be closer in proximity to community members in North Shore because we didn't see much attendance from people of North Shore in our first Charlas Comunitaria. This adapted strategy met our expectations and plan to do more outdoor venues to increase community attendance. Each community in the ECV requires a different approach.

On April 1, 2023, our outreach team also engaged with students and families during Alianza's The Hue Music and Arts Festival to receive feedback on where our 4th community meeting should take place in 2024. Our approach was to increase engagement with youth through the youth event and art engagement to talk about community needs in particular about the role of funding in their education. We used an art wall collecting input on what they would do with \$2 M. We engaged with about 80 youth from across the Coachella Valley.

### **Goal #2:**

*By July 31, 2024 Alianza will have increased and built community capacity via 25 trainings and educational sessions that pertain to the environmental and community justice needs of the community. As well as provide trainings necessary that would support them in being key advocates. By the date listed, a minimum of 500 community members will have received trainings.*

*List of training topics to be provided include and not limited to:*

- State & Local Budget advocacy, which includes the tools and resources needed to complete a budget analysis.*
- Restorative justice practices (Community building, Trauma-informed, harm & conflict, restorative dialogue)*
- Mental Health & Suicide Prevention*
- Capacity and leadership development*
- Public speaking*
- State & Local Board meetings 101 (Includes understanding board meeting structures, etc.)*
- Water Quality Monitoring at the Salton Sea*
- Air Quality & Dust Suppression in the ECV region*

## **Progress of Goal #2:**

During this reporting period staff and partners prepped for the trainings that will be provided to community members. Trainings listed below for the next reporting period. More details will be provided in the next narrative report to reflect the timeframes.

Environmental Health (October 2023) NorthShore

- Water Quality Monitoring at the Salton Sea
- Air Quality & Dust Suppression in the ECV region

Rethinking Student and Community Safety (December 2023) Mecca

- Restorative Justice: Community Building and Conflict Resolution

Access and Leadership/ Building a Sustainable Network (January and March 2024)  
North Shore and Thermal

- State and local Budget advocacy includes the tools and resources needed to complete a budget analysis.
- Capacity and leadership development to do Public speaking to share feedback and communicate about resources to address need
- State & Local Board Meetings 101 (Includes understanding board meeting structures, etc.)

## **Progress on the Number of District Residents Served**

**Number of Unduplicated District Residents Directly Served During This Reporting Period: 180**

**Number of Unduplicated District Residents Indirectly Served During This Reporting Period: 360**

### **Please answer the following questions:**

- **Is the project on track in meeting its goals?**  
Yes.
- **Please describe any specific issues/barriers in meeting the project goals.**  
N/A
- **If the project is not on track, what is the course correction?**  
N/A
- **Describe any unexpected successes during this reporting period other than those originally planned.**

We were able to engage with more community members during this reporting period than expected and welcomed new Alianza full time communication team members that will help us in creating even more creative content and find new ways to invite community members to our next meeting+ trainings.

## **Grant Progress Report**

**Organization Name:** Galilee Center

**Grant #:** 1324

**Project Title:** Our Lady of Guadalupe Center

### **Contact Information:**

Contact Name: Claudia Castorena

Phone: (760) 396-9100

Email: ccastorena@galileecenter.org

### **Grant Information**

**Total Grant Amount Awarded:** \$ 100,000.00

**Grant Term (example 7/1/22 – 6/30/23):** 08/01/2022-07/31/2024

**Reporting Period (example 7/1/22 – 10/31/22):** 08/01/2023-01/31/2024

### **Desert Healthcare District Strategic Plan Alignment**

**Goal:** 5

**Strategy:** 5.3

### **Progress This Reporting Period**

Please describe your project accomplishment(s) during this reporting period in comparison to your proposed goal(s) and evaluation plan.

For the six months, 08/01/2023 to 01/31/2024, the Galilee Center's Our Lady of Guadalupe Shelter accomplished its goals by helping 21 unduplicated farm workers and 1,137 unduplicated asylum-seeking people. All guests received shelter, hot meals, showers, access to our laundry facility, hygiene supplies, and other basics. In addition, the GC intake workers assisted all asylum-seeking people in communicating with their sponsors in the USA and helped coordinate all travel arrangements.

The migrant farm workers arrived between August and January 2024 and stayed for an average of 40 days. The asylum-seeking families stayed an average of 24 hours before moving to their destination in the U.S.

#### **Goal #1:**

*By June 30, 2024, the Our Lady of Guadalupe Center will provide services annually for*

*150 unduplicated farm/migrant farm workers and 1,156 unduplicated asylum seekers. The services available 24 hours a day include women's and men's restroom facilities (ADA accessible) and separate sleeping areas. Private shower stalls, sinks, hot and cold water, lockers, and a laundry facility with washers, dryers, and supplies. A community room will be available, offering room for relaxation and other social and enrichment programs.*

**Progress of Goal #1:**

During the reporting period, the Our Lady of Guadalupe Center provided shelter to 21 farm workers and 1,137 asylum-seeking people (130 children, 460 women, and 547 men). The people had access to restroom facilities, sleeping areas, private shower stalls, hot and cold water, lockers, a laundry facility, and a relaxing community room.

**Goal #2:**

*The Our Lady of Guadalupe Center will provide wrap-around services annually to farm/migrant farm workers and asylum seekers to provide a healthy and pleasant stay. Services include shelter, hot meals, snacks, showers, laundry, and travel arrangements when needed for asylum seekers.*

*By June 30, 2024, the Our Lady of Guadalupe Center will provide sleeping accommodations (nights of shelter) for 2,398 duplicated farm/migrant farm workers and 2,894 duplicated asylum seekers annually. Daily meals will provide 4,796 meals annually for farm/migrant workers and 15,250 for asylum seekers. The shower facility will provide annually 2,200 showers for farm/migrant farm workers and 3,426 showers for asylum seekers. Annually, 604 farm/migrant farm workers and 2,112 asylum seekers will use the laundry facilities.*

**Progress of Goal #2:**

During the reporting period, the Our Lady of Guadalupe Center welcomed migrant farm workers and asylum-seeking families. It provided a clean, safe, and healthy environment to ensure a pleasant and dignified stay.

Services given:

Nights of Shelter – 389 for migrant workers / 2,272 for asylum seekers.

Hot Meals – 730 for migrant workers / 4,199 for asylum seekers.

Showers – 322 for migrant workers / 2,128 for asylum seekers.

Laundry – 104 for migrant workers / 1,442 for asylum seekers.

The staff also assisted farm workers with medical referrals, filling out unemployment forms, and other basic needs. In addition, all asylum-seeking people received other essentials such as new undergarments, clothing, hygiene supplies, and backpacks. 12 babies received baby diapers, formula, and food.



The intake/caseworkers assisted all families in connecting with their sponsors and coordinated travel arrangements and transportation. The families that did not have a sponsor to receive them were referred to the GC extended stay shelter in Indio.

### **Progress on the Number of District Residents Served**

**Number of Unduplicated District Residents Directly Served During This Reporting Period:**

1,158

**Number of Unduplicated District Residents Indirectly Served During This Reporting Period:**

1,221

### **Please answer the following questions:**

- **Is the project on track in meeting its goals?**  
Yes
- **Please describe any specific issues/barriers in meeting the project goals.**  
There are no issues/barriers in meeting the project goals.
- **If the project is not on track, what is the course correction?**  
N/A
- **Describe any unexpected successes during this reporting period other than those originally planned.**

The number of asylum-seeking people assisted to date has surpassed the goal established for the two-year period.

## **Grant Progress Report**

**Organization Name:** Vision y Compromiso

**Grant #:** 1325

**Project Title:** Support Leadership Training and Network capacity in Coachella Valley to expand Health Equity

**Contact Information:**

Contact Name: Maria Lemus

Phone: (510)303-3444

Email: [maria@visionycompromiso.org](mailto:maria@visionycompromiso.org)

### **Grant Information**

**Total Grant Amount Awarded:** \$150,000.00

**Grant Term (example 7/1/22 – 6/30/23):** 7/1/22-6/30/24

**Reporting Period (example 7/1/22 – 10/31/22):** 7/1/23-12/31/23

### **Desert Healthcare District Strategic Plan Alignment**

**Goal:** 2

**Strategy:** 2.7: Utilize an equity lens to expand services and resources to underserved communities: Increase the number of promotoras/CHWs.

### **Progress This Reporting Period**

Please describe your project accomplishment(s) during this reporting period in comparison to your proposed goal(s) and evaluation plan.

**Progress of Goal #1:**

By June 30, 2024, Vision y Compromiso will provide diverse training and workforce development pathways to increase leadership and economic self-sufficiency among at least 30 promotoras, natural leaders in the Coachella Valley, each year (30 promotoras x 2 years= 60 promotoras).

Vision y Compromiso is leading the Coachella Valley Equity Collaborative's Education Sub-Committee's workplan and has been instrumental in ensuring promotores from the region have the skills, knowledge, and resources they need to successfully accomplish their work by providing trainings. Additionally, we have continued to facilitate a networking space for all promotores from the region that allows for continued support for this unique workforce. The following is a list of trainings completed during the reporting period.

1. **July 12, 2023:** Planifica tus finanzas Plan your finances, reaching 50 promotores.
2. **August 23, 2023:** Inclusión, Diversidad y Equidad de Género, Gender Diversity, Equity and Inclusion, reaching 41 promotores.
3. **September 20, 2023:** Salud Pública y Liderazgo Comunitario, Public Health and Community Leadership, reaching 48 promotores.
4. **October 18, 2023:** Efectos del Fentanilo y Sobredosis, The Effects of Fentanyl and Overdose, reaching 37 promotores.
5. **December 13, 2023:** Creando mi plan para mi transformación, Creating my Plan for my Personal Transformation, 19 promotores reached.

Vision y Compromiso continued to facilitate a training for 32 local leaders that culminated their over 70 hours of training in January 2024 and that we will report on for the next period. It is worthy of noting that the cohort of 32 men and women that began has continued to attend weekly sessions on Saturday for 8 hours each day demonstrating the incredible interest they have in learning and increasing their capacity to engage and lead.

We completed an advocacy and leadership training for 10 promotores from throughout the Coachella Valley on August 31, 2023 that was held at the Regional Access Project Foundation. This training consisted of 9 weekly sessions with the purpose of providing the cohort the skills and knowledge necessary to increase their leadership and develop a project focused on 1 change they would like to see in the Valley. Our modules focus on topics such as asset mapping, collaborations and coalition, advocacy skills and understanding the legislative process among others. We look forward to integrating these leaders into our local and statewide advocacy work.

During the reporting period we completed a technology training on August 17, 2023 for 5 local promotores who attended this introductory session on the basics of how technology can be used as a tool for our work. Our trainer inquired about other technology related topics they were interested in and is exploring potential partnerships that can offer this resource to more promotores.

### **Progress of Goal #2:**

By June 30, 2024, Vision y Compromiso will schedule and complete a minimum of 2 activities to raise awareness about the promotora model and leverage relationships with a minimum of 10 new workforce partners each year (10 partners x 2 years= 20 partners) and promote equitable employment opportunities for Coachella Valley residents.

Our Serving from the Heart symposium has increased the interest in the promotora model and fostered new relationships and partnerships that will increase the workforce opportunities for local Coachella Valley promotores and leaders. During the reporting period we have had conversations about the integration of promotora model with 3 organizations and/or have begun partnering with them. They are: COFEM, Cathedral City Senior Center and Alzheimer's Association. We have received inquiries from other organizations focused on housing and others that focus on seniors and will continue to nurture this relationship.

**Progress of Goal #3**

N/A

**Progress of Goal #4:**

N/A

**Progress of Goal #5:**

N/A

**Progress on the Number of District Residents Served**

**Number of Unduplicated District Residents Directly Served During This Reporting Period:** 210 – this number does not include the 32 in training.

**Number of Unduplicated District Residents Indirectly Served During This Reporting Period:** N/A

**Please answer the following questions:**

- **Is the project on track in meeting its goals? Yes.**
- **Please describe any specific issues/barriers in meeting the project goals.**

None at this time.

- **If the project is not on track, what is the course correction?**

N/A

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

None

## **Grant Progress Report**

**Organization Name:** Youth Leadership Institute

**Grant #:** 1327

**Project Title:** Youth Voice in Mental Health

### **Contact Information:**

Contact Name: Olivia Rodriguez Mendez

Phone: (760) 296 - 9302

Email: orodriguez@yli.org

### **Grant Information**

**Total Grant Amount Awarded:** \$50,000

**Grant Term (example 7/1/22 – 6/30/23):** 7/1/2022-6/30/2024

**Reporting Period (example 7/1/22 – 10/31/22):** 7/01/2023 – 12/31/2023

### **Desert Healthcare District 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 (Priority: Moderate)

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

### **Progress This Reporting Period**

Please describe your project accomplishment(s) during this reporting period in comparison to your proposed goal(s) and evaluation plan.

#### **Goal #1:**

Continue the Riverside Youth Taskforce and build leadership skills in youth leadership, youth-led action research, youth-led campaigns, and storytelling throughout July 2022 to June 2024.

#### **Progress of Goal #1:**

In the Spring of 2022 in partnership with HARC (Health Assessment & Research for

Communities) Inc., YLI ECV's ¡Que Madre! Media (¡QM!) youth developed and conducted content and questions for a focus group, surveys and mental health journal narrative prompts to collect quantitative and qualitative data as part of Youth-led participatory research project to identify mental health issues and opportunities in the Eastern Coachella Valley communities. A youth steering committee was formed and engaged to ensure youth were able to have a leadership role in the development of these research collection methods. These efforts have been instrumental in guiding programming, curriculum and strategies for ¡Que Madre! Media's efforts in mental health. By the end of 2023, the focus group was conducted and the mental health journal narrative collection was also completed. In late January 2023, ¡QM! launched a mental health survey to better understand how students feel on school grounds. By Spring 2023, with the support of HARC, all of our qualitative and quantitative data was compiled into a report.

YLI ECV's ¡QM! held 15 weekly meetings as part of their Fall 2022 programming in August 2022 - December 2022. In total, 23 youth were a part of the Fall 2022 cohort. The Fall 2022 cohort has supported the Youth-led participatory research project by supporting the mental health journal narrative collection project. This cohort has also continued to engage with other youth, community members and organizations to further discuss mental health issues in our communities. In Spring 2023, yli ECV ¡QM! also held 15 weekly meetings as part of their Spring 2023 programming from February - May 2023. In total, ¡Que Madre! was able to engage 25 different youth from the ECV. The Spring 2023 cohort continued to support the youth-led participatory research projects by analyzing the report findings and further developing strategies through power mapping and ongoing discussions. Overall, young people agree that there needs to be increased efforts in ensuring young people are aware and have access to local mental health resources.

For Fall 2023 programming, ¡QM! continued to strengthen their policy and advocacy skills. In total, 10-15 youth were part of our 15-weekly meeting cohort. A core group of 5-7 youth from the ¡QM! cohort participated in statewide monthly calls to engage in youth-led mental health conversations to learn more about mental health resources and active policy and initiatives concerning mental health. This Spring 2024, youth will continue to participate in 15-weekly meetings starting February 2024 - June 2024. By June 2024, ¡QM! aims to present findings and recommendations from research to elected and decision makers in Riverside County.

### **Goal #2:**

Initiate a community-led adult coalition that centers mental health stories, issues, and solutions in Riverside County by Fall 2022 and continue meetings throughout 2023 to June 2024.

### **Progress of Goal #2:**

In Fall 2022, ¡QM! Worked to identify youth, parents, community organizations and leaders to engage in a community coalition that centers mental health stories, issues and solutions in Riverside County. In total we engaged with 22 youth who attend our

regularly scheduled ¡QM! Programming, at least 19 community organizations that serve the ECV which also includes some parents that live in the ECV, and at least 4 leaders, and we have done outreach to 200+ youth in the Eastern Coachella Valley to inform them about our efforts. In Spring 2023, we engaged 25 youth who attend our regular programming. We continue to meet with community partners and adult allies. Overall, we've outreached an additional 200+ youth in 2023.

Yli staff hosted a mental health coalition meeting in September 2022. Due to youth academic calendar scheduling conflicts, holiday breaks we decided to postpone our December 2022 meeting to February 2023 where we engaged our coalition members in a power mapping session. Since our programming shifted from virtual to in-person meetings, yli staff also hosted an additional coalition meeting in May 2023, where new young people were introduced to power mapping and the impact youth-led participatory research can have in local policy and their communities. Due to variability in youth's summer schedules, our next coalition meeting was scheduled in Fall 2023 once youth returned back to academic classes.

Throughout coalition meetings, youth and partners actively shared their experiences and insights, emphasizing the need to prioritize increasing awareness for local mental health resources available. Their stories resonated with the broader community, fostering a deeper understanding of the challenges faced by young individuals in the Eastern Coachella Valley. By engaging with community organizations, leaders, and parents, we created a platform for open dialogue, helping to break down stigmas surrounding mental health. The coalition's efforts not only aim to address immediate concerns but also lay the foundation for sustained advocacy and support for mental health issues in Riverside County. Looking ahead, we are committed to expanding our outreach and collaboration to ensure that mental health remains a central focus in our community-building initiatives.

### **Goal #3:**

Utilize digital organizing methods to engage people in reaching resources in their community and finding ways to get involved throughout July 2022 to June 2024.

### **Progress of Goal #3**

Our goal to utilize digital organizing methods to engage people in reaching resources in their community and finding ways to get involved from July 2022 to June 2024 has seen significant progress. Leveraging platforms such as SimpleTexting and Remind App, YLI ECV's ¡QM! has been proactive in communicating opportunities for youth engagement in mental health programming, statewide mental health coalition meetings, and connecting them with local opportunities.

Furthermore, ¡QM! has established a comprehensive database that includes community members, organizations, and leaders, with over 500 youth, 20 community organizations, and 4 community leaders currently in the network. The continuous growth of this database is a result of strategic outreach efforts and active engagement with local community organizations and leaders. As we move forward, our commitment to

expanding this network remains steadfast, demonstrated by recent meetings with additional partners in Summer 2023, Fall 2023 and upcoming scheduled meetings with local CVUSD leaders. This database is dynamic, reflecting our ongoing participation in outreach activities and ensuring the sustained growth of our mental health initiatives.

**Goal #4:**

Utilize storytelling methods as a strategy for community change efforts throughout July 2022 to June 2024.

**Progress of Goal #4:**

YLI ECV's ¡QM! launched their Spring 2023 programming in February, focusing on a 15-week project to create a mental health zine. This bilingual zine production, led by youth, aims to include a mental health resource guide, stories from community members, and content generated by ¡QM! youth.

Due to scheduling conflicts and a change in program meeting locations, the project timelines for the zine and video were extended. In Spring 2023, youth successfully developed a video outline and script, as well as a draft of the zine outline. During the upcoming Fall 2023 programming, In Fall 2023, youth also had the unique opportunity to closely collaborate with yli's Communications Coordinator to delve into the backend of animation video basics. This crucial step in our learning journey about animation development sets the stage for our Spring 2024 programming. During this period, we will be working with a core group of youth to bring both the video and zine projects to fruition.

**Goal #5:**

Engage elected and decision makers in implementing findings and recommendations from youth and adult coalition from July 2022 to June 2024.

**Progress of Goal #5:**

YLI ECV's ¡QM! has met with several elected and decision makers including 3 school board members, 6 wellness center group staff, CVUSD Superintendent Dr. Valentino. We've also met with staff from Congressman Raul Ruiz office. In addition, we've met with about 20 community organizations that serve the ECV.

In 2023, we've continued to meet with school leaders and community partners to strengthen our relationship with local stakeholders. This will support strategizing and identifying 2-3 public meetings where young people will be able to present their findings and recommendations pertaining to young people's mental health and wellbeing by 2024.

**Progress on the Number of District Residents Served**

**Number of Unduplicated District Residents Directly Served During This Reporting Period: 90**



**Number of Unduplicated District Residents Indirectly Served During This Reporting Period: 1000**

**Please answer the following questions:**

- **Is the project on track in meeting its goals?**  
Yes
- **Please describe any specific issues/barriers in meeting the project goals.**
- **If the project is not on track, what is the course correction?**
- **Describe any unexpected successes during this reporting period other than those originally planned.**

# **GRANT PROGRESS REPORT**

**CSUSB Philanthropic Foundation, Grant # 1394**

## **ABOUT THE ORGANIZATION**

CSUSB Philanthropic Foundation  
5500 University Parkway

San Bernardino, CA 92407  
909-537-4469

### **Progress Report Contact:**

Michelle Skiljan, Senior Director, Corporate and Foundation Relations  
mskiljan@csusb.edu

## **PROJECT INFORMATION**

**Project Title:** 1394 PDC Nursing Street Medicine Program

**Grant Term:** 08/01/2023 - 07/31/2024

**Total Grant Amount Awarded:** \$73,422.00

**Reporting Period:** 08/01/2023 - 01/31/2024

**Report Due Date:** 03/01/2024

## **DESERT HEALTHCARE DISTRICT STRATEGIC PLAN ALIGNMENT**

**Goal 2:** Proactively expand community access to primary and specialty care services

**Strategy 2.5:** Collaborate/Partner with culturally competent training programs to expand primary care residency and nursing programs (Priority: High)

**Strategy 2.7:** Increase equitable access to primary and specialty care services and resources in underserved communities in Coachella Valley (Priority: High)

## **PROGRESS TOWARDS PROJECT DELIVERABLES**

Write your progress towards each project deliverable in the space below. Project deliverable numbers should ONLY reflect those directly funded by DHCD funds.

### **Project Deliverable #1:**

By June 30, 2024, the NSMP will provide healthcare services to 425 individuals and 850 contacts (contacts may be duplicated individuals) through nurse and medical clinics serving the homeless, unsheltered, and vulnerable populations in the Coachella Valley, additionally providing continued assistance with COVID-19 testing, education, and immunization services, and assist in the diversion of using the ER for primary care and non-urgent issues. Each individual served completes an intake/contact form with demographic information, the reason for being seen, whether they use the emergency room for primary care, diagnosis and services provided, and referrals with the reason for referral. These forms are completed before a provider sees the person, although the participant has the right to refuse to provide information. Data collection will assess, to the extent possible, the number of times the program can divert patients from the emergency room and hospital visits. The analysis will also include some process evaluation that would track the number of individuals served, the extent to which participants were referred to other social services, and the reason for the referral.

### **Progress towards Deliverable #1:**

From August 1, 2023, to January 31, 2024, the NSMP provided healthcare services to 449 individuals and 667 contacts (contacts may be duplicated individuals) through nurse and medical clinics serving the homeless, unsheltered, and vulnerable populations in the Coachella Valley, additionally providing continued assistance with COVID-19 testing, education, and immunization services, and assist in the diversion of using the ER for primary care and non-urgent issues.

Age (contacts): 6-17 yrs.: 7, 18-24 yrs.: 21, 25-64 yrs.: 418, 65+ yrs.: 167, unknown or declined to state: 54.

Gender (contacts): Female: 212, Male: 431, Non-binary: 3, unknown or declined to state: 31.

Race/ethnicity (contacts): American Indian/Alaskan Native: 26, Hispanic/Latino: 231, Black/African American: 69, Caucasian: 232, Native Hawaiian & Pacific Islander: 0, Asian: 20, Mixed-race: 19, Other: 11, Unknown or declined to state: 59.

Veteran status (contacts): 33

Insurance status (contacts): Medi-Cal/Medicare: 512, Private: 24, Uninsured: 55, Don't know: 15, Military/Tricare/VA: 11, Unknown or declined to state: 50.

Use ER for care: 259 contacts.

Services provided (contacts): Vitals: 550, Foot soaks: 326, Wound Care: 47, Care packs: 550. Referrals: 45: 17 to residents on-site, 14 to PCP, 8 to UC/ER, 6 other community referrals

Vaccinations: 10

**Project Deliverable #2:**

To develop regional nursing capacity through engaging and building empathy for vulnerable populations, thirty-two (32) CSUSB PDC BSN nursing students and six (6) CSUSB PDC BSN nursing student assistants will engage in NSMP activities for course credit or volunteer hours by June 30, 2024.

**Progress towards Deliverable #2:**

To develop regional nursing capacity, through January 31, 2024, the CSUSB PDC Nursing Street Medicine Program engaged 52 BSN students comprising 20 volunteers and 32 clinical rotations. The program also engaged 2 CSUSB nursing graduate students. Additionally, 20 COD nursing students volunteered with the CSUSB PDC Nursing Street Medicine Program. A total of 13 students were paid, this is an increase of 8.

**Project Deliverable #3:**

NSMP will monitor and track Street Medicine's progress toward developing additional collaborative partnerships and efforts to replicate the program reporting the new partner names and MOU agreements for new partnerships by June 30, 2024.

**Progress towards Deliverable #3:**

Partnerships: As of January 31, 2024, NSMP developed new collaborative partnerships with the Coachella Valley shower unit, the Southwest Church Overflow shower unit, the DPMG mobile pharmacy van, the College of the Desert, the Spirit Filled Church in Indio, and the Coachella Behavioral Health mental health Acadia facility.

## Presentations on Street Medicine

American Psychiatric Nursing Association National Conference, 10/5/2323, Orlando, FL

Nursing World Conference, 10/17/23, Boston, MA

Odyssey Sigma Theta Tau So. CA conference, 10/5-6/23, San Diego, CA

CSUSB Nursing Department Orientation, 9/17/23, San Bernardino, CA

Unitarian Universalist Church of the Desert, 10/15/23, Rancho Mirage

One Future Economic Summit, 10/11/23, Palm Desert

World Nursing Forum Global Virtual Conference on Nursing Education, 2/12/24

Future presentations on Street Medicine

Nursing Trends 2024, 7/20-26/24, Berlin, Germany

Odyssey 2024, Date TBD, San Diego

CSUSB Associates, 3/12/24, CSUSB PDC

Replications of foot soaks

New York City Bellevue

Los Angeles

Ft. Lauderdale

UCR School of Medicine

Mayo Clinic

Inland Empire Street Medicine

**Project Deliverable #4:**

NSMP will hire a minimum of six nursing student assistants to work with the Street Medicine teams in homeless outreach settings in the Coachella Valley. The program will provide information on the students and report on the total number of hours worked by the nursing assistants.

**Progress towards Deliverable #4:**

PDC CSUSB's NSMP employed 3 existing nursing student assistants who worked 426.58 hours, hired 6 new permanent nursing student assistants who worked 292.25 hours and hired 7 new temporary nursing student assistants who worked 116 hours.

**PROGRESS TOWARDS PERFORMANCE MEASURES**

Please provide your project's performance measure numbers as they align with your project deliverables and the identified Desert Healthcare District's strategy/strategies. Performance measure numbers should ONLY reflect the reporting period.

**PM 2.5: # of collaborations:**

6

**PM 2.5: # of additional nursing student positions:**

74

**PM 2.7: # of clients who increased their knowledge of primary and specialty care resources:**

449

**PM 2.7: # of clients who were directly connected to a primary and specialty care service provider:**

449

**PROGRESS ON THE DISTRICT RESIDENTS SERVED:**

**Total Number of District Residents Reached During This Reporting Period:**

449

**Geographic Area(s) Served During This Reporting Period:**

Bermuda Dunes, Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, Indio Hills, La Quinta, Mecca, Oasis, Palm Desert, Palm Springs, Rancho Mirage, Thermal, Thousand Palms

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

Please share any challenges and course corrections you may have experienced during this performance period such as reaching organizational capacity, partnerships, identified geographic areas and/or target populations, etc.

We are on track with our activities and have shared the feedback we receive from participants. We are also proud to share the replication of the PDC Street Medicine and

foot soak program in New York City, Los Angeles, Ft. Lauderdale, Portland, and other campuses and street medicine programs nationwide through our conference presentations. A challenge that continues for the NSMP is the need for Spanish language providers to serve the vulnerable populations we work with appropriately. CSUSB is designated as a Hispanic Serving Institution by the U.S. Department of Education. Because the Palm Desert Campus serves mostly Coachella Valley residents, about one-third of the students speak Spanish. We also worked with the UCR School of Medicine program Promotores when serving the East Valley migrant population. To serve the Spanish-language population even better, we have partnered with the College of the Desert nursing program in conducting nurse clinics and foot soaks. The COD students are even more likely to speak fluent Spanish, making this a great addition to the Program.

Another challenge is that many CSUSB students are mature students with families and often first-generation collegegoers with low family income and a challenging curriculum; most students work full-time and have families so that enticing participation can be difficult. For this reason, we rely heavily on students who are receiving college credit for clinical coursework. We are happy to report that more nursing scholarship funds have been raised and supplemented by One Future so we can provide scholarships for students in need who perform 30 hours of service as volunteers in the program.

A minor ongoing challenge is that we need warm water for the foot soak program, which is only sometimes available in the field. Occasionally, we partner with the two shower units for the warm water.

Another challenge is meeting the varying needs and contingencies of the work; we often must handle unique challenges. We are proud of the ability of our outstanding, creative students who learn to improvise and demonstrate leadership and innovation. For example, at the Well in the Desert free lunch clinics, the students can prepare clients for visits with the visiting medical residents, give them reports, and work with them directly on treating clients. Such an opportunity is unique for nursing students and encourages critical thinking and problem-solving. Nursing students often teach medical and pharmacy residents how to take vital signs and other assessments outside the hospital and its technology.

Despite these challenges, the NSMP has engaged nursing students and faculty to support healthcare services for homeless and unsheltered people in the Coachella Valley and increased their empathic care and understanding of these vulnerable populations. The Program fulfills a human service need in the community for those identified as medically underserved; services benefit the sheltered and unsheltered homeless populations, migrant workers, and their families in the Coachella Valley, including Veterans, seniors, mentally ill people, substance users, uninsured and underinsured, persons of color, and bilingual people. NSMP treats all persons in need, is compassionate in giving care, delivers services with our partners throughout the Coachella Valley, and encourages partnerships and collaborations with multiple organizations with similar goals.

**Please share any success stories highlighting the impact that your project had on the community during this reporting period.**

“The community support has been overwhelmingly positive in that the street medicine program is providing healthcare services and resources to those in need and expanding educational opportunities to our CSUSB nursing students who are contributing to this community outreach. We believe we are making a difference with your generous help”.  
Diane Vines, R.N., Ph.D. RRT, PHN, PMHN Director Nursing Street Medicine Program, Principal Investigator Adjunct faculty, CSU San Bernardino Consultant, Eisenhower Health SMART Recovery Facilitator UCR School of Medicine Community-Based Clinical Faculty

“Forming relationships with strangers has always been a challenge for me. After the initial “hello,” “how are you,” and “I’m good too,” my mind tends to go ‘blank’ and I fumble for the words to say next. Going into the Street Medicine Program, I expected only to do vital signs and to care for the immediate physical needs of the underserved population. I thought I would see these clients once, so maybe I did not have to say much to them after all. But when I began to see familiar faces, I started asking questions and genuinely listening to what clients had to say. I ended up learning that nursing is so much more than just caring for people physically-- it’s about the relationships that we are able to build.”

“Volunteering with the Street Medicine program has been an eye-opening experience with unlimited opportunities to grow as a nursing student.”

“The Street Medicine program has allowed me to experience the simultaneous acts of academic focus and volunteerism, something I didn’t realize could be done together in a sustainable way.”

“I live near a homeless shelter, and my mom was always worried about me walking home from school. She was worried about me volunteering. I do not think about homelessness in the same way anymore.”

“These are people just like you and me. I grew up in poverty and have walked in their shoes. They deserve our time and attention just like everybody else.”

“Blessed’ to have nurses and nursing students here.”

“We appreciate your commitment.”

“You are all making a difference in these people’s lives! God bless you all!”

“When are you coming back!”

Comments to Site Administration and Staff

“I don’t want to see a doctor. They don’t know me. I want my nurse!”

“I keep my note card that you gave me in my wallet and show it to my doctor.”

“Thank you for listening.”

“They know me by my name.”

“See you next time”

Clients Feedback

**Is there anything the Desert Healthcare District staff can do to assist you in achieving the deliverables of your project?**

DHCD staff assistance is to continue connecting us with potential partners, helping us make our electronic medical system work with theirs, collaborating with us at the new Coachella Valley Behavioral Health facility in Indio, hosting the Coachella Valley Collaborative meetings, and encouraging Coachella Valley Collaborative membership. Please assist us in identifying additional funders.



# **GRANT PROGRESS REPORT**

## **Coachella Valley Volunteers In Medicine, Grant # 1408**

### **ABOUT THE ORGANIZATION**

Coachella Valley Volunteers In Medicine  
82915 Avenue 48

Indio, CA 92201  
760-342-4414

**Progress Report Contact:**  
Doug Morin, Executive Director  
[doug.morin@cvvim.org](mailto:doug.morin@cvvim.org)

### **PROJECT INFORMATION**

**Project Title:** 1408 Ensuring access to healthcare through awareness and continuation of services delivery.

**Grant Term:** 11/01/2023 - 10/31/2024

**Total Grant Amount Awarded:** \$478,400.00

**Reporting Period:** 11/01/2023 - 01/31/2024

**Report Due Date:** 03/01/2024

### **DESERT HEALTHCARE DISTRICT STRATEGIC PLAN ALIGNMENT**

**Goal 2:** Proactively expand community access to primary and specialty care services

**Strategy 2.4:** Improve accessibility of primary and specialty care services by increasing available telehealth services in Coachella Valley (Priority: High)

**Strategy 2.7:** Increase equitable access to primary and specialty care services and resources in underserved communities in Coachella Valley (Priority: High)

## **PROGRESS TOWARDS PROJECT DELIVERABLES**

Write your progress towards each project deliverable in the space below. Project deliverable numbers should ONLY reflect those directly funded by DHCD funds.

### **Project Deliverable #1:**

By October 31, 2024, provide in-person primary medical care services to 1,500 individuals.

### **Progress towards Deliverable #1:**

During the period of 11/1/2023 to 1/31/2024, we provided 673 primary medical care visits (excluding telehealth visits and any encounters/supportive services) to 437 individuals.

### **Project Deliverable #2:**

By October 31, 2024, provider telehealth primary medical care services to 120 individuals.

### **Progress towards Deliverable #2:**

21 unique patients experienced a telehealth visit (representing 24 total telehealth visits)

### **Project Deliverable #3:**

Provide various health related services or "encounters" (Health Education; Diabetes and General Case Management; Social Service Interventions; Medical Outreach to Unhoused Persons) to 500 patients based upon their needs as assessed by their medical provider or VIM Social Worker.

### **Progress towards Deliverable #3:**

452 encounters were provided to 278 individual patients. These encounters include the following services: SDOH (137); Behavioral Health services (13); general and Diabetes Case Management (144); group education (9); RCRMC Referrals for medical follow-up (137); Food Security (10); and vision referrals for exam and lens/frames (14).

### **Project Deliverable #4:**

By October 31, 2024, hire a community health worker and contract promotores to increase awareness of VIM services in the community through a minimum of 6 community health fairs and 8 community-based presentations with an expected reach of 600 community members.

### **Progress towards Deliverable #4:**

A CHW was hired, and we are recruiting several promotores to assist with remote clinics and community/health fairs. We expect to have promotores available to assist with our outreach efforts beginning in the 2nd grant quarter.

During this report period, the CHW attended 2 community health/resource fairs and 3 remote clinics to 628 individuals.

## **PROGRESS TOWARDS PERFORMANCE MEASURES**

Please provide your project's performance measure numbers as they align with your project deliverables and the identified Desert Healthcare District's strategy/strategies. Performance measure numbers should ONLY reflect the reporting period.

**PM 2.4: # of additional telehealth visits:**

24

**PM 2.4: # of clients served as a result of additional telehealth access:**

21

**PM 2.4: % increase in services delivered:**

100

**PM 2.7: # of Community Navigators trained:**

1

**PM 2.7: # of Community Navigators hired:**

1

**PM 2.7: # of clients who increased their knowledge of primary and specialty care resources:**

628

**PM 2.7: # of clients who were directly connected to a primary and specialty care service provider:**

437

**PM 2.7: # of clients who connected to primary and specialty care via supportive healthcare services:**

*(Number of clients who were connected to primary and specialty care via supportive healthcare services such as transportation assistance, insurance enrollment, etc.)*

278

## **PROGRESS ON THE DISTRICT RESIDENTS SERVED:**

**Total Number of District Residents Reached During This Reporting Period:**

906

**Geographic Area(s) Served During This Reporting Period:**

Bermuda Dunes, Cathedral City, Coachella, Desert Edge, Desert Hot Springs, Desert Palms, Garnet, Indian Wells, Indio, Indio Hills, La Quinta, Mecca, North Shore, Oasis, Palm Desert, Palm Springs, Rancho Mirage, Sky Valley, Thermal, Thousand Palms, Vista Santa Rosa

## **PLEASE ANSWER THE FOLLOWING QUESTIONS:**

**Please share any challenges and course corrections you may have experienced during this performance period such as reaching organizational capacity, partnerships, identified geographic areas and/or target populations, etc.**

Primary challenge encountered is identifying the data sets required to complete the performance measures. We have been successful in identifying certain custom reports available in our EHR, but some instances remain where manual calculations are necessary. We continue to work through these issues.

**Please share any success stories highlighting the impact that your project had on the community during this reporting period.**

At one of our Mecca clinics, our CHW met a family who had just arrived from Mexico and resided in the community of Northshore. The mother expressed her dissatisfaction with the inability to access healthcare within their community. After being told about VIM's services, but more importantly, that they would not be turned away due to their residency status, she was overjoyed. She expressed how she could not believe she had run into us and now had access to an amazing opportunity for her family's well-being. She took applications for both her family and her sister's. Additionally, because there were minor children in the home, she was given information for SAC Children's Health Care in Indio and contacts to apply for CHIP.

**Is there anything the Desert Healthcare District staff can do to assist you in achieving the deliverables of your project?**

Meghan has provided a great deal of assistance in helping to determine the values needed to report deliverables.

## **Grant Progress Report**

**Organization Name:** Galilee Center, Inc

**Grant #:** 1392

**Project Title:** Galilee Center Extended Shelter

**Contact Information:**

Contact Name: Claudia Castorena

Phone: (760) 396-9100

Email: ccastorena@galileecenter.org

### **Grant Information**

**Total Grant Amount Awarded:** \$ 268,342

**Grant Term (example 7/1/22 – 6/30/23):** 06/01/2023 – 05/31/2024

**Reporting Period (example 7/1/22 – 10/31/22):** 12/01/2023-02/29/2024

### **Desert Healthcare District Strategic Plan Alignment**

**Goal:** 2

**Strategy:** 2.7

### **Progress This Reporting Period**

Please describe your project accomplishment(s) during this reporting period in comparison to your proposed goal(s) and evaluation plan.

Galilee Center has been working hard to accomplish its goals during the reporting period. Galilee provided extended shelter to 203 unduplicated people seeking asylum. All guests received shelter, clothing, food baskets, baby diapers, and formula. Families also received medical care and transportation to immigration appointments. For the families and singles who decided to remain in the Coachella Valley, Galilee Center assisted them in finding a permanent place to live, paid for the first month's rent, and provided furniture vouchers.

**Goal #1:**

By May 31, 2024, 620 unduplicated people will have lodging in a motel shelter with 33 rooms, each with a kitchenette, refrigerator, and microwave.

**Progress of Goal #1:** During the reporting period, Galilee Center provided shelter to 203 unduplicated asylum-seeking people, consisting of 90 children, 59 women, and 54 men. Families received clothing and kitchenware during orientation, and our

caseworker/staff ensured they felt welcome. All families and singles prepare their own meals with the food they receive twice per week. All families and individuals needing medical services were seen by the mobile medical clinic operated by the Desert Physicians Medical Group (DPMG) Health every Tuesday. Prescriptions were provided to the people as required.

**Goal #2:**

By May 31, 2024, 620 unduplicated people will be provided basic needs and other wrap-around services. Of these, 25 families and 50 individuals will remain in the Coachella, with 45 children enrolled in school. In addition, 23 families will receive rental assistance and furniture vouchers, and 590 people will receive medical care. Volunteer doctors from Desert Physicians Medical Group in Palm Springs will provide a free clinic at the extended shelter facility ( [REDACTED] ) every Tuesday from 9:30 am to 4:00 pm. In addition, women in the Extended Shelter Program will participate in a Women’s Support Group conducted weekly by a certified counselor who is a member of the DHCD board. Transportation will be provided for 590 people to their immigration appointments.

**Progress of Goal #2:**

From 12/01/2023 to 02/29/2024, Galilee Center Extended Shelter provided the following wrap-around services to all 203 individuals.

Nights of Shelter	8,679	Rental Assistance	17 families 3 Singles
Food Baskets	19,530	Furniture Vouchers	20
Clothing	3,556	Women’s Support Group	0
Infant Services	219	Children Enrolled in School	60
Medical Care Visits	313	Remained in the C. V.	27 families 5 Singles
Immigration Appointments	379		

**Goal #3:**

By May 31, 2024, three full-time Case Workers will be employed to coordinate travel plans for 145 families to their destination when a sponsor becomes available and to assist 25 families with funding needed to relocate to a house or apartment in the local area if a sponsor is not secured.

**Progress of Goal #3**

Four caseworkers were hired to provide case management and coordinated services to families residing at the extended shelter. During the reporting period, the case workers coordinated travel plans for 48 families who continued to their destination in the United States.

The caseworkers also helped seventeen families and three singles move into an apartment or house.

### **Progress on the Number of District Residents Served**

**Number of Unduplicated District Residents Directly Served During This Reporting Period: 203**

**Number of Unduplicated District Residents Indirectly Served During This Reporting Period: 203**

### **Please answer the following questions:**

**Is the project on track in meeting its goals?**

Yes, the project is on track to meeting its goals.

- **Please describe any specific issues/barriers in meeting the project goals.**
- **If the project is not on track, what is the course correction?**
- **Describe any unexpected successes during this reporting period other than those originally planned.**

New collaborations to provide additional services, such as bus passes for families and individuals. Also, our staff is now helping clients who have decided to remain in the Coachella Valley apply for Work Permits and DPSS social services.



## **Grant Progress Report**

**Organization Name:** Organización en California de Lideres Campesinas, Inc.

**Grant #:** 1333

**Project Title:** Healthcare Equity for ECV Farmworker Women and Families

**Contact Information:**

**Contact Name:** Suguet Lopez

**Phone:** (909) 730-0626

**Email:** slopez@liderescampesinas.org

### **Grant Information**

**Total Grant Amount Awarded:** \$150,0002

**Grant Term:** 2/01/2023 - 1/31/2025

**Reporting Period:** 09/01/2023 - 03/01/2024

### **Desert Healthcare District Strategic Plan Alignment**

**Goal:** Farmworker women and their families lack healthcare coverage due to their immigrant status in this country, their employer not offering health insurance to seasonal workers, or due to being laid off from work and thus losing their health benefits. On the other hand, women and girls who do have health coverage experience limited or no access to medical services due to high out of pocket expenses such as co-pays and deductibles, distant service locations, long waiting lists, or their partners controlling or prohibiting their doctor visits and their overall health decisions. Through this project, Lideres Campesinas expects that farmworkers are informed, connected, and have the support to navigate the systems to access healthcare services. Lideres' partners hear directly from the mobilized campesina community about ideas to enhance their operating policies that will better serve the needs of campesinas, their families, and the community at large. In general, Lideres Campesinas expects to see an increased number of farmworker women and girls in the Eastern Coachella Valley who have access to healthcare prevention and intervention medical services.

**Strategy:**

### **Progress This Reporting Period**

Please describe your project accomplishment(s) during this reporting period in



comparison to your proposed goal(s) and evaluation plan.

**Progress of Goal #1:**

During this reporting period, Lideres Campesinas has reached 7,200 farmworkers and their families through information tables, community events, resource fairs, one-on-one conversations, referrals, phone calls, community cultural events, vigils, and economic relief assistance outreach events. In the 121 community and one-on-one events we have hosted and co-hosted in the Eastern Coachella valley, we have been able to link farmworkers to local resources including clinics and inform them of future mobile clinics, health fairs, and resource events held in the Coachella Valley and how to access these resources. Lideres Campesinas has published 83 posts directly related to health resources and have reached 2,464 people through social media.

**Progress of Goal #2:**

Lideres Campesinas and Alianza Nacional de Campesinas conducted the two 2-day trainings for Coachella using the ToT curriculum guide on ACES. All training of Lideres Campesinas farmworker leaders based on the ToT ACES curriculum guide, has been completed. In Coachella, a total of 7 farmworker leaders, and 2 staff from Lideres Campesinas, received this training. Due to the success of these trainings and pilot project implementation, we have begun a second series of training using this ACES Curriculum in Imperial and Monterey County. This is essentially important to highlight as farmworker women migrate throughout California and this information is being shared. Lideres Campesinas participate in biweekly zoom meetings and maintained communication via email and phone calls with Futures Without Violence, Alianza Nacional de Campesinas, and Migrant Clinician's Network, to continue the development of our ACE's collaborative work plan. We stay in communication on reports, data collection, and strategic planning. We also planned on the integration of two farmworker leader trainers as mentors to the farmworker leaders in the second series of ACES training to share their experience on providing educational training to farmworker community members.

**Progress of Goal #3**

Through the outreach to invite farmworker women in the area of Coachella for the listening sessions, we have strengthened a relationship with those farmworker women and have instilled leadership growth for those women who are grateful for the ACE's training and are especially observant of the relationship between clinics and community members. The Lideres Campesinas trainers conducted outreach in the fields, grocery stores, medical centers, phone banking, and communities to invite farmworkers to learn about ACE's. All peer led trainings and listening sessions led by Lideres Campesinas farmworker leaders have been completed for the first phase.

**Progress of Goal #4:**

Lideres Campesinas in Coachella continue to support the farmworker community by attending community events related to trauma-informed design and maintain contact

with the farmworker participants to refer and connect with local services and agencies when needed. We continue to try and contact Innercare to receive a presentation on farmworker feedback presented by Lideres Campesinas in regards to ACES, ACE's screening, and cultural context. As of this grant reporting period, we have not been successful in receiving a response or letter of commitment from Innercare to receive this information and strengthen the community relationship. We have contacted various clinics and possible healthcare partners in the Eastern Coachella Valley who may be available to collaborate with Lideres Campesinas.

### **Progress of Goal #5:**

Lideres Campesinas has connected with Riverside University Health System's Public Health Department and local community organizations to hold education trainings and presentations on Trauma Informed Design and Traffic Safety for the community of Oasis that will help heal the trauma and exposure to trauma that residents have faced. We have helped in the development of Oasis and culturally-specific training curriculums for Trauma Informed Design and Pedestrian Safety. Riverside University Health System-Public Health, for the community of Oasis. We continue to host informational events on the beautification and healing journey of Oasis and ECV residents. A Total of 78 informational events took place during the reporting period in which the focus was informing on issues surrounding health such as the environment, gender violence, restorative justice, workplace safety, and physical health. Lideres Campesinas has organized trainings and community workshops on restorative justice in the educational institutes for students living in Coachella, Thermal, Mecca, Northshore, and Oasis. We have begun the practice of Restorative Circles and Healing Circles within our membership and hope to expand at the community level as a practice for restorative conversations and solutions. As the environment impacts the physical health of residents, we are continuously hosting and co-hosting Resilient Salton Sea meetings and informational meetings to address the health effects on residents surrounding the Salton Sea. Through this we are also trying to change the narrative that Eastern Coachella Valley cities and areas are not visually appealing. Instead we hope to change that narrative and show that there is potential in the cities surrounding the Salton Sea and there can be flourishing and healthy communities.

### **Progress on the Number of District Residents Served**

**Number of Unduplicated District Residents Directly Served During This Reporting Period:** Out of the 7,200 farmworker families reached, 3,633 were directly served unduplicated

**Number of Unduplicated District Residents Indirectly Served During This Reporting Period:** 6,031 were indirectly served including social media outreach and through community events.

**Please answer the following questions:**

- **Is the project on track in meeting its goals?**

Yes, the project is on track to meeting its goals.

- **Please describe any specific issues/barriers in meeting the project goals.**

Lideres Campesinas has not been successful in collaborating with Innercare community clinic and giving them a presentation on ACE's feedback given by the farmworker community patients whom they serve. It is a barrier as we cannot inform them of the specific cultural and linguistic needs of farmworker patients when filling out screening forms and accessing healthcare services and systems.

- **If the project is not on track, what is the course correction?**

Lideres Campesinas continues to contact Innercare and community clinics and are working towards establishing a concrete collaboration with Innercare within the next reporting period. If not, we will seek a partnership with other community clinics in the Coachella Valley.

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

During the reporting period we have been able to form part of local coalitions and task forces, such as the Riv Co Anti-Human trafficking Taskforce, who work towards the health and safety of Eastern Coachella Valley residents and ensure the services are equitable and accessible to all. We continue to form and strengthen our connections with farmworkers through the outreach being done surrounding economic relief applications and in conversation are to note the needs of farmworker families in regards to health. Some community feedback we have received and believe is important to note is the lack of culturally and linguistically adequate services provided for Spanish and Indigenous speaking farmworkers who attend community medical events. We have been able to refer and connect a migrant farmworker woman to our statewide network and was able to discover she had a pesticide allergy and was happy that doctors in Salinas listened to her concerns whereas in Coachella she felt she was not heard and was dismissed when she mentioned her concern of pesticides. The farmworker women who received the NACES training, voice that they are grateful and are currently implementing things learned in those trainings to manage toxic stress and are seeking support for any adverse or traumatic childhood experiences. Innercare partners taught Lideres Campesinas members how to refer and support in filling out Medi-Cal applications and are able to help farmworker families with navigating this service.

## **Grant Report Summary**

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<u>Report #1 – 1/1/23 – 3/31/23</u>	<u>DUE DATE: 5/01/23</u>
<u>Report #2 – 4/01/23 – 6/30/23</u>	<u>DUE DATE: 8/01/23</u>
<u>Report #3 – 7/01/23 – 9/30/23</u>	<u>DUE DATE: 11/01/23</u>
<b>Report #4 - 10/1/23 – 12/31/23</b>	<b>DUE DATE: 2/01/24</b>
<u>Report #5 – 1/1/24 – 3/31/24</u>	<u>DUE DATE: 5/01/24</u>
<u>Report #6 – 4/1/24 – 6/30/24</u>	<u>DUE DATE: 8/01/24</u>
<u>Report #7 – 7/01/24 – 9/30/24</u>	<u>DUE DATE: 11/01/24</u>
<u>Report #8 – 10/1/24 – 12/31/24</u>	<u>DUE DATE: 2/01/25</u>
<u>FINAL REPORT – 1/1/23 – 12/31/24</u>	<u>DUE DATE: 2/15/25</u>

**Goal #1:** Increase the number of local students who represent the racial and ethnic backgrounds of the community by awarding scholarships to a minimum of 50 students pursuing healthcare degrees and careers. Maximize DCHD scholarship funds to award as many students as possible by applying funds as last dollar in for students' financial aid packages.

### **Evaluation #1**

1. On an annual basis, measure the number of applicants to BAA and Graduate Scholarship fund and compare to prior year.
2. Track the number of scholarships awarded to students who represent the racial and ethnic backgrounds of the community and are historically underrepresented in health careers.
3. Review all student financial aid packages annually to assess capture of available state, federal and institutional aid.
4. Track the completion of the scholar information and outreach cycle on an annual basis:
  - By May 2023 and for the following 2 years, OneFuture will provide high school counselors across all Coachella Valley with information about scholarships to distribute to all eligible students (Step A)
  - By May 2023 and for the following 2 years, OneFuture will confirm that information regarding webinars, workshops, and other communications (social media, radio, TV and flyers) have reached eligible students (Step B)
  - By March 15, 2024, OneFuture will repeat Steps A and B for the previous year's scholarship awardees.
  - By August 2023 for the first cohort and August 2024 for the second cohort, OneFuture will complete the selection, notification and processing of scholarship awardees.
  - By August 2023 and for the following year (August 2024), a minimum of 50 students who mirror underserved residents' ethnic and racial backgrounds will be awarded.

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**Goal #2:** Increase access to resources, mentorship and connections to diverse health professionals and remove barriers for Black and African American students by facilitating the Black and African American Healthcare Scholar Advisory Council. The council is comprised of community members with relevant knowledge and experience to help remove barriers facing Black and African American youth in the Coachella Valley.

### **Evaluation #2**

1. On an annual basis measure GPS Mindset (Growth, Purpose and Sense of Belonging) among BAA scholars, utilizing the University of Virginia's Navigate Project Motivation Tool.
2. Track the number of new resources accessed by students as a result of the BAA Advisory Committee's support.

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**Goal #3:** Increase the number of local students who are completing Graduate degrees in high demand healthcare professions by providing support services aligned with their identified needs (i.e. tuition assistance, loan debt reduction, test fees, support for internship preceptors.)

**Evaluation #3**

1. Track completion of case management milestones: Student Leadership Conference, Mid-Year Networking Summit, Bridge to Career Series and one-to-one counseling sessions to assess academic readiness, explore professional development opportunities that support their career path and review financial aid capture to assess need gap and loan deb to determine resources needed.
2. Review all student financial aid packages annually to assess capture of available state, federal and institutional aid. Assess reduction in loan debt and capture of available financial aid on an annual basis.
3. Measure college and career planning progress by reviewing transcripts, professional resume, and College & Career Plan at beginning of each term.
4. Track the number of additional resources accessed by scholars as a result of support they received through OneFuture and its community partners by documenting it in case files and through the use of an annual survey.

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**Goal #4:** 90% of scholars will participate in OneFuture Case Management and Student Support Services and complete college and career milestones. 90% of scholars will persist and complete the academic year or degree as a result of holistic support services and scholarships provided.

**Evaluation #4**

1. Track completion of case management milestones: Student Leadership Conference, Mid-Year Networking Summit, and one-on-one counseling sessions to review academic progress, financial aid capture and career planning progress.
2. Measure academic progress, persistence and degree complete rates by reviewing transcripts and College & Career Plan at beginning of each term.
3. Milestones:
  - By July 2023:
    - 95% of scholarship awardees have signed their award letters and completed verification of their Financial Aid packages.
  - By August 2023:
    - 100% of scholars complete class schedule and college and career plan verification.
  - By September 2023:
    - Undergo evaluation by a third part to assess program effectiveness through the lens of diversity, equity and inclusion.
  - By January 2024:
    - Assess scholar college enrollment, GPA and first-year persistence rates for the current cohort.
  - By April 2024:
    - Complete interim assessments, ensuring participation in workshops, Leadership Program, experiential learning, and networking with healthcare professionals.
    - Evaluate students receiving financial aid compared to similar student groups.
    - Confirm publication of student spotlights/features to communicate the impact of DCHD&F student's progress.
  - By June 2024:
    - Evaluate scholar data, 1<sup>st</sup> and 2<sup>nd</sup> year persistence rates and number of degree completers

- By July 2024:
  - Repeat the above steps for the 2024-2025 scholar cohort.

**Report Narrative – Questions to be answered each report are in blue:**

**Please describe your program/project accomplishment(s) this reporting period in comparison to our proposed goal(s) and evaluation plan.**

Report #1 – 1/1/23 – 3/31/23 -- Due 5/1/23

- The C2Nav Application was created for students to apply.
- Marketing Flyer was designed and created to market scholarship opportunity.
- Establishing financial assistance requirement guidelines for students pursuing graduate studies (admissions, testing, clinical hour, etc.)
- Convening Black and African American Healthcare Advisory (BAA) to provide guidance and input
- Recruiting new advisory members to increase support for local students and initiative
- Collaborating and aligning efforts with partners to maximize reach and capacity

Report #2 – 4/01/23 – 6/30/23 -- Due 8/1/23

**Scholarship Outreach & Recruitment Efforts (ongoing):**

- Presentations: OneFuture CV presented on the scholarships and programs at local high schools, OneFuture CV’s College Financial Aid Conference, College of the Desert’s Black Student Success Center, CSUSB’s CV Goes to College Convening, College of the Desert’s High School Visits and Resource Fair, and CVUSD’s Next Steps High School Event.
- Email Communications: Email blasts have been sent to high school counselors, community partners and the BAA Advisory Committee
- Social Media: Social media posts using Instagram and Facebook
- College & Career (C2) Navigator: Posts were included on the C2 Navigator dashboard, which have been accessible to more than 500 scholarship applicants.

**Application submitted to date:**

- Total Applicants: Seventy-eight (78) applications have been submitted through July.
- Applicant Majors: Applicants are pursuing degrees in the following majors: Accounting, Agriculture Science, Biology, Business Administration, Chemistry, Computer, Counseling, Dance, Drama, Education, English, Graphic Design, International Studies, Marketing, Mathematics, Nursing, Pre-med, Psychology, Sociology
- Awarded Scholars: Four (4) BAA scholarships have been awarded to local students. Three (3) awardees attended the OneFuture Scholarship Award Ceremony Celebration, Wednesday, June 14, 2023, at UCR Palm Desert.

**Black and African Advisory Committee Meetings:**

- The committee is active in supporting scholarship outreach, recruitment & scholarship review
- One Future staff is continuing to seek members from the community that can support the BAA scholarship initiative with their time and professional expertise. Most recently, the Brothers of the Desert donated to this initiative and committed to engage in the BAA Advisory Committee. **Brothers of the Desert (BOD)** is a non-profit organization that provides a growing network of support for Black gay men and allies in the Coachella Valley. Their mission is to nurture and support Black gay men and allies through philanthropy, volunteerism, mentorship, education, advocacy, and social networking.

Report #3 – 7/01/23 – 9/30/23 -- Due 11/1/23

### **Black and African American Healthcare Scholarship Outreach & Recruitment**

- Black and African American recruitment, review and selection of 2023 scholars is complete
- **Total Applicants:** Eighty-Seven (87) applications were submitted through September 30, 2023.
- **Total Number of Scholars Awarded:** Eight (8) have been awarded to receive a 2023-25 scholarship.
  - Four (4) scholars received a one-year scholarship.
  - Four (4) scholars received a two-year scholarship.
- Scholar's financial need is currently being reviewed with the goal of increasing award amounts.

### **Graduate Healthcare Scholarship Outreach & Recruitment**

- **Total Applicants:** Thirty (30) graduate students applied through the OneFuture CV application leading up to the September 30, 2023 deadline.
- **Total Number of Scholars Selected to Date:** Four (4) students have received a one-year \$10,000 scholarship to support graduate studies during the 2023-24 academic year.
- Seventeen (17) additional scholarship applications are under review with the goal of completing selections by November 2023.

### **Black & African American Advisory Committee:**

- Advisory Committee has reconvened for the 2023-24 Academic year and are continuing to work on the following priorities: Mentorship, K-12 Initiatives, and Sustainability
- Giving Tuesday efforts are underway to support the Black & African American Scholarship initiative.
- Ventrice Diggs-Kings, BAA Advisory Committee Chair, is continuing to advance the tactical plan for the BAA committee, including the engagement of regional partners.

Report #4 - 10/1/23 – 12/31/23 -- Due 2/1/24

### **Black and African American Healthcare Scholarship Outreach, Recruitment, Selection & Awards Update:**

- Total Scholars Awarded: Two (2) additional Black & African American Healthcare scholars were awarded, bringing the total 2023 – 2025 cohort to ten (10) students.
- Scholarship Award Increases: In addition, at the recommendation of the Black & African American Healthcare Advisory Committee, scholars were evaluated for unmet financial need and scholarship award amounts were increased to reduce the need gap and loans. Please see attached details.

### **Graduate Healthcare Scholarship Outreach, Recruitment, Selection and Awards are complete**

- Thirteen (13) Graduates were awarded \$10,000 each for their post graduate programs and cleared for their Fall 2023 disbursements.

### **Black & African American Advisory Committee:**

- The Black & African American Advisory (BAA) Committee continues to meet monthly (10/24/23, 11/28/23, & 01/30/24) to advise and support current BAA scholars and the K-16 pipeline on regional college & career strategies and supports.
- K-12 Initiatives: The committee members participated and provided sponsorships for the Regional College & Career Fair held on Wednesday, October 11, 2023, at Agua Caliente Casino in Rancho Mirage. Over 4000 local students and their families attended the event and participated in workshops focused on financial aid, scholarships and college readiness. Students and families also had the opportunity to speak with college representatives to explore their postsecondary options.
- Sustainability: The committee raised \$2800 in support of the Black & African American Healthcare Scholarship initiative's Giving Tuesday campaign.
- Mentorship: The committee members were invited to attend and participate in the OneFuture Coachella Valley's Midyear Summit held on Tuesday, December 19<sup>th</sup>. In addition, Jarvis Crawford (BAA

Advisory Committee Member) presented to the committee on ways to support and engage in the 2024 Black History Month activities, including opportunities to work with the Black and African American community throughout the year in support of local students and families.

Report #5 – 1/1/24 – 3/31/24 -- Due 5/1/24

Report #6 – 4/1/24 – 6/30/24 -- Due 8/1/24

Report #7 – 7/01/24 – 9/30/24 -- Due 11/1/24

Report #8 – 10/1/24 – 12/31/24 -- Due 2/1/25

FINAL REPORT DUE – 2/15/25

### **Progress of Goal #1**

Report #1 – 1/1/23 – 3/31/23 -- Due 5/1/23

This period has been used for scholarship marketing and recruitment. No scholarships have been awarded. OneFuture has been reaching out to high school counselors and community partners who have contact with students. In addition, this scholarship opportunity has been marketed through all OneFuture social media platforms and partner networks.

Report #2 – 4/01/23 – 6/30/23 -- Due 8/1/23

In total, seventy-eight (78) students have submitted a BAA scholarship application and 140 have started the application. Among these students, four (4) have successfully fulfilled the eligibility requirements and been selected for an award. Additionally, four (4) students have applied for the graduate scholarship and are under review and three (3) are pending submission.

OneFuture Coachella Valley is working with the BAA Advisory Committee and its network of partners to promote both the BAA and Graduate scholarship programs to underrepresented students in the region. The BAA Advisory Committee is also participating in marketing, review and selection process.

Report #3 – 7/01/23 – 9/30/23 -- Due 11/1/23

### **Black and African American Healthcare Scholarship**

In an effort to increase the Black and African American scholarship application submissions, OneFuture extended the application deadline until September 30<sup>th</sup>. From July to September, an additional nine (9) students applied to the BAA scholarship program. In total, four (4) students were awarded and three (3) are under consideration during this period.

Additionally, at the recommendation of the Black and African American Advisory Committee, OneFuture CV is currently completing a financial needs assessment to increase student award amounts (financial need ranges from \$5000 up to \$36,000 among the BAA student cohort).

### **Graduate Healthcare Scholarship:**

A total of thirty (30) applications were submitted to the OneFuture CV graduate scholarship program (dhcd.c2nav.com). Seventeen (17) applications are under review for the Graduate Healthcare Scholarship with the goal of completing review and selection by November 2023.

- Four (4) graduate scholars have been selected and awarded a one-year scholarship in the amount of \$10,000.



Report #4 - 10/1/23 – 12/31/23 -- Due 2/1/24

**Black & African American Healthcare Scholarships:** OneFuture Coachella Valley completed the need assessments recommended by the Black & African American Advisory Committee and increased the award amounts for five (5) students. At the start of the 2023-24 academic year, two (2) additional scholars were also awarded, bringing the total 2023 – 2025 cohort to ten (10) students.

**Graduate Healthcare Scholarship:** The scholarship awarding cycle for graduate students has been completed. Twelve (12) graduate scholars were awarded \$10,000 each for one year and one (1) scholar was awarded \$5000 for one year.

Report #5 – 1/1/24 – 3/31/24 -- Due 5/1/24

Report #6 – 4/1/24 – 6/30/24 -- Due 8/1/24

Report #7 – 7/01/24 – 9/30/24 -- Due 11/1/24

Report #8 – 10/1/24 – 12/31/24 -- Due 2/1/25

FINAL REPORT DUE – 2/15/25

## **Progress of Goal #2**

Report #1 – 1/1/23 – 3/31/23 -- Due 5/1/23

- The Black and African American Advisory Committee has been meeting monthly to Advisory Council meeting (1/24/24, 2/22/23, 3/22/23) to discuss BAA Scholar Academics Progress, Financial Health/Literacy, Scholarship Application & Recruitment, Holistic Student Support Services and Sustainability efforts
- Through the advisory committee we have identified mentorship resources and reconnected with UCR Future Physician Leaders Program for collaboration opportunities.
- Bridge to Career Series materials have been shared, archived and are available resources for current and future scholars

Report #2 – 4/01/23 – 6/30/23 -- Due 8/1/23

- **BAA Advisory Committee:** The Black and African American Advisory committee met on May 31, 2023 for a learning session on 529 College Plans and a PA Pipeline Mentorship Program.
- **Student Leadership Conference:** Annual 2023 *OneFuture Student Leadership Conference* was held on Wednesday, June 21<sup>st</sup>, at UC Riverside- Palm Desert Campus. This year's leadership conference theme was *Explore, Educate & Evolve*. Thirty-five (35) community members and OneFuture CV Alumni lead a total of twelve (12) breakout sessions on academic preparation, financial health, mental wellness, and professional development. In addition, all students participated in mental health & wellness and college & career planning sessions.
  - Keynote Speaker: This year's keynote speaker, Monique Dotson (Motivate Lab Post-Secondary Pathways Director), shared her story and tips with scholars on how to reach their goals. Monique also integrated the GPS (Growth Mindset, Purpose & Relevance, and Sense of Belonging) mindset model in her speech. The conference allowed scholars to sharpen their personal, academic, professional and financial skills. Students also had the opportunity to grow their connections by networking with current scholars, alumni and community partners.
  - Mentorship opportunities were embedded throughout the day:

- **BAA Mentorship Session:** Ventrice Diggs King (BAA Advisory Co-Chair) and Trisha Gray (BAA Committee Member) lead a discussion that included the GPS model in their discussion and presentation.
- **Career Panel Session:** The session focused on professional development, such as volunteering, internships and fellowships. Additionally, professionals shared their experiences on landing jobs during their college journey, along with resources to increase success rates.
- **Peer-to-Peer Mentorship:** This panel session focused on *How to Survive College and* featured current students and recent graduates who shared tips, insights, and resources that helped them navigate college.
- All three (3) BAA scholars awarded prior to the Student Leadership Conference attended.

### **Report #3 – 7/01/23 – 9/30/23 -- Due 11/1/23**

- **Scholar Update:** Current Black and African American scholars have been onboarded and cleared for their Fall 2023 scholarship disbursement.
  - All scholars have submitted the following documentation: financial aid and academic documents, as well as their College & Career Plan.
  - BAA scholars are currently completing their Fall 2023 One-on-One meeting. OneFuture CV staff is reviewing current academic, financial, professional and mental wellness needs and creating interventions that will best support scholar needs. In response to challenges and obstacles being expressed during one-on-one meetings, scholars are being connected to appropriate university, community based and BAA advisory committee member resources to further close gaps and challenges being experienced by scholars.
- **Holistic Student Supports:** In addition to one-on-one student meetings, BAA scholars are being provided with additional information and resources through:
  - **2023 OneFuture Fall Newsletter** that includes local, state and national academic, financial, professional and mental wellness resources to better meet their own individual needs.
  - **Fall 2023 Bridge to Career Series:** This hybrid (virtual and in-person) series is designed to help local students prepare for future volunteer, internships and career opportunities. The goal is to provide scholars with resources and tangible tools to help them become more competitive candidates as they transition into our local workforce.
  - **2023 Midyear Summit** planning is currently underway. This event is scheduled to take place on Tuesday, December 19<sup>th</sup>. OneFuture Staff is using the GPS (Growth Mindset, Purpose & Relevance, Sense of Belonging) mindset model to guide content and sessions. The goal of the summit will be to provide students with tangible tools and resources that can empower them as individuals and support their academic journey.

### **Report #4 - 10/1/23 – 12/31/23 -- Due 2/1/24**

- **BAA Scholar Update:** OneFuture Coachella Valley is excited to report that three (3) of the Black & African American Healthcare scholars graduated during the Fall 2023 term:
  - Karezeyeye Ruwange: Bachelor of Science in Nursing Degree, California State University San Bernardino, Palm Desert Campus. She recently passed the NCLEX exam and was admitted into Eisenhower Medical Center’s New Graduate Program.
  - Carmesha Strange: Associate Degree in Nursing, College of the Desert. She is preparing for her NCLEX exam and will be commencing her Bachelor of Science in Nursing program at Chamberlain University.
  - Shaquile Washington, Associate Degree in Nursing, College of the Desert. He is preparing for his NCLEX exam and will be commencing his Bachelor of Science in

Nursing program at Chamberlain University. He is currently employed at Eisenhower Medical Center and is seeking a nursing position.

- **Bridge to Career Virtual Series:** Between October and November 2023, OneFuture Coachella Valley offered its *Bridge to Careers Fall workshop series*. The series consisted of three (3) virtual zoom sessions: *Tuning Your Portfolio*, *Professional Success Notes*, *Career Harmonies*, and one (1) in-person *Networking Luncheon*. These workshops provided scholars an opportunity to gain various tools that strengthen their professional skills, etiquette, and helped them further develop a plan for graduate school or employment. Throughout the series, students also had the opportunity to network with professionals and their peers.
- **2023 Midyear Summit:** The Black & African American Healthcare scholars had an opportunity to attend OneFuture Coachella Valley's annual Midyear Summit. The summit theme was *Level-up Your Mindfulness* and encouraged students to be fully present and aware of their success and obstacles as they navigate their academic and professional paths. Additionally, students were encouraged to explore or reassess their personal goals and to connect with their peers. Our keynote speaker, Dr. Matthew Jackson, also spoke about imposter syndrome. Among the mindfulness and joyful pause workshop sessions that students participated in were: *Defining Your Voice Through Creative Writing*, *Rediscover Your Purpose and Visualize Your Dreams*, *Harnessing Your Emotions for Personal Growth and Success*, *Meditating your Way to a Mindfulness Journey*, and an *Open Mic session*. The Growth, Purpose and Relevance, and Sense of Belonging (GPS) Mindset framework was interweaved into the midyear summit programming.

Report #5 – 1/1/24 – 3/31/24 -- Due 5/1/24

Report #6 – 4/1/24 – 6/30/24 -- Due 8/1/24

Report #7 – 7/01/24 – 9/30/24 -- Due 11/1/24

Report #8 – 10/1/24 – 12/31/24 -- Due 2/1/25

FINAL REPORT DUE – 2/15/25

### **Progress of Goal #3**

Report #1 – 1/1/23 – 3/31/23 -- Due 5/1/23

- Planning for the 2023 Student Leadership Conference is underway. Sessions on academic preparation, financial health/Literacy, professional development and mental wellness will be facilitated by local professionals that include OneFuture Alumni. These sessions will help scholars maximize financial aid, as well as access tools and resources that support their academic and professional journey.

Report #2 – 4/01/23 – 6/30/23 -- Due 8/1/23

- OneFuture CV is excited to report that the Graduate Scholarship Program application process opened in July 2023: <https://dhcd.c2nav.com>
- Marketing and communications on the program have been coordinated through social media and the emailing of flyers to local postsecondary partners, along with OneFuture CV's network. Additionally, OneFuture CV emailed the opportunity to alumni that are pursuing graduate degrees and careers in healthcare.
- In total, four (4) students have successfully submitted their graduate scholarship applications and three (3) are pending submission.
- Scholarships will be awarded on a rolling deadline through September 30<sup>th</sup>, 2023.

Report #3 – 7/01/23 – 9/30/23 -- Due 11/1/23

- The Graduate Scholarship Program details and application link were shared with more than 2500 alumni and young professionals in OneFuture’s network. In total, thirty (30) students applied for the scholarship and four (4) scholars have been selected, with an additional seventeen (17) applicants pending review.
  - The Graduate Scholarship Program application closed for submissions on September 30, 2023.
  - Four (4) scholars have each been awarded a one (1) year \$10,000 scholarship
  - All four (4) scholars have been cleared for their Fall 2023 scholarship disbursement and are currently completing their one-on-one meetings.

Report #4 - 10/1/23 – 12/31/23 -- Due 2/1/24

- OneFuture Coachella Valley is pleased to report that thirteen (13) Graduate Healthcare scholars were cleared for their Fall 2023 scholarship disbursement. In addition, eleven (11) graduate scholars attended the 2023-24 Midyear Summit on Tuesday, December 19, 2023. The graduate scholars are currently in the process of submitting their Fall 2023 transcripts and 2024 schedules to track their academic progress and to be cleared for their Winter and/or Spring term disbursements.

Report #5 – 1/1/24 – 3/31/24 -- Due 5/1/24

Report #6 – 4/1/24 – 6/30/24 -- Due 8/1/24

Report #7 – 7/01/24 – 9/30/24 -- Due 11/1/24

Report #8 – 10/1/24 – 12/31/24 -- Due 2/1/25

FINAL REPORT DUE – 2/15/25

**Progress of Goal #4**

Report #1 – 1/1/23 – 3/31/23 -- Due 5/1/23

- Currently in recruitment for the 2023 –24 scholars. Will provide update on report #2

Report #2 – 4/01/23 – 6/30/23 -- Due 8/1/23

- Awarded Scholars: Four (4) BAA scholars have been awarded and recruitment will continue through August 30<sup>th</sup>, 2023.
- Student Support Services: Students have begun their onboarding into the program and have also started the submission of their Student Award Agreements, along with their academic and financial documents. Students will also commence their 1-on-1 meeting with OneFuture CV’s team in September, which will include the review of their submitted documents and College & Career Plan.

Report #3 – 7/01/23 – 9/30/23 -- Due 11/1/23

- In total, 100% (or 8 BAA scholars) have completed their onboarding and are on track to persisting through the end of the Fall term.
- Additionally, 100% of BAA scholars have successfully been cleared for their fall 2023 scholarship disbursement and have submitted all required academic and financial documents. Students are completing

their one-on-one counseling sessions with OneFuture CV's team, which will include the review of their College & Career Plan, financial aid documents and academic goals and progress.

- Graduate Healthcare Scholars: 100% of the graduate scholars (or four students) have been cleared for their fall disbursement and are in the process of completing their one-on-one counseling sessions with OneFuture CV team.

Report #4 - 10/1/23 – 12/31/23 -- Due 2/1/24

**BAA Scholars:** In total, eight (8) of the Black & African American Healthcare scholars (or 100%) completed their Fall term and are persisting into the spring session (an additional two students will be included for the Winter and Spring terms). The scholars are also in the process of submitting their transcripts to confirm that their fall term was successfully completed, and they have enrolled full-time for the Winter and Spring terms. Once these are confirmed, they will be cleared for their scholarship disbursements. In addition, students are scheduling their second one-on-one counseling session with OneFuture CV's team, which will include the review of their College & Career Plan, academic goals and progress to date.

**Graduate Healthcare Scholars:** In total, thirteen (13) of the graduate scholars (or 100%) were cleared for their fall term disbursements and are in the process of completing their one-on-one counseling sessions with the OneFuture CV team.

Report #5 – 1/1/24 – 3/31/24 -- Due 5/1/24

Report #6 – 4/1/24 – 6/30/24 -- Due 8/1/24

Report #7 – 7/01/24 – 9/30/24 -- Due 11/1/24

Report #8 – 10/1/24 – 12/31/24 -- Due 2/1/25

FINAL REPORT DUE – 2/15/25

**Is the Project on Track to Meeting its Goals?**

Yes

**Please describe any specific issues/barriers in meeting the project goals.**

No issues

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

OneFuture has been selected as one (1) of six (6) community-based organizations nationally that will participate in Scholarship America's a pilot program to increase financial aid opportunities for students in the Coachella Valley. The pilot program is supported through their corporate partnerships and give OneFuture CV access to national networks and resources. Additionally, OneFuture Coachella Valley will be providing scholarship funding and holistic student support services for 10-15 local students.

Report Period: 01/01/2024 - 01/31/2024  
(Monthly report due the 15th of each month)

**Program/Project Information:**

**Grant # 1329**  
**Project Title:** DPMG Health Street Medicine  
**Start Date:** 10/1/2022  
**End Date:** 9/30/2025  
**Term:** 36 months  
**Grant Amount:** \$500,000.00  
**Executive Summary:** Desert Physicians Medical Group Health is committed to bridging health and community. We plan to expand access and provide care for those living in the Coachella Valley. This funding will provide support for the medical mobile unit and communities we serve. It is anticipated that 3,000 patient encounters will be conducted via the medical mobile unit by September 30, 2023 with an expansion by September 30, 2025 to increase total annual patient encounters to at least 7,000 per year, including primary and specialty care services.

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supportive Information (Graphs, reports, indicator results, etc.)																																							
Services	By September 30, 2025, increase total annual patient encounters to at least 7,000 per year and provide extended hours and weekend hours at least 1,400 encounters per year.	<p>The table and graph below illustrates the total number of patient encounters seen since October 1, 2023 up to this reporting period.</p> <table border="1" data-bbox="678 1015 1990 1385"> <thead> <tr> <th rowspan="2">Date</th> <th rowspan="2">Location</th> <th rowspan="2"># of Patients seen</th> <th colspan="2">Gender</th> <th colspan="3">Age</th> <th rowspan="2">Unknown</th> </tr> <tr> <th>Female</th> <th>Male</th> <th>≤ 18 yo</th> <th>19-64 yo</th> <th>≥ 65 yo</th> </tr> </thead> <tbody> <tr style="background-color: #c00000; color: white;"> <td colspan="9" style="text-align: center;">October 2023</td> </tr> <tr> <td>10/2/23</td> <td>Gojji Telemedicine</td> <td>14</td> <td>8</td> <td>6</td> <td>0</td> <td>12</td> <td>2</td> <td>0</td> </tr> </tbody> </table>								Date	Location	# of Patients seen	Gender		Age			Unknown	Female	Male	≤ 18 yo	19-64 yo	≥ 65 yo	October 2023									10/2/23	Gojji Telemedicine	14	8	6	0	12	2	0
Date	Location	# of Patients seen	Gender		Age			Unknown																																	
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10/2/23	Gojji Telemedicine	14	8	6	0	12	2	0																																	

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT  
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		10/3/23	Galilee Center at Western Sands Motel - Refugee Clinic	29	18	11	12	17	0	0
		10/3/23	Gojji Telemedicine	10	5	5	0	10	0	0
		10/4/23	R.I.S.E. Smoke Tree	3	0	3	0	3	0	0
		10/4/23	Gojji Telemedicine	11	7	4	0	9	2	0
		10/4/23	Birth Choice of the Desert	2	2	0	0	2	0	0
		10/5/23	Coyote Run Apartments	40	25	15	9	26	5	0
		10/5/23	Gojji Telemedicine	9	6	3	0	9	0	0
		10/6/23	Our Lady of Guadalupe - Street Medicine	9	1	8	0	8	1	0
		10/6/23	Gojji Telemedicine	10	4	6	0	10	0	0
		10/9/23	Gojji Telemedicine	12	7	5	0	11	1	0
		10/10/23	Galilee Center at Western Sands Motel - Refugee Clinic	35	19	16	14	21	0	0
		10/11/23	Birth Choice of the Desert	2	2	0	0	2	0	0
		10/11/23	Gojji Telemedicine	14	6	8	0	12	2	0
		10/12/23	Substance Abuse Recovery Home	15	2	13	0	14	1	0

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT  
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		10/12/23	Gojji Telemedicine	16	8	8	0	14	2	0
		10/13/23	Our Lady of Guadalupe - Street Medicine	12	3	9	0	9	3	0
		10/13/23	Gojji Telemedicine	15	10	5	0	12	3	0
		10/15/23	Coachella Youth Sport Association	14	8	6	0	13	1	0
		10/16/23	Gojji Telemedicine	13	9	4	0	13	0	0
		10/17/23	Galilee Center at Western Sands Motel - Refugee Clinic	22	15	7	11	11	0	0
		10/17/23	Gojji Telemedicine	11	5	6	0	11	0	0
		10/18/23	Gene Autry Wash	3	0	3	0	3	0	0
		10/18/23	Gojji Telemedicine	12	5	7	0	9	3	0
		10/19/23	Desert Hot Springs Unhoused Outreach	18	8	10	0	17	1	0
		10/19/23	Gojji Telemedicine	14	10	4	0	10	4	0
		10/20/23	Our Lady of Guadalupe - Street Medicine	15	5	10	0	13	1	1
		10/20/23	Gojji Telemedicine	13	10	3	0	11	2	0
		10/23/23	Gojji Telemedicine	14	6	8	0	14	0	0
		10/24/23	Galilee Center at Western Sands Motel - Refugee Clinic	23	9	14	6	17	0	0



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10/25/23	R.I.S.E. Access Center	11	2	9	0	10	1	0
10/25/23	Gojji Telemedicine	13	6	7	0	13	0	0
10/26/23	Gojji Telemedicine	9	6	3	0	8	1	0
10/27/23	Our Lady of Guadalupe - Street Medicine	10	1	9	0	10	0	0
10/27/23	Gojji Telemedicine	4	2	2	0	4	0	0
10/28/23	DAP Equity Walk	4	1	3	0	3	1	0
10/30/23	Mountain View Estates	31	24	7	17	14	0	0
10/30/23	Gojji Telemedicine	6	4	2	0	5	1	0
<b>November 2023</b>								
11/1/23	R.I.S.E. Access Center	3	0	3	0	3	0	0
11/1/23	Birth Choice of the Desert	2	2	0	0	2	0	0
11/1/23	Gojji Telemedicine	5	4	1	0	3	2	0
11/2/23	Gojji Telemedicine	5	2	3	0	3	2	0
11/3/23	Our Lady of Guadalupe - Street Medicine	12	4	8	0	11	1	0
11/3/23	Gojji Telemedicine	6	4	2	0	4	2	0
11/4/23	Palm Springs Pride	354	127	227	3	296	52	3
11/6/23	Gojji Telemedicine	4	2	2	0	4	0	0

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		11/7/23	Galilee Center at Western Sands Motel - Refugee Clinic	13	7	6	7	6	0	0
		11/8/23	R.I.S.E. Access Center	8	1	7	0	6	2	0
		11/8/23	Birth Choice of the Desert	2	2	0	0	2	0	0
		11/8/23	Gojji Telemedicine	3	2	1	0	2	1	0
		11/9/23	Substance Abuse Recovery Home	12	2	10	0	12	0	0
		11/9/23	Gojji Telemedicine	5	3	2	0	3	2	0
		11/10/23	Our Lady of Guadalupe - Street Medicine	10	1	9	0	10	0	0
		11/10/23	Gojji Telemedicine	6	2	4	0	4	2	0
		11/13/23	Gojji Telemedicine	11	8	3	0	10	1	0
		11/14/23	Galilee Center at Western Sands Motel - Refugee Clinic	19	11	8	10	9	0	0
		11/15/23	R.I.S.E. Access Center	3	1	2	0	3	0	0
		11/15/23	Birth Choice of the Desert	1	1	0	0	1	0	0
		11/15/23	Gojji Telemedicine	3	3	0	0	2	1	0
		11/16/23	Desert Hot Springs Unhoused Outreach	16	4	12	0	13	3	0

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11/16/23	ABC Recovery Home	24	7	17	0	24	0	0
11/16/23	Gojji Telemedicine	4	2	2	0	3	1	0
11/17/23	Gojji Telemedicine	8	5	3	0	8	0	0
11/20/23	Coachella Valley Housing Coalition	20	13	7	7	10	3	0
11/20/23	Gojji Telemedicine	7	3	4	0	6	1	0
11/21/23	Galilee Center at Western Sands Motel - Refugee Clinic	34	17	17	11	23	0	0
11/22/23	Gojji Telemedicine	5	2	3	0	5	0	0
11/27/23	Mountain View Estates	20	9	11	8	12	0	0
11/27/23	Gojji Telemedicine	4	1	3	0	4	0	0
11/28/23	Galilee Center at Western Sands Motel - Refugee Clinic	24	12	12	8	16	0	0
11/28/23	Gojji Telemedicine	1	0	1	0	1	0	0
11/29/23	Gojji Telemedicine	3	1	2	0	2	1	0
11/30/23	Gojji Telemedicine	5	4	1	0	5	0	0
<b>December 2023</b>								
12/1/23	Our Lady of Guadalupe - Street Medicine	3	0	3	0	3	0	0
12/1/23	Gojji Telemedicine	15	11	4	0	14	1	0

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		12/4/23	Gojji Telemedicine	16	7	9	0	15	1	0
		12/5/23	Galilee Center at Western Sands Motel - Refugee Clinic	16	8	8	2	14	0	0
		12/5/23	Our Lady of Soledad	23	14	9	7	14	2	0
		12/6/23	R.I.S.E. Access Center	11	1	10	0	7	3	1
		12/6/23	Birth Choice of the Desert	2	2	0	1	1	0	0
		12/6/23	Gojji Telemedicine	14	5	9	0	12	2	0
		12/7/23	James Madison Elementary Vaccine Clinic	18	8	10	18	0	0	0
		12/7/23	Gojji Telemedicine	13	10	3	0	13	0	0
		12/8/23	Our Lady of Guadalupe - Street Medicine	14	5	9	0	11	3	0
		12/8/23	Gojji Telemedicine	10	6	4	0	8	2	0
		12/12/23	Galilee Center at Western Sands Motel - Refugee Clinic	8	6	2	4	4	0	0
		12/12/23	Gojji Telemedicine	13	8	5	0	9	4	0
		12/13/23	R.I.S.E. Access Center	8	1	7	0	7	1	0
		12/13/23	Gojji Telemedicine	12	2	10	0	12	0	0
		12/14/23	ABC Recovery Home	8	2	6	0	8	0	0

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		12/14/23	Gojji Telemedicine	14	9	5	0	12	2	0
		12/15/23	Our Lady of Guadalupe - Street Medicine	7	1	6	0	6	1	0
		12/18/23	Gojji Telemedicine	17	12	5	0	17	0	0
		12/19/23	Galilee Center at Western Sands Motel - Refugee Clinic	12	8	4	6	6	0	0
		12/20/23	Gene Autry Wash	4	2	2	0	2	2	0
		12/20/23	Gojji Telemedicine	9	4	5	0	8	1	0
		12/21/23	Desert Hot Springs Unhoused Outreach	40	12	28	0	39	1	0
		12/22/23	Our Lady of Guadalupe - Street Medicine	72	19	53	0	61	11	0
		12/22/23	Gojji Telemedicine	14	10	4	0	14	0	0
		12/26/23	Galilee Center at Western Sands Motel - Refugee Clinic	22	12	10	8	14	0	0
		12/26/23	Gojji Telemedicine	12	6	6	0	12	0	0
		12/27/23	Gojji Telemedicine	9	5	4	0	7	2	0
		12/28/23	Sunrise Park Palm Springs	84	34	50	0	80	3	1
		12/29/23	Our Lady of Guadalupe - Street Medicine	15	3	12	0	13	2	0

January 2024								
1/2/24	Galilee Center at Western Sands Motel - Refugee Clinic	7	4	3	5	2	0	0
1/2/24	Gojji Telemedicine	12	2	10	0	12	0	0
1/3/24	Gojji Telemedicine	15	4	11	0	14	1	0
1/4/24	Gojji Telemedicine	14	6	8	0	12	2	0
1/5/24	Our Lady of Guadalupe - Street Medicine	15	1	14	0	14	1	0
1/5/24	Gojji Telemedicine	19	5	14	0	18	1	0
1/8/24	Gojji Telemedicine	15	11	4	0	12	3	0
1/9/24	Galilee Center at Western Sands Motel - Refugee Clinic	25	13	12	12	13	0	0
1/9/24	Gojji Telemedicine	13	6	7	0	13	0	0
1/10/24	Gene Autry Wash	4	0	4	0	3	1	0
1/10/24	Gojji Telemedicine	13	8	5	0	12	1	0
1/11/24	Gojji Telemedicine	13	5	8	0	13	0	0
1/12/24	Our Lady of Guadalupe - Street Medicine	11	2	9	0	10	1	0
1/12/24	Gojji Telemedicine	18	10	8	0	18	0	0
1/15/24	Gojji Telemedicine	14	8	6	0	13	1	0

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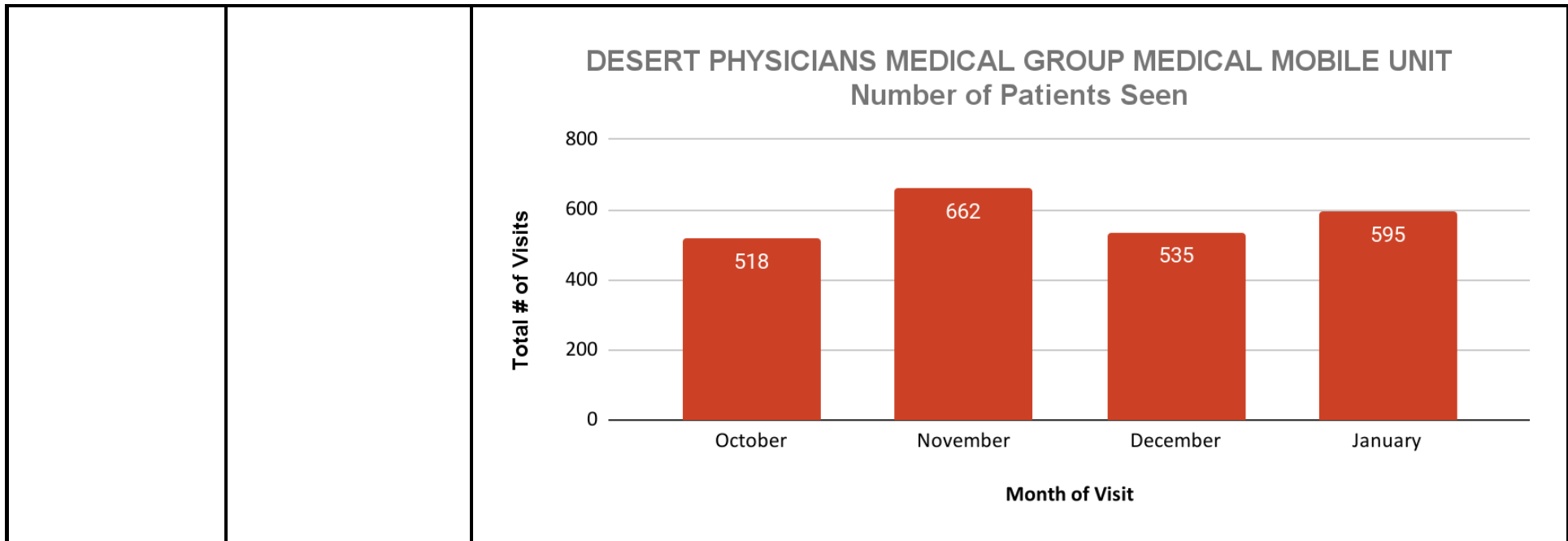
		1/16/24	Galilee Center at Western Sands Motel - Refugee Clinic	18	8	10	8	10	0	0
		1/16/24	Gojji Telemedicine	14	10	4	0	13	1	0
		1/17/24	Birth Choice of the Desert	3	3	0	0	3	0	0
		1/17/24	Gojji Telemedicine	14	5	9	0	14	0	0
		1/18/24	Desert Hot Springs Unhoused Outreach	20	10	10	0	18	2	0
		1/18/24	Gojji Telemedicine	14	10	4	0	14	0	0
		1/19/24	Our Lady of Guadalupe - Street Medicine	9	1	8	0	7	2	0
		1/19/24	Gojji Telemedicine	15	7	8	0	12	3	0
		1/22/24	Gojji Telemedicine	16	13	3	0	16	0	0
		1/23/24	Gojji Telemedicine	15	11	4	1	12	2	0
		1/23/24	Galilee Center at Western Sands Motel - Refugee Clinic	17	9	8	9	8	0	0
		1/24/24	R.I.S.E. Access Center	6	2	4	0	5	1	0
		1/24/24	Birth Choice of the Desert	1	1	0	0	1	0	0
		1/24/24	Gojji Telemedicine	14	7	7	0	13	1	0
		1/25/24	Gojji Telemedicine	16	5	11	0	13	3	0

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		1/26/24	Gojji Telemedicine	16	3	13	0	16	0	0
		1/26/24	Our Lady of Guadalupe - Street Medicine	5	2	3	0	5	0	0
		1/27/24	Palm Springs Health Run & Wellness Festival	78	31	47	0	75	3	0
		1/29/24	Coachella Valley Housing Coalition	10	6	4	0	8	2	0
		1/29/24	Gojji Telemedicine	16	8	8	0	15	1	0
		1/30/24	Galilee Center at Western Sands Motel - Refugee Clinic	30	18	12	10	20	0	0
		1/30/24	Gojji Telemedicine	15	6	9	0	12	3	0
		1/31/24	R.I.S.E. Access Center	6	0	6	0	5	1	0
		1/31/24	Birth Choice of the Desert	1	1	0	0	1	0	0
		1/31/24	Gojji Telemedicine	18	10	8	0	16	2	0
		<b>Total Since October 2023</b>		2310	1043	1267	214	1892	198	6





<b>Goal</b>	<b>Goal/ Objective/ Other Topics</b>	<b>Successes, Emergent Issues, Challenges, Findings, and Supportive Information</b> (Graphs, reports, indicator results, etc.)
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<b>Services</b>	<b>By September 30, 2023, provide primary and specialty care services to 3,000 patients.</b>	The table and graph below illustrates the total number of patient encounters seen since the launch of services on October 1, 2022 up to this reporting period.								
		Date	Location	# of Patients seen	Gender		Age			Unknown
					Female	Male	≤ 18 yo	19-64 yo	≥ 65 yo	
<b>October 2022</b>										
10/14/22	Our Lady of Guadalupe	3	1	2	0	2	1	0		

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	- Street Medicine							
10/15/22	Oasis Thermal - Arsenic Clinic	28	16	12	5	23	0	0
10/22/22	Desert Hot Springs Health & Wellness Center	30	22	8	6	19	5	0
10/28/22	Our Lady of Guadalupe - Street Medicine	4	2	2	0	3	1	0
<b>November 2022</b>								
11/11/22	Our Lady of Guadalupe - Street Medicine	2	0	2	0	2	0	0
11/19/22	Oasis Thermal - Arsenic Clinic	10	7	3	0	9	1	0
<b>December 2022</b>								
12/9/22	Our Lady of Guadalupe - Street Medicine	5	0	5	0	4	1	0
12/23/22	Our Lady of Guadalupe - Street Medicine	6	2	4	0	5	0	1
<b>January 2023</b>								
1/6/23	Our Lady of Guadalupe - Street Medicine	7	2	5	0	5	2	0
1/19/23	Headstart Nursery	30	12	18	0	24	5	1
1/19/23	Tudor Ranch	76	21	55	0	56	16	4

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1/20/23	Our Lady of Guadalupe - Street Medicine	3	0	3	0	3	0	0
1/25/23	Mobile Van Clinic	1	1	0	0	1	0	0
1/28/23	Palm Springs Health Run & Wellness Festival	3	0	3	0	2	1	0
<b>February 2023</b>								
2/3/23	Our Lady of Guadalupe - Street Medicine	2	1	1	0	2	0	0
2/17/23	Our Lady of Guadalupe - Street Medicine	11	3	8	0	7	2	2
2/22/23	Anthony Vineyards	71	9	62	1	57	12	1
<b>March 2023</b>								
3/3/23	Our Lady of Guadalupe - Street Medicine	9	3	6	0	9	0	0
3/10/23	Our Lady of Guadalupe - Street Medicine	6	2	4	0	4	0	2
3/14/23	Galilee Center at Western Sands Motel - Refugee Clinic	59	33	26	34	24	1	0
3/17/23	Our Lady of Guadalupe - Street Medicine	3	0	3	0	2	1	0
3/19/23	Anthony Vineyards - "Dia de la Familia" Health Fair	46	27	19	6	33	6	1

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3/21/23	Galilee Center at Western Sands Motel - Refugee Clinic	40	21	19	17	23	0	0
3/24/23	Our Lady of Guadalupe - Street Medicine	5	1	4	0	3	2	0
3/28/23	Galilee Center at Western Sands Motel - Refugee Clinic	37	18	19	20	17	0	0
3/31/23	Our Lady of Guadalupe - Street Medicine	6	1	5	0	4	1	1
<b>April 2023</b>								
4/4/23	Galilee Center at Western Sands Motel - Refugee Clinic	16	6	10	7	9	0	0
4/11/23	Galilee Center at Western Sands Motel - Refugee Clinic	56	23	33	30	26	0	0
4/14/23	Our Lady of Guadalupe - Street Medicine	11	2	9	0	8	3	0
4/18/23	Galilee Center at Western Sands Motel - Refugee Clinic	56	26	30	19	37	0	0
4/21/23	Our Lady of Guadalupe - Street Medicine	15	1	14	0	11	1	3
4/25/23	Galilee Center at Western Sands Motel -	41	14	27	11	30	0	0

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		Refugee Clinic							
4/28/23		Our Lady of Guadalupe - Street Medicine	10	3	7	0	6	1	3
May 2023									
5/2/23		Galilee Center at Western Sands Motel - Refugee Clinic	35	15	20	8	26	1	0
5/3/23		Mental Health Awareness Fair	36	25	11	5	31	0	0
5/4/23		John Glenn Middle School Tdap Clinic	12	5	7	11	1	0	0
5/5/23		Our Lady of Guadalupe - Street Medicine	16	5	11	0	10	4	2
5/8/23		Indio Middle School Tdap Clinic	18	10	8	15	3	0	0
5/9/23		Galilee Center at Western Sands Motel - Refugee Clinic	35	19	16	5	30	0	0
5/10/23		Valle Del Sol Elementary Tdap Clinic	35	20	15	34	1	0	0
5/10/23		Saul Martinez Elementary Tdap Clinic	24	7	17	24	0	0	0
5/11/23		Thomas Jefferson Middle School Tdap Clinic	8	3	5	8	0	0	0

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		5/12/23	Our Lady of Guadalupe - Street Medicine	12	4	8	0	10	2	0
		5/15/23	Colonel Mitchell Paige Middle School Tdap Clinic	2	2	0	2	0	0	0
		5/16/23	Galilee Center at Western Sands Motel - Refugee Clinic	37	19	18	6	31	0	0
		5/17/23	Palm Desert Charter Middle School Tdap Clinic	31	11	20	31	0	0	0
		5/18/23	La Quinta Middle Stem Academy Tdap Clinic	34	12	22	34	0	0	0
		5/19/23	Our Lady of Guadalupe - Street Medicine	5	2	3	0	4	1	0
		5/20/23	CVUSD District Office Tdap/COVID Clinic	31	18	13	29	2	0	0
		5/22/23	Palm Desert High School Sports Physicals	289	135	154	289	0	0	0
		5/23/23	Galilee Center at Western Sands Motel - Refugee Clinic	29	13	16	7	22	0	0
		5/25/23	Sacred Heart Tdap Clinic & Sports Physicals	29	12	17	29	0	0	0
		5/26/23	Our Lady of Guadalupe	16	3	13	0	13	3	0

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	- Street Medicine							
5/30/23	Galilee Center at Western Sands Motel - Refugee Clinic	44	21	23	19	25	0	0
5/31/23	La Quinta High School Sports Physicals	288	128	160	288	0	0	0
<b>June 2023</b>								
6/1/23	Cathedral City High School Sports Physicals	197	94	103	197	0	0	0
6/2/23	Our Lady of Guadalupe - Street Medicine	13	4	9	0	10	2	1
6/5/23	Palm Springs High School Sports Physicals	231	152	79	231	0	0	0
6/6/23	Galilee Center at Western Sands Motel - Refugee Clinic	25	14	11	10	15	0	0
6/9/23	Our Lady of Guadalupe - Street Medicine	11	2	9	0	9	2	0
6/13/23	Galilee Center at Western Sands Motel - Refugee Clinic	17	7	10	5	12	0	0
6/14/23	Gene Autry Wash	6	2	4	0	6	0	0
6/20/23	Galilee Center at	13	1	12	0	13	0	0

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	Western Sands Motel - Refugee Clinic							
6/21/23	Gene Autry Wash	12	6	6	0	10	2	0
6/23/23	Our Lady of Guadalupe - Street Medicine	13	3	10	0	10	3	0
6/27/23	Galilee Center at Western Sands Motel - Refugee Clinic	17	7	10	4	13	0	0
6/28/23	Gene Autry Wash	7	2	5	0	6	1	0
6/30/23	Our Lady of Guadalupe - Street Medicine	10	1	9	0	9	0	1
<b>July 2023</b>								
7/5/23	Gene Autry Wash	23	6	17	0	23	0	0
7/5/23	Gojji Telemedicine	8	1	7	0	7	1	0
7/6/23	Gojji Telemedicine	12	7	5	0	11	1	0
7/7/23	Our Lady of Guadalupe - Street Medicine	13	3	10	0	10	3	0
7/7/23	Gojji Telemedicine	4	4	0	0	4	0	0
7/10/23	Gojji Telemedicine	2	1	1	0	2	0	0
7/11/23	Galilee Center at Western Sands Motel - Refugee Clinic	36	20	16	15	21	0	0



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		7/11/23	Gojji Telemedicine	2	1	1	0	2	0	0
		7/12/23	Gene Autry Wash	10	3	7	0	8	2	0
		7/12/23	Gojji Telemedicine	2	1	1	0	2	0	0
		7/13/23	Gojji Telemedicine	14	6	8	0	12	2	0
		7/14/23	Our Lady of Guadalupe - Street Medicine	18	10	8	0	17	1	0
		7/14/23	Gojji Telemedicine	5	3	2	0	5	0	0
		7/17/23	Gojji Telemedicine	4	2	2	0	4	0	0
		7/18/23	Galilee Center at Western Sands Motel - Refugee Clinic	39	21	18	17	22	0	0
		7/18/23	Gojji Telemedicine	3	1	2	0	3	0	0
		7/19/23	Gene Autry Wash	11	4	7	0	10	1	0
		7/19/23	Gojji Telemedicine	4	2	2	0	3	1	0
		7/20/23	Coachella Valley Housing Coalition	5	4	1	0	3	2	0
		7/20/23	Gojji Telemedicine	5	2	3	0	4	1	0
		7/21/23	Our Lady of Guadalupe - Street Medicine	17	7	10	0	15	2	0
		7/21/23	Gojji Telemedicine	5	5	0	0	5	0	0
		7/24/23	Gojji Telemedicine	4	1	3	0	4	0	0
		7/25/23	Galilee Center at	28	15	13	13	15	0	0

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	Western Sands Motel - Refugee Clinic							
7/25/23	Gojji Telemedicine	1	1	0	0	1	0	0
7/26/23	Gene Autry Wash	15	3	12	0	13	1	1
7/26/23	Gojji Telemedicine	5	4	1	0	4	1	0
7/27/23	Gojji Telemedicine	13	6	7	0	13	0	0
7/28/23	Our Lady of Guadalupe - Street Medicine	29	9	20	0	26	2	1
7/28/23	Gojji Telemedicine	5	3	2	0	4	1	0
7/31/23	Substance Abuse Recovery Home	33	12	21	3	29	1	0
7/31/23	Gojji Telemedicine	4	3	1	0	4	0	0
<b>August 2023</b>								
8/1/23	Galilee Center at Western Sands Motel - Refugee Clinic	22	14	8	9	13	0	0
8/1/23	Gojji Telemedicine	2	0	2	0	2	0	0
8/2/23	Gene Autry Wash	6	4	2	0	6	0	0
8/2/23	DSUSD District Tdap Clinic	36	16	20	36	0	0	0
8/2/23	Gojji Telemedicine	6	2	4	0	4	2	0
8/3/23	Gojji Telemedicine	6	3	3	0	4	2	0

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		8/4/23	Our Lady of Guadalupe - Street Medicine	15	5	10	0	13	2	0
		8/4/23	Gojji Telemedicine	8	5	3	0	8	0	0
		8/7/23	La Quinta Middle School Tdap Clinic	75	38	37	74	1	0	0
		8/7/23	Gojji Telemedicine	5	4	1	0	5	0	0
		8/8/23	Galilee Center at Western Sands Motel - Refugee Clinic	35	20	15	13	22	0	0
		8/9/23	Gene Autry Wash	4	1	3	0	3	1	0
		8/9/23	Gojji Telemedicine	5	4	1	0	5	0	0
		8/10/23	Desert Ridge Academy Vaccine Clinic	48	27	21	47	1	0	0
		8/10/23	Gojji Telemedicine	9	4	5	0	6	3	0
		8/11/23	Our Lady of Guadalupe - Street Medicine	13	6	7	0	10	3	0
		8/11/23	Gojji Telemedicine	8	4	4	0	7	1	0
		8/14/23	Cahuilla Desert Academy Tdap Clinic	46	26	20	46	0	0	0
		8/14/23	Gojji Telemedicine	5	3	2	0	5	0	0
		8/15/23	Galilee Center at Western Sands Motel - Refugee Clinic	15	6	9	4	10	1	0

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		8/16/23	Gene Autry Wash	6	1	5	0	5	1	0
		8/16/23	Gojji Telemedicine	4	2	2	0	3	1	0
		8/17/23	Gojji Telemedicine	5	1	4	0	4	1	0
		8/17/23	Woodspur Farms	35	25	10	2	33	0	0
		8/18/23	Our Lady of Guadalupe - Street Medicine	9	1	8	0	6	3	0
		8/18/23	Gojji Telemedicine	7	6	1	0	7	0	0
		8/22/23	Galilee Center at Western Sands Motel - Refugee Clinic	22	12	10	6	16	0	0
		8/22/23	Gojji Telemedicine	2	1	1	0	2	0	0
		8/23/23	Toro Canyon Middle School Tdap Clinic	13	11	2	13	0	0	0
		8/23/23	Thomas Jefferson Middle School Tdap Clinic	9	6	3	9	0	0	0
		8/23/23	Gojji Telemedicine	4	1	3	0	4	0	0
		8/24/23	Desert Hot Springs Unhoused Outreach	17	7	10	0	13	4	0
		8/24/23	Gojji Telemedicine	6	3	3	0	6	0	0
		8/25/23	Our Lady of Guadalupe - Street Medicine	7	2	5	0	4	3	0
		8/25/23	Gojji Telemedicine	6	2	4	0	5	1	0

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		8/28/23	Substance Abuse Recovery Home	20	7	13	2	15	3	0
		8/28/23	Gojji Telemedicine	6	4	2	0	6	0	0
		8/29/23	Galilee Center at Western Sands Motel - Refugee Clinic	40	22	18	21	19	0	0
		8/30/23	Gene Autry Wash	6	2	4	0	6	0	0
		8/30/23	Gojji Telemedicine	6	2	4	0	4	2	0
		8/31/23	Gojji Telemedicine	4	1	3	0	3	1	0
<b>September 2023</b>										
		9/1/23	Our Lady of Guadalupe - Street Medicine	12	4	8	0	9	3	0
		9/1/23	Gojji Telemedicine	17	9	8	0	17	0	0
		9/5/23	Galilee Center at Western Sands Motel - Refugee Clinic	28	12	16	7	21	0	0
		9/5/23	Gojji Telemedicine	14	12	2	0	14	0	0
		9/6/23	Gojji Telemedicine	15	6	9	0	15	0	0
		9/7/23	Gojji Telemedicine	16	9	7	0	14	2	0
		9/8/23	Our Lady of Guadalupe - Street Medicine	15	5	10	0	9	6	0
		9/8/23	Gojji Telemedicine	14	8	6	0	11	3	0

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT  
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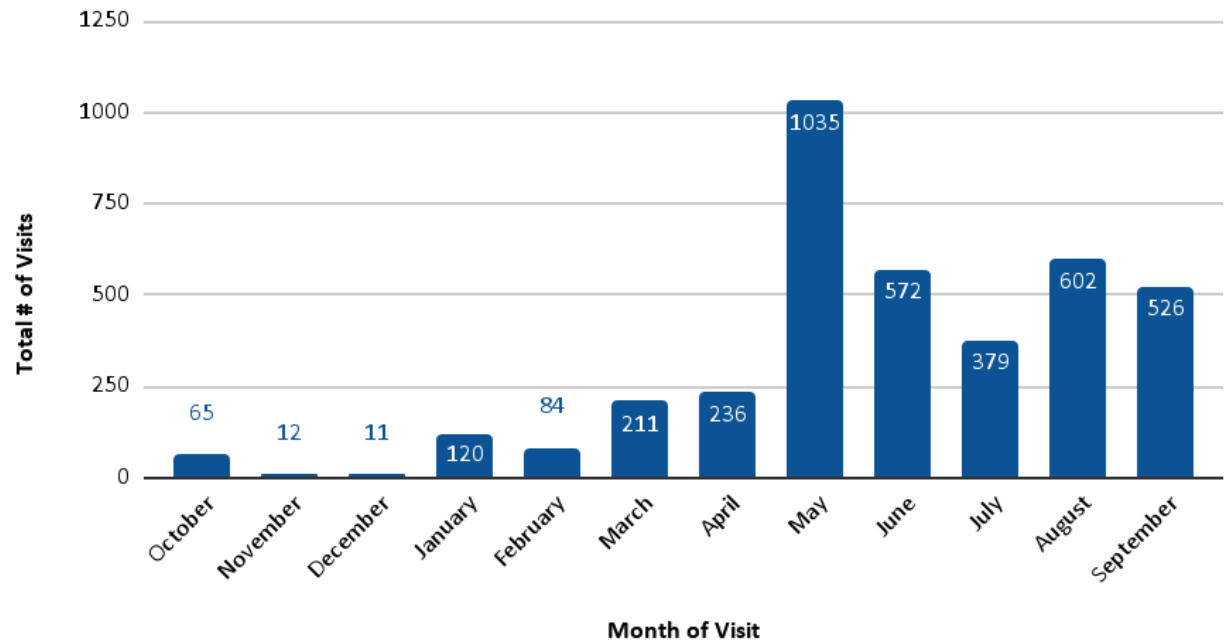
		9/11/23	Mountain View Estates	17	13	4	3	13	1	0
		9/11/23	Gojji Telemedicine	15	6	9	0	13	2	0
		9/12/23	Galilee Center at Western Sands Motel - Refugee Clinic	22	15	7	6	16	0	0
		9/12/23	Gojji Telemedicine	11	8	3	0	11	0	0
		9/13/23	Gene Autry Wash	11	5	6	1	9	1	0
		9/13/23	Gojji Telemedicine	15	10	5	0	15	0	0
		9/14/23	Gojji Telemedicine	14	7	7	0	12	2	0
		9/15/23	Our Lady of Guadalupe - Street Medicine	15	6	9	0	12	3	0
		9/15/23	Gojji Telemedicine	14	9	5	0	14	0	0
		9/18/23	Paseo De Los Heros II	8	6	2	2	6	0	0
		9/18/23	Gojji Telemedicine	19	8	11	0	17	2	0
		9/19/23	Galilee Center at Western Sands Motel - Refugee Clinic	21	9	12	8	13	0	0
		9/19/23	Gojji Telemedicine	11	8	3	0	11	0	0
		9/20/23	Gene Autry Wash	8	3	5	0	7	1	0
		9/20/23	Gojji Telemedicine	15	8	7	0	11	4	0
		9/21/23	Desert Hot Springs Unhoused Outreach	22	9	13	0	18	4	0

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9/21/23	Gojji Telemedicine	16	6	10	0	14	2	0
9/22/23	Our Lady of Guadalupe - Street Medicine	12	4	8	0	10	2	0
9/22/23	Gojji Telemedicine	14	10	4	0	14	0	0
9/25/23	Our Lady of Soledad	16	8	8	0	14	2	0
9/25/23	Gojji Telemedicine	14	9	5	0	10	4	0
9/26/23	Galilee Center at Western Sands Motel - Refugee Clinic	23	9	14	6	17	0	0
9/26/23	Gojji Telemedicine	12	7	5	0	12	0	0
9/27/23	Birth Choice of the Desert	2	2	0	0	2	0	0
9/27/23	Gojji Telemedicine	13	8	5	0	11	2	0
9/28/23	Gojji Telemedicine	12	6	6	0	11	1	0
9/29/23	Our Lady of Guadalupe - Street Medicine	11	2	9	0	7	2	2
9/29/23	Gojji Telemedicine	12	9	3	0	11	1	0
<b>Totals: October 2022 - September 2023</b>		3853	1821	2032	1810	1824	192	27

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT  
Number of Patients Seen







**DESERT HEALTHCARE  
DISTRICT & FOUNDATION**

Date: April 9, 2024  
To: Program Committee  
Subject: Grant Applications, RFPs, and MOUs Submitted and Under Review

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**Staff Recommendation:** Information only.

**Grant Applications:** The following grant and mini grant applications have been submitted and are 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 Program Committee for possible action:

1. Mini Grant #1433 GANAS \$10,000: Mission is to improve the quality of life of the Hispanic and Latino special needs community –
  - a. Status: After the proposal conference, the grantee has withdrawn their application and will submit a new request to reflect direct healthcare services for special needs children.
2. Grant #1428 ABC Recovery Center
  - a. Status: Proposal conference conducted – application withdrawn and to be resubmitted to request 2 years of operating support for behavioral health staff and uncompensated prescription medicines.
3. Mini Grant #1431 Habitat for Humanity - \$10,000 application was revised and resubmitted to reflect program component for the Client Services Coordinator to conduct regular wellness checks ensure clients' health and safety and identify unmet needs and partnering with numerous community-based and government organizations to provide clients with referrals and linkages to vital services.
  - a. Status: revised application being reviewed for determination of staff approval.
4. Grant #1409 UCR School of Medicine - \$475,609 for three years to support and engage doctors in training (medical students) in the screening, diagnosis, and treatment of cardiovascular disease among patients accessing the Coachella Valley Free Clinic in Mecca.
  - a. Status: After site visit to the Mecca clinic on January 16, 2024 grantee is withdrawing application and resubmitting a new application to request 2 year operating support for the free clinic.

**Recently Board-approved grants:**

Grant# #1429 Desert Cancer Foundation for: Patience Assistance (PA) Program & Community Outreach: \$163,750.00

**Recently Staff-approved Mini Grants:**

Mini Grant #1456 The Pink Journey Foundation - \$10,000 - providing one mobile screening event in the Desert Healthcare district within 2024. The cost to provide the mobile screening unit for a full day of screening is \$10,000. This cost includes the mammography unit, screening services, results, as well as the staff on board (mammography manager and technician both employed by RadNet).

**Recently Staff – declined Mini Grants:**

Mini Grant #1457 Micro-enterprise Inland Southern California - \$5,000 – Reason for declination was funding was to support increasing access to capital and resources for small business owners – no healthcare nexus and no alignment to goals and strategies of the strategic plan.

**Staff recommendations to decline these grants specific to the RFP *Building Connected Communities Improving Community Supports to Reduce Social Isolation and Loneliness* RFP Strategies:**

- *Strategy 1:* Increase the number of community navigators serving Coachella Valley residents. (This was a required strategy).
  - *Strategy 2:* Increase awareness and access to behavioral/mental health resources.
  - *Strategy 3:* Improve access to community support services through systems and environments that build connectedness.
1. Grant #1436 Mama's House Ministries (\$200,000) – requesting funds to support increased shelter capacity and programmatic reach for women and children.
    - a. Reasons for declination:
      - i. New shelter is not fully operational until April 2025 (halfway through the grant term)
      - ii. Application narrative and alignment to the budget was unclear and not defined.
  2. Grant #1438 LGBTQ Community Center of the Desert (\$200,000) – requesting funds to support two positions to launch The Center Connects platform, focused on creating thoughtful connection to community resources and services.
    - a. Reasons for declination:
      - i. The Center Connects platform does not have an anticipated launch with trained volunteers until Fall 2025 (limiting community impact with RFP funding until 8 months until end of grant term)
      - ii. A significant programmatic focus was on food insecurity unrelated to the RFP strategic areas.
  3. Grant #1440 Olive Crest (\$73,435) – requesting funds to support all functions of the recently opened Community Involvement Center.
    - a. Reasons for declination:
      - i. Funding ask was focused on alleviating urgent basics needs (I.E. clothing, food, and household items) and training staff on general education not focused to the RFP strategic areas.
      - ii. Application narrative and alignment to the budget was unclear and not defined.
  4. Grant #1442 Hope through Housing Foundation (\$20,000) – requesting funds to provide a variety of programmatic activities including art therapy, coffee socials,

community potlucks, Bingo, information distribution, walking clubs and exercise therapy.

- a. Reasons for declination:
  - i. Application narrative is not aligned with RFP strategic areas
  - ii. Unclear training specific related to the Community Navigators
  - iii. Application narrative and alignment to the budget was unclear and not defined.
5. Grant #1444 Hathaway-Sycamores Child and Family Services (\$200,000) – requesting funds to support two one-day Community Mental Health Awareness Fairs
  - a. Reason for declination:
    - i. Majority of the funding is focused on marketing and equipment related to two one-day Community Mental Health Awareness Fairs limiting continuity of reach related to the RFP strategic areas
6. Grant #1446 Boys & Girls Club Of Coachella Valley (\$25,500) – requesting funding to support Trauma Informed Care/Adverse Childhood Experiences training for staff members.
  - a. Reason for declination:
    - i. The RFP required funding to be aligned with at least two strategies and our funds are only being allocated for training (strategy 1)
7. Grant #1447 Cathedral City Senior Center (\$160,000) – requesting funds to support their pilot program and a partnership with Vision y Compromiso to hire and manage two part-time community navigators.
  - a. Reason for declination:
    - i. The project was for the implementation of a pilot program with deliverable activities ending June 2025 (deliverables do not cover the required two-year grant term: May 1, 2024 – April 30, 2026)
8. Grant #1449 Access Mental Health Care (\$100,000) – requesting funds to implement a comprehensive program aimed at reducing social isolation and loneliness while expanding access to mental health services.
  - a. Reasons for declination:
    - i. This organization had a pending operational start date in 2024
    - ii. Organization does not have audited financials.
9. Grant #1450 Jewish Family Service of the Desert (\$130,000) - requesting funds for a Community Outreach Coordinator to focus on the expansion of the Let's Do Lunch! Sites.
  - a. Reason for declination:
    - i. The project was for the expansion of Let's Do Lunch! sites with deliverable activities ending July 2025 (deliverables do not cover the required two-year grant term: May 1, 2024 – April 30, 2026)
10. Grant #1454 Consejo de Federaciones Mexicanas (COFEM) (\$200,000) – requesting funds to re-establish their Community Networks program in Coachella Valley.
  - a. Reason for declination:
    - i. The project deliverable activities heavily focused on the training and work of 15-20 Promotores; however, less than 5% of the budget is allocated to Promotores stipends (stipends totaled \$6,120 over two-years)
    - ii. Application narrative and alignment to the budget was unclear and not defined.

11. Grant #1451 Palm Desert Presbyterian Church (\$200,000) – requesting funds to support Project MindLink focused on bridging the awareness gap and enhancing accessibility to mental health resources within the Coachella Valley.
  - a. Reason for declination:
    - i. Organization does not have current audited financials.
12. Grant #1448 Oak Grove Institute Foundation (\$199,525) – requesting funds to support their 3C (Connection, Collaborative, and Coaching) program through a full-time case manager and a mental health therapist.
  - a. Reason for declination:
    - i. Did not submit all required documents.





**DESERT HEALTHCARE DISTRICT**  
**FINANCE, ADMINISTRATION, REAL ESTATE, AND LEGAL COMMITTEE**  
**MEETING MINUTES**  
**April 10, 2024**

<b>Directors Present via Video Conferencing</b>	<b>District Staff Present via Video Conferencing</b>	<b>Absent</b>
Chair/Treasurer Arthur Shorr Vice-President Carmina Zavala, PsyD Director Leticia De Lara, MPA	Chris Christensen, CPA, Interim CEO Donna Craig, Chief Program Officer Alejandro Espinoza, MPH, Chief of Community Engagement Eric Taylor, CPA, Accounting Manager Andrea S. Hayles, MBA, Board Relations Officer	

<b>AGENDA ITEMS</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>I. Call to Order</b>	Chair Shorr called the meeting to order at 5:00 p.m.	
<b>II. Approval of Agenda</b>	Chair Shorr asked for a motion to approve the agenda.	<b>Moved and seconded by Director De Lara and Vice-President Zavala to approve the agenda. Motion passed unanimously.</b>
<b>III. Public Comment</b>	There was no public comment.	
<b>IV. Approval of Minutes</b> 1. <b>F&amp;A Minutes – Meeting March 13, 2024</b>	Chair Shorr motioned to approve the March 13, 2024, meeting minutes.	<b>Moved and seconded by Director De Lara and Vice-President Zavala to approve the March 13, 2024, meeting minutes. Motion passed unanimously.</b>
<b>V. Interim CEO Report</b>	There is no report at this time.	
<b>VI. Chief Administration Officer Report</b> 1. <b>Las Palmas Medical Plaza Leasing Update</b>	Chris Christensen, Interim CEO, described the two vacant suites and the occupancy rate of 94% with a renewed lease for an existing occupancy in Other Matters and interest in Suite 2W 103-104 for presenting in May.	
<b>VII. Financial Reports</b>	There are no financials to report at this time.	
<b>VIII. Other Matters</b> 1. <b>Consulting Services Agreement – Regional</b>	Mr. Christensen described the Regional Government Services	<b>Moved and seconded by Chair Shorr and Director De Lara to</b>

**DESERT HEALTHCARE DISTRICT**  
**FINANCE, ADMINISTRATION, REAL ESTATE, AND LEGAL COMMITTEE**  
**MEETING MINUTES**  
**April 10, 2024**

<p><b>Government Services Human Resources Consultant – NTE \$40,000</b></p>	<p>(RGS) proposal for assessing the internal human resources processes, reporting, documentation, and improvements, further outlining the other proposal received from the RFP release.</p> <p>The committee inquired about RGS’s consulting services hourly rate related to the list of staff in the billing rates with varying hourly rates based on the scope of work for the hourly rate.</p> <p>Betsy Adams, Interim Human Resources Services Director of RGS, described the not-to-exceed rate and invoicing for services performed at the hourly rate.</p>	<p><b>approve the Consulting Services Agreement – Regional Government Services Human Resources Consultant – NTE \$40,000 and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>2. Consulting Services Agreement – Success for Nonprofits – Feasibility Study for Director Development – NTE \$6,000</b></p>	<p>Mr. Christensen described the consulting services agreement with Success for Nonprofits to conduct a feasibility study to determine the need and consideration for a Director of Development. The committee inquired about an RFP, with staff confident in an assessment by Success for Nonprofits.</p>	<p><b>Moved and seconded by Chair Shorr and Vice-President Zavala to approve the Consulting Services Agreement – Success for Nonprofits – Feasibility Study for Director Development – NTE \$6,000 and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>3. Small Non-Profit Grantee Audits – Coachella Valley Accounting &amp; Auditing - \$6,500 per audit</b></p>	<p>Mr. Christensen described offering qualified grantees financial audit services and the challenges of locating a firm for the tasks on an as-needed basis, further outlining Coachella Valley Accounting and Auditing's proposal while</p>	<p><b>Moved and seconded by Director De Lara and Vice-President Zavala to approve the Small Non-Profit Grantee Audits – Coachella Valley Accounting &amp; Auditing - \$6,500 per audit and forward to the Board for approval. Motion passed unanimously.</b></p>

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<p><b>4. Exempt Status from Single Audit Reporting for FY 2022-23</b></p>	<p>still exploring other firms as inquired by the committee.</p> <p>Mr. Christensen described the federal funding grants and the requirement for a single audit exceeding \$750k. Funding carried over to the Foundation for the COVID Disparities, SCAQMD, and RODA grants as contractors are not subject to the Single Audit and the amount expended did not exceed the threshold. Therefore, the staff is submitting a letter to the State Controller's Office about the exemption.</p>	
<p><b>5. 2023 CAM Reconciliation – Las Palmas Medical Plaza</b></p>	<p>Mr. Christensen provided an overview of the monthly CAM rate of \$.80 per sq. ft. charged to the tenants and the increase of the 2023 excess costs. The committee inquired about the increase to \$.86/sq. ft. charge, which will be reconciled at the end of the year and billing any potential excess costs at the beginning of 2025.</p>	
<p><b>6. Security Agreement – Addendum #1 – Extension to May 31, 2025</b></p>	<p>Mr. Christensen provided background on the security services at the Las Palmas Medical Plaza, the satisfactory work of the organization, and extending the terms for another year with no cost increase.</p>	<p><b>Moved and seconded by Director De Lara and Vice-President Zavala to approve Security Agreement – Addendum #1 – Extension to May 31, 2025, and forward to the Board for approval.</b> <b>Motion passed unanimously.</b></p>



**DESERT HEALTHCARE DISTRICT**  
**FINANCE, ADMINISTRATION, REAL ESTATE, AND LEGAL COMMITTEE**  
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<p><b>7. Consulting Services Agreement – Van Surveying, Inc. – Flooding Surveying - \$13,200</b></p>	<p>Mr. Christensen described the landscape water flow to the base of the building suites due to the recent excessive rains with water intrusion, a survey to assess the area with a drainage plan, and an eventual RFP for the completion of the work using Van Surveying as a recommendation from the architect.</p> <p>The committee requested two additional estimates to provide to the Board for establishing the best price option.</p>	<p><b>Moved and seconded by Director De Lara and Vice-President Zavala to approve the Consulting Services Agreement – Van Surveying, Inc. – Flooding Surveying - \$13,200, provide two additional quotes and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>8. Las Palmas Medical Plaza – Lease Renewal – DRMC -Suite 2E-107 – 5 years</b></p>	<p>Mr. Christensen described the suite for renewal with Tenet Healthcare previously for 10 years, both parties general counseling agreeing on the lease language and a 5-year lease renewal with CAMS of \$.86/sq. ft.</p>	<p><b>Moved and seconded by Director De Lara and Vice-President Zavala to approve the Las Palmas Medical Plaza – Lease Renewal – DRMC - Suite 2E-107 – 5 years and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>9. Environmental Health Summit</b></p> <p><b>a. Project Budget - \$75,000 Sponsorship Commitment from DHCD</b></p> <p><b>b. Westin Service Agreement – Items Included in Project Budget</b></p>	<p>Mr. Christensen proposed the Environmental Health Summit budget for consideration and the agreement with Westin for an initial deposit to hold the venue, including the District providing \$75k of the sponsorship.</p> <p>The committee inquired about the sponsorship’s commitment, agency invites, and the number of attendees.</p>	<p><b>Moved and seconded by Director De Lara and Vice-President Zavala to approve the Environmental Health Summit Project Budget - \$75,000 Sponsorship Commitment from DHCD and forward to the Board for approval. Motion passed unanimously.</b></p> <p><b>Moved and seconded by Director De Lara and Vice-President Zavala to approve the Westin Service Agreement – Items Included in Project Budget and forward to the Board for approval.</b></p>



**DESERT HEALTHCARE DISTRICT  
FINANCE, ADMINISTRATION, REAL ESTATE, AND LEGAL COMMITTEE  
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		<b>Motion passed unanimously.</b>
<b>IX. Adjournment</b>	Chair Shorr adjourned the meeting at 6:01 p.m.	<b>Audio recording available on the website at <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></b>

ATTEST: \_\_\_\_\_  
Arthur Shorr, Treasurer, Board of Directors  
Finance & Administration Committee Chair  
Desert Healthcare District Board of Directors

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

DRAFT



## **Chief Administration Officer's Report**

**April 10, 2024**

### **Las Palmas Medical Plaza - Property Management:**

#### **Occupancy:**

See attached unit rental status report.

**94.1%** currently occupied –

Total annual rent including CAM fees is **\$1,477,698**.

#### **Leasing Activity:**

2 suites (1W-104, & 2W-103/104) are now vacant and available for lease. Rob Wenthold, our broker, will be showing the suites to prospective tenants.

**Las Palmas Medical Plaza**

**Unit Rental Status**

**As of April 1, 2024**

Unit	Tenant Name	Deposit	Lease Dates		Term	Unit Sq Feet	Percent of Total	Monthly Rent	Annual Rent	Rent Per Sq Foot	Monthly	Total Monthly Rent Inclg CAM	Total Annual Rent Inclg CAM
			From	To							CAM		
											\$ 0.86		
1W, 104	Vacant					1,024	2.07%						
2W, 103-104	Vacant					1,878	3.81%						
<b>Total - Vacancies</b>						<b>2,902</b>	<b>5.88%</b>						
<b>Total Suites - 32 - 30 Suites Occupied</b>		\$57,492.84				49,356	94.1%	\$ 83,194.46	\$ 998,333.52	\$ 1.79	\$ 39,947.00	\$ 123,141.46	\$ 1,477,697.52
<b>Summary - All Units</b>													
			<b>Occupied</b>	46,454	94.1%								
			<b>Vacant</b>	2,902	5.9%								
			<b>Pending</b>	0	0.0%								
			<b>Total</b>	49,356	100%								



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

Date: April 10, 2024  
To: Finance & Administration Committee  
Subject: Las Palmas Medical Plaza Common Area Maintenance (CAM) charges

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**Staff Recommendation:** Informational Item

**Background:**

- The District incurs costs related to Common Area Maintenance, Insurance and Property Taxes (CAM) for the Las Palmas Medical Plaza.
- Tenants are currently billed a monthly amount of \$.80/square foot for the tenant's proportionate share.
- At the end of the calendar year, an accounting is completed for the CAM expenses.
- The District, per the lease agreement, is allowed to bill the tenants any CAM expenses in excess of the total billed for the year.
- The accounting of the CAM charges for calendar year 2023 reflected actual expenses equivalent to \$.91/sf. See schedule attached.
- Several expense items experienced significant increases in 2023 such as Security, Insurance, and Landscaping.
- Staff has assessed the 2023 excess cost of \$114,192 to the tenants based on their proportional share.
- Staff has increased the monthly billing to the tenants to \$.86/sf for calendar year 2024 and will bill any potential excess costs at the beginning of 2025.

**Fiscal Impact:**

A majority of the excess costs are recovered from the tenants through the annual excess billing.

<b>LAS PALMAS MEDICAL PLAZA</b>			
<b>CAM CALCULATION FOR CALENDAR YEAR 2023</b>			
<b>Expenses are CY 2023 Expenses</b>			
<b>Source: Quickbooks</b>	<b>ACTUAL EXPENSE</b>	<b>CAM</b>	<b>Change</b>
	<b>Jan - Dec 23</b>	<b>Charges</b>	<b>From 2022</b>
<b>6445 · LPMP Expenses</b>			
<b>6427 · HVAC Maintenance Expense</b>	12,949	7,790	(2,070)
<b>6439 · Deferred Maintenance Repairs Ex</b>	33,430	-	(10,757)
<b>6440 · Professional Fees Expense</b>	136,480	136,480	3,980
<b>6458 · Elevators - R &amp; M Expense</b>	11,787	11,787	(1,077)
<b>6460 · Exterminating Service Expense</b>	7,300	7,300	(7,470)
<b>6463 · Landscaping Expense</b>	15,676	14,316	9,206
<b>6476 · Signage Expense</b>	1,858	-	(350)
<b>6480 · Rubbish Removal Medical Waste E</b>	14,459	14,459	(1,470)
<b>6481 · Rubbish Removal Expense</b>	36,277	36,277	3,085
<b>6482 · Utilities/Electricity/Exterior</b>	10,593	10,593	4,273
<b>6484 · Uilties - Water (Exterior)</b>	7,638	7,638	(2,128)
<b>6485 · Security Expenses</b>	158,254	158,254	49,453
<b>6420 · Insurance Expense</b>	59,436	59,436	14,722
<b>6475 · Property Taxes Expense</b>	77,554	77,554	2,786
<b>Total Expense</b>		<b>541,884</b>	<b>62,183</b>
<b>Square Footage</b>		49,356	
<b>CAM per sq ft</b>		<b>\$ 0.91</b>	
<b>Billed CAM for 2023</b>		427,692	
<b>Excess Expenses for 2023</b>		114,192	



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

Date: April 10, 2024  
To: Finance & Administration Committee  
Subject: Exemption Status from Single Audit Report for Fiscal Year 2022-23 Letter

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**Staff Recommendation:** Information.

**Background:**

- Since 2020, the District/Foundation have been subject to completing an annual Single Audit due to the receipt of federal funds.
- The following are requirements for a single audit:
  - ✓ If District/Foundation is a “Sub-Recipient” vs “Contractor”.
  - ✓ Annual expenditure of federal funds exceeds \$750,000.
- If the recipient is a Contractor, the funds are not subject to the Single Audit.
- The Foundation received funds as a Contractor for the COVID Disparities, SCAQMD, and RODA, so are not subject to the Single Audit.
- For the fiscal year 2022-23, the Foundation expended \$615,000 of Sub-Recipient funds, which is less than the \$750,000 threshold.
- Therefore, a single audit is not required for FY 2022-23.
- The attached letter is submitted to the State Controller’s Office to notify of the exemption.

**Fiscal Impact:**

None



March 29, 2024

State Controller's Office  
Division of Audits  
Financial Audits/Bureau/Single Audits Unit  
PO Box 942850  
Sacramento, CA 94250-5874

**RE: Exempt Status from Single Audit Report for Fiscal Year 2022-23**

Dear Single Audit Staff,

The Desert Healthcare District and Foundation hereby notifies the State Controller's Office that the District and Foundation are not subject to the **2 CFR 200.501 Single Audit** requirements for the fiscal year ending June 30, 2023 because the District and Foundation did not expend \$750,000 or more in federal awards during this reporting period.

Please call me with any questions.

Thank you,

Chris Christensen, CPA  
Interim CEO/Chief Administration Officer  
Desert Healthcare District/Foundation  
P: 760.323.6365  
M: 760.567-0051

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**DHCD.ORG**

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