DESERT HEALTHCARE DISTRICT & FOUNDATION

DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE
Program Committee Meeting
September 10, 2024
5:00 P.M.

In lieu of attending the meeting in person, members of the public can participate by webinar using the following Zoom link:
https://us02web.zoom.us/j/88994867070?pwd=aGMzRWNZTDhqRFJsT2hVQzhpRWI0Zz09
Webinar ID: 889 9486 7070
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Members of the public can also participate by telephone, using the follow dial in information:
Dial in #:(669) 900-6833 or (833) 548-0276 To Listen and Address the Committee when called upon:
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Password: 295634

Page(s)		AGENDA	*Item Type*
	I.	**Call to Order –** President Evett PerezGil, Committee Chairperson	
1-2	**II.**	**Approval of Agenda**	**Action**
	III.	**Meeting Minutes**	
3-5		1. July 09, 2024	**Action**
	IV.	**Public Comments** At this time, comments from the audience may be made on items not listed on the agenda that are of public interest and within the subject-matter jurisdiction of the District. The Committee has a policy of limiting speakers to not more than three minutes. The Committee cannot take action on items not listed on the agenda. Public input may be offered on an agenda item when it comes up for discussion and/or action.	
	V.	**Chief Executive Officer Report**	Informational
	VI.	**Program Updates**	Informational
6-109		1. Progress and Final Reports Update	
110		2. Grant Applications Status Report	
111		3. Grant Payment Schedule	
	VII.	**Grant Funding** – Review and determination for forwarding to the Board for consideration:	**Actions**
112-136		1. Grant # 1465 Regents of the University of CA at Riverside (UCR) – *Increasing Access to Primary Care for Latinx and Indigenous Latin American Patients in the CV – $*228,863 *for a 24-month period.* (Strategic Plan Goal #2: Access to Primary Care and Specialty Care)	

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137-157

2. Grant # 1472 Riverside County Office of Education Alternative Education: *Cross County Support: Mental Health Services for CV Students* – $199,874 for a 12-month period (Strategic Plan Goal #3: Access to Behavioral Health Care)

158-183

3. Grant #1466 Eisenhower Health: *Psychiatric Care Expansion and Psychiatry Residency Program* – $1,989,493 for a 36-month period (Strategic Plan Goal #3: Access to Behavioral Health Care)

VIII. Committee Member Comments

IX. Adjournment
Next Scheduled Meeting October 08, 2024

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 G 100, Palm Desert California at least 72 hours prior to the meeting.

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

Andrea S. Hayles
_____
Andrea S. Hayles, Board Relations Officer

DESERT HEALTHCARE DISTRICT & FOUNDATION

DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING
MEETING MINUTES
July 09, 2024

Directors Present via Video Conference	District Staff Present via Video Conference	Absent
President Evett PerezGil Vice-President Carmina Zavala, PsyD Director Leticia De Lara, MPA	Chris Christensen, Chief Executive Officer, CPA Eric Taylor, CPA Chief Administration Officer Donna Craig, Chief Program Officer Alejandro Espinoza, MPH, Chief of Community Engagement Gracie Montano, Program Associate Erica Huskey, Grants Manager Andrea S. Hayles, MBA, Board Relations Officer	

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 5:06 p.m. by Chair PerezGil.	
II. Approval of Agenda	Chair PerezGil asked for a motion to approve the agenda.	**Moved and seconded by Director De Lara and Vice-President Zavala and to approve the agenda.** **Motion passed unanimously.**
III. Meeting Minutes **1. June 11, 2024**	Chair PerezGil asked for a motion to approve the June 11, 2024, meeting minutes.	**Moved and seconded by Vice-President Zavala and Director De Lara to approve the June 11, 2024, meeting minutes.** **Motion passed unanimously.**
IV. Public Comment	There were no public comments.	
V. Chief Executive Officer Report	There was no CEO report.	
VI. Program Updates **1. Progress and Final Reports Update**	President PerezGil inquired about any questions from the committee concerning any updates on the Progress and Final Reports. The committee inquired about Jewish Family Services (JFS) report Goal #1 as unattainable but continuing to work on providing mental health counseling services to as many	

	clients as possible while observing recommended clinical practice guidelines. Donna Craig, Chief Program Officer, described the upcoming meeting with JFS to determine how the team can assist. The committee inquired about Coachella Valley Volunteers In Medicine (CVVIM) if the program includes both site locations, which the organization is serving the entire Coachella Valley. The committee inquired about Voices for the Children recruitment challenges in the Eastern Coachella Valley and whether the volunteers are reimbursed for mileage, which is tax deductible; however, staff will follow up. In response to an inquiry from the committee on Lift to Rise's presentations to the cities of Indian Wells, Palm Springs, and Palm Desert concerning any commitments, Ms. Craig described the most recent meeting with Lift to Rise concerning meeting the deliverables the first year, detailing the state funding, budget cuts, and providing a brief overview and presentation on the second-year deliverables at the July board meeting.	

DRAFT

2. Grant Applications Status Report	President PerezGil inquired about any questions from the committee concerning the status report of the grant applications. The committee inquired about the decline of Therapeutic Support for Veterans, which is not aligned with the high-priority strategic goal of providing direct healthcare services.	
3. Grant Payment Schedule	President PerezGil inquired about any questions from the committee concerning the Grant Payment Schedule with Ms. Craig noting that there aren't any matters for concern on the grant payments schedule.	
VII. Grant Funding **Review and determination for forwarding to the Board for consideration: None**	There is no grant funding for consideration at this time.	
VIII. Committee Members Comments	There were no committee member comments.	
IX. Adjournment	Chair PerezGil adjourned the meeting at 5:16 p.m.	***Audio recording available on the website at*** ***http://dhcd.org/Agendas-and-Documents***

ATTEST: _____
Evett PerezGil, Chair/ President, Board of Directors
Program Committee

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

DRAFT

DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: September 10, 2024

To: Program Committee – District

Subject: Progress and Final Grant Reports 7/1/2024 – 8/31/2024

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

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**:** 5/1/2024 – 7/31/2024

Pueblo Unido, CDC # 1331
Grant term: 7/1/2022 – 6/30/2024
Original Approved Amount: $50,000.
Final Report covering the time period from**:** 7/1/2022 – 6/30/2024

Step Up On Second Street # 1389
Grant term: 8/1/2023 – 7/31/2024
Original Approved Amount: $64,401.
Progress Report covering the time period from**:** 8/1/2023 – 1/31/2024

Pegasus Therapeutic Riding Center # 1363
Grant term: 2/1/2023 – 1/31/2024
Original Approved Amount: $60,092.
Final Report covering the time period from**:** 2/1/2023 – 1/31/2024

Galilee Center # 1392
Grant term: 6/1/2023 – 5/31/2024
Original Approved Amount: $268,342.
Final Report covering the time period from**:** 6/1/2023 – 5/31/2024

Desert Arc # 1400
Grant term: 10/1/2023 – 9/30/2024
Original Approved Amount: $291,271.
Progress Report covering the time period from**:** 4/1/2024 – 6/30/2024

Olive Crest # 1421
Grant term: 1/1/2024 – 12/31/2025
Original Approved Amount: $359,594.
Progress Report covering the time period from**:** 1/1/2024 – 6/30/2024

OneFuture Coachella Valley # 1330
Grant term: 1/1/2023 – 12/31/2024
Original Approved Amount: $605,000.
Progress Report covering the time period from**:** 4/1/2024 – 6/30/2024

Desert AIDS Project dba DAP Health # 1393
Grant term: 7/1/2023 – 6/30/2024
Original Approved Amount: $1,025,778
Final Report covering the time period from**:** 7/1/2023 – 6/30/2024

HARP-PS # 1370 mini grant
Grant term: 2/1/2023 – 1/31/2024
Original Approved Amount: $10,000.
Final Report covering the time period from**:** 2/1/2023 – 1/31/2024

PS Test Inc. # 1390 mini grant
Grant term: 5/1/2023 – 4/30/2024
Original Approved Amount: $10,000.
Final Report covering the time period from**:** 5/1/2023 – 4/30/2024

Palm Desert Rotary Foundation # 1395 mini grant
Grant term: 7/1/2023 – 6/30/2024
Original Approved Amount: $10,000.
Final Report covering the time period from**:** 7/1/2023 – 6/30/2024

Theresa A Mike Scholarship Foundation # 1399 mini grant
Grant term: 7/1/2023 – 6/30/2024
Original Approved Amount: $10,000.
Final Report covering the time period from**:** 7/1/2023 – 6/30/2024

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**:** 6/1/2024 – 6/30/2024

DPMG Health # 1412
Grant term: 11/1/2023 – 10/31/2025
Original Approved Amount: up to $1,057,396.
Monthly Progress Report covering the time period from**:** 6/1/2024 – 6/30/2024

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

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: 05/01/2024 - 07/31/2024

Report Due Date: 09/01/2024

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 this period of 05/30/2024 through 07/31/2024, there were a total of 560 visits to 391 patients. (NOT including telehealth visits.)

Project Deliverable #2:
By October 31, 2024, provider telehealth primary medical care services to 120 individuals.

Progress towards Deliverable #2:
During this period, 19 telehealth visits were provided to 19 patients.

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:
127 encounters were provided to 106 unique patients. The reason for these encounters were: Behavioral Health Services (15; 1 involved a Crisis Team Response); Case Management (32); Food Security (3); RCRMC referral (31); SDOH (13); Street Medicine (22); Vision services (11).

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:
All six promotoras worked and submitted time sheets during this period for a total of 206 hours. hours paid were 206. A total of 9 community/health fairs were attended by our CHW and promotoras who had meaningful contacts with 275 individuals, 91 of whom were connected to primary care services (referral to VIM). Two community-based presentations were completed.

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:
19

PM 2.4: # of clients served as a result of additional telehealth access:
19

PM 2.4: % increase in services delivered:
100

PM 2.7: # of Community Navigators trained:
6

PM 2.7: # of Community Navigators hired:
0

PM 2.7: # of clients who increased their knowledge of primary and specialty care resources:
275

PM 2.7: # of clients who were directly connected to a primary and specialty care service provider:
391

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.)
106

PROGRESS ON THE DISTRICT RESIDENTS SERVED:

Total Number of District Residents Reached During This Reporting Period:
685

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.

There were no challenges encountered, and therefore, there were no course corrections. This period generally realizes fewer opportunities to participate in community/health fairs and presentations. Our partnership with UCR Medical School and our joint "Free Clinic" in Mecca ended for the summer in July and won't start up again until September or even possibly October. Clinic visits also tend to decline over the summer months due to vacations by our volunteer medical providers which limits the number of possible appointments; also, our medical residents are able to schedule fewer clinics as one residency wraps up with graduation and another program year begins with new residents who are usually scheduled for orientations and in-hospital rounds.

Please share any success stories highlighting the impact that your project had on the community during this reporting period.

There were no single success stories, however we continue to receive comments from people we met at community/health fair who were unaware of the free services VIM offers. They will usually wait until they come to the clinic for their appointment or have a telehealth visit, but regardless, they frequently let us know how much they appreciate the care and other services we provide at no charge to them. A oft-heard statement is: "We didn't know a place like this existed" which is often followed by "And I won't receive a bill?"

Organization Name: PUEBLO UNIDO CDC

Grant #: 1331

Project Title: INTERIM DRINKING WATER PROGRAM

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):* 7/1/22 – 6/30/24

Contact Information:

Contact Name: SERGIO CARRANZA

Phone: 760-777-7550, X103

Email: SCARRANZA@PUCDC.ORG

Final Progress:

Final Outcomes on Goals and Evaluation

Project's final accomplishment(s) in comparison to the proposed goal(s) and evaluation plan.

- Installed 405 point-of-use (POU) water filtration systems
- Installed 1 point-of-entry (POE) water filtration system
- Strengthened community relationships with 32 Polanco Parks
- Established relationship with US EPA
- Established relationship with UCR, Department of Environmental Sciences
- Leveraged funding for rehabilitation of faulty water wells

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.

Final Progress of Goal #1:
Due to the sudden and unexpected shift made to accommodate emergency water compliance in specific affected Polanco parks per US EPAs intervention, PUCDC made changes to the workplan to include a larger number of Polanco Parks and wider scope of work. While PUCDC was unable to hold the health fair, we continue to work with SWRCB, 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 on an on-going basis.

Throughout the reporting period, PUCDC collaborated closely with mobile home/Polanco Park owners, residents, and regulatory agencies to facilitate the dissemination and comprehension of the annual water reports provided by the EPA to all residents. 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.

PUCDC maintains its commitment to collaborating with the regulatory agencies to equip mobile home park owners with essential information, resources, and support for their individual water systems, ensuring compliance with all drinking water regulations.

Final Evaluation of Goal #1:
Throughout the 2-year grant period, PUCDC installed 405 point-of-use water filtration units in 32 Polanco Parks, directly serving an estimated 2,025 community residents. PUCDC has held 10 public community capacity building/training meetings, of which 6 have been in partnership with the State Water Boards (SWRCB) and US EPA. PUCDC held 24 community meetings specifically with Polanco Park owners and residents to inform on program updates. Finally, PUCDC held other technical assistance meetings on a one-on-one basis and as needed with Polanco Park owners and residents for other program needs such as monitoring, POU maintenance and part replacement, and water sampling.

<u>Summary</u>

Outreached to 32 polanco parks
Directly served an estimated 2,025 community members
Installed 405 point-of-use water filtration units
Public community capacity building/training meetings: 10
Community meetings held: 24

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.

Final Progress of Goal #2:
As of the date of this report, 405 point-of-use reverse osmosis units have been installed in 32 Polanco Parks. Additionally, technical assistance has been provided to Polanco 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.

Final Evaluation of Goal #2:
In addition to the 405 POU units installed in the 32 Polanco Parks, PUCDC installed one (1) point-of entry (POE) water filtration system which filters the entire home's water. We are currently outreaching to other residents located in remote areas with low probabilities of connecting to municipal services, to learn of their interest in having the POE installed.

Final Number of District Residents Served:

Proposed number of District residents to be directly served:
480

Final number of District residents directly served during the entire grant term:
2,025

Please answer the following questions

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

   The residents' lack of trust in the regulatory agencies caused setbacks in the monitoring schedule set for each Polanco. Despite this PUCDC was able to strengthen the relationships and work with the families to ensure the units were operating properly and Polanco parks were in compliance with regulatory agencies.

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

PUCDC installed more POU units than planned as a result of our partnership with the SWRCB and US EPA and provided monitoring and service maintenance at no cost to participating households.

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

PUCDC will continue to leverage funding to bring the necessary infrastructure to the communities we serve and will continue to seek to implement alternative short and long-term solutions to community issues in the meantime that the necessary infrastructure is in place.

4. **List five things to be done differently if this project were to be implemented and/or funded again.**

1. While PUCDC has established positive working relationships with local, state, and federal regulatory agencies, there is always room for improvement. One thing we'd like to see improved would be the access to education and resources coming directly from these agencies. The need from regulatory agencies to provide technical assistance and education to affected residents regarding the compliance requirements is crucial to spread awareness and ensure compliance.

2. The program would benefit from owning at least one vehicle to transport equipment, such as filtration systems, replacement parts, tools, and other supplies needed to support community needs.

3. Despite efforts to leverage funding for infrastructure, some remote areas will not be connected to municipal services. Therefore, on-going funding and resources to access advanced technology, for example, as long-term solutions will be beneficial for affected communities.

4. The program would benefit from having equipment on inventory for faster and effective service to affected community residents.

5. Further build and diversify PUCDC's technical capacity in water quality, regulation and distribution system through trainings or instruction. This would allow us to provide answers to technical questions more efficiently.

GRANT PROGRESS REPORT

Step Up On Second Street Inc, Grant # 1389

ABOUT THE ORGANIZATION

Step Up On Second Street Inc
1460 4th Street, Suite 200
Santa Monica, CA 90401
310-696-4510

Progress Report Contact:
Lynne Elwan, Chief Philanthropy Officer
LElwan@stepup.org

PROJECT INFORMATION

Project Title: 1389 Step Up's ECM/ILOS programs in the Coachella Valley

Grant Term: 08/01/2023 - 07/31/2024

Total Grant Amount Awarded: $64,401.00

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

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 2.7 Increase equitable access to primary and specialty care services and resources in underserved communities in Coachella Valley (Priority: High)

Strategy 5.1 Reduce the negative impacts of social determinants of health on homelessness 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:
Enhanced Care Management (ECM)- Through the agency's ECM program, Step Up will coordinate care and services among the physical, behavioral, and social service delivery systems for individuals and families experiencing homelessness in the Coachella Valley. By July 31, 2024, Step Up will connect approximately 75 individuals to health insurance and a primary care physician.

Progress towards Deliverable #1:
Step Up has received 56 referrals for ECM program, but due to backend assignments, 43 were referred back to Step Up from the healthcare agencies while the remaining were connected to other agencies who also provide ECM services. In total, Step Up's ECM program currently serves 43 individuals, of which 36 have been connected to health insurance and a primary care physician. Step Up fully anticipates exceeding the proposed deliverable of 75 individuals by the end of the grant period.

Project Deliverable #2:
Community Supports In Lieu of Services (ILOS) – Through the agency's ILOS program, Step Up will provide ongoing case management and resources for clinical and non-clinical needs, housing navigation services, linkages to mainstream benefits, and connections to vocational training or educational opportunities to individuals and families experiencing homelessness in the Coachella Valley. By July 31, 2024, Step Up will connect approximately 150 individuals to housing, benefits, and other supportive services, including but not limited to linkages back to ECM services.

Progress towards Deliverable #2:
Step Up has received 66 referrals to the agency's ILOS program. Of these, 48 households were connected to mainstream benefits, housing navigation services, and linked back to ECM for connecting with health insurance and a primary care provider. Step Up anticipates surpassing the goal of 150 individuals by the end of this grant period.

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:
36

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.)
36

PM 5.1: # of clients who were directly connected to services:
48

PROGRESS ON THE DISTRICT RESIDENTS SERVED:

Total Number of District Residents Reached During This Reporting Period:
84

Geographic Area(s) Served During This Reporting Period:
Cathedral City, Coachella, Desert Hot Springs, Indio, Palm Desert, Palm Springs

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.

The primary challenges that the ECM/ILOS programs in the Coachella Valley faced over the last six months centered on the difficulties in hiring Coachella Valley-specific staff and changes to the ECM/ILOS teams management staff. Despite these challenges, the agency was able to hire 3 new full-time staff members to service the Coachella Valley and staff have successfully engaged more than 70 individuals through the ECM/ILOS programs throughout the Coachella Valley.

Please share any success stories highlighting the impact that your project had on the community during this reporting period.

[redacted] was living in Palm Springs when she heard of Step Up for the first time. She was on the verge of experiencing homelessness and was facing many barriers to service, including not speaking English as a first language. Through the ECM/ILOS programs, Step Up was able to quickly find [redacted] a place to live, ensure that she had access to hot meals on a regular basis, and connected her to a primary care physician. [redacted] is now happy in her new home and is progressing toward recovery!

Is there anything the Desert Healthcare District staff can do to assist you in achieving the deliverables of your project?

DHCD would be a valuable partner in Step Up's strategic planning efforts in the Coachella Valley. Management is building up census and collaborating with providers in the Coachella Valley and surrounding cities and towns, and DHCD's expertise and familiarity with the region could help facilitate building more collaborative relationships with the local municipalities, organizations, and service providers.

Organization Name:

Pegasus Therapeutic Riding Center Grant #: 1363

Project Title: Pegasus Equine Assisted Therapy Program

Desert Healthcare District Strategic Plan Alignment

Goal 2: Proactively expand community access to primary and specialty care services.

Strategy 2.7: Utilize an equity lens to expand services and resources to underserved communities. (Priority: High)

Grant Information

Total Grant Amount Awarded: $60,092.00

Grant Term: 2/01/2023 - 1/31/2024

Reporting Period 2/01/2024 - 2/29/2024

Contact Information:

Contact Name: Jennifer Heggie Phone: (410)409-7619

Email: Jennifer@pegasusridingacademy.org

Final Progress:

Final Outcomes on Goals and Evaluation

Project's final accomplishment(s) in comparison to the proposed goal(s) and evaluation plan.

Goal #1:
By January 31, 2024, the project will expand access to specialty health services for 200 individuals with disabilities and their families. The project goal coincides with the District and Foundation's Strategic Plan performance measure # of individuals connected to specialty healthcare services in underserved communities under strategy 2.7.

Pegasus Equine Assisted Therapy Program proposal to expand to provide 200 disabled individuals in the district with a life-changing experience is in direct alignment with the

strategic focus area as it increases access to healthcare to an underserved population. The program provides equine therapy to individuals at a minimal to the families. Goals for those in the program are based on medical studies reporting many significant benefits from the program including improvements in physical strength, balance, coordination, mobility, self-confidence, self-control, peer interaction, social skills, and independence. There is an instructor in the arena with 4 to 6 individuals with disabilities, each mounted to a horse. The sessions are scheduled every week for 26 weeks. The horses have been donated or rescued and trained to work with individuals with disabilities. Lesson plans consider the individual's physical, emotional, and mental strengths and limitations. With the combination of a trusted horse, instructor, and group of volunteers, clients become more willing to try new things and attain new goals. DHCD funding will be utilized to increase Pegasus' capacity to serve additional individuals in need. DHCD funding will empower individuals with disabilities to overcome obstacles and allow them to receive the physical, psychological, and emotional benefits from equine assisted therapy. This year of DHCD grant funding will provide Pegasus with the capacity to significantly increase the number of individuals with disabilities served from 165 to 200. Strategy: Pegasus will increase access to healthcare for traditionally underserved populations in the Coachella Valley

Final Progress of Goal #1:
We are pleased to announce the successful completion of our final milestone: achieving our goal of growing from 165 to 200 riders in Eastern Coachella Valley to our program.

Final Evaluation of Goal #1:
Achieving this goal required dedicated effort and perseverance. We diligently expanded our volunteer base by recruiting from various sources such as Volunteer Match, AARP, and Idealist. With a larger pool of volunteers, we successfully integrated Desert Ridge Academy, a Title 1 school, into our program.

Additionally, we created two new spots during the week to accommodate riders from the Eastern Coachella Valley who were not currently enrolled in our program.

On Saturdays the riders are in the arena for 30 minutes at a time between 9 am and noon. Most Saturday riders have received at least 12 to 16 classes per season. School riders receive approximately 7 to 10 rides in the arena a season. We attached a copy of the survey we use for our assessments below, we are not at liberty to share the surveys because the riders information is confidential. We reflected the survey results in the chart attached.

The introduction of Cookie as a petting pony was a significant milestone, enabling us to extend our services to students unable to ride due to weight restrictions or fear. This collective effort has allowed us to broaden our impact and provide equine therapy to even more individuals in need.

Final Number of District Residents Served:

Proposed number of District residents to be directly served: 200

Final number of District residents directly served during the entire grant term: 200

Please answer the following questions

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

   After the tropical storm that hit in August of 2023, we had some minor damage at the ranch. A following storm that hit the Thousand Palms area in December of 2023, caused flooding and major damage, including losing our water tank, replenishing the hay supply, and causing a 2-week delay in programming. This was also a huge financial hit to our 2023/2024 budget because our stable manager and horses had to relocate for over a month while we repaired our water supply and allowed the ranch to dry out.

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

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

   In 2024, we forged meaningful partnerships with organizations like Keller Williams LaQuinta and The Porsche Club of Palm Springs, in addition to strengthening our internal fundraising efforts. As part of our commitment to sustainability, we introduced a nominal fee of $10 per ride for non-"District" riders, including homeschoolers and individuals over the age of 20.

   When we use the term "District" we are referring to DSUSD, CVUSD and PSUSD students that come to us during their school day. The $10 charge has been implemented for homeschooled riders on Saturdays. We found that we were getting a high rate of no-shows for rides on Saturdays. Now that we have added this fee, almost all families are showing up for their scheduled appointments.

   These strategic initiatives not only enable us to accommodate the additional riders supported by our grant but also ensure the long-term viability of our program by diversifying our revenue sources. Through these collaborations and innovative approaches, we are better positioned to fulfill our mission and continue making a positive impact in the lives of those we serve.

4. **List five things to be done differently if this project were to be implemented and/or funded again.**

1. **Streamlined Administrative Processes:** Invest in technology and systems to streamline administrative processes such as volunteer recruitment, rider registration, and scheduling to improve efficiency and reduce administrative burden.

2. **Increased Diversification of Funding Sources:** Explore and pursue additional funding opportunities beyond grants, such as corporate sponsorships, individual donations, and fundraising events, to diversify revenue streams and reduce dependency on a single funding source.

3. **Expanded Program Offerings:** Consider expanding program offerings to include additional therapeutic activities or services that complement equine therapy, such as counseling sessions, occupational therapy, or educational workshops, to cater to the diverse needs of participants and maximize the program's impact.

4. **Enhanced Outreach Strategy:** Implement a more robust outreach strategy to engage a wider audience, including targeted marketing campaigns, community events, and partnerships with local organizations to increase awareness and participation in the program.

5. **Additional Therapeutic Animals:** Incorporating additional therapeutic animals into our program, such as service dogs, rabbits, and miniature horses, presents an exciting opportunity to expand and enhance our therapeutic services in numerous ways.

Organization Name: Galilee Center, Inc.

Grant #: 1392

Project Title: Galilee Center Extended Shelter

Desert Healthcare District Strategic Plan Alignment

Goal: 2

Strategy: 2.7

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):* 06/01/2023-05/31/2024

Contact Information:

Contact Name: Claudia Castorena

Phone: (760) 396-9100

Email: ccastorena@galileecenter.org

Final Progress:

Final Outcomes on Goals and Evaluation

Project's final accomplishment(s) in comparison to the proposed goal(s) and evaluation plan.

The original goal of the Extended Shelter Program was to help 620 unduplicated people with lodging, extended shelter, and wrap-around services. The Galilee Center surpassed the number of people by providing shelter to 918 unduplicated asylum-seeking people, 298 more than anticipated.

All guests received shelter, clothing, food baskets, baby diapers, and formula. Families also received medical checkups, prescriptions, and transportation to immigration appointments. The families that decided to remain in the Coachella Valley were assisted with enrolling their children in school, finding a permanent place to live, receiving the first month's rent, and being given furniture vouchers.

Goal #1: *By May 31, 2024, 620 unduplicated people will be able to stay in a motel shelter with 33 rooms, each with a kitchenette, refrigerator, and microwave.*

Final Progress of Goal #1: By May 31st, 2024, Galilee Center provided shelter to 918 unduplicated asylum-seeking people, consisting of 355 children, 236 women, and 327 men. Our caseworker/staff provided orientation and ensured they felt welcome. Families received clothing, food baskets, kitchenware, and utensils to prepare their meals with the food they received. All families and individuals in need of 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.

Final Evaluation of Goal #1: The goal's success is measured by assessing its accomplishments in relation to the objectives established for the program. Quantitatively, the number of people served, and the services received were recorded. Qualitatively, individuals served by the Galilee Center were asked if the services met their needs and what improvements they noted in their daily lives resulting from having the opportunity to receive services. In addition, the intake/case workers visited families who had left the shelter to evaluate their housing status and income stability.

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 (Western Sands Motel) 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.*

Final Progress of Goal #2: From 06/01/2023-05/31/2024, Galilee Center Extended Shelter provided the following wrap-around services to all 918 individuals

Nights of Shelter	31,842	Rental Assistance	49 families 7 Singles
Food Baskets	75,020	Furniture Vouchers	44
Clothing	4,271	Women’s Support Group	58
Infant Services	652	Children Enrolled in School	137
Medical Care Visits	1,396	Remained in the Coachella Valley	65 families 44 Singles
Immigration Appointments	874		

Final Evaluation of Goal #2: The agency records all activities relating to the Extended Shelter program daily. On an annual basis, it provides data for all reporting needs, including budget development, goal setting, and grant applications, and evaluates the programs' overall success.

The goal's success is measured by assessing its accomplishments in relation to the objectives established for the program. Quantitatively, the number of people served, and the services received were recorded. Qualitatively, individuals served by the Galilee Center were asked if the services met their needs and what improvements they noted in their daily lives resulting from having the opportunity to receive services

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.*

Final Progress of Goal #3:
During the reporting period, the case workers coordinated travel plans for 158 families and 78 singles who continued to their destination in the United States. They also assisted 49 families and 7 singles to move into their apartments/houses. Additionally, the intake/case workers visited families who had left the shelter to evaluate their housing status and income stability.

Final Evaluation of Goal #3:
The agency records all activities relating to the Extended Shelter program daily. On an annual basis, it provides data for all reporting needs, including budget development, goal setting, and grant applications, and evaluates the programs' overall success. The goal's success is measured by assessing its accomplishments in relation to the objectives established for the program. Quantitatively, the number of people served, and the services received were recorded. Qualitatively, individuals served by the Galilee Center were asked if the services met their needs and what improvements they noted in their daily lives resulting from having the opportunity to receive services. In addition, the intake/case workers visited families who had left the shelter to evaluate their housing

Final Number of District Residents Served:

Proposed number of District residents to be directly served: 620

Final number of District residents directly served during the entire grant term: 918

Please answer the following questions

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

   Language has been a barrier. Our staff is bilingual in English and Spanish. For other languages, we have used Google Translator for people arriving from other parts of the world. Starting last month, we decided to contract a qualified translation service. It is by phone, and translators can be on a call or video call.

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

   Our extended shelter staff started helping the families fill out their job permit applications, and they have been successful.

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

   Galilee Center will continue to search for grants, partnerships, and private donations that support our programs.

4. **List five things to be done differently if this project were to be implemented and/or funded again.**

   1. Continue training staff to fill out Job Permit applications.

   2. Include in the budget the cost of the Job Permit applications. Each application costs $470

   3. Include in the budget the cost of new mattresses. These are hard to get and are essential items requested from families moving into their apartments or houses.

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: 04/01/2024 - 06/30/2024

Report Due Date: 08/01/2024

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 the reporting period Desert Arc installed securing brackets to hold the 63 Automated External Defibrillators (AED) in all its vehicles transporting people with disabilities, implemented a comprehensive Check-in/Check-out Standard Operating Procedure (SOP), and installed AED On Board signs to its fleet vehicles. Signs acknowledging the generous funding by DHCD were installed next to the AED On Board signs as well, placed on the rear passenger side of the buses for best visibility (see signage in attachments). All measures were taken to ensure the safe storage and security of the AEDs while on the vehicles as well as when stored overnight at Desert Arc's Transportation Depot and Palm Desert Campus, these measures include itemized storage in secure lockers, documentation of all units and their corresponding overnight lockers, and the Check-in/Check-out SOP under the supervision of the AED vendor. Department heads and staff underwent training on AED Check-in, Check-out, and storage procedures and Desert Arc's Nursing Program Manager/LVN was named as AED Coordinator. AED Coordinator is in charge of unit inspection, usage documentation, and maintenance.

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:
During this reporting period there were 137 unduplicated clients who received medical care from the LVN. There were 1,063 Nursing Visits during the reporting period, including G-Tube Feedings, Physician Ordered Medication Passes, Catheter Care, Vagus Nerve Stimulation, Breathing Treatment (PRN Inhaler), Nasal Sprays, and Epi-Pen administrations. 635 Intervention Services were performed during the reporting period, including First Aid, Post-fall Observations, Seizures, Over the Counter Medications, Covid Tests, Employee TB Screenings and Chest X-rays.

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:
During this reporting period the Board Certified Behavioral Analyst (BCBA) conducted Behavior Assessments and created Behavior Support Plans for 42 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 behavior's 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 23 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:
137

PM 3.6: # of clients who were directly connected to behavioral/mental health services:
42

PM 3.6: # of clients who increased their knowledge of behavioral/mental health resources:
23

PM 3.6: % of clients who increased their knowledge of behavioral/mental health resources:
46

PROGRESS ON THE DISTRICT RESIDENTS SERVED:

Total Number of District Residents Reached During This Reporting Period:
179

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 the reporting period.

Please share any success stories highlighting the impact that your project had on the community during this reporting period.

Desert Arc's Press Conference on Monday, May 20, 2024 took place at 10 am in the Conference Room in Building 3 on our Palm Desert Campus. Congressman Raul Ruiz MD headlined a Panel Discussion featuring Chris Christensen - CEO of the Desert Healthcare District & Foundation, Richard Balocco-President/CEO of Desert Arc, Fire Captain Paramedic Ricky Harvey with CAL FIRE, Aaron Hartney of Global Medical Response and Gary Denham, Paramedic Operations Supervisor with American Medical Response (AMR). Desert Arc Board Chair Damian Jenkins welcomed everyone and Rich DeRose of HeartVantages served as Panel Moderator. This media event spotlighted Desert Arc’s leadership role in a critical safety initiative for our clients and the larger community with the acquisition of Automated External Defibrillators (AED) life-saving devices for our entire transportation fleet through a generous grant from the Desert Healthcare District & Foundation. To underscore the value of community emergency medical systems, Dr. Ruiz arrived in a REACH Air Medical Services helicopter ambulance on an FAA approved landing zone on the lot behind Building 3. Area Fire Departments and AMR had ambulances and fire engines parked out in front on static display near Desert Arc’s Bus with AED for visitors to view. The livestream video of the Press Conference is housed in Desert Arc’s YouTube Library: https://youtu.be/fqe93_o6DAE. News agencies that covered the press conference included NBC Palm Springs TV, KESQ TV, Kunavision TV - Telemundo, El Informador Del Valle, NBC TV Univision, The Desert Sun, Alpha Media Radio, Desert Star Weekly, and CV Weekly.

GRANT PROGRESS REPORT

Olive Crest, Grant # 1421

ABOUT THE ORGANIZATION

Olive Crest
39830 Portola Avenue, Suite A
Palm Desert, CA 92260
951-300-9816

Progress Report Contact:
Walter Mueller, Development Director
Walter-Mueller@olivecrest.org

PROJECT INFORMATION

Project Title: 1421 General Support for Counseling and Mental Health Services to Vulnerable Children and Families in Coachella Valley

Grant Term: 01/01/2024 - 12/31/2025

Total Grant Amount Awarded: $359,594.00

Reporting Period: 01/01/2024 - 06/30/2024

Report Due Date: 08/01/2024

DESERT HEALTHCARE DISTRICT STRATEGIC PLAN ALIGNMENT

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

Strategy 3.2 Increase the number of days and hours of operation of behavioral/mental health services to support Coachella Valley residents (Priority: High)

Strategy 3.3 Improve quality and accessibility of behavioral/mental health services by increasing the geographic dispersion of sites within Coachella Valley (Priority: High)

Strategy 3.6 Increase awareness of behavioral/mental health resources for residents in Coachella Valley (Priority: Moderate)

Strategy 3.7 Support cultural competency of service providers/organizations and the reduction of language/stigma/cultural barriers to service access for clients (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:
Olive Crest's Wraparound team of Clinicians, Behavioral Health Specialists, Facilitators, and Parent Partners provide rapid response to families whose children are in danger of removal due to abuse and neglect in the home. Through this intense response by our teams, which includes crisis stabilization, safety planning, individual needs assessments, and intensive care coordination, 98% of our clients and families (838) will be risk-free of abuse and neglect each month through December 31, 2025.

Progress towards Deliverable #1:
During the reporting period Olive Crest maintained a 99.8% risk-free rate for 324 children and their families.

Notes for Performance Measures in 3.2
Our Family Preservation program always operates 24/7 with staff available to respond to client needs. Funding from Desert Healthcare District helps sustain these operations that are outside of normal business hours.

The program model for Family Preservation has remained as a 24/7 service through its operation therefore "growth or reduction in services due to hours of operation" are not distinguishable from "growth or reduction in services due to any other factor".

Our data did not track these as it was not in our original grant contract which instead stated the following for PM 3.2:
PM 3.2: # of health care settings offering behavioral/mental healthcare services outside of traditional (8-5pm M-F) business hours (including mobile) = 1
PM 3.2: # of programs addressing barriers to access to behavioral/mental healthcare in geographically targeted markets = 2
PM 3.2: # of individuals who were connected to behavioral mental healthcare = 324

Notes for Performance Measure 3.6
Our community engagement/awareness activity highlighted in our performance measures was our Spanish Speaking Outreach Fair that took place on May 17, 2024 that was attended by 225 individuals from throughout the Coachella Valley. Over 10 organizations throughout the Coachella Valley came on site to our Children and Family Resource Center to provide same-day services to families. Those in attendance received services ranging from food support all the way to medical examinations. The Olive Crest booth gave people information about the various services we provide. Information was given to families about our Counseling Center that provides walk-in access to licensed mental health professionals as well as our Care Hotline where an intake coordinator connects callers to resources unique to their situation ranging from information about available services to enrollment in our hosting programs.

Number of individuals reached through awareness efforts (225) reflects attendees to

this event. Our number of individuals who were directly connected to behavioral/ mental health services (85) refers to unique callers to our Hotline. The percentage of those who increased their knowledge of behavior/mental health resources is in reference to our community awareness efforts (Hotline + Outreach Fair) of which 100% of 310 individuals increased their knowledge of these resources.

For reference, our original grant contract consisted of the following outcomes for PM 3.6 and as such did not track information about “Community Navigators”:
PM 3.6: # of community awareness activities related to educating the community around mental health services =1
PM 3.6: # of individuals reached through mental healthcare community awareness activities = 225
PM 3.6: # of individuals who were connected to behavioral/mental health services and resources = 85

Project Deliverable #2:
Through the work of Olive Crest’s Wraparound Team of Clinicians, Facilitators, Behavioral Health Specialists, and Parent Partners, our staff will work with 855 children and their families an average of two hours per week in order to establish in-home stability through December 31, 2025.

Progress towards Deliverable #2:
During the reporting period, our Wraparound teams provided an average of 2.55 hours of service to each of our clients.

Project Deliverable #3:
Through the work of our program trainer, 100% (34) of our counseling staff will attain and maintain CPI (Crisis Prevention Intervention) through December 31, 2025. Staff Certification ensures that our program teams are prepared to 1) effectively respond to and de-escalate crises occurrences with our clients and their families in order to ensure safety and 2) appropriately trained in cultural competence in order to manifest at a level that will be meaningful to clients during crisis intervention. Proper training is critical for these individuals as they work with the estimated 855 local children and families through critical services.

Progress towards Deliverable #3:
During the reporting period 6 counseling staff have received training in CPI.

Notes for Performance Measure 3.7
All of our services are provided in our client’s preferred language. We are currently working on specific percentages of what language families preferred during the reporting period and can offer a more detailed breakdown if requested.

We left sections of 3.7 empty that were not in our original scope of work outlined in our grant contract as follows for PM 3.7:
PM 3.7: # of individuals who received culturally sensitive behavioral/mental health

services = 324
PM 3.7: # of individuals who were connected to behavioral/mental health services = 324

Project Deliverable #4:
The goal of Olive Crest's Wraparound program in their work with families is to stabilize the family's crisis and ensure that the child(ren) will have long-term success in remaining in the home with their parents. Long term stabilization is achieved by our Clinicians, Facilitators, Behavioral Health Specialists and Parent Partners work skill-building with families on self-sufficient problem solving. Through this targeted work, 90% or more of our children and families (770) who completed Olive Crest's Wraparound program will still be in the home 6 and 12 months after program discharge through December 31, 2025.

Progress towards Deliverable #4:
During the reporting period 95% of clients that have completed our program are still at home both 6 and 12 months after completion.

Note for Performance Measure 3.3
Initially we marked our Child and Family Resource Center and Counseling as the only additional sites. However, as the notes on the section suggest, we agree that family preservations are in themselves an additional site/location. We have updated our counts to reflect how many individual family sites our teams visited, and how many individuals (children and family) were served by our family preservation program (Please note, we are utilizing "individuals" rather than "client" counts).

Our original grant contract outlined the following measures for PM 3.3:
PM 3.3: # of healthcare organization creating behavioral/mental healthcare access points in geographically targeted markets = 1 PM 3.3: # of individuals who were connected to behavioral/mental healthcare services = 324

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 3.2: # of clients served as a result of the increased days and hours of operation:
324

PM 3.3: # of additional sites:
58

PM 3.3: # of clients served as a result of additional sites:
186

PM 3.6: # of community engagement/awareness activities:
1

PM 3.6: # of clients/potential clients reached through awareness efforts:
225

PM 3.6: # of clients who were directly connected to behavioral/mental health services:
85

PM 3.6: # of clients who increased their knowledge of behavioral/mental health resources:
310

PM 3.6: % of clients who increased their knowledge of behavioral/mental health resources:
100

PM 3.7: # of clients provided service in their native language:
324

PM 3.7: % of clients provided service in their native language:
100

PROGRESS ON THE DISTRICT RESIDENTS SERVED:

Total Number of District Residents Reached During This Reporting Period:
324

Geographic Area(s) Served During This Reporting Period:
Cathedral City, Coachella, Desert Hot Springs, Indio, La Quinta, Mecca, Palm Desert, Palm Springs, Rancho Mirage

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.

Currently we are on course to meet the program deliverables we set at the time of initial proposal. We are currently exploring new areas of service such as school wraparound services and adoption assist wraparound in efforts to reach more children and families.

Please share any success stories highlighting the impact that your project had on the community during this reporting period.

Before Wraparound services were introduced, [redacted] struggled to socialize with peers his age, often feeling more comfortable speaking with adults. This led him to frequently seek refuge in the school office to avoid interactions with classmates. His parents felt unable to address his behaviors effectively, resulting in [redacted] feeling attacked and unsupported at home. However, once Wraparound services began, the family embraced various methods to support [redacted]. They participated actively in school meetings, psychiatry sessions, and educational programs, fostering a healthier family dynamic. With 1:1 support at school, [redacted]'s academic performance improved significantly, and he began making friends and developing healthier communication skills.

The transformation in [redacted] and his family has been profound. Crisis incidents have become minimal as parents learned effective strategies to help [redacted] manage his emotions. The family now feels confident in advocating for [redacted]'s needs and seeking additional resources to support his medical condition. They even started holding their own family meetings independently, demonstrating their growth and commitment to maintaining a strong family dynamic. Building on their progress, [redacted]'s parents are now seeking courses to better support him through an ABA curriculum, ensuring a brighter future for [redacted] and their entire family.

Is there anything the Desert Healthcare District staff can do to assist you in achieving the deliverables of your project?

We are working to expand post-adopt and school-based Wraparound services throughout the Coachella Valley. Any referrals or introductions would be greatly appreciated.

OneFuture Coachella Valley Grant #1330 // $605,000

January 1, 2023 – December 31, 2024 // FINAL Report Due: 2/15/2025

Grant Report Summary

Report #1 – 1/1/23 – 3/31/23	DUE DATE: 5/01/23
Report #2 – 4/01/23 – 6/30/23	DUE DATE: 8/01/23
Report #3 – 7/01/23 – 9/30/23	DUE DATE: 11/01/23
Report #4 - 10/1/23 – 12/31/23	DUE DATE: 2/01/24
Report #5 – 1/1/24 – 3/31/24	DUE DATE: 5/01/24
Report #6 – 4/1/24 – 6/30/24	DUE DATE: 8/01/24
Report #7 – 7/01/24 – 9/30/24	DUE DATE: 11/01/24
Report #8 – 10/1/24 – 12/31/24	DUE DATE: 2/01/25
FINAL REPORT – 1/1/23 – 12/31/24	DUE DATE: 2/15/25

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.

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.

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 access 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.

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, 1st and 2nd 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 #6 – 4/1/24 – 6/30/24 -- Due 8/1/24

Black & African American Advisory Committee:

- The Black & African American Advisory (BAA) Committee continued to convene monthly (4/30/24 & 5/28/24) to review the progress on the initiative and find ways to support local students pursuing a healthcare career. Committee members served as scholarship reviewers for the Black and African American Healthcare Initiative which helped OneFuture with identifying and selecting the 2024-26 BAA scholarship cohort. Additionally, the Brothers of the Desert announced a partnership with OneFuture Coachella Valley to increase scholarship outreach and awareness. They have provided a $5000 grant which will be used for the Fall 2024 College and Career series that will help local Black and African American students and their families with college match & fit, including completion of the financial aid and scholarship applications.

Financial Aid Initiative:

- Due to Free Application for Federal Aid (FAFSA) glitches and data inconsistency, One Future, in partnership with local education partners, made the decision to award every high school senior class a $500 stipend that could be used toward their senior celebration. In addition, OneFuture, hosted an inaugural *Counselors Happy Hour: Superstar Celebration* to recognize the efforts of local counselors who supported our students in their FAFSA and CA Dream Act Application (CADAA) completion. OneFuture is currently working with the three (3) school districts to collect and report on the 2024 FAFSA and CADAA completion rates. Due to the FAFSA application glitches this academic year, the U.S. Department of Education and California Student Aid Commission had to extend their application priority deadlines, which in turn resulted timeline shifts among our education partners, along with scholarship providers (e.g. scholarship deadlines were extended and high school counselors had to assist students with their financial aid applications late into the academic year.)

Progress of Goal #1

Report #6 – 4/1/24 – 6/30/24 -- Due 8/1/24

2024 – 26 Black and African American Healthcare Scholarship

- OneFuture is pleased to report that Forty-three (43) scholarship applications were submitted and reviewed. Among these students, eleven (11) have been selected to receive a one or two-year scholarship ranging from $5000 - $10,000 based on their academic program and financial need.

2024 – 26 Graduate Healthcare Scholarship:

- Fifteen (15) graduate applications were submitted and reviewed, and ten (10) students have been selected for the Graduate Healthcare Scholarship. Additionally, one (1) student is pending review of their financial need to confirm their award. OneFuture CV looks forward to providing an update later this year on the final 2024-25AY cohort.

Progress of Goal #2

Report #6 – 4/1/24 – 6/30/24 -- Due 8/1/24

Holistic Support Services

- **Bridge to Careers Series – Spring 2024 (Virtual & In-Person):** The Spring 2024 Bridge to Careers series helped scholars further develop a professional plan for graduate school, internships and future employment. Sessions focused on LinkedIn/Resume, Professional Etiquette, Alumni Panels and networking.

- **OneFuture's Student Leadership Conference** was held on June 27th at the UCR Palm Desert Campus. One hundred and eighty-eight (188) Coachella Valley students from predominantly first-generation and at-promise backgrounds attended this full-day event. Students experienced a day of self-reflection and empowerment, including networking with speakers, facilitators and presenters from similar lived experiences. The conversations, discussions, activities, and connections made were key to preparing students for the 2024-25 academic year.

  Among these presentations was our keynote, Dr. Victor Cisneros. He shared his story of becoming a medical physician and encouraged students to find their own path, seek mentorship and accept that failure is a part of their own journey. He also shared that his lived experiences, commitment to his community and love for

medicine motivate him daily to continually work towards improving the care for vulnerable populations and enhancing the cultural competence of healthcare providers.

His presentation set the stage for the conference workshops and networking sessions offered throughout the day, which focused on mental wellness, mentorship and networking opportunities.

Health Career Connections (HCC) Summer 2024 Internship

- OneFuture, in partnership with Health Career Connections (HCC), placed a total of twenty-four (24) local college students at fifteen (15) host sites in the region. During the summer internship, students will work with their host sites on a project that helps improve the health outcomes of valley residents, while providing students the opportunity to sharpen their research skills and learn from community leaders and healthcare professionals. At the conclusions of the internship, students will present their findings at a capstone celebration in September.

Progress of Goal #3

Report #6 – 4/1/24 – 6/30/24 -- Due 8/1/24

Healthcare Program Test Fee Resources

- The Graduate Healthcare Scholarship program students were reimbursed for costs related to their testing preparation and license fees, in addition to their graduate admission applications. In an effort to accelerate the delivery of support to the students, only students in the Black & African American Healthcare Scholarship and Graduate Healthcare Scholarship programs were invited to participate, since they had already submitted proof of enrollment, academic progress and financial need. This also allowed OneFuture the opportunity to address any process details during the first year of implementation.

Progress of Goal #4

Report #6 – 4/1/24 – 6/30/24 -- Due 8/1/24

2023-25 Black and African American (BAA) Healthcare Scholars: The BAA scholars are currently submitting Spring 2024 transcripts for review. Upon submission,

OneFuture will assess their academic progress and coordinate one-on-one counseling sessions to affirm their academic and career goals.

Scholar Updates:

- Two scholars completed their associate's degree in nursing at College of the Desert and have enrolled at Chamberlain University to complete their Bachelor's in Science Nursing Degree this upcoming year.
  - Carmesha Strange, Associate's Degree in Nursing, Employed at Eisenhower
  - Shaquille Washington, a Associate's Degree in Nursing, Employed at Eisenhower

2023-24 Graduate Healthcare Scholars: Graduate scholars are currently submitting Spring 2024 transcripts for review and to ensure they are making academic progress.

Scholar Updates:

- Three Graduate Scholars completed their degrees in Spring 2024.
  - Kathia Nunez graduated from University of California, San Diego with Master's Degree in Epidemiology. She is in a postgraduate program that is helping her prepare for medical school.
  - Cristal Salcido graduated from Bastyr University with a Doctor of Naturopathic Medicine and Master of Counseling Psychology. She has secured part-time employment at Live Well Clinic as a Naturopathic Doctor and part-time employment with Latino Commission as an Associate Professional Clinical Counselor (APCC).
  - Adrian Reyes graduated from California Baptist University with a Master's Degree in Social Work. He is currently employed at Olive Crest in the Coachella Valley.

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 is pleased to share that the Healthcare Workforce Leadership Roundtable, which is comprised of executive leaders from Eisenhower, Desert Care Network/Tenet,

Inland Empire Health Plan and Desert Healthcare District, has committed to address the health workforce needs of the Coachella Valley. As a collaborative, they will prioritize activities that have the greatest impact on reducing healthcare workforce shortages. This initiative will support up to seventy (70) College of the Desert (COD) nursing students with completion of their program by 2026 via a co-investment funding structure.

Final Report

Organization Name: Desert AIDS Project dba DAP Health (DAP)

Grant #: 1393

Project Title: DAP Health Expands Access to Healthcare

Desert Healthcare District Strategic Plan Alignment

Goal: Goals #2 & 3: Proactively expand community access to primary and specialty care services & Proactively expand community access to behavioral/mental health services

Through a court-sanctioned bankruptcy proceeding, DAP Health successfully acquired Borrego Health, ensuring that Borrego's patients continue to receive uninterrupted healthcare services. This acquisition supports the Desert Healthcare District's mission to enhance access to primary, specialty, and behavioral/mental health services in the community.

By acquiring Borrego Health, DAP Health reinforced its commitment to enhancing the overall health infrastructure of the Coachella Valley. The acquisition facilitates a more integrated and comprehensive approach to healthcare delivery, allowing the merged organization to pool resources, share expertise, and ultimately provide a higher standard of care to a broader population. This move underscores the importance of proactive measures in healthcare administration, particularly in regions facing systemic challenges such as clinician shortages and overburdened services.

Strategy: Transfer former Borrego clinics, personnel, and patients to DAP Health. Convert Borrego's electronic health records (EHR) from Greenway Intergy to DAP Health's Epic EHR.

Grant Information

Total Grant Amount Awarded: $1,025,778

Grant Term *(example 7/1/22 – 6/30/23):* 7/1/23-6/30/24

Reporting Period *(example 7/1/22 – 10/31/22):* 7/1/23-6/30/24

Contact Information:

Contact Name: William VanHemert

Phone: 760-668-8801

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Final Report

Final Progress:

Final Outcomes on Goals and Evaluation

Project's final accomplishment(s) in comparison to the proposed goal(s) and evaluation plan.

Goal #1:
To protect and maintain access to healthcare for 120,000 Borrego patients as they transition and become patients of DAP Health, beginning on July 1, 2023.

Final Progress of Goal #1:
For Goal #1, DAP Health successfully transitioned legacy Borrego Health patients to receive care under DAP Health. The legal transition took place a month later than scheduled, on August 1, 2023, due to challenges associated with transferring the clinics to DAP Health through the Health Resources & Services Administration. During the project period, legacy Borrego patient electronic health records were integrated with DAP Health's system, a process that was completed on May 31, 2024. Additionally, renovation plans for certain clinic components have already been implemented, with additional improvements scheduled for the future. Notably, no legacy Borrego clinics were closed during the acquisition.

Final Evaluation of Goal #1:
The final evaluation suggests that DAP Health successfully achieved the primary objectives of Goal #1. The transition maintained patient care continuity, integrated essential systems, and laid the groundwork for future clinic improvements. The slight delay in the legal transition did not appear to negatively impact patient care.

The transition from Intergy to OCHIN Epic EHR marks a significant improvement in patient care coordination and information accessibility. This migration of all patient records enables seamless communication between clinicians through a unified health record system. The Epic platform, anchored in a "one patient, one record" model, allows healthcare providers to access a patient's complete medical history, regardless of whether the visit occurred at a legacy Borrego Health clinic or a legacy DAP Health clinic.

Goal #2:
Ensure seamless patient care by both retaining existing Borrego staff and recruiting new personnel to meet the service demands of the 120,000 individuals who rely on us for healthcare.

Final Progress of Goal #2:
When DAP Health acquired Borrego Health, there were 45 positions that needed to be

filled within the Coachella Valley. Currently, 6 of these positions remain vacant. Following the acquisition, DAP Health introduced several new roles to ensure efficient operations within the expanded organization. These include four Regional Operations Director positions to oversee operations across different geographical areas. Additionally, DAP Health has reinstated a centralized call center, which will improve communication and appointment scheduling for patients. To manage this call center, a new Call Center Manager position has been created, along with eight Call Center Representatives to staff the facility.

These strategic organizational changes underscore DAP Health's commitment to streamlining operations and improving the overall patient experience in its expanded network of clinics. DAP Health continues to offer signing bonuses to fill positions for Registered Dental Assistants, Providers, and Medical Assistants, and it posts open positions directly on hiring platforms such as Indeed to attract applicants.

Final Evaluation of Goal #2:
Despite the hiring freeze during the transition from Intergy to Epic within the project period, DAP Health achieved a significant milestone by filling the majority of its positions. Out of the original 45 positions, only 6 remain vacant. This success is particularly notable given the challenges typically associated with such a large-scale EHR conversion.

Goal #3:
Achieve sustainability through insurance billing reimbursement for the transferred Borrego clinicians under DAP Health clinician billable services contracts, by the end of the grant year in June 2024.

Final Progress of Goal #3:
DAP Health has made significant progress in credentialing its clinical staff, with only four clinicians remaining uncredentialed during the project period. Since the conclusion of this period, two of these clinicians have successfully completed their applications. The Credentialing Coordinator has initiated the verification process for these two files, aiming to present them for approval at the upcoming Credentialing Committee meeting in August.

Final Evaluation of Goal #3:
DAP Health has demonstrated commendable progress in clinician credentialing efforts. The Credentialing Committee has successfully credentialed the majority of the clinical staff, with only a small number remaining. This high completion rate indicates effective management of the credentialing process and a strong commitment to maintaining quality standards.

The completion of applications by two of the remaining clinicians since the project period ended demonstrates ongoing momentum and focus on this important task.

Final Report

Final Number of District Residents Served:

Proposed number of District residents to be directly served:
DAP Health proposed to directly serve 39,845 District residents during the project period.

Final number of District residents directly served during the entire grant term:
DAP served over 45,217 unduplicated patients from August 1, 2023 through May 31, 2024. The project data encompasses a 10-month period rather than the initially planned 12 months. This reduction in the data collection time frame was due to two factors. Firstly, the project's commencement was delayed by one month as a result of challenges encountered with HRSA during the acquisition process. Secondly, the final month of June 2024 is not included in the dataset. This omission is attributed to the organization's transition from Intergy to Epic systems, which significantly impaired our capacity to collect comprehensive data during that particular month. Consequently, the available data reflects a slightly shortened project period, impacting the overall scope of the analysis. The number of patients directly served during the project period exceeded the proposed goal by 5,372.

During the 10-month period under review, DAP Health recorded 119,258 patient visits. This figure is particularly noteworthy when considering the projected total of 138,000 visits for a full 12-month period. Despite the data only covering 10 months, there is a strong indication that the organization would have met or potentially exceeded the projected 138,000 visits if data for the complete year had been available. It's important to note that this performance was achieved during a time when DAP Health intentionally scheduled fewer patient visits due to the transition from the Intergy system to Epic. This context suggests that under normal operational circumstances, without the constraints of the system conversion, the actual visit numbers might have been even higher.

Proposed number of District residents to be indirectly served:
DAP Health proposed to indirectly serve 39,845 District residents during the project period. "Indirectly served" refers to individuals who have access to healthcare services but did not utilize them during the project period. This group represents those who potentially benefit from the availability of healthcare resources, even if they did not actively seek care during this specific timeframe.

Final number of District residents Indirectly served during the entire grant term:
DAP indirectly served 45,217 District residents during the project period.

Final Report

Please answer the following questions

1. **Please describe any specific issues/barriers in meeting the proposed project goals:**
   The transition of legacy Borrego Health clinics and staff to DAP Health encountered a significant obstacle at the outset of the project, primarily due to administrative delays within the HRSA system. This unforeseen complication resulted in a 30-day setback in the transfer process, impacting the initial timeline and implementation of planned services. The delay in HRSA's internal systems prevented the smooth handover of clinic operations and staff integration, causing a ripple effect on various aspects of the acquisition. This administrative hurdle not only postponed the official start of DAP Health's management of the former Borrego Health facilities but also created challenges in terms of continuity of care, staff onboarding, and the implementation of new operational protocols. Despite this setback, both organizations worked diligently to mitigate the impact on patient care and to ensure a seamless transition once the administrative issues were resolved.

   Another significant barrier that hindered DAP Health's ability to achieve its project goals was within the credentialing department. Personnel changes in this department led to difficulties for the new staff, who struggled to determine the status of the credentialing process for the remaining clinicians. In a few instances, credentialing files were in pending status during this period. The new staff discovered that these files had expired, as credentialing applications become invalid if not completed within 180 days of submission, necessitating the entire process to be restarted.

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

   During the project period following the acquisition, DAP Health achieved several unexpected successes beyond the original first-year plan. The organization expanded adult dental care services to the Cathedral City clinic, which previously catered only to children. Additionally, DAP Health successfully integrated the EHR system before the end of the 2023-2024 fiscal year, enhancing scheduling efficiency, facilitating referrals between legacy DAP Health and legacy Borrego Health clinics, and standardizing data collection across a unified system. The organization also created a new Chief Transformation Officer position to further advance integration efforts. Initially, this role will focus on collaborating with compliance and operations teams to improve patient access and care quality, including transportation services, optimize in-house pharmacies for increased patient access, and ensure unbooked appointments are addressed to maintain patients on a wellness track while maximizing clinic capacity. Notably, DAP Health has initiated the process of recertifying its clinics as Patient Centered Medical Homes, marking another significant and unanticipated achievement during this period.

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

   The project's financial sustainability is linked to the initial investment from the Desert Healthcare District that enabled DAP Health to credential legacy Borrego Health clinicians who transitioned to DAP Health. The credentialing process ensures that the clinicians meet the necessary standards, allowing them to become billable entities. As a result, the clinic is now generating revenue by billing insurance companies, Medicare, and Medicaid for the services provided, which is essential for maintaining operational stability.

   This revenue supports the clinic's day-to-day operations, covering costs such as medical supplies, utilities, and administrative expenses, while also ensuring competitive salaries for both clinicians and support staff. With a self-sustaining financial model in place, the clinic is no longer reliant on external funding to cover operating expenses.

4. **List five things to be done differently if this project were to be implemented and/or funded again.**

   1. If DAP Health were to undertake a similar project in the future, the organization would prioritize creating a centralized call center earlier in the process. DAP Health's CEO conducted multiple listening tours at all legacy Borrego clinics following the acquisition to better understand the needs of legacy Borrego staff during the merger. One key insight gained was the importance of a centralized call center, which Borrego Health had previously utilized before disbanding it during the COVID-19 pandemic. This centralized approach streamlined appointment scheduling, as call center employees had access to patient records and were familiar with Borrego Health staff, clinic locations, and services.

   DAP Health faced challenges with a disjointed call center system that relied on outsourced vendors employing individuals across the country. These contracted employees lacked investment in DAP Health and had no knowledge of staff, patients, or the organization's mission and vision, leading to quality issues. Legacy Borrego staff provided feedback indicating that the previous centralized call center approach was more efficient and resulted in shorter wait times for patients and smoother overall operations.

   Due to existing vendor contracts, DAP Health had to delay the implementation of a centralized call center until these agreements expired. Additionally, it was more practical to launch the call center once all clinics were using the same EHR system. The reinstated centralized call center opened in Escondido in May 2024. Currently, it serves four of the clinics, with plans to expand its services to all legacy Borrego and DAP Health clinics once fully staffed and operational.

2. If DAP Health sought funding for a similar project in the future, the organization would allocate a larger unrestricted contingency fund to address unforeseen expenses and operational needs. Several unanticipated items were addressed but were not included in the original acquisition budget. These included upgrading legacy Borrego employees' cellphones to secure devices to enhance communication security, increasing wages for legacy Borrego's support staff to align with DAP Health's wage standards to ensure fair compensation across the organization, and establishing a reserve fund to mitigate cash flow disruptions. The reserve fund was particularly crucial for addressing incidents like the Change Healthcare event in February 2024, which impacted billing processes from the Intergy EHR system while the incident was under investigation.

3. Undertaking a similar project in the future, DAP health would likely adopt a more proactive approach with our collaborative network of FQHC partners. This would involve seeking input on best practices and consulting with partners to gather insights from their experiences in similar mergers and acquisitions. By engaging these partners as thought leaders early in the process, DAP Health could leverage their expertise and strategic thinking before making complex acquisition decisions. Open dialogue would enable thorough assessments of both opportunities and risks, providing a comprehensive understanding of potential benefits and challenges. This strategy would help build stronger partnerships and utilize the collective knowledge of all stakeholders, positioning DAP Health to make informed decisions.

4. Had DAP Health secured additional funding, the organization would have hired a Change Management Consultant to facilitate the integration process following the acquisition of Borrego Health. With approximately 850 employees now serving under the unified organization, a consultant could have developed strategies to maintain high employee morale and retention. Additionally, a Change Management Consultant would have helped guide both organizations through the merger, ensuring a more seamless integration of operations, cultures, and workflows. While DAP Health successfully completed the acquisition without such a consultant, having one could have potentially streamlined the process and mitigated unforeseen challenges in combining these two distinct healthcare organizations.

5. If DAP Health had the capacity and resources, the organization would have accelerated the idea of a unified culture and created a mission and vision statement sooner, launching a new culture together.

In the face of limited resources, DAP Health made the critical decision to prioritize maintaining uninterrupted patient access to care, a choice deemed essential during periods of heightened demand for healthcare services. This focus on keeping doors open for patients had significant implications for the organization. As a result, other important initiatives, such as the development of a cohesive organizational culture, were temporarily deferred. The immediate healthcare needs of the patient population took precedence over long-term cultural integration efforts.

HIV+Aging Research Project-Palm Springs (HARP-PS)

Final Grant Report to Desert Healthcare District

Grant Period 03/1/23 – 02/29/24

In March 2023, Desert Healthcare District awarded HARP-PS a $10,000 mini-grant to fund the "Positive Connections 50+ Virtual Village," a pilot project that addresses HARP-PS research findings showing that social isolation and depression are the top concerns of both older people living with HIV/AIDS (OPLH) and their medical, mental health, and social service providers. The project is developing an on-line platform to reduce isolation, foster support systems, and connect OPLH to needed behavioral health, medical, and supportive services. The "virtual village" platform is being designed with stakeholder input to specifically meet OPLH's unique needs for a social network of their peers they can safely access online. Participants can create specific interest groups (e.g., hiking, gardening, travel, etc.) facilitating engagement with others with similar interests.

The project was informed by a two-year research collaboration with University of Riverside UCR) School of Medicine to determine what platform features would best serve OPLH as they age. We continue to partner with UCR on the project. The platform is geared towards helping OPLH overcome post-COVID isolation and loneliness by connecting OPLH to their peers in a forum that is affirming, non-judgmental and specific to their unique needs. Based on those results, we chose a user-friendly platform to address people's tech anxieties, with features to list events, polls to generate conversations, and the ability to create separate chat rooms for special interests like playing brain games to preserve cognitive function, form a movie-watching group, etc. We created a separate Spanish language channel for those who prefer to converse with peers in their native-language, and to help them cope with the intersectional stigmas of HIV, being LGBTQ+, and racism. We initially tested a proprietary platform designed for existing virtual villages, with the understanding that they would be adding site features requested by our participants. Because they were unable to do so, and our older less tech-savvy users reported the site not especially user-friendly, we switched to a more user-friendly platform based on that participant feedback. We plan to investigate another website platform to see if it can provide our desired site features, and if so, will migrate it over to that new site.

While we projected that we would serve 150 OPLH during the grant period, we experienced initial challenges in recruitment due to the health issues of our original project coordinator who is himself a 71-year-old long-term HIV survivor. He stepped down from the position in the fall of 2023. He remains a participant in the group and reports that his participation and support from the group has helped him immensely. We then hired a new project manager with extensive web platform experience, but it required time for training and orienting him to the program goals. With the new project coordinator in place by December, participation rose steadily towards end of grant period. We expect participation to increase in both English and Spanish platforms in 2024.

HARP-PS provided programming on the platform tailored to the specific needs of our older HIV population on treatment options and advances for highly treatment-experienced individuals with HIV drug resistance; the impact of aging co-morbidities for OPLH, including osteoporosis, cardiovascular disease, kidney disease, diabetes, and other health issues, and how to aware of and how to screen for them; and psychosocial challenges specific to long-term HIV survivors like depression, loneliness, isolation, survivors'

guilt, and post-traumatic stress syndrome (PTSD), also known as AIDS Survivor Syndrome. We implemented a weekly “Ask the Doctor” segment where users could submit questions for a local HIV clinician to answer. A similar segment was implemented with a licensed mental health clinical to address behavioral health issues. A local chef volunteered to do a cooking show demonstrating how to create an easy, nutritious, and economical meal utilizing the items offered in the weekly food bank distribution. It is broadcast live so viewers can submit questions in real time, and also recorded and archived for later viewing. Because so many long-term survivors are subsisting on fixed incomes, we have also offered financial benefits counselors providing information on rental, mortgage, and utilities assistance to help them age in place in their homes. During the annual open enrollment period for Medicare, health plan specialists offer assistance on how to navigate the ever-changing health insurance landscape to find the coverage best suited to their medication and clinical needs.

Noting the need for in-person socialization, the site promotes existing social programs for OPLH offered by Let’s Kick AIDS Survivor Syndrome, DAP Health, HARP-PS, The LGBTQ Center, and others. We also created specific groups to play daily online brain games like Wordle, Mini-Crossword, and others, to help people retain memory & cognitive skills; share cooking ideas and recipes; and book and movie clubs. Our Latinx partner, Amigos, experienced a decline in their membership post-COVID. They agreed to partner with us to migrate their group to a Spanish channel on our platform. Their members found it a useful way to stay connected and interact with their peers in their preferred language. As most group members are bilingual, they also benefited from the other platform offerings as well. For those whose limited income has forced them to move from the Palm Springs area to more affordable places like the high desert and Blythe, they report that the platform has been a lifeline that has kept them engaged with their community and provided useful information to help them manage their HIV and low income, among other challenges.

The one-year grant period was too short to show dramatic increases in health assessments that typically happen on a 2-to-5-year basis. However, the health education provided to participants spurred many to access those screenings or treatments. To assess the program’s effectiveness, we surveyed platform users at the end of the grant period using a 5-point Likert scale at the end of the grant period. Users reported improvements in the following domains: Isolation (93%); loneliness (87%); resilience (82%); HIV medication adherence (64%); changed HIV regimen due to side effects/resistance/adherence/pill burden (47%); health screenings inquired about/scheduled/completed, included bone mineral density (57%), colorectal cancer screening (49%), HPV/anal cancer screening (54%),sleep assessments (36%), mental health screened/care accessed (78%); overall quality of life (91%); deprescribing (fewer medications for depression, anxiety, sleep meds, high blood pressure, etc.) (74%).

The number of District residents served with District funds over the entire grant term:
101 residents during the course of the grant

Mini Grant Final Report

PS Test Inc, Grant #1390

Organization
PS Test Inc
140 N Luring Dr., Ste. D
Palm Springs, CA

Primary Contact:
Ken Katz
kkatz@dc.rr.com
Phyllis Ritchie, MD
drphyllisritchie@gmail.com

Grant Information

Project Title: Testing & Treating the Growing Health Crisis
Total Grant Amount Awarded: $10,000
Grant Term *(example 7/1/22 – 6/30/23):* 5/1/2023 – 4/30/2024

Project Impact

Reported data should reflect project numbers that resulted from the Desert Healthcare District and Foundation grant award.

1. **Resulting from the Desert Healthcare District and Foundation grant award, please describe the impact that your project had on the community.**

   We were able to hire our director of operations: Paul Sandman, RN. He helped patients who were newly diagnosed with HIV in our clinic by talking to them, and he even gave them his private number if they had any other problems, or issues. He is extremely calming, and has had a lot of experience with HIV.

2. **Please share any challenges and course corrections you may have experienced during the entire grant term such as reaching organizational capacity, partnerships, identified geographic areas and/or target populations, etc.**

   Main challenges were, and still are wanting to open Fridays. Presently we can only open Mondays through Thursdays 10-4 which for some patients is a challenge to get to our clinic. We don't have funding for the staff for Fridays.

   We would love to extend hours and days, but presently financially impossible.

Mini Grant Final Report

3. **Please share any success stories and/or testimonials highlighting the impact that your project had on our community during the entire grant term.**

   We had one patient in particular that came into our clinic, and his husband had died about a year prior. He wanted to try to find a new relationship, but realized he probably needed to start HIV preventive medication. Paul saw him with Dr Kuldanek, and took time with him as he was understandably very emotional. He was so grateful for our services.

   Another case was a woman who found out her husband was unfaithful. She wanted testing done anonymously which was of course done in a discreet anonymous manner. She also was extremely grateful for our services, and again for the time our staff took with her.

   This couldn't be done without your help.

Final Number of District Residents Served:

Proposed number of District residents to be directly served: 1,500

Final number of District residents directly served during the entire grant term: 950

Performance Measure Reporting:

Resource Information

1. **Number of individuals that received resource information (I.E. flyers, kits, brochures, etc.):** 950

2. **Number of individuals connected or referred to a community resource or service:** 300

Direct Healthcare Services

1. **Number of individuals provided a direct healthcare service:** 200

Mini Grant Final Report

Rotary Club Of Palm Desert Foundation, Grant #1395

Organization
Rotary Club Of Palm Desert Foundation
PO Box 10101
Palm Desert, CA
http://palmdesertrotary.com

Primary Contact:
Ricardo Loretta
Tel: (858) 344-4812
dgtaco1819@gmail.com

Grant Information

Project Title: Assistance in providing scholarships for students majoring in healthcare

Total Grant Amount Awarded: $10,000

Grant Term: 7/1/2023 – 6/30/2024

Project Impact

Reported data should reflect project numbers that resulted from the Desert Healthcare District and Foundation grant award.

1. **Resulting from the Desert Healthcare District and Foundation grant award, please describe the impact that your project had on the community.**

   The $10,000 grant allowed us to significantly enhance the scholarship awards to 5 students from Palm Desert HS who are pursuing careers in healthcare. The details are on the attached spreadsheet which shows names of students, college attended, total award and the award split between the $10,000 contributed by DHCD and Palm Desert Rotary Club Foundation.

2. **Please share any challenges and course corrections you may have experienced during the entire grant term such as reaching organizational capacity, partnerships, identified geographic areas and/or target populations, etc.**

   Because of the excellent guidance we received from DHCD staff, we had no significant problems in structuring our awards.

Mini Grant Final Report

3. **Please share any success stories and/or testimonials highlighting the impact that your project had on our community during the entire grant term.**

   We are obtaining individual stories/testimonials from awardees.

Final Number of District Residents Served:

Proposed number of District residents to be directly served:

10, with $1,000 benefit for each awardee.

Final number of District residents directly served during the entire grant term:

5, with $2,000 benefit for each awardee.

Performance Measure Reporting:

Basic Necessities

1. Number of basic necessities (Items) distributed

   We awarded 1 scholarship award for 1 year school costs to 5 students

2. Number of individuals that received basic necessities

   5

Mini Grant Final Report

Theresa A. Mike Scholarship Foundation, Grant #1399

Organization
Theresa A. Mike Scholarship Foundation
46200 Harrison Place
Coachella, CA
http://www.theresamike.org

Primary Contact:
Makeyli Alvarez
info@theresamike.org

Grant Information

Project Title: Theresa A. Mike Scholarship Foundation

Total Grant Amount Awarded: $10,000

Grant Term *(example 7/1/22 – 6/30/23):* 7/01/2023 – 6/30/2024

Project Impact

Reported data should reflect project numbers that resulted from the Desert Healthcare District and Foundation grant award.

1. **Resulting from the Desert Healthcare District and Foundation grant award, please describe the impact that your project had on the community.**

   The impact of the partnership between the Theresa A. Mike Scholarship Foundation and the Desert Healthcare District & Foundation on the community has been tremendous. Thanks to the support from Desert Healthcare, our mission to award scholarships has greatly improved. We are now able to award larger amounts to students enrolled in medical fields, whose goal is to become medical professionals serving the Coachella Valley. This aligns with Goal #2 of DHCD's strategic plan, specifically under category 2.1 “Increase the number of primary and specialty care professionals to support Coachella Valley residents”.

   Through this valuable partnership, four students received awards from the Desert Healthcare District. These students were able to complete their fall semester last year without the stress of high tuition costs, and they have expressed how incredibly beneficial the award has been for them. We have no doubt that within four years, these students will be employed at a local Coachella Valley clinic or hospital, contributing to the community's healthcare needs.

Mini Grant Final Report

2. **Please share any challenges and course corrections you may have experienced during the entire grant term such as reaching organizational capacity, partnerships, identified geographic areas and/or target populations, etc.**

   This year, we partnered with One Future Coachella Valley (OFCV), and two of our Desert Healthcare District recipients fell under the partnership match that OFCV and TAMSF established. As a result, we awarded April Martinez and Laisha Navarro a total of $5,000 each, with $2,500 from DHCD and $2,500 from One Future Coachella Valley. One Future Coachella Valley processed the payment for these two recipients and TAMSF issued a check to pay One Future.

3. **Please share any success stories and/or testimonials highlighting the impact that your project had on our community during the entire grant term.**

   Four thank you letters have been added to the link below with each student's updates and accomplishments, along with a copy of the payments and a short testimonial video from Hector Sanchez. Hector's video was featured at our primary fundraiser, the Fashion Show Sale and Dinner, held on June 29th. The event attracted approximately 300 attendees, including tribal members from a few California Tribes, Coachella Valley dignitaries, and residents.

   2023 - Partnership Report

Final Number of District Residents Served:

Proposed number of District residents to be directly served:
April Martinez from Desert Hot Springs
Laisha Navarro Flores from Desert Hot Springs
Hector Sanchez Perez from Coachella
Guadalupe Arreola from Coachella

Final number of District residents directly served during the entire grant term:

The Coachella Valley cities of Desert Hot Springs and Coachella, CA

Mini Grant Final Report

Performance Measure Reporting:

Basic Necessities

1. Number of basic necessities (Items) distributed:
   Four scholarship checks of $2,500 each for the 2023 fall-semester.

2. Number of individuals that received basic necessities:
   Four students

Dear Desert Healthcare District and Theresa A. Mike Scholarship Foundation,

I would like to express my gratitude to both the Desert Healthcare District and Theresa A. Mike Scholarship Foundation for choosing me as one of the 2023-2024 scholarship recipients. It is an honor to be a recipient of both these amazing foundations.

When applying for scholarships and as a first-generation student, you always hope for the best in order to financially pay for school tuition and necessary items like textbooks and lab coats. Organizations, like the DHCD, who partner with scholarship foundations, just like the TAMSF, provide us local students from the valley great opportunities to go beyond our communities in order to come back to the valley and provide our help in the future. With financial help, I am able to focus on my studies as a Biology major, with a minor in Chicana/Chicano and Central American Studies, without having to place time aside for working to be able to pay for my education. I have been able to keep a 3.5+ GPA this school year, claim a minor, join Peer-Learning sessions (tutoring sessions taught by peers who have taken the course), join UCLA Flying Samaritans (a UCLA club that takes monthly trips to Tijuana, Mexico to provide healthcare, dental care, canned food, hygiene kits, pharmacy needs, and health education to the local, low-income community), stay in UCLA Rotaract (Rotary at the college level), as well as look into possible opportunities to help prepare and provide me experience to get into a Master's program after my four years at UCLA. I am currently looking into joining a research lab for the upcoming 2024-2025 school year. With my higher education, I want to go back to the Coachella Valley and become a College of the Desert professor to give back to the future generation.

College is stressful as it is, but with resources out there willing to provide help for us college students is a weight lifted off our shoulders and allows us to put in our best efforts and time towards our education.

I am extremely grateful for this scholarship. Thank you for allowing me the opportunity and privilege to be a chosen recipient! I hold much appreciation for the DHCD and TAMSF and with my education, I hope to give back to our community in the future.

Sincerely,
April Martinez

Dear Theresa A Mike Scholarship and Desert Healthcare District Foundation,

Thank you for all you do without the help of foundations like yours, students like me would struggle to pay for college. As a first generation student I have had to overcome several obstacles, however financially I have not struggled as much but that was thanks to the help I received from scholarships. These scholarships exists because foundations like yours believe in its students. With your help I do not have to stress as much financially and I am able to focus more in my studies. I cannot wait to come back to my community and help students who are in the same situation as me. Thank you again from the bottom of my heart.

Best,
Guadalupe Arreola Leon

Dear Theresa A. Mike Scholarship Foundation & Desert Healthcare District,

I am honored to express my heartfelt gratitude as a 2023 scholarship recipient. Your support has been invaluable as a first-year medical student at UC Davis School of Medicine and a participant in the Rural Program in Medical Education (Rural-PRIME). This scholarship has provided much-needed aid as I am an undocumented immigrant from Mexico. Due to my legal status, financial aid opportunities have always been limited throughout my educational trajectory. This scholarship has significantly lightened my financial burden by covering essential educational expenses, such as scrubs, books, and supplies, allowing me to focus more on my studies and less on financial constraints.

As I near the end of my first year, I am amazed by the breadth of knowledge and skills I have acquired in such a short span. From foundational courses in human anatomy and biochemistry to more specialized subjects like pharmacology, immunology, and pathophysiology, my education has been both rigorous and enlightening. I have also learned how to conduct a patient physical exam and an oral presentation that summarizes a patient history, physical exam findings, and an assessment and plan. My favorite subject I have learned in my first year is nephrology where I have learned how our kidneys work and how to diagnose several kidney diseases such as kidney stones, renal failure, and renal cancer. Overall, I am thankful for the opportunity to learn clinical medicine despite it feeling like drinking water from a fire hydrant at times.

Outside of my coursework, my role as a clinic lead and lab manager at the Knights Landing One Health Center (KLOHC) has profoundly shaped my medical school experience. At KLOHC, we serve the rural, predominantly Spanish-speaking migrant farmworkers of Northern California—a community that closely mirrors the demographics of the eastern Coachella Valley. Every time I work with one of our patients, it is like I am working with one of my relatives back home. Similar to communities such as Mecca or Oasis, our clinic is a safety net and one of the only health facilities accessible to these populations. This work not only connects me to my roots but also strengthens my resolve to pursue a career in medicine.

Moreover, my research in orthopaedic surgery has been particularly fulfilling. I am currently involved in a project comparing clinical presentations and outcomes of enchondromas and chondrosarcomas, two types of bone cancer. This research is crucial as it seeks to understand the factors influencing the progression of these tumors, which remains a significant challenge in orthopaedic oncology. Presenting our findings at the UC Davis Musculoskeletal Research Day was an enriching experience, and I am eager to continue exploring this field.

My commitment to medicine extends beyond personal ambition; it is a commitment to service. I envision a future where my skills as a surgeon and my insights into health policy combine to dismantle barriers to surgical care, ensuring it reaches every corner of our society, particularly the underserved and undocumented. Your support through this scholarship plays a crucial role in making this vision a reality. Thank you once again for your continued trust and support. I am eager to uphold the values of the Theresa A. Mike Scholarship Foundation throughout my medical career.

With Warm Regards,

Hector L. Sanchez Perez, MPH

UC Davis School of Medicine - MD Candidate | Class of 2027

Columbia University Mailman School of Public Health | Class of 2019

University of California, Los Angeles | Class of 2017

Laisha Navarro Flores
September 10th, 2023

Desert Healthcare District

Dear Desert Healthcare District,

I hope you are all doing well, I am Laisha Navarro Flores! This is my first year being chosen as a recipient of this lovely foundation scholarship. I am very appreciative of this scholarship, these last two years have been tough to get by seeing as I have had trouble paying for my housing bill and with the help of your foundations scholarship it will help alleviate the stress of those expenses away from my family and I. I will now thankfully have a place to study, sleep and overall experience life thanks to you all at the Foundation. A little about me is that I am an Intern for my school's Football team as a Recruitment intern. I am also a part of a Latina Sorority, Lambda Theta Nu Sorority, Inc. for the second year in a row! I am so grateful for this scholarship and the community you all allowed me to join through One Future Coachella Valley. I know that your foundation focuses on advancing the health and wellness for Coachella Valley residents and this means so much to me because I want to become a nurse one day with the help of my bachelor's degree in Ecology, Behavior and Evolution. Then I plan to go to Graduate school for nursing school and to know that I have your foundation's support means everything to me. I would one day like to help the Coachella Valley as well once I become a nurse. Thank you so much for your kindness and for valuing the Coachella Valley the way that you do. Have a nice day!

Sincerely,

DPMG|Health

DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT
RFP - 2022-001 - MONTHLY REPORT

Report Period: 06/01/2024 - 06/30/2024
(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.**	The table and graph below illustrates the total number of patient encounters seen since October 1, 2023 up to this reporting period.

Date	Location	# of Patients seen	Gender		Age			
			Female	Male	≤ 18 yo	19-64 yo	≥ 65 yo	Unknown
October 2023								
10/2/23	Gojji Telemedicine	14	8	6	0	12	2	0

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	Jovenes Substance Abuse Recovery	15	2	13	0	14	1	0

	Home							
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
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
November 2023								
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
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	Jovenes 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
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

December 2023								
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
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 -	8	6	2	4	4	0	0

	Refugee Clinic							
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
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 -	22	12	10	8	14	0	0

	Refugee Clinic							
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
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
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
February 2024								
2/1/24	Gojji Telemedicine	18	12	6	0	15	3	0
2/2/24	Our Lady of Guadalupe - Street Medicine	10	1	9	0	9	1	0
2/2/24	Gojji Telemedicine	18	13	5	0	18	0	0
2/5/24	Gojji Telemedicine	11	7	4	0	10	1	0
2/6/24	Gojji Telemedicine	17	13	4	0	16	1	0
2/7/24	R.I.S.E. Access Center	7	2	5	0	5	2	0
2/7/24	Birth Choice of the Desert	3	3	0	0	3	0	0
2/7/24	Gojji Telemedicine	14	10	4	0	13	1	0
2/8/24	James Madison Elementary Vaccine Clinic	21	8	13	21	0	0	0
2/8/24	Gojji Telemedicine	16	13	3	0	14	2	0
2/9/24	Our Lady of Guadalupe - Street Medicine	13	3	10	0	11	2	0

2/9/24	Gojji Telemedicine	17	11	6	0	15	2	0
2/12/24	Gojji Telemedicine	18	6	12	0	17	1	0
2/13/24	Galilee Center at Western Sands Motel - Refugee Clinic	26	14	12	13	13	0	0
2/13/24	Gojji Telemedicine	15	8	7	0	15	0	0
2/14/24	R.I.S.E. Access Center	9	2	7	0	6	3	0
2/14/24	Gojji Telemedicine	14	9	5	0	11	3	0
2/15/24	Desert Hot Springs Unhoused Outreach	13	5	8	0	12	1	0
2/15/24	Indio High School Vaccine Clinic	16	5	11	16	0	0	0
2/15/24	Gojji Telemedicine	19	6	13	0	18	1	0
2/16/24	Our Lady of Guadalupe - Street Medicine	10	3	7	0	9	1	0
2/16/24	DSUSD TK Enrollment	15	9	6	15	0	0	0
2/16/24	Gojji Telemedicine	18	8	10	0	17	1	0
2/19/24	ABC Recovery Home	10	0	10	0	9	1	0
2/19/24	Gojji Telemedicine	14	6	8	0	14	0	0
2/20/24	Galilee Center at Western Sands Motel - Refugee Clinic	30	13	17	14	16	0	0

2/20/24	Gojji Telemedicine	13	7	6	1	11	1	0
2/21/24	R.I.S.E. Access Center	7	0	7	0	4	3	0
2/21/24	Birth Choice of the Desert	5	5	0	0	5	0	0
2/21/24	Gojji Telemedicine	18	9	9	0	15	3	0
2/22/24	Gojji Telemedicine	15	11	4	0	12	3	0
2/23/24	Our Lady of Guadalupe - Street Medicine	9	1	8	0	8	1	0
2/23/24	Gojji Telemedicine	11	3	8	0	9	2	0
2/26/24	Coyote Runs Apartments	3	2	1	0	2	1	0
2/26/24	Gojji Telemedicine	17	7	10	0	16	1	0
2/27/24	Galilee Center at Western Sands Motel - Refugee Clinic	35	22	13	14	21	0	0
2/27/24	Gojji Telemedicine	9	7	2	0	9	0	0
2/28/24	R.I.S.E. Access Center	6	2	4	0	5	1	0
2/28/24	Gojji Telemedicine	16	8	8	0	13	3	0
2/29/24	Gojji Telemedicine	12	7	5	0	10	2	0
March 2024								
3/1/24	Our Lady of	4	1	3	0	4	0	0

	Guadalupe - Street Medicine							
3/1/24	Gojji Telemedicine	16	11	5	0	14	2	0
3/4/24	Gojji Telemedicine	14	11	3	0	14	0	0
3/5/24	Galilee Center at Western Sands Motel - Refugee Clinic	17	10	7	5	12	0	0
3/5/24	Gojji Telemedicine	17	10	7	1	15	1	0
3/6/24	R.I.S.E. Access Center	3	0	3	0	3	0	0
3/6/24	Birth Choice of the Desert	3	3	0	0	3	0	0
3/6/24	Gojji Telemedicine	12	5	7	0	12	0	0
3/7/24	Jovenes Substance Abuse Recovery Home	19	5	14	3	16	0	0
3/7/24	Gojji Telemedicine	16	4	12	0	14	2	0
3/8/24	Our Lady of Guadalupe - Street Medicine	5	1	4	0	5	0	0
3/8/24	Gojji Telemedicine	15	13	2	0	13	2	0
3/9/24	Ranch 51 - Premier Packing Luncheon and Health Fair	20	2	18	0	19	0	1
3/11/24	Gojji Telemedicine	19	5	14	0	18	1	0

3/12/24	Galilee Center at Western Sands Motel - Refugee Clinic	19	11	8	7	12	0	0
3/12/24	Gojji Telemedicine	16	9	7	0	13	3	0
3/13/24	R.I.S.E. Access Center	7	1	6	0	3	4	0
3/13/24	Gojji Telemedicine	17	15	2	0	14	3	0
3/14/24	James Madison Elementary Vaccine Clinic	28	10	18	28	0	0	0
3/14/24	Gojji Telemedicine	18	12	6	0	14	4	0
3/15/24	Our Lady of Guadalupe - Street Medicine	8	0	8	0	7	1	0
3/15/24	Gojji Telemedicine	17	2	15	0	16	1	0
3/16/24	Mecca Community Center Spirometry Screening	8	5	3	0	7	1	0
3/18/24	Gojji Telemedicine	14	11	3	0	14	0	0
3/19/24	Galilee Center at Western Sands Motel - Refugee Clinic	13	5	8	4	9	0	0
3/19/24	Gojji Telemedicine	14	8	6	1	11	2	0
3/20/24	R.I.S.E. Access Center	3	0	3	0	3	0	0
3/20/24	Birth Choice of the	2	2	0	0	2	0	0

	Desert							
3/20/24	Gojji Telemedicine	17	6	11	0	16	1	0
3/21/24	Desert Hot Springs Unhoused Outreach	20	6	14	0	19	1	0
3/21/24	Gojji Telemedicine	15	9	6	0	13	2	0
3/22/24	Our Lady of Guadalupe - Street Medicine	6	2	4	0	5	1	0
3/22/24	Migrant Education Resource Fair	13	9	4	0	10	3	0
3/22/24	Gojji Telemedicine	18	11	7	0	17	1	0
3/25/24	CVHC Wolff Water Apartments	13	8	5	2	10	1	0
3/25/24	Gojji Telemedicine	15	5	10	0	12	3	0
3/26/24	Galilee Center at Western Sands Motel - Refugee Clinic	17	10	7	3	14	0	0
3/26/24	Gojji Telemedicine	17	8	9	0	16	1	0
3/27/24	R.I.S.E. Access Center	1	1	0	0	0	1	0
3/27/24	Gojji Telemedicine	20	14	6	0	18	2	0
3/28/24	Gojji Telemedicine	14	7	7	0	14	0	0
3/29/24	Our Lady of Guadalupe - Street	13	3	10	0	11	2	0

	Medicine							
3/29/24	Gojji Telemedicine	12	7	5	1	9	2	0
April 2024								
4/1/24	Gojji Telemedicine	18	9	9	0	18	0	0
4/2/24	Galilee Center at Western Sands Motel - Refugee Clinic	24	14	10	7	17	0	0
4/2/24	Gojji Telemedicine	16	11	5	0	16	0	0
4/3/24	Birth Choice of the Desert	2	2	0	0	2	0	0
4/3/24	Gojji Telemedicine	14	12	2	0	14	0	0
4/4/24	Gojji Telemedicine	17	5	12	0	15	2	0
4/5/24	Our Lady of Guadalupe - Street Medicine	10	0	10	0	7	1	2
4/5/24	Gojji Telemedicine	18	11	7	0	18	0	0
4/8/24	Gojji Telemedicine	17	8	9	0	15	2	0
4/9/24	Galilee Center at Western Sands Motel - Refugee Clinic	16	10	6	5	11	0	0
4/9/24	Gojji Telemedicine	15	6	9	0	15	0	0
4/10/24	ABC Recovery Home	5	1	4	0	5	0	0

4/10/24	Gojji Telemedicine	14	13	1	0	13	1	0
4/11/24	Gojji Telemedicine	17	4	13	0	14	3	0
4/12/24	Our Lady of Guadalupe - Street Medicine	17	8	9	0	13	4	0
4/12/24	Gojji Telemedicine	18	7	11	0	15	3	0
4/13/24	Tudor Ranch Wellness Fair	24	13	11	1	21	2	0
4/15/24	Jovenes Substance Abuse Recovery Home	32	7	25	1	31	0	0
4/15/24	Gojji Telemedicine	15	12	3	0	15	0	0
4/16/24	Galilee Center at Western Sands Motel - Refugee Clinic	27	13	14	6	21	0	0
4/16/24	Gojji Telemedicine	16	8	8	1	14	1	0
4/17/24	R.I.S.E	1	1	0	0	1	0	0
4/17/24	Gojji Telemedicine	17	6	11	0	14	3	0
4/18/24	Desert Hot Springs Unhoused Outreach	26	10	16	0	25	0	1
4/18/24	Coral Mountain Academy Tdap Clinic	35	18	17	35	0	0	0
4/18/24	Gojji Telemedicine	17	3	14	0	15	2	0

4/19/24	Our Lady of Guadalupe - Street Medicine	11	2	9	0	9	2	0
4/19/24	Gojji Telemedicine	17	7	10	0	15	2	0
4/22/24	Mecca Elementary School Tdap Clinic	23	10	13	23	0	0	0
4/22/24	Gojji Telemedicine	15	7	8	0	14	1	0
4/23/24	Galilee Center at Western Sands Motel - Refugee Clinic	5	2	3	2	3	0	0
4/23/24	Gojji Telemedicine	18	10	8	0	17	1	0
4/24/24	R.I.S.E.	2	1	1	0	2	0	0
4/24/24	Birth Choice of the Desert	4	4	0	0	4	0	0
4/24/24	Gojji Telemedicine	15	9	6	0	15	0	0
4/25/24	Gojji Telemedicine	12	7	5	0	11	1	0
4/26/24	Our Lady of Guadalupe - Street Medicine	17	8	9	0	11	6	0
4/26/24	Gojji Telemedicine	16	6	10	0	15	1	0
4/29/24	Gojji Telemedicine	17	9	8	0	17	0	0
4/29/24	CVHC St. Anthony's Mobile Home Park	6	6	0	0	1	5	0

4/30/24	Gojji Telemedicine	19	10	9	1	18	0	0
4/30/24	Galilee Center at Western Sands Motel - Refugee Clinic	1	1	0	1	0	0	0
May 2024								
5/1/24	Gojji Telemedicine	15	12	3	0	14	1	0
5/2/24	DSUSD Immunization Clinic	37	17	20	37	0	0	0
5/2/24	Gojji Telemedicine	19	14	5	0	16	3	0
5/3/24	Our Lady of Guadalupe - Street Medicine	10	4	6	0	7	3	0
5/3/24	Gojji Telemedicine	15	11	4	0	15	0	0
5/6/24	Gojji Telemedicine	17	5	12	0	15	2	0
5/7/24	Galilee Center at Western Sands Motel - Refugee Clinic	13	8	5	6	7	0	0
5/7/24	Gojji Telemedicine	16	3	13	0	16	0	0
5/8/24	R.I.S.E.	3	1	2	0	2	0	1
5/8/24	Indio High School Sports Physicals	97	36	61	97	0	0	0
5/8/24	Gojji Telemedicine	15	8	7	0	14	1	0
5/9/24	Palm View Elementary	30	16	14	30	0	0	0

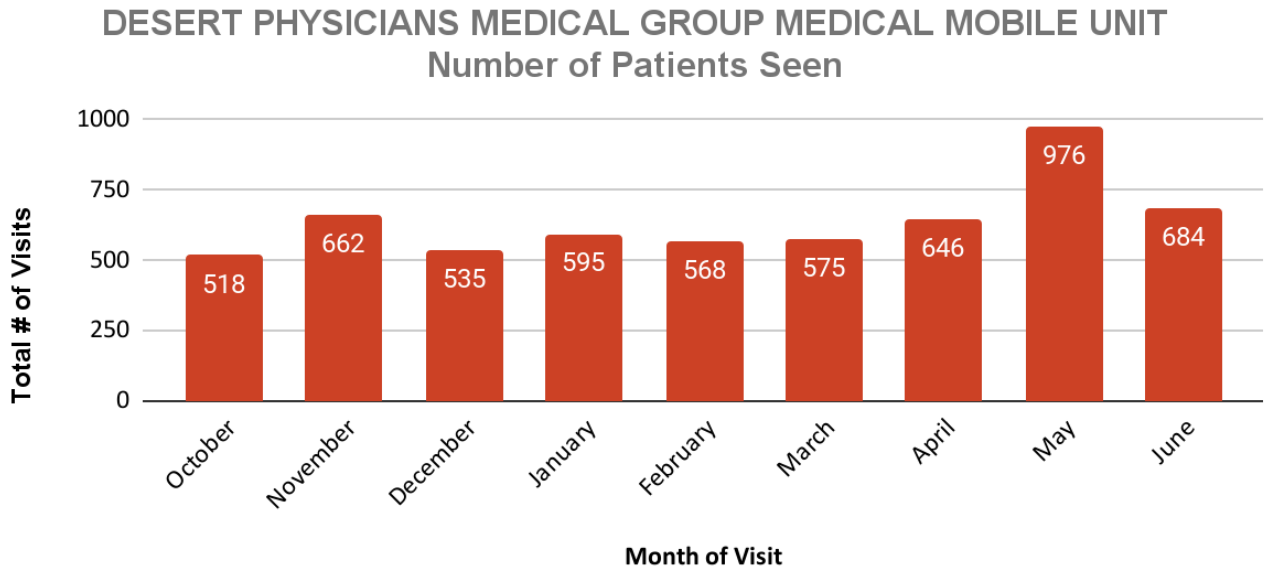
	Tdap Clinic							
5/9/24	Gojji Telemedicine	17	8	9	0	16	1	0
5/10/24	Our Lady of Guadalupe - Street Medicine	6	1	5	0	6	0	0
5/10/24	Gojji Telemedicine	16	6	10	0	16	0	0
5/13/24	Desert Mirage High School Sports Physicals	62	23	39	62	0	0	0
5/13/24	Gojji Telemedicine	17	12	5	0	17	0	0
5/14/24	Galilee Center at Western Sands Motel - Refugee Clinic	21	10	11	10	11	0	0
5/14/24	Gojji Telemedicine	11	8	3	0	11	0	0
5/15/24	Birth Choice of the Desert	3	3	0	1	2	0	0
5/15/24	Gojji Telemedicine	15	5	10	1	12	2	0
5/16/24	Saul Martinez Elementary Tdap Clinic	22	9	13	22	0	0	0
5/16/24	Gojji Telemedicine	17	11	6	0	16	1	0
5/17/24	Our Lady of Guadalupe - Street Medicine	12	2	10	0	12	0	0

5/17/24	Gojji Telemedicine	15	6	9	0	15	0	0
5/20/24	Gojji Telemedicine	14	11	3	0	13	1	0
5/21/24	Galilee Center at Western Sands Motel - Refugee Clinic	30	15	15	19	11	0	0
5/21/24	Gojji Telemedicine	15	7	8	0	14	1	0
5/22/24	Aziz Farms Women's Wellness Event	11	9	2	1	9	1	0
5/22/24	CVHC Fuente De Paz	16	13	3	5	8	1	2
5/22/24	Gojji Telemedicine	12	6	6	0	9	3	0
5/23/24	Desert Hot Springs Unhoused Outreach	12	5	7	0	12	0	0
5/23/24	ABC Recovery Home	2	0	2	0	1	1	0
5/23/24	Gojji Telemedicine	17	8	9	0	17	0	0
5/24/24	Our Lady of Guadalupe - Street Medicine	16	2	14	0	11	0	5
5/24/24	Gojji Telemedicine	17	7	10	0	16	1	0
5/28/24	Galilee Center at Western Sands Motel - Refugee Clinic	17	7	10	3	14	0	0
5/28/24	Gojji Telemedicine	17	9	8	0	17	0	0
5/29/24	Palm Springs High	212	101	111	212	0	0	0

	School Sports Physicals							
5/29/24	Gojji Telemedicine	15	9	6	0	15	0	0
5/30/24	Gojji Telemedicine	18	9	9	0	17	1	0
5/31/24	Gojji Telemedicine	14	6	8	0	12	2	0
June 2024								
6/3/24	La Quinta High School Sports Physicals	245	74	171	245	0	0	0
6/3/24	Gojji Telemedicine	17	14	3	0	15	2	0
6/4/24	Galilee Center at Western Sands Motel - Refugee Clinic	6	2	4	1	5	0	0
6/4/24	Gojji Telemedicine	15	4	11	0	12	3	0
6/5/24	Birth Choice of the Desert	4	4	0	0	4	0	0
6/5/24	Gojji Telemedicine	12	6	6	0	12	0	0
6/6/24	Gojji Telemedicine	17	2	15	0	14	3	0
6/6/24	West Shores High School Sports Physicals	67	34	33	67	0	0	0
6/7/24	Gojji Telemedicine	18	4	14	0	17	1	0
6/7/24	Our Lady of Guadalupe - Street	8	1	7	0	6	2	0

	Medicine							
6/10/24	Gojji Telemedicine	15	8	7	0	15	0	0
6/11/24	Galilee Center at Western Sands Motel - Refugee Clinic	19	7	12	0	10	0	0
6/11/24	Gojji Telemedicine	14	7	7	0	13	1	0
6/12/24	Coachella Valley High School Sports Physicals	60	28	32	60	0	0	0
6/12/24	Gojji Telemedicine	14	6	8	1	13	0	0
6/13/24	Jovenes Substance Abuse Recovery Home	12	2	10	0	12	0	0
6/13/24	Gojji Telemedicine	16	10	6	0	15	1	0
6/14/24	Our Lady of Guadalupe - Street Medicine	6	0	6	0	5	1	0
6/14/24	Gojji Telemedicine	14	7	7	0	14	0	0
6/17/24	Gojji Telemedicine	16	8	8	0	14	2	0
6/18/24	Galilee Center at Western Sands Motel - Refugee Clinic	15	8	7	5	10	0	0
6/18/24	Gojji Telemedicine	15	7	8	0	14	1	0
6/20/24	Desert Hot Springs	22	12	10	1	19	2	0

	Unhoused Outreach							
6/21/24	Our Lady of Guadalupe - Street Medicine	8	2	6	0	8	0	0
6/25/24	Galilee Center at Western Sands Motel - Refugee Clinic	10	5	5	6	4	0	0
6/26/24	Men's Wellness Clinic	8	0	8	0	8	0	0
6/28/24	Our Lady of Guadalupe - Street Medicine	11	3	8	0	10	1	0
Total Since October 2023		5759	2642	3117	1347	4011	383	18



Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supportive Information (Graphs, reports, indicator results, etc.)
Services	**By September 30, 2023, provide primary and specialty care services to 3,000 patients.**	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			
			Female	Male	≤ 18 yo	19-64 yo	≥ 65 yo	Unknown
October 2022								
10/14/22	Our Lady of Guadalupe - Street Medicine	3	1	2	0	2	1	0
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
November 2022								
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

December 2022								
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
January 2023								
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
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
February 2023								
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
March 2023								

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
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
April 2023								
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 - Refugee Clinic	41	14	27	11	30	0	0
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
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 - Street Medicine	16	3	13	0	13	3	0
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
June 2023								
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	231	152	79	231	0	0	0

	Physicals							
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 Western Sands Motel - Refugee Clinic	13	1	12	0	13	0	0
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
July 2023								
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
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 Western Sands Motel - Refugee Clinic	28	15	13	13	15	0	0
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	Jovenes Substance Abuse Recovery Home	33	12	21	3	29	1	0
7/31/23	Gojji Telemedicine	4	3	1	0	4	0	0
August 2023								

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
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

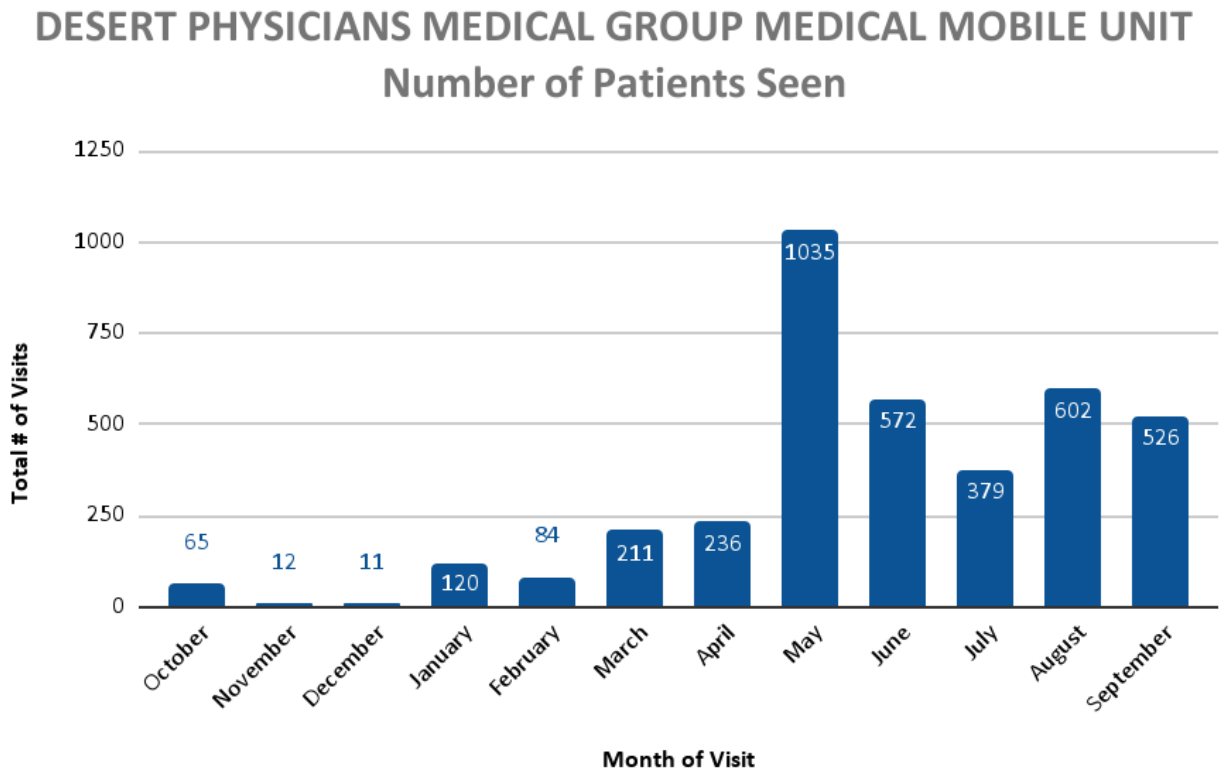
8/11/23	Our Lady of Guadalupe - Street Medicine	13	6	7	0	10	3	0
8/11/23	Gojji Telemedicine	8	4	4	0	7	1	0
8/14/23	Cahuilla Desert Academy Tdap Clinic	46	26	20	46	0	0	0
8/14/23	Gojji Telemedicine	5	3	2	0	5	0	0
8/15/23	Galilee Center at Western Sands Motel - Refugee Clinic	15	6	9	4	10	1	0
8/16/23	Gene Autry 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	9	6	3	9	0	0	0

	Middle School Tdap Clinic							
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
8/28/23	Jovenes 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
September 2023								
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
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
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
Totals: October 2022 - September 2023		3853	1821	2032	1810	1824	192	27



DPMG|Health

DESERT PHYSICIANS MEDICAL GROUP COMMUNITY MEDICINE
RFP - 2022-001 - MONTHLY REPORT

Report Period: 06/01/2024 - 06/30/2024
(Monthly report due the 15th of each month)

Program/Project Information:

Grant # 1412
Project Title: DPMG Health Community Medicine
Start Date: 11/1/2023
End Date: 10/31/2025
Term: 24 months
Grant Amount: $1,057,396
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 by October 31, 2025, provide healthcare to at least 9,000 patients via the medical mobile trailer and our clinical hub. We also plan to decrease ER visits, decrease gaps in services provided, and expand preventive services to our community.

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supportive Information (Graphs, reports, indicator results, etc.)
Services	**By October 31, 2025, provide healthcare to at least 9,000 patients via the medical mobile unit. In addition to meeting this goal, we also plan to decrease ER visits, decrease gaps in services provided, and expand preventive services with access to**	The table and graph below illustrates the total number of patient encounters seen since June 1, 2024 up to this reporting period.

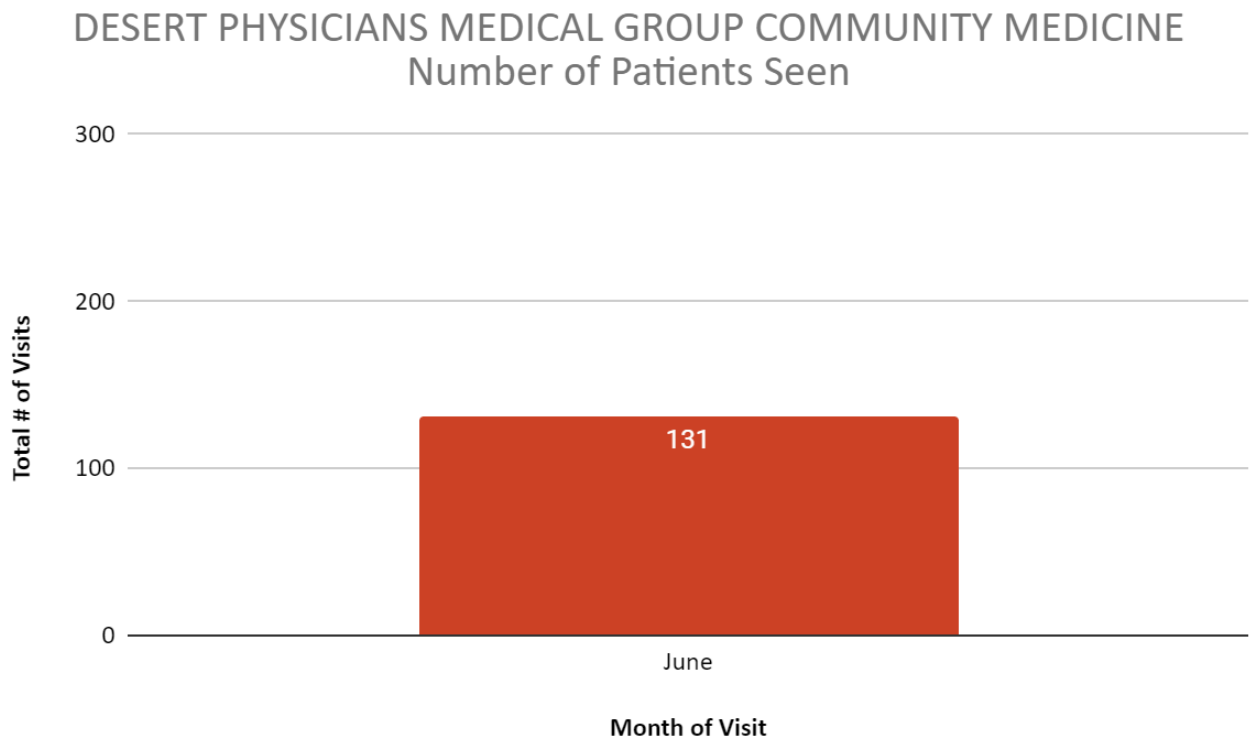
Date	Location	# of Patients seen	Gender		Age				Type of Service Offered
			Female	Male	≤ 18 yo	19-64 yo	≥ 65 yo	Unknown	
June 2024									
6/7/24	DPMG Clinic Hub	3	3	0	0	3	0	0	OB

pulmonary function tests and echocardiograms during school physicals.

LEGEND
Type of Service Offered:

- **OB - Obstetrics**
- **PC - Primary Care / Chronic Disease Management**
- **BH - Behavioral Health**
- **Pd - Pediatrics**

6/10/24	DPMG Clinic Hub	1	0	1	0	1	0	0	BH
6/18/24	DPMG Clinic Hub	2	2	0	0	2	0	0	OB
6/19/24	Gojji Telemedicine	15	9	6	0	13	2	0	PC
6/19/24	DPMG Clinic Hub	2	1	1	0	2	0	0	BH
6/20/24	Gojji Telemedicine	15	6	9	0	15	0	0	PC
6/21/24	Gojji Telemedicine	15	10	5	0	14	1	0	PC
6/24/24	Gojji Telemedicine	13	9	4	0	13	0	0	PC
6/24/24	DPMG Clinic Hub	3	2	1	0	3	0	0	BH
6/25/24	Gojji Telemedicine	14	7	7	0	12	2	0	PC
6/26/24	DPMG Clinic Hub	2	2	0	0	2	0	0	OB
6/26/24	Gojji Telemedicine	15	9	6	0	14	1	0	PC
6/27/24	Gojji Telemedicine	12	8	4	0	10	2	0	PC
6/27/24	DPMG Clinic Hub	3	2	1	0	2	1	0	BH
6/28/24	Gojji Telemedicine	15	6	9	0	10	5	0	PC
6/28/24	DPMG Clinic Hub	1	1	0	0	1	0	0	OB
Total Since June 2024		131	77	54	0	117	14	0	


DESERT PHYSICIANS MEDICAL GROUP COMMUNITY MEDICINE
Number of Patients Seen
300
200
100
0
Total # of Visits
131
June
Month of Visit

DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: September 10, 2024

To: Program Committee

Subject: Grant Applications Status Report

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. Grant #1465 UCR School of Medicine - $228,863 for two years for operating support of the free Mecca medical student-run clinic
    a. Status: Request on Program committee agenda for consideration
2. Grant # 1463 Ronald McDonald House Charities - $158,797 for support of temporary housing and family support services for Coachella Valley children and their families
    a. Status: Pending application and budget revisions
3. Grant#1468 Eisenhower Health - $1,989,493 for 3 years to support psychiatric care expansion and development of a psychiatry residency program
    a. Status: Application before Program Committee for recommendation to the Board of Directors for consideration whether to proceed with a full due diligence application review process.

Recently Board-approved GRANTS/MOU: None at this time as the board was dark in August

Recently Staff-approved MINI GRANTS:

1. Mini grant #1469 Bridges to Hope – $10,000 for overhead as the organizing body that links the unhoused to health and other essential services.
2. Mini grant #1473Theresa A. Mike Scholarship Foundation - $10,000 for four scholarships to outstanding Coachella Valley residents who are pursuing a career in the medical field and intend to serve the local community.

Recently declined MINI GRANTS: None at this time.

Recently declined GRANTS: None at this time

DESERT HEALTHCARE DISTRICT
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE
August 31, 2024
TWELVE MONTHS ENDING JUNE 30, 2025

Grant ID Nos.		Name	Approved Grants - Prior Yrs	6/30/2024 Bal Fwd	Current Yr 2024-2025	Total Paid Prior Yrs July-June	Total Paid Current Yr July-June	Open BALANCE
2014-MOU-BOD-11/21/13		Memo of Understanding CVAG CV Link Support	$ 10,000,000	$ 1,650,000		$ -		$ 1,650,000
2022-1325-BOD-06-28-22		Vision Y Compromiso - CVEC Unrestricted Grant Funds - 2 Yrs.	$ 150,000	$ 15,000		$ -		$ 15,000
2022-1327-BOD-06-28-22		Youth Leadership Institute - Youth Voice in Mental Health - 2 Yrs.	$ 50,000	$ 5,000		$ -		$ 5,000
2022-1328-BOD-06-28-22		El Sol - Expanding Access to Educational Resources for Promotoras - 2 Yrs.	$ 150,000	$ 15,000		$ -		$ 15,000
2022-1331-BOD-06-28-22		Pueblo Unido - Improving Access to Behavioral Health Education & Prevention Services - 2 Yrs.	$ 50,000	$ 5,000		$ 5,000		$ -
2022-1324-BOD-07-26-22		Galilee Center - Our Lady of Guadalupe Shelter - 2 Yrs.	$ 100,000	$ 10,000		$ -		$ 10,000
2022-1332-BOD-07-26-22		Alianza CV - Expanding & Advancing Outreach Through Increasing Capacity Development - 2 Yrs.	$ 100,000	$ 10,000		$ -		$ 10,000
2022-1329-BOD-09-27-22		DPMG - Mobile Medical Unit - 3 Yrs.	$ 500,000	$ 252,458		$ 30,756		$ 221,702
2022-1358-BOD-10-25-22		Foundation for Palm Springs Unified School District - School-Based Wellness Center Project - 1 Yr.	$ 110,000	$ 60,500		$ -		$ 60,500
2022-1362-BOD-10-25-22		Jewish Family Service of the Desert - Mental Health Counseling Services for Underserved - 2 Yrs.	$ 160,000	$ 16,000		$ -		$ 16,000
2022-1326-BOD-12-20-22		TODEC - TODEC's Equity Program - 2 Yrs.	$ 100,000	$ 55,000		$ -		$ 55,000
2023-1330-BOD-12-20-22		OneFuture Coachella Valley - Building a Healthcare Workforce Pipeline - 2 Yrs.	$ 605,000	$ 196,625		$ 68,063		$ 128,563
2023-1333-BOD-01-24-23		Organizacion en California de Lideres Campesinas - Healthcare Equity for ECV Farmworker Women - 2 Yrs.	$ 150,000	$ 48,750		$ -		$ 48,750
2023-1363-BOD-01-24-23		Pegasus Riding Academy - Pegasus Equine Assisted Therapy - 1 Yr.	$ 60,092	$ 6,012		$ 1,593		$ 4,419
		Unexpended funds Grant #1363						$ (4,419)
2023-1391-BOD-05-23-23		Lift To Rise - Driving Regional Economic Stability Through Collective Impact - 3 Yrs.	$ 900,000	$ 630,000		$ 67,500		$ 562,500
2023-1392-BOD-05-23-23		Galilee Center - Galilee Center Extended Shelter - 1 Yr.	$ 268,342	$ 26,834		$ 26,834		$ -
2023-1393-BOD-06-27-23		DAP Health - DAP Health Expands Access to Healthcare - 1 Yr.	$ 1,025,778	$ 102,578		$ 102,578		$ -
2023-1389-BOD-07-25-23		Step Up on Second Street - Step Up's ECM/ILOS Programs in the Coachella Valley - 1 Yr.	$ 64,401	$ 35,421		$ 28,980		$ 6,441
2023-1394-BOD-07-25-23		CSU San Bernardino Palm Desert Campus Nursing Street Medicine Program - 1 Yr.	$ 73,422	$ 7,342		$ -		$ 7,342
2023-1400-BOD-09-26-23		Desert Arc - Desert Arc Health Care Program - 1 Yr.	$ 291,271	$ 94,663		$ 65,536		$ 29,127
2023-1404-BOD-09-26-23		Martha's Village and Kitchen - Homeless Housing & Wrap-Around Services Expansion - 2 Yrs.	$ 369,730	$ 203,352		$ -		$ 203,352
2023-1405-BOD-09-26-23		Variety Children's Charities of the Desert - Expansion of Core Programs & Services - 1Yr.	$ 120,852	$ 12,086		$ -		$ 12,086
2023-1408-BOD-10-24-23		Coachella Valley Volunteers In Medicine - Ensuring Access to Healthcare - 1 Yr.	$ 478,400	$ 155,480		$ 107,640		$ 47,840
2023-1410-BOD-10-24-23		Alianza Nacional de Campesinas, Inc. - Coachella Valley Farmworkers Food Distribution - 1 Yr.	$ 57,499	$ 5,749		$ -		$ 5,749
2023-1413-BOD-10-24-23		Voices for Children - Court Appointed Special Advocate Program - 1 Yr.	$ 81,055	$ 8,107		$ -		$ 8,107
2023-1412-BOD-10-24-23		DPMG - DPMG Health Community Medicine - 2 Yrs.	$ 1,057,396	$ 876,622		$ 34,438		$ 842,184
2023-1403-BOD-12-19-23		Vision To Learn - Palm Desert & Coachella Valley VTL Program - 1 Yr.	$ 50,000	$ 27,500		$ -		$ 27,500
2023-1419-BOD-12-19-23		Blood Bank of San Bernardino/Riverside Counties - LifeStream's Attracting New Donors Initiative - 1 Yr.	$ 104,650	$ 57,558		$ -		$ 57,558
2023-1420-BOD-12-19-23		Braille Institute of America - Low Vision Telehealth Services - 1Yr.	$ 36,697	$ 20,183		$ -		$ 20,183
2023-1421-BOD-12-19-23		Olive Crest - General Support for Counseling & Mental Health Services to Vulnerable Children & Families - 2 Yrs.	$ 359,594	$ 278,686		$ 80,908		$ 197,778
2024-1429-BOD-02-27-24		Desert Cancer Foundation - Patience Assistance Program & Community Outreach - 1 Yr.	$ 163,750	$ 90,063		$ -		$ 90,063
2024-1432-BOD-04-23-24		Variety Children's Charities of the Desert - Outreach & Future Program Expansion - 2Yrs.	$ 102,949	$ 79,786		$ -		$ 79,786
2024-1437-BOD-04-23-24		Youth Leadership Institute - Community Advocates for Resilient Emotional Safety - 2 Yrs.	$ 100,000	$ 77,500		$ -		$ 77,500
2024-1441-BOD-04-23-24		DAP Health - DAP Health Community Health Workers Build Community Connections - 2 Yrs.	$ 125,000	$ 96,875		$ -		$ 96,875
2024-1443-BOD-04-23-24		Voices for Children - Court Appointed Special Advocate Program - 2 Yrs.	$ 60,000	$ 46,500		$ -		$ 46,500
2024-1445-BOD-04-23-24		The Joslyn Center - Increasing Behavioral Health Access & Social Connectedness - 2 Yrs.	$ 200,000	$ 155,000		$ -		$ 155,000
2024-1452-BOD-04-23-24		El Sol - Coachella Valley Community Assistance, Resources, & Empowerment Services - 2 Yrs.	$ 200,000	$ 155,000		$ -		$ 155,000
2024-1453-BOD-04-23-24		Vision y Compromiso - Cultivando Community Connections - 2 Yrs.	$ 199,914	$ 154,934		$ -		$ 154,934
2024-1455-BOD-04-23-24		Angel View - Outreach Program to Reduce Social Isolation & Loneliness - 2 Yrs.	$ 86,250	$ 66,844		$ -		$ 66,844
2024-1460-BOD-05-28-24		ABC Recovery Center - Nursing Care and Prescription Medications - 1 Yr.	$ 150,134	$ 82,574		$ -		$ 82,574
2024-BOD-06-25-24		Carry over of remaining Fiscal Year 2023/2024 Funds*	$ 305,939	$ 305,939		$ -		$ 305,939
2024-1469-MINI-08-01-24		The Bridges 2 Hope - Mini-Grant - 1 Yr.			$ 10,000		$ 10,000	$ -
2024-1473-MINI-08-14-24		Theresa A. Mike Scholarship Foundation - Mini-Grant - 1 Yr.			$ 10,000		$ 10,000	$ -
							$ -	$ -
TOTAL GRANTS			**$ 19,318,115**	**$ 6,198,521**	**$ 20,000**	**$ 619,825**	**$ 20,000**	**$ 5,574,277**

Amts available/remaining for Grant/Programs - FY 2024-25:				
Amount budgeted 2024-2025	$ 5,000,000		G/L Balance:	**8/31/2024**
Amount granted YTD:	$ (20,000)		2131	$ 4,435,495
Financial Audits of Non-Profits; Organizational Assessments;	$ -		2281	$ 1,138,781
Net adj - Grants not used: FY 2023-2024 Carry Over Funds, 1363	$ 310,358			
Matching external grant contributions	$ -		**Total**	**$ 5,574,277**
Balance available for Grants/Programs	**$ 5,290,358**			**$ (0)**

DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: September 10, 2024

To: Program Committee

Subject: Grant # 1465 University of California Riverside School of Medicine

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Grant Request: Increasing Access to Primary Care for Latinx and Indigenous Latin American Patients in the Coachella Valley

Amount Requested: $228,863.00

Project Period: 10/01/2024 to 09/30/2025

Project Description and Use of District Funds:

This project aims to improve access to primary care for Latinx and Indigenous Mexican immigrants in the ECV. District funds will support training healthcare professionals, hosting clinics, establishing a patient referral system, and distributing public health education materials.

Led by Dr. Ann Cheney, Dr. Jennifer Zamora, and Maria Pozar, the two-year initiative will involve medical, nursing, and undergraduate students, along with community healthcare workers (CHWs)/promotoras, in providing care and referrals at the Coachella Valley Free Clinic (CVFC).

Healthcare professionals volunteering at the clinic will undergo a three-part training series on:

1. Healthcare needs of Latino and Indigenous Mexican immigrants in the ECV.
2. SDOH and chronic disease burden.
3. Barriers to accessing healthcare services and ways to increase equitable access to care.

All trainings will be framed around increasing cultural competency and structural competency (e.g., inequities in health) in healthcare for this patient population. The training will be available in English and Spanish.

CHWs/promotoras will promote the clinic, assist with MediCal enrollment, and help patients navigate follow-up care.

Strategic Plan Alignment:

Goal 2: Proactively expand community access to primary and specialty care services

Strategy 2.2 - Increase the number of clinical sites and the days and hours of operation for primary and specialty care services that support Coachella Valley residents

Strategy 2.5 - Collaborate/Partner with culturally competent training programs to expand primary care residency and nursing programs

Strategy 2.7 - Increase equitable access to primary and specialty care services and resources in underserved communities in Coachella Valley

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 $228,863.00 be approved.
- Recommendation with modifications
- Request for more information
- Decline

Grant Application Summary

Regents Of The University Of California At Riverside, Grant # 1465

About the Organization

Regents Of The University Of California At Riverside
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Riverside, CA 92521
951-827-5535
https://www.ucr.edu/

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Primary Contact:
Ann Cheney, Associate Professor
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Organization's Mission Statement and History

The University of California, Riverside (UCR), a designated Hispanic-serving Institute (HSI), is a public research university ranked among the most ethnically and economically diverse schools in the United States (US). The UCR School of Medicine (SOM) founded in 2012, is a community-based medical school serving the rapidly growing Inland Southern California area by training a much-needed physician workforce and catalyzing innovations in research, education, and healthcare delivery. The proposed work builds on the mission of the SOM and current efforts of the community academic team, Unidas por Salud, led by Dr. Ann Cheney and Ms. Maria Pozar. Unidas por Salud is a women-led collaborative that builds the capacity of students and community health workers (CHWs)/promotores to partner with community organizations and healthcare systems to address health disparities in underserved Latinx and Indigenous Mexican communities in the rural desert region of Inland Southern California. Since 2018, Unidas por Salud has increased access to primary care services for underserved Coachella Valley residents by establishing and helping to build the Coachella Valley Free Clinic (CVFC). CVFC, established in 2019, is a student-led and community engaged monthly clinic in Mecca that provides in-language primary care and co-located mental healthcare services to a primarily Latinx Spanish-speaking patient population in the Eastern Coachella Valley (ECV). Over 95% of patients speak Spanish and most are farmworkers. The clinic is held on the second Saturday of the month from

2:00 to 5:30 pm and serves approximately 50-75 patients per clinic. The clinic also offers acupuncture, chiropractic care, clothing and food donations, and educational activities for children. Community partners provide access to MediCal and CalFresh signup and partnering healthcare systems provide follow up and referral to specialty care.

Organization Annual Budget: $47,000,000,000.00

Project Information

Project Title: 1465 Increasing Access to Primary Care for Latinx and Indigenous Latin American Patients in the Coachella Valley

Start Date: 10/01/2024 **End Date:** 09/30/2026

Total Project Budget: $272,443.00

Requested Amount: $228,863.00

Community Need for this Project in the Coachella Valley:
Latinx and Indigenous Mexican immigrants in the rural desert region of Inland Southern California (i.e., the Eastern Coachella Valley) experience significant barriers to accessing primary care and preventive healthcare services. Our research indicates that lack of primary care services, access to healthcare services in Spanish or Purépecha, the primary languages of the patient population in the region, and fear of disclosing immigrant status create significant barriers to healthcare access (Cheney et al., 2018). Our work has also shown that limited access to primary care services during evening and weekend hours when the patient population (primarily farmworkers or low-wage earners) does not work prompts many to access emergency room services (Tulimiero et al., 2022). Latinos and Indigenous Mexicans in the ECV experience high rates of chronic disease burden, especially obesity and type II diabetes (Cheney et al., 2023). The Center for Disease Control and Prevention (CDC) 2021 surveillance data indicates that 9.8% of adults 20 years + in Riverside County were diagnosed with diabetes. Local data from 2017 to 2019 from a federally qualified healthcare center serving the Latinx patient population in Coachella and Mecca found that 18% of their patients in Coachella and 11% in Mecca had diabetes HgA1C ≥ 6.5 %) or prediabetes (HgA1c between 5.7%-6.4%) (Borrego Health Foundation Research Statistics, 2020). This project addresses this community health need by increasing access to primary care services for this patient population to help manage health and wellbeing, prevent chronic disease like diabetes, and refer to specialty care when needed.

Local data:

1. Cheney, A. M., Newkirk, C., Rodriguez, K., & Montez, A. (2018). Inequality and health among foreign-born latinos in rural borderland communities. *Social science & medicine (1982)*, *215*, 115–122.

2. Center for Disease Control and Prevention. (2021). Diagnosed Diabetes - Total, Adults Aged 20+ Years, Age-Adjusted Percentage, Riverside County, California. Available from: https://gis.cdc.gov/grasp/diabetes/diabetesatlas-surveillance.html#

3. Cheney, A. M., McCarthy, W. J., Pozar, M., Reaves, C., Ortiz, G., Lopez, D., Saldivar, P. A., & Gelberg, L. (2023). "Ancestral recipes": a mixed-methods analysis of MyPlate-based recipe dissemination for Latinos in rural communities. *BMC public health*, *23*(1), 216.

4. Tulimiero, M., Garcia, M., Rodriguez, M., & Cheney, A. M. (2021). Overcoming Barriers to Health Care Access in Rural Latino Communities: An Innovative Model in the Eastern Coachella Valley. *The Journal of rural health : official journal of the American Rural Health Association and the National Rural Health Care Association*, *37*(3), 635–644.

Project Description and Use of District funds:
This project proposes to increase access to primary care services for Latinx and Indigenous Mexican immigrants in the ECV. District funds will be used to train healthcare professionals, hold primary care clinics, establish a patient navigation and referral system, and disseminate public health education and prevention material. The proposed project aligns with **Strategic Goal 2** “[to] proactively expand community access to primary and specialty care services.” Project activity directly aligns with **Strategy 2.5** by collaborating and partnering with culturally competent training programs to expand primary care residency and nursing programs; **Strategy 2.2.** by increasing the “sites and the days and hours of operation for primary care” by offering services on a Saturday afternoon as well as **Strategy 2.7.** by increasing “equitable access” to primary care services for low-income, immigrant Latinos and Indigenous Mexicans in underserved communities in the eastern part of the Coachella Valley. This project will move forward the DHCD/F mission to **“achieve optimal health”** for District residents in the most historically underserved area of the valley.

Dr. Ann Cheney, PhD, faculty in the UCR School of Medicine Department of Social Medicine Population and Public Health (SMPPH), and Dr. Jennifer Zamora, DHSc, PA-C, clinical faculty in the UCR SOM and Director of Interprofessional Education, along with Maria Pozar, founder, Conchita Servicios de la Comunidad, will lead this project. The proposed project is two years and will engage doctors in training (medical students), undergrad students, nursing students, and community healthcare workers (CHWs)/promotoras in the delivery of primary care services and referral to specialty care when needed for patients accessing the CVFC. The CVFC is held the second Saturday of the month at Our Lady of Guadalupe in Mecca.

Healthcare trainings. Dr. Cheney and Ms. Pozar will hold a three-part training series

on culturally competent care and equity in healthcare for underserved patient populations in the ECV. Dr. Cheney holds expertise in cultural competency and health inequities among the patient population via their public health work in the Coachella Valley, and Ms. Pozar holds expertise as a community member, former farm worker, and community investigator for Unidas por Salud. All premedical, medical, and nursing student volunteers and CHWs/promotoras will be required to attend this training series. Practicing healthcare professionals who volunteer at the clinic will be highly encouraged to attend and will receive continuing medical education (CME) credits for their participation in the series. Dr. Cheney will work with the Office of Faculty Development in the UCR School of Medicine to have the training series eligible for CME credits, which will encourage volunteer healthcare providers to attend the trainings. This series will be held virtually during the first three months of each award year and offered in English and Spanish. Each training will be held at least twice to accommodate the needs of volunteer staff members and partnering healthcare providers. The training will focus on social determinants of health (SDOH) that shape disease burden among residents in the eastern part of the valley and barriers to accessing primary care and specialty care services for this patient population. The series will introduce attendees to the unique healthcare needs of Latino immigrant populations in the eastern part of the valley, SDOH, and barriers to healthcare access and its effect on chronic disease burden. Training topics will include: 1) healthcare needs of Latino and Indigenous Mexican immigrants in the ECV, 2) SDOH and chronic disease burden, and 3) barriers to accessing healthcare services and ways to increase equitable access to care. All trainings will be framed around increasing cultural competency and structural competency (e.g., inequities in health) in healthcare for this patient population.

Primary care clinics. Dr. Cheney will oversee the organization of clinics and its volunteer staff as well as oversee the implementation of in-language services. This will involve convening a language translation committee that will ensure all patient material is available in Spanish and that Spanish-speaking undergraduate and medical students hold sufficient skills to communicate effectively with patients during primary care clinics. Dr. Cheney, who is the director of the UCR Medical Spanish program, will ensure that students have access to language resources and support as they develop materials and prepare for encounters with Spanish-speaking patients. She will also work with the committee to train Purépecha-speaking translators and work with the translators and medical students on how to communicate with patients while using a translator.

Patient navigation and referrals. CHWs/promotoras will promote the clinic and engage the patient population in clinic services, MediCal sign up, and follow-up care with local healthcare systems. The CHWs/promotoras are trusted members of their community and will serve as patient navigators; their role is critical to building trust in healthcare and helping them understand benefits, how to navigate follow-up care, obtain prescriptions, among other healthcare seeking behaviors.

Public health education. A key component of primary care services is the delivery of health education and promotion material and counseling on diet and lifestyle choices for health maintenance and chronic disease prevention. Doctors in training (medical students) will provide patients with a cookbook aimed to reduce chronic disease burden and provide counseling on the importance of healthy eating and exercise. CHWs/promotoras will also provide each patient with a cookbook, Ancestral Recipes: From My Grandma's Kitchen to Yours, which was developed by residents of the Coachella Valley and includes USDA MyPlate-based recipes that have been reviewed and approved by a primary care physician, health educator, and registered dietician. In addition to the cookbook, the CHWs/promotoras will also instruct them on how to access cooking demonstrations of the recipes in the cookbook via YouTube. We anticipate printing off and passing out about 1,100 cookbooks to promote health education and chronic disease management.

Strategic Plan Alignment:

Goal 2: Proactively expand community access to primary and specialty care services

Strategy 2.2 - Increase the number of clinical sites and the days and hours of operation for primary and specialty care services that support Coachella Valley residents (Priority: High)

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)

Project Deliverables and Evaluation

Deliverable #1: **Healthcare trainings:** • By December 2025, approximately 145 clinic volunteer staff will be trained on how to provide culturally competent primary care services to underserved patient populations in communities in the eastern part of Coachella Valley. This will include approximately 120 healthcare	**Evaluation #1:** To evaluate Project Deliverable 1, we will track volunteer participation in the training series and collect pretest and posttest surveys to assess knowledge and skill development over time. The tracking data will document attendance at trainings and determine the rates of completion of the training series. The pretest and posttest surveys will be collected eat each training to assess knowledge and skill development over time. Surveys will be brief, approximately 5 to 7 questions and will measure knowledge about the topic before the training and immediately after the

professionals in training (premedical, medical, nursing students), 15 healthcare providers, seven CHWs/promotoras, and three administrative staff. • By January 2026, PowerPoints and video recordings of each training will be available for use and accessible online.	training. The surveys will measure perceived ability to treat underserved patient populations in the Coachella Valley. This information will allow us to assess how well we address **Strategies 2.5.** (culturally competent training programs) and **2.7.** (equitable access).
Deliverable #2: **Primary care clinics:** • By August 31, 2026, a total of 20 clinics will be held in Mecca during non-business days and hours offering services in Spanish and Purépecha to at least 1,100 valley residents. Among these residents, 480 patients will access medical services, 120 co-located mental healthcare services, 200 acupuncture, 180 chiropractic care, and 120 legal services.	**Evaluation #2:** To evaluate Project Deliverable 2, we will use tracking data to document the total number of clinics held per year of the project as well as the day and time clinics are held. This information will allow us to determine how well we have addressed **Strategy 2.2.** (diversity in clinical sites, days, hours of operation) for Coachella Valley residents. Using entries in the clinic's electronic medical record system, we will document the total number of new and returning patients to the clinic and the types of services patients access. By documenting repeat visits to the clinic, we will determine why patients return and the services they use upon repeat visits to the clinic. We will also document the total number of health care and community partners at each clinic and any new partnership. We will use process evaluation data to determine how many patients accessed the different services at the clinic and how many received primary care resources and material (e.g., pamphlets, presentations, videos) developed in Spanish or Purépecha. Last, we will document patients' preferred language (e.g., Spanish, Purépecha) and whether we provided the requested service in their language. This evaluation data will allow us to determine how well we have addressed **Strategy 2.7.** regarding equitable access to primary care services for underserved communities in the Coachella Valley.

Deliverable #3: **Patient navigation and referrals:** • By June 30, 2026, the CHWs/promotoras will assist 80 patients accessing primary care services at the CVFC with signing up for MediCal. • By June 30, 2026 the CHWs/promotoras will assist 120 patients accessing primary care services at the CVFC with scheduling a follow-up appointments with nearby healthcare systems. The CHWs/promotoras will use the ConnectIE to identify local medical services and contact information of established healthcare systems, including Coachella Valley Volunteers in Medicine, Innercare (Mecca and Coachella locations), and Desert Aids Project: Centro Médico Oasis.	**Evaluation #3:** To evaluate **Deliverable 3,** we will use tracking data. Each project year, the CHWs/promotoras will track the total number of patients who they assisted with signing up for MediCal and scheduling follow-up appointments with nearby medical services documenting the specific location of scheduled follow up care (for example, Coachella Valley Volunteers in Medicine, Innercare Mecca, Centro Médico Oasis) and whether information was obtained via using the ConnectIE platform. The CHWs/promotoras will track whether patients accessed follow up care, for which medical conditions, and the location of follow-up care.
Deliverable #4: **Public health education:** • By June 30, 2026, medical students will have counseled 480 patients accessing primary care services on diet and lifestyle choices for health maintenance and chronic disease prevention.	**Evaluation #4:** To evaluate Deliverable 4, we will track the total number of patients who receive counseling on dietary and lifestyle change from doctors in training (medical students). The CHWs/promotoras will document the total number of cookbooks distributed to patients accessing the clinic. We will also use social media metrics to determine the frequency with which the cooking demonstrations that align with the cookbook recipes are accessed. This information will allow us to determine how well we have addressed **Strategy 2.7** regarding equitable access to primary care services and resources, specifically public health education and

	prevention, for Latino and Indigenous Mexican patients in the Coachella Valley.

Project Demographic Information

Target Geographic Area(s) To Be Served:
Coachella, Indio, Mecca, North Shore, Oasis, 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)

Target Population Race:
Some other race

Additional Target Population Information:
Latinx and Indigenous Mexican immigrants in farm working communities in the ECV will benefit most from the proposed project. The work will focus on increasing access to primary care services for underserved Coachella Valley residents in the communities of Mecca, North Shore, Oasis, and Thermal but will also reach those in Coachella and Indio. A significant portion of this patient population is foreign-born, Latino, and mono-lingual Spanish- or Puépecha-speaking as this area is also home to the largest community of Purépecha, an indigenous population from the Mexican state of Michoacán. This patient population experiences significant barriers to healthcare access due to their employment as farm laborers with little or no sick leave, limited English proficiency, and legal statuses. Thus, Latinx and Purépecha immigrant farmworkers and their families will benefit most from project activity.

Capacity, Sustainability, and Partnerships

Organizational Capacity
The project leadership team has the expertise and experience needed to carry out the proposed project. This project will be led by Drs. Cheney and Zamora in collaboration with Ms. Pozar with institutional support from the UCR SOM. Under this leadership team, the clinic has grown substantially in terms of their volunteer base, patient population, and services offered. The clinic was established in 2019 by Drs. Cheney and Zamora and Ms. Pozar. During that time, each clinic had a volunteer staff of approximately 15 students (undergraduate, medical students), 1 preceptor (MD, DO), and 3 CHWs/promotoras who served 10 to 15 patients. Today, five years after the clinic was established, we have a volunteer staff of approximately 40 per clinic who serve anywhere from 50-70 patients. This growth has required additional supervision and time of the leadership team as well as coordination of the clinic's community and healthcare service partners (e.g., FIND Food Bank, RUHS Public Health, Border Kindness, JFK).

The leadership team does have the capacity to meet the demands of this project. Dr. Cheney has a PhD in anthropology and conducts community engaged health services and public health research with a focus on barriers to healthcare and public health programs for rural Latinx and Indigenous Mexicans in underserved communities in the ECV. She is faculty in SMPPH in the UCR SOM, is a bilingual English-Spanish speaker, and faculty director of the CVFC and founded and directs, HABLAMoS (Hispanic And Bilingual Ambulatory Medical Studies), a 4-year Medical Spanish language curriculum. Dr. Cheney will allocate time to oversee the implementation of all project activity, supervise clinic staff, and ensure project activity is completed and evaluated. She will also lead the trainings to build capacity of volunteers to provide equitable and culturally and structurally competent access to healthcare services for underserved residents in the Coachella Valley. Dr. Zamora, DHSc, PA-C, is a Physician Assistant and holds a Doctorate of Health Science. She is clinical faculty and Director of Interprofessional Education in the UCR SOM and currently serves as faculty preceptor at the CVFC. Dr. Zamora is committed to improving access to primary care services for underserved populations in the valley. She will allocate time to oversee the undergraduate and medical student volunteers, serve as preceptor to medical students, and engage additional healthcare providers in primary care healthcare service delivery. Ms. Pozar, a bilingual Purépecha-Spanish speaker, is founder of Conchita Servicios de la Comunidad and serves as the engagement lead of CVFC. She oversees a team of seven CHWs/promotoras who support the infrastructure of the clinic. This team of CHWs/promotoras disseminate information about clinic services, help patients navigate registration and intake, assist with referrals to follow up and specialty care, provide public health education, and assist with translation. Ms. Pozar and her team of CHWs/promotoras are seen as trusted leaders among the patient population and are critical to increasing access to primary care services as their presence reduces key barriers to care including fear of disclosing immigration status and fear of not being able to communicate with clinic staff and providers. Ms. Pozar will allocate time to coordinate and organize her team in the engagement of patients in the clinic. Jacqueline Moreira holds a BS in biology and minor in Spanish. She is a graduate of UCR and former undergraduate clinic manager of the CVFC. Ms. Moreira will serve as project coordinator and perform administrative tasks and the coordination of students, healthcare providers, CHWs/promotoras, and community partners on clinic activity.

Organizational Sustainability:
The proposed project will be sustained by aligning with the mission and vision of our organizational structures, which can increase access to expertise, resources, and institutional support. For example, project activity aligns with the mission of the UCR SOM, "to improve the health of the people of California and, especially, to serve Inland Southern California by training a diverse workforce of physicians and by developing innovative research and health care delivery programs that will improve the health of the medically underserved in the region and become models to be emulated throughout the state and nation." This project will increase access to primary care services for

underserved residents in the eastern part of Coachella Valley, specifically foreign-born Latinx and Indigenous Mexicans living in poverty with limited access to primary and specialty healthcare services. Second, the project creates opportunities for workforce development for doctors in training (medical students) who will learn about the unique needs of these underserved Coachella Valley residents, the social factors that contribute to health disparities in this patient population. Third, this project aligns with the mission of Unidas por Salud that aims to bring together students and CHWs/promotores to collaborate to collectively address the healthcare needs of vulnerable patient populations in the Coachella Valley serving as a pipeline for underrepresented students to enter the healthcare field. The proposed project moves forward long-term goals of both the SOM and Unidas por Salud by increasing access to primary care services for residents of the valley while also building the capacity of our future healthcare workforce that already has ties to the region (UCR community and commitment to underserved, rural Latinx immigrant populations).

Partnerships/Collaborations:

- **Inland Vineyard Medical Missions**. The CVFC is held in collaboration with Inland Vineyard Medical Missions. They provide the electronic medical system, medications, and medical supplies.

- **Coachella Valley Volunteers in Medicine.** The CVFC is held in collaboration with Coachella Valley Volunteers in Medicine (CVVIM) who has a presence at each clinic by having volunteer healthcare providers serve as preceptors for medical students and their outreach coordinator be present to schedule follow up care, if needed, with CVVIM. At least 1 non-physician practitioner (e.g., nurse practitioner, physician assistant) attends each clinic. The estimated amount of their volunteer contribution is $8,418. This estimate is based on talent.com salary for nurse practitioners in Palm Springs California. ($59.15 per hour x 6 hours per clinic x 20 clinics). Additionally, a bilingual CVVIM outreach coordinator attends each clinic to assist with follow-up care. The estimated amount of their contribution is $3,134.40. This estimate is based on talent.com salary for outreach specialists in California. ($26.12 per hour x 6 hours per clinic x 20 clinics)

- **Border Kindness**. This non-profit organization provides donations, food, resources for pregnant and breastfeeding mothers, and legal services to patients accessing the clinic. Two staff members from Border Kindness attend each clinic. The amount of their estimated contribution is $6,268.80. This estimate is based on talent.com salary for outreach specialists in California. ($26.12 per hour x 6 hours per clinic x 20 clinics per year) Furthermore, a bilingual lawyer specializing in immigration, asylum seeking, and refugee status attends each clinic. The estimated amount of their contribution is $10,384.80. This estimate is based on

talent.com salary for lawyers in California. ($43.27 per hour x 6 hours per clinic x 20 clinics)

- **Acupuncture**. An acupuncturist attends each clinic. The estimated amount of their contribution is $4,500. This estimate is based on talent.com salary for a licensed acupuncture in California. ($37.50 per hour x 6 hours x 20 clinics)

- **Chiropractor.** A chiropractor attends, in person, each clinic. The estimated amount of their contribution is $5,134.80. This estimate is based on talent.com salary for chiropractors in California. ($42.79 per hour x 6 hours per clinic x 20 clinics)

- **UCR School of Medicine**. UCR School of Medicine (SOM) faculty and staff serve as preceptors and supervisors of medical student leaders and volunteers. The SOM also provides transportation for students. A UCR SOM attending physician (MD, DO) attends each clinic. The estimated amount of their contribution is $10,095.60. This estimate is based on talent.com salary for medical doctors in California. ($84.13 per hour x 6 hours per clinic x 20 clinics)

- **UCR SOM Department of Psychiatry**. The Department of Psychiatry provides co-located mental healthcare services to patients at the clinic. A bilingual licensed clinical social worker (LCSW) attends each clinic. The estimated amount of their contribution is $6,004.80. This estimate is based on talent.com salary for LCSWs in California. ($50.04 per hour x 6 hours x 20 clinics)

- **Riverside University Health System**. Representatives from RUHS Department of Public Social Services provide immediate access to MediCal sign up for eligible patients. Two staff members from RUHS Department of Public Social Services attend each clinic. The amount of their estimated contribution is $6,268.80. This estimate is based on talent.com salary for outreach specialists in California. ($26.12 per hour x 6 hours per clinic x 20 clinics x 2 ppl)

- **Inland Empire Health Plan (IEHP)**. IEHP provides health education, donations, and benefits information to patients. Two staff members from IEHP attend at least five clinics per year. The amount of their estimated contribution is $3,124.40. This estimate is based on talent.com salary for outreach specialists in California. ($26.12 per hour x 6 hours per clinic x 10 clinics x 2 ppl)

- **California State University San Bernardino** (CSUSB). Nursing students from the CSUSB San Bernardino and Palm Desert Campuses, under the direction of Dr. Diane Vines, participate in the clinic offering foot soaks to patients as well as taking patients' vitals (blood pressure, body mass index, blood glucose levels), which becomes part of patients' medical histories.

- **FIND Food Bank**. A chapter of Feeding America, this organization provides food donations to all of the clinics for approximately 50-75 families.

- **Our Lady of Guadalupe**. The CVFC is held at this church in Mecca, California. The priest donates space at his facility to hold the monthly clinic. The church donates the space which is estimated at $6,000 ($50 per hour x 6 hours x 20 clinics) and the covers the cost of utilities estimated at $3,000 ($25 per hour x 6 hours x 20 clinics).

Diversity, Equity, and Inclusion (DEI)

How does your organization address DEI in your policies, strategic plan, board and staff, etc.?
The UCR SOM addresses diversity, equity, and inclusion (DEI) in many ways. First, the SOM endeavors to remove barriers to the recruitment, retention, and advancement of talented students, faculty and staff from historically excluded populations who are currently underrepresented in medical education and the practice of medicine. Recruitment efforts and resources align with the goal to recruit individuals from groups underrepresented in medicine into faculty positions, recognizing that faculty serve as role models to attract a diverse student body. Given the mission of the UCR School of Medicine and the desire to see the faculty, as well as the student body, reflect the cultural, socioeconomic, and ethnic diversity of the region that we serve, searches will endeavor to recruit faculty with these diverse characteristics. Second, the SOM seeks to enroll and train more doctors from racial and ethnic backgrounds that are under-represented in medicine in part through a unique admissions process that emphasizes four specific attributes: socio-economic or educational disadvantage, non-native English speaking, ties to the Inland Southern California region such as having completed high school in Inland Southern California, and/or the first-in-family to complete a bachelor's degree. The medical school also offers full tuition scholarships to students who agree to practice in the Inland Empire, an area with the fewest health providers per capita in California. Third, the SOM Board of Advisors, which includes 15 trustees, includes representations from federally qualified health centers (i.e., Altamed), AIDS Healthcare Foundation, Integrated care communities, and Digital Health, and the Haider Spine Center among others offering diverse perspectives. Last, Unidas por Salud, is a woman established and minority-led collaborative that builds the capacity of Latina and Indigenous Mexican women as well as students invested in the health and wellbeing of Latino immigrant communities. An important part of our work is to increase representation of women and minorities in medicine and the healthcare field more generally.

What barriers does your organization face when addressing DEI?
UCR is a Hispanic-serving institute. 38% of our undergraduate student body identify as Latino/Hispanic and 37% of our medical students are from an underrepresented minority group. The UCR SOM ranked No. 4 for diversity in US News & World Report's 2023-2024 Best Grad School rankings. While we actively address DEI through student recruitment, UCR in general and the SOM in particular experiences barriers to increasing women and minority scholars, specifically Latinos, in our professoriate. Part of this is the limited financial resources to invest in the development of medical students

interested in research to prepare them to become clinical scientists. Also, despite being a Hispanic-serving Institute, there are only a handful of Latinos as tenure-track faculty on the UCR professorate and even less in the SOM. Such faculty serve as important role models for medical, graduate, and undergraduate students. The proposed project aims to address this challenge by using Desert Foundation funds for salary coverage for a Latina scholar (Jennifer Zamora, DHSc, PA-C) who has worked closely with undergraduate and medical students on implementing services for CVFC patients, including primary care services. Dr. Zamora has served as a role model for Latino undergraduate, graduate, and medical students involved in the clinic. Furthermore, the clinic itself serves as a pathway program for undergraduate students interested in medicine and the healthcare field as students gain important clinical experience needed to apply to graduate and medical programs. Over 60% of the 30 undergraduate students involved in the clinic are bilingual English-Spanish speakers and the majority are from underrepresented groups in medicine (e.g., first-generation college student, Latino, Black), moving forward the DEI efforts of Unidas por Salud, the SOM, and UCR more generally.

Section 1 - Operational Expenses

Project Grant Budget

Applicant: Regents of The University of California at Riverside — Increasing Access to Primary Care for Latinx and Indi

OPERATIONAL EXPENSES		Total Project Budget	Funds From Other Sources Detail On Section 3	Amount Requested From DHCD/F
Total Staffing Expenses Detail on Section 2		$ 175,391.60	$ -	$ 175,391.60
Equipment (itemize)				
1			$ -	
2			$ -	
3			$ -	
4			$ -	
Supplies (itemize)				
1	Materials	$ 3,600.00	$ -	$ 3,600.00
2	Supplies	$ 3,000.00	$ 3,000.00	
3			$ -	
4			$ -	
Printing / Duplication		$ 6,480.00	$ 480.00	$ 6,000.00
Mailing / Postage		$ 300.00	$ 300.00	
Mileage (use current Federal mileage rate)		$ 9,219.20	$ -	$ 9,219.20
Education / Training			$ -	
Other Direct Project Expenses Not Described Above (itemize)				
1	Hot spots and data	$ 4,800.00	$ -	$ 4,800.00
2	Cost of food for donations	$ 25,000.00	$ 25,000.00	
3	Van rental and gas	$ 4,800.00	$ 4,800.00	$ -
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.**				
Office / Rent / Mortgage*			$ -	$ -
Telephone / Fax / Internet*			$ -	$ -
Utilities*			$ -	$ -
Insurance*		$ 10,000.00	$ 10,000.00	$ -
Indirect Rate	☑ Check Box To Utilize Indirect Rate Up To 15%	Enter Rate	15.00%	$ 29,851.62
Total Project Budget (Rounded up to nearest dollar)		**$ 272,443**	**$ 43,580**	**$ 228,863**

Budget Narrative

Travel/Mileage: The total project budget for mileage is $9,219.20. From DHCD/F, we request $9,219.20 ($4,609.60/year) for mileage costs for 20 trips to travel from UCR to Mecca x 172 miles roundtrip estimated at $0.67 per mile for four people per trip.

Van rental and fuel costs: The total project budget for van rentals and fuel costs is $4,800 to transport the volunteer students to the 20 clinics. Each trip costs approximately $240 for rental and fuel. No funds from DHCD/F are requested for this cost.

Hotspots: The total project cost for hotspots for internet access is $4,800 ($2,400/year). From DHCD/F, we request $4,800. The cost is $50 per month x 24 months.

Food Donations: The total project budget for food donations is $25,000. No funds from DHCD/F are requested for this cost.

Health promotion material: The total project budget for primary care resource material is $6,000 ($3,000/year). From DHCD/F, we request $6,000 for the printing of health education material including 500 copies of a cookbook that will be distributed to patients accessing primary care services at the clinic.

Materials: The total project cost of materials and supplies is $3,600. From DHCD/F, we request a total of $3,600 for materials and supplies, including supplies such as office and cleaning and medical supplies (gauze pads, band aids, swabs, alcohol pads, tongue blades, sharps containers, exam gloves, thermometers) and office supplies (printing paper, pens, pencils).

Supplies - Blood Pressure Cuffs: The total project cost of supplies, specifically blood pressure cuffs, is $3,000. No funds from DHCD/F are requested for this cost.

Printing: The total project cost of printing is $6,480. From DCHC/F we request $6,000 for the printing of health education material including 500 copies of a cookbook that will be distributed to patients accessing primary care services at the clinic. The additional printing cost is $480 for flyers for clinic promotion. No funds from DHCD/F are requested for this cost.

Mailing: The total project cost of mailing is $300 ($150/year). No funds from DHCD/F are requested for this cost.

Insurance: The total project cost of malpractice insurance is estimated at $10,000 ($5,000 per year x 2 years). No funds from DHCD/F are requested for this cost.

Section 2 - Itemized Expenses

Staff Salary Expenses		Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD/F
Employee Position/Title					
1	Year 1: Dr. Ann Cheney	$ 180,440.00	10%	18,044.00	$ 18,044.00
2	Year 1: Jacqueline Moreira, Project Coordinator	$ 49,920.00	15%	7,488.00	$ 7,488.00
3				-	$ -
4	Year 2: Dr. Ann Cheney	$ 187,658.00	10%	18,765.80	$ 18,765.80
5	Year 2: Jacqueline Moreira, Project Coordinator	$ 51,418.00	15%	7,712.70	$ 7,712.70
6				-	$ -
7	Year 1: Administrative assistants x 2 ppl	$ 16,896.00	100%	16,896.00	$ 16,896.00
8	Year 2: Administrative assistants x 2 ppl	$ 16,896.00	100%	16,896.00	$ 16,896.00
9				-	$ -
Enter Total Employee Benefits / Employer Taxes % (Proportional Fringe Costs and/Or Employer Taxes Based On % Of Time Allocated To Project)			22.32%	19,149.10	19,149.10
Total Will Populate In Total Staffing Expenses Section 1			**Total ›**	**$ 104,951.60**	**$ 104,951.60**

Budget Narrative - Scope of Work

Dr. Ann Cheney, PhD, will serve as Project Director and oversee all project activity, staff supervision, clinical activity, and grant reporting. She will hold regular team meetings and attend all clinics to supervise volunteer staff and the delivery of clinic services. She will lead the staff trainings and the evaluation of trainings on cultural competency knowledge and skill development. She will dedicate 4 hours per week to project activity, totaling $23,580 in year 1, and $24,523 in year 2.

Ms. Jacqueline Moreira, BS, will serve as Project Coordinator and perform all administrative tasks, coordination of partnering healthcare and community partners, organization of medical and pre-medical student groups, as well as regularly attend clinics. She will dedicate 6 hours per week to project activity, totaling $7,696 in year 1 and $7,927 in year 2.

TBD, two administrative assistants will assist with coordinating the work of the six undergraduate committees, the work of medical students, and the implementation of any ongoing projects in the clinic. The administrative assistants will dedicate 8 hours per week or 44 weeks to clinic activity, totaling $17,366 in years 1 and 2.

Budget Narrative - Employee Benefits

UCR salaries and wages were estimated using UC Riverside's academic and staff salary scales and established guidelines. Anticipated range adjustment of 4% in year 2 has been included for Dr. Cheney. Range adjustment of 3% for Ms. Moreira has been included in year 2 and is based on UC Riverside's published rates.

Fringe benefits are based on a percentage of the employee's salary and include University contributions to the UC Retirement Plan (UCRP). Employee benefits are charged at the composite benefit rate agreed upon by the University of California. Benefit rates for: Dr. Cheney at 30.68% and Jacqueline Moreira Project Coordinator and Admin Assistants at 2.78%.

Professional Services / Consultant Expenses		Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD/F
Company and Staff Title					
1	Clinic Community Health Worker	$ 28.00	10 hours x 10 weeks, 2 years	$ 5,600.00	$ 5,600.00
2	Clinic Community Health Worker	$ 28.00	10 hours x 10 weeks, 2 years	$ 5,600.00	$ 5,600.00
3	Clinic Community Health Worker	$ 28.00	10 hours x 10 weeks, 2 years	$ 5,600.00	$ 5,600.00
4	Clinic Community Health Worker	$ 28.00	10 hours x 10 weeks, 2 years	$ 5,600.00	$ 5,600.00
5	Clinic Community Health Worker	$ 28.00	10 hours x 10 weeks, 2 years	$ 5,600.00	$ 5,600.00
6	Clinic Community Health Worker	$ 28.00	10 hours x 10 weeks, 2 years	$ 5,600.00	$ 5,600.00
7	Clinic Community Health Worker	$ 28.00	10 hours x 10 weeks, 2 years	$ 5,600.00	$ 5,600.00
8	Consultant: Maria Pozar, Community Partner	$ 40.00	4 hours, 44 weeks, 2 years	$ 14,080.00	$ 14,080.00
9	Consultant, Dr. Jennifer Zamora, DHSc, PA-C	$ 65.00	3 hours, 44 weeks, 2 years	$ 17,160.00	$ 17,160.00
Total Will Populate in Total Staffing Expenses Section 1			**Total ›**	**$ 70,440.00**	**$ 70,440.00**

Budget Narrative - Scope of Work

7 Community Health Workers- Clinic: We request $19,600/year to compensate CHWs to assist with patient engagement and clinic activity. Each of 7 CHWs will work 10 hours over 44 weeks at $28.00 per hour.

Consultant- Maria Pozar, Community Partner – Clinic Engagement Lead: We request, $7,040/year for the community partner who will oversee the CHWs in the clinic, their engagement of patients in clinic activities,as well as oversee the logistics of clinic set up and engagement of participants in Saturday clinics. They will also engage community organizations and healthcare systems in the clinic.

Consultant- Dr. Jennifer Zamora, DHSc, PA-C: We request $8,580/year for Dr. Zamora who will serve as the primary healthcare provider at each clinic and oversee the delivery of patient care.

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
Fees		
Donations		
Grants (List Organizations)		
1	Goldenvoice (pending)	$ 18,750.00
2	National Institute of Health	$ 50,000.00
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		
4		
5		
6		
7		
8		
Total Funding In Addition To DHCD/F Request		**$ 68,750.00**

Budget Narrative	Goldenvoice. A request for support for laboratory services, patient lab fees, and glucose monitors of $18,750 is pending with Goldenvoice. National Institutes of Health. Conchita Servicios de la Comunidad is a subawardee of an NIH grant that will provide $50,000 ($25,000/year) to build the capacity of CHWs/promotoras and other clinic staff to address the health and social care needs of underserved patients accessing the CVFC.

Full Grant Application Scoring

SCORING PARAMETERS	
0 TO 1 POINTS	Does Not Meet Expectations
2 TO 3 POINTS	Needs Improvement
4 TO 5 POINTS	Meets or Exceeds Expectations

Total Points Possible = 50 points

Grant Information			
Grant Number:	**Organization:**	**Project Title:**	**Funding Request:**
1465	**Regents of The University of California at Riverside**	**Increasing Access to Primary Care for Latinx and Indigenous Latin American Patients in the Coachella Valley**	**$228,863.00**

Programmatic Scoring Review	
Community Need for the Project in Coachella Valley (5 points)	The applicant identifies and describes a specific need(s) for the project within the Coachella Valley by providing relevant, valid data that highlights the full scope of the need. The applicant clearly connects the community need to the project's targeted population.
Reviewer 1 - Score: 4	**Reviewer 1 - Score Explanation:** The proposal highlights the healthcare disparities faced by Latinx and Indigenous Mexican immigrants in the Eastern Coachella Valley. However, while it does cite relevant data, emphasizing the urgent need for primary care services, culturally competent care, and extended clinic hours to address high chronic disease burdens in the region, the proposal could benefit from a more detailed analysis of existing services in the region to clarify how this project uniquely addresses gaps that other initiatives might not cover.
Reviewer 2 - Score: 3	**Reviewer 2 - Score Explanation:** The grant proposal makes a case for the need of medical services in the eastern Coachella Valley targeting a specific population. The grant proposal does not describe where the patients receive

	their medical care during the days and summer months when the clinic is not active, especially those with chronic diseases that require frequent medical care.
Reviewer 3 - Score: 5	**Reviewer 3 - Score Explanation:** The applicant addresses the community health need for the targeted audience of Latinx and Indegenous Mexican immigants in the rural desert region i.e eastern Coachella Valley by footnoting and citing local data.
Project Description and Use of Funds (5 points)	The applicant describes the scope of the project and how the organization will utilize the Desert Healthcare District's funding. The applicant clearly states the approach they are going to take to meet the community's need and specifies how the success of this project directly relates to the District's mission and current Strategic Plan.
Reviewer 1 - Score: 4	**Reviewer 1 - Score Explanation:** The project is well-defined with clear objectives and a detailed plan for the use of district funds.
Reviewer 2 - Score: 4	**Reviewer 2 - Score Explanation:** The grant proposal provided a detailed project description on the utilization and use of grant funds, which included the connection between the DHCD mission and the current strategic plan.
Reviewer 3 - Score: 4	**Reviewer 3 - Score Explanation:** District funds will be used to train healthcare professionals, hold primary care clinics, establish a patient navigation and referral system, and disseminate pubic health education and prevention materials over the next 24 months.
Alignment to District Goals, Strategies, and Performance Measures (5 points)	The applicant effectively describes the alignment of the project to the Desert Healthcare District and Foundation 2021-2026 Strategic Plan goals, strategies and performance measures.
Reviewer 1 - Score: 5	**Reviewer 1 - Score Explanation:** The deliverables are specific, measurable, and align with the District's goals. The evaluation plan includes detailed metrics for assessing the effectiveness of each deliverable, such as tracking volunteer participation, clinic operations, patient demographics, and public health education outreach. The use of surveys to measure knowledge and skill development, as well as tracking patient outcomes, shows commitment to continuous improvement.
Reviewer 2 - Score: 5	**Reviewer 2 - Score Explanation:** The grant proposal aligns with the DHCD Strategic Plan goals and strategies, which are goal 2, along with strategies 2.2, 2.5, and 2.7.

Reviewer 3 - Score: 5	**Reviewer 3 - Score Explanation:** This project succinctly aligns with Goal # 2 – access to primary care and speciality care with project activity directly aligning with strateiges 2.2, 2.5 and 2.7
Project Deliverables and Evaluation (5 points)	The applicant provides project deliverables that are specific, measurable, attainable, and time-bound. Project deliverables must align with at least one of the Desert Healthcare District and Foundation's 2021-2026 Strategic Plan goals and a related strategy/strategies. Additionally, applicant clearly demonstrates the alignment of their project deliverables to the appropriate performance measures, as outlined in the application instructions. Each evaluation corresponds to a project deliverable. The evaluation accurately measures the project's effectiveness, impact and includes appropriate qualitative and/or quantitative tracking methods. The evaluation section includes well-defined data reporting mechanisms and/or a clear and transparent narrative. • Evaluation measures and methods are clear; the applicant defines how they envision success. • Evaluation is in alignment with the deliverables of the project. • Evaluation is in alignment with identified Desert Healthcare District and Foundation's 2021-2026 Strategic Plan goal(s), strategies, and performance measure(s). • An explanation is provided on how the data collected from the project will be utilized for future programming, partnerships, and/or funding.
Reviewer 1 - Score: 5	**Reviewer 1 - Score Explanation:** The deliverables are specific, measurable, and align with the District's goals. The evaluation plan includes detailed metrics for assessing the effectiveness of each deliverable, such as tracking volunteer participation, clinic operations, patient demographics, and public health education outreach. The use of surveys to measure knowledge and skill development, as well as tracking patient outcomes, shows commitment to continuous improvement.
Reviewer 2 - Score: 4	**Reviewer 2 - Score Explanation:** The project deliverables and evaluation of the project were detailed and met the requirements for this section, however, it failed to describe how the data collected would be used in the future to address the barriers to access faced by the target population.
Reviewer 3 - Score: 4	**Reviewer 3 - Score Explanation:** The deliverables are measurable with anticipated outcomes that will directly affect the targeted population.

Organizational Capacity (5 points)	The applicant details their organization's capacity to meet the demands of this project including allocated staff time, internal expertise, organizational structure, etc. Applicant includes examples that demonstrate that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The applicant demonstrates reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support).
Reviewer 1 - Score: 5	**Reviewer 1 - Score Explanation:** The leadership team's experience is strong, with relevant expertise in community health initiatives, and the partnerships are well-chosen. The organization's previous successes in other projects suggest a high capacity to execute this initiative effectively.
Reviewer 2 - Score: 5	**Reviewer 2 - Score Explanation:** The UCR students, staff, Promotoras, and medical personnel have the expersise, cultural competence, and trust of the target population to carry out this project successfully.
Reviewer 3 - Score: 4	**Reviewer 3 - Score Explanation:** The organization has the human resource allocation to address the community need and fulfill the goals and deliverables of the project.
Organization Sustainability (5 Points)	The application highlights their organization's sustainability strategies around funding, staff recruitment/retention, effective collaboration and partnerships, thoughtful long-term planning, etc.
Reviewer 1 - Score: 3	**Reviewer 1 - Score Explanation:** The proposal could be more specific about potential challenges to sustainability, such as funding beyond the grant period, and how these will be addressed. The proposal lacks a detailed long-term sustainability plan or evidence of diversified funding sources, which raises concerns about the project's longevity once initial funding is exhausted.
Reviewer 2 - Score: 3	**Reviewer 2 - Score Explanation:** The grant proposal failed to provide information on how the medical clinic will be sustained and funded after the grant period.
Reviewer 3 - Score: 3	**Reviewer 3 - Score Explanation:** The applicant does highlight effective collaboration and partnerships and demonstrates a robust medical student/mentor program; however, long term planning and funding are not fully addressed.

Partnerships/Collaborations (5 Points)	The application demonstrates a collaborative process that includes multiple community partners involved in planning and implementation. Organizational partners are listed and each of their roles in the project are outlined. Letters of support and/or memorandums of understanding are included, as appropriate.
Reviewer 1 - Score: 5	**Reviewer 1 - Score Explanation:** The proposal highlights strong and well-established partnerships with organizations that contribute both financial and in-kind support. The roles and responsibilities of each partner are clearly defined, showcasing a well-coordinated approach that strengthens the project's capacity and impact.
Reviewer 2 - Score: 4	**Reviewer 2 - Score Explanation:** The grant proposal listed numerous community partners that will provide additional supportive services to the patients, however, missing from the partner list are medical providers in the region to assist with referrals and follow-up care.
Reviewer 3 - Score: 5	**Reviewer 3 - Score Explanation:** The applicant engages many partners and collaborators with a list of 12 (most likely more) outlined in the application to successfully add to the free clinic in Mecca.
Budget (5 points)	The budget is specific and reasonable, and all items align with the described project. The proposed budget is accurate, cost-effective, and linked to activities and deliverables. • There are no unexplained amounts. • The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are reasonable. • All line items are identified clearly in the budget narrative. • The budget shows committed, in-kind, or other funds that have been identified, secured, and in place to support the project.
Reviewer 1 - Score: 5	**Reviewer 1 - Score Explanation:** This budget effectively supports project objectives through well-allocated funds for staffing, consultants, and essential operational costs, with clear justifications for each expenditure.
Reviewer 2 - Score: 3	**Reviewer 2 - Score Explanation:** The grant proposal budget is adequate and in line with the proposed deliverables. The only concern is that DHCD grant funds will cover 84% of the total project budget.
Reviewer 3 - Score: 3	**Reviewer 3 - Score Explanation:** The budget line itmes support/match the grant narrative. While the budget shows funding from other sources for this project, UCR SOM is contributing in-kind vs actual dollars to the project.

Fiscal Scoring Review	
Fiduciary Compliance (5 Points)	The applicant demonstrates a financial history that shows a continuous cycle of fiduciary responsibility of the Board through unmodified audited financial statements produced in a timely fashion, positive cash flow at the end of each fiscal year, asset ratio meets required debt load, and the Board reviews financial statements regularly.
Reviewer 1 - Score: 4	**Reviewer 1 - Score Explanation:** The FY 06/30/23 audit report is unmodified. The Board of Directors accepted the audit report. Audit report Current Ratio is strong (1.3:1), which represents the grantee's ability to pay its short-term liabilities. The Net Assets decreased by $491M as of 6/30/23, with Total Net Assets of $-29M. Internal interim financial statements were not provided.
Reviewer 2 - Score: 4	**Reviewer 2 - Score Explanation:** Financial statements for entire UC system provided for fiscal year ending June 30, 2023. 2-years of Cash flow presented with negative cash flow for 2023 and positive cash flow for 2022. Overall minor negative net position, with current assets sufficient to address current liabilities. Letter provided by Controller regarding acceptance of audited financials.
Financial Stability (5 Points)	Funding sources for operations and programs are from multiple sources and are driven by a strategic plan for stability for both short- and long-term growth. If a strategic plan does not exist, other documentation is presented to identify future sources of funding. The requested grant amount is reasonable in comparison to the overall organizational budget.
Reviewer 1 - Score: 4	**Reviewer 1 - Score Explanation:** Grantee demonstrates a moderate financial position and is supported by a strategic plan. Grantee has additional resources for this project of approximately $272k. The District's grant of $229k is supported by other resources.
Reviewer 2 - Score: 4	**Reviewer 2 - Score Explanation:** Funding sources are listed from multiple sources with future growth addressed in provided strategic plan. Grant amount is reasonable in comparison to overall UC operating budget, although not broken down to the campus level. DHCD request is high in comparison to overall grant budget, but additional funding not available at campus level to address community need.

TOTAL SCORES - PROGRAMMATIC	
REVIEWER 1	36/40 POINTS = 90%
REVIEWER 2	31/40 POINTS = 77.5%
REVIEWER 3	33/40 POINTS = 82.5%
AVERAGE	33 POINTS = 83%

TOTAL SCORES - FISCAL	
REVIEWER 1	8/10 POINTS = 80%
REVIEWER 2	8/10 POINTS = 80%
AVERAGE	8 POINTS = 80%

Average Total Score: 41 / 50 = 82 %

DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: September 10, 2024

To: Program Committee

Subject: Grant # 1472 Riverside County Office of Education, Alternative Education

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Grant Request:
Cross County Support: Mental Health Services for Coachella Valley Students

Amount Requested: $199,874.00

Project Period: 10/01/2024 to 09/30/2025

Project Description and Use of District Funds:
By continuing support, the Behavioral Health Therapist in Alternative Education will continue supporting student's rehabilitation plan requirements to return to their home district and increase access to mental health services. These services will include individual counseling, family counseling, group counseling, crisis counseling, social and emotional learning screenings and interventions, classroom presentations, parent workshops, and community resources and support for our students in Alternative Education.

In total, there are six Alternative Education school sites in the Coachella Valley that the therapist would continue to serve (Courage to Build Knowledge Charter School - Desert Hot Springs, Indio, Mecca, Palm Springs; Community School - Indio, Palm Springs).

The Desert HealthCare District (DHCD) grant will be allocated to cover the therapist's salary and fringe benefits for their work within the Coachella Valley. This funding will eliminate the cost of Behavioral Health services for families, thereby increasing access and reducing the financial barriers that often prevent students and families from receiving needed care. Consequently, individuals without insurance will have the opportunity to receive support from a licensed therapist, both in person and through telehealth services.

Since grant funding is temporary, the Behavioral Health Therapist's position will be sustained through California's fee schedule. Riverside County Office of Education's Behavioral Health Team has been selected for Cohort 1, allowing them to begin billing

for services ahead of the statewide rollout. Although Cohort 1 districts were initially scheduled to start the billing cycle on January 1st, 2024, state-level delays have postponed the process. As a result, the requested funds from Desert Healthcare District will serve as interim "gap" funding until billing is fully operational.

The project aligns with the following DHCD Goal 3 strategies:

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

- **Strategy 3.1:** Increase the number of behavioral/mental health professionals to support Coachella Valley residents
- **Strategy 3.4**: Improve accessibility of behavioral/mental health services by increasing available telehealth services
- **Strategy 3.6:** Increase awareness of behavioral/mental health resources for residents in Coachella Valley
- **Strategy 3.7:** Support cultural competency of service providers/organizations and the reduction of language/stigma/cultural barriers to service access for clients

Together, these efforts will significantly impact low-income and BIPOC students and families by increasing their access to essential mental health services.

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 $199,874.00 be approved.
- Recommendation with modifications
- Request for more information
- Decline

Grant Application Summary

Riverside County Office of Education Alternative Education, Grant # 1472

About the Organization

Riverside County Office of Education Alternative Education
3939 13th St.
Riverside, CA 92501
760-863-3009
www.rcoe.us

Tax ID #: 33-0830818

Primary Contact:

Dr. Lexi Backstrom, Administrator of Behavioral Health
Kaela Bonafede, Behavioral Health Therapist
7603683009
kbonafede@rcoe.us

Organization's Mission Statement and History

RCOE's Mission

The mission of the Riverside County Office of Education (RCOE) is to ensure the success of all student's through extraordinary service, support, and partnerships.

At RCOE, our goal is for every employee in our organization to be diligently engaged in efforts to ensure the success of all students in the county. This is coordinated through "extra" ordinary service, support and partnerships to students, families, schools, and school districts countywide.

What makes a service, support or partnership "extra ordinary"? We believe the answer to this is in "extra effort" that is put forth by our employees in the right way, at the right time, with the right attitude. It also includes identifying highly effective services, programs, and supports that are not currently being provided and bringing them into the organization so they can be evaluated, piloted, and assessed for potential benefit to those we serve and support in the context of student success.

RCOE's Vision

The vision of the Riverside County Office of Education (RCOE) is to be a collaborative organization characterized by the highest quality employees providing leadership, programs, and services to school districts, schools, and students countywide.

As a "collaborative" organization our aim is to listen to, share with, participate in and work together with other educational agencies, professional organizations, community and civic groups, businesses, parents and students, and governmental entities. Public education has many stakeholders and we strive to work cooperatively with all of them in order to ensure that all students succeed.

The term "characterized by" in our vision denotes RCOE's single most distinguishing feature—our "highest quality employees." Highest quality in this sense is synonymous with extraordinary, and it takes extraordinary employees in order to realize our vision. The word extraordinary imposes a comparison between the average and something extra—something that rises above and beyond average. At RCOE, we believe that something "extra" is the extra effort put forth by each employee in the right way, at the right time, with the right attitude.

RCOE's Core Values

The work we are engaged in at the Riverside County Office of Education (RCOE) demands total and complete cooperation among all of us. It requires open and honest professional communication between each of us. It requires us to use important interpersonal skills for self-reflection and self-correction, and observing more closely the reaction of others when we say or do things. Building that type of relationship takes time, it comes through experience and choosing to build it. That's why our administrative council has carefully and thoughtfully identified three bedrock values which we believe are at the very core of all that we do here at RCOE:

- Building relationships that promote trust
- Engaging in open and honest communication
- Focusing on the needs of students and children

Student Programs and Services

Student Programs and Services (SPS) division provides specific student populations educational programs and related services through which students develop the competencies needed to expand their potentials for success.

The division programs include Alternative Education, Career Technical Education, Special Education, Translation and Interpretation Services, Supporting Inclusive Practices Project. Alternative Education (Alt. Ed.) is a unit within the Student Programs and Services Division. Alt. Ed. provides a comprehensive program, which includes

behavioral health services, to students who are referred to community school (Riverside, Perris, San Jacinto, Murrieta, Palm Springs, Indio, and Blythe) either through district or probation. Students can also include those who are attending court school (juvenile hall) and Courage to Build Knowledge (CBK) Charter School.

Behavioral Health Team
To support the mental health and social-emotional needs of our students, we have five Behavioral Health Therapists (BHTs). BHTs are full time LMFT/LCSW who provide direct services to our students and families. Services include individual counseling, group counseling, family counseling, crisis counseling, social-emotional learning interventions, community service, classroom presentations, staff training, parent workshops, community resources, and more. As a result, student's behavioral health needs are being met throughout the BHT program.

Annual Budget
RCOE's Annual Budget is $500 Million
RCOE Alternative Education Annual Budget is $8 Million
RCOE Alternative Education's Behavioral Health Team's Budget is $1.4 Million

Organization Annual Budget: $500,000,000.00

Project Information

Project Title:
1472 Cross County Support: Mental Health Services for Coachella Valley Students

Start Date: 10/01/2024 **End Date:** 09/30/2025

Total Project Budget: $264,660.00

Requested Amount: $199,874.00

Community Need for this Project in the Coachella Valley:
Within the Coachella Valley, there were approximately 33.7% of local adults (one in five) who have experienced mental health concerns within the past year including stress, anxiety, or depression (HARC, 2022). Of these individuals, over half of them felt the problem was severe needing professional attention; however, 16.6% of individuals were unable to receive mental health care and 9.5% were unable to receive medication management. Of this, 3.3% of individuals seriously considered ending their life in the past year. In addition to adults, 24.5% of children three and up experienced difficulties with emotions, concentration, behaviors and/or getting along with others (one in four). Of the children who have received a mental health diagnosis (24.8%), approximately 61.6% did not receive treatment. Of the children in the Coachella Valley, 29% have experienced one or more of the three aversive childhood experiences (i.e., abuse, neglect, violence, instability) which has a direct influence on a child's mental

health (Gu, et al., 2022).

Given the large proportion of individuals who experience mental health issues, it has been evaluated by HARC (2022) that 10.2% of Coachella Valley children do not have health insurance coverage. Compared to Riverside County and California as a whole, Coachella Valley children are more likely to be uninsured. As a result, increasing access to mental health services is imperative to meet the mental health needs within the Coachella Valley.

Overall, mental health is pervasive within the Coachella Valley and access to care is difficult for many. The grant aims to address the critical need for mental health and related services in the Coachella Valley, particularly for low-income, BIPOC families, and those lacking access to healthcare. With this funding, our students in Alternative Education within the Coachella Valley will have access to a licensed therapist in person and/or via telehealth to support their goals, mental health related concerns, and serve as a protective factor for future mental health issues.

Project Description and Use of District funds:
The program proposal is for the Behavioral Health Therapist within Alternative Education to continue providing mental health and related services to our students at the Alternative Education school sites. These services will include individual counseling, family counseling, group counseling, crisis counseling, social and emotional learning screenings and interventions, classroom presentations, parent workshops, and community resources and support for our students in Alternative Education.

In total, there are six Alternative Education school sites in the Coachella Valley that the therapist would continue to serve (Courage to Build Knowledge Charter School - Desert Hot Springs, Indio, Mecca, Palm Springs; Community School - Indio, Palm Springs). Across these six Alternative Education School Sites, we had 332 students enrolled during the 2023/2024 academic year. Of those students, 280 or 84% identified as low income and 303 or 91% identified as BIPOC. By continuing support, the Behavioral Health Therapist in Alternative Education will continue supporting student's rehabilitation plan requirements to return to their home district and increase access to mental health services.

The Desert HealthCare District (DHCD) grant will be allocated to cover the therapist's salary and fringe benefits for their work within the Coachella Valley. This funding will eliminate the cost of Behavioral Health services for families, thereby increasing access and reducing the financial barriers that often prevent students and families from receiving needed care. Consequently, individuals without insurance will have the opportunity to receive support from a licensed therapist, both in person and through telehealth services. This project aligns with the DHCD's mission to "achieve optimal health at all stages of life," recognizing the critical importance of mental health to overall

wellbeing. Specifically, the project supports DHCD's goal 3: "proactively expand community access to behavioral/mental health services."

The project aligns with several of DHCD's strategies in Goal 3:

- Strategy 3.1: Providing funding to increase the number of behavioral/mental health professionals by employing a Behavioral Health Therapist (BHT) dedicated to the Coachella Valley.
- Strategy 3.4: Supporting community-based organizations offering telebehavioral/mental health services, with the BHT delivering services both in-person and via telehealth to meet student needs and enhance service accessibility.
- Strategy 3.6: Educating the community about available behavioral/mental health resources. The BHT will conduct parent workshops on ROCE mental health resources and provide external referrals for higher levels of care when necessary.

Together, these efforts will significantly impact low-income and BIPOC students and families by increasing their access to essential mental health services.

Strategic Plan Alignment:

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

Strategy 3.1: Increase the number of behavioral/mental health professionals to support Coachella Valley residents

Strategy 3.4: Improve accessibility of behavioral/mental health services by increasing available telehealth services

Strategy 3.6: Increase awareness of behavioral/mental health resources for residents in Coachella Valley

Strategy 3.7: Support cultural competency of service providers/organizations and the reduction of language/stigma/cultural barriers to service access for clients

Project Deliverables and Evaluation

Deliverable #1: By September 30th, 2025, at least 30 students will be provided with in person and/or telehealth services, at least 15 families will be provided with parent support services, and approximately 400 services will be provided.	**Evaluation #1:** Specific data will be collected for the goal listed above. Services will be documented in Aeries (i.e., student information system), SpedCare (i.e., electronic health record), and queried into an excel report.

Deliverable #2: By September 30th, 2025, at least 90% of students will report positive outcomes related to improved access to mental health services.	**Evaluation #2:** Specific data will be collected for the goal listed above. Positive outcomes will be gathered through student self reporting and documented on a google sheet.
Deliverable #3: By September 30th, 2025, there will be at least 15 student engagement events/activities and 2 parent engagement activities (i.e., one per semester) that occur on campus.	**Evaluation #3:** Specific data will be collected for the goal listed above. Activities will be documented in a google doc to track all engagement activities and number of participants.
Deliverable #4: By September 30th, 2025, of those eligible for reinstatement, 90% of those students will return to their home district.	**Evaluation #4:** Specific data will be collected for the goal listed above. Reinstatement rates will be documented in a google sheet to track students eligible for reinstatement.

Project Demographic Information

Target Geographic Area(s) To Be Served:
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, All areas

Target Population Age Group:
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:
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 primary beneficiaries of this program and funding are students in Alternative Education, most of whom are male, BIPOC and come from low-income backgrounds.

Since RCOE's Alternative Education students are spread across various geographical areas, the therapist will be able to support those residing within the Coachella Valley.

Capacity, Sustainability, and Partnerships

Organizational Capacity

RCOE's Alternative Education program currently employs a dedicated Licensed Marriage and Family Therapist (LMFT) to address the mental health needs of students in the Coachella Valley. This therapist has extensive experience supporting children, adolescents, adults, and families from diverse cultural and economic backgrounds.

For the 2024/2025 academic year, our LMFT, a lifelong resident of the Coachella Valley, brings a deep understanding of the community we serve. During the 2023/2024 academic year, she provided classroom presentations on critical topics such as suicide prevention, substance use and abuse, growth mindset, healthy relationships, goal setting, emotional regulation, mental health awareness, and bullying prevention. She also created and led activities aimed at destigmatizing mental health and raising awareness of mental health issues.

Individual mental health support for students has greatly improved due to the LMFT's presence on campus. She is able to respond quickly to crises and meet students' immediate needs. Students frequently seek out her office as a safe space to discuss their thoughts, feelings, and emotions. The LMFT supports students in achieving their rehabilitation plans, mental health, and career goals, and she also serves as a valuable resource for parents, holding meetings and sessions to address family-related mental health concerns.

The LMFT has significantly impacted the school culture by increasing the availability of mental health services. Her presence has led to greater mental health awareness among students, who are now more comfortable using positive mental health language.

With continued funding from DHCD, RCOE's Alternative Education will be able to maintain these essential services for our students until California's fee schedule is implemented.

Organizational Sustainability:

Currently, all Behavioral Health Therapists in Alternative Education are funded by grants, allowing them to provide free services to students. The therapist supported by this project is already employed and is a Licensed Marriage and Family Therapist. This therapist is committed to continuing their work in Alternative Education and has successfully reached students across the region.

The Children and Youth Behavioral Health Initiative (CYBHI) is a five-year, $4.7 billion program aimed at providing mental health support to children, youth, and families

across California. CYBHI will enable school districts to access a statewide multi-payer fee schedule for service reimbursement, enhancing the sustainability of Behavioral Health Therapists and school-based services at RCOE's Alternative Education sites in the Coachella Valley.

RCOE Alternative Education's Behavioral Health Team has been selected as part of CYBHI's Cohort 1, offering an early opportunity to implement the fee schedule ahead of the statewide rollout. However, since the reimbursement process has yet to commence, "gap funding" from DHCD is critical to ensuring that the Behavioral Health Therapist can continue offering services at Alternative Education sites within the Coachella Valley. As there continues to be delays in the district's ability to implement the fee schedule due to DHCS and Carelon, DHCD funding remains vital for sustaining these essential services for RCOE students.

Partnerships/Collaborations:
RCOE is partnering with 23 public schools across Riverside County to receive student referrals, including 6 schools located in the Coachella Valley.

Diversity, Equity, and Inclusion (DEI)

How does your organization address DEI in your policies, strategic plan, board and staff, etc.?
One of the key initiatives of RCOE's Superintendent is the promotion of equity and inclusive practices within the public school system. This initiative aims to integrate concepts of access and equity into policies and practices through professional development opportunities for educators. By valuing the diverse cultural backgrounds, languages, and orientations of students and staff, RCOE is fostering an environment of inclusivity and respect.

The initiative supports and expands existing anti-racism, equity, and inclusive efforts across the 23 schools in Riverside County. RCOE has established the "Equity and Inclusion" unit to further these goals. This team provides year-round professional learning opportunities and resources to sustain ongoing conversations about equity and inclusion. Their overarching aim is to "create and sustain strong equitable systems that lead to clear pathways to success for all students and enduring equitable practices for adult learners."

RCOE's Instructional Services unit has identified the need to eliminate disparities in educational outcomes for students from marginalized populations. To support this, educators are encouraged to sign an Equity Pledge, which includes acknowledging disparities, taking actionable steps, and creating accountability within RCOE.

RCOE's board policy 0415 underscores the importance of equity and diversity among staff, students, parents/guardians, and community members. This policy aligns with the County Office of Education's vision, mission, and goals, recognizing the necessity of fostering an inclusive and equitable educational environment.

What barriers does your organization face when addressing DEI?
RCOE's student population primarily consists of underserved, low-income, and BIPOC students. Committed to best practices, RCOE promotes diversity, equity, and inclusion both in and out of the classroom. However, students often face disparities and obstacles that hinder their ability to access available resources and services, presenting a significant barrier to DEI efforts. Despite this challenge, RCOE continuously adapts and seeks innovative ways to ensure that students and their families can access the resources needed to enhance their education and overall wellbeing.

Project Grant Budget

Applicant: ENTER NAME HERE — ENTER PROJECT TITLE HERE

OPERATIONAL EXPENSES		Total Project Budget	Funds From Other Sources Detail On Section 3	Amount Requested From DHCD/F
Total Staffing Expenses Detail on Section 2		$ 197,853.60	$ 19,785.36	$ 178,068.24
Equipment (itemize)				
1	N/A		$ -	
2			$ -	
3			$ -	
4			$ -	
Supplies (itemize)				
1	Therapeutic Items	$ 1,000.00	$ 1,000.00	
2	Office Furniture & Comfy Seating	$ 37,000.00	$ 37,000.00	
3	Office Supplies	$ 1,000.00	$ 1,000.00	
4	Technology	$ 6,000.00	$ 6,000.00	
Printing / Duplication		$ -	$ -	
Mailing / Postage		$ -	$ -	
Mileage (use current Federal mileage rate)		$ 7,000.00	$ -	$ 7,000.00
Education / Training		$ -	$ -	
Other Direct Project Expenses Not Described Above (itemize)				
1	N/A		$ -	
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.**				
Office / Rent / Mortgage*		$ -	$ -	$ -
Telephone / Fax / Internet*		$ -	$ -	$ -
Utilities*		$ -	$ -	$ -
Insurance*		$ -	$ -	$ -
Indirect Rate	☑ Check Box To Utilize Indirect Rate Up To 15%	Enter Rate	8.00%	$ 14,805.46
Total Project Budget (Rounded up to nearest dollar)		**$ 264,660**	**$ 64,786**	**$ 199,874**

Budget Narrative

The primary cost in this grant is the salary for a full-time licensed Behavioral Health Therapist. This position is essential for providing direct mental health services to students, including individual, group, and family therapy, crisis intervention, and preventative mental health education (e.g., classroom presentations, wellness activities). The salary is based on Riverside County Office of Education's salary schedule, and fringe benefits are calculated at 40% of the therapist's salary. These benefits include health insurance, dental benefits, vision benefits, life insurance, retirement contributions, Employee Assistance Program, Medicare, and other employee benefits.

The Behavioral Health Therapist travels throughout Riverside County as part of their job duties; therefore, mileage reimbursement is requested. The Behavioral Health Therapist provides therapy in Blythe, which is outside the Desert Healthcare District's service area. As a result, the remainder (i.e., 10%) of the Behavioral Health Therapist's salary will be funded through the Student Behavioral Health Initiative Program along with the Therapist's mileage to Blythe.

Additional supplies (e.g., therapeutic items, office furniture, comfortable seating, office supplies, technology) necessary for the Behavioral Health Therapist to provide services will be funded through the Student Behavioral Health Initiative Program and the Elementary and Secondary School Emergency Relief funding documented in section three of the budget.

Since grant funding is temporary, the Behavioral Health Therapist's position will be sustained through California's fee schedule. Riverside County Office of Education's Behavioral Health Team has been selected for Cohort 1, allowing them to begin billing for services ahead of the statewide rollout. Although Cohort 1 districts were initially scheduled to start the billing cycle on January 1st, 2024, state-level delays have postponed the process. As a result, the requested funds from Desert Healthcare District will serve as interim "gap" funding until billing is fully operational.

Version 07.07.23 Please see instructions tab for additional information

Staff Salary Expenses		Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD/F
Employee Position/Title					
1	Behavioral Health Therapist	$ 141,324.00	90%	141,324.00	127,191.60
2				-	$ -
3				-	$ -
4				-	$ -
5				-	$ -
6				-	
Enter Total Employee Benefits / Employer Taxes % (Proportional Fringe Costs and/Or Employer Taxes Based On % Of Time Allocated To Project)			40.00%	56,529.60	50,876.64
Total Will Populate In Total Staffing Expenses Section 1			**Total ›**	**$ 197,853.60**	**$ 178,068.24**
Budget Narrative - Scope of Work	The job of the Behavioral Health Therapist is to provide therapeutic behavioral and mental health services to students and families. Specifically, the Behavioral Health Therapist facilitates individual counseling, group counseling, and family counseling to meet student needs, coordinates and conducts classroom presentations, staff trainings, and parent workshops on topics related to behavioral health, mental health, and social emotional learning, responds and provides crisis interventions to de-escalate situations, conducts risk assessments and implements necessary interventions to support student safety, and participates as a member of the Behavioral Health Crisis Response Team. The Behavioral Health Therapist additionally administers, scores, and interprets mental health screeners, collaborates with school staff, school districts, probation, and other community partners to collaborate and connect students and families to linkages and resources based on their needs, provides community service opportunities and resources, and supports student transitions into new educational environments (i.e., home district).				
Budget Narrative - Employee Benefits	The salary is based on the Riverside County Office of Education's salary schedule and fringe benefits are calculated at 40% of the therapist's salary and include health insurance, dental benefits, vision benefits, life insurance, retirement contributions, Employee Assistance Program, Medicare, and other employee benefits. As an organization, Riverside County Office of Education covers Classified Management Employee's benefits as part of their dedication to the district.				

Professional Services / Consultant Expenses		Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD/F
Company and Staff Title					
1	N/A				
2					
3					
4					
Total Will Populate in Total Staffing Expenses Section 1			**Total ›**	**$ -**	**$ -**
Budget Narrative - Scope of Work	Please describe in detail the scope of work for each professional service/consultant on this grant. No professional services or consultants will be used for this project. All services are provided by the Behavioral Health Therapist employed with Riverside County Office of Education.				

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	Student Behavioral Health Incentive Program (SBHIP)	$ 63,786.00
2	ESSER Therapeutic Items	$1,000
3		
8		
Fundraising (Describe Nature Of Fundraiser)		
1	N/A	
2		
3		
8		
Other Income, e.g., Bequests, Membership Dues, In-Kind Services, Investment Income, Fees From Other Agencies, Etc. (Itemize)		
1	N/A	
2		
3		
8		
Total Funding In Addition To DHCD/F Request		**$ 64,786.00**
Budget Narrative	The Student Behavioral Health Initiative Program grant will be used to fund 10% of the Behavioral Health Therapist's salary which is dedicated to their time supporting Blythe Community School and Blythe's Courage to Build Knowledge Charter School. This grant will additionally fund all supplies, furniture, and comfortable seating for the Behavioral Health Therapist to perform her job duties. All therapeutic items were purchased through the Elementary and Secondary School Emergency Relief funding. No additional supplies are needed for the Behavioral Health Therapist to provide services to Riverside County Office of Education students.	

Version 07.07.23 Please see instructions tab for additional information

Full Grant Application Scoring

SCORING PARAMETERS	
0 TO 1 POINTS	Does Not Meet Expectations
2 TO 3 POINTS	Needs Improvement
4 TO 5 POINTS	Meets or Exceeds Expectations

Total Points Possible = 50 points

Grant Information			
Grant Number:	**Organization:**	**Project Title:**	**Funding Request:**
1472	**Riverside County Office of Education, Alternative Education**	**Cross County Support: Mental Health Services for Coachella Valley Students**	**$199.874.00**

Programmatic Scoring Review	
Community Need for the Project in Coachella Valley (5 points)	The applicant identifies and describes a specific need(s) for the project within the Coachella Valley by providing relevant, valid data that highlights the full scope of the need. The applicant clearly connects the community need to the project's targeted population.
Reviewer 1 - Score: 5	**Reviewer 1 - Score Explanation:** The Alternative Education program is committed to supporting students in our community by assisting those facing emotional and mental challenges brought on by various social factors. Through personalized rehabilitation plans and guidance, the program helps these students navigate their difficulties while staying on track with their academic progress, fostering growth and resilience.
Reviewer 2 - Score: 5	**Reviewer 2 - Score Explanation:** The grant proposal provided a detailed explanation of the need for mental health services for both adults and youth. The utilization of local data from HARC provided additional insight into the need for the proposed services here in the Coachella Valley.

Reviewer 3 - Score: 5	**Reviewer 3 - Score Explanation:** The applicant addresses and describes the need for mental health services for students and their families attending alternative schools in the CV.
Project Description and Use of Funds (5 points)	The applicant describes the scope of the project and how the organization will utilize the Desert Healthcare District's funding. The applicant clearly states the approach they are going to take to meet the community's need and specifies how the success of this project directly relates to the District's mission and current Strategic Plan.
Reviewer 1 - Score: 5	**Reviewer 1 - Score Explanation:** The program strongly aligns with DHCD's mission and strategies 3.1, 3.4, 3.6, and 3.7 by: • **Strategy 3.1:** Providing funding to increase the number of behavioral/mental health professionals by employing a Behavioral Health Therapist (BHT) dedicated to the Coachella Valley. • **Strategy 3.4:** Supporting community-based organizations offering telebehavioral/mental health services, with the BHT delivering services both in-person and via telehealth to meet student needs and enhance service accessibility. • **Strategy 3.6:** Educating the community about available behavioral/mental health resources. The BHT will conduct parent workshops on ROCE mental health resources and provide external referrals for higher levels of care when necessary. • **Strategy 3.7:** Supporting students in achieving their rehabilitation plan goals and concerns, and providing a safe space to discuss thoughts, feelings, and emotions.
Reviewer 2 - Score: 4	**Reviewer 2 - Score Explanation:** The grant proposal provided a very detailed project description and use of grant funds, which included the connection the DHCD mission and current strategic plan goals and strategies. Additional information on the referral process would have improved this section.
Reviewer 3 - Score: 4	**Reviewer 3 - Score Explanation:** District funds will cover the behavioral Health Therapist's position within the Alternative Education program to continue providing mental health and related services to students and their families at alternative education school sites (6 sites)
Alignment to District Goals, Strategies, and Performance Measures (5 points)	The applicant effectively describes the alignment of the project to the Desert Healthcare District and Foundation 2021-2026 Strategic Plan goals, strategies and performance measures.

Reviewer 1 - Score: 5	**Reviewer 1 - Score Explanation:** The program strongly aligns with DHCD's mission and strategies 3.1, 3.4, 3.6, and 3.7 by: • **Strategy 3.1:** Providing funding to increase the number of behavioral/mental health professionals by employing a Behavioral Health Therapist (BHT) dedicated to the Coachella Valley. • **Strategy 3.4:** Supporting community-based organizations offering telebehavioral/mental health services, with the BHT delivering services both in-person and via telehealth to meet student needs and enhance service accessibility. • **Strategy 3.6:** Educating the community about available behavioral/mental health resources. The BHT will conduct parent workshops on ROCE mental health resources and provide external referrals for higher levels of care when necessary. • **Strategy 3.7:** Supporting students in achieving their rehabilitation plan goals and concerns, and providing a safe space to discuss thoughts, feelings, and emotions.
Reviewer 2 - Score: 5	**Reviewer 2 - Score Explanation:** The grant proposal aligns with several of the DHCD Strategic Plan goals and strategies, which were described in the previous section.
Reviewer 3 - Score: 5	**Reviewer 3 - Score Explanation:** This project is in alignment with Strategic Plan Goal #3 – Access to behavioral health/mental health services.
Project Deliverables and Evaluation (5 points)	The applicant provides project deliverables that are specific, measurable, attainable, and time-bound. Project deliverables must align with at least one of the Desert Healthcare District and Foundation's 2021-2026 Strategic Plan goals and a related strategy/strategies. Additionally, applicant clearly demonstrates the alignment of their project deliverables to the appropriate performance measures, as outlined in the application instructions. Each evaluation corresponds to a project deliverable. The evaluation accurately measures the project's effectiveness, impact and includes appropriate qualitative and/or quantitative tracking methods. The evaluation section includes well-defined data reporting mechanisms and/or a clear and transparent narrative. • Evaluation measures and methods are clear; the applicant defines how they envision success. • Evaluation is in alignment with the deliverables of the project. • Evaluation is in alignment with identified Desert Healthcare District and Foundation's 2021-2026 Strategic Plan goal(s), strategies, and performance measure(s).

	• An explanation is provided on how the data collected from the project will be utilized for future programming, partnerships, and/or funding.
Reviewer 1 - Score: 5	**Reviewer 1 - Score Explanation:** • Evaluation measures and methods are clearly defined, detailing how success is envisioned. • Evaluations are aligned with the project's deliverables. • Evaluations are in alignment with the identified Strategic Plan goals, strategies, and performance measures.
Reviewer 2 - Score: 4	**Reviewer 2 - Score Explanation:** The project deliverables and evaluation of the project were detailed and met the requirements for this section, however, it failed to describe how the data collected would be used in the future.
Reviewer 3 - Score: 4	**Reviewer 3 - Score Explanation:** The deliverables are in alignment with Strategic Plan goal #3, along with their corresponding evaluation measures and outcomes.
Organizational Capacity (5 points)	The applicant details their organization's capacity to meet the demands of this project including allocated staff time, internal expertise, organizational structure, etc. Applicant includes examples that demonstrate that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The applicant demonstrates reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support).
Reviewer 1 - Score: 5	**Reviewer 1 - Score Explanation:** RCOE's Alternative Education program has clearly identified what they can successfully accomplish with the available funding and their capacity. They have set realistic and achievable goals based on their resources, ensuring that the program's objectives will be met effectively.
Reviewer 2 - Score: 4	**Reviewer 2 - Score Explanation:** The grant proposal highlighted Riverside County Office of Education Alternative Education capacity in the Caochella Valley, however, it failed to describe the administrative support and structure from the organization to carry out this grant successfully.
Reviewer 3 - Score: 4	**Reviewer 3 - Score Explanation:** RCOE's Alternative Education program employs a dedicated Licensed Marriage and Family Therapist, ensuring a high success rate of students being returned to their District school after completing their rehabilitation plan.

Organization Sustainability (5 Points)	The application highlights their organization's sustainability strategies around funding, staff recruitment/retention, effective collaboration and partnerships, thoughtful long-term planning, etc.
Reviewer 1 - Score: 5	**Reviewer 1 - Score Explanation:** RCOE has a solid plan to keep the Alternative Education program going even after District funding ends. This plan ensures the program will continue to support students and achieve meaningful results for the community long after the grant term is over.
Reviewer 2 - Score: 4	**Reviewer 2 - Score Explanation:** The grant proposal highlighted future funding stream from the Children and Youth Behavioral Health Initiative, which will assist in the sustainability of this program in future years. Information wasn't provided on the sustainability of the program if the additional funding resources were not secured.
Reviewer 3 - Score: 5	**Reviewer 3 - Score Explanation:** This position will be sustained through California's fee schedule as the RCOE BH team has been selected for Cohort 1, allowing them to begin billing for servies ahead of the statewide rollout
Partnerships/Collaborations (5 Points)	The application demonstrates a collaborative process that includes multiple community partners involved in planning and implementation. Organizational partners are listed and each of their roles in the project are outlined. Letters of support and/or memorandums of understanding are included, as appropriate.
Reviewer 1 - Score: 5	**Reviewer 1 - Score Explanation:** RCOE has partnered with 23 different schools within the Riverside County, 6 of which they are partnering in the Coachella Valley. This partnership supports the work of their program greatly by providing referrals to the Alternative Education program for all students in the schools.
Reviewer 2 - Score: 5	**Reviewer 2 - Score Explanation:** The grant application listed several schools in the Coachella Valley as partnerships / collaborations, who provide student referrals who are in need of the proposed program detailed in the grant proposal.
Reviewer 3 - Score: 5	**Reviewer 3 - Score Explanation:** RCOE is partnering with 23 public schools across Riverside County to receive student referrals, including 6 schools located in the Coachella Valley.

Budget (5 points)	The budget is specific and reasonable, and all items align with the described project. The proposed budget is accurate, cost-effective, and linked to activities and deliverables. • There are no unexplained amounts. • The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are reasonable. • All line items are identified clearly in the budget narrative. • The budget shows committed, in-kind, or other funds that have been identified, secured, and in place to support the project.
Reviewer 1 - Score: 5	**Reviewer 1 - Score Explanation:** The budget for the Alternative Education program is clear and aligns with the District's requirements. It effectively outlines how funds will be allocated to meet project goals and ensure compliance with the District's financial guidelines.
Reviewer 2 - Score: 5	**Reviewer 2 - Score Explanation:** The grant proposal budget is adequate and in line with the proposed deliverables and scope of work.
Reviewer 3 - Score: 5	**Reviewer 3 - Score Explanation:** The budget aligns with the grant narrative and there are no unexplained amounts in the budget narrative.
Fiscal Scoring Review	
Fiduciary Compliance (5 Points)	The applicant demonstrates a financial history that shows a continuous cycle of fiduciary responsibility of the Board through unmodified audited financial statements produced in a timely fashion, positive cash flow at the end of each fiscal year, asset ratio meets required debt load, and the Board reviews financial statements regularly.
Reviewer 1 - Score: 5	**Reviewer 1 - Score Explanation:** Audited financial statements for fiscal year ending June 30, 2023, presented with current assets sufficient to address current liabilities. Fund balances show a positive increase over the course of the audited year. Board minutes noted for receipt of audited financials.
Reviewer 2 - Score: 4.5	**Reviewer 2 - Score Explanation:** The FY 06/30/23 audit report is unmodified. The Board of Directors accepted the audit report. Audit report Current Ratio is strong (4.2:1), which represents the grantee's ability to pay its short-term liabilities.

	The Net Assets increased by $33M as of 06/30/23, with Total Net Assets of $235M. Due to the over strength of the UCR organization, internal interim financial statements were not provided. The Balance Sheet is in good order.
Financial Stability (5 Points)	Funding sources for operations and programs are from multiple sources and are driven by a strategic plan for stability for both short- and long-term growth. If a strategic plan does not exist, other documentation is presented to identify future sources of funding. The requested grant amount is reasonable in comparison to the overall organizational budget.
Reviewer 1 - Score: 4	**Reviewer 1 - Score Explanation:** Superintendent's Initiatives document provided which includes goals but doesn't detail timelines or financial elements for growth. Grant amount is reasonable compared to organizational budget, which includes funding from multiple sources. Although the DHCD portion of project is high compared to total project budget, applicant has provided information regarding program sustainability after grant period to continue to address community need.
Reviewer 2 - Score: 4.5	**Reviewer 2 - Score Explanation:** Grantee demonstrates a sound financial position. Grantee has additional resources for this project of approximately $264k. The District's grant of $200k is supported by other resources.

TOTAL SCORES - PROGRAMMATIC	
REVIEWER 1	40/40 POINTS = 100%
REVIEWER 2	36/40 POINTS = 90%
REVIEWER 3	37/40 POINTS = 92.5%
AVERAGE	37 POINTS = 94%

TOTAL SCORES - FISCAL	
REVIEWER 1	9/10 POINTS = 90%
REVIEWER 2	9/10 POINTS = 90%
AVERAGE	9 POINTS = 90%

Average Total Score: 46 / 50 = 92 %

DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: September 10, 2024

To: Program Committee

Subject: Review, discuss, and give direction/action on a grant application that although aligns with Strategic Plan goal 3 – Access to Behavioral Health/Mental Health Services – the current lease between the Desert Healthcare District and Tenet Health Systems Article VIII ADDITIONAL COVENANT OF LESSOR – states that the District or Foundation cannot provide financial support to **ANOTHER ACUTE-CARE HOSPITAL WITHIN THE DISTRICT'S BOUNDARIES OR ACT AS A PROVIDER OF HEALTH CARE SERVICES THEMSELVES.**

Additionally, the District would need Tenet's approval if the healthcare activity is being conducted by another-acute care hospital within the District or approval if the District or Foundation were a provider of Health care services themselves

Background:

- In 1997, the Desert Healthcare District and Tenet Health Systems entered into a 30-year lease agreement.
- Within that agreement, under Article VIII ADDITIONAL COVENANT OF LESSOR – it is stated that the District or Foundation cannot provide financial support to another acute-care hospital within the District's boundaries or act as a provider of health care services themselves.
- Eisenhower Health/Eisenhower Medical Center is an acute-care hospital located in Rancho Mirage, CA – within the District's boundaries.
- Eisenhower Health has submitted a grant application requesting $1,989,493 to support its Psychiatric Care Expansion and Psychiatry Residency Program for a 36-month period.
- The application aligns with the high priority Strategic Plan Goal #3: Access to Behavioral Health Care.

Project Description (a three-part request)

- Expansion of Psychiatric Services – recruiting and onboarding 3 additional full-time board-certified psychiatrists
- Enhancing Telehealth and Mobile Health Capabilities – deploy targeted hubs to increase access to psychiatric care via mobile health technology and tele-behavioral health services
- Establishing a Psychiatry Residency Program – Psychiatric Graduate Medical Education (GME) program – the first in this region dedicated to the Coachella Valley

To date:

- Grant #1468 was submitted through the District's grant portal in May and was reviewed by District staff.
- Because this grant application involves a request from an acute-care hospital within the District boundaries, per the lease agreement, the District would need Tenet's approval if the healthcare activity is being conducted by another-acute care hospital within the District or approval if the District or Foundation were a provider of Health care services themselves.
- On June 28, 2024 the District's CEO reached out, via email, to the CEO of Desert Care Network (Tenet Healthcare) highlighting Eisenhower's funding request and project description and "requested a ruling from Tenet regarding the lease and requested a response". The CEO also requested "consideration for consent for this very important program that could provide access to behavioral/mental health professions for the residents both [DRMC and Eisenhower] both serve."
- There has been no written response from Tenet/Desert Care Network
- On July 8, 2024 District staff (the CEO and Chief Program Officer) along with Board Director Les Zendle met with Eisenhower staff (the CMO; the CAO, GME and the medical doctor who oversees the residency program) regarding the grant request and possible options.
- On July 10, 2024, the District CEO received an email from Eisenhower's CEO, Marty Massiello, acknowledging the meeting and stressed that Eisenhower would require the full funding amount requested to accomplish the core aspects of their plan (please refer to the Project Description above)
- At this point in time, the District will need to provide Eisenhower written confirmation of the District's final disposition of Eisenhower's grant application.
- District staff is requesting from the Program Committee the following action:

Action required: Program Committee to review and give recommendation to the full board on whether to proceed with the grant application #1468 Eisenhower Health.

Review and Recommendation: The details of the grant application are submitted to assist the Program Committee in providing a Committee recommendation to the Board of Directors for consideration whether **to proceed with a full due diligence application review process**.

Fiscal Impact: FY 2024-2025 grant budget

Grant Application Summary

Eisenhower Health, Grant # 1466

About the Organization

Eisenhower Health
39000 Bob Hope Drive, AHSB, Ste 201
Rancho Mirage, CA 92270
760-834-3782

https://eisenhowerhealth.org/

Tax ID #: 95-6030458

Primary Contact:
Sandra Gonzales, Chief Administrative Officer, Graduate Medical Education
760-834-3782
SGonzales@eisenhowerhealth.org

Organization's Mission Statement and History

Eisenhower has been a leader in health care for the Coachella Valley since opening our medical center in 1971. As we've been growing steadily, adding services, capabilities and facilities to anticipate and meet the needs of our expanding area. Today, the Eisenhower name extends far beyond the state-of-the-art care we deliver at the hospital. With primary care, urgent care centers, multi-specialty health centers, and specialized programs across the valley, we now offer comprehensive health care support, from education and prevention to diagnosis, treatment and rehabilitation. We provide customized care in Men's Health, Women's Health, LGBTQ services, HIV care, and much more. And we've added physicians, online access, and community events to enhance convenience and access for all. We are pleased to be a trusted name renowned for advanced care, individualized service, and an exceptional patient experience. It's all part of our ongoing effort to be a care partner for our communities, in sickness and in health. Our name reflects this focus, along with our commitment to serving you well, today, and in the years to come.

Mission: Eisenhower Health, a not-for-profit organization, exists to serve the changing healthcare needs of our region by providing excellence in patient care with supportive education and research.

Organization Annual Budget: $2,242,645.00

Project Information

Project Title: 1466 Psychiatric Care Expansion and Psychiatry Residency Program

Start Date: 09/01/2024 **End Date:** 08/31/2027

Total Project Budget: $9,993,712.20

Requested Amount: $1,989,493.00

Community Need for this Project in the Coachella Valley:
The Coachella Valley (CV) is facing a severe shortage of mental health services, exacerbated by unique demographic and socio-economic challenges. Community Health Needs Assessments (CHNA) conducted by the Health Assessment Resource Center (HARC) and commissioned by Desert Healthcare District (DHCD) and Eisenhower Health (2022) indicate that mental health needs in the Coachella Valley exceed those of Riverside County, CA, and the United States with a ratio of one mental health provider per 2,500 residents compared to the national average of one per 500 residents. This lack of access to care leaves most residents without necessary treatment, impacting long-term health outcomes. In 2019, DHCD partnered with EVALCORP to gather stakeholder insights, analyze data, and develop recommendations based on a needs assessment. The findings highlighted significant regional mental health issues, including substance use, depression, anxiety, and a high rate of suicidal ideation. These disparities underscore the need for expanded psychiatric services and the establishment of a psychiatry residency program to address diverse mental health issues, including socio-economic factors, youth and adolescent mental health, geriatric mental health, substance abuse, co-occurring disorders, and limited access to services. The Coachella Valley's diverse population of approximately 450,000 includes significant Hispanic (50.6%) and elderly (20.1% aged 65 and over) communities. Over a third of residents in areas like Desert Hot Springs, Mecca, and Thermal live-in poverty, making them particularly vulnerable to mental health issues due to socio-economic stress, linguistic barriers, and cultural stigmas (DHCD CHNA Report, 2020). The HARC report (2022) shows that 17.2% of adults in the CV experience frequent mental distress, but many do not receive needed care. Economic hardship significantly contributes to mental health issues in the CV, with 18.3% of residents living below the federal poverty level, leading to higher emergency department visits and hospitalizations for chronic conditions. Persistent unemployment further exacerbates stress and anxiety. The United Way of the Desert’s Community Indicators Report (2022) indicates that 30% of families struggle to meet basic needs, correlating with increased depression and anxiety rates. Youth mental health is a growing concern, with 41% of children experiencing adverse childhood experiences (ACEs) such as food and housing insecurity, impacting their mental well-being. The DHCD CHNA (2020) and the California Healthy Kids Survey (2022) reveal high rates of chronic sadness,

hopelessness, and suicide consideration among high school students, exceeding state and national averages. The CV's elderly population also faces unique mental health challenges, including isolation, chronic illness, and loss of social support. The HARC Report (2022) found that 22% of seniors have been diagnosed with depression, but many lack access to appropriate care due to mobility issues and limited geriatric services. Substance abuse is a critical issue, with a 25% increase in opioid-related emergencies over five years. Many individuals with substance use disorders also suffer from co-occurring mental health conditions, highlighting the need for integrated services. Despite these needs, access to mental health services is severely limited. Among adults with mental health diagnoses, 13.1% could not access needed care, reflecting a significant service gap. The region has few psychiatrists, psychologists, and psychiatric nurse practitioners, with long wait times for appointments and significant travel distances for care. The Huron Consulting Group Report (2023) identifies a gap of at least 37 psychiatrists within the district. Eisenhower Health’s plan to expand psychiatric services and establish a psychiatry residency program aligns with DHCD’s Strategic Plan to enhance mental health services in the Valley. This project addresses DHCD’s Strategic Goal 3: “proactively expand community access to behavioral/mental health services.” By increasing the number of trained professionals, the initiative aims to reduce wait times, expand access to care, and address the mental health challenges of diverse populations, including low-income individuals, Latinx/Hispanic communities, youth, adolescents, the elderly, and those with substance use disorders. The Coachella Valley's mental health crisis requires urgent intervention. Eisenhower Health's initiative to strengthen local healthcare infrastructure by expanding psychiatric services and establishing a psychiatry residency program is crucial. By leveraging local data, partnering with nonprofit organizations, and targeting vulnerable populations, this project promises to significantly improve the CV’s mental health landscape, ensuring residents have access to quality care. Hence, we seek DHCD's support and funding to realize these objectives and create lasting positive change in the region.

Project Description and Use of District funds:

Eisenhower Health plans to address the mental health crisis in the Coachella Valley by implementing a comprehensive project that includes expanding psychiatric services, enhancing telehealth capabilities, and establishing a psychiatry residency program. This dual approach aims to significantly enhance the availability and quality of mental health care in the region, directly addressing the community's pressing needs and directly aligns with DHCD's mission "to achieve optimal health at all stages of life for all district residents" and directly targets Strategic Goal 3: "proactively expand community access to behavioral mental health services." The project will be executed through several key initiatives:

1. **Expansion of Psychiatric Services:** The proposed initiative involves recruiting additional psychiatrists to address the growing need for mental health services in our

community. Expanding our team can reduce wait times for psychiatric evaluations and treatments, offer more specialized services, and increase our capacity to serve a larger population. This expansion is crucial in ensuring that individuals suffering from mental health issues receive timely and effective care, which is essential for their overall well-being and recovery. Objective: To recruit and onboard 3 additional full-time board-certified psychiatrists within the next 6-9 months to expand psychiatric services at Eisenhower Health. This recruitment will be pivotal in building and expanding our Graduate Medical Education (GME) psychiatric program, which will train the next generation of psychiatrists to serve the Coachella Valley. Additionally, it will enhance community education and foster increased collaboration. These combined efforts will significantly boost our service capacity and reduce patient wait times. Project Plan: Develop and post job descriptions on relevant platforms, partner with medical recruitment agencies to identify qualified candidates, ensure adequate office space and facilities, implement a marketing campaign to inform the community about expanded services, and collaborate with local healthcare providers to streamline referrals. Impact: The successful execution of this project will result in reduced wait times, increased service capacity, enhanced quality of care, and improved community well-being. Alignment with DHCD Strategy: Directly supports strategies 3.1, 3.2, and 3.3 by increasing the number of professionals, extending service hours, and expanding the geographic reach of mental health services.

2. **Enhancing Telehealth and Mobile Health Capabilities:** To extend the reach of mental health services, the project will set up telehealth infrastructure, train staff, and promote these services within the community, especially targeting remote and underserved populations. Objective: Deploy targeted hubs to increase access to psychiatric care via mobile health technology and tele-behavioral health services. Project Plan: Establish telehealth infrastructure in targeted locations, integrate mobile health technology, train staff in tele-behavioral health service delivery, and promote telehealth services to the community. Impact: Extend the reach of mental health resources to remote and underserved populations in the Coachella Valley. Expanding the mental health workforce and utilizing telehealth services will provide immediate relief to residents facing long wait times and lack of access to care. Alignment with DHCD Strategy: Provides tele-behavioral health services and expands service locations, directly supporting strategies 3.4 and 3.3.

3. **Establishing a Psychiatry Residency Program:** This initiative aims to establish a Psychiatric Graduate Medical Education (GME) program (the first in this region dedicated to the Coachella Valley). The project will develop a curriculum, secure accreditation, and partner with local schools, community organizations, and health agencies to provide residents with diverse clinical experiences and to foster community engagement. **Objective:** Train and retain a new generation of psychiatrists to serve the Coachella Valley, with a focus on underserved areas, to increase the availability of mental health services. Project Plan: Develop a curriculum and secure accreditation,

partner with local organizations, and provide training focusing on community-based mental health practices. Annually recruit additional psychiatry residents, collaborate with community-based organizations (CBOs) to extend service hours and locations, and implement co-location strategies with other health services for integrated care. Impact: Establishing a psychiatry residency program will build a sustainable pathway of mental health professionals trained to meet the specific needs of the Coachella Valley's diverse population. Alignment with DHCD Strategy: Directly supports strategies 3.1, 3.2, and 3.3 by increasing the number of professionals, extending service hours, and expanding the geographic reach of mental health services.

Utilization of Desert Healthcare District Funding: Eisenhower Health will utilize the funding from the Desert Healthcare District to support the following key areas: 1. Recruitment and Hiring: Funding will be allocated to recruit and hire additional mental health professionals, ensuring that services are available to meet the growing demand. 2. Telehealth and mobile behavior health Infrastructure: Strengthening local healthcare infrastructure by partnering with other nonprofit organizations, thus expanding access to mental health services to traditionally underserved communities where they live. 3. Residency Program Development: Establishing the psychiatry residency program, including curriculum design, faculty recruitment, and partnerships with educational institutions.

Alignment with Desert Healthcare District's Mission and Strategic Goals The success of this project is directly aligned with the Desert Healthcare District's mission "to achieve optimal health at all stages of life for all district residents" by expanding psychiatric services and establishing a residency program. Eisenhower Health ensures that residents of all ages, from youth to the elderly, will have access to high-quality mental health care. The project targets Strategic Goal 3: "Proactively expand community access to behavioral/mental health services" by increasing the mental health workforce and utilizing telehealth to address the critical shortage of mental health services, making care more accessible to all residents, particularly those in underserved areas. Additionally, the project targets low-income families, minority communities, youth, the elderly, and individuals with substance use disorders. By providing culturally competent and comprehensive care, the project directly addresses the specific needs of these vulnerable populations.

Strategic Plan Alignment:

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

Strategy:

Project Deliverables and Evaluation

Deliverable #1: Eisenhower Health will start recruiting three additional full-time equivalent (FTE) psychiatrists by September 1, 2024. By May 2025, Eisenhower Health will have successfully recruited and onboarded three additional full-time board-certified psychiatrists, equipped with the necessary medical and IT resources, and launched a comprehensive community outreach and marketing campaign to inform and engage the public about the expanded psychiatric services with projection to serve 5,000 patients.	**Evaluation #1:** To ensure the success of the project deliverable, we will implement a comprehensive evaluation plan that focuses on both quantitative and qualitative metrics. The evaluation will be conducted in several phases, each aligned with specific milestones in the project timeline. 1. Recruitment and Onboarding Evaluation: Timeline: By May 2025 Metrics: Number of Psychiatrists Recruited: Confirm that three additional full-time board-certified psychiatrists have been recruited and onboarded. Credentialing and Training Completion: Verify that all newly recruited psychiatrists have completed credentialing and initial training. Data Collection Methods: Recruitment records, HR onboarding reports 2. Infrastructure and Resource Enhancement Evaluation: Timeline: Within 3 months post-recruitment Metrics: Facility Readiness: Ensure that office spaces and necessary medical and IT resources are fully operational for the new staff. Resource Utilization: Track the usage and adequacy of new medical equipment and IT systems. Data Collection Methods: Facilities management reports, IT system usage logs 3. Service Capacity and Community Outreach Evaluation: Timeline: Ongoing, with a major review at 6 months post-recruitment Metrics: Patient Wait Times: Measure the reduction in patient wait times for psychiatric evaluations and treatments. Service Utilization: Track the number of new patients served and the increase in service capacity. Community Engagement: Assess the reach and impact of the marketing campaign and community outreach initiatives. Data Collection Methods: Patient scheduling and service utilization records, marketing and outreach analytics, feedback from community workshops and events 4. Quality of Care and Patient Satisfaction Evaluation:

	Timeline: Ongoing, with major reviews at 6 months and 12 months post-recruitment Metrics: Patient Satisfaction: Conduct surveys to measure patient satisfaction with the expanded services. Quality of Care: Evaluate clinical outcomes and quality of care provided by the new psychiatrists. Data Collection Methods: Patient satisfaction surveys, Clinical performance reviews, Feedback from staff and patients 5. Continuous Improvement: Timeline: Ongoing Metrics: Feedback Integration: Collect and analyze feedback from patients and staff to identify areas for improvement. Performance Adjustments: Implement changes based on evaluation findings to continuously enhance service quality and efficiency. Data Collection Methods: Regular feedback sessions, Performance review meetings Final Evaluation Report: At the end of the 12-month period, a comprehensive evaluation report will be compiled, summarizing the project's achievements, challenges, and overall impact. This report will include detailed analysis of all collected data, insights from stakeholders, and recommendations for future improvements.
Deliverable #2: By June 2025, Eisenhower Health will have established the first graduate medical education psychiatry residency program dedicated to the Coachella Valley. The program will have a developed curriculum, secured accreditation, and formalized partnerships with educational institutions and community organizations with projection to serve 7,500 patients in year 2.	**Evaluation #2:** To ensure the success of establishing the first psychiatry residency program dedicated to the Coachella Valley, the project evaluation will be comprehensive, involving multiple phases aligned with specific milestones. This evaluation plan will focus on both quantitative and qualitative metrics to measure the residency program's development, implementation, and impact of the residency program. 1. Curriculum Development Evaluation: Timeline: By December 2024 Metrics: Curriculum Completion: Confirm that a comprehensive psychiatry residency curriculum has been developed in line with accreditation standards. Curriculum Approval: Ensure the curriculum has been reviewed and approved by relevant academic and medical boards. Data

	Collection Methods: Curriculum development documentation 2. Accreditation Securing Evaluation: Timeline: By March 2025 Metrics: Accreditation Submission: Confirm that all necessary documentation for accreditation has been submitted to the accrediting bodies. Accreditation Achievement: Verify that the program has received official accreditation from the accredited bodies. Data Collection Methods: Accreditation submission records, Accreditation certificates, and official correspondence 3. Partnership Development Evaluation: Timeline: By June 2025 Metrics: Partnership Agreements: Secure formal partnership agreements with educational institutions such as medical schools and relevant community organizations. Collaboration Initiatives: Develop and initiate collaborative programs and activities with partners. Data Collection Methods: Signed partnership agreements, Records of collaborative program activities 4. Recruitment of Faculty and Residents Evaluation: Timeline: By June 2025 Metrics: Faculty Recruitment: Successfully recruit qualified faculty members to support the residency program. Resident Enrollment: Enroll the first cohort of psychiatry residents. Data Collection Methods: Recruitment records, Enrollment records 5. Implementation and Operational Evaluation: Timeline: Ongoing, with major reviews at 6 months and 12 months post-launch Metrics: Program Implementation: Track the successful implementation of the residency program, including operational logistics and day-to-day management. Resident Performance: Monitor the performance and progress of residents through regular evaluations and feedback. Data Collection Methods: Program implementation reports, Resident performance evaluations, and feedback 6. Quality of Education and Training Evaluation: Timeline: Ongoing, with major reviews at 6 months and 12 months post-launch Metrics: Educational Outcomes: Assess the effectiveness of the curriculum and training methods through resident exam results

	and competency evaluations. Resident Satisfaction: Conduct surveys to measure resident satisfaction with the program. Data Collection Methods: Exam results and competency assessments, Resident satisfaction surveys 7. Community Impact Evaluation: Timeline: Ongoing, with a major review at 12 months post-launch Metrics: Community Engagement: Evaluate the level of engagement and collaboration between the residency program and community organizations. Service Impact: Measure the residency program's impact on the availability and quality of psychiatric services in the Coachella Valley. Data Collection Methods: Community engagement records, Service utilization, and impact reports Final Evaluation Report: At the end of the first year, a comprehensive evaluation report will summarize the project's achievements, challenges, and overall impact. This report will include a detailed analysis of all collected data, insights from stakeholders, and recommendations for future improvements.
Deliverable #3: By September 1, 2025, Eisenhower Health will have established a robust telehealth and mobile health infrastructure in partnership with local nonprofit organizations, trained staff on the use of telehealth technologies, and launched a targeted promotional campaign to extend mental health services to remote and underserved populations. With this expansion of psychiatric services and the establishment of the residency program it is projected to serve 10,000 patients in year 3.	**Evaluation #3:** To ensure the success of the telehealth initiative, the project evaluation will be comprehensive, involving multiple phases aligned with specific milestones. This evaluation plan will focus on both quantitative and qualitative metrics to measure the effectiveness and impact of the telehealth services. 1. Telehealth Infrastructure Setup Evaluation: Timeline: By September 2025 Metrics: Infrastructure Completion: Confirm that the telehealth infrastructure, including necessary software, hardware, and secure communication channels, is fully established and operational. System Functionality: Test and verify the functionality and reliability of the telehealth system. Data Collection Methods: IT infrastructure setup reports, System testing logs and performance reviews 2. Staff Training Evaluation: Timeline: By September 2025 Metrics: Training Completion Rate: Ensure that 100% of relevant staff have completed telehealth

	training programs. Competency Assessment: Evaluate staff competency and confidence in using telehealth technologies through pre- and post-training assessments. Data Collection Methods: Training attendance records, pre-and post-training assessment results, Staff feedback surveys 3. Service Promotion and Community Outreach Evaluation: Timeline: Ongoing, with a major review at 6 months post-launch Metrics: Awareness Campaign Reach: Measure the promotional campaign's reach and engagement through metrics such as website traffic, social media engagement, and attendance at community events. Community Feedback: Collect feedback from community members, particularly from remote and underserved populations, regarding their awareness and perceptions of the telehealth services. Data Collection Methods: Marketing analytics (e.g., website visits, social media metrics), Attendance records from community events, Community surveys, and feedback forms 4. Service Utilization and Accessibility Evaluation: Timeline: Ongoing, with a major review at 6 months and 12 months post-launch Metrics: Utilization Rates: Track the number of telehealth consultations conducted and the demographics of patients served, with a focus on remote and underserved populations. Accessibility Improvements: Measure reductions in barriers to accessing mental health services, such as travel time and costs for patients. Data Collection Methods: Telehealth service utilization records, Patient demographic data, Patient surveys on accessibility and convenience. 5. Quality of Care and Patient Satisfaction Evaluation: Timeline: Ongoing, with major reviews at 6 months and 12 months post-launch Metrics: Patient Satisfaction: Conduct surveys to measure patient satisfaction with telehealth services. Clinical Outcomes: Evaluate clinical outcomes to ensure the quality of care provided through telehealth is on par with in-person services. Data Collection Methods: Patient satisfaction surveys, Clinical performance reviews and outcome analysis 6. Continuous Improvement: Timeline: Ongoing

	Metrics: Feedback Integration: Collect and analyze feedback from patients and staff to identify areas for improvement in telehealth services. Performance Adjustments: Implement changes based on evaluation findings to continuously enhance service quality and efficiency. Data Collection Methods: Regular feedback sessions, Performance review meetings Final Evaluation Report: At the end of the 12-month period, a comprehensive evaluation report will be compiled, summarizing the project's achievements, challenges, and overall impact. This report will include detailed analysis of all collected data, insights from stakeholders, and recommendations for future improvements.
Deliverable #4:	**Evaluation #4:**

Project Demographic Information

Target Geographic Area(s) To Be Served:
All areas

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, Black or African American

Additional Target Population Information:
Eisenhower Health seeks to address the growing need for mental health services in the Coachella Valley through a comprehensive initiative that includes the recruitment of additional psychiatrists, enhancement of telehealth and mobile health capabilities, and the establishment of a psychiatric Graduate Medical Education (GME) residency program. In order to effectively serve the community, it is crucial to identify and understand the target population demographics that will benefit from these expanded psychiatric services. Below are the key demographics we aim to reach through this initiative:

1. Socioeconomic Status: Low-Income Families: Many residents of the Coachella Valley live below the poverty line and face significant barriers to accessing mental health services. By enhancing telehealth and mobile health capabilities, we aim to provide

affordable and convenient options for these individuals. Uninsured and Underinsured Populations: There is a high prevalence of individuals without adequate health insurance coverage. The expanded services, particularly through telehealth, will provide critical access to psychiatric care for those who might otherwise forgo treatment due to cost concerns.
2. Age Groups: Youth and Adolescents: Mental health issues such as anxiety, depression, and behavioral disorders are increasingly prevalent among young people. Early intervention through accessible services, including telehealth, can significantly improve long-term outcomes. Adults: Working-age adults often face stressors related to employment, family, and finances. Offering flexible telehealth options will help this demographic access mental health services without disrupting their daily responsibilities. Elderly Population: The Coachella Valley has a significant elderly population, many of whom may face mobility issues and chronic health conditions. Telehealth services can provide these individuals with much-needed psychiatric care from the comfort of their homes.
3. Gender: Women: Women in the region may experience unique mental health challenges, including postpartum depression, anxiety, and other conditions exacerbated by caregiving responsibilities. Tailored psychiatric services and support groups can address these specific needs. Men: Men are often less likely to seek mental health services due to societal stigma. By promoting mental health awareness and offering discreet telehealth options, we aim to encourage more men to seek necessary care.
4. LGBTQIA Community: Members of the LGBTQIA community face discrimination, social stigma, and unique mental challenges. By providing inclusive and LGBTQIA affirming psychiatric services, we aim to create a safe space and supportive environment for individuals of all sexual orientations and gender identities.
5. Ethnicity: Hispanic/Latino Community: The Coachella Valley has a large Hispanic/Latino population, many of whom face language barriers and cultural stigmas around mental health. Culturally competent care and bilingual services will be critical in overcoming these barriers. Other Minority Groups: African American, Native American, and Asian communities also reside in the region and often face unique mental health challenges. Outreach and services tailored to these groups will ensure broader community engagement and support.
6. Rural Residents: Many parts of the Coachella Valley are rural, with limited access to healthcare facilities. Mobile health units and telehealth services will be essential in reaching these remote areas, providing consistent and reliable psychiatric care.
7. Veterans: The veteran population in the Coachella Valley may experience PTSD, depression, and other mental health issues at higher rates. Specialized services and support tailored to veterans can help address their unique needs. 8.. Unhoused (Homeless) Population: Individuals experiencing homelessness often have higher rates of mental illness and substance abuse. Mobile health services can reach this vulnerable population, providing essential psychiatric care and support. By addressing these diverse demographics, Eisenhower Health aims to create a comprehensive and inclusive mental health service expansion that meets the needs of the entire Coachella

Valley community. This initiative will provide immediate psychiatric care and foster long-term mental health and well-being across the region.

Capacity, Sustainability, and Partnerships

Organizational Capacity

Eisenhower Health is uniquely positioned to meet the demands of this project, leveraging our extensive organizational capacity, dedicated staff, and proven history of similar initiatives. Here is an overview of our capacity to successfully execute this project:

1. **Allocated Staff Time**: Our organization is committed to dedicating significant staff time to ensure the success of this initiative. Key personnel from various departments will be involved, including:

Project Management Team: A dedicated team of Eisenhower directors and managers will oversee the implementation, ensuring that milestones are met and resources are appropriately allocated. Psychiatric Department: Existing psychiatrists and mental health professionals will collaborate on recruiting and integrating new psychiatrists. IT and Telehealth Team: Specialists in telehealth technology and infrastructure will lead the enhancement and deployment of telehealth and mobile health services. Training and Development Team: The staff responsible for training and development will facilitate the onboarding of new hires and ensure comprehensive training for all staff involved in telehealth services.

2. **Internal Expertise**: Eisenhower Health boasts a wealth of internal expertise in various critical areas:

Clinical Expertise: Our current psychiatric team deeply understands mental health care and the specific needs of the Coachella Valley community. Telehealth Experience: Our experienced telehealth team has successfully implemented and managed telehealth services in other departments. Residency Program Development: Our organization has a history of developing and managing graduate medical education (GME) programs, which provides a solid foundation for establishing a new psychiatric residency program.

3. **Organizational Structure:** Eisenhower Health's organizational structure is designed to support large-scale projects and initiatives:

Leadership Support: Our executive leadership is fully committed to expanding psychiatric services and has prioritized this project within our strategic plan. Interdepartmental Collaboration: Our organizational culture promotes collaboration across departments, ensuring that various teams can work together seamlessly to achieve project goals. Resource Allocation: We have robust systems for efficiently allocating financial, human, and technological resources to support new initiatives.

4. **History of Similar Work:** Eisenhower Health has a proven track record of successfully executing similar projects:

Expansion of Services: We have previously expanded our healthcare services in response to community needs, such as the successful addition of new specialty clinics, and a medical mobile unit. Telehealth Implementation: Our prior experience with telehealth programs has demonstrated our ability to enhance healthcare delivery through technology. Residency and Fellowship Programs: We have successfully developed and maintained 3 residency programs (Emergency Medicine, Family Medicine, and Internal Medicine) and 7 fellowship programs (Addiction Medicine, Sports Medicine, Geriatric Medicine, Infectious Disease, Pulmonary Disease, Emergency Medicine Education, and Emergency Medicine Ultrasound), providing a solid foundation for the proposed psychiatric residency program. Eisenhower Health is well-equipped to meet the demands of this project, leveraging our dedicated staff, internal expertise, supportive organizational structure, and history of successful similar initiatives. With the support of the Desert Healthcare Foundation grant, we are confident in our ability to expand psychiatric services, enhance telehealth capabilities, and establish a pioneering psychiatric residency program in the Coachella Valley.

Organizational Sustainability:
Eisenhower Health employs a multifaceted approach to ensure the sustainability of its initiatives. Fostering community partnerships based on the principles of sustainability and long-term impact can collectively create systems and initiatives that outlast individual projects. Eisenhower Health aims to strengthen our community's resiliency by focusing on building a stronger behavioral healthcare infrastructure. This collaborative approach will lay the groundwork for sustainable long-term change. Eisenhower Health's collaboration with local nonprofit organizations will serve as a catalyst for positive change and have the potential to address complex challenges that no single organization can overcome alone. By embracing collaboration, we will unlock the power of collective action, shared resources, and diverse perspectives. Our strategies encompass robust funding mechanisms, comprehensive staff recruitment and retention plans, effective collaboration and partnerships, and thoughtful long-term planning. Here is an overview of these strategies:

1. **Funding**

Diverse Revenue Streams: We utilize a mix of revenue sources, including patient services, CMS, grants, donations, and provider partnerships. This diversification minimizes financial risk and ensures steady funding. Grant Writing and Fundraising: Our dedicated grant writing team continuously seeks funding opportunities from federal, state, and private sources. Additionally, we engage in active fundraising campaigns and cultivate relationships with donors to secure long-term financial support. Cost Efficiency Measures: We implement rigorous budget management practices and cost-efficiency

measures to maximize the impact of available funds. This includes regular financial audits and performance evaluations to ensure funds are used effectively.

2. **Staff Recruitment and Retention**

Competitive Compensation: To attract and retain top talent, we offer competitive salaries and benefits packages, including health benefits, retirement plans, and professional development opportunities. Professional Development: We provide continuous education and training programs to support career growth and enhance job satisfaction. This includes opportunities for further specialization and leadership training. Work-Life Balance: We promote a healthy work-life balance through flexible scheduling, wellness programs, and mental health support for our staff. This helps to reduce burnout and increase retention rates.

3. **Effective Collaboration and Partnerships**

Community Partnerships: We collaborate with local organizations, school districts, and community groups to extend our reach and impact. These partnerships help us to identify community needs and deliver tailored services. Academic Institutions: We partner with academic institutions to support research initiatives, clinical training, and the development of residency programs. These partnerships enhance our clinical capabilities and contribute to the broader medical community. Healthcare Networks: We are part of a larger healthcare network that facilitates resource sharing, knowledge exchange, and coordinated care. This network helps us to provide comprehensive and integrated services to our patients.

4. **Thoughtful Long-Term Planning**

Strategic Planning: Our organization conducts community health needs assessments and regularly completes strategic plans to set long-term goals and objectives. This involves input from all levels of the organization and aligns with our mission and vision. Evaluation and Adaptation: We regularly evaluate the effectiveness of our programs and services through data collection and analysis. This allows us to adapt and improve our strategies to meet evolving community needs and healthcare trends. Eisenhower Health's sustainability strategies are comprehensive and well-integrated into our organizational practices. By ensuring diverse funding, fostering a supportive work environment, building strong partnerships and local capacity, and engaging in thoughtful long-term planning, we are well-positioned to sustain and expand our psychiatric services and other healthcare initiatives.

Partnerships/Collaborations:
For the expansion of psychiatric services at Eisenhower Health, we plan to partner with several key organizations to leverage their expertise, resources, and community reach. Here is a list of these organizations and a description of their roles in the project:

1. Desert Healthcare District & Foundation

Role: Funding and Community Outreach Description: The Desert Healthcare District & Foundation will provide critical funding to support the expansion of psychiatric services, telehealth infrastructure, and the establishment of the psychiatry residency program. Additionally, they will assist in community outreach and awareness campaigns to promote the availability of new mental health services.

2. University of California, Riverside (UCR) School of Medicine & California University of Science and Medicine (CUSM)

Role: Academic Partnerships and Residency Program Support Description: UCR and CUSM will collaborate with Eisenhower Health to develop and implement the psychiatric residency program. Their medical students will be given opportunities for clinical rotations, research, and training at Eisenhower Health, with the potential to be recruited into the residency program and ensuring a steady pipeline of qualified candidates. These partnerships will facilitate research opportunities and enhance academic resources.

3. Riverside County Department of Mental Health

Role: Service Coordination and Referrals Description: The Riverside County Department of Mental Health will work closely with Eisenhower Health to coordinate mental health services and ensure smooth referrals between our organizations. This partnership will streamline patient care and provide a more integrated mental health care system in the region.

4. Federally Qualified Health Centers (FQHC's)

Role: Collaborative Care and Expanded Services Description: Partnering with additional FQHCs, like Desert AIDS Project (DAP Health) and Innercare will enhance our ability to provide comprehensive, community-based mental health services. These FQHCs will help identify patients in need of psychiatric care, facilitate referrals, and provide ongoing primary and preventive care that complements our mental health services. Their role includes: Referral Networks: Establishing streamlined referral pathways between Eisenhower Health and FQHCs to ensure patients receive timely and coordinated care. Community Outreach: Assisting in community outreach and education efforts to raise awareness about the availability of expanded mental health services. Support Services: Providing ancillary services such as housing support, substance use treatment, and chronic disease management, which are critical for holistic patient care. FQHCs will also serve as community-based training sites where psychiatric residents will complete rotations and provide direct psychiatric care to underserved clients.

5. Riverside County Latino Commission

Role: Cultural Competency and Community Engagement Description: The Riverside County Latino Commission will work with us to ensure that our mental health services are culturally competent and accessible to the Latino community. They will help to engage the Latino community, provide culturally relevant education, and support our efforts to reduce mental health disparities.

6. Other Local Nonprofits and Community Organizations

Role: Outreach and Support Services Description: Local nonprofits and community organizations, such as the Coachella Valley Rescue Mission, Volunteers in Medicine, and FIND Food Bank, will collaborate with us to provide additional support services to our patients. These include housing assistance, food security, and other social services that are essential for comprehensive mental health care. These partnerships will be instrumental in successfully expanding psychiatric services at Eisenhower Health. Each organization brings unique strengths and resources that will enhance the project's overall impact, ensuring that we can effectively meet the mental health needs of the Coachella Valley community. By working together, we can create a more robust and integrated mental health care system that benefits everyone involved.

Diversity, Equity, and Inclusion (DEI)

How does your organization address DEI in your policies, strategic plan, board and staff, etc.?
Eisenhower Health is deeply committed to fostering a culture of diversity, equity, and inclusion (DEI) across all levels of our organization. Our DEI efforts are integral to our policies, strategic planning, governance, and staff engagement. Here's an overview of how we address DEI:

1. Policies

Inclusive Hiring Practices: We implement inclusive hiring practices to ensure diversity in our workforce. This includes bias training for hiring managers, diverse candidate slates, and outreach to underrepresented groups. Non-Discrimination Policy: Our non-discrimination policy ensures that all employees and patients are treated with respect and fairness, regardless of race, ethnicity, gender, sexual orientation, religion, age, or disability. Cultural Competency Training: We provide regular cultural competency training for all staff to enhance their understanding and appreciation of diverse cultures and backgrounds, ensuring equitable care for all patients.

2. Strategic Plan

DEI Goals: Our strategic plan includes specific DEI goals aimed at improving diversity and inclusion within the organization. These goals are measurable and tracked regularly to ensure progress. Community Engagement: We actively engage with diverse communities to understand their unique needs and perspectives. This helps us tailor our services and outreach efforts to better serve these populations. Equitable Access: We prioritize equitable access to healthcare services, ensuring that underserved and

marginalized communities have access to the care they need. This includes expanding services in underserved areas and offering sliding scale payment options.

3. Board and Governance

Diverse Board Composition: We strive to maintain a diverse Board of Directors that reflects the community we serve. This diversity ensures a wide range of perspectives in decision-making processes. DEI Committee: Our DEI Committee, comprised of board members and senior leaders, oversees the implementation of DEI initiatives and ensures they align with our organizational goals. Accountability: We hold our leadership accountable for achieving DEI objectives by including DEI metrics in performance evaluations and organizational assessments.

4. Staff Engagement

Justice Equity, Diversity and Inclusion Committee: Our JEDI Committee is composed of faculty, residents, fellows, and staff from diverse backgrounds to connect, share experiences, and advocate for their needs within the organization. Mentorship Programs: Our mentorship programs are designed to support the professional growth of employees from underrepresented groups, helping them advance in their careers. Open Dialogue: We foster an environment where open dialogue about DEI is encouraged. This includes regular town hall meetings, feedback sessions, and anonymous surveys to gather employee input and address concerns.

5. Community Partnerships

Collaborative Efforts: We partner with local organizations that focus on DEI, such as the Riverside County Latino Commission and the FQHC's will enhance our outreach and services to diverse communities. Educational Outreach: We engage in educational outreach programs that promote health equity and address social determinants of health, such as providing scholarships and internships for students from underrepresented backgrounds. Eisenhower Health's commitment to DEI is evident in our policies, strategic planning, board composition, staff engagement, and community partnerships. By embedding DEI principles into every aspect of our organization, we ensure that we provide equitable, inclusive, and culturally competent care to all members of our community.

What barriers does your organization face when addressing DEI?
Eisenhower Health recognizes the importance of addressing diversity, equity, and inclusion (DEI) but also acknowledges the barriers that can impede progress. Some of the key challenges we face include:

1. Recruitment and Retention of Diverse Staff

Limited Candidate Pool: There can be a limited pool of candidates from underrepresented groups in certain medical and administrative fields, making it challenging to achieve diverse staffing.

Retention Challenges: Retaining diverse staff can be challenging if they do not feel

adequately supported or represented within the organization. However, in the past few years, we have made significant strides in our GME program by successfully retaining several resident physicians from underrepresented backgrounds.

2. Implicit Bias

Unconscious Bias: Implicit biases among staff and leadership can affect hiring, promotions, and patient care decisions, even when there is a commitment to DEI. Training Effectiveness: Ensuring that bias training programs are effective and lead to meaningful behavior change can be challenging.

3. Cultural Competency

Varied Patient Needs: The diverse cultural backgrounds of patients require staff to have a broad understanding of different cultural norms and health beliefs, which can be complex and multifaceted. Continuous Learning: Maintaining a high level of cultural competency requires ongoing education and training, which can be resource-intensive.

4. Resource Allocation

Financial Constraints: Implementing DEI initiatives often requires significant financial investment, which can be a barrier, especially during periods of budget constraints.

Competing Priorities: Balancing DEI initiatives with other critical organizational priorities can sometimes result in insufficient focus and resources for DEI efforts. To address this, we recently established a dedicated DEI budget to prioritize and allocate the necessary funds and resources.

5. Community Engagement

Building Trust: Establishing trust with marginalized and underserved communities can be challenging, especially if there is a history of mistrust towards healthcare institutions. Effective Communication: Communicating effectively with diverse communities, particularly those with language barriers or differing health literacy levels, requires tailored strategies and resources.

6. Measuring Impact

Data Collection: Collecting and analyzing data on DEI metrics can be complex and resource-intensive. Ensuring accurate and comprehensive data collection is essential for measuring progress and identifying areas for improvement. Tracking Outcomes: Linking DEI initiatives to specific outcomes and demonstrating their impact on patient care and organizational performance can be challenging.

7. Leadership and Buy-In

Consistent Commitment: Ensuring consistent and sustained commitment to DEI from all levels of leadership is crucial. Changes in leadership or shifts in organizational priorities can sometimes undermine DEI efforts. Creating Accountability: Developing effective

accountability mechanisms to ensure that DEI goals are met and maintained over time can be difficult. While Eisenhower Health is committed to advancing DEI, we recognize that overcoming these barriers requires ongoing effort, dedication, and strategic planning. By acknowledging and addressing these challenges, we can continue to make progress towards a more diverse, equitable, and inclusive organization.

Section 1 - Operational Expenses

Project Grant Budget

Applicant: Eisenhower Medical Center — Psychiatric Care Expansion and Psychiatry Residency Program

OPERATIONAL EXPENSES		Project Budget	Funds From Other Sources Detail On Section 3	Amount Requested From DHCD/F
Total Staffing Expenses Detail on Section 2		$ 1,983,493.20	$ 4,682,820.60	$ 1,729,993.20
Equipment (itemize)				
1	Telehealth software licenses (3)	$ 13,500.00	$ 13,500.00	$ -
2	Telehealth equipment (3)	$ 3,600.00	$ 3,600.00	$ -
3	Mobile devices (3)	$ 3,000.00	$ 3,000.00	$ -
4		$ -	$ -	$ -
Supplies (itemize)				
1	Diagnostic tools	$ 4,000.00	$ 4,000.00	$ -
2	Educational materials	$ 2,500.00	$ 2,500.00	$ -
3	PPE	$ 13,000.00	$ 13,000.00	$ -
4		$ -	$ -	$ -
Printing / Duplication		$ 2,000.00	$ 2,000.00	$ -
Mailing / Postage		$ 1,000.00	$ 1,000.00	$ -
Mileage (use current Federal mileage rate)		$ 3,000.00	$ 3,000.00	$ -
Other Direct Project Expenses Not Described Above (itemize)				
1	Advertising/ Promotional	$ 10,000.00	$ 10,000.00	$ -
2	Community Outreach	$ 10,000.00	$ 10,000.00	$ -
3	Travel: Faculty & Residents conference	$ 32,000.00	$ 32,000.00	$ -
4	Education Stipend for Residents & Faculty	$ 20,000.00	$ 20,000.00	$ -
5	External Didactic/Education Costs	$ 60,000.00	$ 60,000.00	$ -
6	Housing Stipend ($500 mo.)	$ 18,000.00	$ 18,000.00	$ -
7	Relocation Stipend (3) at $2,500)	$ 7,500.00	$ 7,500.00	$ -
8	ACGME Application Fees	$ 7,400.00	$ 7,400.00	$ -
9	Annual Accreditation Fee	$ 5,150.00	$ 5,150.00	$ -
10	Professional Society Membership for Residents & Faculty (8) ($1,500 ea.)	$ 12,000.00	$ 12,000.00	$ -
11	Faculty Development & Continuing Education	$ 25,000.00	$ 25,000.00	$ -
12	Training expenses for Away Rotations	$ 65,000.00	$ 65,000.00	$ -
13	Medical Board Prep & Exam Fees ($2,500 ea.)	$ 9,000.00	$ 9,000.00	$ -
14	Resident Recruitment Fees	$ 3,000.00	$ 3,000.00	$ -
15	Retreat & Wellness	$ 10,000.00	$ 10,000.00	$ -
16	Weekly Resident Meal Stipend $126 / $6,552 annually	$ 6,552.00	$ 6,552.00	$ -
17	Uniforms: 3 White Coats ($100), 3 Scrubs Set ($100)	$ 1,800.00	$ 1,800.00	$ -
18	Faculty Recruitment Fees	$ 10,000.00	$ 10,000.00	$ -
19	Housing Resident Rotation /RUHS	$ 27,000.00	$ 27,000.00	$ -
20	Systems/Software/Equipment	$ 15,000.00	$ 15,000.00	$ -

*** 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.**

Office / Rent / Mortgage*	$ 124,000.00	$ 124,000.00	$ -
Telephone / Fax / Internet*	$ 23,300.00	$ 23,300.00	$ -
Utilities*	$ 16,400.00	$ 16,400.00	$ -
Insurance*	$ 235,000.00	$ 235,000.00	$ -
Indirect Rate ☑ Check Box To Utilize Indirect Rate Up To 15%			$ 259,498.98
Total Project Budget (Rounded up to nearest dollar)	**$ 2,782,196**	**$ 5,481,523**	**$ 1,989,493**

Budget Narrative

Telehealth software licenses or subscriptions for video conferencing, secure messaging, and electronic health record (EHR) integration for 3 licenses at $4,500 annually.
Telehealth equipment such as webcams, headsets, and peripherals for remote patient monitoring for 3 sets at $3600.
Mobile devices or tablets for patients without access to smartphones or computers for 3 devices at $1,000 each.
Diagnostic tools and assessment instruments for mental health evaluations at $4,000.
Educational materials and resources for patient education and self-management.
Personal protective equipment (PPE) for in-person visits during public health emergencies.
Printing and duplication of educational materials, flyers, and brochures promoting the program's services.
Mail services as needed for patient handouts, informational flyers or promotional materials.

Mileage transportation vouchers or stipends for patients with limited mobility or transportation options to access in-person appointments.
Advertising and promotional campaigns through digital channels, social media, and community events.
Community outreach activities such as health fairs, workshops, and presentations.

Travel expenses to attend conferences, training sessions, or meetings with partners and stakeholders.
Education stipends for residents and faculty.
External didactic/education costs.
Housing stipends ($500 monthly).
Relocation stipend (3) at $2,500 each.
Program fees for accreditation or certification by relevant regulatory bodies or accrediting organizations.
and costs associated with quality improvement initiatives, peer reviews, and clinical audits to ensure compliance with standards of care.
Professional memberships (8) at $1,500 each; faculty development & continuing education, training rotations, medical board prep & exam fees, resident recruitment fees and retreat.

Budget Narrative

Weekly Resident Meal Stipend $126 ea. / $6,552 annually.
Uniforms: 3 White Coats ($100), 3 Scrubs Set ($100) annually.
Faculty Recruitment Fees.
Housing: Resident Inpatient Rotation /RUHS for 6 months ($4,500 monthly).

Systems/Software/Equipment: Software licenses for electronic health record (EHR) systems or patient management platforms to track patient demographics, appointments, clinical notes, and outcomes.
Data analytics tools for monitoring program performance, patient satisfaction, and clinical outcomes.

In-direct rate at 15%

Section 2 - Itemized Expenses

Staff Salary Expenses		Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD/F
Employee Position/Title					
1	Psychiatrists (3) PGY1	$ 233,499.00	0.25	$ 175,124.25	$ 175,124.25
2	Program Director FTE	$ 275,000.00	0.25	$ 206,250.00	$ 206,250.00
3	Associate Program Director	$ 225,000.00	0.25	$ 168,750.00	$ 168,750.00
4	Faculty Members (3)	$ 825,000.00	0.25	$ 618,750.00	$ 618,750.00
5	Administrative Staff	$ 65,853.00	0.25	$ 49,389.75	$ 49,389.75
6	Program Coordinator	$ 75,000.00	0.5	$ 112,500.00	$ 112,500.00
7				$ -	$ -
8				$ -	$ -
Enter Total Employee Benefits / Employer Taxes % (Proportional Fringe Costs and/Or Employer Taxes Based On % Of Time Allocated To Project)			30.00%	399,229.20	399,229.20
Total Will Populate in Total Staffing Expenses Section 1			**Total ›**	**$ 1,729,993.20**	**$ 1,729,993.20**

Budget Narrative - Scope of Work

Please describe in detail the ***scope of work*** and duties for each employee on this grant.

Psychiatrists (3) to perform behavioral health assessments providing direct patient care.
Program Director will handle oversight of residency program.
Associate Program Director will perform recruitment, accreditation input, educational outreach and collaboration with faculty.
Faculty members (3) will guide residents through rounds, patient engagement and training.
Administrative staff will assist with program tracking, scheduling, billing, and documentation.
Program Coordinator will monitor grant budget expenses, grant reporting and compliance.

Budget Narrative - Employee Benefits

Please describe in detail the ***employee benefits*** including the percentage and salary used for calculation.

Staff / personnel fringe benefits rate of 30%.

Professional Services / Consultant Expenses		Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD/F
Company and Staff Title					
1	Case Coordinator - DAP	$ 65.00	25	$ 84,500.00	$ -
2	Case Coordinator - Innercare	$ 65.00	25	$ 84,500.00	$ -
3	Case Coordinator - Latino Comm	$ 65.00	25	$ 84,500.00	$ -
4					
Total Will Populate in Total Staffing Expenses Section 1			**Total ›**	**$ 253,500.00**	**$ -**

Budget Narrative - Scope of Work

Please describe in detail the ***scope of work*** for each professional service/consultant on this grant.

Case Coordinators will be compensated at rate of $65/hr. for 25 hrs./week for each program year: $84,500; total of 4 year project cost of all coordinators is $1,014,000. Each organization case coordinator will handle patient appointments/referrals scheduling and engagement.

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
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	EH Institutional Support - lines 48 through 51 on Section 1	$ 398,700.00
2	Faculty- (3) physician professional services $200hr/4 hrs. - 4 lectures annually	$ 525,372.75
3	Psychiatrists (3) PGY1	$ 175,124.25
4	Program Director FTE	$ 618,750.00
5	Associate Program Director	$ 506,250.00
6	Faculty Members (3)	$ 1,856,250.00
7	Administrative Staff	$ 148,169.25
8	Program Coordinator	$ 112,500.00
9	Fringe Benefits	$ 341,704.35
Total Funding In Addition To DHCD/F Request		**$ 4,682,820.60**

Budget Narrative	Above budgeted items supported by Eisenhower Medical Center: Psychiatrists (3) PGY1 salary at .75% for 3 yr program term. Program Director FTE salary at .75% for 3 yr program term. Associate Program Director salary at .75% for 3 yr program term. Faculty Members (3) salary for faculty at .75% for 3 yr program term. Administrative staff salary at .75% FTE for 3 yr program term. Program Coordinator salary for .50% FTE for 3 yr program term. Fringe benefits at 10% (Section 2-Staffing Expenses calculation is 30%). Actual benefit rate is $40%