



DESERT HEALTHCARE
DISTRICT & FOUNDATION

To achieve optimal health at all stages of life for all District residents

**DESERT HEALTHCARE FOUNDATION
BOARD MEETING
Board of Directors Meeting
November 26, 2024
6:30 P.M.**

Immediately Following the Adjournment of the Desert Healthcare District Board Meeting

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

This meeting is handicapped-accessible

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

<https://us02web.zoom.us/j/88671987917?pwd=T29iRktDZIRDM3ITbmJDWkFiMnVMdz09>

Password: 355860

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

(669) 900-6833 or Toll Free (833) 548-0282

Webinar ID: 886 7198 7917

Password: 355860

You may also email ahayles@dhcd.org with your public comment no later than 3 p.m., Tuesday, 11/26

Director Carole Rogers will attend via Teleconferencing pursuant to Government Code 54953(b) at 2076 Pulsar Avenue, Livermore, CA 94550

<i>Page(s)</i>	REVISED AGENDA	<i>Item Type</i>
	<i>Any item on the agenda may result in Board Action</i>	
	<p>A. CALL TO ORDER – President PerezGil Roll Call Director Rogers, RN _____ Director De Lara _____ Director Zendle, MD _____ Director Shorr _____ Secretary Barraza _____ Vice-President Zavala, PsyD _____ President PerezGil</p>	
1-3	<p>B. APPROVAL OF AGENDA</p>	Action
	<p>C. PUBLIC COMMENT At this time, comments from the audience may be made on items <i>not</i> listed on the agenda that are of public interest and within the subject-matter jurisdiction of the Foundation. The Board has a policy of limiting speakers to no more than three minutes. The Board cannot take action on items not listed on the agenda. Public input may be offered on agenda items when they come up for discussion and/or action.</p>	



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	D. CONSENT AGENDA	Action
	All Consent Agenda item(s) listed below are considered to be routine by the Board of Directors and will be enacted by one motion. <u>There will be no separate discussion of items unless a Board member so requests, in which event the item(s) will be considered following approval of the Consent Agenda.</u>	
	1. BOARD MINUTES	
4-7	a. Board of Directors Meeting – October 22, 2024	
	2. FINANCIALS	
8-17	a. October 2024 Financial Statements – F&A Approved November 13, 2024	
	3. GRANT AGREEMENTS	
18-30	a. Grant #1288 – DAP Health-Borrego Health Six Month No-Cost Grant Extension and Budget Modification	
	E. REPORTS	Information
	1. Desert Healthcare District CEO Report – Chris Christensen, Chief Executive Officer	
31-32	a. USAging Grant Updates – Alejandro Espinoza, Chief of Community Engagement	
33-47	b. Consideration for Contingent Approval of the Riverside County Initiative to Address COVID-19 Disparities Grant	Action
48-58	c. DPMG Health Medical Mobile Unit Operations – Alejandro Espinoza, Chief of Community Engagement	
59-105	d. Improving Access to Healthcare in Desert Highland Gateway Estates (DHGE) – August and September 2024 Reports – DAP Health – Borrego Health Foundation	
	F. COMMITTEE MEETINGS	Information
	1. PROGRAM COMMITTEE – Chair/President Evett PerezGil, Vice-President Carmina Zavala, PsyD, Director Leticia De Lara	
106-108	a. Draft Meeting Minutes – November 12, 2024	
109-131	b. Progress Reports Update	
132-183	c. Final Reports Update	
184-185	d. Grant Payment Schedules	
	2. FINANCE, LEGAL, ADMINISTRATION, & REAL ESTATE COMMITTEE – Chair/Treasurer Arthur Shorr, Vice-President Carmina Zavala, PsyD, and Director Leticia De Lara	
186	a. Draft Meeting Minutes – November 13, 2024	



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G. BOARD COMMENTS

H. ADJOURNMENT

The undersigned certifies that a copy of this agenda was posted in the front entrance of the Desert Healthcare District offices located at 1140 North Indian Canyon Drive, Palm Springs, California, and the front entrance of the Desert Healthcare District located at the Regional Access Project Foundation, 41550 Eclectic Street, Suite 100, Palm Desert California at least 72 hours prior to the meeting. If you have a disability and require a translator for accommodation to enable you to participate in this meeting, please email Andrea S. Hayles, Special Assistant to the CEO and Board Relations Officer at ahayles@dhcd.org or call (760) 567-0591 at least 72 hours prior to the meeting.

Andrea S. Hayles

Andrea S. Hayles, Board Relations Officer



**DESERT HEALTHCARE FOUNDATION
BOARD OF DIRECTORS MEETING MINUTES
October 22, 2024**

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

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order Roll Call	President PerezGil called the meeting to order at 6:57 p.m. The Clerk of the Board called the roll with all directors present.	
B. Approval of Agenda	President PerezGil asked for a motion to approve the agenda.	#24-18 MOTION WAS MADE by Director Zendle seconded by Director De Lara to approve the agenda. Motion passed unanimously. AYES – 7 President PerezGil, Vice-President Zavala, Secretary Barraza, Director Shorr, Director Rogers, Director Zendle, and Director De Lara NOES – 0 ABSENT – 0
C. Public Comment	There were no public comments.	
D. Consent Agenda 1. BOARD MINUTES		

**DESERT HEALTHCARE FOUNDATION
BOARD OF DIRECTORS MEETING MINUTES
October 22, 2024**

<p>a. Board of Directors Meeting – September 30, 2024</p> <p>2. FINANCIALS</p> <p>a. September 2024 Financial Statements – F&A Approved October 09, 2024</p> <p>b. FY 2024 Audit Reports – Foundation Reports Presented During the District Board of Directors Meeting</p>	<p>President PerezGil asked for a motion to approve the consent agenda.</p>	<p>#24-19 MOTION WAS MADE by Director Rogers and seconded by Vice-President Zavala to approve the consent agenda. Motion passed unanimously. AYES – 7 President PerezGil, Vice-President Zavala, Secretary Barraza, Director Shorr, Director Rogers, Director Zandle, and Director De Lara</p> <p>NOES – 0</p> <p>ABSENT – 0</p>
<p>E. Reports</p> <p>1. Desert Healthcare District CEO Report – Chris Christensen, Interim CEO</p> <p>a. Coachella Valley Equity Collaborative</p> <p> i. USAgging Grant Updates – Alejandro Espinoza, Chief of Community Engagement</p> <p>b. DPMG Health Mobile Medical Unit Operations Update – Alejandro Espinoza, Chief of Community Engagement</p>	<p>Chris Christensen, CEO, announced the conditional approval of a \$197k Riverside County Initiative to Address COVID-19 Disparities grant. The funding will be used for testing and PPE distribution to organizations, with additional information about the grant award expected in the coming weeks.</p> <p>Mr. Christensen inquired with the board about any questions concerning the USAgging grant and operations of the and DPMG Health mobile medical clinic.</p>	

**DESERT HEALTHCARE FOUNDATION
BOARD OF DIRECTORS MEETING MINUTES
October 22, 2024**

	<p>Alejandro Espinoza, Chief of Community Engagement, thanked Director Rogers for assisting the senior population at the vaccination clinic, and highlighting photos from the event.</p>	
<p>F.1. Program Committee</p> <p>a. The Program Committee did not convene in October</p> <p>F.2. F&A Committee</p> <p>a. Draft Meeting Minutes – October 09, 2024</p>	<p>The Program Committee did not convene in October.</p> <p>President PerezGil inquired about any questions concerning the October F&A Committee meeting minutes.</p> <p>There were no questions or comments.</p>	
<p>G. Board Member Comments</p>	<p>Director De Lara inquired from legal counsel at the November meeting an update on the Brown Act about “just cause” and “emergency circumstances” for the board meetings.</p> <p>The new elected officers take office at noon on the first Friday in December following the general district</p>	



**DESERT HEALTHCARE FOUNDATION
BOARD OF DIRECTORS MEETING MINUTES
October 22, 2024**

	election, per the inquiry from Director Zendle.	
H. Adjournment	President PerezGil adjourned the meeting at 7:15 p.m.	Audio recording available on the website at https://www.dhcd.org/Agendas-and-Documents

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

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

DRAFT

DESERT HEALTHCARE FOUNDATION					
OCTOBER 2024 FINANCIAL STATEMENTS					
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Statement of Operations					
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Desert Healthcare Foundation
Profit Loss Budget vs. Actual
July through October 2024

	MONTH			TOTAL		
	Oct 24	Budget	\$ Over Budget	Jul - Oct 24	Budget	\$ Over Budget
Income						
4000 · Gifts and Contributions	5,930	4,167	1,763	14,380	16,664	(2,284)
4003 · Grants	0	19,514	(19,514)	0	828,053	(828,053)
4116 · Bequests - Frederick Lowe	4,822	5,000	(178)	29,837	20,000	9,837
4130 · Misc. Income	0	83	(83)	0	333	(333)
8015 · Investment Interest Income	4,041	12,500	(8,459)	29,951	50,000	(20,049)
8040 · Restr. Unrealized Gain/(Loss)	(40,102)	12,500	(52,602)	222,614	50,000	172,614
Total Income	(25,310)	53,764	(79,074)	296,783	965,050	(668,267)
Expense						
5001 · Accounting Services Expense	1,194	1,202	(8)	4,775	4,804	(29)
5035 · Dues & Memberships Expense	27	42	(15)	27	167	(140)
5057 · Investment Fees Expense	4,091	4,167	(75)	15,890	16,667	(777)
5065 · Legal Costs Ongoing Expense	0	83	(83)	0	333	(333)
5101 · DHCD-Exp Alloc Wages& benefits	17,258	17,692	(434)	66,467	70,766	(4,299)
5102 · DHCD-Expenses - CVEC	14,991	25,000	(10,009)	24,172	100,000	(75,828)
5106 · Marketing & Communications	0	625	(625)	0	2,500	(2,500)
5110 · Other Expenses	849	625	224	3,388	2,500	888
5115 · Postage & Shipping Expense	0	8	(8)	0	33	(33)
5120 · Professional Fees Expense	0	83	(83)	0	333	(333)
8051 · Major grant expense	246	16,667	(16,421)	(5,630)	66,667	(72,297)
8052 · Grant Expense - Collective/Mini	0	125,833	(125,833)	0	503,333	(503,333)
Total Expense Before Social Services	38,655	192,027	(153,372)	109,089	768,104	(659,015)
5054 · Social Services Fund	0	8,000	(8,000)	6,000	32,000	(26,000)
Net Income	(63,965)	(146,263)	82,297	181,694	164,947	16,748

Desert Healthcare Foundation
Balance Sheet Previous Year Comparison

As of October 31, 2024

				Oct 31, 24	Oct 31, 23
ASSETS					
Current Assets					
Checking/Savings					
100 - CASH					
			150 - Petty Cash	237	207
			153 - Checking - US Bank - 7094	1,198,236	802,705
			154 - Checking - US Bank - 4946	124,389	270,824
			Total Checking/Savings	1,322,862	1,073,736
			Total Accounts Receivable	16,397	199,919
Other Current Assets					
476-486 - INVESTMENTS					
			477 - Morgan Stanley-Investments		
			477.2 - Unrealized Gain/(Loss)	(80,150)	(313,976)
			477 - Morgan Stanley-Investments - Other	975,015	2,077,583
			Total 477 - Morgan Stanley-Investments	894,865	1,763,607
			486 - Merrill Lynch		
			486.1 - Merrill Lynch Unrealized Gain	855,392	403,247
			486 - Merrill Lynch - Other	2,428,260	2,188,768
			Total 486 - Merrill Lynch	3,283,652	2,592,015
			Total 476-486 - INVESTMENTS	4,178,517	4,355,622
500 - CONTRIBUTIONS -RCVB -CRTS					
			515 - Contrib RCVB-Pressler CRT	80,317	70,118
			530 - Contrib RCVB-Guerts CRT	114,737	126,022
			Total 500 - CONTRIBUTIONS -RCVB -CRTS	195,054	196,140
			601 - Prepaid Payables	5,225	8,502
			Total Other Current Assets	4,378,796	4,560,264
TOTAL ASSETS				5,718,055	5,833,919

Desert Healthcare Foundation
Balance Sheet Previous Year Comparison

As of October 31, 2024

				Oct 31, 24	Oct 31, 23
LIABILITIES & EQUITY					
Liabilities					
Current Liabilities					
Accounts Payable					
			1000 · Accounts Payable	17,363	2,000
			1052 · Account payable-DHCD Exp Alloc	79,608	48,959
			Total Accounts Payable	96,971	50,959
Other Current Liabilities					
			2183 · Grants Payable-COVID-CARES PHI	0	125,033
			2190 · Current - Grants payable	298,965	1,447,905
Long Term Liabilities					
			2186 · Grants payable	33,120	0
Total Liabilities				429,056	1,623,897
Equity					
			3900 · Retained Earnings	5,107,307	3,546,460
			Net Income	181,694	663,561
			Total Equity	5,289,001	4,210,021
TOTAL LIABILITIES & EQUITY				5,718,055	5,833,919

DESERT HEALTHCARE FOUNDATION					
BALANCE SHEET 10/31/24					
ALLOCATION OF MAJOR CATEGORIES/LIABILITIES					
		T/B	GENERAL Fund	Restricted Funds	Trusts
ASSETS					
	150 · Petty Cash	237	237	-	-
	153 · Checking - US Bank 7094*	1,198,236	1,101,265	96,971	-
	154 · Checking - US Bank 4946*	124,389		124,389	
	Total 100 · CASH - UNRESTRICTED	1,322,862	1,101,502	221,360	-
Accounts Receivable					
	321 - Accounts Receivable - Other	16,397	-	16,397	
	Total Accounts Receivable	16,397	-	16,397	-
477 ·Morgan Stanley Investments					
	477.2 · Unrealized Gain	(80,150)	(80,150)		-
	477 ·Morgan Stanley	975,015	975,015		
	Total 477 · Morgan Stanley Investments	894,865	894,865	-	-
6441	486.1 · Merrill Lynch Unrealized Gain	855,392	-	855,392	-
	486 · Merrill Lynch	2,428,260	2,109,611	318,649	-
	Total 486 · Merrill Lynch	3,283,652	2,109,611	1,174,041	-
	515 · Contrib RCVB-Pressler CRT	80,317	-	-	80,317
	530 · Contrib RCVB-Guerts CRT	114,737	-	-	114,737
	601 - Prepaid payables	5,225	5,225	-	-
	Total Current Assets	5,718,055	4,111,203	1,411,798	195,054
	TOTAL ASSETS	5,718,055	4,111,203	1,411,798	195,054
LIABILITIES & EQUITY					
Liabilities					
Current Liabilities					
Accounts Payable					
	1000 · Accounts Payable	17,363	-	17,363	-
	1052 - Account Payable - DHCD - Alloc Expenses	79,608	-	79,608	-
Other Current Liabilities					
	2190 - Grants Payable - Current Portion	298,965	-	298,965	-
	Total Current Liabilities	395,936	-	395,936	-
	2186 - Grant Payable - Long Term	33,120	-	33,120	-
	Total Liabilities	429,056	-	429,056	-
Equity					
	3900 · Retained Earnings	5,107,307	3,929,511	982,742	195,054
	Net Income	181,694	181,694	-	-
	Total Equity	5,289,001	4,111,203	982,742	195,054
	TOTAL LIABILITIES & EQUITY	5,718,055	4,111,203	1,411,798	195,054
* Restricted funds include Accounts Payable & advance of USAging grant funds					

Desert Healthcare Foundation
Deposit Detail
 October 2024

Type	Date	Name	Account	Amount
Deposit	10/08/2024		153 - Checking - US Bank - 7094	10
		Misc.	4000 - Gifts and Contributions	(10)
TOTAL				(10)
Deposit	10/09/2024		153 - Checking - US Bank - 7094	1,740
Payment	10/09/2024	Inland Empire Health Plan - Connect IE Agreement	1499 - Undeposited Funds	(1,740)
TOTAL				(1,740)
Deposit	10/23/2024		153 - Checking - US Bank - 7094	2,610
Payment	10/23/2024	Inland Empire Health Plan - Connect IE Agreement	1499 - Undeposited Funds	(2,610)
TOTAL				(2,610)
Deposit	10/29/2024		153 - Checking - US Bank - 7094	4,832
		Misc.	4000 - Gifts and Contributions	(10)
		American Society of Composers	4116 - Bequests - Frederick Lowe	(4,822)
TOTAL				(4,832)
			TOTAL	9,192

Desert Healthcare Foundation
Check Register
As of October 31, 2024

Type	Date	Num	Name	Amount
100 - CASH				
153 - Checking - US Bank - 7094				
Bill Pmt -Check	10/09/2024	6066	Alejandro Espinoza Santacruz - Expense Reimbursement	(32)
Bill Pmt -Check	10/09/2024	6067	Desert Aids Project (DAP Health) - Grant Payment	(16,723)
Bill Pmt -Check	10/09/2024	6068	Desert Regional Medical Ctr Aux - Social Services Payment	(6,000)
Bill Pmt -Check	10/09/2024	6069	Martha's Village & Kitchen - Grant Payment	(9,986)
Bill Pmt -Check	10/09/2024	6070	Sergio Rodriguez - Expense Reimbursement	(114)
Check	10/15/2024		Bank Service Charge	(849)
Bill Pmt -Check	10/22/2024	6071	Alejandro Espinoza Santacruz - Expense Reimbursement	(101)
Bill Pmt -Check	10/22/2024	6072	City of Palm Springs	(27)
Bill Pmt -Check	10/28/2024	6073	U.S. Bank	(4,839)
TOTAL				(38,671)

Desert Healthcare Foundation
Details for Credit Card Expenditures
Credit Card Purchases - October 2024 - Paid October 2024

Number of Credit Cards Held by Foundation Personnel - 2								
Credit Card Limit - \$40,000								
Credit Card Holders:								
Chris Christensen - Chief Executive Officer								
Eric Taylor - Chief Administration Officer								
Alejandro Espinoza Santacruz - Chief of Community Engagement								
Routine types of charges:								
Office supplies, dues for membership, supplies for projects, programs, etc.								
Statement								
Year	Month	Total Charged	Total Charges	Expense Type	Amount	Purpose	Description	
			\$ 4,839.35					
Monthly Statement CalCard:								
2024	October		\$ 4,839.35	Foundation				
				Chris Christensen				
				GL	Dollar		Description	
					\$ -			
				Eric Taylor				
				GL	Dollar		Description	
					\$ -			
				Alejandro Espinoza Santacruz				
				GL	Dollar		Description	
				5102	\$ 194.00		Stor-N-Lock - CVEC storage unit rent October 2024	
				5110	\$ 196.36		Sheraton Gateway Hotel - Lodging for Vision Y Compromiso 22nd Annual Conference - Los Angeles, CA - October 4, 2024 - Alejandro Espinoza Santacruz (to be transferred to District)	
				5110	\$ 196.38		Sheraton Gateway Hotel - Lodging for Vision Y Compromiso 22nd Annual Conference - Los Angeles, CA - October 5, 2024 - Alejandro Espinoza Santacruz (to be transferred to District)	
				5102	\$ 1,508.00		Target - 150 gift cards for USAging vaccination events	
				5102	\$ 1,519.95		Starbucks - 150 gift cards for USAging vaccination events	
				5102	\$ 17.43		Albertson's - refreshments for staff, volunteers, and vaccination staff of 9 for October 13, 2024, vaccination event	
				5102	\$ 97.81		Domino's - food for staff, volunteers, and vaccination staff of 9 for October 13, 2024, vaccination event	
				5102	\$ 27.30		Starbucks - refreshments for staff and vaccination staff of 4 for October 15, 2024, vaccination event	
				5102	\$ 500.00		Facebook - advertising for USAging vaccination events	
				2190	\$ 20.00		Palm Springs Airport - parking fees for homeless outreach event on October 17, 2024	
				5102	\$ 38.55		Starbucks - refreshments for staff and vaccination staff of 5 for October 17, 2024, vaccination event	
				2190	\$ 23.57		Arco - fuel for vehicle rental for homeless outreach event on October 17, 2024	
				5102	\$ 500.00		Facebook - advertising for USAging vaccination events	
					\$ 4,839.35			

DESERT HEALTHCARE FOUNDATION								
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE								
October 31, 2024								
TWELVE MONTHS ENDING JUNE 30, 2025								
A/C 2190 and A/C 2186-Long term			6/30/2024	New Grants	Total Paid	10/31/2024		
Grant ID Nos.	Name		Open	Current Yr	July-June	Open		
			BALANCE	2024-2025		BALANCE		
BOD-04-24-18 & 06-28-22	Behavioral Health Initiative Collective Fund + Expansion		\$ 851,542		\$ 108,385	\$ 749,161		Behavioral Health
2018-BOD-06-26-18	Avery Trust Funds-Committed to Pulmonary services		\$ 485,052		\$ -	\$ 485,052		Avery Trust
2019-1006-BOD-06-25-19	DHCD - Homelessness Initiative Collective Fund		\$ 19,345		\$ 1,150	\$ 18,195		Homelessness
2021-1288-BOD-07-27-21	DAP Health (Borrego Community) - Improving Access to Healthcare - 3 Yrs		\$ 273,693		\$ 70,827	\$ 202,866		
Res. NO. 22-17	Carry-Over Funds*		\$ 477,916		\$ -	\$ 477,916		
BOD-05-28-24 FY 2024-2025 Budget	Environmental Health RFP		\$ 1,000,000		\$ -	\$ 1,000,000		
2024-MOU-BOD-06-25-24	HARC - 2025 Coachella Valley Health Survey - 2 Yrs.		\$ 66,240		\$ -	\$ 66,240		
TOTAL GRANTS			\$ 3,173,789	\$ -	\$ 180,362	\$ 2,999,430		
YTD Summary:				Uncommitted & Available				
Behavioral Health Initiative Collective Fund	\$ 749,161	\$ 686,182						
Avery Trust - Pulmonary Services	\$ 485,052	\$ 485,052						
West Valley Homelessness Initiative	\$ 18,195	\$ -						
Carry-Over Funds	\$ 477,916	\$ 477,916						
Environmental Health RFP	\$ 1,000,000	\$ 1,000,000						
Total	\$ 2,730,325	\$ 2,649,151						
Amts available/remaining for Grant/Programs - FY 2024-25:				FY25 Grant Budget		Social Services Fund #5054		
Amount budgeted 2024-2025		\$ 10,000	\$ 10,000			Budget	\$ 96,000	
Amount granted year to date		\$ -	\$ -			DRMC Auxiliary	\$ 6,000	Spent YTD
Mini Grants:						Eisenhower	\$ -	
Net adj - Grants not used:						Balance Available	\$ 90,000	
Contributions / Additional Funding								
Prior Year Commitments & Carry-Over Funds		\$ 1,477,916						
Balance available for Grants/Programs		\$ 1,487,916						

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

DESERT HEALTHCARE FOUNDATION								
OUTSTANDING PASS-THROUGH GRANTS AND GRANT PAYMENT SCHEDULE								
October 31, 2024								
FISCAL YEAR ENDING JUNE 30, 2025								
			TOTAL	6/30/2024	Current Yr	Total Paid	10/31/2024	Remaining
Grant ID Nos.	Name		Grant	Open	2024-2025	July-June	Payable	Funds
			BALANCE				BALANCE	BALANCE
BOD - 07/25/23 - USAging: Aging and Disability Vaccination Collaborative - End date 3/31/25								
Grant # 90HDCR0001-01-00	TOTAL CBOs		\$ 222,332	\$ 25,000	\$ -	\$ -	\$ -	\$ 25,000
	Total DHCF		\$ 119,316	\$ 57,347	\$ -	\$ -	\$ 18,666	\$ 38,681
TOTAL GRANTS		TOTAL	\$ 341,648	\$ 82,347	\$ -	\$ -	\$ 18,666	\$ 63,681
						Account 2183	\$ -	
Amts available/remaining for Grant/Programs - FY 2024-25:								
Pass-Through Organizations billed to date			\$ -					Grant Funds
Foundation Administration Costs			\$ 18,666					RFP
Contributions / Additional Funding	Reimbursements received and pending		\$ (18,666)		Total Grant		\$ 341,648	
Balance available for Grants/Programs			\$ -		Received to Date		\$ 307,483	
					Balance Remaining		\$ 34,165	



Date: November 26, 2024

To: Board of Directors

Subject: Grant #1288 DAP Health – second no cost grant extension for an additional six (6) months and a budget modification request

Staff recommendation: to approve a budget modification request and a second six (6) month no-cost grant extension, extending the grant agreement through June 30, 2025.

Background: On July 27, 2021, the Desert Healthcare Foundation Board of Directors awarded a \$575,000 grant to Borrego Community Health Foundation, for “Improving Access to Healthcare in Desert Highland Gateway Estates” for the purpose of supporting a pilot mobile services program and to begin to assess the sustainability of a more permanent healthcare program within the community. It was anticipated that a minimum of 2,053 patient care medical visits and 860 dental visits would be conducted with part-time mobile services to the community. The term of the grant was from July 1, 2021 through June 30, 2024.

As of July 31, 2023, nine hundred and three medical visits had been conducted. Dental services were on hold due to the pandemic and the restrictive space on mobile units conceived as a higher risk of exposure. Another factor was that the FBI investigation into the Borrego dental billing was not resolved until the acquisition by DAP Health.

Effective July 31, 2023, an Assignment of Grant Agreement transferred grant #1288 to DAP Health.

As of September 30, 2024, nine hundred and ninety-one medical visits had been conducted. Dental services began in February 2024. As of September 30, 2024, twenty-six dental visits had been conducted.

Current: Per the email (attached), DAP Health requests a budget modification and a second six (6) month no cost grant extension. This request is to provide DAP Health sufficient time after the transition to meet the goals of the grant, including the numbers served. This will be accomplished, in part, by expanding dental services to once per week during the duration of the grant period and utilizing a Nurse-led Telehealth model for the mobile medical services every other week. The monthly community engagement and wellness sessions will also continue.

Fiscal Impact: none

Erica Huskey

From: Stephanie Smith <ssmith@daphealth.org>
Sent: Wednesday, November 20, 2024 3:42 PM
To: Donna Craig
Cc: Erica Huskey; Nedy Terrazas
Subject: DAP Health 6-Month Extension and Budget Modification Request
Attachments: 1288_DAP Health + Borrego Health Grant Budget Modification rev 11.20.2024.xlsx

RE: 6-Month Extension Request and Budget Modification

Dear Donna Craig,

DAP Health is requesting an additional 6-months till June 30, 2025 to continue with both mobile medical and dental services in the Desert Highland Gateway Estates. The estimated balance of Desert Healthcare District Grant #1288 is \$202,815.68.

This request was determined necessary to support the continued efforts in providing access to the necessary services in the community. Since the acquisition of the transferred funds to DAP Health, mobile services initiated dental visits in February, and will continue serving the community weekly. Mobile Medical services will alternate every other week utilizing a Nurse-led Telehealth model. With both services initiated and commitments from a dental and medical clinician, DAP Health requests the need to continue these services for an additional 6-months to help determine the healthcare needs of the Desert Highland Gateway community. In addition, community engagement and wellness sessions will continue on a monthly basis at James O. Jessie Desert Highland Unity Center.

The 6-month extension and proposed budget changes reflect modifications needed to maintain current personnel and support needs, in addition to the extended period costs. Should you have any questions, Stephanie Smith, Associate Director of Institutional Giving will be your direct contact for the Desert Highland Gateway Estates #1288 award.

In addition, thank you for your continued support and guidance on this project, it's very important to us all. In respect to the upcoming DHCD Board Meeting on Tuesday, November 26th, I will be in attendance if any responses or clarifications are needed Donna. Thank you again.

Sincerely,

Nedy Terrazas, Associate Chief of Operations
Stephanie Smith, Associate Director of Institutional Giving

Stephanie Smith
Associate Director of Institutional Giving
📞 951.384.6027
✉️ ssmith@daphealth.org



DESERT HEALTHCARE FOUNDATION GRANT EXTENSION AGREEMENT

This agreement is entered into by the Desert Healthcare Foundation (“FOUNDATION”), a California nonprofit benefit corporation and Desert AIDS Project dba DAP Health (“RECIPIENT”), a California nonprofit 501(c)3, and is effective upon execution by both parties.

1. Grant Extension

Purpose and Use of Extension: Desert AIDS Project dba DAP Health is hereby granted a **second no-cost grant extension for six (6) months from the revised date of the first no-cost extension of six (6) months (for a total extension of twelve (12) months to the original grant agreement with Borrego Community Health Foundation approved on December 20, 2021)** for Improving Access To Healthcare in Desert Highland Gateway Estates.

No additional funds will be disbursed. RECIPIENT shall use remaining dollars, if any, from original grant amount of \$575,000. during extension period.

2. Term of Agreement

The amended end of term of this agreement shall be **12/31/2024 6/30/2025**.

3. Agreement Requirements

RECIPIENT shall submit a final report with tracking documents to FOUNDATION within thirty (30) days from the expiration of this agreement. All other requirements and conditions not specified in this extension agreement remain the same as in the original grant agreement.

4. Signatories

The persons executing this extension agreement on behalf of the RECIPIENT have been designated by the governing body or fiscal agent of the RECIPIENT as the official signatories of this agreement and all related documents. At least one of these persons is a member of the RECIPIENT'S governing board, and both persons have the authority to execute this agreement on behalf of RECIPIENT.

RECIPIENT:

Desert AIDS Project d/b/a/ DAP Health
1695 N. Sunrise Way
Palm Springs, CA 92262-3702

Name: President/Chair of RECIPIENT
Governing Body

Name: Executive Director

PLEASE PRINT

PLEASE PRINT

SIGNATURE

SIGNATURE

DATE

DATE

Authorized Signatory for Desert Healthcare Foundation:

Name: Chris Christensen
Title: Chief Executive Officer

SIGNATURE

DATE

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

EXHIBIT B – Grant #1288
(revised to reflect a six (6) month no cost grant extension)
(revised to reflect another (6) month no cost grant extension)

PAYMENT SCHEDULE, REQUIREMENTS & DELIVERABLES

<u>Project Title</u>	<u>Start/End</u>
IMPROVING ACCESS TO HEALTHCARE IN DESERT	7/1/2021
HIGHLAND GATEWAY ESTATES	6/30/2024
	<i>Amended to reflect a six (6) month no cost extension</i>
	12/31/2024
	<i>6/30/25</i>

PAYMENTS:

Total request amount: \$575,000.00
 Payments will be made on a monthly reimbursable basis.

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Grant Requirements for Payment	Reporting Period	Payment
7/01/21	Signed Agreement submitted & accepted		\$30,000.00 advance to draw down toward approved monthly reimbursed expenses
8/15/21	Monthly one page report, budget report and receipts submitted and accepted	7/01/21 - 7/31/21	Reimbursed based on approved expenses
9/15/21	Monthly one page report, budget report and receipts submitted and accepted	8/01/21 - 8/31/21	Reimbursed based on approved expenses
10/15/21	Monthly one page report, budget report and receipts submitted and accepted	9/01/21-9/30/21	Reimbursed based on approved expenses
11/15/21	Monthly one page report, budget report and receipts submitted and accepted	10/01/21 - 10/31/21	Reimbursed based on approved expenses
12/15/21	Monthly one page report, budget report and receipts submitted and accepted	11/01/21 -11/30/21	Reimbursed based on approved expenses

1/15/22	Monthly one page report, budget report and receipts submitted and accepted	12/01/21 -12/31/21	Reimbursed based on approved expenses
1/15/22	First 6-month progress report submitted through grant portal	7/01/21 - 12/31/21	\$0
2/15/22	Monthly one page report, budget report and receipts submitted and accepted	1/01/22 - 1/31/22	Reimbursed based on approved expenses
3/15/22	Monthly one page report, budget report and receipts submitted and accepted	2/01/22 - 2/28/22	Reimbursed based on approved expenses
4/15/22	Monthly one page report, budget report and receipts submitted and accepted	3/01/22 - 3/31/22	Reimbursed based on approved expenses
5/15/22	Monthly one page report, budget report and receipts submitted and accepted	4/01/22 - 4/30/22	Reimbursed based on approved expenses
6/15/22	Monthly one page report, budget report and receipts submitted and accepted	5/01/22 - 5/31/22	Reimbursed based on approved expenses
7/15/22	Monthly one page report, budget report and receipts submitted and accepted	6/01/22 - 6/30/22	Reimbursed based on approved expenses
7/15/22	Second 6-month progress report submitted through grant portal	1/01/22 - 6/30/22	\$0
8/15/22	Monthly one page report, budget report and receipts submitted and accepted	7/01/22 - 7/31/22	Reimbursed based on approved expenses
9/15/22	Monthly one page report, budget report and receipts submitted and accepted	8/01/22 - 8/31/22	Reimbursed based on approved expenses
10/15/22	Monthly one page report, budget report and receipts submitted and accepted	9/01/22 - 9/30/22	Reimbursed based on approved expenses
11/15/22	Monthly one page report, budget report and receipts submitted and accepted	10/01/22-10/31/22	Reimbursed based on approved expenses
12/15/22	Monthly one page report, budget report and receipts submitted and accepted	11/01/22-11/30/22	Reimbursed based on approved expenses
1/15/23	Monthly one page report, budget report and receipts submitted and accepted	12/01/22-12/31/22	Reimbursed based on approved expenses

1/15/23	Third 6-month progress report submitted through grant portal	7/01/22 – 12/31/22	\$0
2/15/23	Monthly one page report, budget report and receipts submitted and accepted	1/01/23 – 1/31/23	Reimbursed based on approved expenses
3/15/23	Monthly one page report, budget report and receipts submitted and accepted	2/01/23 – 2/28/23	Reimbursed based on approved expenses
4/15/23	Monthly one page report, budget report and receipts submitted and accepted	3/01/23 – 3/31/23	Reimbursed based on approved expenses
5/15/23	Monthly one page report, budget report and receipts submitted and accepted	4/01/23 – 4/30/23	Reimbursed based on approved expenses
6/15/23	Monthly one page report, budget report and receipts submitted and accepted	5/01/23 – 5/31/23	Reimbursed based on approved expenses
7/15/23	Monthly one page report, budget report and receipts submitted and accepted	6/01/23 – 6/30/23	Reimbursed based on approved expenses
7/15/23	Fourth 6-month progress report submitted through grant portal	1/01/23 – 6/30/23	\$0
8/15/23	Monthly one page report, budget report and receipts submitted and accepted	7/01/23 – 7/31/23	Reimbursed based on approved expenses
9/15/23	Monthly one page report, budget report and receipts submitted and accepted	8/01/23 – 8/31/23	Reimbursed based on approved expenses
10/15/23	Monthly one page report, budget report and receipts submitted and accepted	9/01/23 – 9/30/23	Reimbursed based on approved expenses
11/15/23	Monthly one page report, budget report and receipts submitted and accepted	10/01/23–10/31/23	Reimbursed based on approved expenses
12/15/23	Monthly one page report, budget report and receipts submitted and accepted	11/01/23–11/30/23	Reimbursed based on approved expenses
1/15/24	Monthly one page report, budget report and receipts submitted and accepted	12/01/23–12/31/23	Reimbursed based on approved expenses
1/15/24	Fifth 6-month progress report submitted through grant portal	7/01/23 – 12/31/23	\$0
2/15/24	Monthly one page report, budget report and receipts submitted and	1/01/24 – 1/31/24	Reimbursed based on approved expenses

	accepted		
3/15/24	Monthly one page report, budget report and receipts submitted and accepted	2/01/24 - 2/29/24	Reimbursed based on approved expenses
4/15/24	Monthly one page report, budget report and receipts submitted and accepted	3/01/24 - 3/31/24	Reimbursed based on approved expenses
5/15/24	Monthly one page report, budget report and receipts submitted and accepted	4/01/24 - 4/30/24	Reimbursed based on approved expenses
6/15/24	Monthly one page report, budget report and receipts submitted and accepted	5/01/24 - 5/31/24	Reimbursed based on approved expenses
7/15/24	Monthly one page report, budget report and receipts submitted and accepted	6/01/24 - 6/30/24	Reimbursed based on approved expenses
7/15/24	Sixth 6-month progress report submitted through grant portal	1/01/24 - 6/30/24	\$0
8/15/24	Monthly one page report, budget report and receipts submitted and accepted	7/01/24 - 7/31/24	Reimbursed based on approved expenses
9/15/24	Monthly one page report, budget report and receipts submitted and accepted	8/01/24 - 8/31/24	Reimbursed based on approved expenses
10/15/24	Monthly one page report, budget report and receipts submitted and accepted	9/01/24 - 9/30/24	Reimbursed based on approved expenses
11/15/24	Monthly one page report, budget report and receipts submitted and accepted	10/01/24-10/31/24	Reimbursed based on approved expenses
12/15/24	Monthly one page report, budget report and receipts submitted and accepted	11/01/24-11/30/24	Reimbursed based on approved expenses
1/15/25	Monthly one page report, budget report and receipts submitted and accepted	12/01/24-12/31/24	Reimbursed based on approved expenses
1/15/25	Seventh 6-month progress report submitted through grant portal	7/01/24 - 12/31/24	\$0
2/15/25	Monthly one page report, budget report and receipts submitted and accepted	1/01/25 - 1/31/25	Reimbursed based on approved expenses
3/15/25	Monthly one page report, budget report and receipts submitted and accepted	2/01/25 - 2/28/25	Reimbursed based on approved expenses

4/15/25	Monthly one page report, budget report and receipts submitted and accepted	3/01/25 - 3/31/25	Reimbursed based on approved expenses
5/15/25	Monthly one page report, budget report and receipts submitted and accepted	4/01/25 - 4/30/25	Reimbursed based on approved expenses
6/15/25	Monthly one page report, budget report and receipts submitted and accepted	5/01/25 - 5/31/25	Reimbursed based on approved expenses
7/15/25	Monthly one page report, budget report and receipts submitted and accepted	6/01/25 - 6/30/25	Reimbursed based on approved expenses
7/15/25	Eighth 6-month progress report submitted through grant portal	1/01/25 - 6/30/25	\$0
1/31/25 7/31/25	Final report submitted through grant portal	7/01/21 - 6/30/24 12/31/24 6/30/2025	\$0

TOTAL GRANT AMOUNT: \$575,000.00

DELIVERABLES:

Program/Project Goals and Evaluation

<p>Goal #1: Collaboration - Borrego Health intends to develop a collaborative relationship with the DHG Health and Wellness Committee through a multifaceted approach. The team is committed to participation in meetings as desired by the committee to ensure open dialogue as to the perceptions of health issues. This can include administrative staff as well as service providers or the Chief Medical Officer. The committee will be informed of all planned schedules and activities on a monthly basis in advance to encourage support and participation. Any changes will be clearly communicated to avoid any misunderstandings.</p>	<p>Evaluation #1: By July 30, 2021, ongoing meetings will be held with the Community Wellness Committee to discuss program implementation and utilization.</p>
<p>Goal #2: By June 30 2024 December 31 2024 June 30 2025, a minimum of 2053 patient care medical</p>	<p>Evaluation #2: Monthly reports will be submitted as to the number of patient visits.</p>

and 860 dental visits will be provided.	
<p>Goal #3: Conduct community education events and activities once a month to address health care and other wellness topics.</p>	<p>Evaluation #3: Monthly report of topic and participation</p>
<p>Goal #4: By June 30 2024 December 31 2024 June 30 2025 provide 600 individuals with assistance for applications, retention, addressing issues with their healthcare coverage and/or other enabling services.</p>	<p>Evaluation #4: Hire and train Care Coordination Specialist that are able to assist with Covered California or Medi-Cal applications. They will be hired from within the community and conduct community education as to the benefits of these programs. Provide a monthly report of the total persons receiving assistance.</p>
<p>Goal #5: Include a teen health component that addresses risk behaviors. By June 30 2024 December 31 2024 June 30 2025 a total of 300 unduplicated teens will have participated in educational activities or received health care services.</p>	<p>Evaluation #5: The monthly utilization report will include the total of teens 12-19 that received services.</p>

Grant Budget

Line Item Budget Modification Request				
Grant #: 1288		DAP Health + Borrego Health		
		Date of Request: 11/20/2024		
OPERATIONAL EXPENSES		Remaining Amount of 3-Year Approved Project Budget as of 12/31/2024	New Value Requested	Total Line Change
Total Staffing Expenses Detail on Section 2		\$ 257,158.80	\$ 301,657.38	\$ 44,498.58
Equipment (itemize)				
1	Computer hardware/software (Telehealth equipment, comp	\$ 35,000.00	\$ 31,267.24	\$ (3,732.76)
2				\$ -
3				\$ -
4				\$ -
Supplies (itemize)				
1	PPE, gloves, masks, Band-Aids, any supplies to support cl	\$ 11,022.50	\$ 2,000.00	\$ (9,022.50)
2				\$ -
3				\$ -
4				\$ -
Printing / Duplication				
Mailing / Postage				
Mileage/Mobile Fuel @ \$225 per wk/25 weeks		\$ 9,900.00	\$ 14,446.05	\$ 4,546.05
Mobile Maintenance		\$ -	\$ 4,000.00	\$ 4,000.00
Education / Training				
Other Direct Project Expenses Not Described Above (itemize)				
1	Incentives (Gas cards, grocery vouchers, tracfones)	\$ 34,872.38	\$ 7,900.00	\$ (26,972.38)
2	Monthly educational learning sessions (Speaker fees, food/drinks)	\$ 6,000.00	\$ 9,273.30	\$ 3,273.30
3	Marketing (Digital, in-app ads, geo fencing and printing)	\$ 30,000.00	\$ 8,959.84	\$ (21,040.16)
* 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		\$ 25,715.88	\$ 30,165.75	\$ 4,449.87
Total Project Budget (Rounded up to nearest dollar)		\$ 409,669.56	\$ 409,669.56	\$ -
Budget Narrative	<p>The total budget is based on the remaining unexpended dollars transferred to DAP Health in the amount of \$202,815.68 to be utilized for the remaining FY 2024, in addition to the request to extend 6-months till June 2025. Activities from January - June 2025 will consist of both mobile medical/dental services, marketing, and community education. Allocations and changes have occurred based on need or revisions of costs not reflected in the previous approved budget. Based on the needs to continue and market services as well as engage in community awareness activities. It was determined that there were DAP Health will eliminate the mobile medical services at the year end and continue with the high need of dental services. The budget costs that are required to effectively support the dental operations and patient education. The budget modification operational expenses include increase in mobile unit fuel, request for mobile maintenance, incentives and educational learning sessions. Based on these changes there was also a change that would have occurred in the indirect rate, of which remains at 10% at \$30,165.75</p> <p>Software/hardware and electronic updated equipment is being requested as to the mobile units under the operation of Borrego Health for the last couple of years was needing upgrades, though during the time of instability of cash flow Borrego Health was unable to set this as a priority. It is being requested to support the needs of computer hardware, software, update computers, and phones to accurately to facilitate medical service delivery. This also supports the purchase of telehealth equipment. In addition, software will be used to support marketing efforts to design creative messages and the use of social media platforms to support community engagement activities. No additional budget requested for equipment, budget costs reflect obligated budget to date, no additional cost to be incurred. Decrease cost (\$3,732.76)</p> <p>Mileage/Mobile Fuel is based on the remaining grant period, in addition to a 6-month extension period ending June 2025. The cost is an average cost incurred in fuel for the mobile units. Fuel costs have increased since the last budget submission due weekly mobile services for both mobile medical and dental unit for the months of October - December. In addition to the 6-month extension request for continued services. On average the mobile unit fuel cost \$225 per week for nine months (36 weeks) remaining in the award period and the requested 6 month extension period = \$14,446.05 in cost to cover fuel for two mobile units till June 30, 2025.</p> <p>Maintenance Mobile Unit is a new request and based on the need to assure mobile units are maintained and in good working order. Maintenance includes chair repairs, water line adjustments, vehicle tune-up and oil changes, and battery needs. Maintenance is for the mobile units in the 6-month extension period in the amount of \$4,000.</p> <p>Incentives To cover transportation needs of the patients, this includes Lyft rides, bus passes, tracfones, hygiene kits and other incentive items recommended by the wellness committee. In addition, incentives such as hygiene kits and other incentive items as suggested by the committee can play a positive role in encouraging or motivating participation in educational and services provisions. Incentives are being requested to support outreach, education presentations and encourage patients to obtain services. The CCR/Community Health Workers perform community outreach and engagement activities and will provide incentives for the community in participating in educational learning opportunities. In addition, the clinical team including the Customer Service Representative (CSR) when making appointments will support patients with addressed transportation needs. Education sessions will continue through the 6-month extension and transportation support will be provided for dental patients. There was a decrease in cost in the request of incentives, this based on estimated need to project end. Cost \$7,900.</p> <p>Monthly educational learning sessions and the speaker fees is to support the monthly educational learning sessions held at the community center. This would include fund the purchases of snacks, beverages such as water or other refreshments, supplies such as paper, pens, presentation supplies such as flip charts, etc., and fees to support subject matter experts for the purposes of educational presentations. This could include nutritionist, diabetes educators, and others to support the success of providing comprehensive educational learning sessions. The cost will cover the extended 6-month period till June 2025, total cost increased to \$9,273.30.</p> <p>Marketing expenses are pivotal in supporting community awareness and engagement activities for the duration of the project period. The marketing personnel will support the efforts in design and creation of marketing messages, and printed materials to be mailed to the homes, to provide materials for street and community event outreach. This will also include Geo-fencing which is mobile marketing to targeted regions, communication distribution for upcoming dental services. This includes promotion of dental services and community education sessions for the proposed 6-month extension. \$8,952.94</p>			
	<p>Version 09.11.23 Please see instructions tab for additional information</p>			

Staff Salary Expenses		Annual Salary	% of Time Allocated to Project	Approved 3-Year Project Budget	New Value Requested
Employee Position/Title					
1	Administrator	\$ 123,840.00	5%	\$ 8,520.71	\$ 12,261.04
2	Administrative Support	\$ 79,701.77	15%	\$ 31,374.72	\$ 36,909.72
3	IT Staff	\$ 83,440.00	0%	\$ 7,561.85	\$ 7,561.85
4	RNP	\$ 159,135.00	0%	\$ 28,800.00	\$ 4,724.09
5	RNP/Clinician	\$ 31,436.00	10%	\$ -	\$ 34,549.24
6	Nurse (RN, LVN)	\$ 93,965.66	10%	\$ 19,615.38	\$ 6,046.62
7	Licensed LVN	\$ 68,640.00	10%	\$ 14,592.00	\$ 16,912.41
8	Medical Assistant-Phlebotomist	\$ 51,708.80	0%	\$ 8,087.04	\$ 8,062.09
9	Building Operations Manager	\$ 87,720.00	10%	\$ 7,846.15	\$ 13,053.86
10	Dentist	\$ 158,396.16	15%	\$ 15,501.54	\$ 32,937.99
11	Dental Assistant	\$ 52,041.60	15%	\$ 6,846.77	\$ 11,182.62
12	Dental Assistant	\$ 50,190.40	15%	\$ -	\$ 3,909.06
13	CCS/Community Liason/CHW	\$ 47,652.80	15%	\$ 33,046.15	\$ 26,595.68
14	CSR/Driver	\$ 53,206.40	20%	\$ 9,888.00	\$ 16,012.09
15	Marketing Coordinator	\$ 150,000.00	5%	\$ 14,046.72	\$ 5,313.67
Enter Total Employee Benefits / Employer Taxes % (Proportional Fringe Costs and/Or Employer Taxes Based On % Of Time Allocated To Project)				51,431.76	65,625.29
Total Will Populate In Total Staffing Expenses Section 1				Total >	\$ 257,158.79 \$ 301,657.38
Budget Narrative - Scope of Work	<p>There are changes to the budget to accommodate personnel needs to support both medical and dental projects for Desert Highland Gateway initiative. For the purpose of this current grant year, there is a request to reclassifying the position of utilizing only a Nurse Practitioner to support/conduct the telehealth medical visit. The request is to reflect an RNP/Clinician, this providing flexibility of identifying a broader scope of medical care personnel performing in the telehealth medical visit. Therefore, an additional personnel line item was added for this purpose, only to allow for the flexibility of the use of an identified clinician role (a mid-level or medical doctor (MD)) conducting the telehealth medical visit. The purpose of this request was due to the difficulty of identifying a permanent mid-level RNP on an ongoing basis. This is a Nurse-led model, and the RN which is also included as budgeted personnel, is on the medical unit (face to face) with patients and initiating the telehealth visits with a RNP/Clinician back at the brick and mortar clinic. But, due to the challenges of identifying a mid-level clinician (RNP) weekly, a clinician (MD) was available to support the telemedicine visits remotely. This will allow for the flexibility of utilizing the time of a medical provider in lieu of the mid-level personnel previously identified. DAP Health is committed to and shared this commitment of identifying a clinician to cover for the duration of the current and extended period. The budget reflects the RNP personnel, of which is the obligated amount of time spent with the RNP limited coverage only previously performed since acquisition. In addition, this budget modification includes a second Dental Assistant in personnel cost is \$236,032.09 + Fringe \$64,625.29</p> <p>(NEW/Adjustment) RNP/Clinician - D. Ghafari - This role is a reclassification in lieu of RNP and is based on the provision of medical care via telehealth visits.</p> <p>(NEW) Dental Assistant To increase capacity in seeing dental patients, the additional dental assistant with assist with cleanings, sealants, fluoride application, education/nutrition, proper dental hygiene "preventative education", while the 1st Dental Assistance is conducting chairside assistance. This is based on the proposed 6-month extension period only for the dental mobile unit at a .15 FTE.</p> <p>Removal/Retraction: For the purposes of the request of a 6-month extension and the elimination of the line item allocated for RNP only position will be fulfilled with the RNP/Clinician personnel line item (NEW). In addition, IT staff will not be utilized for the purposes for this project due to additional staffing needs. In addition, the Medical Assistant/Phlebotomist will be eliminated due to the LVN and RN on the unit. This position is eliminated to accommodate the personnel cost and needs. Adjustments were made of FTE's based on the time scheduled for services. Dental will occur once per week and Medical services will be offered every other week, both services offered on Wednesdays.</p>				
Budget Narrative - Employee Benefits	<p>The employee benefits increased due to the changes in personnel, this including the addition of two (2) personnel that include RNP/Clinician and additional Dental Assistant. The rates of salaries have also increased due to the additional staff. There was also a decrease of personnel cost due to unobligated personnel expenses and was shifted to other personnel line item. DAP Health is fringe rate is 25%, the increase of fringe is accurately reflected at the increase of \$65,625.29. This is the labor cost for each of the employees that are based on taxes, unemployment insurance, workers compensation, employee health, life, and disability insurance and retirement contributions.</p>				
Professional Services / Consultant Expenses		Hourly Rate	Hours/Week	Approved Project Budget	New Value Requested
Company and Staff Title					
1	NA				
2					
3					
4					
5					
6					
7					
8					
Total Will Populate in Total Staffing Expenses Section 1				Total >	\$ - \$ -
Budget Narrative - Scope of Work	<p>The healthcare provision includes dental visits to be conducted one (1) day per week and medical visits conducted through telehealth twice (2) per month in the community of Desert Gateway. Both services, will continue in the proposed extension period. DAP Health continues to be committed to providing and increasing access to healthcare services for those living in Desert Highland Gateway Estates and the surrounding communities. Efforts will be continued allowing for community engagement as it is essential to the success of improving the health and wellbeing of the population and to this end, the team will continue with collaborating with the Community Wellness Committee, addressing the identified needs.</p>				



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: November 26, 2024
To: Board of Directors
Subject: US Aging Grant- Grant Update

Staff Recommendation: Informational item

Background:

During the pandemic, research highlighted the need to reach vulnerable populations, particularly older adults and individuals with special needs, to ensure equitable access to COVID-19 and flu information and vaccines. In response, DHCD staff pursued funding opportunities to target these groups and successfully secured a \$341,348 grant from US Aging, which ends 3/31/24.

Update:

The DHCD and its partner organizations continue to host mobile vaccination clinics throughout the Coachella Valley increasing access to COVID-19, flu, and other vaccines. Those mobile vaccination clinics in the month of October included:

- | | | |
|------------|-----------------------------------------|-------------------------------|
| • 10/3/24 | The Palms at La Quinta | La Quinta, CA |
| • 10/5/24 | Mizell Center | Palm Springs, CA |
| • 10/8/24 | Coachella Senior Center | Coachella, CA |
| • 10/9/24 | Atria Acienda | Rancho Mirage, CA |
| • 10/11/24 | Bellagio Independent Living | Palm Desert, CA |
| • 10/13/24 | St. Francis Church | La Quinta, CA |
| • 10/16/24 | Desert Hot Springs Senior Center | Desert Hot Springs, CA |
| • 10/16/24 | Villa Hermosa Apts | Indio, CA |
| • 10/17/24 | Betty Ford Center | Rancho Mirage, CA |
| • 10/23/24 | La Quinta Wellness Center | La Quinta, CA |
| • 10/27/24 | Word of Life Church | Desert Hot Springs, CA |

Fiscal Impact: \$341,348 grant from US Aging

US AGING GRANT VACCINATION REPORT NOVEMBER 2024



<p><u>Performance Period</u> 8/1/23 to 3/31/25</p> <p><u>Funded Partners</u></p> <ul style="list-style-type: none"> • Vision y Compromiso • El Sol NEC • CV Pharmacy 	<p><u>Community Partners</u></p> <ul style="list-style-type: none"> • Rite-Aid Pharmacy • DAP Health • DPMG Health • Innercare • Mizzell Center • Coachella Senior Center • Growing CV • Joslyn Center • San Bernardino Catholic Diocese • CV Housing Coalition • La Quinta Wellness Center • CA Farmworker Foundation • Desert Hot Springs Senior Center • Desert Recreation District
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- Vaccination clinics were hosted at all Coachella Valley senior centers, including retirement communities, and independent living facilities. In addition, vaccination clinics were also hosted at local churches and a kiosk at the Palm Desert Shopping Mall.
- Outreach and education activities conducted by Promotoras were also held throughout the Coachella Valley at senior centers, community centers, and community events to disseminate educational resources and raise awareness about upcoming vaccination clinics .

Number of vaccination clinics
42

Number of in-home vaccination clinics
19

Number of outreach & education activities
834

Total Number of Vaccines Administered

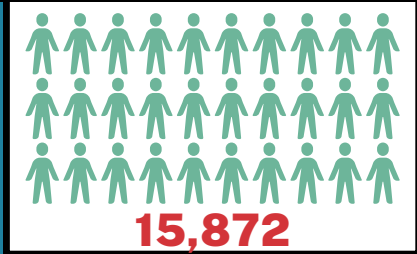
1,816 Influenza

1423 COVID-19

72 RSV

42 Shingles

Number of Individuals Reached Through Outreach & Education



Number of supportive services units provided:

- Referrals
- Application assistance
- Translation services
- Free vaccine program enrollment

6,518



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: November 26, 2024
To: Board of Directors
Subject: Riverside County (RUHS-PH and United Way) Initiative to Address COVID-19 Disparities

Staff Recommendation: Informational item only

Update: Riverside University Health System (RUHS), in collaboration with United Way, has launched the third and final round of its Request for Proposal (RFP) to address COVID-19 disparities. The Desert Healthcare District submitted a proposal and was awarded \$197,004, targeting all three key activities outlined in the RFP, which include:

- **COVID-19 Testing:** Expand COVID-19 testing, including home test kits, mobile testing sites, and referrals to healthcare providers for populations at higher risk and that are underserved.
- **COVID-19 Prevention and Mitigation Education:** Increase COVID-19 prevention and mitigation through education and distribution of Personal Protective Equipment (PPE) & sanitization supplies such as masks, gloves, hand sanitizer, cleaning wipes, etc.
- **Community Education for COVID-19:** Educate populations at higher risk for COVID-19 through outreach campaigns focused on testing, vaccination, and treatment.

These grant funds will enhance the successful partnerships formed by the Coachella Valley Equity Collaborative, helping to restore vital COVID-19 resources and provide essential educational information on the new variant and available vaccines.

Fiscal Impact: \$197,004 in grant funds from RUHS will be awarded if the application is selected.

Grantee Agreement
for
Riverside County Initiative to Address COVID-19 Disparities

This agreement is entered into by and between **Desert Healthcare Foundation** (herein referred to as “SUBCONTRACTOR”) and Inland Southern California 211+ (herein referred to as “CONTRACTOR”) acting as a fiscal intermediary for the County of Riverside, a political subdivision of the State of California, on behalf of its Riverside University Health System-Public Health (herein referred to as “COUNTY”).

The parties agree as follows:

1. Description of Services

- 1.1** SUBCONTRACTOR shall provide all services as outlined and specified in Exhibit A, Scope of Service, at the prices stated in Exhibit B, Payment Provisions, and Attachment I – HIPAA Business Associate Attachment to the Agreement.
- 1.2** SUBCONTRACTOR represents that it has the skills, experience and knowledge necessary to perform under this Agreement and the CONTRACTOR relies upon this representation. SUBCONTRACTOR shall perform to the satisfaction of the CONTRACTOR/COUNTY, and in conformance to and consistent with the highest standards of firms/professionals in the same discipline in the State of California.
- 1.3** SUBCONTRACTOR affirms that it is fully apprised of all of the work to be performed under this Agreement; and the SUBCONTRACTOR agrees it can properly perform this work at the prices stated in Exhibit B. SUBCONTRACTOR is not to perform services or provide products outside of the Agreement.
- 1.4** Acceptance by the CONTRACTOR of the SUBCONTRACTOR's performance under this Agreement does not operate as a release of SUBCONTRACTOR's responsibility for full compliance with the terms of this Agreement.

2. Period of Performance

- 2.1** This Agreement shall be effective as of **October 1, 2024** and continues in effect through **March 31, 2025** unless terminated earlier. SUBCONTRACTOR shall diligently and continuously perform thereafter.

3. Compensation

- 3.1** The CONTRACTOR shall pay the SUBCONTRACTOR for services performed, products provided, and expenses incurred in accordance with the terms of Exhibit B, Payment Provisions. Maximum payments by CONTRACTOR to SUBCONTRACTOR shall not exceed the aggregate amount of **One Hundred Ninety Seven Thousand and Five Dollars (\$197,005.00)** including all eligible expenses. The CONTRACTOR is not responsible for any fees or costs incurred above or beyond the contracted amount and shall have no obligation to purchase any specified amount of services or products. Unless otherwise specifically stated in Exhibit B, CONTRACTOR shall not be responsible for payment of any SUBCONTRACTOR expenses related to this Agreement.
- 3.2** SUBCONTRACTOR shall be paid installments based on the payment schedule listed in Exhibit B. CONTRACTOR shall pre-pay SUBCONTRACTOR the first installment for services within thirty (30) days from the execution of this Agreement. After the initial installment, the CONTRACTOR will continue to pre-pay SUBCONTRACTOR only after the SUBCONTRACTOR has depleted at least ninety percent (90%) of the previous installment. SUBCONTRACTOR shall submit evidence of funds being spent in accordance with the reporting schedule outlined in Exhibit A. All payments will not result in exceeding the maximum compensation payable under the terms of this Agreement as set forth in Section 3.1 above. Total payment amount may be less than the contracted amount if sufficient proof of eligible expenses is not provided
- 3.3** Payment shall be made by CONTRACTOR only after expense reporting and supporting documentation is complete. Payments shall be made within thirty (30) working days from the dates listed in the payment

schedule listed in Exhibit B or upon satisfactory completion of expense reporting. CONTRACTOR reserves the right to disallow payment for line items insufficiently supported.

4. Alterations or Changes to the Agreement

- 4.1 The CONTRACTOR, under direction of the COUNTY, may at any time, by written order, alter this Agreement. If any such alteration causes an increase or decrease in the cost of, or the time required, for performance under this Agreement, an equitable adjustment shall be made in the Agreement price or delivery schedule, or both, and the Agreement shall be modified by written amendment accordingly.
- 4.2 The CONTRACTOR requires written approval in advance for any line-item adjustments to Exhibit B. All budget reallocations require review and consideration.

5. Termination

- 5.1 The CONTRACTOR may terminate this Agreement without cause upon 30 days written notice served upon the SUBCONTRACTOR stating the extent and effective date of termination.
- 5.2 The CONTRACTOR may, upon five (5) days written notice, terminate this Agreement for SUBCONTRACTOR'S default, if SUBCONTRACTOR refuses or fails to comply with the terms of the Agreement or fails to make progress that may endanger performance and does not immediately cure such failure. In the event of such termination, the CONTRACTOR and/or COUNTY may proceed with the work in any manner deemed proper by the COUNTY.
- 5.3 After receipt of the notice of termination, SUBCONTRACTOR shall:
 - (a) stop all work under this Agreement on the date specified in the notice of termination; and
 - (b) transfer to CONTRACTOR and deliver in the manner as directed by CONTRACTOR and/or COUNTY any materials, reports or other products which, if the Agreement had been completed or continued, would have been required to be furnished to CONTRACTOR.
- 5.4 After termination, CONTRACTOR shall make payment only for SUBCONTRACTOR'S performance up to the date of the termination in accordance with this Agreement.
- 5.5 SUBCONTRACTOR'S rights under this Agreement shall terminate (except for fees accrued prior to the date of termination) upon dishonesty or material breach of this Agreement by SUBCONTRACTOR; or in the event of SUBCONTRACTOR'S unwillingness or inability for any reason whatsoever to perform the terms of this Agreement; or in the event SUBCONTRACTOR discontinues offering the services contracted under this Agreement in Riverside County or to Riverside County residents. In such event, SUBCONTRACTOR shall not be entitled to any further compensation under this Agreement.
- 5.6 The rights and remedies of the CONTRACTOR and/or COUNTY provided in this Section shall not be exclusive to any other rights and remedies provided by law or this Agreement.

6. Ownership/Use of Contract Materials and Products

- 6.1 SUBCONTRACTOR is the sole and exclusive owner of any and all materials and information developed or otherwise obtained by or for SUBCONTRACTOR independently of this Agreement ("SUBCONTRACTOR Materials"). CONTRACTOR and COUNTY will not copy, modify, distribute or transfer (by any means), display, sublicense, rent, reverse engineer, decompile, or disassemble the SUBCONTRACTOR Materials except as specifically provided in this Agreement.
- 6.2 All inventions, discoveries and intellectual property, including any derivative works of SUBCONTRACTOR Materials, originated or prepared by SUBCONTRACTOR pursuant to this Agreement (collectively, "Work Product") shall belong to, and are hereby assigned to SUBCONTRACTOR as its sole and exclusive property.
- 6.3 COUNTY shall have Government Purpose Rights to the Work Product. "Government Purpose Rights" are the irrevocable, worldwide, perpetual, royalty-free, non-exclusive rights and licenses to use, modify, reproduce, perform, release, display, create derivative works from, and disclose the Work Product, solely for "COUNTY Government Purposes". For the avoidance of any doubt, COUNTY Government Purposes include, but are not limited to, the work related to the Scope of Service in Exhibit A, attached hereto, work related to the COVID-19 Pandemic (as defined by the Centers for Disease Control and Prevention), and

work related to addressing health disparities. "Government Purpose Rights" also include the right to release or disclose the Work Product outside COUNTY solely for COUNTY Government Purposes. Such recipients of the Work Product may include, without limitation, COUNTY contractors, California local governments, the U.S. federal government, and the State of California. "Government Purpose Rights" or COUNTY Government Purposes do not include any rights to use, modify, reproduce, perform, release, display, create derivative works from, or disclose the Work Product for any commercial purpose or inure a commercial benefit to a third party.

7. Conduct of Subcontractor

- 7.1** The SUBCONTRACTOR covenants that it presently has no interest including, but not limited to, other projects or contracts, and shall not acquire any such interest, direct or indirect, which would conflict in any manner or degree that would interfere with SUBCONTRACTOR'S performance under this Agreement. The SUBCONTRACTOR further covenants that no person or subcontractor having any such interest shall be employed or retained by SUBCONTRACTOR under this Agreement. The SUBCONTRACTOR agrees to notify the CONTRACTOR of all the SUBCONTRACTOR'S interests, if any, which are or may be perceived as incompatible with the CONTRACTOR'S and/or COUNTY'S interests.
- 7.2** The SUBCONTRACTOR shall not, under circumstances that could be interpreted as an attempt to influence the recipient in the conduct of his/her duties, accept any gratuity or special favor from individuals or firms with whom SUBCONTRACTOR is doing business or proposing to do business, in accomplishing the work under this Agreement.
- 7.3** The SUBCONTRACTOR or its employees shall not offer gifts, gratuity, favors, and entertainment directly or indirectly to CONTRACTOR or COUNTY employees.

8. Inspection of Service: Quality Control/Assurance

- 8.1** All performance, which includes services, workmanship, materials, supplies and equipment furnished or utilized in the performance of this Agreement, shall be subject to inspection and test by the CONTRACTOR, COUNTY or other regulatory agencies at all times. The SUBCONTRACTOR shall provide adequate cooperation to any inspector or other CONTRACTOR, RUHS-PH or COUNTY representative to permit him/her to determine the SUBCONTRACTOR'S conformity with the terms of this Agreement. If any services performed or products provided by SUBCONTRACTOR are not in conformance with the terms of this Agreement, the CONTRACTOR, shall have the right to require SUBCONTRACTOR to perform the services or provide the products in conformance with the terms of the Agreement at no further cost to CONTRACTOR, RUHS-PH or COUNTY. When the services to be performed or the products to be provided are of such nature that the difference cannot be corrected, the CONTRACTOR, as directed by the COUNTY, shall have the right to: 1) require the SUBCONTRACTOR to immediately take all necessary steps to ensure future performance in conformity with the terms of the Agreement; and/or 2) reduce the Agreement price to reflect the reduced value of the services performed or products provided. The CONTRACTOR, may also terminate this Agreement for default as provided in Paragraph 5, and charge to SUBCONTRACTOR any costs incurred by CONTRACTOR or COUNTY because of the SUBCONTRACTOR'S failure to perform.
- 8.2** SUBCONTRACTOR will establish adequate procedures for self-monitoring and quality control and assurance to ensure proper performance under this agreement; and shall permit a CONTRACTOR and/or COUNTY representative or other regulatory official to monitor, assess, or evaluate SUBCONTRACTOR'S performance under this Agreement at any time, upon reasonable notice to SUBCONTRACTOR.

9. Independent Contractor/Employment Eligibility

- 9.1** SUBCONTRACTOR is, for purposes relating to this Agreement, an independent contractor and shall not be deemed an employee of CONTRACTOR or COUNTY. It is expressly understood that SUBCONTRACTOR, including its employees, agent and subcontractors, shall in no event be entitled to any benefits to which CONTRACTOR or COUNTY employees are entitled, including, but not limited to, overtime, any retirement benefits, worker's compensation benefits, and injury leave or other leave benefits. There shall be no

employer-employee relationship between the parties; and SUBCONTRACTOR shall hold CONTRACTOR and COUNTY harmless from any and all claims that may be made against CONTRACTOR and COUNTY based upon contention by any third party that an employer-employee relationship exists by reason of this Agreement. It is further understood and agreed by the parties that SUBCONTRACTOR, in performance of this Agreement, is subject to the control or direction of CONTRACTOR, as directed by COUNTY, merely as to the results to be accomplished and not as to the means and methods for accomplishing the results.

- 9.2** SUBCONTRACTOR warrants that it shall make its best effort to fully comply with all federal and state statutes and regulations regarding the employment of aliens and others, and to ensure that all employees performing work under this Agreement (singularly, a "Covered Individual") meet the citizenship or alien status requirement set forth in federal statutes and regulations. SUBCONTRACTOR shall obtain, from all employees performing work hereunder, all verification and other documentation of employment eligibility status required by federal or state statutes and regulations including, but not limited to, the Immigration Reform and Control Act of 1986 8 U.S.C. §1324 et. seq., as they currently exist and as they may be hereafter amended. SUBCONTRACTOR shall retain all such documentation for all "Covered Individual", for the period prescribed by law.
- 9.3** "Ineligible Person" shall be any individual or entity who: Is currently excluded, suspended, debarred or otherwise ineligible to participate in the federal health care programs; or has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in the federal health care programs after a period of exclusion, suspension, debarment, or ineligibility.
- 9.4** SUBCONTRACTOR acknowledges that Ineligible Persons are precluded from providing federal and state funded health care services by contract with CONTRACTOR in the event they are currently sanctioned or excluded by a federal or state law enforcement regulatory or licensing agency.
- 9.5** SUBCONTRACTOR shall screen all Covered Individuals prior to hire or engagement while this Agreement is in effect. SUBCONTRACTOR shall not hire or engage any Ineligible Person to provide services directly related to this Agreement.
- 9.6** SUBCONTRACTOR shall screen all current Covered Individuals within (sixty) 60 days of execution of this Agreement to ensure that they have not become Ineligible Persons unless SUBCONTRACTOR has performed such screening on same Covered Individuals under a separate agreement with CONTRACTOR or COUNTY within the past six (6) months. Covered Individuals shall be required to disclose to SUBCONTRACTOR any debarment, exclusion, or other event that makes the Covered Person an Ineligible Person.
- 9.7** SUBCONTRACTOR shall notify CONTRACTOR within five (5) business days if a Covered Individual is currently excluded, suspended or debarred, or is identified as such, after being sanction screened. Such individual or entity shall be promptly removed from responsibility for, involvement with, or participation in any activity associated with this Agreement, and SUBCONTRACTOR shall notify CONTRACTOR within five (5) business days after it becomes aware of a Covered Individual providing services directly related to this Agreement being debarred, excluded or otherwise becoming an Ineligible Person.

10. Subcontract for Work or Services

No contract shall be made by SUBCONTRACTOR with any other party for furnishing any of the work or services under this Agreement without prior written approval of CONTRACTOR, as directed by RUHS-PH and/or COUNTY; but this provision shall not require approval of contracts of employment between the SUBCONTRACTOR and personnel assigned under this Agreement, or for parties named in the proposal and agreed to under this Agreement.

11. Disputes

Any dispute or claim between the parties arising out of this Agreement will be first submitted to senior management of both parties who will meet for a good faith attempt at amicable resolution. If the parties cannot settle the dispute or claim within thirty (30) days after such meeting of senior management, the dispute or claim will be mediated in confidential non-binding mediation proceedings by a mutually acceptable mediator to be

chosen by the parties within thirty (30) days after written notice by either party demanding mediation. SUBCONTRACTOR and CONTRACTOR will equally share the costs of mediation. The use of any of the above-mentioned procedures will not be construed under the doctrines of laches, waiver, or estoppel to affect the rights of either party adversely.

Any dispute or claim between the parties hereto, including any dispute or claim regarding any aspect of this Agreement or any act which allegedly has or would violate any provision of this Agreement or any law (hereinafter "Arbitrable Dispute"), will be submitted to arbitration through Judicial Arbitration and Mediation Services, Inc. ("JAMS") in Riverside County, California, unless the parties agree to another location, using the JAMS General Arbitration Rules and Procedures before an experienced arbitrator licensed to practice law in California and selected in accordance with the rules, unless the parties agree to an arbitrator, as the exclusive remedy for any such Arbitrable Dispute. The decision of the arbitrator shall be final, conclusive and binding upon the parties. Should any party to this Agreement pursue any Arbitrable Dispute by any method other than said arbitration, the responding party shall be entitled to recover from the initiating party all damages, costs, expenses, and attorneys' fees incurred as a result of such action.

12. Licensing and Permits

- 12.1** SUBCONTRACTOR shall comply with all State or other licensing and/or registration requirements, and hereby warrants that it has all necessary licensing, registration, permits, approvals, certificates, waivers, and exemptions necessary for performance of this Agreement as required by the laws and regulations of the United States, the State of California, the County of Riverside, and all other governmental agencies with jurisdiction, and shall maintain these throughout the term of the Agreement.
- 12.2** SUBCONTRACTOR shall inform CONTRACTOR immediately of any changes to SUBCONTRACTOR'S status with the California Department of Justice (DOJ), "Active" status with California Secretary of State, or tax-exempt status with the Internal Revenue Service (if applicable).

13. Non-Discrimination

SUBCONTRACTOR shall not discriminate in the provision of services, allocation of benefits, accommodation in facilities, or employment of personnel on the basis of ethnic group identification, race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital status or sex in the performance of this Agreement; and, to the extent they shall be found to be applicable hereto, shall comply with the provisions of the California Fair Employment and Housing Act (Gov. Code 12900 et seq.), the Federal Civil Rights Act of 1964 (P.L. 88-352), the Americans with Disabilities Act of 1990 (42 U.S.C. §1210 et seq.) and all other applicable laws or regulations.

14. Records and Documents

SUBCONTRACTOR shall make available, upon written request by CONTRACTOR and/or any duly authorized Federal, State, or COUNTY agency, a copy of this Agreement and such books, documents and records as are necessary to certify the nature and extent of the SUBCONTRACTOR'S costs related to this Agreement. All such books, documents and records shall be maintained by SUBCONTRACTOR for at least five (5) years following termination of this Agreement and be available for audit by CONTRACTOR and/or COUNTY. SUBCONTRACTOR shall provide to CONTRACTOR reports and information related to this Agreement as requested by CONTRACTOR.

15. Confidentiality

- 15.1** SUBCONTRACTOR shall not use for personal gain or make other improper use of privileged or confidential information which is acquired in connection with this Agreement. The term "privileged or confidential information" includes, but is not limited to: unpublished or sensitive technological or scientific information; medical, personnel or security records; anticipated material requirements or pricing/purchasing actions; CONTRACTOR or COUNTY information or data which is not subject to public

disclosure; CONTRACTOR or COUNTY operational procedures; and knowledge of selection of contractors, subcontractors or suppliers in advance of official announcement.

15.2 SUBCONTRACTOR shall protect from unauthorized disclosure names and other identifying information concerning persons receiving services pursuant to this Agreement, except for general statistical information not identifying any person. SUBCONTRACTOR shall not use such information for any purpose other than carrying out SUBCONTRACTOR'S obligations under this Agreement. SUBCONTRACTOR shall promptly transmit to CONTRACTOR all third party requests for disclosure of such information. SUBCONTRACTOR shall not disclose, except as otherwise specifically permitted by this Agreement or authorized in advance by CONTRACTOR, under direction of COUNTY, information to anyone other than CONTRACTOR. For purposes of this paragraph, identity shall include, but not be limited to name, identifying number, symbol or other identifying particulars assigned to the individual, such as finger or voice print or a photograph.

15.3 SUBCONTRACTOR is subject to and shall operate in compliance with all relevant requirements contained in Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, and the related laws and regulations promulgated subsequent thereto.

16. Hold Harmless/Indemnification

16.1 SUBCONTRACTOR shall indemnify and hold harmless Inland Southern California 211+, its directors, officers, employees, agents and representatives (collectively and hereafter referred to as "Indemnitees") from any liability, action, claim or damage whatsoever, based or asserted upon any services of SUBCONTRACTOR, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Agreement, including, but not limited to, property damage, bodily injury, or death or any element of any kind or nature. SUBCONTRACTOR will defend the Indemnitees at its sole expense including all costs and fees (including, but not limited to, attorney fees, with attorney chosen by contractor, cost of investigation, defense and settlements or awards) in any claim or action based upon such acts, omissions or services.

16.2 SUBCONTRACTOR shall indemnify and hold harmless County of Riverside, their Agencies, Special Districts and Departments, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives (collectively and hereafter referred to as "County Indemnitees") from any liability, action, claim or damage whatsoever, based or asserted upon any services of SUBCONTRACTOR, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Agreement, including, but not limited to, property damage, bodily injury, or death or any element of any kind or nature. SUBCONTRACTOR will defend the County Indemnitees at its sole expense including all costs and fees (including, but not limited to, attorney fees, cost of investigation, defense and settlements or awards) in any claim or action based upon such acts, omissions or services.

16.3 SUBCONTRACTOR'S obligation hereunder shall be satisfied when SUBCONTRACTOR has provided to CONTRACTOR the appropriate form of dismissal relieving CONTRACTOR and/or RUHS-PH and/or COUNTY from any liability for the action or claim involved.

16.4 Purchase of the insurance coverage required in this Agreement shall in no way limit or circumscribe SUBCONTRACTOR'S obligations to indemnify and hold harmless the Indemnitees or County Indemnitees herein from third party claims.

17. Insurance

17.1 Without limiting or diminishing SUBCONTRACTOR'S obligation to indemnify or hold CONTRACTOR and/or the COUNTY harmless, SUBCONTRACTOR shall procure and maintain or cause to be maintained, at its sole cost and expense, the following insurance coverages during the term of this Agreement. As respects to the insurance section only, the COUNTY herein refers to the County of Riverside, its Agencies, Districts, Special Districts, and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents, or representatives as Additional Insureds.

A. Workers' Compensation:

If SUBCONTRACTOR has employees as defined by the State of California, SUBCONTRACTOR shall maintain statutory Workers' Compensation Insurance (Coverage A) as prescribed by the laws of the State of California. Policy shall include Employers' Liability (Coverage B) including Occupational Disease with limits not less than \$1,000,000 per person per accident. The policy shall be endorsed to waive subrogation in favor of CONTRACTOR and COUNTY.

B. Commercial General Liability:

Commercial General Liability insurance coverage, including but not limited to, premises liability, unmodified contractual liability, products and completed operations liability, personal and advertising injury, and cross liability coverage, covering claims which may arise from or out of SUBCONTRACTOR'S performance of its obligations hereunder. Policy shall name CONTRACTOR and COUNTY as Additional Insured. Policy's limit of liability shall not be less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two (2) times the occurrence limit.

C. Vehicle Liability:

If vehicles or mobile equipment are used in the performance of the obligations under this Agreement, then SUBCONTRACTOR shall maintain liability insurance for all owned, non-owned, or hired vehicles so used in an amount not less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two (2) times the occurrence limit. Policy shall name CONTRACTOR and COUNTY as Additional Insureds.

D. Professional Liability

SUBCONTRACTOR shall maintain Professional Liability Insurance providing coverage for SUBCONTRACTOR'S performance of work included within this Agreement, with a limit of liability of not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate. If SUBCONTRACTOR'S Professional Liability Insurance is written on a claims made basis rather than an occurrence basis, such insurance shall continue through the term of this Agreement and SUBCONTRACTOR shall purchase at his sole expense either 1) an Extended Reporting Endorsement (also, known as Tail Coverage); or 2) Prior Dates Coverage from new insurer with a retroactive date back to the date of, or prior to, the inception of this Agreement; or 3) demonstrate through Certificates of Insurance that SUBCONTRACTOR has maintained continuous coverage with the same or original insurer. Coverage provided under items; 1), 2), or 3) will continue as long as the law allows.

E. Cyber Liability

SUBCONTRACTOR shall procure and maintain cyber liability insurance with limits not less than \$2,000,000 per occurrence or claim, \$2,000,000 aggregate. Coverage shall be sufficiently broad to respond to the duties and obligations as is undertaken by SUBCONTRACTOR in this Agreement and shall include, but not limited to, claims involving infringement of intellectual property, including but not limited to infringement of copyright, trademark, trade dress, invasion of privacy violations, information theft, damages to or destruction of electronic information, release of private information, alteration of electronic information, extortion and network security. The policy shall provide coverage for breach response costs as well as regulatory fines and penalties as well as credit monitoring expenses with limits sufficient to these obligations.

If SUBCONTRACTOR maintains broader coverage and/or higher limits than the minimums shown above, CONTRACTOR and COUNTY require and shall be entitled to the broader coverage and/or higher limits maintained by SUBCONTRACTOR. Any available insurance proceeds in excess of the specified minimum

limits of insurance and coverage shall be available to CONTRACTOR and COUNTY. Policy shall name the CONTRACTOR and COUNTY as Additional Insureds.

F. General Insurance Provisions - All lines:

1) Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an A M BEST rating of not less than A: VIII (A:8) unless such requirements are waived, in writing, by CONTRACTOR, with prior written consent of COUNTY. If CONTRACTOR waives a requirement for a particular insurer such waiver is only valid for that specific insurer and only for one policy term.

2) SUBCONTRACTOR must declare its insurance self-insured retention for each coverage required herein. If any such self-insured retention exceeds \$500,000 per occurrence, each such retention shall have the prior written consent of CONTRACTOR, with prior approval of COUNTY, before the commencement of operations under this Agreement. Upon notification of self-insured retention unacceptable to CONTRACTOR, and at the election of the CONTRACTOR, SUBCONTRACTOR'S carriers shall either; 1) reduce or eliminate such self-insured retention as respects this Agreement with CONTRACTOR, or 2) procure a bond which guarantees payment of losses and related investigations, claims administration, and defense costs and expenses.

3) SUBCONTRACTOR shall cause SUBCONTRACTOR'S insurance carrier(s) to furnish the CONTRACTOR with either 1) a properly executed original Certificate(s) of Insurance and certified original copies of Endorsements effecting coverage as required herein, and 2) if requested to do so orally or in writing by CONTRACTOR, provide original Certified copies of policies including all Endorsements and all attachments thereto, showing such insurance is in full force and effect. Further, said Certificate(s) and policies of insurance shall contain the covenant of the insurance carrier(s) that thirty (30) days written notice shall be given to CONTRACTOR prior to any material modification, cancellation, expiration or reduction in coverage of such insurance. In the event of a material modification, cancellation, expiration, or reduction in coverage, this Agreement shall terminate forthwith, unless CONTRACTOR receives, prior to such effective date, another properly executed original Certificate of Insurance and original copies of endorsements or certified original policies, including all endorsements and attachments thereto evidencing coverage's set forth herein and the insurance required herein is in full force and effect. SUBCONTRACTOR shall not commence operations until the CONTRACTOR has been furnished original Certificate (s) of Insurance and certified original copies of endorsements and if requested, certified original policies of insurance including all endorsements and any and all other attachments as required in this Section. An individual authorized by the insurance carrier shall sign the original endorsements for each policy and the Certificate of Insurance.

4) It is understood and agreed to by the parties hereto that SUBCONTRACTOR'S insurance shall be construed as primary insurance, and CONTRACTOR'S and COUNTY'S insurance and/or deductibles and/or self-insured retentions or self-insured programs shall not be construed as contributory.

5) If, during the term of this Agreement or any extension thereof, there is a material change in the scope of services; or, there is a material change in the equipment to be used in the performance of the scope of work; or, the term of this Agreement, including any extensions thereof, exceeds five (5) years; CONTRACTOR reserves the right to adjust the types of insurance and the monetary limits of liability required under this Agreement, if in the reasonable judgment of CONTRACTOR and/or COUNTY, the amount or type of insurance carried by the SUBCONTRACTOR has become inadequate.

6) SUBCONTRACTOR shall pass down the insurance obligations contained herein to all tiers of subcontractors working under this Agreement.

7) The insurance requirements contained in this Agreement may be met with a program(s) of self-insurance acceptable to CONTRACTOR, with written approval of COUNTY.

8) SUBCONTRACTOR agrees to notify CONTRACTOR of any claim by a third party or any incident or event that may give rise to a claim arising from the performance of this Agreement.

18. Force Majeure

If either party is unable to comply with any provision of this Agreement due to causes beyond its reasonable control, and which could not have been reasonably anticipated, such as acts of God, war, civil disorders, or other similar acts, such party will not be held liable for such failure to comply.

19. General

- 19.1** SUBCONTRACTOR shall not delegate or assign any interest in this Agreement, whether by operation of law or otherwise, without the prior written permission of CONTRACTOR, at the direction of COUNTY. Any attempt to delegate or assign any interest herein shall be deemed void and of no force or effect.
- 19.2** Any waiver by CONTRACTOR of any breach of any one or more of the terms of this Agreement shall not be construed to be a waiver of any subsequent or other breach of the same or of any other term of this Agreement. Failure on the part of CONTRACTOR to require exact, full and complete compliance with any terms of this Agreement shall not be construed as in any manner changing the terms or preventing CONTRACTOR from enforcement of the terms of the Agreement.
- 19.3** In the event SUBCONTRACTOR receives payment under this Agreement, which is later disallowed by CONTRACTOR, and/or at direction of COUNTY, for nonconformance with the terms of the Agreement, SUBCONTRACTOR shall promptly refund the disallowed amount to CONTRACTOR upon request; or at its option, CONTRACTOR may offset the amount disallowed from any payment due to SUBCONTRACTOR.
- 19.4** SUBCONTRACTOR shall not provide any services or products subject to any chattel mortgage or under conditional sales contract or other agreement by which an interest is retained by a third party. SUBCONTRACTOR warrants that it has good title to all materials or products used by SUBCONTRACTOR or provided to CONTRACTOR and/or RUHS-PH and/or COUNTY pursuant to this Agreement free from all liens, claims, or encumbrances.
- 19.5** Nothing in this Agreement shall prohibit CONTRACTOR from acquiring the same type or equivalent equipment, products, materials or services from other sources, when deemed by CONTRACTOR to be in its best interest. CONTRACTOR reserves the right to purchase more or less than the quantities specified in this Agreement.
- 19.6** CONTRACTOR agrees to reasonably cooperate with SUBCONTRACTOR in the SUBCONTRACTOR'S performance under this Agreement.
- 19.7** SUBCONTRACTOR shall comply with all applicable Federal, State and local laws and regulations. SUBCONTRACTOR will comply with all applicable CONTRACTOR and/or RUHS-PH and/or COUNTY policies and procedures. In the event that there is a conflict between the various laws or regulations that apply, SUBCONTRACTOR will comply with the more restrictive law or regulation.
- 19.8** SUBCONTRACTOR shall comply with all air pollution control, water pollution, safety and health ordinances, statutes, or regulations, which apply to performance under this Agreement.
- 19.9** SUBCONTRACTOR shall comply with all requirements of the Occupational Safety and Health Administration (OSHA) standards and codes as set forth by the U.S. Department of Labor and the State of California (Cal/OSHA).
- 19.10** This Agreement shall be governed by the laws of the State of California. Any legal action related to the performance or interpretation of this Agreement shall be filed only in Superior Court of the State of California located in Riverside, California, and the parties waive any provision of law providing for a change of venue to another location. In the event any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions will nevertheless continue in full force and effect without being impaired or invalidated in any way.
- 19.11** This Agreement may be executed in any number of counterparts, each of which will be an original, but all of which together will constitute one instrument. Each party to this Agreement agrees to the use of electronic signatures, such as digital signatures that meet the requirements of the California Uniform Electronic

Transactions Act (“CUETA”) Cal. Civ. Code §§ 1633.1 to 1633.17), for executing this Agreement. The parties further agree that the electronic signatures of the parties included in this Agreement are intended to authenticate this writing and to have the same force and effect as manual signatures. The CUETA authorizes use of an electronic signature for transactions and contracts among parties in California, including a government agency. Electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the parties. For purposes of this section, a digital signature is a type of “electronic signature” as defined in subdivision (h) of Section 1633.2 of the Civil Code.

19.12 This Agreement, including any attachments or exhibits, constitutes the entire Agreement of the parties with respect to its subject matter and supersedes all prior and contemporaneous representations, proposals, discussions, and communications, whether oral or in writing. This Agreement may be changed or modified only by a written amendment signed by authorized representatives of both parties.

19.13 If any Party brings an action (including arbitration) to enforce the terms hereof or declare rights under this Agreement, the prevailing party in any such proceeding thereon, shall be entitled to reasonable consultants’, accountants’, and attorneys’ fees and expenses. Any attorneys’ fees award shall not be computed in accordance with any court fee schedule but shall be such as to fully reimburse all attorneys’ fees reasonably incurred.

IN WITNESS WHEREOF, the Parties here to have caused their duly authorized representatives to execute this AGREEMENT.

Organization Legal Name

INLAND SOUTHERN CALIFORNIA 211+
a California nonprofit corporation

By: _____

By: _____

Print Name: _____

Kimberly Starrs

Title: _____

President & CEO

Dated: _____

Dated: _____

20. Exhibit A – Scope of Work & Reporting Requirements

21. Exhibit B – Payment Provisions, Approved Budget & Payment Schedule

EXHIBIT A SCOPE OF WORK

PURPOSE:

In response to a Centers for Disease Control national initiative grant, RUHS-Public Health proposes to dedicate funding to Desert Healthcare Foundation (SUBCONTRACTOR), administered through Inland Southern California United Way 211+ (CONTRACTOR), for programming that addresses COVID-19 related disparities in Riverside's underserved and high-risk populations in the Coachella Valley. These programs will address four (4) overarching strategies: (1) expand COVID-19 testing accessibility; (2) develop and execute comprehensive COVID-19 prevention and mitigation education campaigns; (3) engage and empower high-risk populations; and (4) distribute Personal Protection Equipment (PPE) to support prevention and mitigation of COVID-19 infection.

SUBCONTRACTOR will provide training to their staff on COVID-19 outreach and education materials and community resources. SUBCONTRACTOR will monitor activities and provide the necessary technical assistance, project updates, and resources, including any translated materials needed.

The program term will be from October 1, 2024 to March 31, 2025.

Contractors' scope of work will include:

1. Expand COVID-19 testing access by distributing home test kits to targeted populations. This includes partnering with local organizations and setting up distribution points in high-risk and underserved areas.
2. Develop and deliver instructions on properly using COVID-19 home test kits, interpreting results, and follow up care in multiple languages.
3. Enhance community education in COVID-19 prevention and mitigation by distributing brochures, posters, and digital content on the proper use of PPE and hygiene practices.
4. Distribute COVID-19 educational materials and PPE through distribution points at community hubs and organizing pop-up sites at high traffic areas like shopping centers and health fairs.
5. Develop and distribute clear, culturally appropriate materials on COVID-19 testing, vaccination and treatment in primary languages of target populations via social media, local organizations, and by targeted outreach.

Reporting Requirements

SUBCONTRACTOR will collect data and have tracking systems in place to organize and maintain data and expenses for reporting, accountability, and evaluation purposes.

Monthly Expense Reporting:

Monthly expense reports are due on the 15th of the month following the reporting period. Reports will be submitted online and must include Expense Reporting Form as well as all supporting documentation. CONTRACTOR may request additional supporting documents as needed and will determine when report is considered complete.

Quarterly Progress Reporting:

Quarterly narrative reports are due on the 15th of the month following the reporting period. Reports will be submitted online and must include Progress, Successes, and Challenges as they relate to the scope of work, goals, and outcomes of the project. CONTRACTOR may request additional supporting documents as needed and will determine when report is considered complete.

**** Quarterly Progress Meetings may also be required with the SUBCONTRACTOR, CONTRACTOR, and COUNTY RUHS-PH*

Reporting Period	Report Due Date	Report Type Due
October 2024	December 1, 2024	Monthly Expense Report
November 2024	December 15, 2024	Monthly Expense Report
December 2024	January 15, 2025	Monthly Expense Report & Quarterly Progress Report
January 2025	February 15, 2025	Monthly Expense Report
February 2025	March 15, 2025	Monthly Expense Report
March 2025	April 15, 2025	Monthly Expense Report, Quarterly Progress Report, & Final Project Report

Online Reporting Form – Online Link: <https://bit.ly/RUHSGrantReport>

Expense Tracking Form - Download Link: <https://bit.ly/RUHSExpenseReportForm>

**EXHIBIT B
PROJECT BUDGET**

SUBCONTRACTOR has been approved to receive payment for services rendered in accordance with Exhibit A as follows:

Category	Amount	Notes
STAFF COSTS		
Chief of Community Engagement	\$9,890	The Chief of Community Engagement will coordinate grant activities and oversight including: grant reporting, managing various tasks to ensure that grant-funded programs or projects are executed efficiently and in compliance with the grant's guidelines, along with expanding current partnerships to increase impact in the community. (.0625 FTE @ \$76.08/hr = \$9,890) 5 weekly hours for 6 months
Program Assistant	\$9,155	The Program Assistant will be responsible for all planned COVID outreach events and distribution activities involving organizing, managing, and overseeing efforts to raise awareness, provide educational materials, and distribute necessary COVID-19 prevention and testing resources to community partners. Also ensuring that these activities are executed effectively, reach the intended populations, and align with the grant guidelines (.125 FTE @ \$35.21/hr = \$9,155) 10 weekly hours
Benefits	\$6,285	Fringe calculated at 33% of labor (FICA, Medicare, Health, Disability, Vision/Dental, Copay/Deductibles, Workers Comp, Retirement)

\$25,330

NON-STAFF COSTS

Educational Materials	\$12,000	Printing cost for COVID-19 flyers and promotional materials. Dual-sided single-page color copies are estimated at \$1.60 per print. Estimated monthly print of 1,250+, and project print total of 7,500+. Single-sided prints, B&W prints, and volume discounts will be used when applicable. Estimated at \$2,000 per month. Additional printing costs will be covered by other sources.
Outreach/Marketing/Ads	\$6,000	\$500 for promotion of two posts per month on social media outlets, Facebook and Instagram.
Transportation/Mileage	\$3,015	Estimated 750 miles a month at .67/mile federal rate for both staff members
COVID-19 At-Home Test Kits	\$120,000	Purchase of approximately 6,000 boxes of Covid tests at \$20 per box
PPE (unbranded)	\$12,000	Purchase of 60,000 masks (\$50 for 500), 12,000 sanitizing wipe packs (\$40 for 100), and 12,000 hand sanitizer packs (\$50 for 500 packs)
Other	\$750	Unbranded plastic bags for COVID-19 tests and PPE. \$15 for box of 120

\$153,765

Direct Cost Total	\$179,095	
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INDIRECT COSTS (up to 10% max)

de minimis	\$17,910	
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Project Total	\$197,005	
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PAYMENT SCHEDULE

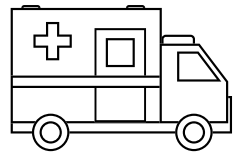
SUBCONTRACTOR does not need to submit additional invoices. Payments will be released as follows.

First Installment	\$49,251.25	Within 30 Days of contract execution
Second Installment	\$49,251.25	When 90% of previous installment is confirmed spent/reconciled via expense reporting
Third Installment	\$49,251.25	When 90% of previous installment is confirmed spent/reconciled via expense reporting
Fourth Installment	\$49,251.25	When 90% of previous installment is confirmed spent/reconciled via expense reporting
Total	\$197,005.00	

DPMG Health

Medical Mobile Clinics

Activity Report (7/2023 to 9/2024)



Weekly Clinic Locations

Tuesday

Friday

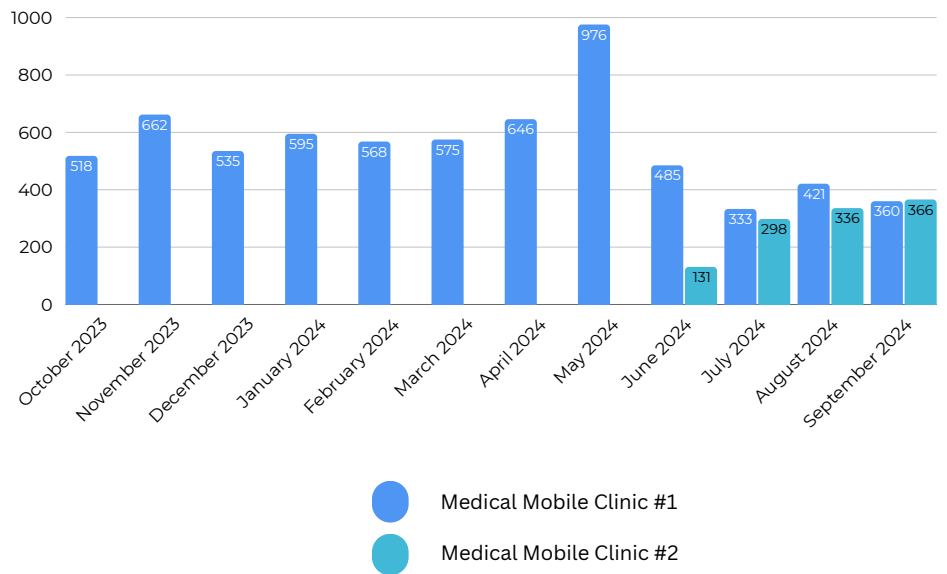
Galilee Center

Well in the Desert

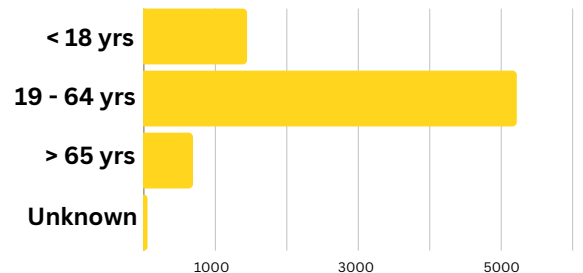
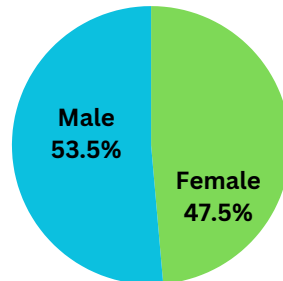
Community Partners

- ABC Recovery
- Birth Choice of the Desert
- City of Desert Hot Springs
- City of Palm Springs R.I.S.E
- CV Housing Coalition
- CVUSD
- Desert Care Network
- Desert Recreation District
- DSUSD
- Galilee Center
- Growing CV
- Jovenes AA Recovery Center
- PSUSD
- San Bernardino Catholic Diocese
- SWAG
- Well in the Desert

Number of Patients Seen October 2023 to September 2024



Patient Demographics





Report Period: 09/01/2024 - 09/30/2024
(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

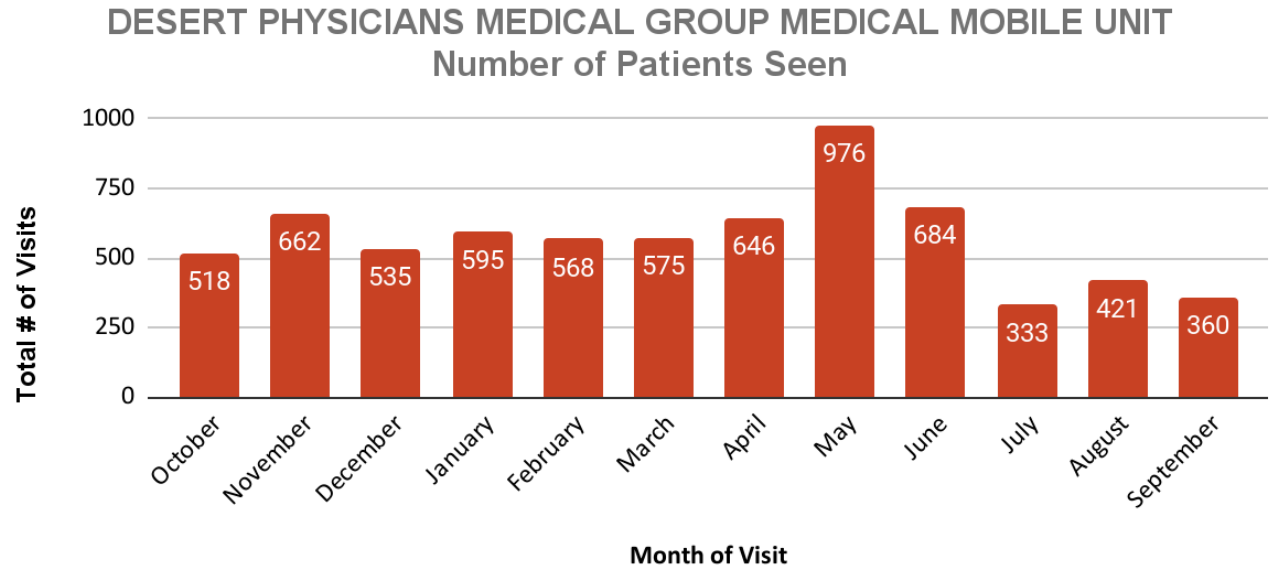
Executive Summary: Desert Physicians Medical Group Health is committed to bridging health and community. We plan to expand access and provide care for those living in the Coachella Valley. This funding will provide support for the medical mobile unit and communities we serve. It is anticipated that 3,000 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.	<p>The table and graph below illustrates the total number of patient encounters seen since October 1, 2023 up to this reporting period.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th rowspan="2">Date</th> <th rowspan="2">Location</th> <th rowspan="2"># of Patient s seen</th> <th colspan="2">Gender</th> <th colspan="3">Age</th> <th rowspan="2">Unknown</th> </tr> <tr> <th>Female</th> <th>Male</th> <th>≤ 18 yo</th> <th>19-64 yo</th> <th>≥ 65 yo</th> </tr> </thead> <tbody> <tr style="background-color: #c00000; color: white;"> <td colspan="9" style="text-align: center;">September 2024</td> </tr> <tr> <td>9/3/24</td> <td>Galilee Center at Western Sands Motel - Refugee Clinic</td> <td>36</td> <td>19</td> <td>17</td> <td>12</td> <td>23</td> <td>1</td> <td>0</td> </tr> </tbody> </table>							Date	Location	# of Patient s seen	Gender		Age			Unknown	Female	Male	≤ 18 yo	19-64 yo	≥ 65 yo	September 2024									9/3/24	Galilee Center at Western Sands Motel - Refugee Clinic	36	19	17	12	23	1	0
Date	Location	# of Patient s seen	Gender		Age			Unknown																																
			Female	Male	≤ 18 yo	19-64 yo	≥ 65 yo																																	
September 2024																																								
9/3/24	Galilee Center at Western Sands Motel - Refugee Clinic	36	19	17	12	23	1	0																																

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

		9/3/24	Gojji Telemedicine	18	14	4	0	18	0	0
		9/4/24	Birth Choice of the Desert	3	3	0	0	3	0	0
		9/5/24	Jovenes Substance Abuse Recovery Home	27	4	23	0	27	0	0
		9/6/24	Our Lady of Guadalupe - Street Medicine	19	5	14	0	19	0	0
		9/10/24	Galilee Center at Western Sands Motel - Refugee Clinic	42	25	17	17	24	0	1
		9/11/24	Andrew Jackson Elementary School Tdap Clinic	6	2	4	6	0	0	0
		9/12/24	Gojji Telemedicine	19	7	12	0	18	1	0
		9/13/24	Our Lady of Guadalupe - Street Medicine	17	5	12	0	16	1	0
		9/17/24	Galilee Center at Western Sands Motel - Refugee Clinic	33	16	17	9	24	0	0
		9/18/24	Birth Choice of the Desert	5	5	0	0	5	0	0
		9/19/24	Desert Hot Springs Unhoused Outreach	10	3	7	0	10	0	0
		9/20/24	Our Lady of	15	4	11	0	13	2	0

			Guadalupe - Street Medicine							
	9/20/24		Gojji Telemedicine	19	11	8	0	18	1	0
	9/24/24		Galilee Center at Western Sands Motel - Refugee Clinic	34	21	13	12	22	0	0
	9/27/24		Our Lady of Guadalupe - Street Medicine	19	4	15	0	16	3	0
	9/27/24		Gojji Telemedicine	20	10	10	0	18	2	0
	9/30/24		Gojji Telemedicine	18	12	6	0	17	1	0
	Total Since October 2023			6873	3190	3683	1651	4771	429	22



Report Period: 09/01/2024 - 09/30/2024
(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	<p>The table and graph below illustrates the total number of patient encounters seen since June 1, 2024 up to this reporting period.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Date</th> <th rowspan="2">Location</th> <th rowspan="2"># of Patients seen</th> <th colspan="2">Gender</th> <th colspan="4">Age</th> <th rowspan="2">Type of Service Offered</th> </tr> <tr> <th>Female</th> <th>Male</th> <th>≤ 18 yo</th> <th>19-64 yo</th> <th>≥ 65 yo</th> <th>Unknown</th> </tr> </thead> <tbody> <tr style="background-color: #e67e22; color: white;"> <td colspan="10">September 2024</td> </tr> <tr> <td>9/3/24</td> <td>DPMG Clinic</td> <td>2</td> <td>2</td> <td>0</td> <td>0</td> <td>2</td> <td>0</td> <td>0</td> <td>OB</td> </tr> <tr> <td>9/3/24</td> <td>DPMG Clinic</td> <td>4</td> <td>2</td> <td>2</td> <td>0</td> <td>3</td> <td>1</td> <td>0</td> <td>BH</td> </tr> </tbody> </table>								Date	Location	# of Patients seen	Gender		Age				Type of Service Offered	Female	Male	≤ 18 yo	19-64 yo	≥ 65 yo	Unknown	September 2024										9/3/24	DPMG Clinic	2	2	0	0	2	0	0	OB	9/3/24	DPMG Clinic	4	2	2	0	3	1	0	BH
Date	Location	# of Patients seen	Gender		Age				Type of Service Offered																																														
			Female	Male	≤ 18 yo	19-64 yo	≥ 65 yo	Unknown																																															
September 2024																																																							
9/3/24	DPMG Clinic	2	2	0	0	2	0	0	OB																																														
9/3/24	DPMG Clinic	4	2	2	0	3	1	0	BH																																														

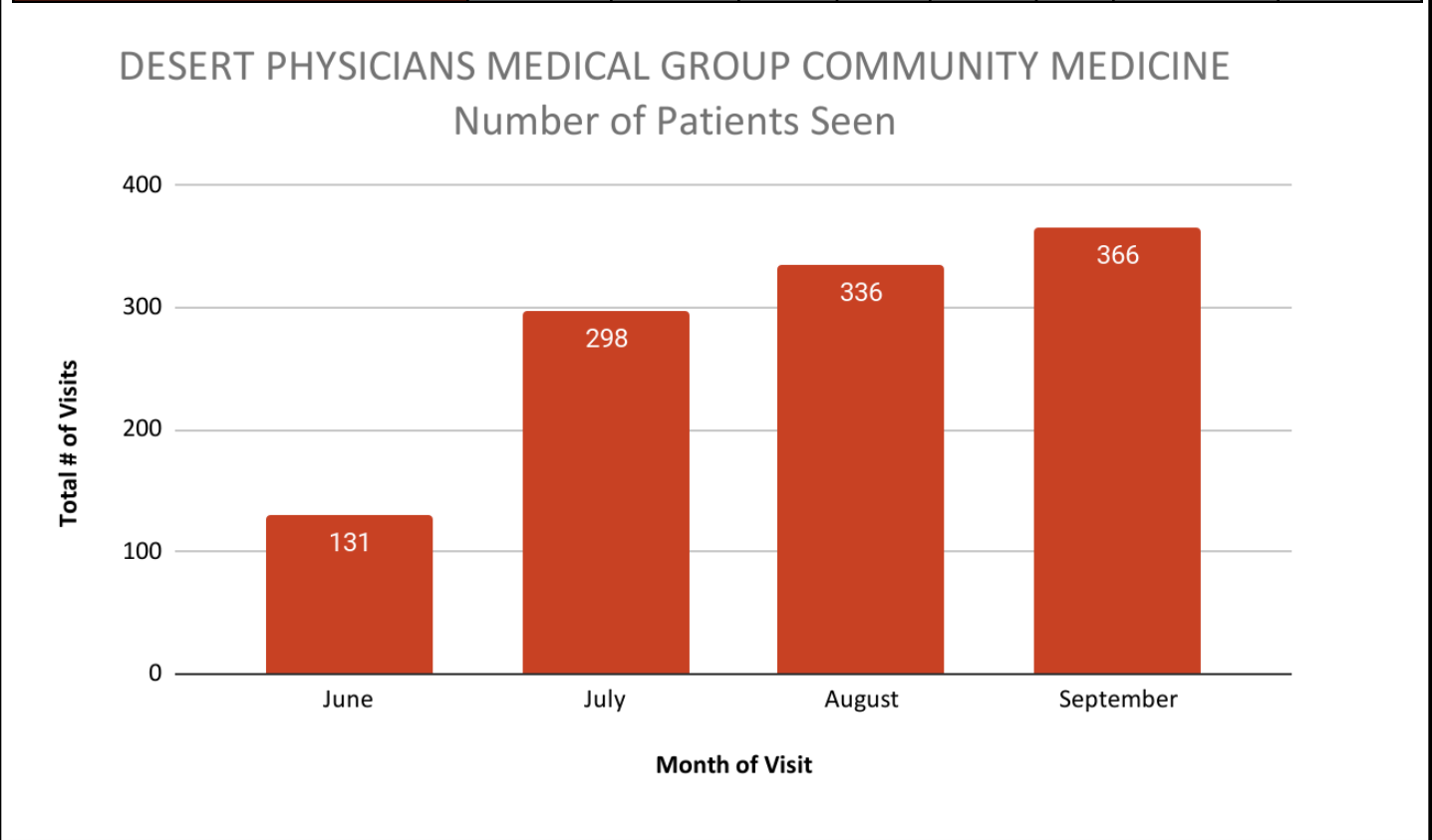
<p>pulmonary function tests and echocardiograms during school physicals.</p> <p>LEGEND Type of Service Offered:</p> <ul style="list-style-type: none"> ● OB - Obstetrics ● PC - Primary Care / Chronic Disease Management ● BH - Behavioral Health ● Pd - Pediatrics 	9/4/24	Gojji Telemedicine	18	10	8	0	16	2	0	PC
	9/5/24	DPMG Clinic	4	3	1	1	3	0	0	BH
	9/5/24	DPMG Clinic	5	3	2	0	4	1	0	BH
	9/5/24	Gojji Telemedicine	16	9	7	1	14	1	0	PC
	9/6/24	DPMG Clinic	2	2	0	0	2	0	0	OB
	9/6/24	DPMG Clinic	3	3	0	0	3	0	0	BH
	9/6/24	DPMG Clinic	3	0	3	0	3	0	0	PC
	9/6/24	Gojji Telemedicine	17	6	11	0	16	1	0	PC
	9/9/24	DPMG Clinic	2	2	0	0	2	0	0	OB
	9/9/24	DPMG Clinic	4	3	1	0	3	1	0	PC
	9/9/24	Gojji Telemedicine	18	14	4	0	16	2	0	PC
	9/10/24	Gojji Telemedicine	16	6	10	0	15	1	0	PC
	9/11/24	DPMG Clinic	1	1	0	0	1	0	0	OB
	9/11/24	DPMG Clinic	4	1	3	0	4	0	0	BH
	9/11/24	DPMG Clinic	3	1	2	0	3	0	0	PC
	9/11/24	Gojji Telemedicine	18	9	9	1	15	2	0	PC
	9/12/24	DPMG Clinic	3	3	0	0	3	0	0	OB
	9/12/24	DPMG Clinic	5	3	2	0	5	0	0	BH
	9/13/24	DPMG Clinic	4	1	3	0	3	1	0	BH

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

9/13/24	DPMG Clinic	8	1	7	0	5	3	0	PC
9/13/24	Gojji Telemedicine	17	7	10	0	15	2	0	PC
9/16/24	DPMG Clinic	5	1	4	1	3	1	0	BH
9/16/24	Gojji Telemedicine	14	3	11	0	14	0	0	PC
9/17/24	DPMG Clinic	4	2	2	0	3	1	0	BH
9/17/24	Gojji Telemedicine	15	12	3	0	15	0	0	PC
9/18/24	DPMG Clinic	5	3	2	0	4	1	0	BH
9/18/24	Gojji Telemedicine	15	11	4	0	15	0	0	PC
9/19/24	DPMG Clinic	2	2	0	0	2	0	0	OB
9/19/24	DPMG Clinic	5	3	2	0	4	1	0	BH
9/19/24	Gojji Telemedicine	19	8	11	0	16	3	0	PC
9/23/24	DPMG Clinic	3	3	0	0	3	0	0	OB
9/23/24	DPMG Clinic	4	4	0	1	3	0	0	BH
9/23/24	Gojji Telemedicine	15	2	13	0	12	3	0	PC
9/24/24	DPMG Clinic	4	2	2	0	3	1	0	BH
9/24/24	DPMG Clinic	6	4	2	0	5	1	0	PC
9/24/24	Gojji Telemedicine	16	6	10	0	15	1	0	PC
9/25/24	DPMG Clinic	4	3	1	1	3	0	0	BH
9/25/24	Gojji Telemedicine	17	9	8	0	15	2	0	PC

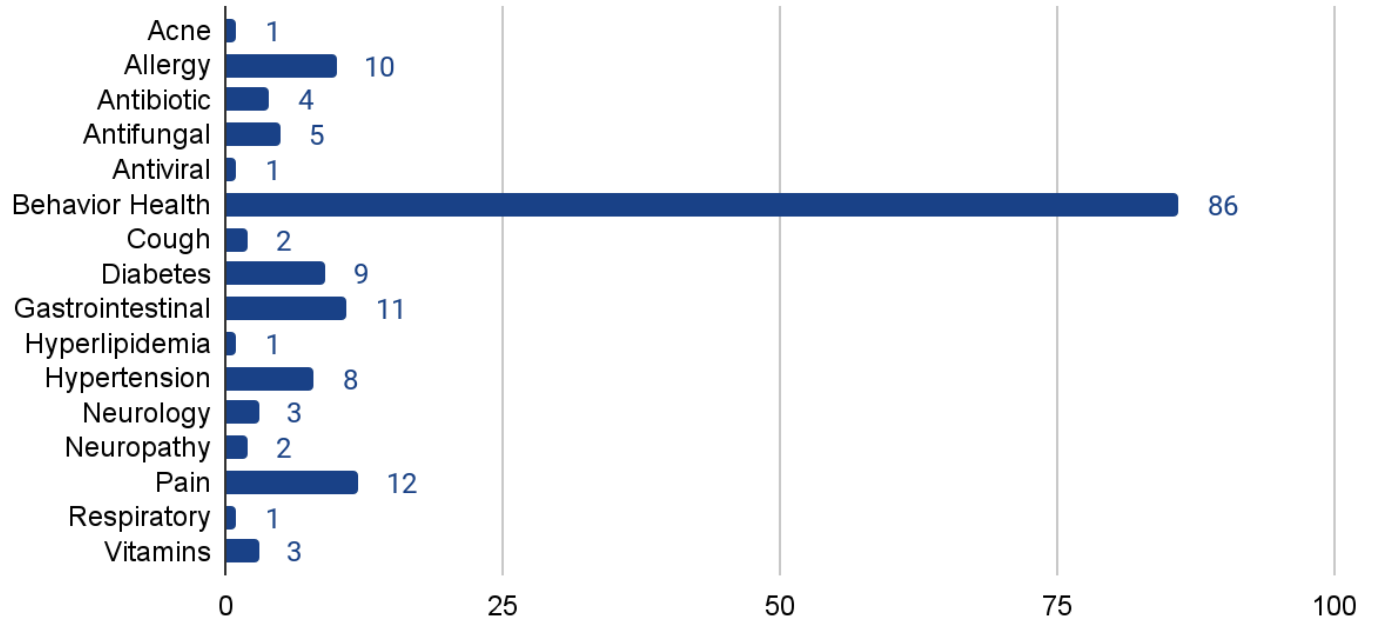
DESERT PHYSICIANS MEDICAL GROUP COMMUNITY MEDICINE
RFP - 2022-001 - MONTHLY REPORT

9/26/24	DPMG Clinic	5	2	3	0	5	0	0	BH
9/26/24	Gojji Telemedicine	17	12	5	0	16	1	0	PC
9/27/24	DPMG Clinic	5	1	4	1	4	0	0	BH
9/30/24	DPMG Clinic	3	1	2	1	2	0	0	BH
9/30/24	DPMG Clinic	6	4	2	0	5	1	0	PC
Total Since June 2024		1131	619	512	12	1019	100	0	



DESERT PHYSICIANS MEDICAL GROUP MEDICAL MOBILE UNIT
Number of Medications Dispensed per Drug Class

September 2024



Report Period: 8/1/2024 – 8/31/2024
(Monthly report due the 15th of each month)

Report by: Melissa Fonder-Director of Mobile and School Based Services

Program/Project Information:

Grant # 1288

Project Title: Improving Access to Healthcare in Desert Highland Gateway Estates

Start Date: 07/01/2021

End Date: 12/31/2024

Term: 36 Months

Grant Amount: \$575,000

Executive Summary: DAP+Borrego Health is committed to providing and increasing access to healthcare services for those living in Desert Highland Gateway Estates and the surrounding communities. This funding will provide support for a pilot mobile services program and begin to assess the sustainability of a more permanent healthcare program within the community. It is anticipated that 2,913 medical and dental visits will be conducted with part-time mobile services in the community.

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supporting Information (Graphs, reports, indicator results, etc.)
1. Collaboration	<p>Through a multifaceted approach, DAP+Borrego Health intends to develop a collaborative relationship with the DHG Health and Wellness Committee. The team is committed to participation in meetings as desired by the committee to ensure open dialogue as to the perceptions of health issues. The committee will be informed of all planned schedules and activities on a monthly basis in advance to encourage support and participation. Any changes will be clearly communicated to avoid any misunderstanding.</p>	<p>The DAP Health Mobile team and leadership maintain active engagement with members of the Desert Highland Gateway Estates Wellness committee, holding regular meetings to discuss updates on service utilization, activities, and challenges. Our objective is to foster support, gather input, and collaborate with neighborhood/community leaders to enhance awareness and utilization of available services.</p> <p>During this reporting period, one (1) meeting occurred. Attendees included:</p> <p>Tony Bradford- DAP Health Andrea Hayles-Desert Health Care District Melissa Fonder-DAP Health Manny Muro – DAP Health April Grissom – DAP Health</p>

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supporting Information (Graphs, reports, indicator results, etc.)
		<p>Meeting Highlights:</p> <ul style="list-style-type: none"> • Overview regarding utilization of services. • Dental services updates • Community Health Education forums and community outreach updates. • Vibe Well • Next meeting scheduled for September 9th 2024

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supporting Information (Graphs, reports, indicator results, etc.)																																																																																										
<p>2. Services</p>	<p>By June 30, 2024, a minimum of 2053 patient care medical visits and 860 dental visits will be provided.</p>	<p>Throughout this reporting period, our efforts to promote Mobile Medical and Dental services have persisted through strategic social media campaigns and targeted flyer distribution across various local venues such as businesses, apartment complexes, churches, and school district.</p> <p>Internally, we are developing strategies to increase medical and dental visits at DHG. Starting in October, we will expand our dental services to a weekly schedule. We are also enhancing our outreach efforts to boost appointments for both medical and dental services. Our RN-managed telehealth equipment is set to launch in early to mid-September, and we are actively working on securing RN coverage to support this initiative. We will continue to work closely with our recruiting team to ensure adequate provider coverage. Additionally, we will monitor and analyze the effectiveness of our marketing campaigns to refine our outreach strategies.</p> <p>Please refer to the table below for a comprehensive overview of the total number of patients served from the inception of services on July 12, 2021, up to the current reporting period.</p> <table border="1" data-bbox="764 824 1997 1393"> <thead> <tr> <th colspan="6" style="background-color: #4F81BD; color: white;">Year 4 – Medical</th> </tr> <tr> <th style="background-color: #6A329F; color: white;">Month</th> <th style="background-color: #6A329F; color: white;">Number of Patients Served</th> <th style="background-color: #6A329F; color: white;">Number of Visits</th> <th style="background-color: #6A329F; color: white;">Medical Visits</th> <th style="background-color: #6A329F; color: white;">Dental Visits</th> <th style="background-color: #6A329F; color: white;">Total Uninsured</th> </tr> </thead> <tbody> <tr><td style="background-color: #C85A32;">July</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td style="background-color: #C85A32;">August</td><td style="text-align: center;">4</td><td style="text-align: center;">4</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">4</td></tr> <tr><td style="background-color: #C85A32;">September</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="background-color: #C85A32;">October</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="background-color: #C85A32;">November</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="background-color: #C85A32;">December</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="background-color: #C85A32;">January</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="background-color: #C85A32;">February</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="background-color: #C85A32;">March</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="background-color: #C85A32;">April</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="background-color: #C85A32;">May</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="background-color: #C85A32;">June</td><td></td><td></td><td></td><td></td><td></td></tr> <tr style="background-color: #D3D3D3;"><td style="background-color: #C85A32;">Total</td><td style="text-align: center;">4</td><td style="text-align: center;">4</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">4</td></tr> </tbody> </table>	Year 4 – Medical						Month	Number of Patients Served	Number of Visits	Medical Visits	Dental Visits	Total Uninsured	July	0	0	0	0	0	August	4	4	2	2	4	September						October						November						December						January						February						March						April						May						June						Total	4	4	2	2	4
Year 4 – Medical																																																																																												
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Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supporting Information (Graphs, reports, indicator results, etc.)					
		Year 3 – Medical					
		Month	Number of Patients Served	Number of Visits	Medical Visits	Dental Visits	Total Uninsured
		July	26	26	26	0	2
		August	27	27	27	0	4
		September	9	9	9	0	2
		October	15	15	15	0	8
		November	9	9	9	0	2
		December	14	14	14	0	6
		January	7	7	7	0	1
		February	4	4	2	2	0
		March	11	11	3	8	3
		April	4	4	1	3	0
		May	4	4	1	4	0
		June	0	0	0	0	0
		July	0	0	0	3	0
		Total	130	130	114	20	28
		Year 2					
		Month	Number of Patients Served	Number of Visits	Medical Visits	Dental Visits	Total Uninsured
		July	15	15	15	0	4
		August	38	38	38	0	9
		September	12	13	13	0	5
		October	19	19	19	0	1
		November	9	9	9	0	1
		December	17	17	17	0	2
		January	12	13	13	0	3
		February	10	10	10	0	3
		March	5	5	5	0	0
		April	6	6	6	0	3
		May	17	19	19	0	4
		June	28	30	30	0	2
		Total	188	194	194	0	37

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supporting Information (Graphs, reports, indicator results, etc.)																																																																																															
		<table border="1" data-bbox="766 341 1995 885"> <thead> <tr> <th colspan="6" data-bbox="766 341 1995 373">Year 1</th> </tr> <tr> <th data-bbox="766 373 966 446">Month</th> <th data-bbox="966 373 1176 446">Number of Patients Served</th> <th data-bbox="1176 373 1375 446">Number of Visits</th> <th data-bbox="1375 373 1585 446">Medical Visits</th> <th data-bbox="1585 373 1795 446">Dental Visits</th> <th data-bbox="1795 373 1995 446">Total Uninsured</th> </tr> </thead> <tbody> <tr><td>July</td><td>51</td><td>52</td><td>52</td><td>0</td><td>8</td></tr> <tr><td>August</td><td>59</td><td>62</td><td>62</td><td>0</td><td>19</td></tr> <tr><td>September</td><td>28</td><td>31</td><td>31</td><td>0</td><td>5</td></tr> <tr><td>October</td><td>33</td><td>36</td><td>36</td><td>0</td><td>13</td></tr> <tr><td>November</td><td>24</td><td>27</td><td>27</td><td>0</td><td>14</td></tr> <tr><td>December</td><td>91</td><td>101</td><td>101</td><td>0</td><td>31</td></tr> <tr><td>January</td><td>171</td><td>200</td><td>200</td><td>0</td><td>52</td></tr> <tr><td>February</td><td>24</td><td>43</td><td>43</td><td>0</td><td>4</td></tr> <tr><td>March</td><td>10</td><td>30</td><td>30</td><td>0</td><td>2</td></tr> <tr><td>April</td><td>28</td><td>37</td><td>37</td><td>0</td><td>6</td></tr> <tr><td>May</td><td>14</td><td>23</td><td>23</td><td>0</td><td>3</td></tr> <tr><td>June</td><td>37</td><td>41</td><td>41</td><td>0</td><td>6</td></tr> <tr><td>Total</td><td>570</td><td>683</td><td>683</td><td>0</td><td>160</td></tr> </tbody> </table> <p data-bbox="766 982 1995 1153">Dental services were inaugurated on January 10, 2024, offering a range of preventative measures. These encompass comprehensive dental examinations, inclusive of X-rays, cleanings, and the application of sealants. As the mobile dental clinic operates within space constraints, individuals requiring comprehensive dental services will be directed to the nearest DAP Health dental facility for further assistance.</p> <p data-bbox="766 1185 1995 1258">Please refer to the table below for a comprehensive overview of the total number of patients served from the inception of services on January 10, 2024, up to the current reporting period.</p>						Year 1						Month	Number of Patients Served	Number of Visits	Medical Visits	Dental Visits	Total Uninsured	July	51	52	52	0	8	August	59	62	62	0	19	September	28	31	31	0	5	October	33	36	36	0	13	November	24	27	27	0	14	December	91	101	101	0	31	January	171	200	200	0	52	February	24	43	43	0	4	March	10	30	30	0	2	April	28	37	37	0	6	May	14	23	23	0	3	June	37	41	41	0	6	Total	570	683	683	0	160
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January	171	200	200	0	52																																																																																												
February	24	43	43	0	4																																																																																												
March	10	30	30	0	2																																																																																												
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Total	570	683	683	0	160																																																																																												

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supporting Information (Graphs, reports, indicator results, etc.)				
		Year 3 – Dental				
		Month	Appointment Scheduled	Number of Patients Served	Number of Visits	Total Uninsured
		January	3	0	0	0
		February	5	1	2	0
		March	12	8	8	0
		April	8	3	3	0
		May	7	4	4	0
		June	0	0	0	0
		Total	35	16	17	0
		Year 4 – Dental				
		Month	Appointment Scheduled	Number of Patients Served	Number of Visits	Total Uninsured
		July	3	3	3	0
		August	4	2	2	0
		Total	7	5	5	0

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supporting Information (Graphs, reports, indicator results, etc.)
<p>3. Community Education Event</p>	<p>Conduct community education events and activities to address health care and other wellness topics</p>	<p>During this reporting period, we held our monthly community educational forums with the August edition of the “Vibe Well” with Grow Your Confidence Workshop facilitated by Deo Campbell, Community Health Educator at DAP Health. This event, was held on Wednesday, August 28th, 2024, which was attended by 13 youth participants. The workshop included an interactive discussion on the importance of self-confidence, focusing on how it can be cultivating ,particularly in new situations like starting a new school year. The kids engaged in a hands on activity designed to foster self -esteem, The event wrapped up with positive affirmations and valuable tools to help build and maintain their self -confidence.</p>
<p>4. Enabling Services</p>	<p>By June 30, 2024, provide 600 individuals with assistance for applications, retention, addressing issues with their healthcare coverage and/or enabling services.</p>	<p>During this reporting period, one (1) uninsured patients were served.</p> <p>As part of our standard protocol, uninsured patients undergo screening to determine eligibility for programs that may mitigate or alleviate the costs associated with health and dental services. Furthermore, uninsured, or underinsured individuals are directed to our Care Coordinator Specialist for assistance in securing permanent insurance enrollment.</p> <p>Please refer to the table below for a comprehensive overview of the total number of patients services since the inception of services on July 12th, 2021, up to the current reporting period, who lacked insurance coverage and were successfully enrolled in a health program or insurance.</p>

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supporting Information (Graphs, reports, indicator results, etc.)				
		Year 3				
		Month	Total Patients Served (insured + Uninsured)	Total Visits (Insured + Uninsured)	Total Patients seen - Uninsured	Patients Enrolled in Health Insurance
		July	26	26	2	0
		August	27	27	4	1
		September	9	9	2	2
		October	15	15	8	6
		November	9	9	2	1
		December	14	14	6	4
		January	7	7	1	2
		February	4	4	0	0
		March	11	11	3	1
		April	4	4	0	0
		May	4	4	0	0
		June	0	0	0	0
		July	3	3	0	0
		Total	133	133	28	17

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supporting Information (Graphs, reports, indicator results, etc.)				
		Year 4				
		Month	Total Patients Served (insured + Uninsured)	Total Visits (Insured + Uninsured)	Total Patients seen - Uninsured	Patients Enrolled in Health Insurance
		July	3	3	0	0
		August	4	4	1	1
		Total	7	7	1	1

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supporting Information (Graphs, reports, indicator results, etc.)				
		Year 2				
		Month	Total Patients Served (insured + Uninsured)	Total Visits (Insured + Uninsured)	Total Patients seen - Uninsured	Patients Enrolled in Health Insurance
		July	15	15	4	9
		August	38	38	9	4
		September	12	13	5	2
		October	19	19	1	0
		November	9	9	1	0
		December	17	17	2	4
		January	12	13	3	0
		February	10	10	3	1
		March	5	5	0	0
		April	6	6	3	2
		May	17	19	4	6
		June	28	30	2	4
		Total	188	194	37	32
		Year 1				
		Month	Total Patients Served (insured + Uninsured)	Total Visits (Insured + Uninsured)	Total Patients seen -Uninsured	Patients Enrolled in Health Insurance
		July	51	52	8	0
		August	59	62	19	12
		September	28	31	5	8
		October	33	36	13	11
		November	24	27	14	7
		December	91	101	31	7
		January	171	200	52	16
		February	35	43	4	14
		March	20	30	2	6
		April	28	37	6	13
		May	21	23	3	9
		June	36	41	6	11
		Total	597	683	163	114

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supporting Information (Graphs, reports, indicator results, etc.)																																																																											
<p>5. Teen Health</p>	<p>Include a teen health component that addresses risk behaviors. By June 30, 2024, 300 unduplicated teens will have participated in educational activities or received health care services.</p>	<p>During this reporting period, zero (0) patients between the ages of twelve (12) to nineteen (19) years old were served.</p> <table border="1" data-bbox="768 380 1944 1000"> <thead> <tr> <th colspan="5" data-bbox="768 380 1944 415">Teen Health Visits 2021 - Present</th> </tr> <tr> <th data-bbox="768 415 926 548">Month</th> <th data-bbox="926 415 1205 548">2021 – 2022</th> <th data-bbox="1205 415 1455 548">2022 – 2023</th> <th data-bbox="1455 415 1696 548">2023 – 2024</th> <th data-bbox="1696 415 1944 548">2024-2025</th> </tr> </thead> <tbody> <tr> <td data-bbox="768 548 926 581">July</td> <td data-bbox="926 548 1205 581">38</td> <td data-bbox="1205 548 1455 581">6</td> <td data-bbox="1455 548 1696 581">8</td> <td data-bbox="1696 548 1944 581">0</td> </tr> <tr> <td data-bbox="768 581 926 613">August</td> <td data-bbox="926 581 1205 613">36</td> <td data-bbox="1205 581 1455 613">11</td> <td data-bbox="1455 581 1696 613">1</td> <td data-bbox="1696 581 1944 613">3</td> </tr> <tr> <td data-bbox="768 613 926 646">September</td> <td data-bbox="926 613 1205 646">5</td> <td data-bbox="1205 613 1455 646">1</td> <td data-bbox="1455 613 1696 646">1</td> <td data-bbox="1696 613 1944 646"></td> </tr> <tr> <td data-bbox="768 646 926 678">October</td> <td data-bbox="926 646 1205 678">15</td> <td data-bbox="1205 646 1455 678">1</td> <td data-bbox="1455 646 1696 678">3</td> <td data-bbox="1696 646 1944 678"></td> </tr> <tr> <td data-bbox="768 678 926 711">November</td> <td data-bbox="926 678 1205 711">6</td> <td data-bbox="1205 678 1455 711">3</td> <td data-bbox="1455 678 1696 711">1</td> <td data-bbox="1696 678 1944 711"></td> </tr> <tr> <td data-bbox="768 711 926 743">December</td> <td data-bbox="926 711 1205 743">10</td> <td data-bbox="1205 711 1455 743">3</td> <td data-bbox="1455 711 1696 743">1</td> <td data-bbox="1696 711 1944 743"></td> </tr> <tr> <td data-bbox="768 743 926 776">January</td> <td data-bbox="926 743 1205 776">34</td> <td data-bbox="1205 743 1455 776">1</td> <td data-bbox="1455 743 1696 776">1</td> <td data-bbox="1696 743 1944 776"></td> </tr> <tr> <td data-bbox="768 776 926 808">February</td> <td data-bbox="926 776 1205 808">6</td> <td data-bbox="1205 776 1455 808">1</td> <td data-bbox="1455 776 1696 808">0</td> <td data-bbox="1696 776 1944 808"></td> </tr> <tr> <td data-bbox="768 808 926 841">March</td> <td data-bbox="926 808 1205 841">1</td> <td data-bbox="1205 808 1455 841">2</td> <td data-bbox="1455 808 1696 841">2</td> <td data-bbox="1696 808 1944 841"></td> </tr> <tr> <td data-bbox="768 841 926 873">April</td> <td data-bbox="926 841 1205 873">10</td> <td data-bbox="1205 841 1455 873">2</td> <td data-bbox="1455 841 1696 873">1</td> <td data-bbox="1696 841 1944 873"></td> </tr> <tr> <td data-bbox="768 873 926 906">May</td> <td data-bbox="926 873 1205 906">1</td> <td data-bbox="1205 873 1455 906">0</td> <td data-bbox="1455 873 1696 906">1</td> <td data-bbox="1696 873 1944 906"></td> </tr> <tr> <td data-bbox="768 906 926 938">June</td> <td data-bbox="926 906 1205 938">21</td> <td data-bbox="1205 906 1455 938">6</td> <td data-bbox="1455 906 1696 938">0</td> <td data-bbox="1696 906 1944 938"></td> </tr> <tr> <td data-bbox="768 938 926 1000">Total</td> <td data-bbox="926 938 1205 1000">183</td> <td data-bbox="1205 938 1455 1000">37</td> <td data-bbox="1455 938 1696 1000">20</td> <td data-bbox="1696 938 1944 1000"></td> </tr> </tbody> </table>	Teen Health Visits 2021 - Present					Month	2021 – 2022	2022 – 2023	2023 – 2024	2024-2025	July	38	6	8	0	August	36	11	1	3	September	5	1	1		October	15	1	3		November	6	3	1		December	10	3	1		January	34	1	1		February	6	1	0		March	1	2	2		April	10	2	1		May	1	0	1		June	21	6	0		Total	183	37	20	
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IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES



August 12, 2024

July Overview regarding Utilization of services.



July
Number of Patients Served - 0
Number of Visits - 0
Medical Visits - 0

YTD Total
Number of Patients Served- 130
Number of Visits- 130
Medical Visits - 114



June Dental Services Updates



July
Appointment Scheduled - 3
Number of Patients Served - 3
Number of Visits - 3

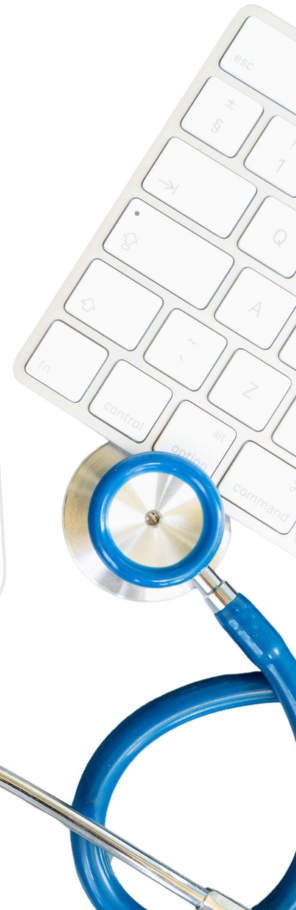
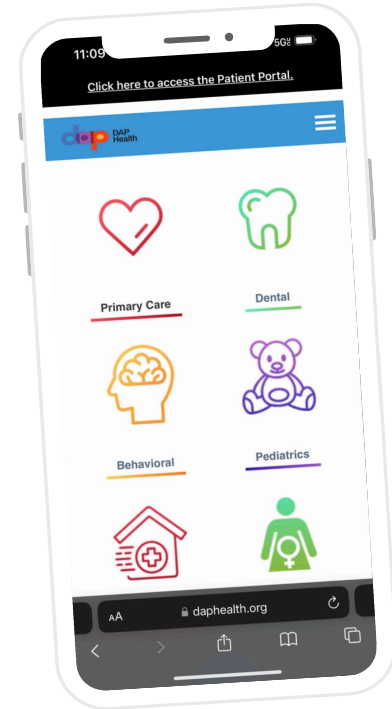
YTD Totals
Appointment Scheduled - 38
Number of Patients Served - 19
Number of Visits - 20



Staff Update



Telehealth Equipment and Training Update

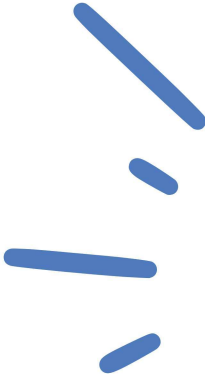


July Outreach Update



**Outreach for Medical Mobile Clinic @ JOJ
July 2024**

**# Of Events: 3
of Individuals engaged: 375**





“Vibe Well” Youth Wellness Series Summer Camp Olympics

As part of the Vibe Well Youth Wellness Series, the Summer Camp Olympics was a vibrant and engaging event designed to promote physical activity and teamwork among the youth. Led by Francisco Enriquez from Self Made Training, the workshop featured exciting team-based activities like Tug of War and Relay Races, which kept the participants active and enthusiastic.

The event not only helped improve the kids' physical fitness but also emphasized the importance of cooperation and team spirit. The Summer Camp Olympics was a resounding success, contributing to our ongoing mission to encourage a healthy, active lifestyle among youth.





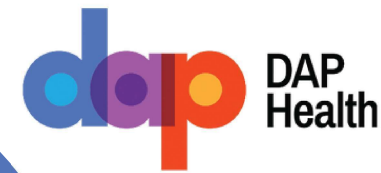
**Facilitator:
Francisco Enriquez
from Self Made Training**



**32 Participants
spanning
Kindergarten - 8th grade**

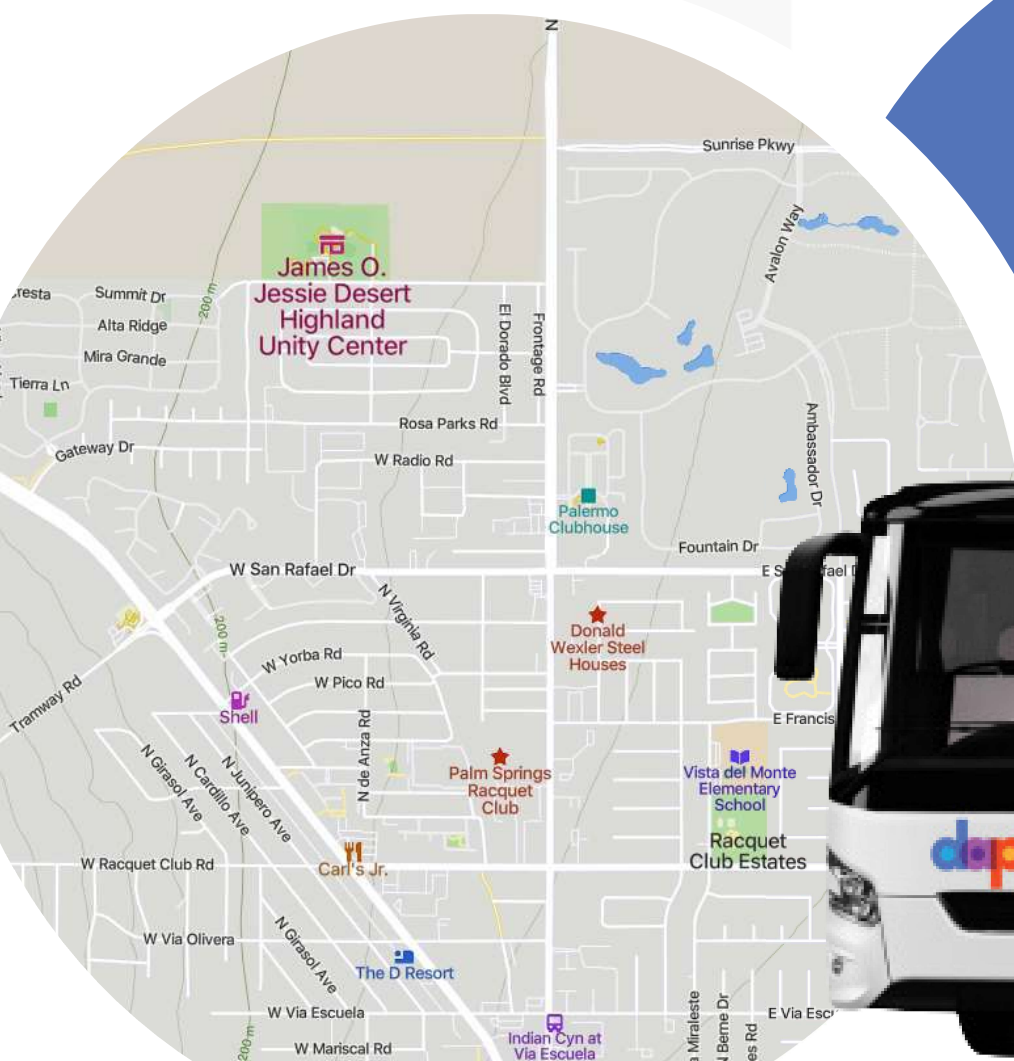


Marketing Update



Back to school mailers will be sent to addresses within a **Two Mile Radius** of JOJ in August.

2,757 Households estimated



Open Forum





- advocacy
- dental care
- ending epidemics
- equitable access
- food assistance
- gender-affirming care
- harm reduction
- health equity
- HIV care
- DAP Health is **health care**
- housing
- LGBTQ+ health
- mental health
- primary care
- recovery
- reproductive care
- sexual health
- social services
- women's health



VIBE WELL



AUGUST 2024 YOUTH WELLNESS SERIES



Grow Your Confidence Workshop

Facilitated by: Deo Campbell, Community Health Educator

Assisted by: Norma Aleman Carrasco and Grace Ayala,
Community Health Educators

Held on: Wednesday, August 28th, 2024

Participants: 13 youth ranging from kindergarten through 8th grade



As part of our Youth Wellness Series, we conducted the "Grow Your Confidence" workshop, where 13 kids engaged in a hands-on activity designed to foster self-esteem. Led by facilitator Deo Campbell, with support from Community Health Educators Norma Aleman Carrasco and Grace Ayala, the children crafted construction paper cacti in pots, adorning them with flowers that highlighted traits they admired in themselves.



The workshop also included an interactive discussion on the importance of self-confidence, focusing on how it can be cultivated, particularly in new situations like starting a new school year. The session wrapped up with positive affirmations, equipping the kids with valuable tools to help build and maintain their self-confidence in everyday life.

I am amazing



I am kind



I matter



Attendance: DAP Health - April, Mellissa, Manny, Tony. Andrea Hayles - Desert Healthcare District

Slides presentation by Melissa and Manny

Recap: DAP Health RV at the JOJ Community Center Palm Springs

- No provider on the RV medical for the Month of July,
- Client contact and appointments on the slide presentation
- Twice monthly Dental experienced no shows in July. 6 slots available when Dental RV is Present. Eddie will begin to call no shows the week before and offer any open slots.
- Friday August 2nd, 2024 – JOJ Back to school event. Per Diem provider was present from 9-4pm. No provider during the event from 4 to 6pm. Clients were ask to schedule future appointments. Sotero and Nurse was available for Tdap shots from 4 to 6pm.
- Telehealth equipment is ready and awaiting IT to set up. Melissa will let everyone know dates when activated.
- RV was out of order and was not present on Wednesday August 7th, 2024

Recap: Vibe Well Youth Wellness Series – Wednesday July 24th, 2024 – JOJ Camp Olympics

- Attended by over 50 kids on Summer Break. The kids ranged from K to High School and were part of the Summer Camp sign up at the JOJ Center.
- Led by Trainer Francisco - Physical games, Competitions and Every one participated! Lunch was provided.
- Series will continue in the Month of August on the 28th.

Marketing Update:

-Back to school marketing will be targeted within a two mile radius of the JOJ Center. 2757 households estimated.

Desert Highland will be off line the balance of August and back the Month of September.

Report Period: 9/1/2024 – 9/30/2024
(Monthly report due the 15th of each month)

Report by: Melissa Fonder-Director of Mobile and School Based Services

Program/Project Information:

Grant # 1288

Project Title: Improving Access to Healthcare in Desert Highland Gateway Estates

Start Date: 07/01/2021

End Date: 12/31/2024

Term: 36 Months

Grant Amount: \$575,000

Executive Summary: DAP+Borrego Health is committed to providing and increasing access to healthcare services for those living in Desert Highland Gateway Estates and the surrounding communities. This funding will provide support for a pilot mobile services program and begin to assess the sustainability of a more permanent healthcare program within the community. It is anticipated that 2,913 medical and dental visits will be conducted with part-time mobile services in the community.

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supporting Information (Graphs, reports, indicator results, etc.)
1. Collaboration	Through a multifaceted approach, DAP+Borrego Health intends to develop a collaborative relationship with the DHG Health and Wellness Committee. The team is committed to participation in meetings as desired by the committee to ensure open dialogue as to the perceptions of health issues. The committee will be informed of all planned schedules and activities on a monthly basis in advance to encourage support and participation. Any changes will be clearly communicated to avoid any misunderstanding.	<p>The DAP Health Mobile team and leadership maintain active engagement with members of the Desert Highland Gateway Estates Wellness committee, holding regular meetings to discuss updates on service utilization, activities, and challenges. Our objective is to foster support, gather input, and collaborate with neighborhood/community leaders to enhance awareness and utilization of available services.</p> <p>During this reporting period, one (1) meeting occurred. Attendees included:</p> <ul style="list-style-type: none"> Donna Craig- Desert Health Care District Andrea Hayles-Desert Health Care District Jarvis Crawford- Desert Highland Gateway Wellness Committee Melissa Fonder-DAP Health Manny Muro – DAP Health April Grissom – DAP Health Tony Bradford- DAP Health

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supporting Information (Graphs, reports, indicator results, etc.)
		<p>Meeting Highlights:</p> <ul style="list-style-type: none"> • Overview regarding utilization of services. • Dental services updates • Community Health Education forums and community outreach updates. • Vibe Well • Telehealth Update • Next meeting scheduled for October 16th 2024

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supporting Information (Graphs, reports, indicator results, etc.)																																																																																										
<p>2. Services</p>	<p>By June 30, 2024, a minimum of 2053 patient care medical visits and 860 dental visits will be provided.</p>	<p>Throughout this reporting period, our efforts to promote Mobile Medical and Dental services have persisted through strategic social media campaigns and targeted flyer distribution across various local venues such as businesses, apartment complexes, churches, and school district.</p> <p>We're pleased to share that we've secured a telehealth provider and an RN, allowing us to start telehealth visits in October. Additionally, we've increased our dental services to weekly visits. Our marketing team is developing strategies to enhance and promote these offerings, including outreach at community churches and events.</p> <p>Please refer to the table below for a comprehensive overview of the total number of patients served from the inception of services on July 12, 2021, up to the current reporting period.</p> <table border="1" data-bbox="764 724 1997 1295"> <thead> <tr> <th colspan="6" style="background-color: #4F81BD; color: white;">Year 4 – Medical</th> </tr> <tr> <th style="background-color: #800080; color: white;">Month</th> <th style="background-color: #800080; color: white;">Number of Patients Served</th> <th style="background-color: #800080; color: white;">Number of Visits</th> <th style="background-color: #800080; color: white;">Medical Visits</th> <th style="background-color: #800080; color: white;">Dental Visits</th> <th style="background-color: #800080; color: white;">Total Uninsured</th> </tr> </thead> <tbody> <tr><td style="background-color: #D2691E;">July</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td style="background-color: #D2691E;">August</td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td style="text-align: center;">0</td><td style="text-align: center;">2</td><td style="text-align: center;">0</td></tr> <tr><td style="background-color: #D2691E;">September</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">4</td><td style="text-align: center;">0</td></tr> <tr><td style="background-color: #D2691E;">October</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="background-color: #D2691E;">November</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="background-color: #D2691E;">December</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="background-color: #D2691E;">January</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="background-color: #D2691E;">February</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="background-color: #D2691E;">March</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="background-color: #D2691E;">April</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="background-color: #D2691E;">May</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="background-color: #D2691E;">June</td><td></td><td></td><td></td><td></td><td></td></tr> <tr style="background-color: #D3D3D3;"> <td>Total</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">6</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>	Year 4 – Medical						Month	Number of Patients Served	Number of Visits	Medical Visits	Dental Visits	Total Uninsured	July	0	0	0	0	0	August	2	2	0	2	0	September	0	0	0	4	0	October						November						December						January						February						March						April						May						June						Total	2	2	0	6	0
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		Year 3 – Medical					
		Month	Number of Patients Served	Number of Visits	Medical Visits	Dental Visits	Total Uninsured
		July	26	26	26	0	2
		August	27	27	27	0	4
		September	9	9	9	0	2
		October	15	15	15	0	8
		November	9	9	9	0	2
		December	14	14	14	0	6
		January	7	7	7	0	1
		February	4	4	2	2	0
		March	11	11	3	8	3
		April	4	4	1	3	0
		May	4	4	1	4	0
		June	0	0	0	0	0
		July	0	0	0	3	0
		Total	130	130	114	20	28
		Year 2					
		Month	Number of Patients Served	Number of Visits	Medical Visits	Dental Visits	Total Uninsured
		July	15	15	15	0	4
		August	38	38	38	0	9
		September	12	13	13	0	5
		October	19	19	19	0	1
		November	9	9	9	0	1
		December	17	17	17	0	2
		January	12	13	13	0	3
		February	10	10	10	0	3
		March	5	5	5	0	0
		April	6	6	6	0	3
		May	17	19	19	0	4
		June	28	30	30	0	2
		Total	188	194	194	0	37

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Year 3 – Dental																																																																																																	
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Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supporting Information (Graphs, reports, indicator results, etc.)
<p>3. Community Education Event</p>	<p>Conduct community education events and activities to address health care and other wellness topics</p>	<p>During this reporting period, we held our monthly community educational forums with the September edition of the “Vibe Well Sweet Dreams Workshop facilitated by Norma Aleman Carrasco and assisted by Grace Ayala, both Community Health Educators at DAP Health. This event, was held on Wednesday, September 25th, 2024, which was attended by 15 youth participants.</p> <p>This event centered on educating participants about the importance of sleep for their overall health and development. They learned about how proper sleep supports growth, learning, and mental wellness. We also discussed the negative effects of sleep deprivation, helping kids understand the contrast between healthy and unhealthy sleep habits.</p> <p>The children participated in a hands-on activity by creating “ Sweet Dreams Vision Boards”.</p>
<p>4. Enabling Services</p>	<p>By June 30, 2024, provide 600 individuals with assistance for applications, retention, addressing issues with their healthcare coverage and/or enabling services.</p>	<p>During this reporting period, one (0) uninsured patients were served.</p> <p>As part of our standard protocol, uninsured patients undergo screening to determine eligibility for programs that may mitigate or alleviate the costs associated with health and dental services. Furthermore, uninsured, or underinsured individuals are directed to our Care Coordinator Specialist for assistance in securing permanent insurance enrollment.</p> <p>Please refer to the table below for a comprehensive overview of the total number of patients services since the inception of services on July 12th, 2021, up to the current reporting period, who lacked insurance coverage and were successfully enrolled in a health program or insurance.</p>

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supporting Information (Graphs, reports, indicator results, etc.)				
		Year 3				
		Month	Total Patients Served (insured + Uninsured)	Total Visits (Insured + Uninsured)	Total Patients seen - Uninsured	Patients Enrolled in Health Insurance
		July	26	26	2	0
		August	27	27	4	1
		September	9	9	2	2
		October	15	15	8	6
		November	9	9	2	1
		December	14	14	6	4
		January	7	7	1	2
		February	4	4	0	0
		March	11	11	3	1
		April	4	4	0	0
		May	4	4	0	0
		June	0	0	0	0
		July	3	3	0	0
		Total	133	133	28	17

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supporting Information (Graphs, reports, indicator results, etc.)				
		Year 4				
		Month	Total Patients Served (insured + Uninsured)	Total Visits (Insured + Uninsured)	Total Patients seen - Uninsured	Patients Enrolled in Health Insurance
		July	3	3	0	0
		August	2	2	0	0
		September	4	4	0	0
		Total	9	9	0	0

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supporting Information (Graphs, reports, indicator results, etc.)				
		Year 2				
		Month	Total Patients Served (insured + Uninsured)	Total Visits (Insured + Uninsured)	Total Patients seen - Uninsured	Patients Enrolled in Health Insurance
		July	15	15	4	9
		August	38	38	9	4
		September	12	13	5	2
		October	19	19	1	0
		November	9	9	1	0
		December	17	17	2	4
		January	12	13	3	0
		February	10	10	3	1
		March	5	5	0	0
		April	6	6	3	2
		May	17	19	4	6
		June	28	30	2	4
		Total	188	194	37	32
		Year 1				
		Month	Total Patients Served (insured + Uninsured)	Total Visits (Insured + Uninsured)	Total Patients seen -Uninsured	Patients Enrolled in Health Insurance
		July	51	52	8	0
		August	59	62	19	12
		September	28	31	5	8
		October	33	36	13	11
		November	24	27	14	7
		December	91	101	31	7
		January	171	200	52	16
		February	35	43	4	14
		March	20	30	2	6
		April	28	37	6	13
		May	21	23	3	9
		June	36	41	6	11
		Total	597	683	163	114

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supporting Information (Graphs, reports, indicator results, etc.)																																																																											
<p>5. Teen Health</p>	<p>Include a teen health component that addresses risk behaviors. By June 30, 2024, 300 unduplicated teens will have participated in educational activities or received health care services.</p>	<p>During this reporting period, zero (1) patients between the ages of twelve (12) to nineteen (19) years old were served.</p> <table border="1" data-bbox="768 383 1944 1003"> <thead> <tr> <th colspan="5" data-bbox="768 383 1944 415">Teen Health Visits 2021 - Present</th> </tr> <tr> <th data-bbox="768 415 926 548">Month</th> <th data-bbox="926 415 1205 548">2021 – 2022</th> <th data-bbox="1205 415 1455 548">2022 – 2023</th> <th data-bbox="1455 415 1696 548">2023 – 2024</th> <th data-bbox="1696 415 1944 548">2024-2025</th> </tr> </thead> <tbody> <tr> <td data-bbox="768 548 926 581">July</td> <td data-bbox="926 548 1205 581">38</td> <td data-bbox="1205 548 1455 581">6</td> <td data-bbox="1455 548 1696 581">8</td> <td data-bbox="1696 548 1944 581">0</td> </tr> <tr> <td data-bbox="768 581 926 613">August</td> <td data-bbox="926 581 1205 613">36</td> <td data-bbox="1205 581 1455 613">11</td> <td data-bbox="1455 581 1696 613">1</td> <td data-bbox="1696 581 1944 613">1</td> </tr> <tr> <td data-bbox="768 613 926 646">September</td> <td data-bbox="926 613 1205 646">5</td> <td data-bbox="1205 613 1455 646">1</td> <td data-bbox="1455 613 1696 646">1</td> <td data-bbox="1696 613 1944 646">1</td> </tr> <tr> <td data-bbox="768 646 926 678">October</td> <td data-bbox="926 646 1205 678">15</td> <td data-bbox="1205 646 1455 678">1</td> <td data-bbox="1455 646 1696 678">3</td> <td data-bbox="1696 646 1944 678"></td> </tr> <tr> <td data-bbox="768 678 926 711">November</td> <td data-bbox="926 678 1205 711">6</td> <td data-bbox="1205 678 1455 711">3</td> <td data-bbox="1455 678 1696 711">1</td> <td data-bbox="1696 678 1944 711"></td> </tr> <tr> <td data-bbox="768 711 926 743">December</td> <td data-bbox="926 711 1205 743">10</td> <td data-bbox="1205 711 1455 743">3</td> <td data-bbox="1455 711 1696 743">1</td> <td data-bbox="1696 711 1944 743"></td> </tr> <tr> <td data-bbox="768 743 926 776">January</td> <td data-bbox="926 743 1205 776">34</td> <td data-bbox="1205 743 1455 776">1</td> <td data-bbox="1455 743 1696 776">1</td> <td data-bbox="1696 743 1944 776"></td> </tr> <tr> <td data-bbox="768 776 926 808">February</td> <td data-bbox="926 776 1205 808">6</td> <td data-bbox="1205 776 1455 808">1</td> <td data-bbox="1455 776 1696 808">0</td> <td data-bbox="1696 776 1944 808"></td> </tr> <tr> <td data-bbox="768 808 926 841">March</td> <td data-bbox="926 808 1205 841">1</td> <td data-bbox="1205 808 1455 841">2</td> <td data-bbox="1455 808 1696 841">2</td> <td data-bbox="1696 808 1944 841"></td> </tr> <tr> <td data-bbox="768 841 926 873">April</td> <td data-bbox="926 841 1205 873">10</td> <td data-bbox="1205 841 1455 873">2</td> <td data-bbox="1455 841 1696 873">1</td> <td data-bbox="1696 841 1944 873"></td> </tr> <tr> <td data-bbox="768 873 926 906">May</td> <td data-bbox="926 873 1205 906">1</td> <td data-bbox="1205 873 1455 906">0</td> <td data-bbox="1455 873 1696 906">1</td> <td data-bbox="1696 873 1944 906"></td> </tr> <tr> <td data-bbox="768 906 926 938">June</td> <td data-bbox="926 906 1205 938">21</td> <td data-bbox="1205 906 1455 938">6</td> <td data-bbox="1455 906 1696 938">0</td> <td data-bbox="1696 906 1944 938"></td> </tr> <tr> <td data-bbox="768 938 926 1003">Total</td> <td data-bbox="926 938 1205 1003">183</td> <td data-bbox="1205 938 1455 1003">37</td> <td data-bbox="1455 938 1696 1003">20</td> <td data-bbox="1696 938 1944 1003">2</td> </tr> </tbody> </table>	Teen Health Visits 2021 - Present					Month	2021 – 2022	2022 – 2023	2023 – 2024	2024-2025	July	38	6	8	0	August	36	11	1	1	September	5	1	1	1	October	15	1	3		November	6	3	1		December	10	3	1		January	34	1	1		February	6	1	0		March	1	2	2		April	10	2	1		May	1	0	1		June	21	6	0		Total	183	37	20	2
Teen Health Visits 2021 - Present																																																																													
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Total	183	37	20	2																																																																									

IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES



September 09, 2024

August Overview regarding Utilization of services.



August
Number of Patients Served - 4
Number of Visits - 4
Medical Visits - 2

YTD Total
Number of Patients Served- 4
Number of Visits- 4
Medical Visits - 2



August Dental Services Updates



August
Appointment Scheduled - 4
Number of Patients Served - 2
Number of Visits - 2

YTD Totals
Appointment Scheduled - 42
Number of Patients Served - 21
Number of Visits - 22

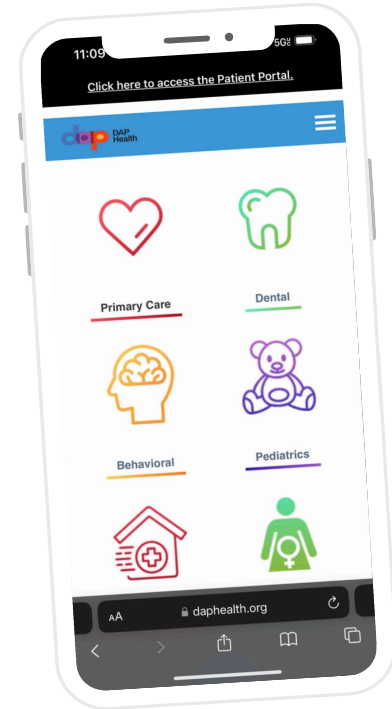


Staff Update



We are actively recruiting qualified medical providers to enhance our team and expand service capacity.

Telehealth Equipment and Training Update



**Goes LIVE on
September 16th 2024**



August Outreach Update



**Outreach for Medical Mobile
Clinic @ JOJ
July 2024**

**# Of Events: 1
of Individuals engaged: 150**





Grow Your Confidence Workshop

As part of our Youth Wellness Series, we conducted the "Grow Your Confidence" workshop, where 13 kids engaged in a hands-on activity designed to foster self-esteem. Led by facilitator Deo Campbell, with support from Community Health Educators Norma Aleman Carrasco and Grace Ayala, the children crafted construction paper cacti in pots, adorning them with flowers that highlighted traits they admired in themselves.

The workshop also included an interactive discussion on the importance of self-confidence, focusing on how it can be cultivated, particularly in new situations like starting a new school year. The session wrapped up with positive affirmations, equipping the kids with valuable tools to help build and maintain their self-confidence in everyday life.





I am kind



Facilitated by: Deo Campbell, Community Health Educator

Assisted by: Norma Aleman Carrasco and Grace Ayala, Community Health Educators



Participants: 13 youth ranging from kindergarten through 8th grade



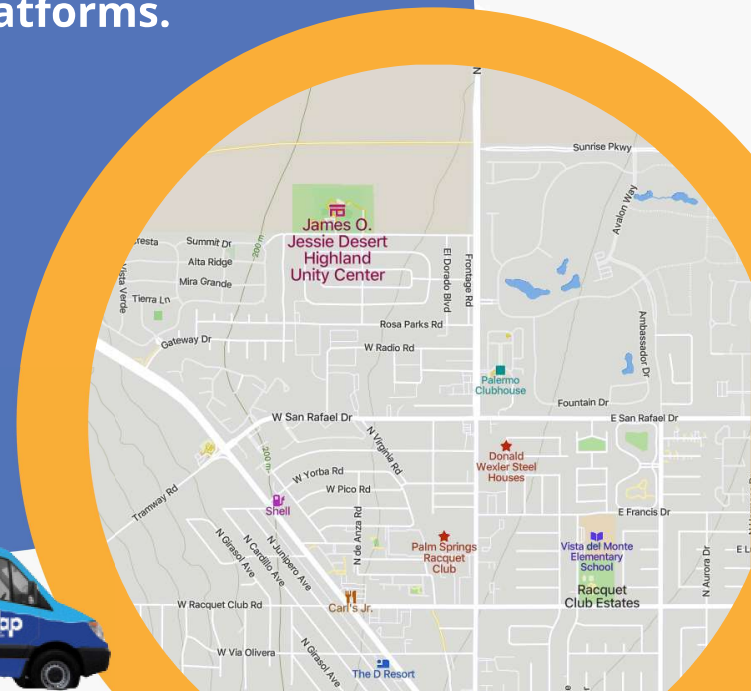
I matter



Marketing Update



Once a provider is onboarded and the expanded schedule is finalized, we plan to implement targeted outreach strategies, including direct mailers and geo-targeted ads on social media platforms.



Open Forum





- advocacy
- dental care
- ending epidemics
- equitable access
- food assistance
- gender-affirming care
- harm reduction
- health equity
- HIV care
- DAP Health is **health care**
- housing
- LGBTQ+ health
- mental health
- primary care
- recovery
- reproductive care
- sexual health
- social services
- women's health



VIBE WELL



SEPTEMBER 2024 YOUTH WELLNESS SERIES

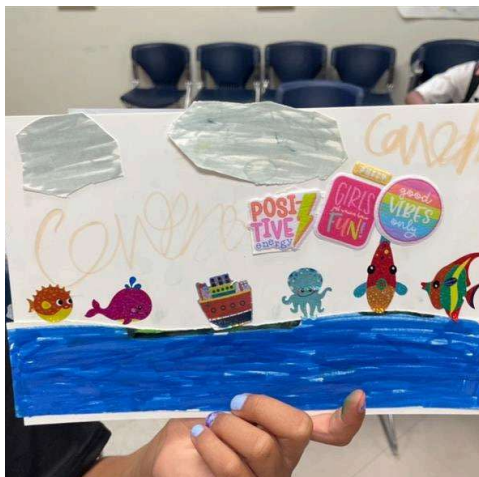
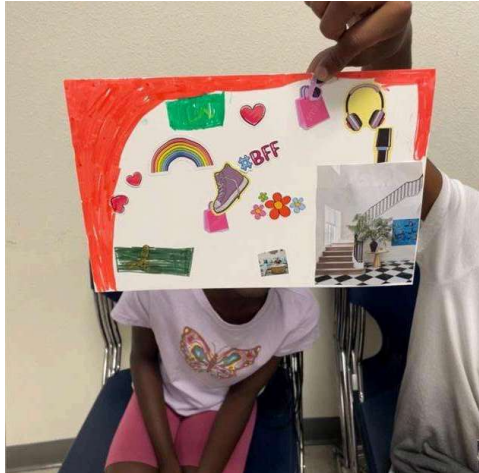
Sweet Dreams Workshop

Facilitated by: Norma Aleman Carrasco, Community Health Educator

Assisted by: Grace Ayala, Community Health Educators

Held on: Wednesday, September 25th, 2024

Participants: 15 youth ranging from kindergarten through 8th grade



The September session of the "Vibe Well" Youth Wellness Series centered on educating participants about the importance of sleep for their overall health and development. A total of 15 kids attended the session, where they learned about how proper sleep supports growth, learning, and mental wellness. The discussion also touched on the negative effects of sleep deprivation, helping the kids understand the contrast between healthy and unhealthy sleep habits.

Following the educational portion, the kids participated in a hands-on activity by creating "Sweet Dreams Vision Boards." Using materials like construction paper, magazine cutouts, stickers, and coloring supplies, each child visualized and represented their dreams for the future. The boards showcased aspirations such as homes, money, cars, and health. Some children, enthusiastic about the activity, even chose to make multiple boards.

The session was highly engaging, with all participants excited to share their visions and reflect on how sleep contributes to their ability to achieve these dreams. The creative and interactive nature of the event fostered a positive atmosphere, allowing both the kids and staff to reflect on the critical role sleep plays in their wellness. This event not only reinforced the importance of a healthy sleep cycle but also provided an opportunity for self-expression and future goal setting in a fun, supportive environment.





**DESERT HEALTHCARE FOUNDATION
PROGRAM COMMITTEE MEETING
MEETING MINUTES
November 12, 2024**

Directors & Community Members Present	District Staff Present via Video Conference	Absent
President Evett PerezGil Vice-President Carmina Zavala, PsyD Director Leticia De Lara, MPA	Chris Christensen, CPA, Chief Executive Officer Eric Taylor, CPA, Chief Administration Officer Donna Craig, Chief Program Officer Alejandro Espinoza, MPH, Chief of Community Engagement Meghan Kane, MPH, Senior Program Officer, Public Health 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 5:40 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 to approve the agenda. Motion passed unanimously.
III. Meeting Minutes 1. September 10, 2024	Chair PerezGil asked for a motion to approve the September 10, 2024, meeting minutes.	Moved and seconded by Vice-President Zavala and Director De Lara to approve the September 10, 2024, meeting minutes. Motion passed unanimously
IV. Public Comment	There was no public comment.	
V. Old Business		
1. Grant Payment Schedules	Chair PerezGil inquired about any questions concerning the grant payment schedules. There were no questions or comments.	
2. Coachella Valley Equity Collaborative	There was no report on the Coachella Valley Equity Collaborative.	
3. USAging Grant	Alejandro Espinoza, Chief of Community Engagement, described the upcoming kiosk at	

**DESERT HEALTHCARE FOUNDATION
PROGRAM COMMITTEE MEETING
MEETING MINUTES
November 12, 2024**

	<p>the Palm Desert Mall for COVID and flu vaccinations, available from November 2024 through January 2025, similar to last year.</p>	
<p>4. Riverside County Initiative to Address COVID-19 Disparities Grant Award</p>	<p>Alejandro Espinoza, Chief of Community Engagement, described the conditional grant approval of the COVID-19 disparities grant, pending the required submission of insurance certificates.</p>	
<p>5. DPMG Health Medical Clinic Unit Operations</p>	<p>Alejandro Espinoza, Chief of Community Engagement, provided details on the Women’s Wellness Clinic the District is co-hosting in partnership with DPMG Health and The Pink Journey Foundation.</p>	
	<p>The committee inquired about additional community outreach efforts and media channels. Although clinic is limited to 50-women, Mr. Espinoza described the collaborations with the promotoras and the farmworkers' foundation. Pamphlets will be distributed to encourage mammographs, including spotlighting the 4-D imaging.</p>	
<p>6. Improving Access to Healthcare in Desert Highland Gateway Estates (DHGE) – August and September 2024 Reports – DAP Health - Borrego Health Foundation</p>	<p>Chair PerezGil inquired about any questions concerning the DAP Health - Borrego Health Foundation Desert Highland Gateway Estates (DHGE) – August and September 2024 Report.</p>	

DESERT HEALTHCARE FOUNDATION
PROGRAM COMMITTEE MEETING
MEETING MINUTES
November 12, 2024

	There were no questions or comments.	
VI. Program Updates		
1. Progress Reports Updates	Chair PerezGil inquired about any questions concerning the progress and final reports updates.	
	There were no questions or comments.	
2. Final Reports Update	Chair PerezGil inquired about any questions concerning the updates on the final reports.	
	There were no questions or comments.	
VII. Adjournment	Chair PerezGil and Director De Lara thanked Vice-President Zavala for serving on the Program Committee meeting during her final year on the board. Chair PerezGil adjourned the meeting at 6:01 p.m.	Audio recording available on the website at http://dhcd.org/Agendas-and-Documents

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

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



Date: November 12, 2024

To: Program Committee – Foundation

Subject: Progress Grant Reports 9/1/2024 – 10/31/2024

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

Clinicas De Salud Del Pueblo dba Innercare # 1339

Grant term: 8/1/2022 – 7/31/2024

Original Approved Amount: \$150,000.

Progress Report covering the time period from: 2/1/2024 – 7/31/2024

Martha's Village and Kitchen # 1336

Grant term: 8/1/2022 – 7/31/2024

Original Approved Amount: \$99,853.

Progress Report covering the time period from: 2/1/2024 – 7/31/2024

Regents of the University of California at Riverside (UCR) # 1334

Grant term: 8/1/2022 – 7/31/2024

Original Approved Amount: \$500,000.

Progress Report covering the time period from: 2/1/2024 – 7/31/2024

DSUSD Foundation # 1340

Grant term: 8/1/2022 – 7/31/2024

Original Approved Amount: \$296,194.

Progress Report covering the time period from: 2/1/2024 – 7/31/2024

Grant Progress Report

Organization Name: Clinics de Salud del Pueblo, dba Innercare

Grant #: 1339

Project Title: Expansion of Mental Health Services for Children Beyond COVID-19 in the Coachella Valley

Contact Information:

Contact Name: Sara Sanders, Chief Development Officer

Phone: 760-412-4426

Email: saras@innercare.org

Grant Information

Total Grant Amount Awarded: \$150,000

Grant Term (example 7/1/22 – 6/30/23): 8/1/22 – 7/31/24

Reporting Period (example 7/1/22 – 10/31/22): 2/1/24 – 7/31/2024

Desert Healthcare District Strategic Plan Alignment

Goal: 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. 3.4 Provide funding support to community-based organizations providing tele-behavioral health services.

Progress This Reporting Period

Please describe your project accomplishment(s) during this reporting period in comparison to your proposed goal(s) and evaluation plan.

During the reporting period, Innercare continued providing behavioral health services with two LCSW's to the Coachella and Mecca health centers. Innercare also provided services with a child and adolescent psychiatrist via telehealth to the Coachella and Mecca health centers. All project goals were met during the reporting period.

Progress of Goal #1: By July 31, 2024, two newly hired Licensed Clinical Social Workers (LCSW) will provide behavioral health services to 1000 youth.

During the reporting period, Innercare provided behavioral health visits to 425 youth at the Mecca and Coachella clinics.

Progress of Goal #2: By July 31, 2024, complete 150 youth behavioral health visits with an LCSW via telehealth through expanded telehealth capacity.

During the reporting period, Inncare provided 125 youth behavioral health visits via telehealth at the Mecca and Coachella clinics.

Progress on the Number of District Residents Served

Number of Unduplicated District Residents Directly Served During This Reporting Period: 425

Number of Unduplicated District Residents Indirectly Served During This Reporting Period: 638

Please answer the following questions:

- **Is the project on track in meeting its goals?**
Yes, the project is on track to meet the established goals.
- **Please describe any specific issues/barriers in meeting the project goals.**
Inncare's partnership with Boys and Girls Clubs of Coachella Valley has not developed as quickly as planned and we are still working through the logistics to have a Case Manager visit the club each week. However, the MOU is still in place and we continue to foster the relationship.
- **If the project is not on track, what is the course correction?**
N/A
- **Describe any unexpected successes during this reporting period other than those originally planned.**

After experiencing difficulties in hiring behavioral health staff for our more remote clinic sites, the Board agreed allow for hybrid work for Behavioral Health staff in order to retain staff and increase coverage at remote clinic sites. Additionally, staff in Mecca participated in training focused on youth mental health.

Grant Progress Report

Organization Name: Martha's Village and Kitchen

Grant #: 1336

Project Title: Behavioral Health Support for Homeless Children and Families

Contact Information:

Contact Name: Rosa Verduzco

Email: rverduzco@marthavillage.org

Grant Information

Total Grant Amount Awarded: \$99,853.60

Grant Term (example 7/1/22 – 6/30/23): 8/01/2022-7/31/2024

Reporting Period (example 7/1/22 – 10/31/22): 2/1/2024-7/31/2024

Desert Healthcare District Strategic Plan Alignment

Goal: The project goal coincides with the District and Foundation's Strategic Plan performance measure # of community education, awareness, and access activities related to educating the community around behavioral/mental health services and resources.

Strategy: 3.6

Progress This Reporting Period

Please describe your project accomplishment(s) during this reporting period in comparison to your proposed goal(s) and evaluation plan.

Progress of Goal #1:

During the reporting period (2/1/2024-7/31/2024), Martha's Village and Kitchen successfully expanded access to behavioral and mental health services and resources for 121 children (ages 0-18) and their families. Education on the importance of behavioral and mental health was provided through various channels, including our homeless shelter, on-site school, food services program, and other essential community services. These educational efforts were conducted in partnership with on-site tutors and community partners to reach and support our target population effectively.

Progress of Goal #2:

During the reporting period (2/1/2024-7/31/2024), Martha's staff increased awareness of behavioral and mental health services and resources for 121 children (ages 0-18) and

their families. This was accomplished through the creation and distribution of informative materials that provided essential behavioral health information, identified warning signs, and outlined available resources.

Progress of Goal #3

During the reporting period (2/1/2024-7/31/2024), Martha's staff expanded access to behavioral and mental health services and resources for 121 children (ages 0-18) and their families. During this period, referrals were provided for 22 children requiring behavioral or mental health support, connecting them to local resources tailored to their specific needs. These referrals were made to a range of agencies, including the Desert Regional Center, local school districts, Riverside County Mental Health, primary care doctors, and the Latino Commission.

Progress on the Number of District Residents Served

Number of Unduplicated District Residents Directly Served During This Reporting Period: 74

Number of Unduplicated District Residents Indirectly Served During This Reporting Period: 47

Please answer the following questions:

- **Is the project on track in meeting its goals?**
Martha's Village and Kitchen has successfully achieved its stated objectives. Martha's Village and Kitchen has not only met but surpassed its original target of serving 200 unique children. Over the two-year grant period, Martha's have provided services to a total of 465 unduplicated children. This success was made possible through the comprehensive approach, which includes increasing access to behavioral and mental health services, raising awareness through educational materials, offering direct support, and making targeted referrals to local resources.
- **Please describe any specific issues/barriers in meeting the project goals.**
Martha's Village and Kitchen has encountered no obstacles or challenges in achieving its project objectives. Martha's has successfully implemented strategies as planned and surpassed original goals, ensuring that the project is on track and delivering the intended impact.
- **If the project is not on track, what is the course correction?**
N/A
- **Describe any unexpected successes during this reporting period other than those originally planned.**

During this reporting period, Martha's Village and Kitchen experienced unexpected successes beyond our original plans. Notably, we surpassed our goal by serving 465

unduplicated children, more than double our target of 200. This was achieved without any obstacles or challenges, allowing us to expand our outreach and impact significantly. Additionally, our strong partnerships with local agencies and community organizations led to more referrals and engagement than anticipated, further enhancing access to behavioral and mental health services for the children and families served.

Grant Progress Report

Organization Name: Regents of the University of California at Riverside (UCR)

Grant #: 1334

Project Title: Improving Access to Behavioral Health Education and Prevention Services to Children (0-18 years) and their Families

Contact Information:

Contact Name:

Dr. Kimberley Lakes, Department of Psychiatry, UCR School of Medicine

Email: kimberley.lakes@medsch.ucr.edu

Grant Information

Total Grant Amount Awarded: \$500,000

Grant Term: 8/01/22 – 7/31/24

Reporting Period: 2/01/24 – 7/31/24

Desert Healthcare District Strategic Plan Alignment

Goal #1: We will increase awareness of behavioral health services and resources through school-based and community dissemination of information to an estimated 10,000 children, adolescents, and their family members.

Strategy #1: We will participate in Back-to-School Nights and other school events for at least 8 schools and will distribute information electronically and physically to increase awareness of services. We will participate in at least 10 events per year. We will document our presentation with a written summary noting the location, date, time, and number reached as well as a description of activities and resources provided.

Goal #2: We will increase education regarding behavioral health and available services and resources by providing educational seminars and presentations to at least 500 children, adolescents, and their family members.

Strategy #2: We will offer on-site talks and trainings for various small and large groups in at least 8 schools and will distribute information electronically and physically to increase awareness of mental health conditions and services. We will provide at least 10 presentations per year. We will document each presentation with a written summary noting the location, date, time, target audience (e.g., children, teens, or parents) and number reached as well as a description of activities and resources provided.

Goal #3: By July 31, 2024, we will increase access to behavioral health services and resources by providing mental health screenings and direct mental health services (e.g., therapy in person or via telehealth) to at least 100 children and adolescents and their families through the new Coachella Valley CAREspace.

Strategy #3: We will offer school-based mental health screenings in schools and will provide therapeutic services to those who screen at or above the at-risk range as well as those who indicate a need for services. Screening forms will be completed for at least 100 youth. We will document completion of screenings and will provide a detailed table (de-identified) that summarizes screenings results for the group as a whole. We will maintain treatment notes as required by professional practice and will record separately the number and type of visits completed per de-identified participant, as well as any additional referrals made. We will also track and report the ages of those receiving services and mental health diagnoses. This data will be presented in a group format to protect confidentiality of individual participants.

Goal #4: By December 31, 2022, we will expand availability of behavioral health services and resources by 1) establishing an agreement for appropriate space for school-based services in Desert Hot Springs schools, and 2) establishing a new school-based mental health clinic (Coachella Valley CAREspace in La Quinta).

Strategy #4: If funded August 1, 2022, we will begin work immediately to set up the behavioral health clinic at the school site in La Quinta/Desert Hot Springs. We will document completion of the site with a brief written summary and photographs of the

completed Coachella Valley CAREspace.

Goal #5: We will increase the number of trained professionals serving the area by including at least 10 trainees (students, residents, fellows) in supervised service provision.

Strategy #5: We will record the number of unique individuals trained per year as well as the number of hours of training for each. We will collect evaluations of their experiences using quality improvement training evaluation forms currently in use in our department. We will report in the summary for the number and type of trainees who participate in our program and a group summary of their feedback on the experience.

Progress This Reporting Period

Please describe your project accomplishment(s) during this reporting period in comparison to your proposed goal(s) and evaluation plan.

Progress of Goal #1: To increase awareness of behavioral health services and resources in the Coachella Valley, during this reporting period our team attended 6 school- and community- based events, disseminating information about behavioral health services and resources in the Coachella Valley. **This resulted in reaching an estimated 1,290 children, adolescents, and their family members during this reporting period.** We have exceeded the initially proposed goal of reaching 10,000 community members via information dissemination, with a total of 29,328 individuals impacted over the two-year period of the grant.

Progress of Goal #2: **During this reporting period, our team offered 25 presentations to a total of 231 children, adolescents, and families.** We have offered a total of 57 presentations to those in the community and served 541 total attendees during the two-year period of the grant. Therefore, we surpassed our grant goal of serving 500 children, adolescents, and family members by July 2024. In partnership with the Riverside County Office of Education CAREspace organization, the Desert Health and Wellness Center, and local schools and community organizations, our team

continues to provide bimonthly CAREspace presentations for parents and teachers via telehealth. Additionally, our therapists and interns have developed and delivered presentations on several topics including child mental health, coping skills for children, special education, substance abuse, and addressing school attendance.

Progress of Goal #3: To increase access to behavioral health services directly to children, adolescents, and families, our therapists have continued to provide therapy in-person at the Desert Hot Springs CAREspace as well as via telehealth. These services are offered in both English and Spanish, and our team of therapists is equipped to provide individual, family, and group therapeutic services to clients. **During this reporting period, our team provided continued care (e.g., counseling/therapy) to 7 clients who were already enrolled in therapeutic services. Additionally, our team provided direct behavioral health services to 29 new clients.** Our team has exceeded the initially proposed goal of providing direct behavioral health services to 100 children, adolescents, and their families, having served a total of 164 during the two-year period of the grant.

Progress of Goal #4: During this reporting period, Dr. Lakes hired one postdoctoral psychological fellow and one pre-doctoral psychological intern to join our Desert Hot Springs CAREspace team. Currently, our core team includes two licensed therapists who provide therapy via telehealth, one postdoctoral psychological fellow, and two pre-doctoral psychological interns who provide in-person services. This expansion allows our CAREspace to provide in-person behavioral health services for a full business day Monday through Friday. Additionally, our therapists are available for drop-in hours where clients can come in to seek support, with no appointment needed, each day Monday through Friday.

Progress of Goal #5: To increase the number of trained professionals in the Coachella Valley region, we provided training to two new providers during this reporting period. Over the two-year grant period, our team has provided unique and varied behavioral and mental health training experiences to 23 trainees. In addition to our core team, we recruited 2 long-term pre-doctoral psychological interns, 16 short-

term medical student trainees, 1 short-term post-bachelor student trainee, and 1 short-term high school student trainee. Therefore, our team has exceeded the initially proposed goal of recruiting 10 trainees within the grant period.

Progress on the Number of District Residents Served

Number of Unduplicated District Residents Directly Served During This Reporting Period: 260*

*Includes participants in training/workshops, CAREspace counseling center drop-ins, and therapy clients. Only includes new residents directly served in this reporting period; does not include therapy clients (7) served in the reporting period who had continued care from our prior reporting period.

Number of Unduplicated District Residents Indirectly Served During This Reporting Period: 1,290

Please answer the following questions:

- **Is the project on track in meeting its goals?** Yes. We have met and exceeded all 5 project goals.
- **Please describe any specific issues/barriers in meeting the project goals.** We have met all of our project goals.
- **If the project is not on track, what is the course correction?** No course correction is necessary at this time. We have met and exceeded all goals.
- **Describe any unexpected successes during this reporting period other than those originally planned.**

At this point in time, our team is well-integrated within the Desert Hot Springs Health and Wellness Center and the broader DHS community. We have continued to

consistently attend local school- and community- mental health events and strengthen connections with community members.

We are excited to share that one of our team members was included in a video ([link](#)) completed by NBC Palm Springs which showcased the DHS Health and Wellness Center in order to raise awareness about the services available at the center. Because this was aired by NBC, we expect that this further increased awareness among the community about our services, but we have not attempted to quantify the number of district residents who may have seen the video.

Our team has continued to collaborate with local organizations and school district employees, such as the Desert Hot Springs Rotary Club and Palm Spring Unified School District's Family and Community Engagement Specialists.



Grant Progress Report
4th six month progress report
Due 09/01/2024

Organization Name: Desert Sands Unified School District

Grant #: 1340

Project Title: Improving Access to Behavioral Health Education and Prevention Services to Children (0-18 years) and their Families.

Contact Information:

Contact Name: Sue Ann Blach, Mental Health Manager

Phone: 760-238-9842

Email: sueann.blach@desertsands.us

Grant Information

Total Grant Amount Awarded: \$296,194

Grant Term: 08/01/2022 - 07/31/2024

Reporting Period: 02/01/2024-07/31/2024

Desert Healthcare District Strategic Plan Alignment

Goal: All goals align with the strategic plan by identifying ways in which personnel funded through the grant would increase access, improve availability, and provide education to students and families.

Strategy: All strategies listed align with the DHDF strategic plan by expanding equitable access to mental health and resources by taking the services directly to students; increasing equitable access.

Grant Progress Report

Progress This Reporting Period

Please describe your project accomplishment(s) during this reporting period in comparison to your proposed goal(s) and evaluation plan.

DSUSD's partnership with DHDF to fund a School Mental Health Nurse and a Board Certified Behavior Analyst (BCBA) has significantly enhanced the accessibility of mental health and behavioral support for students and their families. During this reporting period, the following achievements were made in relation to the proposed goals and evaluation plan:

- **Student Attendance Review Board (SARB) Involvement:** The School Mental Health Nurse became a permanent panel member of SARB. This role involves providing intensive guidance, referrals, and linkage to community services for students with attendance and/or behavioral challenges. The nurse's unique contributions include addressing medical, mental health, and medication education in relation to educational barriers, offering a restorative framework to support underachieving students.
- **Participation in Universal Tier I Offerings:** The School Mental Health Nurse engaged in preventive initiatives across the district, including Mental Health Wellness Fairs. These activities, while not the primary focus of the proposal, contributed to broader mental health education and awareness.
- **Tier III Progress Monitoring:** The School Mental Health Nurse actively participated in Tier III progress monitoring meetings at two school sites, focusing on students requiring intensive, individualized services. The BCBA also attended Tier III meetings at one middle school site. These meetings ensure that high-acuity interventions are implemented with the goal of reducing symptoms and transitioning students to lower levels of care (Tier II or I).
- **Workshop Preparation for School Security Officers:** The School Mental Health Nurse prepared a workshop on opioid overdose awareness for school security officers, enhancing their ability to respond to such emergencies.
- **BCBA Certification Training:** The BCBA facilitated an online training course from March to May 2024, leading to the certification of 5 paraprofessional staff as Registered Behavior Technicians (RBT). This training aimed to build capacity and provide additional support for students with behavioral needs.
- **Parent Workshop Co-Presentation:** The BCBA co-presented a workshop titled "Enhancing Dynamics: Effective Parent Strategies" during the Special Education Parent Advisory Committee (SEPAC) meeting. This workshop aimed to equip parents/guardians with effective strategies for managing behavioral challenges at home.

- **Community Relationship Building:** The School Mental Health Nurse attended the Coachella Valley Behavioral Health tour to establish connections with a local psychiatric inpatient treatment facility. This relationship supports continuity of care for students transitioning back to school after psychiatric hospitalization.
- **Crisis Response:** DSUSD navigated four significant crises impacting students, staff, and the community. The School Mental Health Nurse was accessible with Crisis Response Teams, following the PREPaRE Crisis Response Model protocol to address the mental health needs arising from these tragic events.
- **Ongoing Mental Health Services:** Due to the demonstrated need and effectiveness of mental health services, including the contributions of the School Mental Health Nurse and BCBA, DSUSD's Board of Education renewed and prioritized mental health services as one of the top three board priorities.

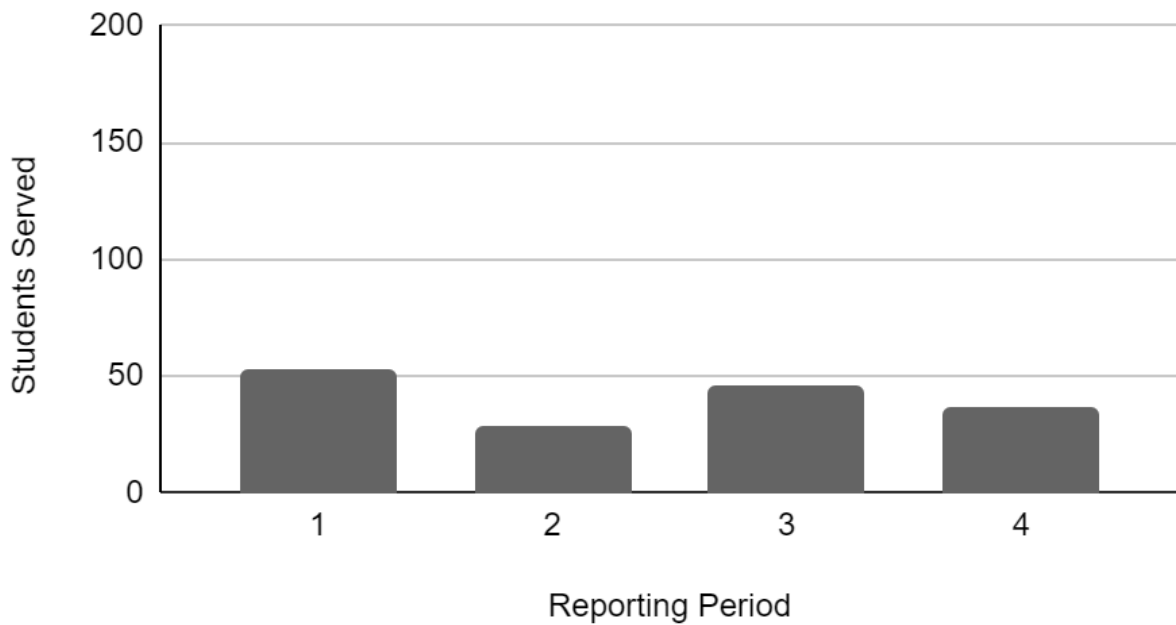
These efforts reflect a comprehensive approach to supporting student mental health and behavioral development, ensuring both immediate and long-term support.

Progress of Goal #1: *In order to increase education regarding behavioral health services and expand the availability of these resources, by July 2024, we will provide psychiatric medication management, education and support to 200 students within DSUSD.*

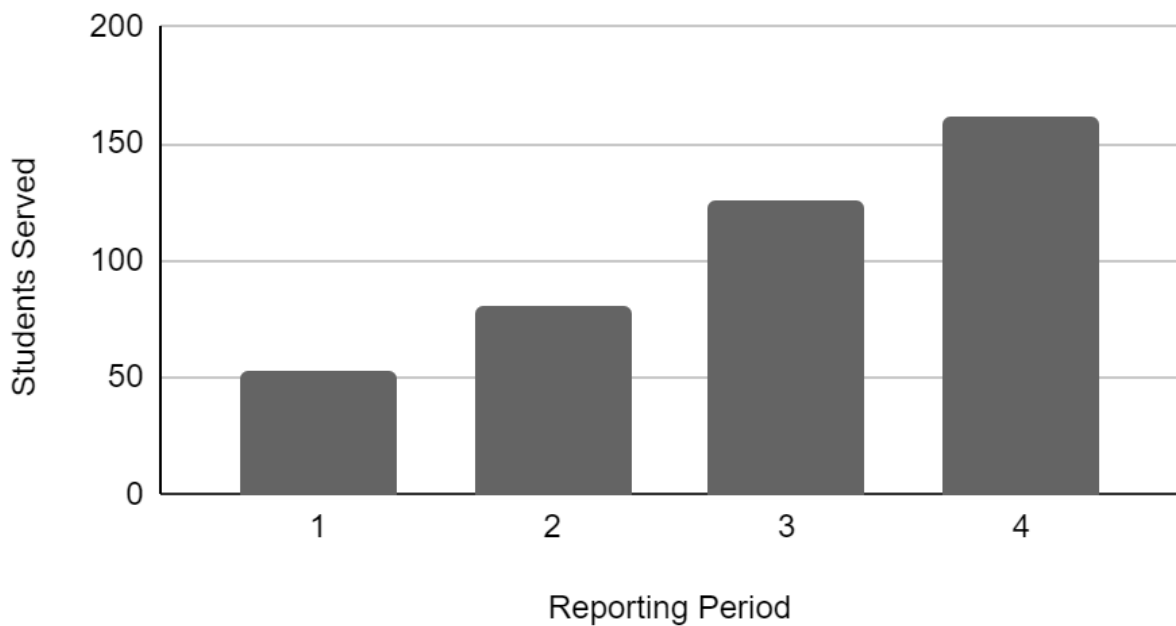
During this reporting period, the School Mental Health Nurse engaged with **36** students and their families to offer education and support related to mental health symptoms and medication management. Referrals made through the district's referral process were addressed within one business day, ensuring prompt assistance. DSUSD successfully maintains its objective of responding swiftly to students re-entering school after a psychiatric hold or requiring medication consultation or education for managing mental health issues.

The School Mental Health Nurse provides ongoing support and resources to students and caregivers, especially when adherence to medication regimens is a challenge. Strategies are shared with parents to enhance medication compliance. Among the 36 students served, 11 receive special education services, 3 have a Section 504 plan, 4 are English Language Learners, and 1 is identified as homeless.

Goal #1 (By Reporting Period)



Goal #1 (Cumulative Total)



Progress of Goal #2: *In order to increase access to behavioral health services and to provide education and resources to students and site staff supporting students, by July*

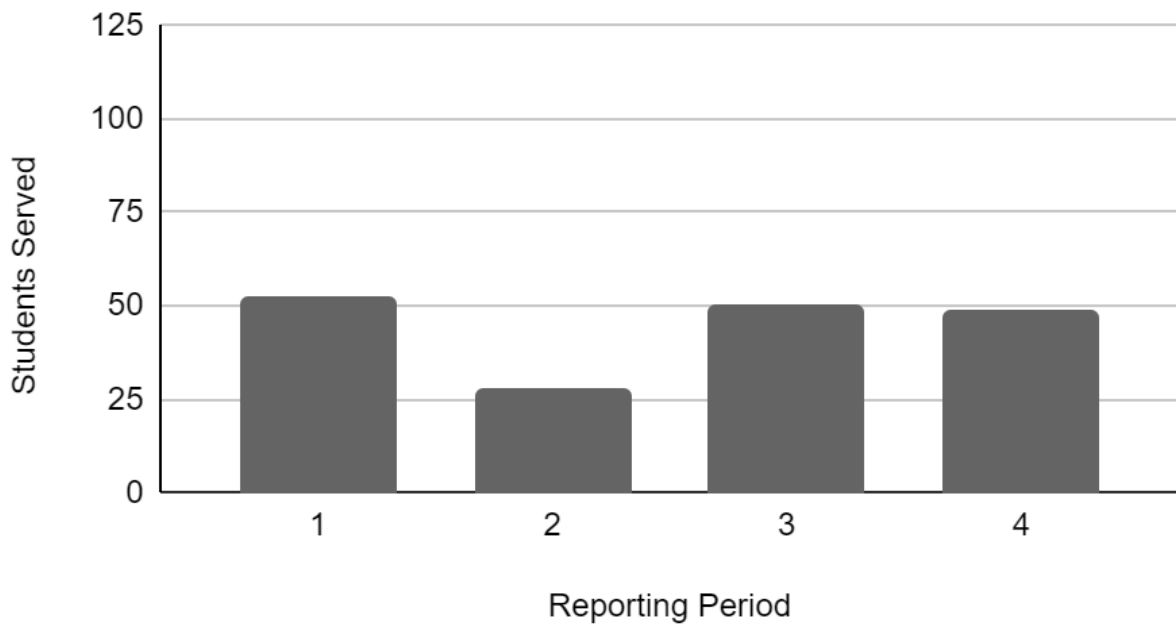
2024, the school mental health nurse will provide post-psychiatric case management services to 120 students within the DSUSD school district. The district nurse will participate in the weekly Mental Health Urgent Care meetings supporting student's returning from hospitalization.

During this reporting period, the School Mental Health Nurse worked directly with **48** students and families to deliver post-psychiatric case management services, aiding in a supportive reintegration into the school environment. The reduction in this number reflects DSUSD's enhanced commitment to providing direct mental health services to students.

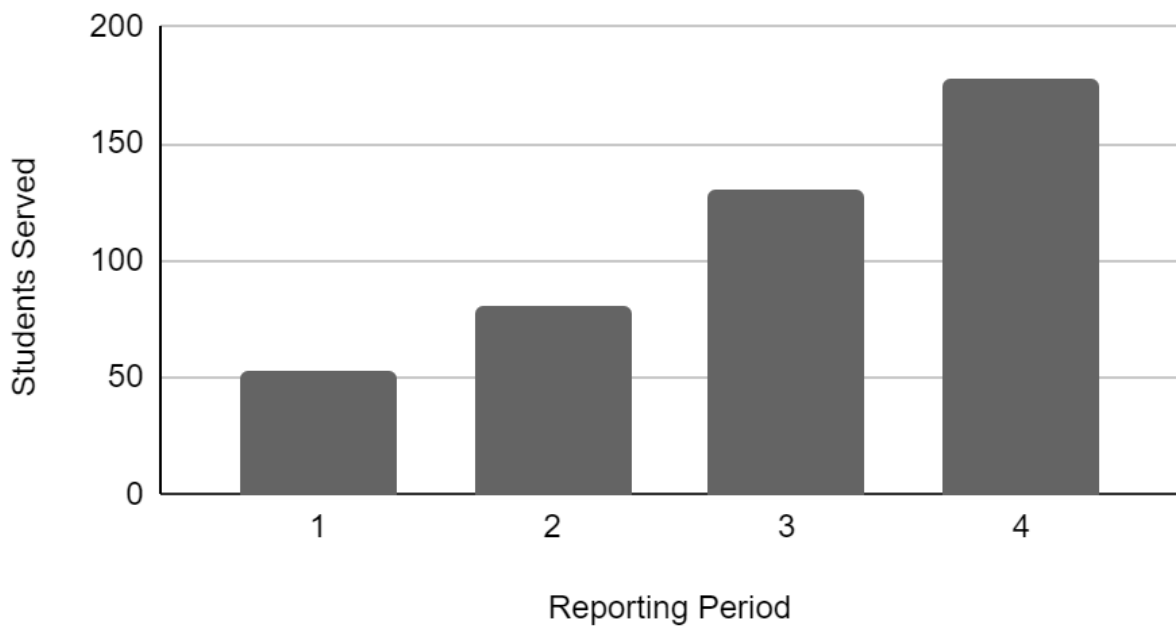
A notable initiative is the Multi-Tiered System of Support (MTSS) Tier III meetings, which are held monthly at two middle school sites. In these meetings, the School Mental Health Nurse collaborates with a multidisciplinary team including the School Psychologist, Board Certified Behavior Analyst (BCBA) , an academic educator, Pupil Personnel Services Counselor, and School-Based Mental Health Therapist. These MTSS Tier III meetings focus on students with the most intensive social-emotional needs. They involve safety planning and reviewing adaptive supports to be used before, during, and after a crisis if necessary.

As a result of these meetings, 3 students had a 504 plan developed to provide additional support during the school day, helping them to achieve their academic goals. The demographic data for students supported with medication management remains consistent with those involved in post-psychiatric case management, including students with Individualized Education Program (IEP) plans, 504 plans, English Language Learners, and those identified as homeless.

Goal #2 (By Reporting Period)



Goal #2 (Cumulative Total)



Progress of Goal #3: *In order to expand the availability of mental health services to students and families, by July 2024, the behavioral analyst will meet with 100 families or*

school site teams to provide consultation, coaching and collaboration to target negative behaviors impeding student's access to the educational environment.

At the end of the 2023-2024 school year, there was a strong emphasis on supporting staff to manage the increase in student behavior issues. Key initiatives included:

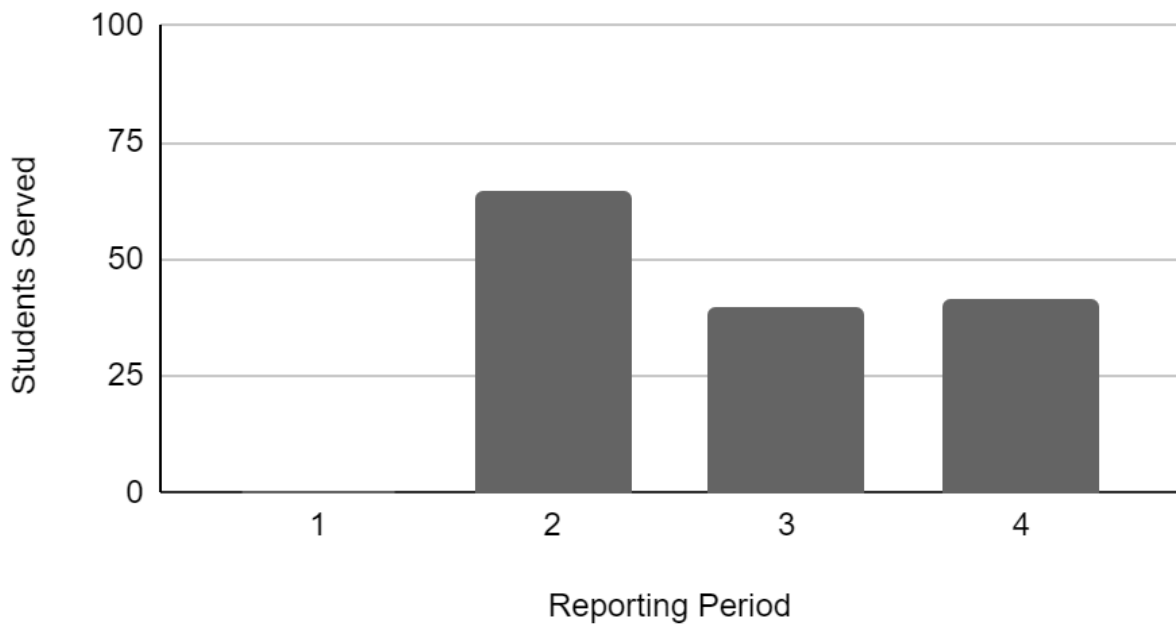
- **Classroom Management Support:** Focused on preschool and elementary levels, this support involved helping teachers implement positive reinforcement, establish and maintain consistent classroom expectations, build rapport with students, prioritize behavior and mental health needs to enhance academic progress, and foster a culture of safety, trust, and understanding.

During this reporting period, the Board Certified Behavior Analyst (BCBA) played a crucial role in:

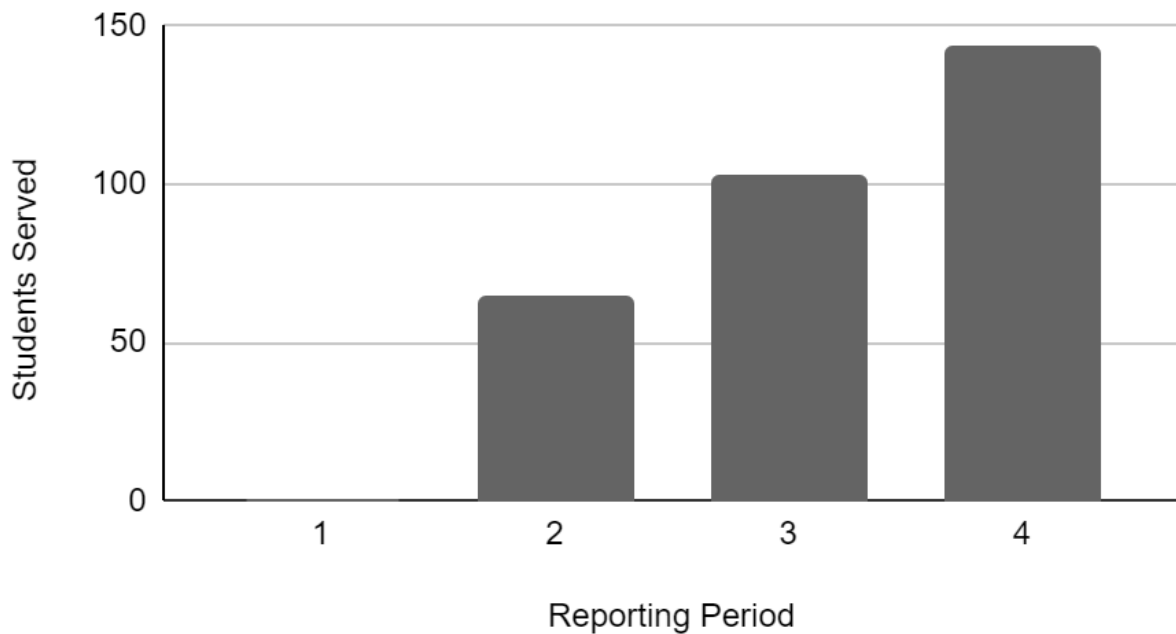
1. **Training and Support:** The BCBA continued to train and support staff, including special education case managers, behavior and MTSS teams, service providers, and district and site-level administration. This included:
 - Consulting with special education case managers and behavior teams.
 - Collaborating with School Psychologists and Prevention and Intervention Psychologists on their caseloads.
 - Completing functional behavior assessments and writing reports for IEP meetings and assessments.
 - Attending IEP and case management meetings.
2. **Direct Student and Family Support:** The BCBA was actively involved with **41** students and their families. This included numerous impromptu consultations to address immediate needs and build strong relationships with students, staff, and administrators.
3. **Training for Applied Behavior Assistants (ABAs):** The BCBA provided ongoing training to ABAs to help them obtain their Registered Behavior Technician (RBT) certification. Regular monthly training sessions were held to support this team, who serve over 100 students across the district.
4. **Parent Training:** A presentation was developed by the BCBA for a Special Education Parent Advisory Meeting. This presentation aimed to equip parents with evidence-based behavioral strategies to manage behaviors at home effectively.

Overall, the BCBA's efforts in training, direct support, and consultation have significantly contributed to improving classroom management and student support, addressing behavior challenges, and fostering a more supportive educational environment.

Goal #3 (By Reporting Period)



Goal #3 (Cumulative Total)

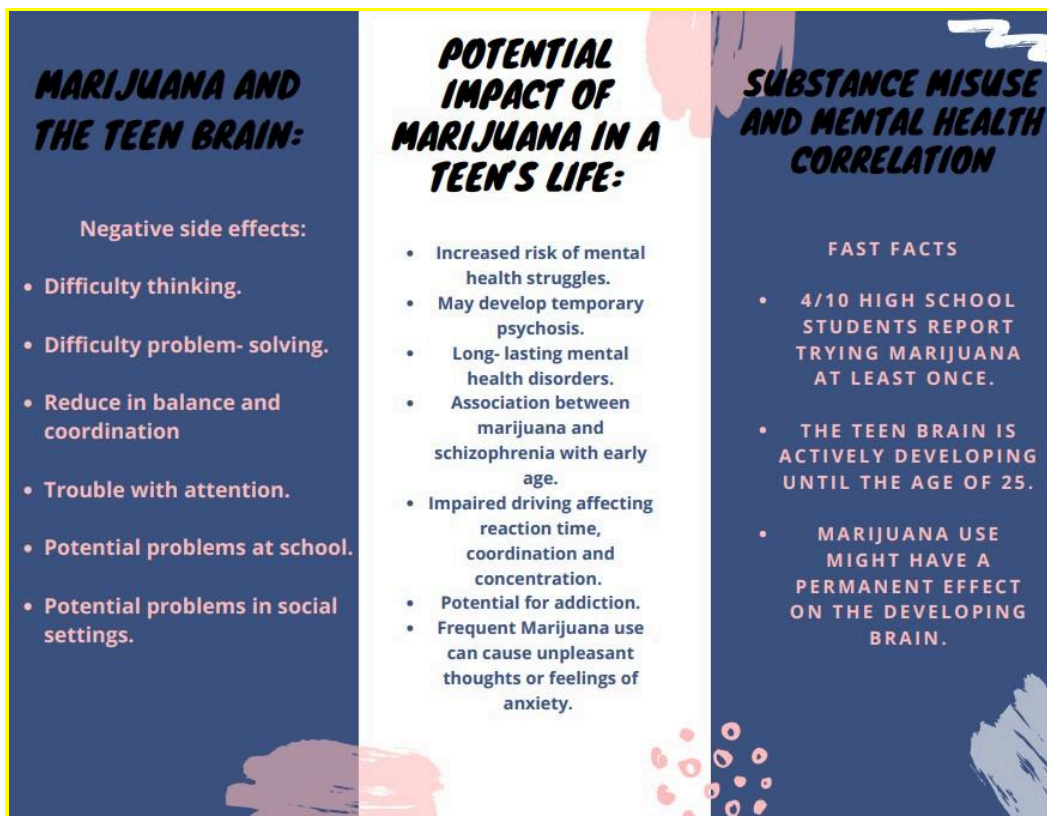


Progress of Goal #4: *In order to increase the availability of mental health services to students, by July 2024, The school mental health nurse will provide consultation,*

support and education to 75 students and families struggling with substance abuse addiction in collaboration with current INSIGHT treatment interventions for students subjected to disciplinary action due to tobacco, drug or alcohol abuse.

To advance progress toward our goal, the School Mental Health Nurse took several key actions:

1. **Health Fair Participation:** At the annual spring Mental Health Fair held at Summit High School, the School Mental Health Nurse played a crucial role by providing information on substance misuse. In preparation for the event, the nurse designed and created a flier to effectively communicate important information to attendees. See image attached.
2. **Direct Support in MTSS Tier III Meetings:** During MTSS Tier III meetings, the School Mental Health Nurse directly supported **3** students by offering substance abuse information and tailored support. This involvement ensured that students with significant social-emotional needs received relevant resources and guidance related to substance misuse.



HELPFUL RESOURCES

[HTTPS://WWW.DRUGFREEWORLD.ORG/](https://www.drugfreeworld.org/)

[HTTPS://WWW.ALANONINTHEDESERT.COM/AL-ATEEN](https://www.alanoninthesert.com/al-ateen)

[HTTPS://WWW.HAZELDENBETTYFORD.ORG/PODCASTS/IS-IT-ADDICTION](https://www.hazeldenbettyford.org/podcasts/is-it-addiction)

[HTTPS://NEVERUSEALONE.COM/](https://neverusealone.com/)

[HTTPS://CALIFORNIAOPIOIDRESPONSE.ORG/MATPROJECT/NALOXONE-DISTRIBUTION-PROJECT/](https://californiaopioidresponse.org/matproject/naloxone-distribution-project/)

REFERENCES

References:
<https://www.cdc.gov/marijuana/health-effects/addiction.html>
<https://www.cdc.gov/marijuana/factsheets/pdf/MarijuanaFactSheets-Teens-508compliant.pdf>

ALCOHOL ABUSE

- Alcohol is a depressant
- Alcohol may slow down processing time.
- Alcohol results in slurred speech, unsteady movement.
- Reduces a person's ability to think rationally and distorts his or her judgment
- amount of alcohol consumed determines the type of effect.
- Alcohol can cause impaired driving.

LONG TERM EFFECTS

- High blood pressure
- Stroke
- Liver damage
- Permanent damage to the brain
- Sexual problems

HUGS NOT DRUGS

Progress on the Number of District Residents Served

Number of Unduplicated District Residents Directly Served During This Reporting Period:

128

Number of Unduplicated District Residents Indirectly Served During This Reporting Period:

25,899

Please answer the following questions:

- Is the project on track in meeting its goals? Yes
- Please describe any specific issues/barriers in meeting the project goals.

- **If the project is not on track, what is the course correction?** DSUSD is on track
- **Describe any unexpected successes during this reporting period other than those originally planned.**

DSUSD's receipt of the DHCF grant has significantly addressed the gaps identified by Student Support Services, particularly in response to the mental health and behavioral challenges exacerbated by the Covid-19 pandemic. The partnership has successfully met or exceeded its proposed goals through:

- **Enhanced Access:** Improved availability of mental health and behavioral services for students.
- **Effective Support:** Addressing a broad range of student needs with targeted interventions.
- **Academic and Emotional Support:** Providing comprehensive support that aligns with both academic and emotional requirements.

The positive outcomes resulting from these efforts have led the DSUSD Local Control Accountability Plan (LCAP) Advisory Committee to secure funding for the full-time positions of the School Mental Health Nurse and the Board Certified Behavior Analyst (BCBA). This continued funding underscores the commitment to maintaining and expanding the successful programs initiated through the DHCF grant.



Date: November 12, 2024

To: Program Committee – Foundation

Subject: Final Grant Reports 9/1/2024 – 10/31/2024 **HIGHLIGHTS**

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

Clinicas De Salud Del Pueblo dba Innercare # 1339

Grant term: 8/1/2022 – 7/31/2024

Original Approved Amount: \$150,000.

Final Report covering the time period from: 8/1/2022 – 7/31/2024

- **Final Report Highlights:** Behavioral health services were provided to 1,204 youth, with 352 of those visits conducted via telehealth.

Martha's Village and Kitchen # 1336

Grant term: 8/1/2022 – 7/31/2024

Original Approved Amount: \$99,853.

Final Report covering the time period from: 8/1/2022 – 7/31/2024

- **Final Report Highlights:** Martha's Village and Kitchen provided education, improved awareness, and increased access to behavioral health services to 465 homeless children and families

Regents of the University of California at Riverside (UCR) # 1334

Grant term: 8/1/2022 – 7/31/2024

Original Approved Amount: \$500,000.

Final Report covering the time period from: 8/1/2022 – 7/31/2024

- **Final Report Highlights:** The team participated in 33 school and community events, engaging 4,264 attendees. They also disseminated behavioral health information to 30 schools, impacting 25,064 students, and conducted 57 workshops that attracted 541 participants. Additionally, they provided mental health screenings and direct services to 164 individuals and established the CAREspace at the Desert Hot Springs Health and Wellness Center.

DSUSD Foundation # 1340

Grant term: 8/1/2022 – 7/31/2024

Original Approved Amount: \$296,194.

Final Report covering the time period from: 8/1/2022 – 7/31/2024

- **Final Report Highlights:** During the project, the School Mental Health Nurse offered direct medication management, education, and support to 160 students and their families and successfully delivered post-psychiatric case management services to 177 students. The Behavioral Analyst met with 144 students and various school site teams. Additionally, 255 district staff members were trained to recognize opioid overdoses and administer Naloxone and significant outreach education was provided to students.

Organization Name: Clinicas de Salud del Pueblo, dba Innercare

Grant #: 1339

Project Title: Expansion of Mental Health Services for Children Beyond COVID-19 in the Coachella Valley

Desert Healthcare District Strategic Plan Alignment

Goal: 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. 3.4 Provide funding support to community-based organizations providing tele-behavioral health services.

Grant Information

Total Grant Amount Awarded: \$150,000

Grant Term (example 7/1/22 – 6/30/23): 8/1/22 – 7/31/24

Reporting Period (example 7/1/22 – 10/31/22): 8/1/22 – 7/31/24

Contact Information:

Contact Name: Sara Sanders, Chief Development Officer

Phone: 760-412-4426

Email: saras@innercare.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 July 31, 2024, two newly hired Licensed Clinical Social Workers (LCSW) will provide behavioral health services to 1000 youth.

Final Progress of Goal #1: During the grant project period, behavioral health services were provided for 1204 youth.

Final Evaluation of Goal #1: The project's target goal was met as the additional staff allowed us to increase our capacity to provide behavioral health services to more patients. Both the Coachella and Mecca clinics saw an increase in behavioral health encounters in 2023 as compared to 2022. The additional staff also decreased the wait times for patients to schedule behavioral health visits.

Goal #2: By July 31, 2024, complete 150 youth behavioral health visits with an LCSW via telehealth through expanded telehealth capacity.

Final Progress of Goal #2: During the grant project period, behavioral health visits conducted via telehealth were provided for 352 youth.

Final Evaluation of Goal #2: Incorporating the technological approach has been particularly well-received by our youth and young adult patients, who are more tech-savvy and prefer this method of service delivery. The popularity of the telehealth service modality allowed us to significantly surpass the project's target goal.

Final Number of District Residents Served:

Proposed number of District residents to be directly served: 1000

Final number of District residents directly served during the entire grant term: 1204

Proposed number of District residents to be indirectly served: 2500

Final number of District residents indirectly served during the entire grant term: 1744

Please answer the following questions

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

Although the proposed project goals were met, one challenge we faced was the filling of crucial behavioral health positions due to the remote location of some of our clinics. To address this, the Board approved a new hybrid service delivery model that allows clinicians to work remotely from home in addition to working in person. This has increased Innercare's ability to recruit high-quality, culturally sensitive, and trauma-informed bilingual behavioral health clinicians.

Due to staff scheduling and logistical issues we were not able to advance our partnership with the Boys and Girls Clubs of Coachella Valley as far as initially expected. Our behavioral health staff were able to provide boys and girls club staff training and we were able to implement some case management services. However,

the MOU is still in place and we continue to cultivate this relationship.

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

With increased behavioral health staff capacity, Innercare was able to pilot additional projects and partnerships that center on expanded behavioral health services for youth.

Innercare implemented a screening process within the Mecca Dental Clinic using the Pediatric Symptom Checklist (PSC-17) where the screening is completed at the dental visit. This brief screening questionnaire is designed to improve the recognition and treatment of psychosocial problems in children aged 4 to 17 years. Those youth testing positive were referred to behavioral health for services. Through this innovative screening tool, Innercare has successfully established a direct pathway for children aged 4 to 17 to access and benefit from essential behavioral health services. With the success of the pilot project at the Mecca Dental Clinic we have begun the planning stages to implement the program in Blythe.

Innercare is partnering with University of California Riverside to participate in a research project centering on a mobile app focused on youth mental health. **By Youth, For Youth: Digital Supported Peer Navigation for Addressing Child Mental Health Inequities** - In response to The Transformative Research to Address Health Disparities and Advance Health Equity initiative, a multidisciplinary team across University of California campuses in Riverside, Los Angeles, and San Francisco, CA in collaboration with the Los Angeles Trust for Children's Health (the LA Trust, which oversees a network of school Wellness Centers and high school peer navigators in Los Angeles Unified School District (LAUSD)) and Riverside County primary care clinics propose to co-design a mobile application, Connected for Wellness, an innovative mental health app created through participatory informatics to address disparities in access to mental health services by minoritized youth.

Innercare established an MOU with an elementary school to provide direct behavioral health services to youth at the school site. So far, the program has been successful and this is something we hope to do more of in the future as it decreases access barriers for youth in obtaining care.

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

The project will be sustained with funds from Innercare's general fund and revenue generated from patient visits. Innercare will continue to pursue grant opportunities to support behavioral health services for its patient population,

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

1. Apply hybrid work model earlier to alleviate the challenges filling staff vacancies.
2. Dedicate more staff planning time to Boys and Girls Club collaborative to further advance the shared goals and objectives.
3. Increases outreach to youth and their families though school-based service delivery.
4. Increase staff training on specific psychological diagnostic evaluations for conditions such as ADHD and autism.
5. Expand telehealth and virtual visits due to the positive youth response for this service delivery method.

Organization Name: Martha's Village and Kitchen

Grant #: 1336

Project Title: Behavioral Health Support for Homeless Children and Families

Desert Healthcare District Strategic Plan Alignment

Goal: The project goal coincides with the District and Foundation's Strategic Plan performance measure # of community education, awareness, and access activities related to educating the community around behavioral/mental health services and resources.

Strategy: 3.6

Grant Information

Total Grant Amount Awarded: \$99,853.60

Grant Term (example 7/1/22 – 6/30/23): 8/01/2022-7/31/2024

Reporting Period (example 7/1/22 – 10/31/22): 2/1/2024-7/31/2024

Contact Information:

Contact Name: Rosa Verduzco

Phone: (760) 347-4741 ext. 109

Email: rverduzco@marthasvillage.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 July 31, 2024, the project will increase education of behavioral health services and resources to 200 children (0-18 years) and their families. The project goal coincides with the District and Foundation's Strategic Plan performance measure # of individuals reached through behavioral/mental healthcare community awareness activities under strategy 3.6.

Final Progress of Goal #1: By July 31, 2024, Martha's Village and Kitchen successfully exceeded its goal of increasing education on behavioral health services and resources to 200 children (ages 0-18) and their families. The project reached a total of 465

unduplicated children and their families, more than doubling the initial target. Education on the importance of behavioral and mental health was provided through various channels, including our homeless shelter, on-site school, food services program, and other essential community services. These educational efforts were conducted in partnership with on-site tutors and community partners to reach and support our target population effectively.

Final Evaluation of Goal #1: This achievement aligns with the District and Foundation's Strategic Plan performance measure under Strategy 3.6, which focuses on the number of individuals reached through behavioral and mental healthcare community awareness activities. Our efforts included developing and distributing educational materials, conducting awareness sessions, and collaborating with community partners, significantly amplifying our reach and impact.

The project's success demonstrates Martha's commitment to supporting the behavioral health needs of children and their families within the community, contributing meaningfully to the broader strategic objectives of both the District and the Foundation.

Goal #2: By July 31, 2024, the project will improve awareness of behavioral health services and resources to 200 children (0-18 years) and their families. The project goal coincides with the District and Foundation's Strategic Plan performance measure # of community awareness activities related to educating the community around behavioral/mental health services and resources under strategy 3.6.

Final Progress of Goal #2: By July 31, 2024, the project successfully exceeded its goal of improving awareness of behavioral health services and resources for 200 children (ages 0-18) and their families. Martha's Village and Kitchen reached a total of 465 unduplicated children and their families, significantly surpassing the initial target. This was accomplished through the creation and distribution of informative materials that provided essential behavioral health information, identified warning signs, and outlined available resources.

Final Evaluation of Goal #2: This accomplishment aligns with the District and Foundation's Strategic Plan performance measure under Strategy 3.6, which tracks the number of community awareness activities related to educating the community about behavioral and mental health services and resources. Through a combination of outreach initiatives, including the distribution of informational materials, educational sessions, and partnerships with local organizations, we effectively increased awareness and engagement within the community.

These unexpected successes demonstrate our commitment to advancing community awareness and support for behavioral health, furthering the shared goals of the District and the Foundation.

Goal #3: By July 31, 2024, the project will increase access to 200 homeless children (0-18 years) and family members to behavioral health services and resources. The project goal coincides with the District and Foundation Strategic Plan performance measure # of individuals who were connected to behavioral/mental health services and resources under strategy 3.6.

Final Progress of Goal #3:

By July 31, 2024, the project successfully surpassed its goal of increasing access to behavioral health services and resources for 200 homeless children (ages 0-18) and their family members. Martha's Village and Kitchen connected a total of 465 unduplicated individuals to these critical services, exceeding our initial target. Referrals were provided to children requiring behavioral or mental health support, connecting them to local resources tailored to their specific needs. These referrals were made to a range of agencies, including the Desert Regional Center, local school districts, Riverside County Mental Health, primary care doctors, and the Latino Commission.

Final Evaluation of Goal #3:

This achievement aligns with the District and Foundation Strategic Plan performance measure under Strategy 3.6, which focuses on the number of individuals connected to behavioral and mental health services and resources. Our efforts included facilitating referrals to local agencies, providing direct support, and collaborating with community partners to enhance access to necessary services.

The project's success highlights our effective implementation of strategies designed to increase access and demonstrates a significant contribution to the District and Foundation's strategic objectives.

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: 465

Proposed number of District residents to be indirectly served: 200

**Final number of District residents Indirectly served during the entire grant term:
465**

Please answer the following questions

5. Please describe any specific issues/barriers in meeting the proposed project goals: During this reporting period, Martha's Village and Kitchen encountered no significant issues or barriers in meeting the proposed project goals. The project successfully exceeded its target by connecting 465 unduplicated individuals to behavioral health services and resources, surpassing the initial goal of 200. This success was achieved through effective implementation of our strategies, including robust outreach efforts, strong community partnerships, and efficient referral processes. Our team's proactive approach ensured smooth execution and continued progress toward our objectives without encountering any substantial obstacles.

6. Please describe any unexpected successes other than those originally planned. An unexpected success during this reporting period was our ability to connect a total of 465 unduplicated homeless children and their families to behavioral health services and resources, significantly exceeding our initial goal of 200. This higher-than-anticipated reach was facilitated by the effectiveness of our outreach and referral processes, as well as the strong partnerships we established with local agencies and community organizations. Additionally, our proactive efforts in expanding access and raising awareness led to increased engagement and support beyond what was originally planned.

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

After the initial investment by the DHCD, the project will be financially sustained through a combination of additional funding sources and strategic partnerships. We are actively pursuing support from other city, public, and private grants, which will provide ongoing financial resources. Additionally, our established partnerships with local organizations and community groups will help secure further funding and resources to sustain the project's impact. This multi-faceted approach ensures the continued success and financial viability of the project beyond the initial investment.

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

1. Expand Outreach Efforts: Increase the scope and intensity of outreach activities to reach even more individuals in need of behavioral health services, leveraging additional community networks and communication channels.

2. Enhance Data Collection and Analysis: Implement more robust data collection and analysis methods to better track and evaluate the effectiveness of different strategies and interventions, enabling more informed decision-making and adjustments.

3. Strengthen Collaboration with Partners: Foster deeper collaborations with a broader range of local agencies, schools, and community organizations to enhance coordination and resource-sharing, thereby improving service delivery and access.

4. Increase Funding Diversification: Seek out a more diverse range of funding sources, including additional city, public, and private grants, to reduce dependency on any single funding stream and ensure long-term sustainability.

5. Expand Educational Initiatives: Develop and implement more comprehensive and tailored educational programs on behavioral health, addressing specific needs and barriers identified during the project, to further improve awareness and engagement.

Organization Name: Regents of the University of California at Riverside (UCR)

Grant #: 1334

Project Title: Improving Access to Behavioral Health Education and Prevention Services to Children (0-18 years) and their Families

Desert Healthcare District Strategic Plan Alignment

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

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

Strategy 3.3: Provide funding to CBOs enabling an increase in the number and the geographic dispersion of sites providing behavioral/mental health services

Strategy 3.4: Provide funding support to CBOs providing tele-behavioral/mental health services

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

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

Grant Information

Total Grant Amount Awarded: \$500,000

Grant Term (example 7/1/22 – 6/30/23): 8/01/22 – 7/31/24

Reporting Period (example 7/1/22 – 10/31/22): 8/01/22 – 7/31/24

Contact Information:

Contact Name: Dr. Kimberley Lakes, Department of Psychiatry, UCR School of Medicine

Email: kimberley.lakes@medsch.ucr.edu

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: We will increase awareness of behavioral health services and resources through school-based and community dissemination of information to an estimated 10,000 children, adolescents, and their family members.

Final Progress of Goal #1: To increase awareness of behavioral health services and resources in the Coachella Valley, our team attended 33 school- and community-based events, reaching 4,264 attendees. Furthermore, throughout the two-year grant period, we have disseminated information to 30 Coachella Valley schools and indirectly impacted a total of 25,064 enrolled students. This dissemination included school-wide email distributions, meetings with school counselors, outreach through parent liaisons, face-to-face conversations with families and children, and other school engagement activities. In conclusion, through our efforts, we have directly or indirectly reached a total of 29,328 children, family members, and community members.

Final Evaluation of Goal #1: *We have achieved 290% of this goal.* During these activities, we developed relationships with organizations that hold annual events, and we anticipate that we can continue to build on our relationships to have an ongoing presence at their events in future years. For example, one very well attended event – particularly for youth and families – was the City of Desert Hot Springs Halloween event. Attending events such as these in the future will ensure that we can increase awareness of the mental health resources for youth and families. We hope to build similar relationships and conduct similar outreach in additional underserved areas of the Coachella Valley in the future.

Goal #2: We will increase education regarding behavioral health and available services and resources by providing educational seminars and presentations to at least 500 children, adolescents, and their family members.

Final Progress of Goal #2: Our team has worked to provide psychoeducation about behavioral health and increase awareness of available services and resources through the provision of virtual and in-person trainings and workshops for parents and in-person

presentations for school-age children and adolescents. ***During the two-year grant period, we offered a total of 57 workshops and presentations and reached 541 attendees in total.***

Final Evaluation of Goal #2: *We have achieved 108% of this goal.* Some of the challenges we encountered included low attendance at some virtual trainings, though some trainings were quite well attended. In the future, we hope to continue our work with communities to identify topics of highest interest and need to ensure that the content offered is highly relevant. For example, one training that had a very positive response was our training on self-harm behaviors in children. We plan to update and offer repeat sessions of the most in demand trainings in the coming year. One of the highlights in this goal was the strong relationship we built with the after-school program at the Desert Wellness Center, and we plan to continue to offer group training to their children in the coming year.

Goal #3: By July 31, 2024, we will increase access to behavioral health services and resources by providing mental health screenings and direct mental health services (e.g., therapy in person or via telehealth) to at least 100 children and adolescents and their families through the new Coachella Valley CAREspace.

Final Progress of Goal #3: Our team has increased access to behavioral health services and resources by ***providing mental health screenings and direct behavioral health services to 164 children, adolescents, and their families during the two-year period of the grant.***

Final Evaluation of Goal #3: *We have achieved 164% of this goal.* Some of the lessons learned included the need for trauma-informed care as well as psychiatric care; we have obtained funding from the state CYBHI program to increase access to trauma-informed care and hope to also obtain funding through future grants to increase access to psychiatric care in the Coachella Valley.

Goal #4: By December 31, 2022, we will expand availability of behavioral health services and resources by 1) establishing an agreement for appropriate space for school-based services in Desert Hot Springs schools, and 2) establishing a new school-based mental health clinic (Coachella Valley CAREspace).

Final Progress of Goal #4: During the two-year grant period, our team has established the CAREspace at the Desert Hot Springs Health and Wellness Center. This has consisted of creating a memorandum of understanding between the Riverside County Office of Education (RCOE) and the City of Desert Hot Springs in order to occupy the physical space. In addition, the University of California, Riverside (UCR) has a memorandum of understanding with RCOE to provide services at the physical location. For the 2024-2025 year, RCOE has given UCR a contract to support staff on-site at the location.

Final Evaluation of Goal #4: *This goal was achieved.* We are now working toward sustainability of the center, exploring state funding (specifically through the CYBHI grants and fee for service structure) to ensure the ongoing presence in this center.

Goal #5: We will increase the number of trained professionals serving the area by including at least 10 trainees (students, residents, fellows) in supervised service provision.

Final Progress of Goal #5: Over the two-year grant period, our team provided unique and varied behavioral and mental health training experiences to 23 short- and long-term trainees. Current trainees include one postdoctoral psychological fellow and two pre-doctoral psychological interns. In addition to these individuals, we have trained 2 long-term pre-doctoral psychological interns, 16 short-term medical student trainees, 1 short-term post-bachelor student trainee, and 1 short-term high school student trainee.

Final Evaluation of Goal #5: *We have achieved 230% of this goal.* The training experiences that we provided were viewed as so valuable to future mental health

professionals, that we are now developing a training program within our department that we hope will continue to build on this work. We have secured funding from California's CYBHI program and from RCOE for the 2024-2025 year that will help further develop training opportunities. We do not, as yet, have funding for training future psychiatrists in the Coachella Valley, and that will be a goal we will pursue in the future.

Final Number of District Residents Served:

Proposed number of District residents to be directly served: 600

Final number of District residents directly served during the entire grant term: 705

*Includes participants in training/workshops, CAREspace counseling center drop-ins, and therapy clients.

Proposed number of District residents to be indirectly served: 10,000

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

29,328

Please answer the following questions

9. Please describe any specific issues/barriers in meeting the proposed project

goals: We did experience some challenges with maintaining parent engagement with virtual presentations and workshops offered by our team. However, we were still able to meet our goal of providing educational seminars and presentations to at least 500 children, adolescents, and their family members.

10. Please describe any unexpected successes other than those originally

planned. In early 2023, Dr. Lakes submitted a grant application that requested \$749,967 from the Department of Health Care Services (DHCS) as part of California's Children and Youth Behavioral Health Initiative (CYBHI). This application

was submitted in response to their Round 2 call for applications to build capacity for *Trauma-Informed Programs and Practices*. On December 21, 2023, it was announced that our application was funded after a highly competitive review process. On July 29, 2024, our contract was signed, and we have launched this program, which will increase access to trauma-informed treatment for Coachella Valley residents.

11. After the initial investment by the DHCD how will the project be financially sustained? The funding from CYBHI will support further development of our program by providing trauma-focused cognitive behavioral therapy for children and families in Riverside County. Licensed clinicians and two trainees (one predoctoral intern and a postdoctoral fellow) from our current grant will join this new program and will apply what we have developed in the DHCD grant to this effort, which includes a training component, allowing us to train mental health providers in trauma-focused therapy. We will be able to provide in-person and telehealth therapy services to Coachella Valley residents (and residents of Riverside County more broadly), with a specific focus on therapy for those who have experienced trauma. Moreover, RCOE has committed \$135,000 for the 2024-2025 year in order to support the staff at the Desert Hot Springs CAREspace. CYBHI is also rolling out a fee-for-service structure for mental health services for youth that we hope will sustain our efforts beyond 2025.

While this funding will not support all the services that we have provided in the DHCDF grant, which has supported broader mental health awareness, education, and services, it will allow us to build a sustainable model for providing therapy to trauma survivors in the Coachella Valley. We will build on what was developed as part of our DHCDF award to continue to strengthen our community partnerships and increase awareness of and access to mental health services in the Coachella Valley.

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

- a. If this project were to be funded again, our team would choose to explore how to increase access to psychiatric and medication management services in the Coachella Valley. We would examine the feasibility of offering these services in a virtual or hybrid format in order to maximize accessibility. This would allow us to have a more complete model of care available for Coachella Valley residents.
- b. Given the relative inaccessibility and simultaneous necessity of comprehensive psychological evaluations in the Coachella Valley, we would explore ways to offer free psychological and neuropsychological evaluations (for example, Autism, ADHD, and other complex diagnostic assessments) to children and adolescents living in the local communities.
- c. We would also explore ways to strengthen our relationship with the UCR free clinic offered in Mecca, California.
- d. Furthermore, we would explore possibilities for offering in-person trainings and workshops. For example, we would look to partner with local libraries or other community-based organizations that regularly host free presentations.
- e. Considering the vast geographic area of the Coachella Valley, we also would hope to explore how to better increase access to and engagement in telehealth services for families for whom travel to a site is impractical.

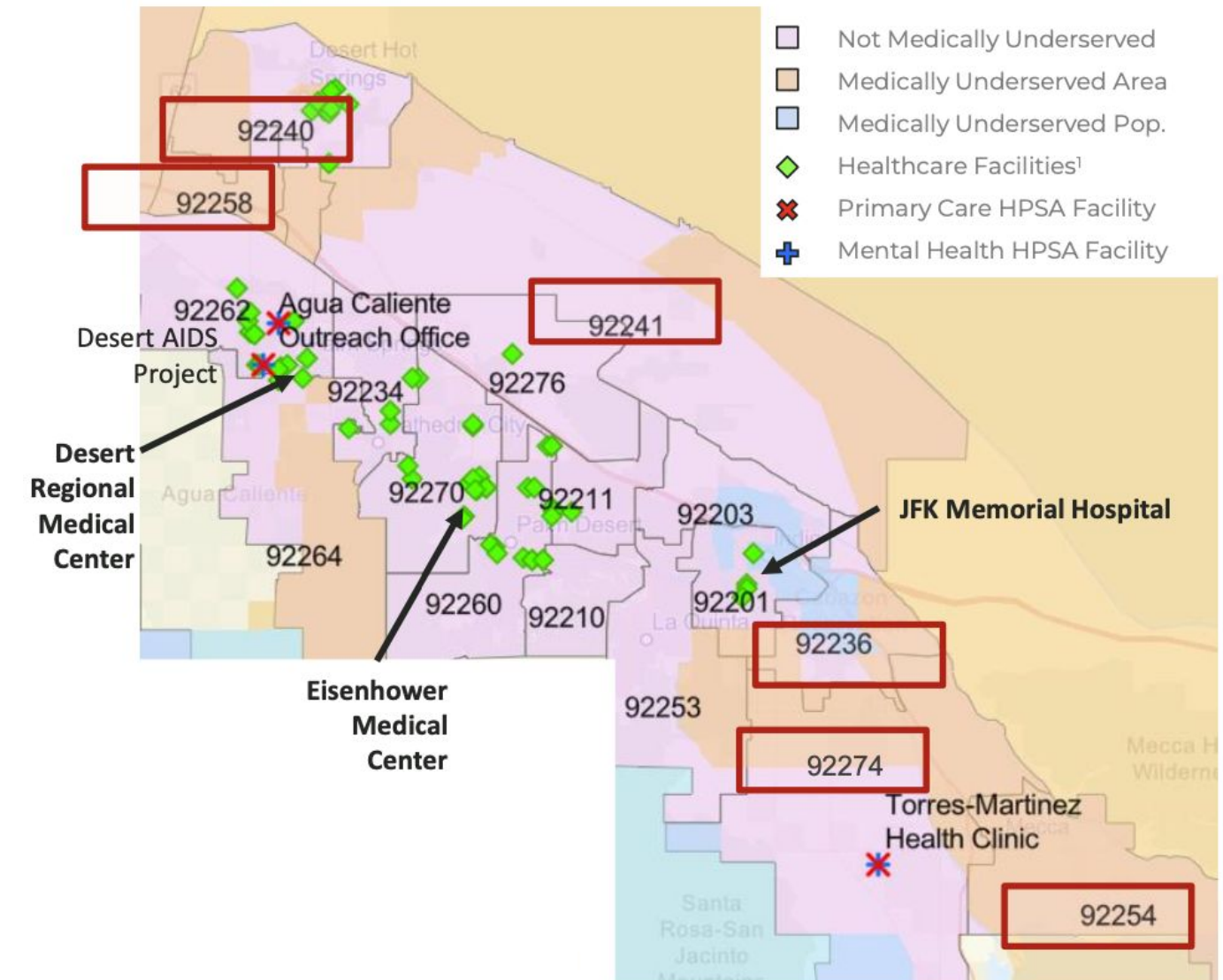


Improving Access to Behavioral Health Education and Prevention Services to Children (0-18 years) and their Families: **A Summary of Our Work in the Coachella Valley**



Disparities in the Coachella Valley

- Approximately 30% of the residents within the Desert Healthcare District live within “high risk communities”.
 - Residents experiencing social risk factors (e.g., transportation challenges, housing insecurity, risk of being uninsured, etc.) are more likely to live in these communities.
 - High risk communities are more likely to be designated as medically underserved.
- Desert Hot Springs, Coachella, Thermal, and Mecca encompass five of the nine high risk zip codes in this district.



A Key Partner in This Work: Desert Healthcare District & Foundation

Strategic Plan Goal 3:

Proactively Expand Community Access To Behavioral/Mental Health Services

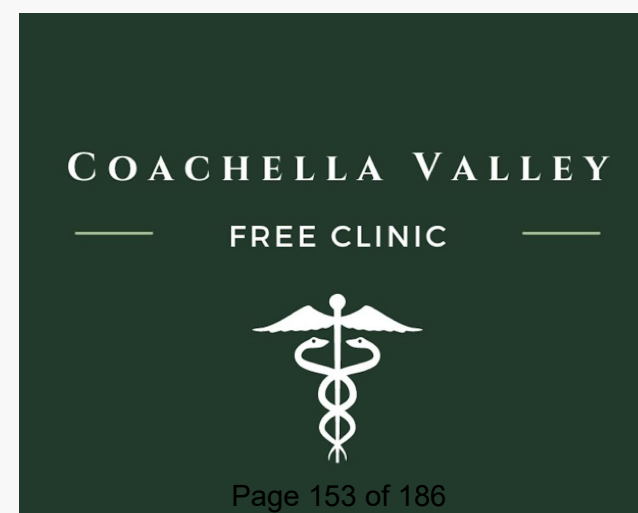
Service	How	Where	Why
<p>Psychiatry – Mental + Behavioral Services</p>	<ul style="list-style-type: none"> - Focus Development Of Future Brick And Mortar Ambulatory/Inpatient Spaces In These Communities - Integration Of Community Health Workers/Promotoras To Connect Community Members To Resources And Reduce Stigma For Accessing Healthcare Resources (e.g., Care Coordination, Case Management, Etc.) - Targeted Deployment of Internet Hubs To Increase Access + Use Of Telehealth 	<p>Medically Underserved Areas + Populations</p> <p>Desert Hot Springs – 99240</p> <ul style="list-style-type: none"> o Pop: ~41k o 60% Hispanic o Median Age: ~33 Years o % Household <\$50k: 55% o Risk Of Being Uninsured: 85% Higher Than Low-Risk Communities <p>Coachella/Thermal/Mecca</p> <ul style="list-style-type: none"> o Pop: ~70k o 90% Hispanic o Median Age: ~30 Years o % Household <\$50k: 59% o Risk Of Being Uninsured: 58-90% Higher Than Low-Risk Communities 	<ul style="list-style-type: none"> - There Are 37 Fewer Psychiatrists Than Currently Needed Based On Population - Substance Abuse And Psychiatric Inpatient Services Are The 2 Highest Service Lines Sought Outside The District As A Percent Of Total Care. - Risk For Opioid-Related ADEs Is 20-50% Higher Than Low-Risk Communities - Proximity Is Critical As These Communities Have 23% Greater Risk For Transportation Challenges And 50-100% Greater Risk For Housing Insecurity Than Low-Risk Communities Where Current Resources Are Located (i.e., Betty Ford)



Advancing *community wellness*
in the Coachella Valley

A Key Partner in This Work: Coachella Valley Free Clinic

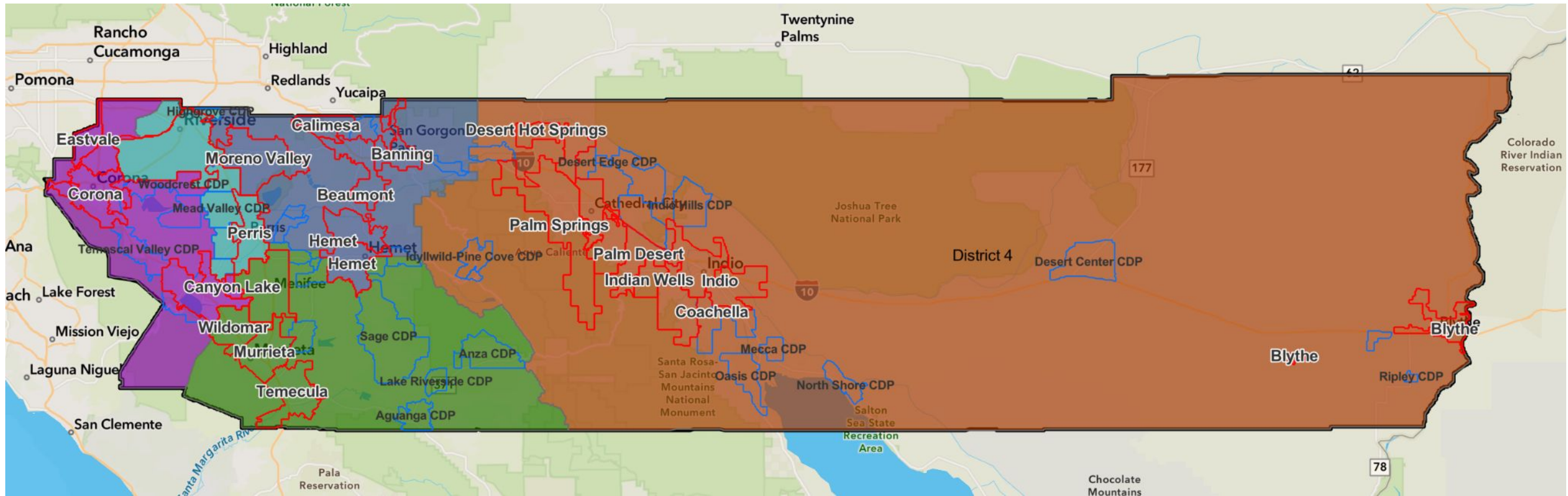
- UCR SOM affiliated student-led and community engaged free clinic serving Latinx and Indigenous Mexican farm working communities in the rural desert region of Inland Southern California
- Clinic provides in-language (Spanish, Purépecha) primary care and co-located mental healthcare, MediCal and CalFresh signs ups, and referrals to established healthcare systems in the valley
- Medical students collaborate with community health workers/promotoras to engage patients in healthcare services, and undergraduate students support clinic vision
- **Faculty Directors:** Ann Cheney, PhD, MA and Jennifer Zamora, DHSc-PA-C



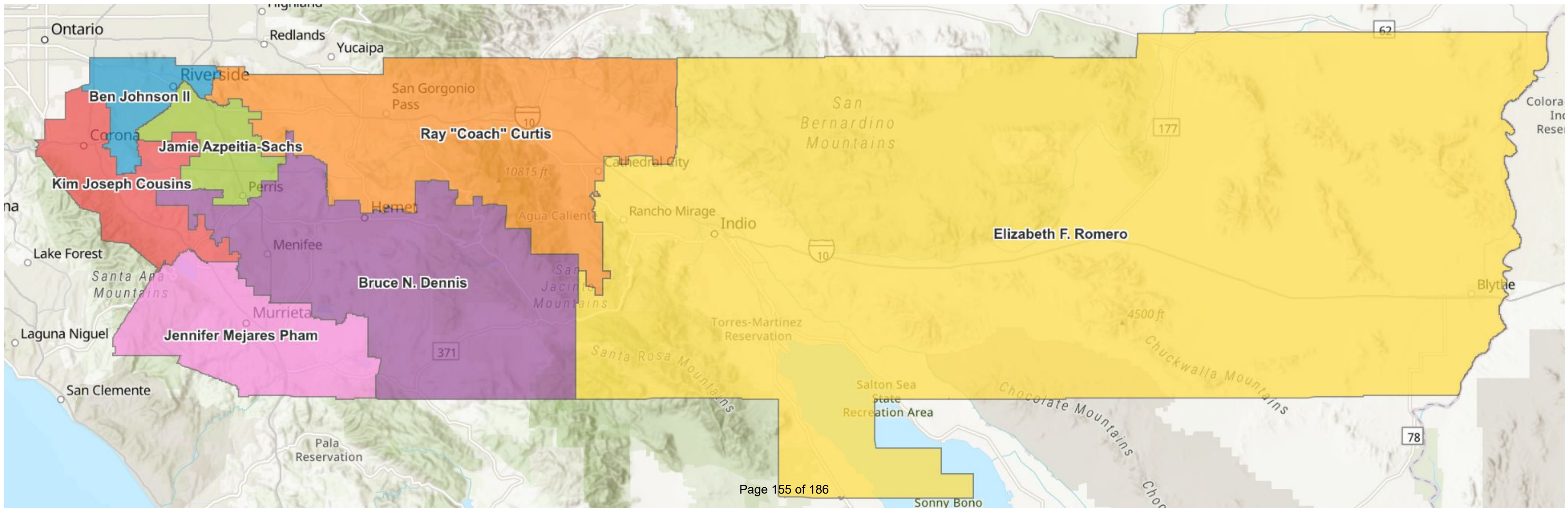
A Key Partner in This Work: Riverside County Office of Education

- Founded in 1893, RCOE provides educational, legislative, credential, and financial guidance, support, and oversight to all 23 public school districts within Riverside County.
- Over 1,600 employees are led by the elected County Superintendent of Schools, Dr. Edwin Gomez, Ed.D.
- The elected County Board of Education oversees RCOE.





Riverside district and trustee maps



A Key Partner in This Work: CAREspace

- Proposed by Dr. Gomez in 2020, the goal of the Mental Health Initiative is to increase school-based mental health programs, supports, and services within Riverside County school districts.
- CAREspace is a key program of the Riverside County Office of Education's Mental Health Initiative.
 - Dr. Lexi Backstrom - Director, Behavioral Health Services



CAREspace: Services We Provide

- Therapeutic services
- School-based services
- Workshops and trainings
- Community outreach
- Community education
- Drop-in support

RIVERSIDE COUNTY OFFICE OF EDUCATION
EDWIN DOMEZ, CEO | Chief Superintendent of Schools

IN SUPPORT OF
Mental Health Initiative

CAREspace

Community | Access | Relationships | Emotional Wellness

We provide mental health and related services to Riverside County students, families, schools, and the community!

CAREspace Services

- Individual Counseling
- Family Counseling
- Lucky PAWS
- Parent Workshops
- Classroom Presentations
- Staff Training

For more information about CAREspace or to complete a referral, please visit our website www.rcoe.us/carespace

Please contact us at **(951) 276-CARE (2273)** to speak with someone from our CAREspace team!

IN PARTNERSHIP WITH

RIVERSIDE COUNTY OFFICE OF EDUCATION
EDWIN DOMEZ, CEO | Chief Superintendent of Schools

UC RIVERSIDE
School of Medicine

IN SUPPORT OF
Mental Health Initiative

CAREspace

Community | Access | Relationships | Emotional Wellness

Having a bad day? Need someone to talk to?
Want a safe place to hang out in after school?
We accept drop-ins!

CAREspace

Community | Access | Relationships | Emotional Wellness

WEEKLY HOURS

MON	9:00 a.m.-6:00 p.m.
TUE	10:00 a.m.-7:00 p.m.
WED	9:00 a.m.-6:00 p.m.
THUR	10:00 a.m.-7:00 p.m.
FRI	8:00 a.m.-5:00 p.m.

Closed on weekends and national holidays.

DESERT HOT SPRINGS HEALTH AND WELLNESS CENTER
11750 Cholla Drive, Ste. B
Desert Hot Springs, CA 92240
(951) 276-CARE (2273)

ABOUT US
Through our collaborative partnerships, we provide mental health and related services to students, families, schools, and the community of Riverside County.

For more information about CAREspace or to complete a referral, please visit our website www.rcoe.us/carespace

RIVERSIDE COUNTY OFFICE OF EDUCATION
EDWIN DOMEZ, CEO | Chief Superintendent of Schools

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CAREspace: Physical Sites in the Coachella Valley

- La Quinta (Transitional Age Youth (TAY) Center)
- Desert Hot Springs (Desert Hot Springs Health and Wellness Center)
- Indio (Don F. Kenny Regional Learning Center)

CAREspace: Served 30 Schools in 5 Coachella Valley School Districts

- Coachella Valley Unified School District
- Desert Center Unified School District
- Desert Sands Unified School District
- Palm Springs Unified School District
- Palo Verde Unified School District



Goal 1:

Increase awareness of behavioral health services and resources through school-based and community dissemination

Final Progress of Goal 1:

- Our team participated in 33 school- and community-based events, reaching 4,264 attendees.
- We disseminated information to 30 Coachella Valley schools and indirectly impacted a total of 25,064 enrolled students.



Outreach Included 30 Schools in 5 Coachella Valley School Districts

- Coachella Valley Unified School District
- Desert Center Unified School District
- Desert Sands Unified School District
- Palm Springs Unified School District
- Palo Verde Unified School District

Goal 2:

Increase education regarding behavioral health and available services and resources by providing educational seminars and presentations to at least 500 children, adolescents, and their family members.

Final Progress of Goal 2:

- We provided 57 workshops and presentations and reached 541 attendees in total.

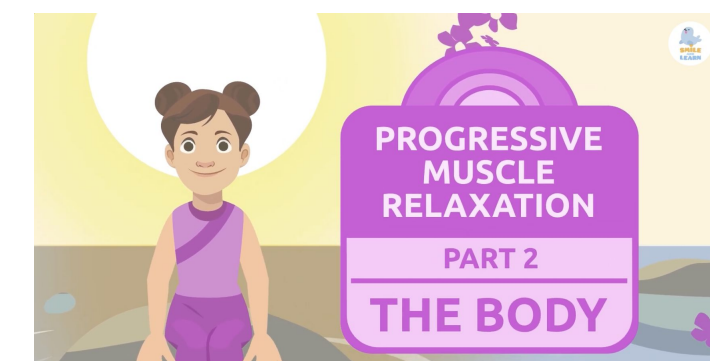
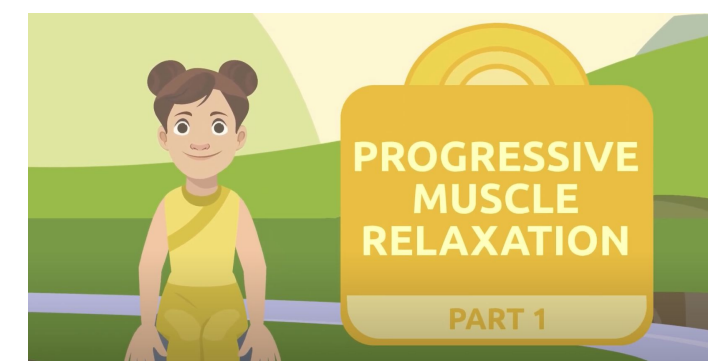


Goal 3:

Increase access to behavioral health services and resources by providing mental health screenings and direct mental health services to at least 100 children and adolescents and their families in the Coachella Valley.

Final Progress of Goal 3:

- Provided mental health screenings and direct behavioral health services to 164 children, adolescents, and their families during the two-year period of the grant.



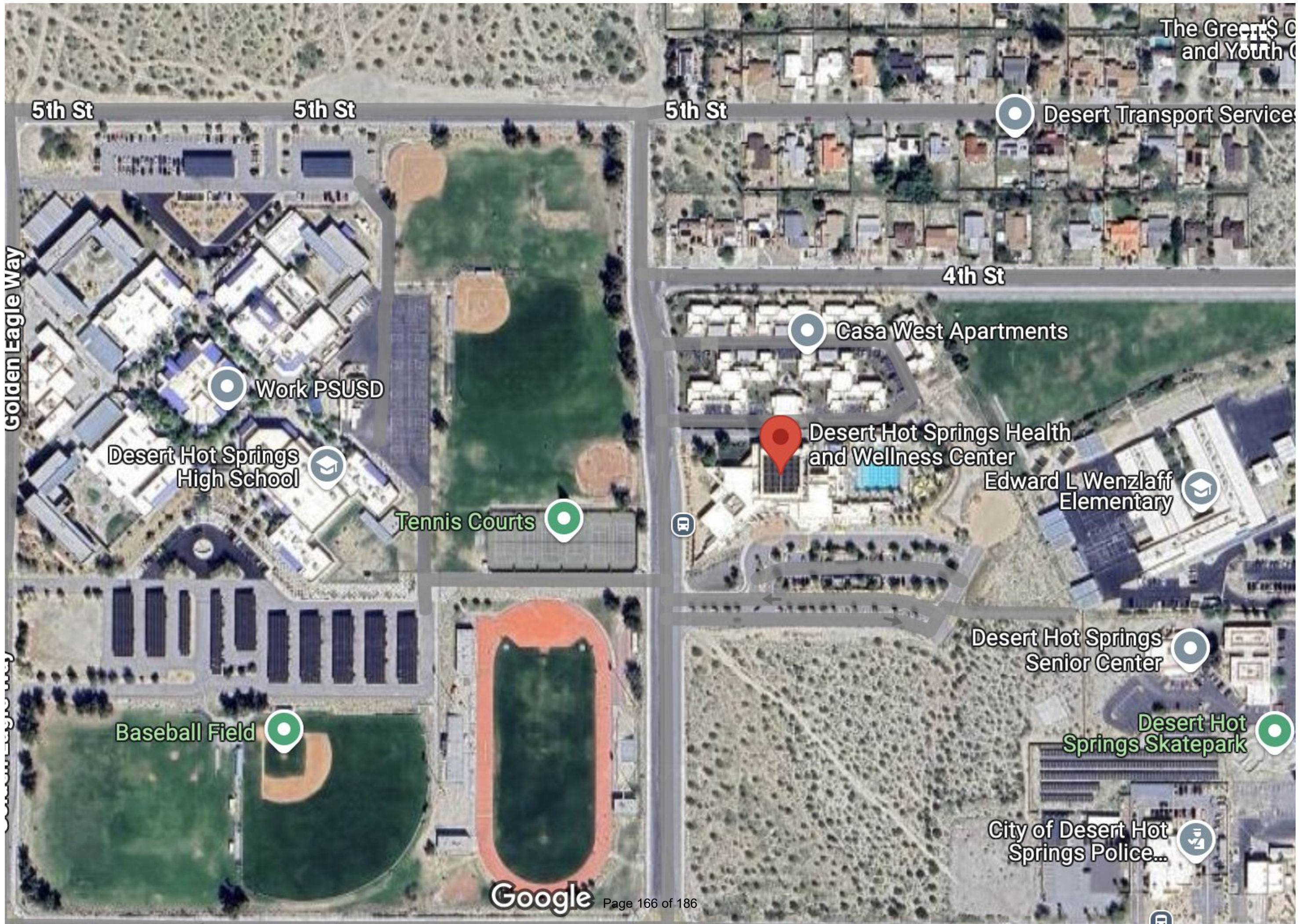
Youth/families receiving mental health services lived in:

- Blythe
- Cathedral City
- Coachella
- Desert Center
- Desert Hot Springs
- Indio
- La Quinta
- Mecca
- Palm Desert
- Palm Springs
- Thermal
- Toro Canyon
- Whitewater

Goal 4:

Expand availability of behavioral health services and resources by establishing a new school-linked mental health clinic.





Golden Eagle Way

5th St

5th St

5th St

4th St

Work PSUSD

Desert Hot Springs High School

Tennis Courts

Casa West Apartments

Desert Hot Springs Health and Wellness Center

Edward L Wenzlaff Elementary

Desert Hot Springs Senior Center

Desert Hot Springs Skatepark

City of Desert Hot Springs Police...

Baseball Field

Goal 5:

Increase the number of trained professionals serving the area by including at least 10 trainees (students, residents, fellows) in supervised service provision.

Final Progress of Goal 5:

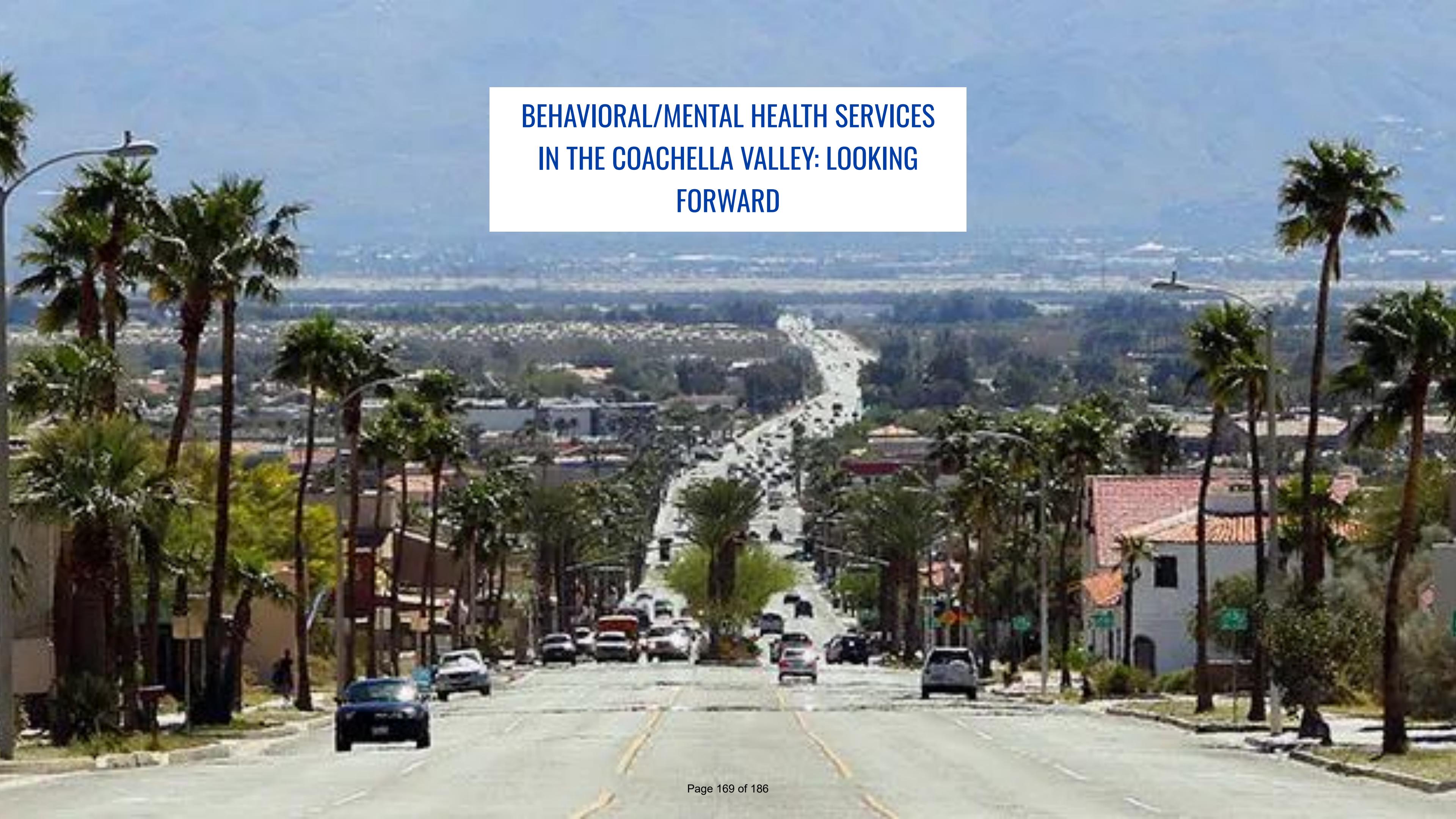
- Current trainees include one postdoctoral psychological fellow and four pre-doctoral school psychology interns.
- We trained 2 long-term pre-doctoral psychological interns, 16 short-term medical student trainees, 1 short-term post-bachelor student trainee, and 1 short-term high school student trainee.

Impacting Lives One Client at a Time: **A Success Story**

One of our clients received crisis management services due to depression, and they also disclosed sexual abuse trauma. The clinician reported this to CPS due to the perpetrator still having access to the client. A legal investigation was conducted and the family proceeded with criminal charges. The client was referred to long-term in-person services within their community. Nearly 1 ½ years later, the family contacted our team to express gratitude. The client had graduated therapy and the family is going through the process to obtain U visas. The family reported being thankful to the clinician for reporting the abuse and for taking the appropriate steps with the client's and family's well-being in mind.



**BEHAVIORAL/MENTAL HEALTH SERVICES
IN THE COACHELLA VALLEY: LOOKING
FORWARD**



Expanding Community Access to Behavioral/Mental Health Services

- Maintaining focus on Desert Hot Springs, Coachella, Thermal, and Mecca communities
- Increasing availability of trauma-informed services
- Building partnerships in the region
- Exploring opportunities to increase access to child and adolescent psychiatrists and clinical/neuropsychological diagnostic evaluations





Final Report

Organization Name: Desert Sands Unified School District

Grant #: 1340

Project Title: Improving Access to Behavioral Health Education and Prevention Services to Children (0-18 years) and their Families.

Grant Information

Total Grant Amount Awarded: \$296,194

Grant Term: 08/01/2022 - 07/31/2024

Reporting Period: Final Report: 08/22/2022-07/31/2024

Requirement #: 27587

Desert Healthcare District Strategic Plan Alignment

Goal: All goals align with the strategic plan by identifying ways in which personnel funded through the grant would increase access, improve availability, and provide education to students and families.

Strategy: All strategies listed align with the DHDF strategic plan by expanding equitable access to mental health and resources by taking the services directly to students; increasing equitable access.

Contact Information:

Contact Name: Sue Ann Blach, Mental Health Manager

Phone: 760-238-9842

Email: sueann.blach@desertsands.us



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: *In order to increase education regarding behavioral health services and expand the availability of these resources, by July 2024, we will provide psychiatric medication management, education and support to 200 students within DSUSD.*

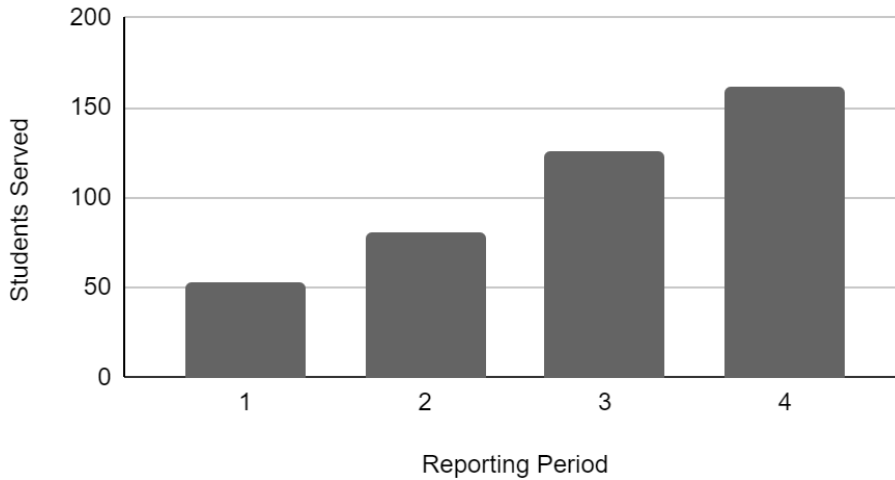
Final Progress of Goal #1:

During the term of the grant, the School Mental Health Nurse provided direct medication management, education, and support to 160 students and their families. While this achievement reflects substantial progress and a significant impact on our school community, it fell short of our original goal of serving 200 students.

In light of this, we recognize the need to assess and address the factors contributing to the shortfall. Moving forward, our focus will be on refining our outreach strategies, increasing service accessibility, and optimizing support processes to better meet our target and enhance the overall effectiveness of our interventions. Our commitment remains steadfast in expanding our reach and continuing to provide essential mental health support to all students in need.



Goal #1 (Cumulative Total)



Final Evaluation of Goal #1:

While it may appear at first glance that this goal was not fully met, it's important to consider that the recorded numbers might not accurately reflect the full scope of support provided to students and families regarding medication management, education, and support. The documented encounters recorded by the School Mental Health Nurse represent only the instances formally logged.

School nurses routinely engage in medication management discussions with students and families as part of our comprehensive medication administration program. These discussions occur during initial health assessments, triennial reviews for students with Individualized Education Programs, and regular health conversations. Nurses inquire about medication use, which naturally leads to discussions on effectiveness, administration schedules, and potential side effects. However, these valuable interactions sometimes happen organically and may not always be captured in a way that is easily reflected in the data.

As the role of the School Mental Health Nurse has evolved, we've implemented referral systems for both School Mental Health Nurse and Nursing staff to facilitate communication with the School Mental Health Nurse when additional support is needed. Despite these advancements, school nurses, due to their broad role in managing medication and overall student health, have been somewhat slow to utilize these referral systems for connecting students to the School Mental Health Nurse.

Goal #2: *In order to increase access to behavioral health services and to provide education and resources to students and site staff supporting students, by July 2024,*

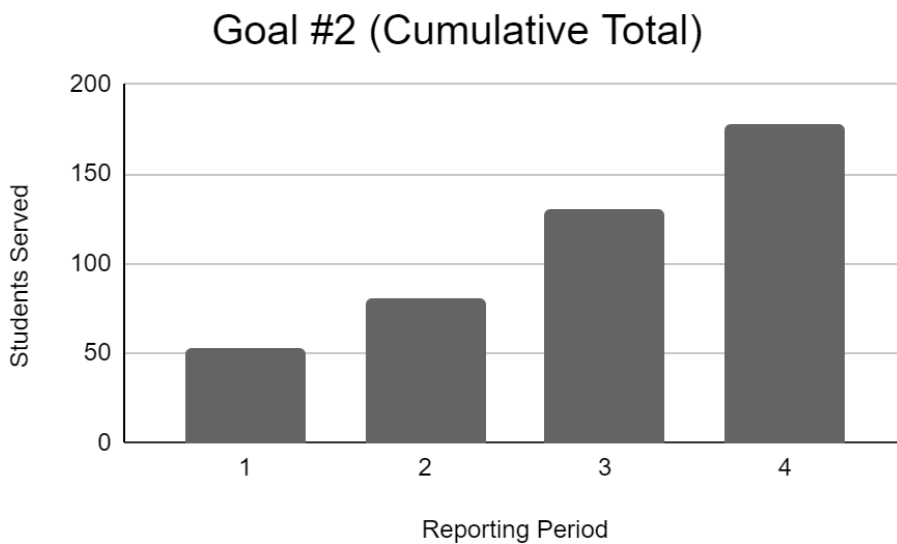


the school mental health nurse will provide post-psychiatric case management services to 120 students within the DSUSD school district. The district nurse will participate in the weekly Mental Health Urgent Care meetings supporting student's returning from hospitalization.

Final Progress of Goal #2:

We are pleased to report that the School Mental Health Nurse successfully provided post-psychiatric case management services to 177 students and their families during the grant term. This accomplishment surpasses our original goal of 120 students, demonstrating our commitment to delivering comprehensive and impactful support.

The exceeding of our goal reflects both the high demand for these services and the effective outreach and engagement strategies employed by our team. This success underscores the positive impact of our efforts and the significant difference made in the lives of our students and their families. Moving forward, we aim to build on this success by continuing to enhance our services and expand our reach to further support our community's needs.



Final Evaluation of Goal #2:

The School Mental Health Nurse effectively met the established goal of participating in re-entry meetings for students returning to school from psychiatric hospitalizations. This



process involved collaborative efforts with School Wellness Team members, parents/guardians, and students to review psychiatric discharge summaries and developing comprehensive Wellness Safety Plans.

The School Mental Health Nurse played a crucial role in ensuring that each student had a clear and actionable care plan upon returning to school. This collaboration not only facilitated a smooth transition for the students but also provided parents and guardians with the necessary support to ensure ongoing care and address mental health needs. Through these efforts, the School Mental Health Nurse became an instrumental member of the Wellness Team, offering essential follow-up support to students, families, and the team itself.

In addition to the re-entry meetings, the School Mental Health Nurse provided consistent case management to link students and their families with community care resources. This support was pivotal in breaking down mental health stigma and fostering open dialogue about mental health issues. Furthermore, the School Mental Health Nurse engaged in professional development by participating in training on Dialectical Behavior Therapy (DBT) Skills, which equipped her to co-facilitate small groups for students returning from a psychiatric hold. This training and subsequent group facilitation addressed a critical gap in health and mental health services for students with intensive needs.

The combination of these activities highlights the significant impact of the School Mental Health Nurse's role in enhancing student well-being and providing comprehensive mental health support within the school setting.

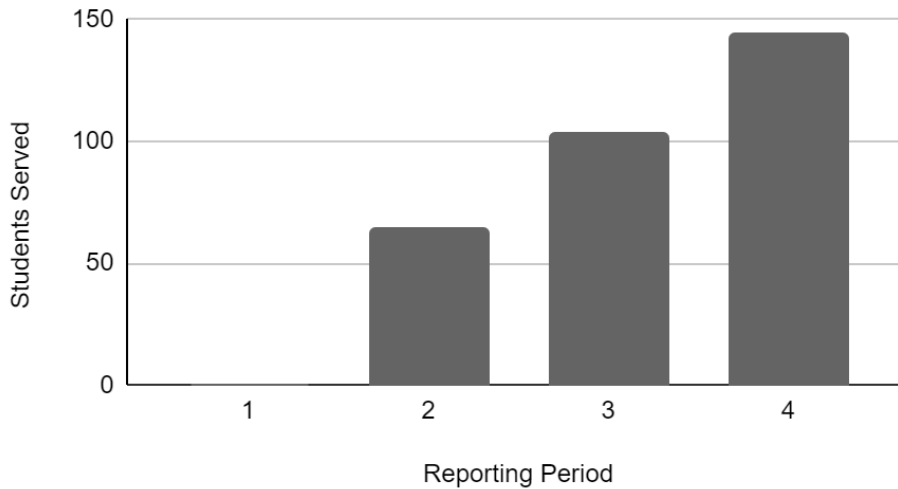
Goal #3: *In order to expand the availability of mental health services to students and families, by July 2024, the behavioral analyst will meet with 100 families or school site teams to provide consultation, coaching and collaboration to target negative behaviors impeding student's access to the educational environment.*

Final Progress of Goal #3:

The Behavioral Analyst met with a total of 144 students and school site teams.



Goal #3 (Cumulative Total)



Final Evaluation of Goal #3:

The Behavioral Analyst position was successfully filled in February 2023. Since then, the role has evolved to effectively address the needs of students, staff, and families. By the end of the grant period, the position had taken on several crucial responsibilities.

- 1. Training and Support:** Providing district, school site, and Individualized Education Program teams with training on evidence-based behavioral interventions including positive reinforcement, prompting, and redirection before the start of the school year, during professional development days, and as needs arose throughout the school year. Conducting observations and assisting with assessments such as Functional Behavior Assessments (FBA).
- 2. Classroom Management Support:** Providing additional support to teachers, paraeducators, administration, and school-site staff on implementing strategies taught in training, both in and outside of the classroom, and helping to adjust and individualize support for their personal, classroom, and student needs. The Behavioral Analyst also provided impromptu consultative support for countless additional students and staff throughout the school year and during summer school.
- 3. Direct Student and Family Support:** Supervising a team of 10 Applied Behavior Assistants (ABAs) who provide direct services to over 100 K-12+ students



throughout the district. The Behavioral Analyst, along with these assistants, also provide site support when behavioral challenges arise at school sites and are in need of specialized support. In addition, support is provided to the Prevention and Intervention Psychologists on the behavior team on intervention strategies, goal writing, and behavior support plans that directly affect students with behavior services.

4. **Training and Support for Applied Behavior Assistants (ABAs):** Provided training to behavior assistants throughout the school year on evidence-based behavioral strategies, improving data collection, and improving behavior reduction and skill acquisition outcomes for students. During the grant period, 5 behavior assistants were provided their 40-hour training to become Registered Behavior Technicians and 2 others entered or prepared to enter their supervisory experience to gain fieldwork experience to work toward their own Board Certified Behavior Analyst (BCBA) credential.
5. **Parent Training:** In addition, the Behavior Analyst- provided training for families of students in special education on evidence-based behavioral interventions that could be used to support them in the home.

While this goal was exceeded it is notable that the Behavior Analyst was out on leave from October 2023 to February 2024.

Goal #4:

In order to increase the availability of mental health services to students, by July 2024, The school mental health nurse will provide consultation, support and education to 75 students and families struggling with substance abuse addiction in collaboration with current INSIGHT treatment interventions for students subjected to disciplinary action due to tobacco, drug or alcohol abuse.

NOTE: *At the 1st 6 month report on 03/01/2023, DSUSD recognized that this goal has evolved over the course of the grant to add an educational focus of parent and student education as it relates to the opioid crisis*

Final Progress of Goal #4:

This goal has evolved over the course of the grant to focus more on parent and student education as it relates to the opioid crisis. With this evolution, DSUSD created educational opportunities for students, families and staff on the risks of substance use.

In October 2022, all students of DSUSD were presented with information on drug use/abuse. The elementary student population presentation centered around medication and drug safety. 10,085 students of grades TK-5 attended



For students in grades 6-12, the focus was on opioid overdose. 12,279 students in grades 6-12 attended.

During this same time frame, DSUSD, in collaboration with, the Medical Team from Eisenhower Hospital and Ronnie's House of Hope/Forever 18, provided informational sessions to parents and at Shadow Hills High School, Palm Desert High School, Indio High School and La Quinta High School on fentanyl/opioid overdose.

Naloxone was placed in the Automated External Defibrillator (AED) cabinet at each of our school sites. In total, 255 district staff were trained in recognizing an opioid overdose and administration of Naloxone.

The School Mental Health Nurse created a flier of substance misuse and mental health correlation. The flier was offered to all students attending the annual Mental Health Wellness Health Fair at Summit High School in May 2024. 150 students attended the event.

During Multi-Tiered System of Support (MTSS) Tier III meetings, the School Mental Health Nurse directly supported **3** students by offering substance abuse information and tailored support. This involvement ensured that students with significant social-emotional needs received relevant resources and guidance related to substance misuse.

Final Evaluation of Goal #4:

As part of our ongoing commitment to combating substance misuse, addiction, and overdose, we have implemented several new initiatives to support our students and staff.

QR Code Resources on Student IDs

Since the 2023-24 school year, we have introduced a new mental health and substance use resource system. Each middle and high school student ID now features a QR code printed on the back. This code provides direct access to vital information and support resources for mental health, substance use/abuse, and overdose prevention. Students are required to wear their IDs on a lanyard while on campus, making these resources readily accessible for them to use independently or share with peers and family members.

Fentanyl Awareness and Support

The QR code also links to critical information about the dangers of fentanyl, in collaboration with the Office of The District Attorney County of Riverside. This partnership ensures that students have access to up-to-date and accurate information



on preventing and responding to fentanyl-related incidents.

Employee Training

To equip our staff with the knowledge and skills needed to respond to opioid overdoses, we offer annual training on opioid overdose and treatment. This training is available online through Keenan Safe Schools, and it includes in-person follow-up with a school nurse for administering Naloxone, a life-saving medication used to reverse opioid overdoses.

Upcoming Initiatives

Looking ahead, the School Mental Health Nurse is planning to distribute a substance misuse flier to high school students ahead of major events such as local music festivals (e.g., Coachella, Stagecoach), prom, and graduation activities. These flyers will provide essential information and resources to support students during these significant events.

Partnerships and Community Outreach

We continue to partner with Riverside County University Health Systems to enhance our outreach efforts. During DSUSD-sponsored vaccine clinics, students receive important information on health and mental health topics, further supporting our mission to provide comprehensive care and education.

Final Number of District Residents Served:

Proposed number of District residents to be directly served: 495

Final number of District residents directly served during the entire grant term: 22,845

Proposed number of District residents to be indirectly served: 26,000

Final number of District residents indirectly served during the entire grant term: 26,154

Please answer the following questions

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

The following is an outline of some challenges we encountered:



1. Hiring Delays for the School Mental Health Nurse and Behavior Analyst

One significant barrier has been various delays in the hiring process for the School Mental Health Nurse and Behavior Analyst positions. These delays impacted our ability to meet one of our goals within the timelines as effectively as we had planned.

2. Reporting and Grant Management Issues

Additionally, we have faced some challenges related to grant management. One key issue has been the need for more experience with technical tools required to track progress regularly. While our team has been diligent with health activity entries, we have identified a gap in using specialized tracking tools that are essential for monitoring and reporting on our grant objectives effectively. This oversight has impacted our time management, resulting in extended periods needed to prepare for each reporting deadline.

3. Grant Progress Reporting Deadlines with School Schedule

Many of our students are not in school during the summer months of June through August. This absence period poses a challenge for identifying, locating, and providing intervention services to students, as our ability to engage with them is limited outside of the regular school year.

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

Some unexpected successes that have emerged from our DHCF grant, which have exceeded our initial expectations:

1. Enhanced Home/Hospital Instruction Process

In response to the growing mental health needs of our students, the addition of the School Mental Health Nurse has led to a significant improvement in our Home/Hospital instruction process. Previously, all Home Hospital Instruction (HHI) Requests, whether for physical or mental health reasons, were reviewed solely by school nurses. With the introduction of the School Mental Health Nurse, we now direct mental health-related HHI requests to the School Based Mental Health Therapists and School Mental Health Nurse for more specialized review and approval. This change has streamlined the process and ensured that students with mental health needs receive the appropriate care and support.

2. Involvement in Student Attendance Review Board (SARB) Meetings

The School Mental Health Nurse's integration into the SARB has proven to be a



valuable addition. By providing resources and support to students and families struggling with attendance issues, the School Mental Health Nurse has helped address the connection between student attendance and mental health. This involvement has allowed us to offer targeted interventions and support, which has positively impacted student engagement and attendance.

3. Integration into the RFA (Request for Assistance) System

Another notable success has been the inclusion of both the School Mental Health Nurse and Credentialed School Nurses in DSUSD's Request for Assistance (RFA) system. This addition has improved our ability to refer students to the appropriate school health professionals when assistance is needed. The RFA system now efficiently channels requests for support, ensuring that students receive timely and relevant help from the right resources.

These successes underscore the positive impact of the grant-funded positions and initiatives, highlighting the benefits of adapting our processes and systems to better meet the needs of our students.

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

DSUSD is committed to sustaining the positive outcomes achieved through the interventions provided by the School Mental Health Nurse and the Behavioral Analyst. Our Local Control Accountability Plan Advisory Committee has proactively addressed the growing demand for mental health and behavior support services by reserving and securing funding for permanent positions starting in the 2024-2025 school year. This strategic investment reflects our dedication to providing continuous, high-quality support for our students and their families.

The decision to allocate resources for these permanent positions underscores our belief in the long-term benefits of these services. By ensuring that these roles are fully funded and staffed, we aim to maintain the momentum of our current successes, further enhance educational engagement, and support the overall well-being of our student population.

We are confident that this commitment will foster a stable and supportive environment conducive to both academic and personal growth. Looking ahead, we will continue to monitor and assess the effectiveness of these services, ensuring that they adapt to the evolving needs of our community while securing ongoing support to sustain these critical interventions.



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

As we reflect on our DHCF Grant, here are five key areas where we would approach things differently if given the opportunity to implement or fund a similar project again:

1. Refine Job Duties

To ensure clarity and alignment with project goals, we would develop more detailed and specific job duties for all grant-funded positions. This would help to define roles and responsibilities more clearly and ensure that team members understand their contributions to the grant's success.

2. Increase Promotion and Engagement

We would enhance our promotion efforts by actively participating in various department meetings. Greater visibility and engagement across departments would help raise awareness of the project, foster collaboration, and encourage more effective use of resources.

3. Implement Quarterly Reporting

Instead of relying on daily progress notes for data, we would establish a structured quarterly reporting system. This approach would provide a more comprehensive and timely view of the project's progress and outcomes, making it easier to track and report on key metrics.

4. Align Grant Reporting with the School Schedule

To address the challenge of summer months when students are not in school, we would work to align grant reporting deadlines with the K-12 school calendar. This adjustment would help ensure that reporting periods match the availability of students and maximize access to services during the school year.

5. Enhance Communication with Discipline Leaders

Improving communication with leaders of the respective disciplines involved in the project is crucial. We would establish more frequent and structured communication channels to ensure that all stakeholders are informed, aligned, and engaged throughout the project's lifecycle.



6. Increase Involvement in the Multi-Tiered System Support Process

Greater involvement in the MTSS process at school sites would be beneficial. By integrating more closely with MTSS, we could better address the diverse needs of students and ensure that grant-funded initiatives are effectively supporting the broader framework of student support.

Implementing these recommendations would help to address some of the challenges we faced and enhance the effectiveness of future projects.

DESERT HEALTHCARE FOUNDATION								
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE								
October 31, 2024								
TWELVE MONTHS ENDING JUNE 30, 2025								
A/C 2190 and A/C 2186-Long term			6/30/2024	New Grants		10/31/2024		
			Open	Current Yr	Total Paid	Open		
Grant ID Nos.	Name		BALANCE	2024-2025	July-June	BALANCE		
BOD-04-24-18 & 06-28-22	Behavioral Health Initiative Collective Fund + Expansion		\$ 851,542		\$ 108,385	\$ 749,161	Behavioral Health	
2018-BOD-06-26-18	Avery Trust Funds-Committed to Pulmonary services		\$ 485,052		\$ -	\$ 485,052	Avery Trust	
2019-1006-BOD-06-25-19	DHCD - Homelessness Initiative Collective Fund		\$ 19,345		\$ 1,150	\$ 18,195	Homelessness	
2021-1288-BOD-07-27-21	DAP Health (Borrego Community) - Improving Access to Healthcare - 3 Yrs		\$ 273,693		\$ 70,827	\$ 202,866		
Res. NO. 22-17	Carry-Over Funds*		\$ 477,916		\$ -	\$ 477,916		
BOD-05-28-24 FY 2024-2025 Budget	Environmental Health RFP		\$ 1,000,000		\$ -	\$ 1,000,000		
2024-MOU-BOD-06-25-24	HARC - 2025 Coachella Valley Health Survey - 2 Yrs.		\$ 66,240		\$ -	\$ 66,240		
TOTAL GRANTS			\$ 3,173,789	\$ -	\$ 180,362	\$ 2,999,430		
YTD Summary:				Uncommitted & Available				
Behavioral Health Initiative Collective Fund	\$	749,161	\$	686,182				
Avery Trust - Pulmonary Services	\$	485,052	\$	485,052				
West Valley Homelessness Initiative	\$	18,195	\$	-				
Carry-Over Funds	\$	477,916	\$	477,916				
Environmental Health RFP	\$	1,000,000	\$	1,000,000				
Total	\$	2,730,325	\$	2,649,151				
Amts available/remaining for Grant/Programs - FY 2024-25:				FY25 Grant Budget		Social Services Fund #5054		
Amount budgeted 2024-2025			\$ 10,000	\$ 10,000		Budget	\$ 96,000	
Amount granted year to date			\$ -	\$ -		DRMC Auxiliary	\$ 6,000	Spent YTD
Mini Grants:						Eisenhower	\$ -	
Net adj - Grants not used:						Balance Available	\$ 90,000	
Contributions / Additional Funding								
Prior Year Commitments & Carry-Over Funds			\$ 1,477,916					
Balance available for Grants/Programs			\$ 1,487,916					

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

DESERT HEALTHCARE FOUNDATION								
OUTSTANDING PASS-THROUGH GRANTS AND GRANT PAYMENT SCHEDULE								
October 31, 2024								
FISCAL YEAR ENDING JUNE 30, 2025								
			TOTAL	6/30/2024	Current Yr	Total Paid	10/31/2024	Remaining
Grant ID Nos.	Name		Grant	Open	2024-2025	July-June	Payable	Funds
			BALANCE	BALANCE			BALANCE	BALANCE
BOD - 07/25/23 - USAging: Aging and Disability Vaccination Collaborative - End date 3/31/25								
Grant # 90HDCR0001-01-00	TOTAL CBOs		\$ 222,332	\$ 25,000	\$ -	\$ -	\$ -	\$ 25,000
	Total DHCF		\$ 119,316	\$ 57,347	\$ -	\$ -	\$ 18,666	\$ 38,681
TOTAL GRANTS		TOTAL	\$ 341,648	\$ 82,347	\$ -	\$ -	\$ 18,666	\$ 63,681
						Account 2183	\$ -	
Amts available/remaining for Grant/Programs - FY 2024-25:								
Pass-Through Organizations billed to date			\$ -					Grant Funds
Foundation Administration Costs			\$ 18,666					RFP
Contributions / Additional Funding	Reimbursements received and pending		\$ (18,666)			Total Grant	\$ 341,648	
Balance available for Grants/Programs			\$ -			Received to Date	\$ 307,483	
						Balance Remaining	\$ 34,165	



DESERT HEALTHCARE FOUNDATION
FINANCE, ADMINISTRATION, REAL ESTATE, AND LEGAL COMMITTEE
November 13, 2024

Directors Present via Video Conference	District Staff Present via Video Conference	Absent
Vice-President Carmina Zavala, PsyD Chair/Treasurer Arthur Shorr Director Leticia De Lara, MPA	Chris Christensen, CPA, Chief Executive Officer Eric Taylor, CPA, Chief Administration Officer Donna Craig, Chief Program Officer Alejandro Espinoza, MPH, Chief of Community Engagement Jorge Rodriguez, Accounting Manager Andrea S. Hayles, MBA, Board Relations Officer	

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	Chair Shorr called the meeting to order at 6:17 p.m.	
II. Approval of Agenda	Chair Shorr asked for a motion to approve the agenda.	Moved and seconded by Director De Lara and Vice-President Zavala to approve the agenda. Motion passed unanimously.
III. Public Comment	There was no public comment	
IV. Approval of Minutes 1. Minutes – Meeting October 09, 2024	Vice-President Zavala asked for a motion to approve the minutes of the October 09, 2024, meeting with a correction to the adjournment.	Moved and seconded by Director De Lara and Vice-President Zavala to approve the October 09, 2024, meeting minutes. Motion passed unanimously.
V. CEO Report	There was no CEO Report.	
VI. Financial Report 1. Financial Statements 2. Deposits 3. Check Register 4. Credit Card Expenditures 5. General Grants Schedule	Chair Shorr inquired with the committee about any questions concerning the financials. There were no questions or comments.	Moved and seconded by Director De Lara and Chair Shorr to approve the October financial reports and forward to the Board for approval. Motion passed unanimously.
VII. Other Matters	There were no other matters.	
VIII. Adjournment	Chair Shorr adjourned the meeting at 6:21 p.m.	Audio recording available on the website at http://dhcd.org/Agendas-and-Documents

ATTEST: _____
 Arthur Shorr, Chair/Treasurer, Board of Directors
 Finance & Administration Committee Chair
 Desert Healthcare Foundation Board of Directors
Minutes respectfully submitted by Andrea S. Hayles, MBA, Board Relations Officer