



**DESERT HEALTHCARE
DISTRICT & FOUNDATION**

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

**DESERT HEALTHCARE FOUNDATION
BOARD MEETING
Special Meeting of the Board of Directors
December 17, 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=T29iRktDZlRDM3lTbmJDWkFiMnVMdz09>

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, 12/17

<i>Page(s)</i>	AGENDA	<i>Item Type</i>
	<i>Any item on the agenda may result in Board Action</i>	
	A. CALL TO ORDER – President Rogers, RN Roll Call Director PerezGil____Director Shorr____ Director De Lara____Director Logsdon, MD____ Secretary Barraza ____ Vice-President Rodriguez ____President Rogers, RN	
1-3	B. APPROVAL OF AGENDA	Action
	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.	



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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>	
4-8	1. BOARD MINUTES a. Board of Directors Meeting – November 26, 2024	
9-18	2. FINANCIALS a. November 2024 Financial Statements – F&A Approved December 11, 2024	
E.	STRATEGIC FUNDING	Actions
19	1. Environmental Health Initiative – Mitigating Air Quality-Related Health Conditions: Prevention, diagnosis, and Management	
20-41	a. Grant #1477 DAP Health: \$200,000	
42-66	b. Grant #1479 Youth Leadership Institute: \$200,000	
67-90	c. Grant #1480 Desert Recreation Foundation: \$197,477	
91-114	d. Grant #1483 Vision Y Compromiso: \$200,000	
115-135	e. Grant #1484 Asthma & Allergy Foundation: \$199,876	
F.	REPORTS	Information
136-137	1. Desert Healthcare District CEO Report – Chris Christensen, Chief Executive Officer a. Coachella Valley Equity Collaborative – Annual Holiday Picnic Potluck	
138-139	b. USAging Grant Vaccinations Updates – Alejandro Espinoza, Chief of Community Engagement	
140-154	c. Riverside County Initiative to Address COVID-19 Disparities Grant d. DPMG Health Medical Mobile Clinic Operations – Alejandro Espinoza, Chief of Community Engagement	
155-178	e. Improving Access to Healthcare in Desert Highland Gateway Estates (DHGE) – October 2024 Report – DAP Health – Borrego Health Foundation	
G.	COMMITTEE MEETINGS	Information
179-182	1. PROGRAM COMMITTEE – Chair/President Evett PerezGil and Director Leticia De Lara a. Draft Meeting Minutes – December 10, 2024 b. Progress Reports – None at the time	
183-184	c. Grant Payment Schedules	



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- 185-186**
- 2. FINANCE, LEGAL, ADMINISTRATION, & REAL ESTATE COMMITTEE – Chair/Treasurer Arthur Shorr and Director Leticia De Lara**
 - a. Draft Meeting Minutes – December 11, 2024

H. BOARD COMMENTS

I. 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
November 26, 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 – Virtual Participation	Chris Christensen, CPA, Chief Executive Officer Eric Taylor, CPA, Chief Administration 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	Donna Craig, Chief Program Officer

AGENDA ITEMS	DISCUSSION	ACTION
A. Call to Order Roll Call	President PerezGil called the meeting to order at 7:52 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 with the inclusion of the Annual Employee Holiday Gift Card Purchase as item E.1.e. and the Annual Holiday Dinner as item E.1.f.	#24-20 MOTION WAS MADE by Director Shorr seconded by Director De Lara to approve the agenda with the inclusion of the Annual Employee Holiday Gift Card Purchase and the Annual Holiday Dinner. 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		



**DESERT HEALTHCARE FOUNDATION
BOARD OF DIRECTORS MEETING MINUTES
November 26, 2024**

<p>1. BOARD MINUTES a. Board of Directors Meeting – October 22, 2024</p> <p>2. FINANCIALS a. October 2024 Financial Statements – F&A Approved November 13, 2024</p> <p>3. GRANT AGREEMENTS a. Grant #1288 – DAP Health-Borrego Health Six Month No-Cost Grant Extension and Budget Modification</p>	<p>President PerezGil asked for a motion to approve the consent agenda.</p>	<p>#24-21 MOTION WAS MADE by Director De Lara 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 Zendle, and Director De Lara NOES – 0 ABSENT – 0</p>
<p>E. Reports</p> <p>1. Desert Healthcare District CEO Report – Chris Christensen, Interim CEO</p> <p>a. USAgging Grant Updates – Alejandro Espinoza, Chief of Community Engagement</p> <p>b. Consideration for Contingent Approval of the Riverside County Initiative to Address COVID-19 Disparities Grant</p>	<p>Alejandro Espinoza, Chief Program Officer, highlighted the store front at the Palm Desert mall for administering vaccinations.</p> <p>There were no questions or comments.</p> <p>Chris Christensen, CEO, described the COVID-19 disparities grant and consideration for contingent approval of the grant award while awaiting the required insurance certificate.</p>	<p>#24-22 MOTION WAS MADE by Director Zendle and seconded by Director De Lara to approve the Riverside County Initiative to Address COVID-19 Disparities Grant Contingent Approval. 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</p>

DESERT HEALTHCARE FOUNDATION
BOARD OF DIRECTORS MEETING MINUTES
November 26, 2024

<p>c. DPMG Health Medical Mobile Unit Operations – Alejandro Espinoza, Chief of Community Engagement</p>	<p>Alejandro Espinoza, Chief Program Officer, provided an overview of the prescriptions provided by the mobile medical clinics. Mr. Espinoza also provided an update on the partnerships with school districts and the women's wellness clinic. The board inquired and discussed the continuity of care, referral data, and reporting.</p>	
<p>d. Improving Access to Healthcare in Desert Highland Gateway Estates (DHGE) – August and September 2024 Reports – DAP Health – Borrego Health Foundation</p>	<p>Mr. Christensen, CEO, inquired about any questions concerning the Desert Highland Gateway Estates (DHGE) August and September 2024 Reports from DAP Health – Borrego Health Foundation.</p> <p>There were no questions or comments.</p>	
<p>e. Annual Employee Holiday Gift Card Purchase – NTE \$2,500</p>	<p>Mr. Christensen provided background and an overview of the annual holiday gifts cards detailing the nontaxable funds from the Foundation budget and an increased amount during the prior CEO's tenure.</p> <p>After a lengthy discussion by the Board</p>	<p>#24-23 MOTION WAS MADE by Director De Lara and seconded by Director Zendle not to approve the Annual Employee Holiday Gift Card Purchase – NTE \$2,500.</p> <p>Motion passed 4-3.</p> <p>AYES – 4 Secretary Barraza, Director Rogers, Director Zendle, and Director De Lara</p> <p>NOES – 3 President PerezGil, Vice-President Zavala, and Director Shorr</p> <p>ABSENT – 0</p>

**DESERT HEALTHCARE FOUNDATION
BOARD OF DIRECTORS MEETING MINUTES
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<p>f. Annual Holiday Board & Staff Dinner – NTE \$5,000</p>	<p>on the F&A Committee’s decision, other ways to acknowledge the staff during the holidays, including boosting morale, Director De Lara motioned not to approve the Annual Employee Holiday Gift Card Purchase.</p> <p>Mr. Christensen described the annual holiday board and staff dinner, which includes the outgoing directors, incoming directors, and spouses.</p>	<p>#24-24 MOTION WAS MADE by Director Zendle and seconded by Vice-President Zavala to approve the Annual Holiday Board & Staff Dinner – NTE \$5,000. 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</p>
<p>F.1. Program Committee</p> <ul style="list-style-type: none"> a. Draft Meeting Minutes – November 12, 2024 b. Progress Reports Update c. Final Reports Update d. Grant Payment Schedules <p>F.2. F&A Committee</p> <ul style="list-style-type: none"> a. Draft Meeting Minutes – November 13, 2024 	<p>President PerezGil inquired about any questions concerning the Program Committee meeting items a. – d.</p> <p>There were no questions or comments.</p> <p>President PerezGil inquired about any questions concerning the November F&A Committee meeting minutes.</p> <p>There were no questions or comments.</p>	

**DESERT HEALTHCARE FOUNDATION
BOARD OF DIRECTORS MEETING MINUTES
November 26, 2024**

G. Board Member Comments	<p>Director Zendle expressed gratitude to the board and staff for their positive feedback and praise, including the accolades from the elected officials. Dr. Zendle highlighted the district's expansion and the lease purchase agreement as significant milestones during his terms on the board.</p> <p>Vice-President Zavala echoed Director Zendle's sentiments and thanked the board and staff. Ms. Zavala, PsyD, hopes to continue her journey in public service.</p>	
H. Adjournment	<p>President PerezGil adjourned the meeting at 8:42 p.m.</p>	<p>Audio recording available on the website at https://www.dhcd.org/Agendas-and-Documents</p>

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

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

DESERT HEALTHCARE FOUNDATION					
NOVEMBER 2024 FINANCIAL STATEMENTS					
INDEX					
Statement of Operations					
Balance sheet					
Allocation of Restricted Funds					
Deposit Detail					
Check Register					
Credit Card Expenditures					
Schedule of Grants					

Desert Healthcare Foundation
Profit & Loss Budget vs. Actual
July through November 2024

	MONTH			TOTAL		
	Nov 24	Budget	\$ Over Budget	Jul - Nov 24	Budget	\$ Over Budget
Income						
4000 · Gifts and Contributions	12,460	4,167	8,293	26,840	20,831	6,009
4003 · Grants	0	19,514	(19,514)	0	847,567	(847,567)
4116 · Bequests - Frederick Lowe	0	5,000	(5,000)	29,837	25,000	4,837
4130 · Misc. Income	0	83	(83)	0	417	(417)
8015 · Investment Interest Income	8,342	12,500	(4,158)	38,294	62,500	(24,206)
8040 · Restr. Unrealized Gain/(Loss)	175,349	12,500	162,849	397,964	62,500	335,464
Total Income	196,152	53,764	142,387	492,935	1,018,815	(525,880)
Expense						
5001 · Accounting Services Expense	1,194	1,202	(8)	5,969	6,006	(37)
5035 · Dues & Memberships Expense	0	42	(42)	27	208	(181)
5057 · Investment Fees Expense	4,004	4,167	(163)	19,894	20,833	(940)
5065 · Legal Costs Ongoing Expense	0	83	(83)	0	417	(417)
5101 · DHCD-Exp Alloc Wages& benefits	17,258	17,692	(434)	83,725	88,458	(4,733)
5102 · DHCD-Expenses - CVEC	17,575	25,000	(7,425)	41,747	125,000	(83,253)
5106 · Marketing & Communications	0	625	(625)	0	3,125	(3,125)
5110 · Other Expenses	882	625	257	4,270	3,125	1,145
5115 · Postage & Shipping Expense	0	8	(8)	0	42	(42)
5120 · Professional Fees Expense	0	83	(83)	0	417	(417)
8051 · Major grant expense	(30,081)	16,667	(46,747)	(35,711)	83,333	(119,044)
8052 · Grant Expense - Collective/Mini	0	125,833	(125,833)	0	629,167	(629,167)
Total Expense Before Social Services	10,832	192,027	(181,195)	119,921	960,131	(840,210)
5054 · Social Services Fund	0	8,000	(8,000)	6,000	40,000	(34,000)
Net Income	185,319	(146,263)	331,582	367,014	18,684	348,329

Desert Healthcare Foundation
Balance Sheet Previous Year Comparison
As of November 30, 2024

			Nov 30, 24	Nov 30, 23
ASSETS				
Current Assets				
Checking/Savings				
100 - CASH				
150 - Petty Cash			237	207
153 - Checking - US Bank - 7094			1,157,339	693,901
154 - Checking - US Bank - 4946			124,389	270,824
Total Checking/Savings			1,281,965	964,932
Total Accounts Receivable			22,937	177,904
Other Current Assets				
476-486 - INVESTMENTS				
477 - Morgan Stanley-Investments				
477.2 - Unrealized Gain/(Loss)			(72,861)	(245,206)
477 - Morgan Stanley-Investments - Other			976,553	2,080,146
Total 477 - Morgan Stanley-Investments			903,692	1,834,940
486 - Merrill Lynch				
486.1 - Merrill Lynch Unrealized Gain			1,011,554	545,732
486 - Merrill Lynch - Other			2,442,959	2,201,826
Total 486 - Merrill Lynch			3,454,513	2,747,558
Total 476-486 - INVESTMENTS			4,358,205	4,582,498
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			4,031	7,130
Total Other Current Assets			4,557,290	4,785,768
TOTAL ASSETS			5,862,192	5,928,604

Desert Healthcare Foundation
Balance Sheet Previous Year Comparison
As of November 30, 2024

				Nov 30, 24	Nov 30, 23
LIABILITIES & EQUITY					
Liabilities					
Current Liabilities					
Accounts Payable					
		1000 · Accounts Payable		727	92,954
		1052 · Account payable-DHCD Exp Alloc		105,062	100,442
		Total Accounts Payable		105,789	193,396
Other Current Liabilities					
		2183 · Grants Payable-COVID-CARES PHI		0	112,156
		2190 · Current - Grants payable		248,965	1,218,156
Long Term Liabilities					
		2186 · Grants payable		33,120	0
		Total Liabilities		387,874	1,523,708
Equity					
		3900 · Retained Earnings		5,107,307	3,546,460
		Net Income		367,014	858,436
		Total Equity		5,474,321	4,404,896
TOTAL LIABILITIES & EQUITY				5,862,192	5,928,604

DESERT HEALTHCARE FOUNDATION					
BALANCE SHEET 11/30/24					
ALLOCATION OF MAJOR CATEGORIES/LIABILITIES					
		T/B	GENERAL Fund	Restricted Funds	Trusts
ASSETS					
	150 · Petty Cash	237	237	-	-
	153 · Checking - US Bank 7094*	1,157,339	1,051,550	105,789	-
	154 · Checking - US Bank 4946*	124,389		124,389	
	Total 100 · CASH - UNRESTRICTED	1,281,965	1,051,787	230,178	-
Accounts Receivable					
	321 - Accounts Receivable - Other	22,937	-	22,937	
	Total Accounts Receivable	22,937	-	22,937	-
477 ·Morgan Stanley Investments					
	477.2 · Unrealized Gain	(72,861)	(72,861)		-
	477 ·Morgan Stanley	976,553	976,553		-
	Total 477 · Morgan Stanley Investments	903,692	903,692	-	-
6441	486.1 · Merrill Lynch Unrealized Gain	1,011,554	0	1,011,554	-
	486 · Merrill Lynch	2,442,959	2,337,013	105,946	-
	Total 486 · Merrill Lynch	3,454,513	2,337,013	1,117,500	-
	515 · Contrib RCVB-Pressler CRT	80,317	-	-	80,317
	530 · Contrib RCVB-Guerts CRT	114,737	-	-	114,737
	601 - Prepaid payables	4,031	4,031	-	-
	Total Current Assets	5,862,192	4,296,523	1,370,615	195,054
	TOTAL ASSETS	5,862,192	4,296,523	1,370,615	195,054
LIABILITIES & EQUITY					
Liabilities					
Current Liabilities					
Accounts Payable					
	1000 · Accounts Payable	727	-	727	-
	1052 - Account Payable - DHCD - Alloc Expenses	105,062	-	105,062	-
Other Current Liabilities					
	2190 - Grants Payable - Current Portion	248,965	-	248,965	-
	Total Current Liabilities	354,753	-	354,753	-
	2186 - Grant Payable - Long Term	33,120	-	33,120	-
	Total Liabilities	387,873	-	387,873	-
Equity					
	3900 · Retained Earnings	5,107,307	3,929,511	982,742	195,054
	Net Income	367,014	367,014	-	-
	Total Equity	5,474,321	4,296,523	982,742	195,054
	TOTAL LIABILITIES & EQUITY	5,862,192	4,296,523	1,370,615	195,054
* Restricted funds include Accounts Payable & advance of USAging grant funds					

Desert Healthcare Foundation
Deposit Detail
 November 2024

Type	Date	Name	Account	Amount
Deposit	11/12/2024		153 - Checking - US Bank - 7094	5,910
Payment	11/12/2024	Inland Empire Health Plan - Connect IE Agreement	1499 - Undeposited Funds	(5,910)
TOTAL				(5,910)
Deposit	11/21/2024		153 - Checking - US Bank - 7094	6,797
		Regional Access Project Foundation - Reimbursement	8051 - Major grant expense	(6,797)
TOTAL		of Unused Technical Support From RAP Collaboration		(6,797)
Deposit	11/26/2024		153 - Checking - US Bank - 7094	10
		Misc.	4000 - Gifts and Contributions	(10)
TOTAL				(10)
			TOTAL	12,717

Desert Healthcare Foundation
Check Register
As of November 30, 2024

Type	Date	Num	Name	Amount
100 - CASH				
153 - Checking - US Bank - 7094				
Bill Pmt -Check	11/08/2024	6074-VOID	Alejandro Espinoza Santacruz - Expense Reimbursement	0
Bill Pmt -Check	11/08/2024	6075	Belen G Navarro Valenzuela - Exense Reimbursement	(29)
Bill Pmt -Check	11/08/2024	6076	Desert Aids Project (DAP Health) - Grant Payment	(16,568)
Bill Pmt -Check	11/08/2024	6077	Sergio Rodriguez - Expense Reimbursement	(133)
Bill Pmt -Check	11/08/2024	6078	Alejandro Espinoza Santacruz - Expense Reimbursement	(633)
Check	11/15/2024		Bank Service Charge	(882)
Bill Pmt -Check	11/25/2024	6079	Regents of UC Riverside - Grant Payment	(26,520)
Bill Pmt -Check	11/26/2024	6080	U.S. Bank	(4,848)
Bill Pmt -Check	11/30/2024	ACH112724	Palm Desert Pacific Owner LLC - Mall Kiosk USAging Grant	(4,000)
TOTAL				(53,613)

DESERT HEALTHCARE FOUNDATION							
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE							
November 30, 2024							
TWELVE MONTHS ENDING JUNE 30, 2025							
A/C 2190 and A/C 2186-Long term			6/30/2024	New Grants	Total Paid	11/30/2024	
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		\$ 134,905	\$ 722,641	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		\$ 1,346	\$ 17,999	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	\$ -	\$ 207,079	\$ 2,972,714	
YTD Summary:		Uncommitted & Available					
Behavioral Health Initiative Collective Fund	\$ 722,641	\$ 709,662					
Avery Trust - Pulmonary Services	\$ 485,052	\$ 485,052					
West Valley Homelessness Initiative	\$ 17,999	\$ -					
Carry-Over Funds	\$ 477,916	\$ 477,916					
Environmental Health RFP	\$ 1,000,000	\$ 1,000,000					
Total	\$ 2,703,608	\$ 2,672,630					
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:	Unused Technical Assistance from RAP Collaboration ; 1334	\$ 30,276			Balance Available	\$ 90,000	
Contributions / Additional Funding							
Prior Year Commitments & Carry-Over Funds		\$ 1,477,916					
Balance available for Grants/Programs		\$ 1,518,192					

* 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								
November 30, 2024								
FISCAL YEAR ENDING JUNE 30, 2025								
			TOTAL	6/30/2024	Current Yr	Total Paid	11/30/2024	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	\$ -	\$ 5,924	\$ 26,799	\$ 24,624
TOTAL GRANTS		TOTAL	\$ 341,648	\$ 82,347	\$ -	\$ 5,924	\$ 26,799	\$ 49,624
						Account 2183	\$ -	
Amts available/remaining for Grant/Programs - FY 2024-25:								
Pass-Through Organizations billed to date			\$ -					Grant Funds
Foundation Administration Costs			\$ 32,723					RFP
Contributions / Additional Funding	Reimbursements received and pending		\$ (32,723)			Total Grant	\$ 341,648	
Balance available for Grants/Programs			\$ -			Received to Date	\$ 307,483	
						Balance Remaining	\$ 34,165	



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: December 17, 2024
To: Board of Directors
Subject: Request for Proposals (RFP): Mitigating Air Quality-Related Health Conditions

Background:

- On September 16, 2024, the Desert Healthcare District and Foundation released an RFP seeking projects that aim to prevent, diagnose, and manage poor air quality-related health conditions for Coachella Valley residents.
- The RFP closed on October 25, 2024, and the District and Foundation received 7 applications in response to the open request.
- The internal District and Foundation review process timeline took place between October 28th to December 5th. This allowed staff to facilitate the necessary review to determine alignment to the RFP strategies, budget and deliverables prior to advancement to the December Program Committee and Foundation Board of Directors for approval.

Information:

- The Mitigating Air Quality-Related Health Conditions: Prevention, Diagnosis, and Management RFP had three strategies:
 - RFP Strategies:
 - *Strategy 1:* Increase and enhance awareness and foster connections to mitigate the impact of air quality on health conditions and outcomes.
 - *Strategy 2:* Evaluate household environments to identify methods for improving indoor air quality.
 - *Strategy 3:* Increase access to health services to reduce the impact of poor air quality on health.
- After thorough review, the District and Foundation staff recommended approval of five applications.
- On December 10, 2024, the Program Committee recommended the following five applications be forwarded to the Board for consideration of approval. Please reference the attached individual organization application packets for more information.

Fiscal Impact:

- \$997,353 to be allocated from the Foundation FY 2024/2025 grant budget.



Date: December 17, 2024

To: Board of Directors

Subject: Grant # 1477 Desert AIDS Project d/b/a/ DAP Health

Grant Request: DAP Health Improved Access to Diagnosis and Treatment for Conditions related to Poor Air Quality among At-Risk Populations in Coachella Valley

Amount Requested: \$200,000.00

Project Period: 01/01/2025 to 12/31/2026

Project Description and Use of Foundation Funds:

DAP Health is dedicated to enhancing the health and well-being of the community, and in line with this mission, is proposing a project to expand healthcare access for Coachella Valley residents diagnosed with or at risk of developing air quality-related health conditions. This initiative will take a comprehensive approach to improving care for conditions such as asthma, COPD, and other respiratory issues linked to poor air quality.

The project will launch a targeted media campaign across digital, broadcast, and print platforms to raise awareness and promote DAP Health services aimed at mitigating the health impacts of poor air quality. This outreach will include geotargeted ads in both English and Spanish, a dedicated website landing page, text messages to existing patients, and public service announcements on radio and television. DAP Health clinicians will receive specialized training on the effects of poor air quality and the appropriate screening, diagnosis, and treatment of related conditions.

In addition, the project will leverage referrals from collaborations with established community partners and District and Foundation grantees, from this RFP, to direct individuals to DAP Health clinics for air quality-related health conditions. The project will also engage DAP Health's existing patient base to reach individuals who need healthcare services for respiratory conditions caused by poor air quality. This multi-faceted approach will ensure that the Coachella Valley community has increased access to essential care for conditions linked to environmental health risks.

This project was submitted in response to the Desert Healthcare District and Foundation's request for proposals (RFP) aimed at mitigating air quality-related health



conditions. The District and Foundation sought projects that focused on preventing, diagnosing, and managing health issues linked to air quality for Coachella Valley residents. This application aligns directly with the RFP, with Foundation funds to support a targeted educational outreach campaign, coalition collaboration efforts, partial salaries for eleven staff, and a clinical professional consultant.

RFP Mitigating Air Quality Related Health Conditions Strategies/Performance Measures

Goal 6: Be responsive to and supportive of selected community initiatives that enhance the environment in the District’s service area

Strategy 1: Increase and enhance awareness and foster connections to mitigate the impact of air quality on health conditions and outcomes.

Strategy 3: Increase access to health services to reduce the impact of poor air quality.

Geographic Area(s) To Be Served:

Bermuda Dunes, Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, La Quinta, Mecca, North Shore, Oasis, Palm Desert, Palm Springs, Rancho Mirage, Thermal, Thousand Palms

Action by Program Committee: (Please select one)

- ✓ Full recommendation and forward to the Board for consideration with the Committee’s recommendation that a grant amount of \$200,000.00 be approved.

Recommendation with modifications

Request for more information

Decline



RFP Mitigating Air Quality-Related Health Conditions **Grant Application Summary**

Desert AIDS Project d/b/a/ DAP Health, Grant # 1477

About the Organization

Desert AIDS Project d/b/a/ DAP Health
Inachison@daphealth.org
Palm Springs, CA United States
760-323-2118
<http://daphealth.org>

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Organization's Mission Statement and History

DAP Health's mission is to enhance and promote the health and well-being of our community. Founded in 1984 in Palm Springs, California as an all-volunteer response to the emerging AIDS crisis, DAP Health became a federal and state nonprofit organization in 1985. DAP Health opened its medical clinic in Palm Springs in 1992, staffed with American Academy of HIV Medicine specialists. Today DAP Health operates four primary health care clinics on its main Palm Springs campus, treating low-income patients regardless of HIV status, and additional primary healthcare clinics in Coachella Valley (see discussion of Borrego acquisition below). In furtherance of its mission, DAP Health also provides comprehensive support programs and services to ensure the health and well-being of its patients and clients. Services include: Sexual Wellness (HIV/STI/HCV testing, treatment, and care) in our walk-in sexual wellness clinics and mobile testing unit; Early Intervention Services; Behavioral Health Care (psychiatry; psychological individual and group therapy; substance use disorder counseling); dental health care (restorative and preventative); Harm Reduction services; Medical and Non-Medical Case Management; Medical Transportation; Housing Placement Assistance; Food Distribution; Career Development/Job Placement services; and Client Wellness services including psycho-social support groups such as Relapse Prevention Peer-Support group; Grupo Latino for Latinx HIV clients; speaker series empowering self-care; and art therapy. Client Wellness Services also offers alternative

therapies including meditation, strength training; tai chi; and yoga; as well as acupuncture; and chiropractic. Prompted by gaps in healthcare among disadvantaged community members, DAP Health sought and received Federally Qualified Health Center (FQHC) status in 2015, broadening the agency's capacity to offer services to low-income members of the community living below 200% of Federal Poverty Level (FPL), regardless of HIV status, health insurance, or the ability to pay for healthcare. In August 2023, DAP Health acquired all 23 operating Borrego Health ("Borrego") FQHC's and specialty clinics (dental clinics and seven mobile clinics) in Riverside and San Diego counties through a competitive bid process supervised by the U.S. Bankruptcy Court. DAP Health's acquisition of Borrego was key to preserving and maintaining access to health care for thousands of vulnerable Borrego patients. DAP Health has incorporated Borrego staff and facilities into DAP Health's system of care. DAP Health promotes equity in access to healthcare by providing a comprehensive range of healthcare and related services for marginalized populations. Our health centers in Riverside and San Diego counties, primarily located in communities of color, provide primary medical care; behavioral health; dental care; sexual wellness clinical services (HIV/STI/HCV testing and care); women's health (including integrated Prenatal Care model and comprehensive Perinatal Services); pediatrics; specialty care for the LGBTQ+ population, including gender affirming care; veterans' care; immunizations; pharmaceutical services; screenings; diagnostic radiology and laboratory; case management; and home health services. We eliminate underserved populations' barriers to accessing health care through benefits navigation, and low/no cost services. We provide application assistance for Med-Care, Medi-Cal/Medicaid; Covered California; Family PACT (family planning assistance for low-income California residents); Department of California Health Care Services (DHCS) Program "Every Woman Counts" (free breast and cervical cancer screenings for underserved populations); Presumptive Eligibility for Pregnant Women Program (Medi-Cal prenatal care and prescriptions for low-income women/families); DHCS Well-Child Health and Disability Prevention Programs (periodic health assessments and services for low-income children); and AIDS Drug Assistance Program.

Organization Annual Budget: \$245,469,878.00

Project Information

Project Title: DAP Health Improved Access to Diagnosis and Treatment for Conditions related to Poor Air Quality among At-Risk Populations in Coachella Valley

Start Date: 01/01/2025 **End Date:** 12/31/2026

Total Project Budget: \$200,000.00

Requested Amount: \$200,000.00

Community Need for this Project in the Coachella Valley:

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

DAP Health's proposed project will address the need to increase access to health services in the Coachella Valley to reduce the impact of poor air quality on health and to link to Coachella Valley residents to healthcare services for diagnosis and treatment of conditions related to poor air quality. Research shows that air pollutants pose a serious risk to human health. Short- and long-term exposure to pollutants, such as ozone or particulate matter (PM)10 and 2.5, results in premature deaths, hospital and emergency room visits, aggravated asthma, and shortness of breath. Population groups, such as the elderly, children, and those with chronic illnesses, are especially susceptible to ozone and PM-related effects (<https://nca2018.globalchange.gov/chapter/13/>). Increases in asthma prevalence and severity are linked to urbanization and outdoor air pollution, including exposure to pesticides, automobile emissions, and dust. Coachella Valley residents regularly experience poor air quality, posing a particular risk of adverse respiratory conditions in children, the elderly, and the migrant community. Areas in Eastern Coachella Valley have asthma rates of 30%, above the national average of 8.4%. In Desert Hot Springs, hospital emergency visits for asthma are 80% higher than other tracts in California. ([https://cvep.com/asthma-in-the-coachella-valley/Sept. 4, 2024](https://cvep.com/asthma-in-the-coachella-valley/Sept.4,2024)). Recent publications and media called attention to the fact that “people in the Coachella Valley breathe some of the nation's unhealthiest concentrations of a pollutant known as PM10 (“Why Coachella Valley Breathes Some of the Worst Air in America,” YouTube; [https://www.youtube.com/PBS SoCal](https://www.youtube.com/PBS%20SoCal); August 21, 2024). “Over the past decade, people in the Coachella Valley have breathed PM10 exceeding federal health standards on one to 10 days each year. Mecca, near the Salton Sea, had the most excessive days recently... In Palm Springs and Mecca, the maximum concentrations, usually recorded on high-wind days, were three times higher than the amount deemed safe over the past two years (<https://calmatters.org/environment/2024/08/coachella-valley-air-pollution/>).” Mecca for example, experiences higher PM 10 rates in the summer, exceeding EPA standards (“Air Pollution and Health Impacts in Salton Sea Communities: What is Known, What is Needed,” slide presentation, Porter, Wm. C, Healthy Desert, Healthy You, Sept, 20, 2024). Data from a recent report shows that residents of Eastern Coachella Valley, including migrant/agricultural workers, are at risk for poor health outcomes due to exposure to pesticides. Pesticides used in agricultural cultivation in the Eastern Coachella Valley are known toxic air contaminants. As an example, this report stated that readings taken at the Mecca Fire Station, Torres Martinez Desert Cahuilla Indians air monitoring station and Thermal Fire Station, showed that 70 of 141 valid samples had concentrations of a particular pesticide, MITC, above the reporting limit (“2022-2023 Eastern Coachella Valley Ambient Air Pesticide Monitoring Report,” Community Air Monitoring South Section; Dec. 2023). Examples of patient data from select DAP Health clinics (Desert Hot Springs Community Health; Centro Medico Cathedral City; Centro Medico Oasis; Coachella Valley Community Health) from fiscal year 2023-24 shows that children, the elderly, and other adults, including members of the migrant community, have been diagnosed and treated for respiratory conditions, including chronic bronchitis, asthma, asthma with acute exacerbation, moderate persistent asthma, cough variant asthma, emphysema, chronic obstructive pulmonary disease (COPD), and COPD with acute exacerbation. For

treatment, DAP Health patients received anti-inflammatory analgesics; anti-asthmatic and bronchodilator agents; antibiotics; and corticosteroids. DAP Health clinical data shows our ability, capacity, and experience to provide diagnosis and treatment for respiratory conditions linked to poor air quality, Data also demonstrates the need to increase access to health care services for Coachella Valley residents for conditions related to poor air quality. Examples of health services DAP Health provided for conditions related to poor air quality from July 1, 2023-May 15, 2024 include : Centro Medico Cathedral City clinic diagnosed and treated respiratory conditions in 85 children ages 1-12; 54 older adults ages 60+; 128 other, ages 13-59, and 1 member of the migrant community. DHS Community Health clinic: 37 children ages 1-12; 69 patients ages 13-59; 34 patients ages 60+, and 1 member of the seasonal community were treated for respiratory conditions. Centro Medico Oasis clinic, 1 child ages 1-12; 2 patients ages 60+; 4 patients ages 13-59; and 1 migrant received treatment for respiratory conditions. In our Coachella Valley Community clinic, we treated 14 children ages 1-12, 8 patients ages 60+; 19 patients ages 13-59, and 3 migrants for respiratory conditions.

Project Description and Use of District funds:

Describe the scope of the project and how your organization will utilize the Desert Healthcare District funding. Clearly state the approach you are going to take to meet the community's need and specify how the success of this project directly aligns to the purpose of the request for proposals to Mitigate Air Quality-Related Health Conditions.

DAP Health proposes to increase access to DAP Health healthcare services for Coachella Valley residents diagnosed with or at risk of developing an air quality-related health condition within Desert Healthcare District and Foundation (DHCDF) geographic boundaries. Our project addresses Strategy 3 of the RFP, (“increase access to health services to reduce the impact of poor air quality on health”), and DHCDF Strategic Goal 2 (“proactively expand community access to primary and specialty care services”). Supported by DHCDF funding, DAP Health proposes a multi-faceted approach to increase access to healthcare services for conditions related to poor air quality: (1) Digital, broadcast and print targeted educational-resource-referral campaign designed and implemented by DAP Health Marketing Department staff to raise awareness of and promote access to DAP Health clinics for healthcare services to reduce the impact of exposure to poor air quality, for conditions such as chronic bronchitis, asthma, asthma with acute exacerbation, moderate persistent asthma, cough variant asthma, emphysema, chronic obstructive pulmonary disease (COPD), and COPD with acute exacerbation. (2) Training DAP Health clinicians/clinical staff about health conditions related to exposure to poor quality, and healthcare services related to conditions resulting from poor air quality. (3) Collaborations with our established community partners for referrals to DAP Health clinics for health conditions related to poor air quality. (4) Collaboration with DHCDF grantees who will be providing outreach and air quality education, for referrals to DAP Health clinics for health conditions related to poor air quality. Our multi-faceted approach will successfully increase access to DAP Health healthcare services for conditions related to poor air quality directly aligning with DHCD’s mission to “achieve optimal health at all stages of life for all District residents.” (1) Digital, Broadcast, and Print Media Campaign: DAP Health’s Marketing Department is experienced in creating and implementing digital, broadcast and print media campaigns with a focus on greatest return on investment to increase access to health care services (see discussion in Capacity). DHCDF funding will support digital media

placements for this proposed project to include English and Spanish language posts/ads on search engines geotargeted (Google; Facebook; Instagram) with click-through capacity to access care at DAP Health clinics for conditions related to poor air quality; creation of dedicated DAP Health website landing page with click-through capacity for access to DAP Health healthcare services for conditions related to poor air quality; text messaging to existing DAP Health patients regarding access to healthcare services for poor air quality health conditions; and ads placed on digital screens in business establishments to increase access to DAP Health healthcare services for conditions related to poor air quality. DHCDF funding will support radio and television broadcast placements to include Spanish language and English public service announcements about how to access DAP Health healthcare services in Coachella Valley for conditions related to poor air quality. Print media: DHCDF funding will support creating, printing, and providing brochures with QR codes about how to access DAP Health healthcare services for conditions related to poor air quality. Our Department of Community Health (DCH) staff will distribute these brochures to our community partners (see discussion in Partnerships). We will place ads with QR codes in the Desert Sun, leveraging our partnership with this local newspaper. We will create sandwich boards with QR codes to access DAP Health healthcare services for conditions related to poor air quality. Sandwich boards will be placed at community events where DAP Health has a presence. (2) Clinical professional consultant-led trainings to be provided to DAP Health clinicians/clinical staff about effects of poor air quality on health and appropriate screening, diagnosis, and treatment of health conditions related to exposure to poor air quality, such as respiratory and other conditions. (3). DHCDF funding will support collaborations between DAP Health's DCH with existing community partners to distribute DAP Health brochures about access to DAP Health healthcare services for health conditions related to exposure to poor air quality and how to make referrals to DAP Health for healthcare services related to exposure to poor air quality. (4). DHCDF funding will support collaborations by DAP Health's DCH with DHCD grantees providing outreach and education about poor air quality for referrals to DAP Health clinics for healthcare services related to poor air quality, at the direction of DHCDF. DHCDF funding will also support DAP Health clinics Care Coordinators, who will be responsible for receiving and processing patient referrals for health care services at DAP Health clinics for conditions related to poor air quality. DHCDF funding will support DAP Health's IT staff for data collection and reporting for outcomes related to patients' (new and existing) access to DAP Health healthcare services for conditions related to poor air quality.

RFP Mitigating Air Quality Related Health Conditions Strategies/Performance Measures

Goal 6: Be responsive to and supportive of selected community initiatives that enhance the environment in the District's service area

Strategy 1: Increase and enhance awareness and foster connections to mitigate the impact of air quality on health conditions and outcomes.

Strategy 3: Increase access to health services to reduce the impact of poor air quality.

Project Deliverables and Evaluation

Deliverable #1:

Strategy 3: Digital, Broadcast, and Print Media Campaign: By December 31, 2026, DAP Health will have implemented a comprehensive bilingual marketing campaign to increase access to DAP Health healthcare services for conditions related to poor air quality in the Coachella Valley. Deliverables will include 450 television ads (225 English, 225 Spanish) on traditional and streaming platforms ; Radio spots (3,000 during peak campaign periods); and 300 public service announcements on Spanish-language radio. Digital efforts will include at least 50 geotargeted digital media placements on platforms such as Google, Facebook, and Instagram, generating an estimated 7,000,000 impressions and directing users to a dedicated landing page on the DAP Health website to access healthcare services at DAP Health for conditions related to poor air quality. Search engine content will feature 24 posts, reaching 2,500,000 impressions through boosted and organic posts. Digital screens at strategic partner locations will display 8 targeted ads during campaign peaks, contributing an additional 50,000 impressions. Print efforts will include two front-page ads in *The Desert Sun*, each reaching 100,000 readers. Print media also includes 5,000 bilingual brochures distributed at community events, through partner organizations, and via pop-ups. Six sandwich boards with QR codes will also be deployed at DAP Health events to connect the public to DAP Health healthcare services related to poor air quality. Direct patient outreach will include approximately 100,000 text messages sent to existing DAP Health patients over 24 months, providing timely

Evaluation #1:

The success of this deliverable will be evaluated using a robust set of tools and methodologies to track the performance and reach of each tactic. By leveraging these tracking tools and methodologies, DAP Health will generate detailed reports on the performance of each tactic, allowing for ongoing adjustments to maximize effectiveness and demonstrating clear outcomes for the grant-funded campaign. The following metrics and data sources will ensure accurate measurement and reporting: Website Analytics: All website activity generated by the campaign will be tracked using Google Analytics. This will include the number of visits to the dedicated landing page, visitor demographics, time spent on the page and click-through rates to healthcare service appointment forms. QR Code Tracking: QR codes included in brochures, sandwich boards, and print advertising will be tracked using a QR code generation tool. This tool will provide real-time data on the number of scans for each QR code, allowing for granular insight into which materials and placements were most effective. Broadcast Media (Radio and TV): Radio and television performance will be measured using Nielsen ratings, which provide monthly reports on audience reach, frequency, and demographic breakdowns. These ratings will allow us to assess how many people were exposed to our ads and evaluate the effectiveness of our broadcast efforts. Search Engine Reporting: Will be

<p>information about accessing care for health conditions related to poor air quality. This multifaceted campaign is projected to generate 85,000 website visitors, 48 new patient form fills for patients seeking healthcare services related to poor air quality, and over 20 million impressions across all channels, significantly improving access to care for vulnerable populations in the Coachella Valley.</p>	<p>managed and evaluated through Sprout Social. This tool will track key performance indicators such as impressions, engagement rates, click-through rates, and audience growth, providing a comprehensive picture of the campaign's impact on platforms to include Facebook and Instagram. <u>Digital Advertising Metrics</u>: Digital ads will be monitored using tools provided by our advertising partners, providing data on impressions, click-through rates, and conversion rates. These reports will enable us to assess the performance of retargeting, search ads, and display campaigns in real time. <u>Text Messaging Data</u>: Data for text messages sent to existing patients will be tracked internally by DAP Health's IT department. This will include the number of texts sent, delivery rates, and response rates where applicable, ensuring accurate evaluation of direct patient outreach.</p>
<p>Deliverable #2: Strategy 3: By December 31, 2026, DAP Health will have provided 12 clinical professional consultant-led trainings to at least 10 DAP Health clinicians/clinical staff for each training about effects of poor air quality on health and appropriate screening, diagnosis, and treatment of health conditions related to poor air quality.</p>	<p>Evaluation #2: DAP Health will track and record the number of trainings provided; the number of attendees at each training; and results of surveys given to training attendees measuring knowledge gained as a result of the training about effects of poor air quality on health and appropriate screening, diagnosis, and treatment of health conditions related to poor air quality</p>
<p>Deliverable #3: By December 31, 2026, DAP Health DCH will provide DAP Health clinic referral information to 48 existing community partners and members of the DHCD grantee cohort for this RFP, to include bilingual brochures, and DAP Health clinic referral information to increase access to health</p>	<p>Evaluation #3: We will track the number of community partners, and members of the grantee cohort, to which we provide DAP Health brochures about access to DAP Health healthcare services for conditions related to poor air quality and clinic referral information and the number of referrals received from</p>

care services at DAP Health clinics for conditions related to poor air quality.	community partners and members of the grantee cohort.
<p>Deliverable #4: By December 31, 2026, DAP Health will have received 48 existing patient referrals and 48 new patient referrals to DAP Health clinics for health care services related to poor air quality.</p>	<p>Evaluation #4: We will track the number of existing patient referrals and new patient referrals to DAP Health clinics for conditions related to poor air quality through patient data entered into our electronic health record, EPIC-Ochin. Each patient will be flagged/assigned a unique identifier for data extraction to be accomplished by our IT department for reporting/evaluations of referral outcomes for our proposed project.</p>

Project Demographic Information

Target Geographic Area(s) To Be Served:

Bermuda Dunes, Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, La Quinta, Mecca, North Shore, Oasis, Palm Desert, Palm Springs, Rancho Mirage, Thermal, Thousand Palms

Target Population Age Group:

0 to 5, 6 to 17, 18 to 24, 25 to 39, 40 to 54, 55 to 64, 65+

Target Population Ethnicity:

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

Target Population Race:

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

Additional Target Population Information:

For this proposed project, our target populations are all age groups and races/ethnicities residing in Coachella Valley who are affected by poor air quality. Our media campaign and brochure distribution to increase access to healthcare services related to poor air quality is also targeting the Spanish language speaking population of Coachella Valley, and the migrant/seasonal/agricultural worker communities in Coachella Valley. Among all age groups, children and older adult populations are most susceptible to adverse health outcomes due to poor air quality (see Community Need). Examples from select locations in Coachella Valley: Children: Cathedral City, Desert Hot Springs and Coachella have the highest concentration of 18 years and younger population in the Coachella Valley (<https://cvcp.com/our-18-and-younger-population-in-the-coachella-valley/>). The percentage of children ranges from 20% (Mecca) to 34.33% (Coachella). Older Adults: In Coachella Valley overall, 26% of the population are ages 60 to 80+

years (<https://censusreporter.org/profiles/06000US0606590520-coachella-valley-ccd-riverside-county-ca/>). Examples from Coachella Valley cities: Cathedral City, 65 and older, 18% (52,494 pop.); Mecca, 13% 60 years and older (6,313 pop.); Oasis, 6.5% ages 60 years and older (3,256 pop.); Thermal, 25% ages 60 and older (1,100 pop.); Desert Hot Springs, 12% ages 60 and older (33,743 pop.); Coachella, 10.5% ages 60 and older (42,835 pop.) (<https://censusreporter.org/profiles>).

Migrant/Seasonal/Agricultural Worker Community: In the Eastern Coachella Valley, estimates have been that approximately 50% of the population is immigrant; many of whom work in the agricultural sector (<https://www.pbssocal.org/neighborhood-data-for-social-change/the-eastern-coachella-valleys-immigrant-communities>). This population is characterized in census data as “foreign born” (<https://datausa.io/profile/geo>). Examples from cities in Eastern Riverside County: 2022 census data, 52.2% of Thermal residents were born outside of the U.S.; in Oasis, 56.7%; Mecca, 58.8%; Coachella City, 41%.

Socioeconomic Status: The EPA has stated that “residents of low-income neighborhoods and communities may be more vulnerable to adverse effects of air pollution because of proximity to air pollution sources (<https://www.epa.gov/ej-research/epa-research-environmental-justice-and-air-pollution#:>). Overall, in the Coachella Valley, 19% of children under age 18 are living below the federal poverty line (FPL), which is 10% higher than in Riverside County; 10% of seniors aged 65 and over in Coachella Valley are living below FPL

(<https://censusreporter.org/profiles/06000US0606590520-coachella-valley-ccd-riverside-county-ca/>). Significant numbers of children and older adults who are exposed to poor air quality in Coachella Valley are living below FPL (<https://www.city-data.com/poverty/poverty>): Examples from cities in Coachella Valley: In Oasis, 58% of children and 32% of adults 65 years and older are living below FPL. In Thermal, 32% of children and 28% of adults 65 years and older are living below FPL. In Cathedral City, 22.9% of children, and 15.7% of adults 65 years and older are living below FPL. In Desert Hot Springs, children living in poverty range from 41.3% (12-14 years); 32.8% (16-17 years); 25% (children 11 years and younger); 20.3% of adults ages 65 and over are living under FPL. In Coachella, children living in poverty range from 27.6% to 29.6%; approximately 15% of adults aged 65 and older are living below FPL. In Mecca, children living under FPL range from 17.5% to 9.8%; 18.3% of adults 65 years and older are living under FPL. In migrant/seasonal/agricultural communities in Eastern Coachella Valley, the percent of residents living at or below the 100% federal poverty line range from 30% to almost 50% (<https://www.pbssocal.org/neighborhood-data-for-social-change/the-eastern-coachella-valleys-immigrant-communities>).

Capacity, Sustainability, and Partnerships

Organizational Capacity:

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

DAP Health has the capacity, expertise, and experience to achieve Strategy 3 deliverables and performance measures, with successful outcomes. Strategy 3: DAP Health has four decades of experience providing health care to vulnerable populations in the Coachella Valley. DAP Health clinics served 74,680 patients in 2023 (DAP Health UDS report, February 2024), who are members of populations challenged by lack of access to health care and supportive services: low-income; refugees/immigrants; Latinx; Black/African-Americans; Native Americans; and LGBTQ+. Examples: Of these

patients, 25% are children; 10% are teens; 38% are adults ages 25-59; and 16% are adults ages 60-85. Data from our electronic health record (EHR) demonstrates our health care clinicians' experience and expertise in diagnosis of respiratory and other conditions that can be attributed to poor air quality, including asthma, and exacerbated asthma, bronchitis, chronic obstructive pulmonary disorder (COPD), and centrilobular emphysema. Our EHR data shows prescribed patient treatment for these conditions, including anti-inflammatory medication, antibiotics, anti-asthmatic and bronchodilator agents, and corticosteroids. DAP Health Marketing Department has extensive experience designing and implementing media campaigns to access health care services, such as sexual wellness. Most recently, our marketing department, with support from HRSA funding, designed and implemented a bilingual English/Spanish language media campaign, to increase access to COVID-19 vaccinations. Digital and social ads featured diverse populations with messaging such as "Get Boosted Now," and "Vaccines Lower the Risk." For October 2023, digital media placements resulted in 1,877, 054 impressions and 10,296 click-throughs. Display ads resulted in 734,002 impressions and 1,615 click-throughs; there were 10,170 searches (Google), and 1,660 click-throughs. Data showed that Latinx females engaged with our mobile ads most frequently. Billboards resulted in over 7 million impressions. This campaign also included bilingual Spanish language brochures and posters to increase access to COVID-19 vaccines. Radio broadcasts on Spanish language radio (KUNA) consisted of 30 spots brought "to you by DAP Health." Television ads (Spanish language and English) placed on 10 stations generated an average of 85.45 views. DAP Health's COVID-19 vaccination access campaign resulted in 487 new patient form fills on DAP Health's website. For this proposed project we will also leverage our marketing department staff; IT staff; DCH staff; existing internal health care referral systems; health care clinicians and clinical staff; EHR; and expanded clinical capacity throughout the Coachella Valley to increase access to health services among Coachella Valley residents to reduce the impact of poor air quality on health outcomes. DAP Health leadership team (Chief Executive Officer, Chief Medical Officer, Chief Administrative Officer, Chief Operating Officer, Chief Strategy Officer) have been advised, involved and support this project application.

Organizational Sustainability:

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

Funding: DAP Health has four decades of experience successfully sustaining programs, services, and general operating expenses. Revenue sources include earned income from our chain of retail/resale stores; public and private insurance reimbursement including Medi-Care/Medi-Cal, Inland Empire Health Plan, and other healthcare plans for the low-income community; county fee-for-service contracts; fundraising from special events; individual donations; and public and private grants. As an FQHC, DAP Health participates in the 340B federal drug program; proceeds are directly allocated to sustaining services and programs. Staff Recruitment/Retention: Our People and Places Department (Human Resources) is experienced in developing recruitment and retention plans. A core value of DAP Health is to recruit and retain staff that are both reflective of, and culturally and linguistically competent to serve the identified populations for this proposed project. DAP's employment policies broadly define culture to include race, religious preference, ethnicity, age, sexual orientation, and gender identity/expression.

Retention plans include the opportunity for professional development and potential advancement within DAP Health.

Collaboration/Partnerships: We maintain numerous collaborations, both formally and informally through long-standing relationships in the community (see description of partnerships/collaborations pertaining to this proposed project below) Long-Term Planning: Following DAP Health's acquisition of Borrego (see Organization Information), DAP Health initiated a strategic planning process to identify the organization's priorities, and to set goals and objectives with metrics to carry out DAP Health's new mission and vision for the next 3.5 years. The process is expected to be completed in November 2024. As of this writing, our strategic planning framework is anchored by four key priorities, or, foundational areas of focus: 1. Advancing Health Equity: Reduce health disparities and promote equitable access to services that enhance diversity, equity, and inclusion, address social determinants of health, and achieve health justice; 2. Care for Employees: Cultivate a supportive and inclusive workplace where every team member is valued and engaged, creating an environment that nurtures satisfaction and collaboration; 3. Patient & Client Experience: Deliver exceptional health care and supportive services that exceed the expectations of those we serve, fostering a positive and lasting relationship with our patients and clients as they navigate their life journey; and 4. Resources & Partnerships: Enhance our capacity to fulfill our mission through effective collaboration and community engagement that builds strong partnerships and fosters innovation that is aligned with the community's health and wellness goals. Goals and objectives to advance the key priority areas are in development. Our discussions are informed by internal and external quantitative data, as well as qualitative data that includes input by patients, staff, and community members. We are currently assessing potentially achievable results, with measurable, meaningful, and positive impact on the health outcomes of those we serve. Themes in discussion focus on data-driven population health patterns and the need to continue stabilizing and optimizing the new DAP Health post-acquisition. These themes include enhancing access to services such as behavioral health; women's health; environmental health; and basic needs such as food and transportation. Additional themes focus on operational efficiency and effectiveness, considering options for alternative hours of operation; telehealth; and stronger referral and linkage partnerships with other organizations.

Partnerships/Collaborations:

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

For this project, we will leverage longstanding partnerships and collaborations that our DCH maintains in the Coachella Valley. DCH staff will provide brochures and referral information for health care services at DAP Health clinics for conditions related to poor health quality to our numerous community partners, including among others: Jesse O James Highland Unity Center; Salvation Army; Cathedral City Public Library; FIND Food; Martha's Village and Kitchen; Jewish Family Services; Coachella Valley Rescue Mission; Well in the Desert; Housing Authority of the County of Riverside; Mecca Library; Coachella Senior Center; Indio Senior Center; California Farmworker Foundation; Mecca Family and Farmworker's Service Center; substance use disorder recovery centers such as, Casa Cecilia, Casa Las Palmas, Hacienda Valdez; Mecca Community Center; California Care Force; Desert Hot Springs Family Resource Center;

and faith-based venues, including the First Baptist Community Church in Desert Hot Springs.

Diversity, Equity, and Inclusion (DEI)

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

DAP Health is committed to and intentionally addresses diversity, equality, and inclusivity (DEI) at the organizational and service levels. Recruitment and employment policies state our non-discrimination commitment and intention that our Board, leadership, and staff reflect our service populations. Leadership and staff regularly receive DEI training. We incorporate DEI principles by eliminating barriers to health care access. We provide health care regardless of ability to pay. Our health centers are located in areas of concentrated populations of vulnerable populations: low-income, refugees/immigrants, Latinx, Native Americans, other communities of color and LGBTQ+. Cultural competency, humility, and sensitivity is a priority of DAP Health. Direct service staff, reflective of our service populations, provide culturally and linguistically competent health care and related services. 2023 Demographics of DAP Health: Approximately 85% of DAP Health Board Members and 73% of C-Level Executives are White; 25% of staff are White. Of Board Members, 17% are Black/African American and 5% of staff are Black/African American. Of C-Level Executives, 23% are Latinx and 59% of staff are Latinx. Of Board Members and C-Level Executives, 50% are male and 50% are female. Of staff, 54% are female, 30% are male, 1% are non-binary, and an unknown number are transgender. Several Board Members identify as LGBTQ+; of DAP's board prior to the Borrego acquisition, 57% of DAP's board identified as Gay. DAP Health is committed to and intentionally addresses diversity, equality, and inclusivity (DEI) at the organizational and service levels. Recruitment and employment policies state our non-discrimination commitment and intention that our Board, leadership, and staff reflect our service populations. Leadership and staff regularly receive DEI training. We incorporate DEI principles by eliminating barriers to health care access. We provide health care regardless of ability to pay. Our health centers are located in areas of concentrated populations of vulnerable populations: low-income, refugees/immigrants, Latinx, Native Americans, other communities of color and LGBTQ+. Cultural competency, humility, and sensitivity is a priority of DAP Health. Direct service staff, reflective of our service populations, provide culturally and linguistically competent health care and related services. 2023 Demographics of DAP Health: Approximately 85% of DAP Health Board Members and 73% of C-Level Executives are White; 25% of staff are White. Of Board Members, 17% are Black/African American and 5% of staff are Black/African American. Of C-Level Executives, 23% are Latinx and 59% of staff are Latinx. Of Board Members and C-Level Executives, 50% are male and 50% are female. Of staff, 54% are female, 30% are male, 1% are non-binary, and an unknown number are transgender. Several Board Members identify as LGBTQ+; of DAP's board prior to the Borrego acquisition, 57% of DAP's board identified as Gay.

What barriers does your organization face when addressing DEI?

DAP Health strives to incorporate DEI principles when recruiting Board members, Executive Leadership, Management, and staff. DEI in service delivery is prioritized at DAP Health. Job descriptions include linguistic requirements or preferences, as

appropriate, to ensure that translation capacity is retained for Spanish, the most common language spoken by our service population other than English. We maintain active contracts to procure translation of other languages and American Sign Language for any patient and for any encounter if requested. DAP ensures that all staff members complete cultural competency online training courses, at least annually, covering a variety of topics, for example, Patient Cultural Competency for Non-Clinicians, Cultural Competence and Sensitivity in the LGBTQ Community, and Building a Multicultural Care Environment. Staff also participate in cultural sensitivity trainings online monthly. In early 2023, all DAP staff participated in six hours of Diversity, Equity and Inclusion training provided on a virtual platform, in compliance with federal requirements for DAP as a Federally Qualified Health Center.

Grant Budget

Project Grant Budget				
Applicant:	DAP Health	Increased Access to Diagnosis and Treatment for Conditions related to Poor Air Quality in Coachella Valley		
OPERATIONAL EXPENSES	Total Project Budget	Funds From Other Sources <small>Detail On Section 3</small>	Amount Requested From DHCD/F	
Total Staffing Expenses <small>Detail on Section 2</small>	\$ 117,483.66	\$ -	\$ 117,483.66	
Equipment (itemize)				
1		\$ -		
2		\$ -		
3		\$ -		
4		\$ -		
Supplies (itemize)				
1		\$ -		
2		\$ -		
3		\$ -		
4		\$ -		
Printing / Duplication	\$ 5,000.00	\$ -	\$ 5,000.00	
Mailing / Postage		\$ -		
Mileage (use current Federal mileage rate)		\$ -		
Education / Training		\$ -		
Other Direct Project Expenses Not Described Above (itemize)				
1	Targeted Education-Outreach Campaign	\$ 50,000.00	\$ -	\$ 50,000.00
2	Coalition Collaboration - DHCD Grantees Network	\$ 9,334.00	\$ -	\$ 9,334.00
3		\$ -		
4		\$ -		
* Items listed below are included for calculation of the total project budget only. For use of DHCD/F funds, these line items would be included in the allowable 15% indirect cost rate.				
Office / Rent / Mortgage*			\$ -	\$ -
Telephone / Fax / Internet*			\$ -	\$ -
Utilities*			\$ -	\$ -
Insurance*			\$ -	\$ -
Indirect Rate	<input checked="" type="checkbox"/> Check Box To Utilize Indirect Rate Up To 15%	Enter Rate	10.00%	\$ 18,181.77
Total Project Budget (Rounded up to nearest dollar)				
		\$ 200,000	\$ -	\$ 200,000
Budget Narrative	<p style="color: red; font-weight: bold;">Fully describe items above in this cell. You may insert rows or create additional worksheets if more space needed to fully describe your budget. Printing/Duplication: projected costs to cover air quality education materials, flyers promoting education sessions, printed material, copier/duplicating costs and services, patient information sheets, privacy notices and other related printing costs associated with the proposed program service delivery. Targeted Education-Outreach Campaign: Digital, broadcast and print media campaign designed and implemented by DAP Health Marketing Department staff to raise awareness of and promote access to DAP Health clinics for healthcare services to reduce the impact of exposure to poor air quality, for conditions such as chronic bronchitis, asthma, asthma with acute exacerbation, moderate persistent asthma, cough variant asthma, emphysema, chronic obstructive pulmonary disease (COPD), and COPD with acute exacerbation. Coalition Collaboration - DHCD Grantees Network: Collaborations with our established community partners for referrals to DAP Health clinics for health conditions related to poor air quality. Collaboration with DHCD grantees who will be providing outreach and poor air quality education, for referrals to DAP Health clinics for health conditions related to poor air quality. Our multi-faceted approach will successfully increase access to DAP Health healthcare services for conditions related to poor air quality directly aligning with DHCD's mission to "achieve optimal health at all stages of life for all District residents." Examples of network activities: DAP Health mobile clinic, DHCD/F mobile clinic, grantee's resources-referral warm- hand-off to DAP Health clinical services, data sharing.</p>			

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Staff Salary Expenses		Annual Salary / per Year	% of Time Allocated to Project / per Year	Total Project Salary	Amount Requested from DHCD/F
Employee Position/Title					
3	Lead Community Health Educator	\$ 53,040.00	0%		\$ -
4	Community Health Educator	\$ 43,680.00	5%	4,368.00	\$ 4,368.00
5	Community Health Educator	\$ 46,800.00	5%	4,680.00	\$ 4,680.00
6	Community Health Educator	\$ 43,680.00	5%	4,368.00	\$ 4,368.00
10	Date Management Specialist	\$ 57,728.00	5%	5,773.00	\$ 5,773.00
11	Care Coordinator - Desert Hot Springs CHC	\$ 54,309.00	7%	7,603.00	\$ 7,603.00
12	Care Coordinantor -CM Cathereral City	\$ 54,309.00	7%	7,603.00	\$ 7,603.00
13	Care Coordinator - CM Oasis	\$ 54,309.00	7%	7,603.00	\$ 7,603.00
14	Care Coordinator - CM Coachella - Thermal	\$ 54,309.00	7%	7,603.00	\$ 7,603.00
15	Care Coordinator - Coachella Valley CHC	\$ 54,309.00	7%	7,603.00	\$ 7,603.00
16	Data Engineer - Analyst	\$ 92,872.00	10%	18,574.00	\$ 18,574.00
16	Marketing Manager	\$ 72,800.00	5%	7,280.00	\$ 7,280.00
Enter Total Employee Benefits / Employer Taxes % (Proportional Fringe Costs and/OR Employer Taxes Based On % Of Time Allocated To Project)			27.00%	22,425.66	22,425.66
Total Will Populate In Total Staffing Expenses Section 1			Total >	\$ 105,483.66	\$ 105,483.66
Budget Narrative - Scope of Work	Please describe in detail the scope of work and duties for each employee on this grant. DHCD funding will support the activities of our Department of Community Health (DCH) Community Health Educators (CHE's) in/with the Coalition Collaboration - DHCD Grantees Cohort for establishment, networking and outreach activities for coordination of access to healthcare service resources - referrals to DAP Health's healthcare services program; Care Coordinator clinical staff provide the engagement and coordination of patient access - monitoring to healthcare service; Data Engineer - Analyst provides oversight for data collection, reporting and evaluation deliverable outcomes.				
Budget Narrative - Employee Benefits	Please describe in detail the employee benefits including the percentage and salary used for calculation. FICA, staff insurance, retirement, disability, work's compensation, other benefits. Calculated @ 27%.				
Professional Services / Consultant Expenses		Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD/F
Company and Staff Title					
1	Clinical Professional Consultant	\$ 125.00	96	\$ 12,000.00	\$ 12,000.00
2					
3					
4					
Total Will Populate in Total Staffing Expenses Section 1			Total >	\$ 12,000.00	\$ 12,000.00
Budget Narrative - Scope of Work	Please describe in detail the scope of work for each professional service/consultant on this grant. Consultant to provide educational - training sessions to DAP Health clinicians - providers - support personnel. Training relating to poor air quality, health conditions related to exposure to poor quality, and healthcare services related to conditions resulting from poor air quality.				

**Funds From Other Sources (Actual Or Projected)
SPECIFIC To This Project**

"Total Funding In Addition To DHCD/F Request" Below Should Match Or Exceed Value Listed In Section 1 for "Funds from Other Sources".		Amount
Fees		\$ -
Donations		\$ -
Grants (List Organizations)		
1		
2		
3		
8		
Fundraising (Describe Nature Of Fundraiser)		
1		\$ -
2		
3		
8		
Other Income, e.g., Bequests, Membership Dues, In-Kind Services, Investment Income, Fees From Other Agencies, Etc. (Itemize)		
1		\$ -
2		
3		
8		
Total Funding In Addition To DHCD/F Request		\$ -
Budget Narrative	Please describe in detail any additional information or explanations for items listed above.	

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EXHIBIT B

PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES

<u>Project Title</u> DAP Health Improved Access to Diagnosis and Treatment for Conditions related to Poor Air Quality among At-Risk Populations in Coachella Valley	<u>Start/End</u> 1/01/2025 12/31/2026
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PAYMENTS:

(4) Payments: \$45,000.
10% Retention: \$20,000.

Total request amount: \$ 200,000.

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Grant Requirements for Payment	Payment
1/01/2025	Signed Agreement submitted & accepted.	Advance of \$45,000. for time period 1/01/2025 - 6/30/2025
8/01/2025	1st six-month (1/01/2025 - 6/30/2025) progress report, budget reports and receipts submitted & accepted	Advance of \$45,000. for time period 7/01/2025 - 12/31/2025
2/01/2026	2nd six-month (7/01/2025 - 12/31/2025) progress report, budget reports and receipts submitted & accepted	Advance of \$45,000. for time period 1/01/2026 - 6/30/2026
8/01/2026	3rd six-month (1/01/2026 - 6/30/2026) progress report, budget reports and receipts submitted & accepted	Advance of \$45,000. for time period 7/01/2026 - 12/31/2026
2/01/2027	4th six-month (7/01/2026 - 12/31/2026) progress report, budget reports and receipts submitted & accepted	\$0
2/15/2027	Final report (1/01/2025 - 12/31/2026) and final budget report submitted & accepted	\$20,000. (10% retention)

TOTAL GRANT AMOUNT: \$ 200,000.

DELIVERABLES:

Project Deliverables and Evaluation

<p>Deliverable #1: Strategy 3: Digital, Broadcast, and Print Media Campaign: By December 31, 2026, DAP Health will have implemented a comprehensive bilingual marketing campaign to increase access to DAP Health healthcare services for conditions related to poor air quality in the Coachella Valley. Deliverables will include 450 television ads (225 English, 225 Spanish) on traditional and streaming platforms ; Radio spots (3,000 during peak campaign periods); and 300 public service announcements on Spanish-language radio. Digital efforts will include at least 50 geotargeted digital media placements on platforms such as Google, Facebook, and Instagram, generating an estimated 7,000,000 impressions and directing users to a dedicated landing page on the DAP Health website to access healthcare services at DAP Health for conditions related to poor air quality. Search engine content will feature 24 posts, reaching 2,500,000 impressions through boosted and organic posts. Digital screens at strategic partner locations will display 8 targeted ads during campaign peaks, contributing an additional 50,000 impressions. Print efforts will include two front-page ads in <i>The Desert Sun</i>, each reaching 100,000 readers. Print media also includes 5,000 bilingual brochures distributed at community events, through partner organizations, and via pop-ups. Six sandwich boards with QR codes will also be deployed at DAP Health events to connect the public to DAP Health healthcare services related to poor air quality. Direct patient outreach will include approximately 100,000 text messages sent to existing DAP Health patients over 24 months, providing timely information about accessing care for health conditions related to poor air quality. This multifaceted campaign is projected to generate 85,000 website visitors, 48 new patient form fills for patients seeking</p>	<p>Evaluation #1: The success of this deliverable will be evaluated using a robust set of tools and methodologies to track the performance and reach of each tactic. By leveraging these tracking tools and methodologies, DAP Health will generate detailed reports on the performance of each tactic, allowing for ongoing adjustments to maximize effectiveness and demonstrating clear outcomes for the grant-funded campaign. The following metrics and data sources will ensure accurate measurement and reporting: <u>Website Analytics</u>: All website activity generated by the campaign will be tracked using Google Analytics. This will include the number of visits to the dedicated landing page, visitor demographics, time spent on the page and click-through rates to healthcare service appointment forms. <u>QR Code Tracking</u>: QR codes included in brochures, sandwich boards, and print advertising will be tracked using a QR code generation tool. This tool will provide real-time data on the number of scans for each QR code, allowing for granular insight into which materials and placements were most effective. <u>Broadcast Media (Radio and TV)</u>: Radio and television performance will be measured using Nielsen ratings, which provide monthly reports on audience reach, frequency, and demographic breakdowns. These ratings will allow us to assess how many people were exposed to our ads and evaluate the effectiveness of our broadcast efforts. <u>Search Engine Reporting</u>: Will be managed and evaluated through Sprout Social. This tool will track key performance indicators such as impressions, engagement rates, click-through rates, and audience growth, providing a comprehensive picture of the campaign’s impact on platforms to include Facebook and Instagram. <u>Digital Advertising Metrics</u>: Digital ads will be monitored using tools provided by our advertising</p>
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<p>healthcare services related to poor air quality, and over 20 million impressions across all channels, significantly improving access to care for vulnerable populations in the Coachella Valley.</p>	<p>partners, providing data on impressions, click-through rates, and conversion rates. These reports will enable us to assess the performance of retargeting, search ads, and display campaigns in real time. <u>Text Messaging Data:</u> Data for text messages sent to existing patients will be tracked internally by DAP Health’s IT department. This will include the number of texts sent, delivery rates, and response rates where applicable, ensuring accurate evaluation of direct patient outreach.</p>
<p>Deliverable #2: Strategy 3: By December 31, 2026, DAP Health will have provided 12 clinical professional consultant-led trainings to at least 10 DAP Health clinicians/clinical staff for each training about effects of poor air quality on health and appropriate screening, diagnosis, and treatment of health conditions related to poor air quality.</p>	<p>Evaluation #2: DAP Health will track and record the number of trainings provided; the number of attendees at each training; and results of surveys given to training attendees measuring knowledge gained as a result of the training about effects of poor air quality on health and appropriate screening, diagnosis, and treatment of health conditions related to poor air quality</p>
<p>Deliverable #3: By December 31, 2026, DAP Health DCH will provide DAP Health clinic referral information to 48 existing community partners and members of the DHCD grantee cohort for this RFP, to include bilingual brochures, and DAP Health clinic referral information to increase access to health care services at DAP Health clinics for conditions related to poor air quality.</p>	<p>Evaluation #3: We will track the number of community partners, and members of the grantee cohort, to which we provide DAP Health brochures about access to DAP Health healthcare services for conditions related to poor air quality and clinic referral information and the number of referrals received from community partners and members of the grantee cohort.</p>
<p>Deliverable #4: By December 31, 2026, DAP Health will have received 48 existing patient referrals and 48 new patient referrals to DAP Health clinics for health care services related to poor air quality.</p>	<p>Evaluation #4: We will track the number of existing patient referrals and new patient referrals to DAP Health clinics for conditions related to poor air quality through patient data entered into our electronic health record, EPIC-Ochin. Each patient will be flagged/assigned a unique identifier for data extraction to be accomplished by our IT department for reporting/evaluations of referral outcomes for our proposed project.</p>

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

RFP Mitigating Air Quality Related Health Conditions Strategies/Performance Measures

Goal 6: Be responsive to and supportive of selected community initiatives that enhance the environment in the District's service area

Strategy 1: Increase and enhance awareness and foster connections to mitigate the impact of air quality on health conditions and outcomes

Performance Measures:

- # of workshops, seminars, and trainings provided
- # of attendees at workshops, seminars, and trainings provided
- # of clients who reported utilizing the information/resources learned
- # of community partners
- # of air quality related text messages sent

Strategy 3: Increase access to health services to reduce the impact of poor air quality on health

Performance Measures:

- # of clients served
- # of referrals received
- # of screenings
- # of diagnosed clients with air quality-related health conditions
- # of new or modified treatment plans
- # of clients provided follow-up care

Other Performance Measures:

- # of appointment forms received for respiratory health conditions/services



Date: December 17, 2024

To: Board of Directors

Subject: Grant # 1479 Youth Leadership Institute (yli)

Grant Request: ECV CARES

Amount Requested: \$200,000.

Project Period: 01/01/2025 to 12/31/2026

Project Description and Use of Desert Healthcare Foundation Funds:

Youth Leadership Institute (YLI) is proposing a project to address the health impacts of poor air quality on low-income, often marginalized Coachella Valley residents at risk for air quality-related conditions. The Eastern Coachella Valley CARES project aims to increase awareness, foster connections, and mitigate these health impacts by engaging 15 youth (ages 14-24) in leadership development, research, and community outreach through workshops, content creation, and social media campaigns.

The project's goals include:

- Increasing awareness of air quality-related health risks.
- Empowering the community to make informed decisions regarding outdoor activities on high pollution days.
- Targeting vulnerable populations (youth, elders, immigrants, and those with pre-existing health conditions) with specific protective strategies.
- Promoting healthier behaviors and preventive measures for long-term health benefits.
- Providing navigation on community support programs specific to mitigating the health impacts of poor air-quality.
- Encouraging sustainable practices that improve air quality.

The initiative aligns with YLI's long-term strategy to foster community collaboration and advocate for policy changes that promote environmental health and cleaner air.

This project was submitted in response to the Desert Healthcare District and Foundation's request for proposals (RFP) aimed at mitigating air quality-related health conditions. The District and Foundation sought projects that focused on preventing, diagnosing, and managing health issues



linked to air quality for Coachella Valley residents. This application aligns directly with the RFP, with Foundation funds will support community workshop supplies, youth stipends, leadership development training, marketing expenses, and a Senior Program Assistant.

RFP Mitigating Air Quality Related Health Conditions Strategies/Performance Measures

Goal 6: Be responsive to and supportive of selected community initiatives that enhance the environment in the District and Foundation’s service area

Strategy 1: Increase and enhance awareness and foster connections to mitigate the impact of air quality on health conditions and outcomes.

Geographic Area(s) To Be Served:
Coachella, Mecca, North Shore, Thermal

Action by Program Committee: (Please select one)

- ✓ Full recommendation and forward to the Board for consideration with the Committee’s recommendation that a grant amount of \$200,000.00 be approved.

Recommendation with modifications

Request for more information

Decline



RFP Mitigating Air Quality-Related Health Conditions **Grant Application Summary**

Youth Leadership Institute, Grant # 1479

About the Organization

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

Tax ID #: 68-0184712

Primary Contact:

Fahad Qurashi, Chief Program Officer
fqurashi@yli.org

Organization's Mission Statement and History

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

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

approach results in engaged, empowered, and confident youth, increased community resilience, and policies that better reflect the needs of marginalized populations - all of which has a major, long-term impact on wellbeing throughout a given locale. yli's Training and Consulting Services arm packages the on-the-ground knowledge gained from these experiences, and has delivered it to more than 220 communities across the U.S. and internationally. Training includes best practices in youth development, cultural competency, alcohol and drug prevention, youth philanthropy, policy advocacy, youth media and storytelling. yli is the designated national trainer for Communities Mobilizing for Change on Alcohol, a Federal Substance Abuse and Mental Health Service Administration (SAMHSA) model program.

Organization Annual Budget: \$8,970,979.00

Project Information

Project Title: 1479 ECV CARES

Start Date: 01/01/2025 **End Date:** 12/31/2026

Total Project Budget: \$243,762.00

Requested Amount: \$200,000.00

Community Need for this Project in the Coachella Valley:

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

Youth are often viewed as stewards of the future. Their needs and perspective can be relegated to the future when in fact youth need to be involved in all aspects of policy making around the environment. This is especially true for youth living in the Eastern Coachella Valley (ECV). The ECV is a community that is at the frontline of climate change due to the increasingly warm weather in the already hot desert climate. In terms of air quality, these environmental factors are exacerbated by the shrinking of the Salton Sea and air pollution from vehicles such as those of 18 wheeler trucks that transport goods. According to data from South Coast AQMD, at the hottest part of the day, the rate of particulate matter (PM10) rises over 120. Whereas the California average for particulate matter (PM10) is 20. We have also been collecting anecdotal evidence of the effects of the air quality in the ECV and how it affects youth to support the narrative portion while quantitative data is being collected for a University of California, Riverside School of Medicine study. As we do this work, we recognize that more data needs to be collected to better understand the health effects of the air quality in the ECV. As the years pass and environmental conditions worsen, youth in the ECV can often feel pessimistic about their future. Many of the youth participants in our programs dream of coming back to the ECV after college to work in advocacy and community organizing spaces to help better the living conditions of all. At yli, we are able to close the information gap between youth and policymakers by empowering youth to be change makers in their community. In places like the ECV many youth often are tasked with being translators, caregivers and even financial contributors in their families. This

means that youth must be equipped with the most up to date data and resources so that they can disseminate it among their families and communities.

Project Description and Use of District funds:

Describe the scope of the project and how your organization will utilize the Desert Healthcare District funding. Clearly state the approach you are going to take to meet the community's need and specify how the success of this project directly aligns to the purpose of the request for proposals to Mitigate Air Quality-Related Health Conditions.

yli is proposing a project that aims to prevent, address, and manage poor air quality-related health conditions for low-income and often disconnected Coachella Valley residents diagnosed with or at-risk of developing air quality-related health conditions. Disparities within the healthcare system are rampant, from access and affordability, to treatment and quality of care. People of color have suffered at the hands of our medical system. Studies have confirmed what people of color have been reporting for generations: that hospitals and clinics are scarce in their communities, that healthcare is unaffordable, that medical language is hard to understand and culturally insensitive, and that medical professionals dismiss their pain and fail to offer them the quality care that more affluent and white people receive—sometimes with fatal consequences. yli proposes to address this critical situation by increasing and enhancing awareness and fostering connections to mitigate the impact of poor air quality on health conditions and public health outcomes.

The yli ECV Office has a long history of addressing climate justice health equity efforts, and through this proposed ECV CARES project, will actively engage 15 youth participants ages 14-24 in opportunities to build leadership development, conducting research on air quality messaging, and amplify resources and community access of critical health resources through youth and community-led media by developing an educational campaign that includes direct community engagement via workshops, content creation, PSA social media outreach and informational zine distributions. Through yli's established history as trusted messengers and our robust community partnerships, the ECV CARES projected outcomes through this grant process include:

- Improved awareness that will lead to better understanding of the health risks associated with poor air quality, enabling communities to take proactive measures to protect themselves.
- Informed decision-making by the ECV about air quality issues, community members will make informed choices regarding their activities, such as limiting outdoor exercise on days with high pollution levels.
- Certain groups, such as youth, elders and immigrants, and those with pre-existing health conditions, are more susceptible to the impacts of poor air quality. We aim to raise awareness that can lead to targeted strategies that protect these populations.
- Understanding the link between air quality and health can influence long-term health outcomes by promoting preventive measures and creating healthier

environments.

- Raising awareness will encourage community members to adopt healthier behaviors and support sustainable practices that contribute to improved air quality.

Ultimately this fosters yli's long term strategy as an organization of creating the foundation for long term and institutional changes. This includes strengthening connections among community members, health professionals, and policymakers fosters collaboration, enabling collective action to address air quality issues and advocate for cleaner air initiatives ultimately mobilizing public support for policies aimed at improving air quality, leading to legislative changes that promote environmental health and safety.

Leading this project will be a dynamic, driven, and engaging Senior Program Assistant (PA). Approximately 49%, or \$98,356.96, of project funds will be used to fund this position, including both wages and benefits, at 0.80 FTE per project year. The other 0.20 FTE will be funded by other grants.

The Sr. PA will be supported by a team that includes a Program Coordinator (PC), a Senior Program Coordinator (Sr. PC), and a Program Manager (PM) in implementing the project. Additionally, they will be supported by the Chief Programs Officer (CPO) and Director of Program Financial Systems (DPFS) in administering the grant and implementing the budget. Approximately 0.50 FTE of the Sr. PC, PC, and PM, respectively, and 0.025 FTE of the DPFS and CPO, respectively, will be allocated to this project in-kind.

The Sr. PA will lead a team that includes 15 youth participants and two community partners to implement this project. 22.5%, or \$45,000, of project funds will be used to provide an annual stipend of up to \$1,500.00 per youth participant for their participation in the project, including but not limited to participating in the leadership development training; planning, coordination, and facilitation of the air quality workshops; development and dissemination of of the zine resource guide and/or video; advocating for policy and systems change; and supporting residents in completing applications for air resources and connecting them to services.

To support communication with youth leaders and outreach to community residents, 0.25%, \$500, of funds will be allocated to add staff to the ECV Office's SimpleTexting subscription, which supports sending mass text messages. Also, to support the placement of project content and the outreach and dissemination services and resources, 4.75%, or \$9,500, will be allocated to marketing, promotion, and advertising in traditional media, such as newspapers, radio, etc. and social media.

In addition to the stipends, 2.4%, or \$4,800, will be used to provide food and beverages at youth participant leadership training, planning meetings, preparation meetings, and outreach and education activities.

Food and beverages are an important resource in recruiting and retaining youth and in providing nourishment during meal times as meetings are often during evening hours

around dinnertime. This is usually the time of day when youth are available after school.

A combined 6.5%, or \$13,000, of funds will be allocated to fund supplies, including office supplies (at 1%, or \$2,000), community workshops (at 4%, or \$8,000), and printing of the zine resource guide (at 1.5%, or \$3,000). The office supplies funds will cover everyday office supplies including but not limited to stationery, printer paper, printer ink, paper/binder clips, easels, etc. The community workshops funds will cover facility rental fees, community incentives to incentivize participation in workshops, and refreshments, such as snacks and beverages.

Rounding out project expenses is mileage. About 1.4%, or \$2,756, in funds will be used to cover mileage costs for activities such as transporting youth to and from meetings, workshops, and outreach events; purchasing supplies and materials; and attending partner meetings.

Indirect is at 15%, or \$26,086.94, of direct rates. This amounts to about 13% of the total project budget.

RFP Mitigating Air Quality Related Health Conditions Strategies/Performance Measures

Goal 6: Be responsive to and supportive of selected community initiatives that enhance the environment in the District’s service area

Strategy 1: Increase and enhance awareness and foster connections to mitigate the impact of air quality on health conditions and outcomes.

Project Deliverables and Evaluation

<p>Deliverable #1: Program Outreach and Recruitment</p> <p>1) By Feb 28th, 2025, yli will conduct community outreach efforts to recruit 15 youth ages 14-24 to serve as project leaders.</p>	<p>Evaluation #1:</p> <ul style="list-style-type: none">• Documented outreach strategy including hosting recruitment sessions at 4 local high schools including Desert Mirage High School and Coachella Valley High School, social media analytics and CBO’s engaged.• yli Program Participant intake surveys completed including media release and emergency contact information collected for each youth participant.• Final ECV CARES project roster and contact information.
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	<ul style="list-style-type: none"> • Tracking social media impressions and analytics. • yli ECV CARES recruitment announcement and flier archived.
<p>Deliverable #2: Leadership Development and Youth Participatory Action Research: Content Creation for PSA/Zine:</p> <p>1) By Sept 30th 2025, yli staff will create and implement curriculum to provide leadership development training to 15 youth aimed at developing core skills, conducting a youth led action research process, preparing youth for community engagement efforts and creating youth-led media to provide context on air quality issues in the ECV, potential strategies to reduce health effects of air pollution, how to reduce exposure and health/environmental resources. Capacity building will focus on: identifying major air pollutants, explaining their sources, understanding the health impacts of air pollution, interpreting the Air Quality Index (AQI), recognizing how weather conditions affect air quality, examining social services/programs and identifying actions individuals can take to reduce their contribution to air pollution. Youth will research and explore other social services and programs.</p> <p>2) By Sept 30th 2025, yli will create content for physical/digital 10 page zine and 30 second-1 minute PSA video for distribution.</p>	<p>Evaluation #2:</p> <ul style="list-style-type: none"> • yli staff to develop and facilitate 3 month leadership development training series to build capacity for youth to build skills, implement youth led action research, lead educational campaigns, and PSA/zine content creation etc. <ul style="list-style-type: none"> ○ 15 youth will complete training series reflection and attendance will be monitored. ○ yli to archive training agendas and attendance records • All program participants will complete yli end of program survey to collect data on skill development and program experience • Archived research methodology and raw data • Final PDF Zine • Completed PSA Video File

<p>Deliverable #3: Community Education and Engagement Campaign</p> <p>From Oct 1st, 2025 - Dec 31st, 2026, yli will support youth leaders in partnership with adult allies to coordinate and host a series of educational strategies that include hosting a total (30) air quality workshops at least (8) community events and (8) local high schools. In these workshops, yli staff and youth will provide technical assistance, and access to technology to support the community to complete 200 SC AQMD free air purifier program applications. yli will disseminate education items in English and Spanish for community members to consider in protecting their health due to air quality factors. In addition, based on the research conducted, yli youth will incorporate the opportunity to increase awareness and access to programs, resources and referrals addressing the impacts of air quality, specifically asthma as part of the community engagement campaign.</p>	<p>Evaluation #3:</p> <ul style="list-style-type: none"> • outreach plan and implementation of workshops (tracking document) • 1000 community members reflected in sign in sheet at workshops collecting demographic information collecting • 120 post workshop surveys completed <ul style="list-style-type: none"> ○ Add workshop attendees to ongoing yli ECV Health Equity contact list to follow up with information post workshop attendance
<p>Deliverable #4: Youth Led Media Campaign</p> <p>From Oct 1st, 2025 - Dec 31st, 2026, yli will coordinate a social media awareness campaign, highlighted by the distribution of 1200 zine publication/ECV Air Quality at local community events and high schools resource guides outlining local resources, relevant data and youth narratives around the impact of air</p>	<p>Evaluation #4:</p> <ul style="list-style-type: none"> • 1200 printed zines and documented dissemination outreach document • 1 video production to be shared on yli and ECV partners social media channels & through paid promotion on KESQ • 2,500 text messages sent to community members via SimpleText

<p>quality in the ECV. In addition, yli will also utilize their PSA video and share via social media and through paid promotion in partnership with KESQ network to expand the reach of awareness across the ECV. yli will utilize outreach efforts and existing database to share zine/PSA and other key resources via text message application (SimpleText) and track dissemination/engagement data.</p>	<ul style="list-style-type: none"> • Tracking impacts and social media data
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Project Demographic Information

Target Geographic Area(s) To Be Served:

Coachella, Mecca, North Shore, Thermal

Target Population Age Group:

6 to 17, 18 to 24

Target Population Ethnicity:

Hispanic/Latino (of any race)

Target Population Race:

American Indian and Alaska Native

Additional Target Population Information:

Many of our current ECV youth participants represent one or more of the following demographics: immigrants, children of farmworkers, Latinx, LGBTQIA+, neurodiverse, Indigenous, low income. Also, a majority of our participants are young women, girls and non-binary youth. Our target demographics include the Hispanic/Latino population, as a significant number of families identifying as Mexican or Central American descent, low-income levels, often living below the federal poverty line. Targeting bilingual speaking youth, as many youth/families speak Spanish as their primary language at home. Across California, yli directly serves 1,700 youth in 70 cohorts of 15-30 participants each, and the impact of their advocacy work is felt by thousands more through policy changes that improve lives over the long term. Participant ages range from 14 to 26, and yli recruits youth that roughly reflect the demographics of the communities of color where they live, with 93% of yli youth identifying as people of color. yli estimates that 67% of its participating youth are low-income, as measured by their participation in free or reduced-price lunch programs and self-reported status.

Capacity, Sustainability, and Partnerships

Organizational Capacity:

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

Organizational Structure

yli's commitment to amplifying youth voices extends to our internal, organizational processes. yli fulfills this promise by creating a pipeline for our youth participants to join our staff through paid internships and as full-time staff members. This pipeline not only creates career opportunities for our youth, it ensures that our staff truly reflect the communities they serve. Our youth are involved at the highest levels of our organizational decision making. Three of our 13 board members are youth, and staff have created several internal committees that are tasked with leading various decision making efforts.

Staff Expertise

Staff on this project include Fahad Qurashi, Chief Programs Officer, Olivia Rodriguez, ECV Program Manager, Katy Torres, Sr. Program Coordinator at yli. Specifically, our Program Assistant will play the most critical role in moving this work forward: Breanna Adkins (Program Assistant) recently joined the team to implement Trusted Messenger and ECV Cares. She supports our Youth Trusted Messenger pilot program that youth participants and train them to share resources around existing state campaigns such as Save our Water and Heat Ready CA. Adkins also supports our outreach efforts around destigmatizing and demystifying mental health and the available community resources. She's also leading in building community partnerships with organizations such as NAMI, Desert Recreation District to ensure our team is present in community events and resources fairs.

History of Similar Work:

Trusted Messenger

ECV is able to continuously do outreach around community health focused campaigns such as Heat Safety, also collaborating with other organizations such as LCJA and COFEM to provide additional training that supplemented the messaging around heat safety from OCPSC to be tailored to the needs of the community in ECV. Youth leadership award in 2019 from AQMD

ECV CARES

Launched summer 2024 to continue the mental health advocacy work established under our Health Equity pilot from 2021. Our Health Equity program was started to look into youth needs around mental health, provide local resources that are accessible to youth and their families and focus on destigmatizing mental health in the ECV. A result of this work were survey and focus group results that highlighted the increased need for mental health support at school sites as youth navigated the uncertainty caused by the 2020 lockdowns that exacerbated the lack of mental health resources available to them. As we've expanded the work into overall community well being, our team has highlighted how the behavioral wellbeing of our communities is often tied to environmental and social factors.

Vaccinate All 58 Campaign/Covid-19 Disparities

yli ECV joined this campaign to boost vaccination rates in the 58 least vaccinated counties of California. One of the campaign wins was the creation of the Riverside Youth Task Force, this was one of the only youth-centered efforts in the whole

campaign that was built in partnership with UC Riverside and the Coachella Valley Equity Collaborative. While this collaboration was mostly virtual, the campaign was still successful in engaging youth and creating community zines and a video interview series using youth voices to encourage vaccination. This work now continues through our Covid-19 Disparities work to continue to distribute masks, at-home tests and continuing education around Covid-19 vaccine myths in the eastern Coachella Valley.

Que Madre youth helped create a zine for UCR School of Medicine to publish findings and scope of work of the Childhood Asthma and the Salton Sea project. This project included community health works (Promotoras) to connect with families around the Salton Sea and install air quality monitors in their homes. Que Madre youth helped translate these findings on impacts of the Salton Sea on the primarily Latinx families living in this area. Most findings focused on the developing health issues in young children and the impact on their quality of life such as lack of outdoor activities due to the low quality of air. Estamos Aqui zine also talked about clean air tied to the Salton Sea. Daphne speaking on work around EJ and Air Quality at DHCD Health Summit.

Estamos Aquí

A team of Coachella Unincorporated youth filmmakers premiered Estamos Aquí: A Community Documentary in Coachella, CA. The film seeks to highlight community voices and the future of Eastern Coachella Valley communities near the Salton Sea. The film premiere received acknowledgement from Assemblymember Eduardo Garcia, representative for the 56th California Assembly District. The documentary also received the Youth Leadership in Air Quality Award from the South Coast AQMD Clean Air Awards, which recognizes outstanding businesses, organizations, municipalities, and individuals who have championed the southland's fight for clean air.

Organizational Sustainability:

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

The fiscal year ending June 30, 2019 resulted in a deficit of \$679,731 and the abrupt transition of both the CEO and CFO from the organization. The largest factor in the FY1819 loss was that we only earned \$427K of a forecasted \$1.03M of unrestricted funds. While our expenses mostly tracked within the budget forecast they far outpaced the actual revenue because no corrective measures were made midyear.

The transition resulted in a new CEO and CFO and updated accounting practices to adhere to best practices within the industry and provided a direct link between CFO and the board. We retired the deficit by the end of FY21 and as of FY24 have almost 2 months operating in the bank.

yli manages over 100 contracts each year across the state from diverse and varied sources. In Long Beach, we are currently funded by private foundations, county government, state government and local governments. yli's 32 year experience in working with public and private funders has yielded over 135 policy changes through youth voice and power. yli's finance team and program management are skilled and experienced at responsibly overseeing fiscal practices and budgetary needs, while the programs team is skilled at maximizing dollars to create lasting local impact through youth development and evidence-based practices with young people that impact the participants and the entire community. yali's approach to revenue is to braid public and

private dollars to maximize the effectiveness of both and to optimize the return on investment of each dollar.

Additionally, in an evaluation of having a youth development strategy, we found that youth voice also needed to be amplified through storytelling. In the fall of 2018, yli acquired YouthWire, a youth media network with programs across the state. This acquisition means that yli now can add storytelling and media production to its list of program offerings to young people and prepares us to think about issues of news dissemination and audiences, from various perspectives and with the tools of youth-led research, surveys and journalism. With our added capacity to do storytelling, youth-led journalism, and increase communications at the local level, we believe this model would truly benefit communities where young people and their adult allies come together to create positive social change.

Partnerships/Collaborations:

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

Leadership Counsel for Justice and Accountability: ECV team will continue to join in on LCJA’s ongoing monthly community partner meetings where different organizations and community members join together to discuss emerging issues surrounding climate justice, air quality and other quality of life issues affecting the eastern Coachella Valley. yli and LCJA will also continue to collaborate and incorporate youth voices into ongoing community meetings regarding the Salton Sea, Mecca Desert View Power plant, and getting involved in the Mecca-North Shore Climate Resiliency projects.

UCR School of Medicine: Air Quality and Childhood Asthma zine—can continue building on this work with them; yli will continue to partner and support their ongoing efforts in researching impacts on the various communities like North Shore, Mecca, Salton Sea, Thermal, and Oasis. This project has continued to be a collaborative effort with other partners such as Vision y Compromiso to take a culturally competent approach to research and have community leaders connect with members to bridge the language and cultural gaps between researchers and community.

Alianza is the only alliance in the Coachella Valley bringing together community members, nonprofits, and government to lead efforts we need for a thriving region. Previously known as Building Healthy Communities, our expanding work is built around leadership development and an understanding that healthy and economically prosperous communities exist only when our population is represented in all decisions impacting our daily lives. That is why we work to make people active players in the processes shaping policies and public funding priorities. Alianza recognizes that the vitality of our region is deeply interconnected and that a thriving Eastern Coachella Valley benefits the whole valley — east and west. We focus in the city of Coachella and the unincorporated communities of Thermal, Mecca, Oasis, and North Shore near the northwest shore of the Salton Sea. These communities are predominantly Latino with a rich history and culture too often overshadowed by economic disadvantages. People farm the fields that help feed the nation, yet they live in substandard housing, drink tainted water, and struggle to feed their own families. Amid these challenges, pride in community cohesiveness and parents’ aspirations of a better life for their children fuel

hope in the Eastern Coachella Valley. The concentration of low-income residents in the Eastern Coachella Valley creates significant barriers to self-determination and access to basic resources and services. Communities in the east face a lack of investment in the areas of housing and housing infrastructure (water and wastewater); infrastructure (roads, sidewalks, lighting, parks); and health (primary care physicians, specialists, providers for the uninsured). yli and Alianza have been deep partners in community advocacy, research and resource sharing efforts, addressing various community health issues collectively over the past 5 years.

Diversity, Equity, and Inclusion (DEI)

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

We operate from the truth that the people most affected by systemic oppression are often excluded from decision- and policy-making processes. yli aims to reverse this trend by amplifying the voices of underserved youth to ensure they have a say in their communities' futures. Nationwide, yli shares the best of this work by leading training on racial equity, power, privilege, and on engaging youth in community work.

Our staff reflect the communities in which we serve and the youth in our programs. Our CEO, Patty Barahona, is a Latinx, gender-nonconforming, queer leader, and 94% of our staff identify as people of color who come from the communities in which they now lead work. Of the 1,700 youth (ages 12-26) we serve each week, 90% are youth of color, and 67% qualify as low income. Additionally, 62% of yli's board of directors are people of color and 54% identify as women.

Our staff and youth know that oppressive systems do not operate in isolation, and their campaigns reflect their deeply intersectional analysis. At the same time, identifying key issue areas allows them to build strategy and zero in on specific targets. Guided by the vision of our youth, our programs currently focus on six primary platforms: Economic, Education, Environmental, Gender, Health, and Racial Justice (<https://yli.org/platforms/>).

We practice Economic Justice by:

- Providing stipends and paid internships that fairly compensate youth work.
- Creating a pipeline for youth leaders to become yli staff. From 2019-2021, 16 youth leaders have become full-time staff members.
- Ensuring staff salaries are competitive in the nonprofit field and commensurate with local cost of living. Salary bands are reviewed every two years to be commensurate with local cost of living.
- Creating a policy on Donations We Accept to ensure that our donors and funders are aligned with our values.
- Attending to the immediate financial needs of our youth during crises, like the COVID-19 pandemic, in the form of increased stipends, rapid relief (e.g., rental support, utility support) and care packages
- Revising our job descriptions to ensure that positions are equitable across the organization and accurately reflect salary ranges and expectations.

We practice Education Justice by:

- Attending to the immediate educational needs of our youth during crises, like the COVID-19 pandemic, in the form of equipment and essential school supplies (e.g., desks, chairs, stationery) that enabled them to participate in online classes
- Providing scholarships to our youth to support their post-secondary education in a degree program or a certificate in a vocational or technical program

We practice Environmental Justice by:

- Committing Executive time to collaborative partnerships that advance Environmental Justice

We practice Gender Justice by:

- Honoring the use and communication of pronouns in staff and program meetings
- Building female-identified and LGBTQ+ representation on with X%our staff and X% board, including our CEO who identifies as nonbinary

We practice Health Justice by:

- Providing a generous benefit package that covers 100% of employees and 50% of employee dependents and spouses, and currently includes:
 - PTO accrual that begins at 15 days a year and increases with years of service, which is encouraged to use
 - A \$500 Lifestyle Spending Account that can be used on physical, mental and financial wellness every year
 - Access to an FSA and a matched 403(b) retirement account
 - \$80 monthly telecom reimbursement
 - Access to an Employee Assistance Plan (EAP)
- Providing all staff with masks, work-from-home set-ups and increased monthly telecom stipends at the onset of COVID-19
- Offering two flex hours per week during the COVID-19 pandemic for non-exempt staff
- Providing masks and air filters for staff affected by poor air quality
- Conducting a mandatory training on youth mental health across the organization
- Providing optional Healing Circles for staff and youth

We practice Racial Justice by:

- Ensuring that our staff and board members reflect the communities we serve - and our belief that change must be led by those most impacted by the current system. Over 90% of our program participants, 95% of our staff, and 71% of our board members are people of color.
- Actively addressing anti-Blackness within our organization through organization-wide trainings and planning processes that work to root out white supremacy in our systems, structures and relationships
- Partnering with organizations and funders who share our values by creating a policy on Donations We Accept to ensure that we are not unwittingly promoting the very systems we are seeking to dismantle

- Grounding our programs in a social justice framework so our youth participants can better understand how current conditions are shaped by white supremacy, and can dream of a liberated, decolonized world
- Compensating Black staff for work they do on racial justice at yli

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- Actively addressing anti-Blackness within our organization through organization-wide trainings and planning processes that work to root out white supremacy in our systems, structures and relationships
- Partnering with organizations and funders who share our values by creating a policy on Donations We Accept to ensure that we are not unwittingly promoting the very systems we are seeking to dismantle
- Grounding our programs in a social justice framework so our youth participants can better understand how current conditions are shaped by white supremacy, and can dream of a liberated, decolonized world
- Compensating Black staff for work they do on racial justice at yli

What barriers does your organization face when addressing DEI?

Inclusion sits at the center of yli's values and work. We operate from the truth that the people most affected by systemic oppression - low-income, LGBTQ, communities of color, and other marginalized populations - are often excluded from decision- and policy-making processes. yli aims to reverse this trend by amplifying the voices of underserved youth to ensure they have a say in their communities' futures. Nationwide, yli shares the best of this work by leading training on racial equity, power, privilege, and on engaging youth in community work. Our greatest barriers to addressing DEI efforts includes:

- 1) Actively dismantling anti-Blackness within our organization through organization-wide training and planning processes that work to root out white supremacy in our systems, structures and relationships.
- 2) Partnering with organizations and funders who share our values by creating a policy on Donations We Accept along with funds via corporate entities to ensure that we are not unwittingly promoting the very systems we are seeking to dismantle.
- 3) Grounding our programs in a social justice framework so our youth participants can better understand how current conditions are shaped by white supremacy, which current institutions and systems still operate within, and can dream of a liberated, decolonized world.

We have worked internally and externally towards racial justice and look to deepen our anti-racist praxis and integrate our learning throughout our internal policies and practices and externally through our talented staff and youth leaders work to create sustainable changes that actualize anti-racism in real-time across their communities. We are currently working with Edutainment for Equity (E4E) who is training our staff and building our capacity as an organization to grow our anti-racist praxis and begin to evolve our work internally and externally by imbedding anti-racist language, practices, policies, curriculum, and governance to strengthen our organization.

Section 1 - Operational Expenses				
Project Grant Budget				
Applicant:		Youth Leadership Institute		ECV CARES
OPERATIONAL EXPENSES		Total Project Budget	Funds From Other Sources Detail On Section 3	Amount Requested From DHCD/F
Total Staffing Expenses Detail on Section 2		\$ 122,946.20	\$ 24,589.24	\$ 98,356.96
Equipment (itemize)				
1			\$ -	
2			\$ -	
3			\$ -	
4			\$ -	
Supplies (itemize)				
1	Office Supplies	\$ 2,000.00	\$ -	\$ 2,000.00
2	Community Workshops - Workshop Facility	\$ 12,000.00	\$ 4,000.00	\$ 8,000.00
3	ECV CARES Program - Leadership	\$ 9,600.00	\$ 4,800.00	\$ 4,800.00
4	ECV CARES Program Youth Leader Stipends at	\$ 45,000.00	\$ -	\$ 45,000.00
Printing / Duplication		\$ 3,000.00	\$ -	\$ 3,000.00
Mailing / Postage			\$ -	
Mileage (use current Federal mileage rate)		\$ 2,756.00	\$ -	\$ 2,756.00
Education / Training			\$ -	
Other Direct Project Expenses Not Described Above (itemize)				
1	Dues & Subscriptions	\$ 500.00	\$ -	\$ 500.00
2	Promotion, Marketing, & Advertising	\$ 9,500.00	\$ -	\$ 9,500.00
3			\$ -	
4			\$ -	
* Items listed below are included for calculation of the total project budget only. For use of DHCD/F funds, these line items would be included in the allowable 15% indirect cost rate.				
Office / Rent / Mortgage*		\$ 7,068.01	\$ 7,068.01	\$ -
Telephone / Fax / Internet*		\$ 2,411.16	\$ 2,411.16	\$ -
Utilities*		\$ 893.02	\$ 893.02	\$ -
Insurance*			\$ -	\$ -
Indirect Rate	15%	Enter Rate	15.00%	\$ 26,086.94
Total Project Budget (Rounded up to nearest dollar)				
		\$ 243,762	\$ 43,762	\$ 200,000
Budget Narrative	Fully describe items above in this cell. You may insert rows or create additional worksheets if more space is needed to fully describe your budget.			
	<p>A) Office Supplies: This includes but is not limited to office supplies such as stationery, printer paper, printer ink, paper/binder clips, easels, etc at \$2,000 total.</p> <p>B) Community Workshops: This includes rental facility fees (Average of \$250 per workshop to rent a space), community incentives to incentivize participation (\$100 in giveaways at each workshop to attract participants), and snacks and beverages for up to thirty (30) air quality workshops at \$8,000 total.</p> <p>C) ECV CARES Program - Leadership Development Training Hospitality is provided at during leadership meetings which will occur between 2-3 times per month and include up to 15 youth per meeting where food and beverage is budgeted at \$7 per youth per meeting across 24 months, so 3 x 15 x \$7 x 24 = \$7,560. Project outreach refreshments and beverages are budgeted at \$2,040 across community events over the two year period. (\$9,600 total with \$4,800 being covered through this DHCD grant)</p> <p>D) ECV CARES Program Youth Participant Stipends - This is to provide each youth participant with up to an annual \$1,500 stipend for their participation in the leadership development workshops; planning, coordination, and facilitation of the air quality workshops; development and dissemination of the zine resource guide and/or video; advocating for policy and systems change; and supporting residents in completing applications for resources and connecting them to services. (22,500 per year total X 2 years of programming = \$45,000)</p> <p>E) Printing/Duplication: This is to print up to 1,200 copies in English and Spanish of 10-12 page zine as resource guide to disseminate at \$3,000.</p> <p>F) Other Direct Project Expenses: 1. Subscription to SMS Texting to support mass communication via SimpleText application at \$500, 2. placement of stories and advertisement of services and resources in traditional media, such as newspapers, television, radio, etc. and social media at \$9,500</p> <p>G) Mileage: This is calculated at the current federal reimbursement rate of \$0.67 per mile. This will include but is not limited to transportation of youth leaders, purchasing supplies and materials, travel to disseminate resource guides, etc.</p> <p>H) Indirect Rate: This is 15% of direct costs.</p>			

Version 07.07.23 Please see instructions tab for additional information

Section 2 - Itemized Expenses					
Staff Salary Expenses		Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD/F
Employee Position/Title					
1	Sr. Program Assistant	\$ 49,178.48	2	98,356.96	\$ 78,685.57
2				-	
3				-	
4				-	
5				-	
6				-	
Enter Total Employee Benefits / Employer Taxes % (Proportional Fringe Costs and/Or Employer Taxes Based On % Of Time Allocated To Project)			25.00%	24,589.24	19,671.39
Total Will Populate in Total Staffing Expenses Section 1				Total >	\$ 122,946.20 \$ 98,356.96
Budget Narrative - Scope of Work	Please describe in detail the scope of work and duties for each employee on this grant.				
	The Sr. Program Assitant will be the project lead. 80%, or 0.80 FTE of their time per year for a total of 1.60 FTE over two years will be allocated to this project. The remaining 0.40 FTE of their time will be funded by other grants.				
	They will be supervised and supported by a Sr. Program Coordinator (Sr. PC), a Program Coordinator (PC), and a Program Manager (PM) in carrying out project goals and ensuring that project deliverables are satisfied. They will lead in the recruitment of the ECV CARES youth leaders and training of these leaders through the leadership development training. With support from the Sr. PC, PC, and/or PM, they will lead the development of the leadership development training curriculum. Approximately 0.05 FTE of the Sr. PC, PC, and PM, respectively, will be allocated to this project in-kind.				
	They will collaborate with ECV CARES youth leaders and Partners to plan and coordinate the thirty (30) air quality workshops, including but not limited to preparing youth to facilitate the workshop, partnering with youth leaders and Partners to develop and implement an recruitment plan, etc.				
	They will collaborate with ECV CARES youth leaders to research, develop, produce, and develop the zine resource guide and video, including but not limited to researching and including key health content/messages in the resources, developing and implementing a dissemination plan, etc.				
Budget Narrative - Employee Benefits	Please describe in detail the employee benefits including the percentage and salary used for calculation.				
	This includes: 8.33% Federal Insurance Contributions Act (FICA), 0.72% State Unemployment Insurance (SUI), 0.78% Workers Compensation, 15.63% Medical, Dental, Vision Fertility & Accidental Death and Dismemberment (ADD), 1.33% 403(b) Retirement, 0.15% Commuting Subsidy, 0.07% Other Payroll and Benefit Related Fees for a total of approximately 24-27%.				
Professional Services / Consultant Expenses		Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD/F
Company and Staff Title					
1					
2					
3					
4					
Total Will Populate in Total Staffing Expenses Section 1				Total >	\$ - \$ -
Budget Narrative - Scope of Work	Please describe in detail the scope of work for each professional service/consultant on this grant.				

Version 07.07.23 Please see instructions tab for additional information

Section 3 - Other Funding

**Funds From Other Sources (Actual Or Projected)
SPECIFIC To This Project**

"Total Funding In Addition To DHCD/F Request" Below Should Match Or Exceed Value Listed In Section 1 for "Funds from Other Sources".		Amount
Fees		
Donations		
Grants (List Organizations)		
1	Private Foundation Grants	\$ 43,761.43
2		
3		
8		
Fundraising (Describe Nature Of Fundraiser)		
1		
2		
3		
8		
Other Income, e.g., Bequests, Membership Dues, In-Kind Services, Investment Income, Fees From Other Agencies, Etc. (Itemize)		
1		
2		
3		
8		
Total Funding In Addition To DHCD/F Request		\$ 43,761.43
Budget Narrative	<p>Please describe in detail any additional information or explanations for items listed above.</p> <p>A) 0.20 FTE per project year of Sr. PA provide by other funds totals \$24,589.24, including wages and benefits.</p> <p>B) \$7,068.01 in Office Rent across 24 months based on the FTE of the ECV Office and FTE of the Sr. PC budgeted to this project.</p> <p>C) \$2,411.16 total in Telephone/ Fax / Internet with \$491.16 for office internet across 24 months FTE of the ECV Office and FTE of the Sr. PC budgeted to this project. and with \$1,920 at a rate of \$80.00 per month across 24 months in monthly cell phone and internet reimbursement to staff for use of their personal cell phone and internet for project delivery.</p> <p>D) \$893.02 in Office Utilities across 24 months based on the FTE of the ECV Office and FTE of the Sr. PC budgeted to this project.</p> <p>E) An additional \$4,000 to supplement \$8,000 budgeted for community workshops to account for higher facility rental fees, additional community incentives, and/or refreshments.</p> <p>F) An additional \$4,800 to supplement \$4,800 budgeted for ECV CARES youth cohort food and beverages to account for additional meetings and project outreach and education activities. Leadership Development Training Hospitality is provided at during leadership meetings which will occur between 2-3 times per month and include up to 15 youth per meeting where food and beverage is budgteed at \$7 per youth per meeting across 24 months, so 3 x 15 x \$7 x 24 = \$7,560. Project outreach refreshments and beverages are budgeted at \$2,040 across community events over the two year period.</p>	

EXHIBIT B

PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES

<u>Project Title</u>	<u>Start/End</u>
ECV CARES	1/01/2025 12/31/2026

PAYMENTS:

(4) Payments: \$45,000.
10% Retention: \$20,000.

Total request amount: \$ 200,000.

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Grant Requirements for Payment	Payment
1/01/2025	Signed Agreement submitted & accepted.	Advance of \$45,000. for time period 1/01/2025 - 6/30/2025
8/01/2025	1st six-month (1/01/2025 - 6/30/2025) progress report, budget reports and receipts submitted & accepted	Advance of \$45,000. for time period 7/01/2025 - 12/31/2025
2/01/2026	2nd six-month (7/01/2025 - 12/31/2025) progress report, budget reports and receipts submitted & accepted	Advance of \$45,000. for time period 1/01/2026 - 6/30/2026
8/01/2026	3rd six-month (1/01/2026 - 6/30/2026) progress report, budget reports and receipts submitted & accepted	Advance of \$45,000. for time period 7/01/2026 - 12/31/2026
2/01/2027	4th six-month (7/01/2026 - 12/31/2026) progress report, budget reports and receipts submitted & accepted	\$0
2/15/2027	Final report (1/01/2025 - 12/31/2026) and final budget report submitted & accepted	\$20,000. (10% retention)

TOTAL GRANT AMOUNT: \$ 200,000.

DELIVERABLES:

Project Deliverables and Evaluation

<p>Deliverable #1: Program Outreach and Recruitment</p> <p>1) By Feb 28th, 2025, yli will conduct community outreach efforts to recruit 15 youth ages 14-24 to serve as project leaders.</p>	<p>Evaluation #1:</p> <ul style="list-style-type: none"> • Documented outreach strategy including hosting recruitment sessions at 4 local high schools including Desert Mirage High School and Coachella Valley High School, social media analytics and CBO’s engaged. • yli Program Participant intake surveys completed including media release and emergency contact information collected for each youth participant. • Final ECV CARES project roster and contact information. • Tracking social media impressions and analytics. • yli ECV CARES recruitment announcement and flier archived.
<p>Deliverable #2: Leadership Development and Youth Participatory Action Research: Content Creation for PSA/Zine:</p> <p>1) By Sept 30th 2025, yli staff will create and implement curriculum to provide leadership development training to 15 youth aimed at developing core skills, conducting a youth led action research process, preparing youth for community engagement efforts and creating youth-led media to provide context on air quality issues in the ECV, potential strategies to reduce health effects of air pollution, how to reduce exposure and health/environmental resources. Capacity building will focus on: identifying major air pollutants, explaining their sources,</p>	<p>Evaluation #2:</p> <ul style="list-style-type: none"> • yli staff to develop and facilitate 3 month leadership development training series to build capacity for youth to build skills, implement youth led action research, lead educational campaigns, and PSA/zine content creation etc. <ul style="list-style-type: none"> ○ 15 youth will complete training series reflection and attendance will be monitored. ○ yli to archive training agendas and attendance records • All program participants will complete yli end of program survey to collect data on skill

<p>understanding the health impacts of air pollution, interpreting the Air Quality Index (AQI), recognizing how weather conditions affect air quality, examining social services/programs and identifying actions individuals can take to reduce their contribution to air pollution. Youth will research and explore other social services and programs.</p> <p>2) By Sept 30th 2025, yli will create content for physical/digital 10 page zine and 30 second-1 minute PSA video for distribution.</p>	<p>development and program experience</p> <ul style="list-style-type: none"> • Archived research methodology and raw data • Final PDF Zine • Completed PSA Video File
<p>Deliverable #3: Community Education and Engagement Campaign</p> <p>From Oct 1st, 2025 - Dec 31st, 2026, yli will support youth leaders in partnership with adult allies to coordinate and host a series of educational strategies that include hosting a total (30) air quality workshops at least (8) community events and (8) local high schools. In these workshops, yli staff and youth will provide technical assistance, and access to technology to support the community to complete 200 SC AQMD free air purifier program applications. yli will disseminate education items in English and Spanish for community members to consider in protecting their health due to air quality factors. In addition, based on the research conducted, yli youth will incorporate the opportunity to increase awareness and access to programs, resources and referrals addressing the impacts of air quality, specifically asthma as part of the community engagement campaign.</p>	<p>Evaluation #3:</p> <ul style="list-style-type: none"> • outreach plan and implementation of workshops (tracking document) • 1000 community members reflected in sign in sheet at workshops collecting demographic information collecting • 120 post workshop surveys completed <ul style="list-style-type: none"> ○ Add workshop attendees to ongoing yli ECV Health Equity contact list to follow up with information post workshop attendance
<p>Deliverable #4: Youth Led Media Campaign From Oct 1st, 2025 - Dec 31st, 2026, yli</p>	<p>Evaluation #4:</p> <ul style="list-style-type: none"> • 1200 printed zines and documented

<p>will coordinate a social media awareness campaign, highlighted by the distribution of 1200 zine publication/ECV Air Quality at local community events and high schools resource guides outlining local resources, relevant data and youth narratives around the impact of air quality in the ECV. In addition, yli will also utilize their PSA video and share via social media and through paid promotion in partnership with KESQ network to expand the reach of awareness across the ECV. yli will utilize outreach efforts and existing database to share zine/PSA and other key resources via text message application (SimpleText) and track dissemination/engagement data.</p>	<p>dissemination outreach document</p> <ul style="list-style-type: none"> • 1 video production to be shared on yli and ECV partners social media channels & through paid promotion on KESQ • 2,500 text messages sent to community members via SimpleText • Tracking impacts and social media data
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The Desert Healthcare District has implemented Results-Based Accountability (RBA) into their grantmaking process to streamline reporting and offer a straightforward approach to effectively measuring program-level performance.

RFP Mitigating Air Quality Related Health Conditions Strategies/Performance Measures

Goal 6: Be responsive to and supportive of selected community initiatives that enhance the environment in the District’s service area.

Strategy 1: Increase and enhance awareness and foster connections to mitigate the impact of air quality on health conditions and outcomes

Performance Measures:

- # of workshops, seminars, and trainings provided
- # of attendees at workshops, seminars, and trainings provided
- # of clients who reported utilizing the information/resources learned
- # of clients referred to external wrap-around services
- # of clients connected to external wrap-around services
- # of air quality related text messages sent



Date: December 17, 2024

To: Board of Directors

Subject: Grant # 1480 Desert Recreation Foundation

Grant Request: Youth CARE (Clean Air and Recreation for Everyone)

Amount Requested: \$197,477.00

Project Period: 01/01/2025 to 12/31/2026

Project Description and Use of Desert Healthcare Foundation Funds:

The Youth CARE (Clean Air and Recreation for Everyone) Project is a two-phase initiative designed to engage youth in the Eastern Coachella Valley in addressing air quality and its health effects. Phase 1 focuses on education and community involvement, with workshops for high school students to raise awareness about air pollution, its health impacts, and ways to get involved. These workshops, in partnership with local experts and agencies, will also recruit youth participants for Phase 2, forming two cohorts: one of youth with respiratory issues and another without.

In Phase 2, the two youth cohorts will lead data collection by using portable air quality monitors to track pollutants and document how changes in their daily activities affect their health. With support from Desert Recreation Foundation staff and local partners, students will analyze the data, share findings with the community, and implement the Air Quality Flag Program. The Air Quality Flag Program will serve as a visual indicator of daily air quality conditions, helping youth and the wider community make informed decisions about outdoor activities based on real-time air quality data. Youth participants will also pinpoint the most appropriate locations for the flags, ensuring the program reaches areas with the greatest impact. Youth will also co-facilitate workshops to raise awareness and advocate for solutions to improve air quality and public health.

Expert partners will provide training and support throughout the project. Success will be measured through surveys assessing changes in knowledge and community engagement. The project will culminate in a community event where youth present their findings and strategies to mitigate air pollution's impact.

This project was submitted in response to the Desert Healthcare District and Foundation's request for proposals (RFP) aimed at mitigating air quality-related health



conditions. The District and Foundation sought projects that focused on preventing, diagnosing, and managing health issues linked to air quality for Coachella Valley residents. This application aligns directly with the RFP, with Foundation funds supporting air quality equipment, youth stipends, supplies, mileage, uniforms, and two Desert Recreation Foundation staff members: a Management Analyst and a part-time Program Specialist.

RFP Mitigating Air Quality Related Health Conditions Strategies/Performance Measures

Goal 6: Be responsive to and supportive of selected community initiatives that enhance the environment in the District and Foundation and Foundation's service area

Strategy 1: Increase and enhance awareness and foster connections to mitigate the impact of air quality on health conditions and outcomes.

Geographic Area(s) To Be Served:

Coachella, Indio, Mecca, North Shore, Oasis, Thermal

Action by Program Committee: (Please select one)

- ✓ Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of \$197,477.00 be approved.

Recommendation with modifications

Request for more information

Decline



RFP Mitigating Air Quality-Related Health Conditions **Grant Application Summary**

Desert Recreation Foundation, Grant # 1480

About the Organization

Desert Recreation Foundation
45305 Oasis Street
Indio, CA 92201
760-347-3484
<https://www.desertrecreationfoundation.org>

Tax ID #: 91-2143285

Primary Contact:

Yeilin Padilla, Management Analyst
ypadilla@drd.us, comypadilla@drd.us

Organization's Mission Statement and History

The mission of the Desert Recreation Foundation (DRF) is to enrich and preserve the quality of life for residents of the Coachella Valley. We do this by raising funds and garnering support to purchase, develop, enhance, preserve, promote, and expand recreational activities, programs, parks, properties, and facilities throughout the region. Established in September 2021, the DRF was formed in response to the growing need for accessible and diverse recreational opportunities in the Coachella Valley. Since our inception, we have focused on enhancing quality recreational opportunities for all residents who otherwise would not be able to participate. Historically, the DRF has supported programs such as The First Tee of Coachella Valley (TFTCV), a vital initiative of the Desert Recreation District aimed at promoting youth development through golf. The success of TFTCV reflects years of successful funding efforts by the DRF. Additionally, DRF has provided funding for the Adaptive/Therapeutic Sports and Recreation program, ensuring that individuals with disabilities have access to inclusive recreational activities. Lastly, DRF has had a long history of championing the Financial Assistance Program. The Financial Assistance Program represents an ongoing funding commitment from the DRF; as a result, families and individuals with limited resources have been able to participate in recreational offerings, further exemplifying our commitment to making recreation accessible to all members of the community. Through

these efforts, the DRF has a strong history of contributing to a healthier, more engaged community where all individuals have the opportunity to participate.

Organization Annual Budget: \$300,000.00

Project Information

Project Title: Youth CARE (Clean Air and Recreation for Everyone)

Start Date: 01/01/2025 **End Date:** 12/31/2026

Total Project Budget: \$200,477.00

Requested Amount: \$197,477.00

Community Need for this Project in the Coachella Valley:

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

The Eastern Coachella Valley faces pressing environmental health challenges, particularly concerning air quality, which significantly impacts the daily lives of its residents. While the Desert Recreation Foundation (DRF) works diligently to remove financial barriers to accessing recreational programs, ongoing environmental barriers related to air quality present substantial challenges that hinder participation in outdoor activities essential for health and well-being. Data from the Health Assessment and Research for Communities (HARC) Special Report on Environmental Health in the Coachella Valley underscores the severity of these challenges. A striking 47.4% of residents reported that poor air quality stops them from engaging in outdoor activities in their neighborhoods. This statistic illustrates a significant limitation on quality of life, as many individuals and families feel restricted in their ability to enjoy the natural beauty and recreational opportunities that we work to make accessible to all. Poor air quality is a critical public health concern in the Eastern Coachella Valley, where high levels of particulate matter and ozone are prevalent. These pollutants originate from various sources, including vehicular emissions, agricultural activities, and from the shrinking Salton Sea Playa. The health implications are severe, particularly for vulnerable populations, including children and those with preexisting respiratory conditions. According to HARC, about 41,422 adults and 10,675 children in the Coachella Valley have been diagnosed with asthma, which amounts to approximately 12% of the population—compared to the national average of about 7%. The region has one of the highest rates of asthma in California, which can be attributed not only to environmental factors. Limited access to healthcare services in the region has restricted diagnoses, potentially resulting in higher rates of undiagnosed cases. The inability to participate in outdoor activities due to poor air quality not only affects physical health but also impacts mental and emotional well-being. For children, being restricted from outdoor play and recreation can lead to feelings of isolation and frustration. The lack of safe, healthy spaces for physical activity can contribute to a cycle of inactivity, which further exacerbates health issues and diminishes overall quality of life. Moreover, these environmental challenges disproportionately affect low-income households. Given the

pressing air quality challenges in the Eastern Coachella Valley, there is a critical need for youth advocacy and creative problem-solving to tackle these issues within their communities. Empowering youth to understand and address air quality concerns not only fosters a sense of ownership but also equips them with the skills to develop innovative solutions. By engaging youth as active participants in advocacy, we can leverage their unique perspectives and energy to drive change, raise awareness, and promote healthier environments. This initiative aims to cultivate a generation of informed leaders who can effectively advocate for clean air and contribute to the overall well-being of their community. In summary, the air quality crisis in the Eastern Coachella Valley poses significant risks to public health and quality of life. With nearly half of residents reporting that air quality impacts their ability to engage in outdoor activities, there is a clear and pressing need for initiatives that address these challenges. By focusing on education, advocacy, and community engagement, we can work toward creating a healthier environment and empowering residents to take action against air pollution and its adverse health effects.

Project Description and Use of District funds:

Describe the scope of the project and how your organization will utilize the Desert Healthcare District funding. Clearly state the approach you are going to take to meet the community's need and specify how the success of this project directly aligns to the purpose of the request for proposals to Mitigate Air Quality-Related Health Conditions.

The Youth CARE (Clean Air and Recreation for Everyone) Project is a two-phase initiative designed to empower youth in the Eastern Coachella Valley to actively engage in addressing air quality issues and their health impacts. This project will focus on education, community involvement, and data collection, with an emphasis on increasing awareness of air quality concerns and fostering connections to mitigate their impact on health outcomes. The first phase of the project will consist of a series of educational workshops aimed at raising awareness about air quality. Through our partnerships with the 29 Palms Band of Mission Indians and their Environmental Protection Agency, Dr. William Porter from the University of California Riverside, HARC, and local agencies these workshops will cover the fundamental concepts of air quality. The workshops facilitated will be open to the public but will primarily target high school youth and will focus on sources and causes of poor air quality, the health impacts of air pollution, and how to engage the community in addressing these challenges. The workshops will also focus on gathering support, increasing community participation, and setting up the framework for the second phase of the project. A key component of Phase 1 will be recruiting students for Phase 2. To ensure diverse representation and a deeper understanding of air quality's impact, we will create two cohorts. One cohort will consist of youth who voluntarily self-identify as having a history of respiratory issues or symptoms through surveys administered during the Phase 1 workshops. This will help us capture the experiences of youth with respiratory conditions related to air quality, placing them in a dedicated cohort. The second cohort will consist of students who do not self-identify with respiratory issues. In Phase 2, the project will shift to a youth-led data collection and monitoring phase. We will form two cohorts of 10 students each—one group of students who have voluntarily self-identified as having respiratory conditions or symptoms, and another group without respiratory issues. These students will be provided with portable air quality monitoring devices to collect real-time data on pollutants, such as particulate matter, during everyday activities and outdoor recreation.

As part of the data collection process, students will also track any changes they make to their daily activities to mitigate the impact of air quality on their health. This hands-on experience will deepen their understanding of air quality, highlight the real-world impact of pollution, and equip them with the tools to actively engage in efforts to improve air quality in their community. Throughout Phase 2, the youth cohorts will learn how to interpret the data they collect, analyze air quality trends, and communicate their findings to the broader community. They will also be involved in implementing the Air Quality Flag Program across Desert Recreation District sites and local parks. The program will serve as a visual indicator of daily air quality conditions, helping youth and the wider community make informed decisions about outdoor activities based on real-time air quality data. Youth participants will also pinpoint the most appropriate locations for the flags, ensuring the program reaches areas with the greatest impact. In addition to data collection and air quality monitoring, Phase 2 will include community workshops co-facilitated by the youth participants. These workshops will focus on air quality awareness, advocacy, and solutions to improve public health. The students will lead discussions on the significance of the Air Quality Flag Program and engage the community in recognizing the impacts of air pollution. These workshops will provide a platform for youth to share their knowledge, advocate for change, and work with local stakeholders to promote healthier environments. Throughout the project, youth participants will receive continuous support from our expert partners, who will provide training, resources, and guidance to help them interpret air quality data and strengthen their advocacy efforts. The success of the project will be measured through pre- and post-project surveys, assessing changes in the knowledge and attitudes of both youth participants and the broader community regarding air quality and recreation. The post-project survey will also evaluate the effectiveness of the youth-led initiatives, including the Air Quality Flag Program, community workshops, and connections to wrap-around services, as well as the overall impact of their advocacy efforts. The project will culminate in a community event where youth participants will present their findings and recommendations, sharing strategies to mitigate the health impacts of air pollution. This event will advance dialogue and collaboration within the community, ensuring that the youth's leadership and advocacy efforts have a lasting impact. Supported by funding from the Desert Healthcare District, the Youth CARE project will allocate resources to educational materials, workshop facilitation, air quality monitoring equipment, and the implementation of the Air Quality Flag Program. By centering youth engagement, this project will develop the next generation of environmental leaders and lay the foundation for sustainable, community-driven efforts to reduce the impact of air pollution on health in the Eastern Coachella Valley.

RFP Mitigating Air Quality Related Health Conditions Strategies/Performance Measures

Goal 6: Be responsive to and supportive of selected community initiatives that enhance the environment in the District's service area

Strategy 1: Increase and enhance awareness and foster connections to mitigate the impact of air quality on health conditions and outcomes.

Project Deliverables and Evaluation

Deliverable #1:

By December 31, 2025, the Youth CARE program will have facilitated at least five air quality workshops, engaging a minimum of 150 participants, primarily high school youth from the Eastern Coachella Valley. These workshops will cover air quality topics such as sources of pollution, health impacts, and the role of climate change, while preparing students for the next phase of the Youth CARE program. By December 31, 2025, the program specialist will have the two cohorts of 10 students ready to participate in Phase 2. Workshops in phase 1 will be interactive, with hands-on activities, guest speakers, and discussions to encourage youth involvement. The program will collaborate with local schools and community organizations to ensure broad and inclusive participation. Pre- and post-session surveys will measure changes in knowledge and engagement. The workshops aim to empower youth with the skills and knowledge to advocate for cleaner air, laying the foundation for their involvement in Phase 2 of the project.

Evaluation #1:

The evaluation of Deliverable 1 will focus on the successful facilitation of five air quality workshops and the recruitment of two cohorts of 10 students each by December 31, 2025. We will monitor participant attendance to ensure at least 150 individuals, primarily high school youth, attend the workshops. Pre- and post-workshop surveys will assess changes in knowledge about air quality and measure participants' interest in further engagement with air quality advocacy. A specific survey question will gauge interest in continuing advocacy efforts, helping identify students for recruitment into Phase 2. Feedback will also be gathered on the effectiveness of workshop content, guest speakers, and interactive activities. We will track partnerships with local schools and community organizations to ensure diverse representation. Additionally, the evaluation will measure increases in student confidence as leaders and advocates for air quality solutions.

Deliverable #2:

By March 31, 2026, the Youth CARE program will implement the Air Quality Flag Program at ten Desert Recreation District community centers and parks in the Eastern Coachella Valley. The program will provide a daily visual indicator of air quality, empowering community members to make informed decisions about outdoor activities. Youth participants will be actively involved in selecting flag locations and organizing daily flag placements based on real-time air quality data. Each cohort will manage this process at five sites, fostering leadership and a sense of responsibility.

Evaluation #2:

The evaluation of Deliverable 2 will focus on the successful implementation of the Air Quality Flag Program at 10 Desert Recreation District locations by March 31, 2026. The Program Specialist will oversee daily flag placement to ensure the correct color indicator is used based on real-time air quality data. We will track flag color changes and analyze trends in air quality conditions over time. Additionally, community surveys will be conducted during Phase 2 workshops to assess the flag program's effectiveness in raising awareness and influencing decisions about outdoor activities. These surveys will provide insights into how well the program

<p>To ensure widespread awareness and participation, the program will be promoted through community partners, social media channels, and in-person outreach at Desert Recreation District community centers. Engaging the community on the flag system and its implications for outdoor activities will be essential to its success. By prominently displaying the flags at these ten locations, the program will communicate air quality information to hundreds of community members daily. This will allow families, students, and recreation participants to easily access vital air quality data and make informed decisions about when to engage in outdoor activities.</p>	<p>improves community understanding of air quality and its impact on outdoor recreation choices. The evaluation will also measure the active involvement of at least 20 youth participants in managing flag placements and rotating responsibilities. Success will be assessed based on the consistency of flag placement, the level of youth participation, and feedback from community surveys regarding the program's effectiveness in promoting health-conscious decision-making. Analyzing engagement metrics on social media platforms will provide additional insights into community interest and awareness regarding air quality. Monitoring interactions, shares, and comments related to air quality posts will help gauge the program's reach and impact.</p>
<p>Deliverable #3: By March 31, 2026, all 20 Youth CARE program participants will have completed their training on air quality monitoring and will have received their personal air quality monitors. During this period, they will also have worked with our partners to set the parameters for monitoring, ensuring they understand best practices for accurate data collection. By October 31, 2026, each participant will have monitored and logged a minimum of 100 days of indoor and outdoor air quality data using their personal air quality monitors. This data will focus on key pollutants such as PM10 and PM2.5, allowing the students to compare exposure levels across various environments. The remaining two months—November and December 2026—will be dedicated to data analysis, where participants will interpret the air quality data they've collected and identify trends. They will also prepare for their final community presentations, where they will</p>	<p>Evaluation #3: The evaluation of Deliverable 3 will focus on the successful completion of the air quality monitoring training, the achievement of monitoring targets, and the effective use of collected data in community engagement activities. By March 31, 2026, all 20 Youth CARE program participants will have completed their training on air quality monitoring and will have received their personal air quality monitors. The Program Specialist and expert partners will ensure that training includes the correct setup and use of monitoring equipment, as well as the establishment of clear parameters and best practices for data collection. Success will be measured by tracking whether all participants have received their monitors, completed training, and have a solid understanding of monitoring methods. From April 1 to October 31, 2026, participants will monitor a minimum of 100 days of indoor and outdoor air quality data, with a focus on key pollutants such as PM10 and PM2.5. The evaluation will assess</p>

<p>share their findings and insights with peers, community members, and local organizations. This process will help participants better understand the health impacts of air pollution and foster important conversations about air quality in their communities.</p>	<p>whether participants are meeting their data collection goals and logging their daily observations in a consistent and timely manner. This will be tracked through monitoring logs and periodic check-ins with program staff to ensure that data is being collected according to the agreed-upon parameters. In November and December 2026, participants will analyze their data to identify trends in air quality and prepare for their final community presentation. The evaluation will assess how effectively participants are interpreting their collected data, identifying key trends and patterns, and preparing to communicate their findings to the community. The Program Specialist will provide support to ensure participants are able to accurately analyze their data and understand its implications. Finally, the evaluation will include feedback from community members and local stakeholders on the quality and impact of the students' presentations. Success will be measured by the ability of the youth to clearly communicate their findings, raise awareness about air quality issues, and engage their peers and the broader community in discussions about air pollution and public health. Additionally, the number of community outreach efforts and workshops led by participants will be tracked to gauge the program's success in fostering ongoing community involvement. Overall, the evaluation will assess the effectiveness of Deliverable 3 by measuring the students' progress in air quality monitoring, their ability to analyze and present data, and the impact of their work in raising community awareness and driving advocacy for cleaner air.</p>
<p>Deliverable #4: By October 31, 2026, the Youth CARE project will host at least five additional</p>	<p>Evaluation #4: The evaluation of Deliverable 4 will focus on the successful implementation of at least five</p>

<p>workshops focused on air quality awareness and advocacy, engaging at least 150 participants from the Eastern Coachella Valley. These workshops will build upon the foundational knowledge gained in Phase 1, expanding on topics such as indoor air quality, real-time air quality monitoring with the South Coast AQMD app, the health impacts of air pollution, and how to advocate for cleaner air. The workshops will also help participants develop action plans to protect their health during periods of poor air quality. In addition to learning, the two cohorts of youth participants will play an active role in facilitating these workshops, further enhancing their leadership skills and ownership of the project. Each session will follow the same framework as in phase 1 with interactive activities, guest speakers, and opportunities for participants to share their experiences and insights.</p>	<p>additional Phase 2 workshops by October 31, 2026, engaging at least 150 participants from the Eastern Coachella Valley. The evaluation will track workshop attendance and participant demographics to ensure broad community representation. We will assess the involvement of both cohorts in facilitating the workshops, noting their roles in leading discussions, activities, and presenting on air quality topics. Pre- and post-session surveys will measure changes in participants' knowledge, attitudes, and intentions to engage in air quality advocacy. Additionally, the effectiveness of the workshops will be gauged by feedback from participants regarding the relevance of the topics covered, particularly how they build on Phase 1 content. Success will be measured by the extent to which participants develop actionable plans to address air quality concerns and the quality of their contributions during the workshops. The cumulative reach of the workshops will also be evaluated, with a target of engaging at least 300 community members across all workshops. Finally, the evaluation will include tracking the overall impact of the workshops on raising awareness and fostering connections to wrap-around services through both existing and new community partners.</p>
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Project Demographic Information

Target Geographic Area(s) To Be Served:

Coachella, Indio, Mecca, North Shore, Oasis, Thermal

Target Population Age Group:

6 to 17, 18 to 24

Target Population Ethnicity:

Hispanic/Latino (of any race)

Target Population Race:

Black or African American, White, Some other race

Additional Target Population Information:

The Youth CARE project is dedicated to addressing the pressing air quality challenges faced by the Eastern Coachella Valley, particularly among populations that are disproportionately impacted by environmental issues. According to data from the Riverside County Office of Economic Development, the demographics of this region reveal significant socioeconomic and cultural factors that shape our target population. With a median household income of just \$31,314, many families in this area face financial constraints that limit their access to resources, education, recreation, and health care. The community's population of 26,499 residents, with an average household size of 4.14, reflects a tight-knit environment where families often live in multi-generational settings. This not only highlights the importance of addressing air quality but also emphasizes the need for providing educational resources that can be disseminated within these households. Moreover, the Eastern Coachella Valley is predominantly Hispanic, with 95.6% of the population identifying as such. This cultural background brings unique perspectives and challenges related to environmental advocacy, health literacy, and community engagement. Geographically, the community's proximity to agricultural operations significantly contributes to its air quality challenges. Agricultural activities often lead to increased levels of airborne pollutants, including particulate matter, which can have detrimental effects on health. Additionally, the shrinking Salton Sea has resulted in exposed playa that can create dust storms, further exacerbating air quality issues. These environmental factors disproportionately affect low-income families who may lack the resources to mitigate exposure or seek medical care for related health problems. Through the Youth CARE project, we strive to empower these communities by providing education on air quality issues, equipping participants with the knowledge and tools to monitor their environment and encouraging proactive measures to improve preventative measures and health outcomes. By engaging youth and their families in workshops and community initiatives, we aim to equip participants with tools for advocacy that addresses both immediate concerns and long-term solutions for better air quality in the Eastern Coachella Valley. Ultimately, our project seeks to uplift a demographic that has historically been marginalized in environmental discussions, ensuring that their voices are heard and their health concerns are addressed.

Capacity, Sustainability, and Partnerships

Organizational Capacity:

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

The Desert Recreation Foundation (DRF) is fully prepared to meet the needs of the Youth CARE program, backed by our established history of delivering programs that enhance quality of life through recreational opportunities. DRF has a strong record of supporting initiatives and programming that increase access to healthy activities for all, including youth in the Eastern Coachella Valley. By engaging youth in positive recreational opportunities, we not only reduce the likelihood of at-risk behaviors but also foster healthy lifestyles and active community involvement. Our extensive experience includes managing the Financial Assistance Program, which ensures recreational activities are accessible to individuals who otherwise may not participate. This program specifically targets low-income families, youth, seniors, and individuals with disabilities, enabling them to participate in a broad range of quality programs, including adaptive

sports, youth sports, health and fitness programs, and community events. By eliminating financial barriers to recreation, we strive to promote inclusive participation that enhances physical health, mental well-being, and community engagement. The ongoing demand for financial support among participants in our Financial Assistance Program underscores the necessity for continued access to recreational opportunities. Furthermore, DRF has successfully facilitated adaptive and therapeutic sports and recreation programs, which have expanded significantly since their inception in 2016. With nearly a quarter of adults in the Coachella Valley diagnosed with disabilities or special needs, our adaptive programs create an inclusive and welcoming environment. Participants often require tailored support, such as one-on-one assistance and specialized equipment, and we are committed to expanding these opportunities while minimizing financial barriers. Additionally, DRF has been instrumental in implementing the Outdoor Adventure Program, which removes financial barriers to nature exploration for underserved families and individuals. By offering outdoor experiences at no cost, participants can explore scenic routes and California coastal landscapes, creating lasting memories that strengthen their connection to the environment. Our organization is further strengthened by a dedicated Board of Directors comprised of regional leaders and champions of change, whose passion is to foster connections to vital community resources. We also have knowledgeable staff in community building and outreach, ready to effectively deploy the Youth CARE program. As an organization dedicated to promoting equitable access to resources, we believe our program can substantially improve the ongoing efforts to enhance air quality and mitigate the impacts.

Organizational Sustainability:

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

The Desert Recreation Foundation (DRF) employs a variety of sustainability strategies to ensure the long-term success and impact of our programs. A critical component of our approach is the recruitment of a part-time program specialist with Desert Recreation District dedicated to the effective delivery of the Youth CARE program. This position will not only enhance our capacity to implement the program effectively but will also provide targeted support and resources to participants, ensuring they have the guidance they need to engage meaningfully in program activities. Currently the Desert Recreation District and Desert Recreation Foundation's Management Analyst plays a role in pursuing grant opportunities that help move our mission forward. This dedicated effort is instrumental in maintaining the financial health of our organization, allowing us to continue providing valuable services to the community without interruption. By actively seeking grants, sponsorships, and other funding opportunities, we can ensure that our programs remain accessible and effective. Our long-standing programmatic partnerships with the Desert Recreation District continues to enhance our ability to facilitate comprehensive recreational opportunities for our community members. Together, we maximize resources, extend reach, and ultimately provide a wider array of services to those we serve. We are also committed to expanding our collaborative efforts by formalizing partnerships with the local organizations and agencies, like the Coachella Valley Unified School District. By working closely with schools, we can create pathways for engaging youth and their families, thereby increasing awareness of our programs and fostering deeper community involvement. These partnerships not only amplify our outreach but also contribute to a holistic approach to community wellness by

integrating educational initiatives with recreational opportunities. Moreover, DRF is actively exploring data-driven partnerships for program evaluation with organizations such as HARC (Health Assessment and Research for Communities). Collaborating with such organizations allows us to leverage their expertise in data collection and analysis, enhancing our ability to measure program effectiveness. This data-driven approach will enable us to make informed decisions for future initiatives, ensuring we continually improve our offerings based on community needs and feedback. We are dedicated to professional development and actively provide opportunities for Board Members and staff to improve their leadership skills and advance their careers within the organization. Recently, DRF secured a grant aimed at expanding professional development initiatives for our staff. DRF aims to ensure the sustainability and ongoing impact of our programs. Our goal is to create lasting positive change in the community by tackling critical issues such as air quality and access to recreation, while promoting improved health and well-being for all.

Partnerships/Collaborations:

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

To maximize the impact of the Youth CARE program, the Desert Recreation Foundation (DRF) is committed to building strong partnerships with various organizations that share our mission of enhancing community health and well-being. These collaborations will not only extend our reach but also enrich the resources and expertise available to participants. Below are the key partners involved in this initiative, along with their roles.

Desert Recreation District: The Desert Recreation District will play a crucial role in facilitating program activities and providing recreational opportunities for youth participants of the Youth CARE program. Through our programmatic partnership, DRD will lead the staff efforts, facilitate activities such as workshops, and provide resources, enabling participants to engage in the Youth CARE program. The Desert Recreation District is also leading efforts to improve the indoor air quality of community centers and facilities by upgrading HVAC systems. Supported by Congressman Raul Ruiz, these upgrades will include the installation of MERV 13 filtration systems and the GPS-FM48-AC Bipolar Ionization System, ensuring cleaner air for all users. This advanced filtration and ionization technology targets airborne particles like mold, viruses, bacteria, and allergens, reducing health risks and making the facilities safer for all participants.

University of California Riverside: Desert Recreation District has partnered with Dr. William Porter from University of California Riverside as part of an indoor air quality monitoring initiative. This partnership includes the installation of indoor air sensors at the North Shore Beach and Yacht Club and the Mecca Community Center to allow for indoor air quality data collection at these DRD sites. Through this partnership, we can further solidify the specific air quality data collection and analysis efforts of our project to ensure best practices and methods for accurate evaluation.

29 Palms Band of Mission Indians: Our partnership with the 29 Palms Band of Mission Indians, including their Environmental Protection Agency, will enhance our air quality monitoring efforts. With air quality monitors already hosted at several Desert Recreation District sites, the Tribe's EPA will assist in making recommendations for accurate monitoring and providing additional education and training for program participants.

Coachella Valley Unified School District: We aim to formalize a partnership with the Coachella Valley Unified School District to increase program visibility and engagement among students

and families. The district will assist in promoting workshops and initiatives, ensuring that we reach a broader audience within the school community. HARC (Health Assessment and Research for Communities): DRF is exploring a data-driven partnership with HARC to enhance program evaluation, including the evaluation of the Youth CARE project. HARC's expertise will help us measure the effectiveness of our initiatives through qualitative and quantitative data collection and analysis, to inform program development. Local Environmental Organizations: Collaborations with local environmental organizations will provide additional resources and expertise in air quality education and advocacy. These organizations will contribute to workshops, guest speakers, and materials that resonate with the community. Health Clinics and Community Health Organizations: Partnering with local health organizations will facilitate outreach to populations affected by air quality issues. They will assist in providing referrals for wrap-around services. Through these partnerships, we aim to create a comprehensive network of support that enhances the impact of the Youth CARE program, fosters community engagement, and addresses the pressing air quality challenges in the Eastern Coachella Valley. These combined efforts, including the improvements to indoor air quality, will create healthier and safer environments for the Youth CARE program participants and the broader community. With the support of our partners, we are committed to making a meaningful impact on community health and well-being in the Eastern Coachella Valley

Diversity, Equity, and Inclusion (DEI)

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

The Desert Recreation Foundation (DRF) is deeply committed to Diversity, Equity, and Inclusion (DEI) in all aspects of our organization. Our mission is to enrich and preserve the quality of life for all residents, which inherently includes promoting inclusivity and representation in our policies and practices. Our board of directors is diverse, reflecting a variety of backgrounds, perspectives, and experiences. This diversity not only enriches our decision-making processes but also helps ensure that our programs and initiatives are responsive to the needs of the communities we serve. We emphasize the importance of maintaining this diversity as part of our strategic plan, which includes specific goals to ensure our board remains diverse and that a variety of experiences and backgrounds are represented within our management team. Recently, we onboarded a DRF staff member who not only represents the community we serve but also brings strong connections within the area. This addition reinforces our commitment to DEI and enhances our ability to effectively address the needs of our community. Through our partnership with the Desert Recreation District, we benefit from a diverse team that fosters a sense of comfort and trust among community members, enhancing our ability to engage effectively and understand their unique needs. We actively seek to reflect the diversity of our community in our programs and outreach efforts, ensuring that different voices and experiences are represented. We are dedicated to creating inclusive program materials that resonate with all participants, reflecting their diverse backgrounds and needs. Our programs are designed to meet the recreational needs of individuals who might otherwise face barriers to participation. Through adaptive programming and a variety of other inclusive activities, we are committed to ensuring that everyone, regardless of their circumstances, can participate in enriching recreational experiences. Overall, DRF strives to embed DEI principles into our

organizational culture, ensuring that we not only promote diversity within our board and team but also advocate for equitable access to resources and opportunities for all members of our community. The Desert Recreation Foundation (DRF) is deeply committed to Diversity, Equity, and Inclusion (DEI) in all aspects of our organization. Our mission is to enrich and preserve the quality of life for all residents, which inherently includes promoting inclusivity and representation in our policies and practices. Our board of directors is diverse, reflecting a variety of backgrounds, perspectives, and experiences. This diversity not only enriches our decision-making processes but also helps ensure that our programs and initiatives are responsive to the needs of the communities we serve. We emphasize the importance of maintaining this diversity as part of our strategic plan, which includes specific goals to ensure our board remains diverse and that a variety of experiences and backgrounds are represented within our management team. Recently, we onboarded a DRF staff member who not only represents the community we serve but also brings strong connections within the area. This addition reinforces our commitment to DEI and enhances our ability to effectively address the needs of our community. Through our partnership with the Desert Recreation District, we benefit from a diverse team that fosters a sense of comfort and trust among community members, enhancing our ability to engage effectively and understand their unique needs. We actively seek to reflect the diversity of our community in our programs and outreach efforts, ensuring that different voices and experiences are represented. We are dedicated to creating inclusive program materials that resonate with all participants, reflecting their diverse backgrounds and needs. Our programs are designed to meet the recreational needs of individuals who might otherwise face barriers to participation. Through adaptive programming and a variety of other inclusive activities, we are committed to ensuring that everyone, regardless of their circumstances, can participate in enriching recreational experiences. Overall, DRF strives to embed DEI principles into our organizational culture, ensuring that we not only promote diversity within our board and team but also advocate for equitable access to resources and opportunities for all members of our community.

What barriers does your organization face when addressing DEI?

Our organization is committed to prioritizing Diversity, Equity, and Inclusion (DEI) as a core part of our mission. However, we face barriers that challenge our ability to effectively implement DEI initiatives, primarily due to limited resources and obstacles related to data collection and analysis. One of the primary challenges we encounter are financial constraints. Our budget often prioritizes immediate operational needs over. Limited funding restricts our capacity to develop and implement comprehensive DEI programs essential for engaging diverse populations. For instance, outreach efforts targeting underrepresented communities require additional resources for culturally relevant materials, training, and personnel. While we are committed to conducting targeted workshops and community engagement sessions that foster inclusivity, our current funding levels present challenges in fully realizing these efforts. This situation impacts our ability to reach and effectively support those who would benefit most from our programs. Additionally, the highly competitive environment for obtaining grants and funding for DEI-focused initiatives often makes it challenging to secure the necessary resources. In addition to financial limitations, we also face challenges related to data collection and analysis. Comprehensive demographic data is crucial for understanding the unique needs and challenges of the communities we serve. Our current data collection systems provide valuable insights; however, there is an opportunity to

strengthen data collection among our diverse program participants to better inform decision-making. The lack of a centralized data management system makes it challenging to consistently track progress, measure outcomes, and evaluate the impact of our DEI initiatives. To overcome these barriers, we understand the need to invest in both financial resources and improved data collection methodologies. Securing additional funding would enable us to focus on targeted DEI initiatives, allowing for more effective engagement with diverse populations. This could involve hiring dedicated staff to lead DEI efforts and developing community outreach programs that connect meaningfully with the communities we serve. Improving our data collection processes will also be a key focus area. By implementing more effective data management systems and methodologies, we can gather and analyze data that accurately reflects the demographics of our community. This would enable us to track our progress, measure the effectiveness of our programs, and make data-informed decisions that enhance our DEI efforts. Collaborating with organizations specializing in data collection and analysis can provide us with the expertise needed to improve our practices in this area. By overcoming these obstacles, we can enhance our capacity to create more inclusive programs that reflect and serve the diverse communities in the Coachella Valley. Addressing these challenges is essential for fostering a culture of inclusivity and equity that benefits everyone in our community. We are committed to taking actionable steps to address these barriers, ensuring that our organization not only represents but actively uplifts the voices and needs of all community members.

Grant Budget

Project Grant Budget				
Applicant:	Desert Recreation Foundation	Youth CARE (Clean Air and Recreation for Everyone)		
OPERATIONAL EXPENSES		Total Project Budget	Funds From Other Sources <small>Detail On Section 3</small>	Amount Requested From DHCD/F
Total Staffing Expenses <small>Detail on Section 2</small>		\$ 125,818.36	\$ -	\$ 125,818.36
Equipment (itemize)				
1	Air Quality Monitors 20 (Monitors, calibration equipment, maintenance)	\$ 6,000.00	\$ -	\$ 6,000.00
2	Stipend for Youth 20 Participants (\$1,000 per participant)	\$ 20,000.00	\$ -	\$ 20,000.00
3	Set of 5 Flags for 10 Sites and Installation	\$ 1,000.00	\$ -	\$ 1,000.00
4			\$ -	
Supplies (itemize)				
1	Office Supplies and Materials (educational displays/curricula)	\$ 5,000.00	\$ -	\$ 5,000.00
2	Event Supplies (informational booths, banners, posters, refreshments)	\$ 5,000.00	\$ -	\$ 5,000.00
3	Technology (Digital Equipment, Data analysis software licenses)	\$ 5,000.00	\$ 2,000.00	\$ 3,000.00
4			\$ -	
Printing / Duplication		\$ 1,000.00	\$ -	\$ 1,000.00
Mailing / Postage			\$ -	
Mileage (use current Federal mileage rate)		\$ 1,200.00	\$ -	\$ 1,200.00
Education / Training (Course Fees Only)		\$ 3,000.00	\$ 1,000.00	\$ 2,000.00
Other Direct Project Expenses Not Described Above (itemize)				
1	Fleet Fuel (Transportation to multiple sites)	\$ 1,200.00	\$ -	\$ 1,200.00
2	Uniforms For Staff and youth participants	\$ 500.00	\$ -	\$ 500.00
3			\$ -	
4			\$ -	
* Items listed below are included for calculation of the total project budget only. For use of DHCD/F funds, these line items would be included in the allowable 15% indirect cost rate.				
Office / Rent / Mortgage*			\$ -	\$ -
Telephone / Fax / Internet*			\$ -	\$ -
Utilities*			\$ -	\$ -
Insurance*			\$ -	\$ -
Indirect Rate	<input checked="" type="checkbox"/> Check Box To Utilize Indirect Rate Up To 15%	Enter Rate	15.00%	\$ 25,757.75
Total Project Budget (Rounded up to nearest dollar)		\$ 200,477	\$ 3,000	\$ 197,477
Budget Narrative	<p>The budget for our project encompasses several essential personnel and operational expenses aimed at ensuring the successful implementation of the Youth CARE program. We plan to onboard a dedicated Program Specialist, and involve current Management Analyst with a total \$125,818.36 allocated towards personnel, whose role will be crucial in overseeing program activities, community outreach, and participant engagement. This position is vital for maintaining program effectiveness and building strong relationships with our youth participants. To effectively monitor air quality, we will purchase personal air quality monitors for \$5,500.00 for participants. Additionally, we will acquire a set of five flags for air quality monitoring at a cost of \$100 per site for a total of \$1,000.00. Recognizing the importance of youth engagement, we will provide stipends for participants involved in the Youth CARE project phase, budgeted at \$1,000.00 per youth participant.</p> <p>The budget further accounts for necessary office supplies totaling \$5,000.00 and event materials, including educational brochures, workshop supplies, and promotional items that enhance participant engagement and community outreach efforts. To facilitate transportation for program activities, we will allocate \$1,200.00 for fleet fuel and \$1,200 for mileage. Uniforms will also be provided to staff and youth participants, budgeted at \$500.00 to promote program identity. We have budgeted \$1,000.00 in printing and duplication services for educational materials and outreach documents to ensure clear communication with participants and stakeholders. Finally, we acknowledge the importance of ongoing education and capacity building for both staff and participants. To support this, \$2,000 will be specifically allocated for educational outings and capacity-building opportunities. These funds will be restricted to program-related expenses only and will not be used for food, accommodations, or transportation. This comprehensive budget will support our efforts to engage youth, monitor air quality, and promote community health through the Youth CARE program.</p>			

Staff Salary Expenses		Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD/F
Employee Position/Title					
1	Management Analyst	\$ 96,735.60	15%	29,020.68	\$ 29,020.68
2	PT Program Specialist	\$ 43,417.08	100%	86,834.16	\$ 86,834.16
3				-	
4				-	
5				-	
6				-	
Enter Total Employee Benefits / Employer Taxes % (Proportional Fringe Costs and/Or Employer Taxes Based On % Of Time Allocated To Project)			8.60%	9,963.52	9,963.52
Total Will Populate In Total Staffing Expenses Section 1				Total >	\$ 125,818.36 \$ 125,818.36
Budget Narrative - Scope of Work	<p>The Management Analyst (MA) is primarily responsible for the financial oversight of the program. They monitor and analyze financial data to maintain compliance with budgetary constraints. Additionally, the Management Analyst develops comprehensive financial reports for both internal and external stakeholders, fostering transparency and accountability.</p> <p>The Program Specialist (PS), working part-time, focuses on the direct delivery and implementation of the Youth CARE program. Their responsibilities include leading workshops on air quality and its health impacts, engaging participants through interactive and educational experiences. The Specialist actively recruits participants and promotes community involvement to increase program awareness. They will work with our partners to facilitate delivery of workshops. They collect feedback from participants during and after workshops to evaluate effectiveness and identify areas for improvement. Furthermore, the Specialist collaborates with community partners to enhance the program's reach and responsiveness to the needs of the target population. They also support the Management Analyst in gathering data for program evaluation and reporting, ensuring a comprehensive understanding of the program's impact.</p>				
Budget Narrative - Employee Benefits	<p>The budget allocates funds for the Management Analyst (MA) position, which has a base salary of \$96,735.60. The hourly wage for the Management Analyst is \$44.23, plus a planned 2.5% increase, along with additional costs including 3.75% for payroll taxes, 3.75% for PARS retirement contributions, and workers' compensation expenses. The Part-Time Program Specialist (PS) will have a base salary set at \$43,417.08. The hourly wage for the Pprogram Specialist is \$28.36, with a planned 2.5% increase, plus 3.75% for payroll taxes, 3.75% for PARS retirement contributions, and 1.1% for workers' compensation expenses.</p>				
Professional Services / Consultant Expenses		Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD/F
Company and Staff Title					
1					
2					
3					
4					
Total Will Populate in Total Staffing Expenses Section 1				Total >	\$ - \$ -
Budget Narrative - Scope of Work	N/A				

Funds From Other Sources (Actual Or Projected) SPECIFIC To This Project		
"Total Funding In Addition To DHCD/F Request" Below Should Match Or Exceed Value Listed In Section 1 for "Funds from Other Sources".		Amount
Fees		
Donations		
Grants (List Organizations)		
1	Thrive Inland SoCal Catalyst Funding Capacity-Building Grant: For staff training	\$ 1,500.00
2	Thrive Inland SoCal Catalyst Funding Capacity-Building Grant: Data Analysis	\$ 2,000.00
3		
8		
Fundraising (Describe Nature Of Fundraiser)		
1		
2		
3		
8		
Other Income, e.g., Bequests, Membership Dues, In-Kind Services, Investment Income, Fees From Other Agencies, Etc. (Itemize)		
1	Recreation Scholarships for 20 Youth (Estimated \$500 per participant)	\$ 10,000.00
2		
3		
8		
Total Funding In Addition To DHCD/F Request		\$ 13,500.00
Budget Narrative	DRF received a grant from Thrive Inland SoCal Catalyst Funding Capacity Building Grant which included dedicated funding to staff for capacity building and training.	

Version 07.07.23 Please see instructions tab for additional information

EXHIBIT B

PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES

<u>Project Title</u>	<u>Start/End</u>
Youth CARE (Clean Air and Recreation for Everyone)	1/01/2025 12/31/2026

PAYMENTS:

(4) Payments: \$44,433.
10% Retention: \$19,745.

Total request amount: \$197,477.00

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Grant Requirements for Payment	Payment
1/01/2025	Signed Agreement submitted & accepted.	Advance of \$44,433. for time period 1/01/2025 - 6/30/2025
8/01/2025	1st six-month (1/01/2025 - 6/30/2025) progress report, budget reports and receipts submitted & accepted	Advance of \$44,433. for time period 7/01/2025 - 12/31/2025
2/01/2026	2nd six-month (7/01/2025 - 12/31/2025) progress report, budget reports and receipts submitted & accepted	Advance of \$44,433. for time period 1/01/2026 - 6/30/2026
8/01/2026	3rd six-month (1/01/2026 - 6/30/2026) progress report, budget reports and receipts submitted & accepted	Advance of \$44,433. for time period 7/01/2026 - 12/31/2026
2/01/2027	4th six-month (7/01/2026 - 12/31/2026) progress report, budget reports and receipts submitted & accepted	\$0
2/15/2027	Final report (1/01/2025 - 12/31/2026) and final budget report submitted & accepted	\$19,745. (10% retention)

TOTAL GRANT AMOUNT: \$197,477.

DELIVERABLES:

Project Deliverables and Evaluation

<p>Deliverable #1: By December 31, 2025, the Youth CARE program will have facilitated at least five air quality workshops, engaging a minimum of 150 participants, primarily high school youth from the Eastern Coachella Valley. These workshops will cover air quality topics such as sources of pollution, health impacts, and the role of climate change, while preparing students for the next phase of the Youth CARE program. By December 31, 2025, the program specialist will have the two cohorts of 10 students ready to participate in Phase 2. Workshops in phase 1 will be interactive, with hands-on activities, guest speakers, and discussions to encourage youth involvement. The program will collaborate with local schools and community organizations to ensure broad and inclusive participation. Pre- and post-session surveys will measure changes in knowledge and engagement. The workshops aim to empower youth with the skills and knowledge to advocate for cleaner air, laying the foundation for their involvement in Phase 2 of the project.</p>	<p>Evaluation #1: The evaluation of Deliverable 1 will focus on the successful facilitation of five air quality workshops and the recruitment of two cohorts of 10 students each by December 31, 2025. We will monitor participant attendance to ensure at least 150 individuals, primarily high school youth, attend the workshops. Pre- and post-workshop surveys will assess changes in knowledge about air quality and measure participants' interest in further engagement with air quality advocacy. A specific survey question will gauge interest in continuing advocacy efforts, helping identify students for recruitment into Phase 2. Feedback will also be gathered on the effectiveness of workshop content, guest speakers, and interactive activities. We will track partnerships with local schools and community organizations to ensure diverse representation. Additionally, the evaluation will measure increases in student confidence as leaders and advocates for air quality solutions.</p>
<p>Deliverable #2: By March 31, 2026, the Youth CARE program will implement the Air Quality Flag Program at ten Desert Recreation District community centers and parks in the Eastern Coachella Valley. The program will provide a daily visual indicator of air quality, empowering community members to make informed decisions about outdoor activities. Youth participants will be actively involved in selecting flag locations and organizing daily flag placements based</p>	<p>Evaluation #2: The evaluation of Deliverable 2 will focus on the successful implementation of the Air Quality Flag Program at 10 Desert Recreation District locations by March 31, 2026. The Program Specialist will oversee daily flag placement to ensure the correct color indicator is used based on real-time air quality data. We will track flag color changes and analyze trends in air quality conditions over time. Additionally, community surveys will be conducted during Phase 2 workshops to assess the flag program's effectiveness in raising awareness and influencing decisions about outdoor activities. These</p>

<p>on real-time air quality data. Each cohort will manage this process at five sites, fostering leadership and a sense of responsibility. To ensure widespread awareness and participation, the program will be promoted through community partners, social media channels, and in-person outreach at Desert Recreation District community centers. Engaging the community on the flag system and its implications for outdoor activities will be essential to its success. By prominently displaying the flags at these ten locations, the program will communicate air quality information to hundreds of community members daily. This will allow families, students, and recreation participants to easily access vital air quality data and make informed decisions about when to engage in outdoor activities.</p>	<p>surveys will provide insights into how well the program improves community understanding of air quality and its impact on outdoor recreation choices. The evaluation will also measure the active involvement of at least 20 youth participants in managing flag placements and rotating responsibilities. Success will be assessed based on the consistency of flag placement, the level of youth participation, and feedback from community surveys regarding the program's effectiveness in promoting health-conscious decision-making. Analyzing engagement metrics on social media platforms will provide additional insights into community interest and awareness regarding air quality. Monitoring interactions, shares, and comments related to air quality posts will help gauge the program's reach and impact.</p>
<p>Deliverable #3: By March 31, 2026, all 20 Youth CARE program participants will have completed their training on air quality monitoring and will have received their personal air quality monitors. During this period, they will also have worked with our partners to set the parameters for monitoring, ensuring they understand best practices for accurate data collection. By October 31, 2026, each participant will have monitored and logged a minimum of 100 days of indoor and outdoor air quality data using their personal air quality monitors. This data will focus on key pollutants such as PM10 and PM2.5, allowing the students to compare exposure levels across various environments. The remaining two months—November and December 2026—will be dedicated to data analysis, where participants will interpret the air quality data they've collected and identify trends. They will also prepare for their final</p>	<p>Evaluation #3: The evaluation of Deliverable 3 will focus on the successful completion of the air quality monitoring training, the achievement of monitoring targets, and the effective use of collected data in community engagement activities. By March 31, 2026, all 20 Youth CARE program participants will have completed their training on air quality monitoring and will have received their personal air quality monitors. The Program Specialist and expert partners will ensure that training includes the correct setup and use of monitoring equipment, as well as the establishment of clear parameters and best practices for data collection. Success will be measured by tracking whether all participants have received their monitors, completed training, and have a solid understanding of monitoring methods. From April 1 to October 31, 2026, participants will monitor a minimum of 100 days of indoor and outdoor air quality data, with a focus on key pollutants such as PM10 and PM2.5. The evaluation will assess whether participants are meeting their data collection goals and logging their daily observations in a consistent and timely manner. This will be tracked through monitoring logs and periodic check-</p>

<p>community presentations, where they will share their findings and insights with peers, community members, and local organizations. This process will help participants better understand the health impacts of air pollution and foster important conversations about air quality in their communities.</p>	<p>ins with program staff to ensure that data is being collected according to the agreed-upon parameters. In November and December 2026, participants will analyze their data to identify trends in air quality and prepare for their final community presentation. The evaluation will assess how effectively participants are interpreting their collected data, identifying key trends and patterns, and preparing to communicate their findings to the community. The Program Specialist will provide support to ensure participants are able to accurately analyze their data and understand its implications. Finally, the evaluation will include feedback from community members and local stakeholders on the quality and impact of the students' presentations. Success will be measured by the ability of the youth to clearly communicate their findings, raise awareness about air quality issues, and engage their peers and the broader community in discussions about air pollution and public health. Additionally, the number of community outreach efforts and workshops led by participants will be tracked to gauge the program's success in fostering ongoing community involvement. Overall, the evaluation will assess the effectiveness of Deliverable 3 by measuring the students' progress in air quality monitoring, their ability to analyze and present data, and the impact of their work in raising community awareness and driving advocacy for cleaner air.</p>
<p>Deliverable #4: By October 31, 2026, the Youth CARE project will host at least five additional workshops focused on air quality awareness and advocacy, engaging at least 150 participants from the Eastern Coachella Valley. These workshops will build upon the foundational knowledge gained in Phase 1, expanding on topics such as indoor air quality, real-time air quality monitoring with the South Coast AQMD app, the health impacts of air pollution, and how to advocate for cleaner air. The workshops will also help participants develop action plans to protect their health during periods of poor air</p>	<p>Evaluation #4: The evaluation of Deliverable 4 will focus on the successful implementation of at least five additional Phase 2 workshops by October 31, 2026, engaging at least 150 participants from the Eastern Coachella Valley. The evaluation will track workshop attendance and participant demographics to ensure broad community representation. We will assess the involvement of both cohorts in facilitating the workshops, noting their roles in leading discussions, activities, and presenting on air quality topics. Pre- and post-session surveys will measure changes in participants' knowledge, attitudes, and intentions to engage in air quality advocacy. Additionally, the effectiveness of the workshops will be gauged by feedback from participants regarding the relevance of the topics covered, particularly how they</p>

<p>quality. In addition to learning, the two cohorts of youth participants will play an active role in facilitating these workshops, further enhancing their leadership skills and ownership of the project. Each session will follow the same framework as in phase 1 with interactive activities, guest speakers, and opportunities for participants to share their experiences and insights.</p>	<p>build on Phase 1 content. Success will be measured by the extent to which participants develop actionable plans to address air quality concerns and the quality of their contributions during the workshops. The cumulative reach of the workshops will also be evaluated, with a target of engaging at least 300 community members across all workshops. Finally, the evaluation will include tracking the overall impact of the workshops on raising awareness and fostering connections to wrap-around services through both existing and new community partners.</p>
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The Desert Healthcare District has implemented Results-Based Accountability (RBA) into their grantmaking process to streamline reporting and offer a straightforward approach to effectively measuring program-level performance.

RFP Mitigating Air Quality Related Health Conditions Strategies/Performance Measures

Goal 6: Be responsive to and supportive of selected community initiatives that enhance the environment in the District’s service area.

Strategy 1: Increase and enhance awareness and foster connections to mitigate the impact of air quality on health conditions and outcomes

Performance Measures:

- # of workshops, seminars, trainings provided
- # of attendees at workshops, seminars, and trainings provided
- # of clients who reported utilizing the information/resources learned
- # of clients referred to external wrap-around services
- # of clients connected to external wrap-around services

Other Performance Measures:

- # of youth that reported increasing their knowledge about air quality



Date: December 17, 2024

To: Board of Directors

Subject: Grant # 1483 Visión y Compromiso

Grant Request: Asthma Preventive (and Home Visiting) Services to Mitigate Air Quality Conditions in Coachella Valley

Amount Requested: \$200,000.00

Project Period: 01/01/2025 to 12/31/2026

Project Description and Use of Desert Healthcare Foundation Funds:

Visión y Compromiso (VyC) is committed to community well-being by supporting promotoras who work in diverse community-based programs throughout California to improve health and wellness and reduce inequities driven by the social determinants of health. VyC has been involved in asthma mitigation efforts through a program supported by the Center at Sierra Health Foundation and RAMP, which aims to improve asthma management for Medi-Cal members and uninsured residents with poorly controlled asthma. The program provided asthma education, trigger assessments, and referrals, and was part of the broader CalAIM initiative, which includes asthma self-management education and environmental trigger remediation to improve the health of Medi-Cal recipients.

VyC's proposed Asthma Preventive and Home Visiting Services Project (APS Project) aims to address asthma in the Coachella Valley by training promotoras as Asthma Specialists to work with Latino families affected by asthma. The project will involve community outreach, educational workshops, home-based assessments, and environmental trigger remediation. VyC will conduct outreach, offer workshops, and provide in-home asthma education, trigger assessments, and remediation services in high asthma prevalence areas. The project will start with hiring 3 Promotora Asthma Specialists and providing them with training in asthma management. VyC will partner with at least 6 local organizations to refer Medi-Cal members and uninsured individuals for asthma services. Educational workshops and community events will raise awareness about asthma prevention and available services. Home visits will provide asthma education and identify environmental triggers, with minor remediation products offered to reduce asthma risks.



This project was submitted in response to the Desert Healthcare District and Foundation's request for proposals (RFP) aimed at mitigating air quality-related health conditions. The District and Foundation sought projects that focused on preventing, diagnosing, and managing health issues linked to air quality for Coachella Valley residents. This application aligns directly with the RFP, with Foundation funds to support project equipment and supplies, mandatory Asthma training related expenses, an Asthma Fund for Preventive or Advanced Asthma Remediation, outreach materials, a full-time Lead Promotora/Asthma Specialist, and the partial salaries of five CalAim positions.

RFP Mitigating Air Quality Related Health Conditions Strategies/Performance Measures

Goal 6: Be responsive to and supportive of selected community initiatives that enhance the environment in the District and Foundation's service area

Strategy 1: Increase and enhance awareness and foster connections to mitigate the impact of air quality on health conditions and outcomes.

Strategy 2: Evaluate household environments to identify methods for improving indoor air quality.

Strategy 3: Increase access to health services to reduce the impact of poor air quality.

Geographic Area(s) To Be Served:

Cathedral City, Coachella, Desert Hot Springs, Indio, La Quinta, Mecca, North Shore, Oasis, Palm Desert, Rancho Mirage, Thermal

Action by Program Committee: (Please select one)

✓ Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of \$200,000.00 be approved.

Recommendation with modifications

Request for more information

Decline



RFP Mitigating Air Quality-Related Health Conditions **Grant Application Summary**

Vision y Compromiso, Grant # 1483

About the Organization

Vision y Compromiso
49869 Calhoun Street
Coachella, CA 92236
213-613-0630
www.visionycompromiso.org

Tax ID #: 32-0071651

Primary Contact:

Carol Malo, CalAIM Director
carol@visionycompromiso.org

Organization's Mission Statement and History

Founded in 2000, Visión y Compromiso (VyC) is committed to community well-being by supporting promotoras (our mission). Characterized by their servicio de corazón (service from the heart), promotoras are primarily Latina women who are trusted leaders in low-income communities, immigrant communities and communities of color. They share similar characteristics as the residents they serve and have decades of experience engaging vulnerable residents and delivering personalized and culturally responsive information to connect community members to health care, education and social services. Grounded in the promotor model as a model for community transformation, VyC's vision is for a life with health and dignity for all (hacia una vida digna y sana).

The core of VyC's work is our Network of Promotoras and Community Workers (Network) active in 14 regions of California, including Coachella Valley, and represents over 4,000 grassroots community leaders. Today, VyC is the lead agency to represent the interests of the promotora workforce. We provide authentic leadership development and capacity building, personal and professional training and workforce development, advocacy and peer networking support. Our organizational readiness training and technical assistance programs support employers and other agencies to integrate this workforce of community connectors. VyC's staff of 180 people includes 125 promotores

who work in diverse community-based programs throughout California to improve health and wellness and reduce inequities driven by the social determinants of health. During 2022-2023, VyC's teams reached over 1 million Latino residents on topics such as mental health, diabetes and other chronic conditions, family, friend and neighbor (FFN) caregivers, COVID-19, cancers, child and adult asthma, Alzheimer's and other dementia, problem gambling, emergency preparedness, family development, community engagement, and more.

VyC's work is supported by longstanding relationships with key partners that include, but are not limited to direct service organizations, schools, food banks, health plans, clinics, health coalitions, health departments, mental health agencies, hospitals, and neighborhood and policy advocacy groups. Key activities include:

- 1) Personal and professional development and training (The Promotores Institute, diverse subject matter/content specific trainings, workforce development and skills-based training, mentoring).
- 2) Organizational readiness training and technical assistance for City and County agencies and community-based organizations (CBOs) to integrate the promotora model.
- 3) Diverse community-based programs, delivered by promotores, improve health and wellness to address and reduce the impact of the social determinants of health (i.e. diabetes, mental health, caregiving, COVID-19, breast cancer, etc) reaching over 1 million primarily Spanish speaking Latino residents in California each year.
- 4) Policy advocacy, community engagement training, and promotor-led advocacy includes an Advocacy Committee, annual Legislative Day, and La Alianza, a coalition launched in 2022 to advocate collectively on behalf of small and mid-size CBOs that have historically trained, supported and hired promotores.

Organization Annual Budget: \$19,625,214.00

Project Information

Project Title: Asthma Preventive (and Home Visiting) Services to Mitigate Air Quality Conditions in Coachella Valley

Start Date: 01/01/2025 **End Date:** 12/31/2026

Total Project Budget: \$773,184.00

Requested Amount: \$200,000.00

Community Need for this Project in the Coachella Valley:

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

Asthma is a leading cause of hospitalization and school absence affecting 1 in 6 children ages 0-17 (UCLA Center for Health Policy Research). In California, children of color and low-income families are disproportionately impacted (substandard housing, poverty, pollution, secondhand smoke, limited preventive care) and suffer higher hospital admissions and emergency department (ED) visits due to asthma than white children. Latinos with asthma are less likely to be prescribed appropriate medications and have less access to asthma specialists, home visits and follow-up care, and asthma action plans post-ED visit (RAMP, Asthma in California).

Using a racial and health equity lens, VyC will implement the Asthma Preventive Services Project (APS Project) in Coachella Valley, where 71% of the population is Latino and 87% are immigrant, and communities are severely impacted by health concerns resulting from the desertification of the Salton Sea, chronic exposure to air pollutants (ozone and particulate matter), and extreme weather events such as wildfires, extreme heat and flooding (Miao et al., 2022).

In this region, asthma prevalence (12.8%; CA: 14.8%) and asthma ED visits (854 in 2022) are high and 12% of the population (41,422 adults; 10,675 children) has been diagnosed with asthma (CalMatters, Danger in the Dust). Coachella Valley residents, particularly in disinvested neighborhoods “inhale some of the nation’s unhealthiest concentrations of pollutant known as PM10” (zip codes: 92274, 92236, 92264, 92201, 92211, 92270, 92234, 92241, 92240, 92258, 93362, 92276) surpassing federal health guidelines for 1-10 days annually. Mecca, near the Salton Sea, recently recorded the highest number of excessive days (CalMatters).

In addition to air quality and socioeconomic challenges, many residents do not have the means to buy home appliances and mitigation supplies (air purifiers, air conditioning units or vacuum cleaners equipped with HEPA filters) which can reduce asthma flare-ups. Moreover, many people are unaware that Asthma Preventive Services and remediation are available to Medi-Cal members with an asthma diagnosis. Unfortunately, Riverside County data indicate that Coachella Valley residents are less likely to receive a clinical diagnosis of asthma from a primary care doctor than residents in western regions of the County (Strategic Health Alliance Pursuing Equity, Riverside County, 2019-2020).

VyC Experience with Asthma Mitigation: Although asthma has no cure, many asthma symptoms can be controlled and prevented. Trained asthma home visitors who reach people with poorly controlled asthma in their home have been shown to improve health outcomes, lower healthcare utilization costs, improve patient care and reduce disparities (RAMP, Leading the Way to Better Breathing). During 2020-2023, The Center at Sierra Health Foundation, supported by subject-matter experts from Regional Asthma Management and Prevention (RAMP), made grants to 28 organizations including VyC, to provide culturally and linguistically responsive asthma home visiting services, mitigation supplies and resources to support Medi-Cal members and uninsured

residents with poorly controlled asthma. VyC's team of 6 promotoras (2 in Kern County, 2 in Madera County, 2 in the Coachella Valley region of Riverside County) completed the CDPH-approved Asthma Management Academy (AsMA) led by Comité Cívico preparing them as community-based home visitors who share information about the scope of asthma, trigger identification, medications, delivery devices, monitoring, and assessment. During 2020-2023, VyC's team:

- Engaged 4,170 people in one-on-one conversations and led 183 in-person and 46 virtual educational workshops.
- Conducted 305 initial home visits with individuals referred to the program for potential navigation; conducted 750 follow up home visits (up to 3 attempts) to complete in-home trigger assessments and provide one-on-one education; and made 1,396 telephone calls to provide support.
- Home visits, assessments, education, referrals and support reached 229 individuals with poorly-controlled asthma; 73% of individuals spoke Spanish.

CalAIM: The Asthma Preventive Services benefit covers asthma self-management education: basic facts, proper use of long-term controllers and quick relief medications, evidence-based self-management techniques, self-monitoring skills, mitigation or control of environmental exposures that exacerbate asthma symptoms, and in-home environmental trigger assessment. This assessment guides self-management education and actions to mitigate or control environmental exposures (allergens and irritants commonly found in and around the home). Asthma Remediation offers minor to moderate environmental trigger remediation to reduce patients' exposure to asthma triggers and includes a range of supplies, services and education. Asthma Remediation is offered as part of CalAIM to improve the quality of life and health of Medi-Cal recipients.

Project Description and Use of District funds:

Describe the scope of the project and how your organization will utilize the Desert Healthcare District funding. Clearly state the approach you are going to take to meet the community's need and specify how the success of this project directly aligns to the purpose of the request for proposals to Mitigate Air Quality-Related Health Conditions.

Scope of the Project: VyC's proposed Asthma Preventive (and Home Visiting) Services Project (APS Project) is a multi-component, home-based asthma prevention program to train promotoras as Asthma Specialists who will: 1) build trusting relationships with Latino families severely impacted by asthma; 2) advocate for asthma screening with healthcare providers; and 3) decrease asthma symptoms through education, assessment, and in-home environmental trigger remediation. During 1/1/2025 - 12/31/2026, VyC will conduct community outreach, deliver educational workshops and home-based education, and provide in-home assessment, advocacy and navigational support to mitigate asthma triggers among primarily low-income families in Coachella Valley (Coachella, Cathedral City, Desert Hot Springs, Indio, La Quinta, Mecca, North Shore, Oasis, Palm Desert, Rancho Mirage, and/or Thermal) where asthma lifetime prevalence is high. DHCD funding will reduce asthma health disparities and promote systems change through increased access to culturally and linguistically specific home visiting services in the Coachella Valley and increased self-advocacy skills to ensure access to asthma (and other) preventive screenings.

VyC proposes the following:

Program Start Up and Training (Months 1-2): VyC will hire a team of 3.0 Promotora Asthma Specialists in Riverside County/Coachella Valley who are knowledgeable about communicating with families to provide asthma-related community outreach, educational workshops and asthma home visiting services. Staffing for a .50 FTE Promotora Asthma Specialist (1040 hours/year x 2 years) will be covered by DHCD funds to conduct outreach activities and deliver educational workshops. VyC's Asthma Specialists will complete annual training including the Asthma Management Academy (AsMA) 101 and 201 series for community-based home visitors in Spanish (scope of asthma, trigger identification, medications, delivery devices, monitoring, assessment) from Comité Cívico or VyC (we are pursuing certification as an AsMA trainer). VyC CalAIM Director Carol Malo will hire staff, supervise an Asthma Remediation Manager, support the development of an Advocacy Toolkit, and submit DHCD reports.

Partner Identification and Materials Development (Months 2-6): Promotora Asthma Specialists and the Asthma Remediation Manager will identify at least 6 community-based and health provider organizations in Coachella Valley as partners who may include: Inncare-Coachella, DAP Health, Coachella Valley Volunteers in Medicine, Desert Physicians Medical Group mobile health clinics, and emergency department staff at hospitals serving the Coachella Valley (e.g., Desert Regional Medical Center, Eisenhower Medical Center, JFK Memorial Hospital). VyC will establish a referral system to enable partners to refer Medi-Cal members who have been clinically diagnosed with asthma and uninsured individuals and families with moderate, severe or poorly-controlled asthma who require remediation support to APS services. These (and other) partnerships will enhance promotoras' access to resources to deliver holistic services that meet residents' needs (MOUs will be established with partners as appropriate). VyC will also develop an Advocacy Toolkit and materials for distribution in the community including steps to take to advocate for care, asthma screening and, if diagnosed (and already enrolled in Medi-Cal) how to access VyC's Asthma Preventive (and Home Visiting) Services and Remediation.

Outreach and Educational Workshops (Months 3-24): VyC will create and/or purchase culturally and linguistically appropriate materials for publicity, outreach, and education and schedule and deliver at least 2 educational workshops per month at schools, clinics, workplaces, churches, mobile home parks, and neighborhood and community centers. These activities will increase awareness about asthma, common triggers at home and in the environment, how environmental and in-home triggers affect asthma, steps families can take to reduce their risk, and how to access VyC's Asthma Preventive Services, Remediation and other local resources. Promotora Asthma Specialists will also participate in at least 1 community and cultural event per month to share information about asthma and how to access the APS program.

Home Visits for Residents w/o an Asthma Diagnosis: Promotora Asthma Specialists will receive referrals and conduct home visits including: 1) asthma education, 2) assessment to identify allergens, irritants and other triggers, 3) provision of minor remediation products (see below) and/or mold remediation, and 4) linkage to clinical providers, local resources and/or Medi-Cal enrollment as needed.

Remediation: VyC will provide \$100-\$500 for minor to moderate remediation of environmental triggers (e.g., dust-proof mattress/pillow covers, high-efficiency vacuums, asthma-friendly cleaning products, small air filters, portable AC units for Medi-Cal members who have been clinically diagnosed with asthma and uninsured individuals and families with moderate, severe or poorly-controlled asthma who require remediation support to APS services) and will access public resources for minor mold remediation (including minor house repairs) for individuals with moderate to severe asthma who are undiagnosed or not enrolled in Medi-Cal.

Advocacy: VyC will also participate in local coalitions to conduct outreach, share resources, and build the capacity of promotoras in Coachella Valley to engage in asthma-related advocacy activities.

Use of DHCD Funds: DHCD funds will support one Promotora Asthma Specialist @ .50 FTE per year x 2 years to deliver outreach and education activities and referrals in Coachella Valley. By December 31, 2026, VyC will serve 990-1,760 individuals as follows:

- Participate in at least 1 select community event per month to reach 25-50 people/event in the Coachella Valley (1 event/mo x 22 mos x 25-50 people/event = 550-1,100 residents reached with outreach); approximately 10% of residents reached will have at least 1 family member with asthma who will be referred for APS/Remediation (55-110 referrals).
- Provide at least 2 educational workshops per month to reach 10-15 people per workshop (2 workshops/mo x 22 mos x 10-15 people/event = 440-660 residents reached with education).
- Beginning in Month 6, at least 10 people per month will be referred for APS/Remediation services through the partner referral system (10 people/mo x 18 mos = 180 people referred).

Promotora Asthma Specialists will provide at least 235-290 APS home visits/in-home trigger assessments (13 per month) and remediation services (at least 10% for those with moderate to severe asthma and who are undiagnosed or not enrolled in Medi-Cal).

Evaluation: VyC will gather data to report: #/type of outreach, #/location of educational workshops, # of people reached/demographics, # of home visits/assessments/follow up support, #/type of remediation, # of advocacy toolkits distributed, # of Medi-Cal beneficiaries served, # of people referred to Medi-Cal enrollment/local resources, success stories. VyC will submit reports, participate in peer learning, and attend in-person convenings as required.

RFP Mitigating Air Quality Related Health Conditions Strategies/Performance Measures

Goal 6: Be responsive to and supportive of selected community initiatives that enhance the environment in the District's service area

Strategy 1: Increase and enhance awareness and foster connections to mitigate the impact of air quality on health conditions and outcomes.

Strategy 2: Evaluate household environments to identify methods for improving indoor air quality.

Strategy 3: Increase access to health services to reduce the impact of poor air quality.

Project Deliverables and Evaluation

<p>Deliverable #1: <u>Deliverable 1:</u> By Sept 30, 2025, VyC will create an Advocacy Toolkit for distribution in the community (in English and Spanish) detailing self-advocacy steps needed to access health services, advocate for asthma screening and diagnoses, and increase Medi-Cal beneficiaries’ access to Asthma Preventive Services and Remediation.</p>	<p>Evaluation #1: Deliverable 1 will be evaluated based on 1) community feedback gathered to inform the content of the Advocacy Toolkit, 2) Final Advocacy Toolkit created and pilot tested, 3) # of Advocacy Toolkits distributed, 4) Success stories, and 5) At least 1 policy or systems change recommendation to improve access to screening and preventive services.</p> <p>During community outreach activities and one-on-one interactions, VyC’s Promotora Asthma Specialists will gather feedback from the community that will inform the content and development of an Advocacy Toolkit aimed at reducing barriers to care and addressing community members’ concerns related to asthma. VyC will pilot the Toolkit with at least 5 residents in English and in Spanish and, based on feedback, revise (as needed) and finalize the Advocacy Toolkit.</p>
<p>Deliverable #2: <u>Deliverable 2:</u> By December 31, 2025, VyC will establish relationships with at least 6 CBOs and health provider organizations (see above) and work with them to establish a partner referral system to refer patients/clients to APS services who have been diagnosed with asthma and/or have moderate, severe or poorly controlled</p>	<p>Evaluation #2: VyC will establish partner agreements with at least 6 CBOs and provider organizations in Coachella Valley who will refer individuals with moderate, severe or poorly-controlled asthma and who have been clinically diagnosed with asthma to APS services and remediation support. Deliverable 2 will be evaluated based on 1) the names of CBOs</p>

<p>asthma or other health conditions that are related to poor air quality.</p>	<p>and health provider organizations who refer community members for APS services, 2) a communications and partner referral system co-created with VyC and the CBOs and health provider organizations, 3) the # of referrals received from each referring organization per month, and 4) characteristics associated with each referral (i.e. demographics, age, city of residence, preferred language, clinical diagnosis (if any), insurance status, interest in receiving APS/AR services).</p>
<p>Deliverable #3: <u>Deliverable 3:</u> By December 31, 2026, VyC’s team of Promotora Asthma Specialists will reach approximately 990-1,760 individuals in Coachella Valley through interactive outreach and educational workshops.</p>	<p>Evaluation #3: Deliverable 3 will be evaluated based on:</p> <ol style="list-style-type: none"> 1. # of people reached through interactive community outreach. 2. # of people reached through in-depth educational workshops. 3. # of people referred to VyC’s Promotora Asthma Specialists for APS/AR services from outreach and education activities. 4. # of people referred to Medi-Cal enrollment and other resources from outreach and education activities.
<p>Deliverable #4: Deliverable 4: By December 31, 2026, at least 10% of residents (24-30) who receive Asthma Preventive Services and Remediation support (total: 235-290) will be Coachella Valley residents without health insurance but who have severe, chronic or poorly controlled asthma symptoms.</p>	<p>Evaluation #4: Deliverable 4 will be evaluated based on:</p> <ol style="list-style-type: none"> 1. # of residents/households who receive VyC’s APS/AR home visits. 2. # of people referred for Medi-Cal enrollment. 3. # in-home air quality/trigger assessments conducted.

	<p>4. # of air quality (or similar) devices installed.</p> <p>5. Remediation supports provided, including for uninsured residents.</p>
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Project Demographic Information

Target Geographic Area(s) To Be Served:

Cathedral City, Coachella, Desert Hot Springs, Indio, La Quinta, Mecca, North Shore, Oasis, Palm Desert, Rancho Mirage, Thermal

Target Population Age Group:

0 to 5, 6 to 17, 18 to 24, 25 to 39, 40 to 54, 55 to 64, 65+

Target Population Ethnicity:

Hispanic/Latino (of any race)

Target Population Race:

White, Some other race

Additional Target Population Information:

VyC’s APS Project will primarily reach immigrant and Latino families living in Coachella Valley. Due to the largely rural nature of this area, residents are often difficult to reach by traditional health and social service providers. VyC will also engage Coachella Valley residents with characteristics, including but not limited to:

- Spanish-speaking Medi-Cal enrollees or Undocumented Latino adults with moderate, severe, or poorly controlled asthma who have not been diagnosed with asthma by their healthcare provider;
- Individuals and families referred to us by provider referral;
- Children ages 0-17 with asthma or asthma-related symptoms; women who are pregnant and/or new mothers;
- Older adults ages 65+ years;
- Individuals living in mobile homes in rural areas; and
- Other low- and extremely-low income (per federal eligibility criteria) residents with pre-existing chronic conditions that would benefit from the APS/AR Project.

Capacity, Sustainability, and Partnerships

Organizational Capacity:

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

For 20 years, VyC has been providing promotoras, community health workers (CHWs) and other community leaders with culturally and linguistically relevant training and workforce development leading to increased local capacity to become employed in

health and other workforce sectors. Our Network of Promotoras is active in 13 regions of California, including a regional network in Coachella Valley. We have over 15 years of experience hiring, training, and supervising promotoras in living wage jobs (\$22-\$25/hour) to deliver outreach and health education programs, increase access to care, and support communities to navigate systems. We know what it takes to hire and train promotoras and integrate the promotora model. Today, we have 120 promotoras employed in diverse community-based programs funded by grants and contracts and designed to promote individual, family and community health and wellness, reduce social isolation, and advance equity. We have established best practices and train other agencies how to employ, train, support, and sustain the promotor/CHW workforce. Each year, our teams reach well over 1 million primarily Spanish speaking residents across California through door-to-door canvassing, education presentations, workshops, participation in community and cultural events, and strategic social media use. They are an essential workforce ideal at helping improve Latino health and well-being through prevention, early identification and referrals. Many promotoras also visit people in their homes – it's what they do.

It takes a family approach to reduce in-home asthma triggers. VyC's APS/AR program will hire 3 Promotora Asthma Specialists in Riverside County; 2.0 will be dedicated to serving Coachella Valley and .50 FTE per year x 2 years will be supported with DHCD funds. They will have the skills needed to engage the community, conduct outreach and education, build relationships with both individuals and families and managed care organizations (MCOs) in Coachella Valley, participate in local coalition meetings, conduct in-home trigger assessments, and manage remediation referrals.

VyC has deep ties to the community, strong partnerships with both health providers and immigrant-serving agencies in Riverside County, including the Coachella Valley. VyC's proposed project will integrate asthma as part of whole person care, increase awareness about promotoras' role in improving asthma, increase the readiness of providers to collaborate with promotoras to improve patient health and well-being, support residents to navigate managed care services, promote self-advocacy to encourage use of new Medi-Cal benefits (e.g., Asthma Preventive Services benefit, CHW benefit) to promote individual and community wellness, and support economic equity for communities by opening new workforce opportunities for promotoras to support their families and serve their communities. In this way, we hope to build our own capacity to deliver APS/AR and sustain this program into the future.

Organizational Sustainability:

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

VyC understands the importance of long-term sustainability to continue to effectively serve the community. This proposal reflects our plan to build a stronger infrastructure and increase our ability to bill Medi-Cal for services provided by promotora Asthma Specialists. In addition, we are well-positioned through our Network, coalitions and as a leader in California to share our lessons learned with other CBOs and support local capacity building efforts in Coachella Valley.

VyC's APS Project will promote sustainability by leveraging opportunities through

CalAIM. Our model for sustaining the proposed services (beyond the scope of this grant opportunity) will be to use available funding to braid services, bill Medi-Cal for reimbursable APS and CHW services, and make continuous improvement in quality performance. We are committed to advancing health equity and reducing health disparities and intend to expand our services in Riverside County by contracting with managed care plans that serve urban and rural Latino communities (such as Inland Empire Health Plan).

“Braiding funding is a promising strategy for health care and social service organizations to maximize funding and deliver integrated services for clients with multiple health and social needs” (CHCS, “Braiding Medicaid Funds to Support Person-Centered Care: Lessons from Medi-Cal”, Aug 2024). Organizations typically braid funds to fill gaps in services, expand service offerings, and/or increase program and staff capacity. VyC intends to braid funding to fill gaps in services, enhance DHCD resources, leverage DHCS funding (e.g., Medi-Cal CHW benefit, Asthma Preventive Services benefit) and increase VyC’s programmatic reach in the Coachella Valley. Each funding source will be carefully tracked from planning to service delivery, reimbursement and reporting to ensure funds support allowable activities only.

In addition, to promote future sustainability, VyC will continue to investigate opportunities to leverage county/ancillary funding, investigate billing options, explore contracts with MCOs, and join asthma coalitions and housing/environmental justice groups to advocate for increased and integrated funding.

Partnerships/Collaborations:

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

VyC’s work is supported by longstanding relationships with key partners such as direct service organizations, schools, food banks, health plans, clinics, health coalitions, health departments, mental health agencies, hospitals, and neighborhood and policy advocacy groups (more detail is provided above). VyC’s proposed partnerships with provider entities may include but not be limited to: Innercare-Coachella, DAP Health, Coachella Valley Volunteers in Medicine, and emergency department staff at hospitals serving the Coachella Valley e.g., Desert Regional Medical Center, Mobile Health Clinics, Eisenhower Medical Center, JFK Memorial Hospital. We will also identify CBO partners for our partner referral system.

Diversity, Equity, and Inclusion (DEI)

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

VyC is committed to provide effective, equitable, understandable, and respectful services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs. VyC has established a Cultural Competency Plan that builds on its experience and relationship with program participants, staff, subcontractors, and community providers. The Cultural Competency Plan is supported by VyC’s organizational structure and places diversity, equity and inclusion (DEI) at the center of our work.

VyC hires staff who share similar lived experiences, speak the same language, and understand the importance of elevating the voices of the communities they serve. Characterized by their *servicio de corazón* (heartfelt service), many of our staff are promotoras, primarily Latina women who are trusted leaders in low-income communities, communities of color, and/or immigrant and undocumented communities. They have decades of experience engaging vulnerable residents to share information and resources and connect community members to health, education, and social services. Similarly, 95% of our staff are Latinx, speak Spanish and are committed to advancing the promotora model as a model for community transformation. Our board members are 86% Latina/o and include at least 1 promotora; moreover, 100% of our board members and over 90% of our staff speak Spanish. Board members selected to serve are individuals who are very familiar with our organization's mission and have a long history of engagement as volunteers or supporters of our work. They are also dedicated to promoting health equity in our work and throughout the organization.

VyC's policy is to be sensitive to and respectful of the diverse cultures, races, genders, gender identities, sexual orientations, ethnic backgrounds, religions, and disabilities of the community members we serve. We promote DEI by: (1) providing culturally-tailored training, (2) building leadership in communities most impacted by longstanding inequities driven by the social determinants of health, (3) hiring staff who are knowledgeable about and reflect the community we serve, and (4) elevating the voices of the community to advance our core principles. In addition, VyC's staff (promotoras, coordinators, managers) integrate inclusive language on program materials (i.e. flyers, social media, workshop materials, resource lists) and develop and deliver outreach and education strategies that meet people where they are.

Recently, VyC developed a Cultural Competency Plan that has been presented to and approved by VyC's board of directors. Some of the priority areas we are working on include:

- Develop an annual cultural competency training for all VyC staff and subcontractors (planning stage);
- Create an ongoing process to monitor levels of cultural competence, including recognition of achievement and identification of unmet needs;
- Establish policies and procedures to promote racial and ethnic community participation in the allocation of resources and the design and implementation of interventions developed to address their needs; and
- Evaluate the effectiveness of programs in improving the health status of racial and ethnic populations.

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- Evaluate the effectiveness of programs in improving the health status of racial and ethnic populations.

What barriers does your organization face when addressing DEI?

VyC is committed to prioritizing diversity, equity, and inclusion (DEI) in all aspects of our operations. Nevertheless, various external factors and systemic barriers may restrain VyC's ability to achieve meaningful programmatic outcomes and to provide community support that is genuinely diverse, equitable, and inclusive. These instances may include:

- Language barriers: Although many healthcare providers have improved their availability of bilingual information and resources, the community still faces

language barriers when calling to secure appointments, refill their prescriptions, or understand diagnoses to improve their health outcomes. To address this barrier, Promotoras provide one-on-one assistance to schedule appointments and answer questions residents may have about the process to empower their independence for future appointments.

- **Misinformation:** False or misinformation about public charge (for example) is prevalent among the immigrant community and has prevented large numbers of families from applying for Medi-Cal and other programs to support families. VyC builds trusting relationships with community residents to share information and provide resources (i.e., nonprofit immigration organizations) to increase families and residents' understanding of public charge.
- **Digital Divide:** Many public benefit applications are available online and require families and community members to upload personal information and documentation. The lack of knowledge to navigate these websites among immigrant and Spanish-speaking Latino families prevents them from accessing or maintaining (re-applying) CalFresh, Medi-Cal and other benefits. Promotoras provide referrals to local organizations with Spanish-speaking enrollers or provide one-on-one assistance to enroll in public benefits programs.

Section 1 - Operational Expenses				
Project Grant Budget				
Applicant:		Vision y Compromiso	Asthma Preventive (and Home Visiting) Services	
OPERATIONAL EXPENSES		Total Project Budget	Funds From Other Sources Detail On Section 3	Amount Requested From DHCD/F
Total Staffing Expenses Detail on Section 2		\$ 425,769.00	\$ 303,864.00	\$ 121,905.00
Equipment (itemize)				
1	3 Cell phones/cases/chargers @ \$80 per Promotora Asthma Specialist x 3	\$ 240.00	\$ -	\$ 240.00
2	Computer Equipment @ \$520 per Promotora Asthma Specialist x 3	\$ 1,560.00	\$ 720.00	\$ 840.00
3	EHR System	\$ 225,000.00	\$ 225,000.00	
4	HIE System	\$ 10,000.00	\$ 10,000.00	
5	Clearinghouse for Billing	\$ 33,600.00	\$ 33,600.00	
6				
7				
8				
Supplies (itemize)				
1	Consumable office supplies (paper, pens, markers, toner, clips, binders, etc) @ \$125/mo x 24 mos	\$ 3,000.00	\$ -	\$ 3,000.00
2			\$ -	
3			\$ -	
4			\$ -	
5			\$ -	
6			\$ -	
7			\$ -	
8			\$ -	
Printing / Duplication				
1	Printing of handout for program activities/MCP and Advocacy Toolkits @ \$1,200 per Promotora x 3 Promotora Asthma Specialists	\$ 3,600.00	\$ -	\$ 3,600.00
Mailing / Postage				
Mileage (use current Federal mileage rate)				
1	Outreach Mileage to attend outreach events and educational workshops @ 0.67 per mile x 40 miles/event x 4 events/mo x 24 mos x 3 promotoras	\$ 7,718.40	\$ -	\$ 7,718.40
2	Home Visitation Mileage to attend client home visits @ 0.67 per mile x 200 miles/mo x 24 mos x 3 Asthma Promotora Specialists	\$ 9,648.00	\$ -	\$ 9,648.00
Education / Training				
1	Mandatory onboard Asthma training available online or in person @ \$300 per person/year for mileage or car rental/gas x 3 Promotoras x 2 years.	\$ 1,800.00	\$ -	\$ 1,800.00
Other Direct Project Expenses Not Described Above (itemize)				
1	Asthma Fund for Preventive or Advanced Asthma Remediation (AR), depending on Medical members' needs, to prevent and reduce asthma triggers and preventive remodelations for high risk situations not usually covered by AR services (i.e. allocated funds insufficient) - see detail in budget narrative below	\$ 25,131.00	\$ -	\$ 25,131.00
2	Outreach materials for promotora Asthma Prevention Specialists to conduct education, share information and gather referrals for home visitation services @ \$500 each x 3	\$ 1,500.00	\$ -	\$ 1,500.00
3	Teaching materials and education models for 3 promotoras @ \$500 each x 3, see examples of education materials below	\$ 1,500.00	\$ -	\$ 1,500.00
4			\$ -	
* Items listed below are included for calculation of the total project budget only. For use of DHCD/F funds, these line items would be included in the allowable 15% indirect cost rate.				
Office / Rent / Mortgage*			\$ -	\$ -
Telephone / Fax / Internet*			\$ -	\$ -
Utilities*			\$ -	\$ -
Insurance*			\$ -	\$ -
Indirect Rate		15%	Enter Rate	15.00%
				\$ 23,117.40
Total Project Budget (Rounded up to nearest dollar)		\$ 773,184	\$ 573,184	\$ 200,000

Budget Narrative	<p>Cell Phones: Cell phones, cases and chargers (not covered by PATH CITED) for 3 promotora Asthma Prevention Specialists @ \$80 each x 3; Computer Equipment: 3 laptops @ \$360 each, 3 printers @ \$60 each, 3 laptop travel bags @ \$30 each, and 3 hotspots @ \$70 each= approximately \$520 per Promotora Asthma Specialist x 3 = \$1,560 for work conducting outreach, in-depth asthma educational presentations or workshops and home visits in the field and in an office setting; Consumable office supplies @ \$125/mo x 24 mos includes pens, paper, markers, toner, folders, binders, post-its, clips, flip chart paper, and other supplies for office and educational workshop settings; Printing of asthma education handouts for distribution to the community in program activities (outreach and educational workshops), delivery to referral system partners (CBOs and health providers) and managed care plans (MCPs), and Advocacy Toolkits @ \$1,200 per Promotora x 3 Promotora Asthma Specialists; Outreach Mileage to attend outreach events and educational workshops @ 0.67 per mile x 40 miles/event x 4 events/mo x 24 mos x 3 promotoras; Home visitation Mileage to attend client home visits @ 0.67 per mile x 200 miles/mo x 24 mos x 3 Asthma Promotora Specialists; Training: Onboarding and AsMa 101 and 201 series training for Promotora Asthma Specialists in Year 1 and mandatory yearly training in Year 2 @ \$300 per person x 3 Promotoras x 2 years (includes car rental/gas or mileage); Asthma Fund for Preventive or Hazardous Asthma Remediation (AR) services (not covered by Medi-Cal or High risk member under CHW advocacy services. Depending on Medi-Cal members' needs, to prevent and reduce asthma triggers and provide preventive remodelations for high risk situations not usually covered by AR services (i.e. allocated funds insufficient) which may include but are not limited to carpet removal; mold removal; lead paint removal, additional supplies for members not diagnosed but who need remediation supplies e.g., air purifiers; portable AC units for Medi-Cal members who have been clinically diagnosed with asthma and uninsured individuals and families with moderate, severe or poorly-controlled asthma who require remediation support to APS services; cleaning supplies (at least 3 months); vacuum with a HEPA filter; peak flow meters; air quality monitors; nebulizer; and/or pillow and mattress covers. VvC will purchase supplies for members during service depending on needs identified, as well as subcontract for any priority remodeling. Asthma Specialists will share with community members about Medi-Cal programs and provide navigation services to advocate for the services needed to mitigate symptoms, specially for people without insurance and/or have fewer resources to purchase much-needed asthma-related supplies to reduce in-home triggers" Outreach materials (table, chairs, canopy, pull up banners, wagon, PPE for staff) for conducting outreach to share information and education related to air quality, mitigation and asthma services, and received referrals from individuals and families in Coachella Valley living with or at risk for severe asthma @ \$500 each x 3 promotoras; Teaching materials and education kits health education models and Emergency Kit for teaching, Nebulizer, peakflow @ \$500 each x 3 promotoras; and Indirect costs at 15% including accounting, finance, HR, office telephone communications, internet and some administration.</p>
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Examples of Education materials: https://www.amazon.com/Veipho-Respiratory-Indication-Removable-Anatomical/dp/B0BCGDHMPR/ref=sr_1_9?crid=3OPYOWZD10NPP&dib=eyJ2ljojMSJ9.F5gxYJOS-6-eOsZszR9MQroUbxNDBTCT-1f4esWf1q52lp_VW8h23zwsH7ep ; https://www.amazon.com/Casematix-Insulated-Inhaler-Medicine-Children/dp/B07ZLJMNH/ref=sr_1_19_sspa?adgrpid=1343603773144012&dib=eyJ2ljojMSJ9.6P1Knz1Kjthl4mUKsr25um_EWOL7Qg0exXneqDQrNs3lHitxZNPcNA7_FmUTksrtM8r2AsDnEvex6yqQDml2SE8UY93lBGety0SSkfi7FppaFvYzT5nhuVUgXHksOKyvvbMA38XJl1f1vkTW6f_csF13tVEHROP2B8sNejTTmVK26hZYFj4ADDBT7Jrr51x7odheyANhs5FitFSisYu7TogYiwcf dCSI62DI-mUoeiaD9L9V9zr8k5wUUYD-ti2SEObEywtPvGfRTx84TOpsZdMgh-VPRod8EsNsv1Q8cQ.YqC8Ny5s52a0eqd2Y2b2SQKsv2sKC8mA72YWDJ65u48&dib_tag=se&hvadid=83975474796044&hv bmt=be&hvdev=c&hvlcophy=44187&hvnetw=o&hvtargid=kwd-83975578746980%3Aloc-190&hydadcr=16502_13417227&keywords=asthma+emergency+kit&msslkid=f50b358cdebd1d5b6e4e52979a8f7e54&qid=1729840322&sr=8-19-spons&sp_csd=d2lk22V0TmFtZT1zcF9tdGY&psc=1

Section 2 - Itemized Expenses					
Staff Salary Expenses		Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD/F
Employee Position/Title					
1	Lead Promotora/Asthma Specialist	\$ 52,000.00	100%	104,000.00	\$ 52,000.00
2	CalAIM Director	\$ 120,000.00	20%	48,000.00	\$ 6,000.00
3	CalAIM Licensed Provider	\$ 100,000.00	20%	40,000.00	\$ 6,000.00
4	CalAIM Manager	\$ 80,000.00	20%	32,000.00	\$ 12,000.00
5	CalAIM Asthma Manager	\$ 80,000.00	25%	40,000.00	\$ 8,000.00
6	CalAIM Asthma Administrative Asst	\$ 75,000.00	25%	37,500.00	\$ 7,500.00
7	CalAIM Biller	\$ 75,000.00	10%	15,000.00	\$ -
8	CalAIM Data Analyst	\$ 52,000.00	5%	5,200.00	\$ -
9				-	
10				-	
Enter Total Employee Benefits / Employer Taxes % (Proportional Fringe Costs and/Or Employer Taxes Based On % Of Time Allocated To Project)			32.00%	102,944.00	29,280.00
Total Will Populate In Total Staffing Expenses Section 1				Total >	\$ 424,644.00 \$ 120,780.00
Budget Narrative - Scope of Work	<p>Lead Promotora/Asthma Specialist (1.0 FTE) 1040 hours/year x two years dedicated 100% to the project, outreach, in-depth community education and advocacy needed to ensure community members are enrolled in Medi-Cal and or to advocate for diagnoses so that Coachella members can receive the care they need through CalAIM Asthma Remediation Services, not covered under Medi-Cal rates; All the following staff will be part of this project for the full two years at % indicated. CalAIM Director (20%) will dedicate to time to hire staff, oversee quality of program, and secure contracts with Managed Care Plans to provide Medi-Cal services and metrics for 1 YR; CalAIM Licensed Provider (20%) will assist in coaching/training promotoras and removing CHW Benefit recommendation barriers to services as well as collaborate with Promotora Asthma Prevention Specialists to create a plan of care for members for 1YR; CalAIM Manager (20%) will assist in the coordination of trainings, conducting interviews, creating, preparing and training on program forms, and coordination needed to ensure all staff are HR compliant as needed for 1yr; CalAIM Asthma Manager (25%) will be responsible for the overall strategic direction, operational management, and financial sustainability of Vision y Compromiso implementation of Asthma Remediation services under CalAIM (California Advancing and Innovating Medi-Cal). The Manager will ensure the effective planning and delivery of Asthma Remediation services to Medi-Cal beneficiaries with poorly controlled asthma while adhering to organizational and state policies. The Manager will supervise, support, and collaborate with asthma home visiting staff, and will develop and maintain productive relationships with external partners such as managed care plans, community partners, and vendors in order to enhance service delivery and the satisfaction of VyC clients, oversee the timely execution and data for this grant and develop VyC "Asthma Advocacy Tool Kit" and unique materials needed for asthma advocacy to increase diagnoses (data show this geographic area is underdiagnosed due to inequities such as inappropriate access to care, lack of knowledge and support about Medi-Cal programs available, hesitancy in Medi-Cal enrollment due to immigration status, etc for 1YR.; CalAIM Asthma Administrative Assistant (25%) will assist with referral coordination, check member eligibility, manage member files, verify completion of forms, collaborate with authorization specialist; assist with maintenance of CalAIM policies within CHW/Promotora workflow; purchase CHW/ Promotora Supplies as needed for 1YR. CalAIM Biller (15%) will assist with maintaining accurate, on-time billing for Medi-Cal reimbursement of Asthma services. CalAIM Data Analyst (5%) will maintain and extract program data as needed. This grant will fund most of these positions in FY2026 to cover a % of administrative costs of CalAIM programs for Medi-Cal reimbursement.</p>				
Budget Narrative - Employee Benefits	Employee benefits @ 32% include payroll taxes (FICA, SDI), workers' compensation, insurance (health, dental, vision, life) and 401k employee match				
Professional Services / Consultant Expenses		Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD/F
Company and Staff Title					
1	Y. Day Designs, Yvonne Day	\$ 75.00	15 hrs	\$ 1,125.00	\$ 1,125.00
2					
3					
4					
Total Will Populate in Total Staffing Expenses Section 1				Total >	\$ 1,125.00 \$ 1,125.00
Budget Narrative - Scope of Work	<p>Graphic design @ \$75/hr x 15 hrs to design Outreach and Education materials and branding for Asthma Advocacy Toolkits, unique materials for asthma self-advocacy related to diagnosis (data shows Coachella as a geographic area is underdiagnosed due to inequities such as inappropriate access to care, lack of knowledge and support about Medi-Cal programs available to them, hesitancy in Medi-Cal enrollment due to immigration status, etc.) In order to educate and bridge those gaps we will create culturally and linguistically specific educational materials tailored to the community in Coachella Valley.</p>				

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Section 3 - Other Funding		
Funds From Other Sources (Actual Or Projected) SPECIFIC To This Project		
"Total Funding In Addition To DHCD/F Request" Below Should Match Or Exceed Value Listed In Section 1 for "Funds from Other Sources".		Amount
Fees		
Donations		
Grants (List Organizations)		
1	Path Cited	\$ 325,000.00
2	IPP Health Net Grant	\$ 400,000.00
3	IPP Molina Grant (Pending)	\$ 7,500.00
8		
Fundraising (Describe Nature Of Fundraiser)		
1		
2		
3		
8		
Other Income, e.g., Bequests, Membership Dues, In-Kind Services, Investment Income, Fees From Other Agencies, Etc. (Itemize)		
1	FFS Rates to cover .50 FTE for 2 years (Medi-Cal billing)	\$ 52,000.00
2		
3		
8		
Total Funding In Addition To DHCD/F Request		\$ 784,500.00
Budget Narrative	<p>Grants specified in Section 3-Other Funding support key administrative staff + 32% Fringe for 12 mos (Director, Coordinator, Lic. Practitioner, Admin Assistant, 2 Riverside Asthma Specialist, Biller). They also cover costs for needed operational IT like Clearinghouse, EHR, HIE to be acquired in FY 2025. These funds do not cover any of the line items requested in Sections 1 & 2. Salary for the 3rd Promotora Specialist (.50 FTE) will be covered through Medi-Cal billing for APS/AR Services for 2 years. We will bill for assessment, education, navigation, and advocacy services and, when applicable, Asthma Remediation services for members with asthma diagnosis. The grants above are directly related to Coachella Valley, these grants support administrative staff and systems needed to conduct Medi-Cal Asthma programs, 1/4 of our grants are dedicated to building capacity in Riverside County where we will concentrate our efforts in Coachella Valley.</p>	

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EXHIBIT B

PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES

<u>Project Title</u>	<u>Start/End</u>
Asthma Preventive (and Home Visiting) Services to Mitigate Air Quality Conditions in Coachella Valley	1/01/2025 12/31/2026

PAYMENTS:

(4) Payments: \$45,000.
10% Retention: \$20,000.

Total request amount: \$ 200,000.

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Grant Requirements for Payment	Payment
1/01/2025	Signed Agreement submitted & accepted.	Advance of \$45,000. for time period 1/01/2025 - 6/30/2025
8/01/2025	1st six-month (1/01/2025 - 6/30/2025) progress report, budget reports and receipts submitted & accepted	Advance of \$45,000. for time period 7/01/2025 - 12/31/2025
2/01/2026	2nd six-month (7/01/2025 - 12/31/2025) progress report, budget reports and receipts submitted & accepted	Advance of \$45,000. for time period 1/01/2026 - 6/30/2026
8/01/2026	3rd six-month (1/01/2026 - 6/30/2026) progress report, budget reports and receipts submitted & accepted	Advance of \$45,000. for time period 7/01/2026 - 12/31/2026
2/01/2027	4th six-month (7/01/2026 - 12/31/2026) progress report, budget reports and receipts submitted & accepted	\$0
2/15/2027	Final report (1/01/2025 - 12/31/2026) and final budget report submitted & accepted	\$20,000. (10% retention)

TOTAL GRANT AMOUNT: \$ 200,000.

DELIVERABLES:

Project Deliverables and Evaluation

<p>Deliverable #1: <u>Deliverable 1:</u> By Sept 30, 2025, VyC will create an Advocacy Toolkit for distribution in the community (in English and Spanish) detailing self-advocacy steps needed to access health services, advocate for asthma screening and diagnoses, and increase Medi-Cal beneficiaries' access to Asthma Preventive Services and Remediation.</p>	<p>Evaluation #1: Deliverable 1 will be evaluated based on 1) community feedback gathered to inform the content of the Advocacy Toolkit, 2) Final Advocacy Toolkit created and pilot tested, 3) # of Advocacy Toolkits distributed, 4) Success stories, and 5) At least 1 policy or systems change recommendation to improve access to screening and preventive services.</p> <p>During community outreach activities and one-on-one interactions, VyC's Promotora Asthma Specialists will gather feedback from the community that will inform the content and development of an Advocacy Toolkit aimed at reducing barriers to care and addressing community members' concerns related to asthma. VyC will pilot the Toolkit with at least 5 residents in English and in Spanish and, based on feedback, revise (as needed) and finalize the Advocacy Toolkit.</p>
<p>Deliverable #2: <u>Deliverable 2:</u> By December 31, 2025, VyC will establish relationships with at least 6 CBOs and health provider organizations (see above) and work with them to establish a partner referral system to refer patients/clients to APS services who have been diagnosed with asthma and/or have moderate, severe or poorly controlled asthma or other health conditions that are related to poor air quality.</p>	<p>Evaluation #2: VyC will establish partner agreements with at least 6 CBOs and provider organizations in Coachella Valley who will refer individuals with moderate, severe or poorly-controlled asthma and who have been clinically diagnosed with asthma to APS services and remediation support. Deliverable 2 will be evaluated based on 1) the names of CBOs and health provider organizations who refer community members for APS services, 2) a communications and partner referral system co-created with VyC and the CBOs and health provider organizations, 3) the # of referrals received from each referring organization per month, and 4) characteristics associated with each referral (i.e. demographics, age, city of residence, preferred language, clinical diagnosis (if any), insurance status, interest in receiving APS/AR services).</p>

<p>Deliverable #3: <u>Deliverable 3:</u> By December 31, 2026, VyC’s team of Promotora Asthma Specialists will reach approximately 990-1,760 individuals in Coachella Valley through interactive outreach and educational workshops.</p>	<p>Evaluation #3: Deliverable 3 will be evaluated based on:</p> <ul style="list-style-type: none"> • # of people reached through interactive community outreach. • # of people reached through in-depth educational workshops. • # of people referred to VyC’s Promotora Asthma Specialists for APS/AR services from outreach and education activities. • # of people referred to Medi-Cal enrollment and other resources from outreach and education activities.
<p>Deliverable #4: Deliverable 4: By December 31, 2026, at least 10% of residents (24-30) who receive Asthma Preventive Services and Remediation support (total: 235-290) will be Coachella Valley residents without health insurance but who have severe, chronic or poorly controlled asthma symptoms.</p>	<p>Evaluation #4: Deliverable 4 will be evaluated based on:</p> <ul style="list-style-type: none"> • # of residents/households who receive VyC’s APS/AR home visits. • # of people referred for Medi-Cal enrollment. • # in-home air quality/trigger assessments conducted. • # of air quality (or similar) devices installed. • Remediation supports provided, including for uninsured residents.

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

RFP Mitigating Air Quality Related Health Conditions Strategies/Performance Measures

Goal 6: Be responsive to and supportive of selected community initiatives that enhance the environment in the District's service area.

Strategy 1: Increase and enhance awareness and foster connections to mitigate the impact of air quality on health conditions and outcomes.

Performance Measures:

- # of workshops, seminars, and trainings provided
- # of attendees at workshops, seminars, and trainings provided
- # of clients who reported utilizing the information/resources learned
- # of community partners

Strategy 2: Evaluate household environments to identify methods for improving indoor air quality

Performance Measures:

- # of indoor air quality assessments
- # of indoor air quality devices installed
- # of households referred to external air quality support programs
- # of households connected to external air quality support programs
- # of households served
- # of clients served

Strategy 3: Increase access to health services to reduce the impact of poor air quality on health

Performance Measures:

- # of clients served
- # of referrals received
- # of referrals provided

Other Performance Measures:

- # of advocacy toolkits distributed



Date: December 17, 2024

To: Board of Directors

Subject: Grant # 1484 Asthma and Allergy Foundation of America - St. Louis Chapter

Grant Request: RESCUE Coachella Valley, an air quality school asthma pilot

Amount Requested: \$199,876.00

Project Period: 01/01/2025 to 12/31/2026

Project Description and Use of Desert Healthcare Foundation Funds:

Asthma and Allergy Foundation of America - St. Louis Chapter's (AAFA-STL) mission is to enhance resources, amplify its advocacy, and demonstrate the success of its current programs, while systematically addressing the root causes of asthma, allergies, and healthcare access. The organization is driven by the principle that everyone deserves equal access to lifesaving treatment, disease management education, healthy air quality, and resources to overcome barriers to attending school and leading healthy lives. This commitment informs the development of initiatives like the RESCUE Coachella Valley pilot program, which will deploy stock albuterol in schools across the Coachella Valley.

The project focuses on sourcing and distributing metered dose inhalers and disposable spacers, collaborating with local physicians for standing orders, and training school nurses and staff. Additionally, RESCUE uses the Undesignated Asthma Medication Reporting Form as an evaluation, which nurses complete after administering stock albuterol. The form gathers data on symptoms, triggers, and outcomes without identifying students. This helps the AAFA team assess each student distress event and offer follow-up support to nurses, share resources, and provide referrals to families with their consent. The AAFA team will collaborate with school nurses to ensure families access relevant community programs and support.

This project was submitted in response to the Desert Healthcare District and Foundation's request for proposals (RFP) aimed at mitigating air quality-related health conditions. The District and Foundation sought projects that focused on preventing, diagnosing, and managing health issues linked to air quality for Coachella Valley residents. This application aligns directly with the RFP, with Foundation funds to support both services and materials for the RESCUE program, as well as funding for three



positions: Director of Programs, Coachella Valley Program Manager, and Program Coordinator.

Strategic Plan Alignment:

Goal 6: Be responsive to and supportive of selected community initiatives that enhance the environment in the District and Foundation’s service area

Strategy 1: Increase and enhance awareness and foster connections to mitigate the impact of air quality on health conditions and outcomes.

Strategy 3: Increase access to health services to reduce the impact of poor air quality.

Geographic Area(s) To Be Served:

All areas

Action by Program Committee: (Please select one)

✓ Full recommendation and forward to the Board for consideration with the Committee’s recommendation that a grant amount of \$199,876.00 be approved.

Recommendation with modifications

Request for more information

Decline



RFP Mitigating Air Quality-Related Health Conditions **Grant Application Summary**

Asthma & Allergy Foundation of America St. Louis Chapter, Grant # 1484

About the Organization

Asthma & Allergy Foundation of America St. Louis Chapter
5501 Delmar Blvd., Suite A450
St. Louis, MO 63112
314-645-2422
www.aafastl.org

Tax ID #: 43-1484316

Primary Contact:

Chris Martinez, CEO
cmartinez@aafastl.org

Organization's Mission Statement and History

The Asthma and Allergy Foundation of America, St. Louis Chapter serves children and families affected by asthma and allergies through education, support, and resources.

Founded in 1981, the Asthma and Allergy Foundation of America, St. Louis Chapter (AAFA-STL) is one of five chapters of the National Asthma and Allergy Foundation of America and has been a leading resource for those with asthma and allergies in the St. Louis community for nearly 40 years. The national chapter focuses on federal policy, advocacy, and education. Regional chapters are driven by local priorities, statewide policy work, and direct service to local families. AAFA-STL's goals are to increase resources, voice, and evidence of success for current programs and then systematically address the root causes of asthma, allergies, and healthcare access. AAFA-STL's guiding principle is that everyone should have equal access to lifesaving treatment and disease management education, healthy air quality, and resources to overcome barriers to attending school and leading healthy lives. AAFA-STL serves 18,000 children and families through individual and school-based asthma and allergy management programs.

AAFA-STL builds trust with those we serve on an individual level by working one-on-one with families to determine a child's eligibility and level of need. The program manager

listens to their stories to identify supplies and resources that are needed beyond medication and serves as an ongoing, trusted connection. For example, families expressed the desire for a child-friendly kit that would help them understand and manage their disease. In response, AAFA-STL created distribution kits, tote bags filled with welcome materials, durable medical supplies, disease management information, community resources, and age-appropriate allergen-friendly toys.

Organization Annual Budget: \$4,521,234.00

Project Information

Project Title: RESCUE Coachella Valley, an air quality school asthma pilot

Start Date: 01/01/2025 **End Date:** 12/31/2026

Total Project Budget: \$199,876.00

Requested Amount: \$199,876.00

Community Need for this Project in the Coachella Valley:

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

An asthma diagnosis in childhood can be overwhelming. Patients and caregivers must process their feelings about the diagnosis and learn the clinical and lifestyle components of their treatment plan. Unfortunately, low-income and minority populations suffer a disproportionate disease burden in the U.S. Decades of research have extensively identified disparities in asthma prevalence, mortality, and healthcare utilization along socioeconomic, racial, and ethnic lines. To reduce these disparities, AAFA St. Louis developed RESCUE — a stock albuterol program to support children in their school environment.

RESCUE equips schools nurses and designated personnel with a standing order, stock albuterol and medical equipment so that they can respond to respiratory distress in schools, de-escalating medical events, avoiding school absences, and avoiding additional healthcare costs. To promote health equity, AAFA St. Louis works to concentrate recruitment efforts among communities that have historically suffered poor asthma-related health outcomes (e.g., minority and low-income populations).

To date, AAFA St. Louis has distributed over medication and equipment to over 5,000 diagnosis kits in Missouri and Illinois. Since the program started in earnest in October 2023, 1636 respiratory distress events were supported by RESCUE medication. The program is poised to support 6,400 schools in the 2024-2025 school year and current usage predicts an increased usage of at least 50 percent.

According to 2020 HARC data, at least 12 percent of local children have been diagnosed with asthma and more than half of 6 to 11-year-olds with asthma missed at

least one day of school due to asthma. These are extremely preventable school absences and many times avoided healthcare costs.

Project Description and Use of District funds:

Describe the scope of the project and how your organization will utilize the Desert Healthcare District funding. Clearly state the approach you are going to take to meet the community's need and specify how the success of this project directly aligns to the purpose of the request for proposals to Mitigate Air Quality-Related Health Conditions.

When Governor Gavin Newsom signed AB 1283, Pupil health: emergency stock albuterol inhalers in October 2023, we were excited at the opportunity to see the opportunity for undesignated albuterol grow in one of the most populous states. While stock albuterol is not new and some states have allowed it for over 10 years, we have not seen any coordinated effort to fund stock albuterol in California since the passage of AB 1283. RESCUE Coachella Valley would be an opportunity to be the first in the state to fund and support a coordinated community approach for stock albuterol in schools. The pilot would bring the best practices that we have learned for the last 12 years. We plan on coordinating our on-the-ground staff with local school districts and research institutions to deploy the Coachella Valley pilot. The work would focus on deploying stock albuterol in schools. The AAFA team would source and distribute metered dose inhalers and disposable spacers to at least 60 of the 83 schools in Palm Springs Unified, Desert Sands, and Coachella Valley Unified School Districts. The AAFA team would also work with local physician groups to obtain a standing order and prescription, train nurses and staff on administration, and monitor all data collection of medication usage.

RFP Mitigating Air Quality Related Health Conditions Strategies/Performance Measures

Goal 6: Be responsive to and supportive of selected community initiatives that enhance the environment in the District's service area

Strategy 1: Increase and enhance awareness and foster connections to mitigate the impact of air quality on health conditions and outcomes.

Strategy 3: Increase access to health services to reduce the impact of poor air quality.

Project Deliverables and Evaluation

<p>Deliverable #1:</p> <ul style="list-style-type: none">• BY December 31, 2026: 6 of trainings provided to school nurses and staff through live trainings, on-demand offerings, office hours, and other educational support	<p>Evaluation #1:</p> <ul style="list-style-type: none">• Outreach and communications: AAFA team will provide a summary of all outreach communications, including announcement emails, training flyers, staff announcements,
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<ul style="list-style-type: none"> • BY December 31, 2026: at least 60 school nurses and staff will be trained on undesignated albuterol 	<p>and schedule in which staff were notified in internal staff meetings</p> <ul style="list-style-type: none"> • Training slide deck: AAFA will provide training materials, including training presentation and all supplemental and education materials provided to school nurses • Attendance sheets: AAFA will provide list of all nurse who attended training and access supplemental program materials • Pre & End of Year Assessment: Data summaries of nurse confidence levels, satisfaction of stock albuterol programs, and awareness of stock albuterol
<p>Deliverable #2:</p> <ul style="list-style-type: none"> • BY December 31, 2026: 500 respiratory distress events will be de-escalated through the administration of undesignated medication and equipment • BY December 31, 2026: 350 metered dose inhalers will be distributed • BY December 31, 2026: 3,200 disposal spacers will be distributed 	<p>Evaluation #2:</p> <p>For an analysis of respiratory distress: A robust summary of the required post-incident reports will be provided. This will include information including:</p> <p><i>Volume</i></p> <ul style="list-style-type: none"> • Total number of distress events • Total number of distress events per school district • Total number of distress events per school • Number of unique students administered stock albuterol • Number of unique students administered stock albuterol per school district • Number of unique students administered stock albuterol per school • Number of schools reporting usage of stock albuterol

Demographics

- Race and ethnicity of students being administered stock albuterol
- Average age of the students

Disposition

- Return to class rate of students who were administered stock albuterol across the Coachella Valley
- Return to class rate of students who were administered stock albuterol per school district
- Return to class rate of students of the 5 schools with the highest utilization rates
- Rate of 'going home' in students who were administered stock albuterol across the Coachella Valley
- Rate of 'going home' in students who were administered stock albuterol per school district
- Rate of 'going home' in students who were administered stock albuterol of the 5 schools with the highest utilization rates
- Rate of seeking emergency medical services in students who were administered stock albuterol across the Coachella Valley
- Rate of seeking emergency medical services in students who were administered stock albuterol per school district
- Rate of seeking emergency medical services in students who were administered stock albuterol of the top 5 utilizer schools

	<p><i>Cost savings</i></p> <ul style="list-style-type: none"> • Average cost savings in the program, including <ul style="list-style-type: none"> ○ healthcare cost savings; ○ average daily attendance cost savings (savings to schools); ○ avoided lost wages (savings to parents and caregivers) <p>For an analysis of medication and equipment costs, invoices of pharmacies and equipment vendors will be provided as well as the comparable market rate for those same items.</p>
<p>Deliverable #3: BY December 31, 2026: 150 students who were administered stock albuterol and whose families were referred to community health partners</p>	<p>Evaluation #3: RESCUE has several evaluation tools to understand the needs of schools, school staff, and students. Any time a nurse administers stock albuterol, they will be required to complete a report called the Undesignated Asthma Medication Reporting Form. Without disclosing student identifying information, this form collects data on student demographics, symptoms, possible triggers, details about the administration, and the disposition of the person. This gives us a robust picture of the environment and outcome of every respiratory distress event. We will use these reports to provide follow up support to nurses to ensure they are providing the best and most comprehensive support possible. We will share resources and other assistance or educational programs that could be applicable to the family. Unless given approval by the family, the AAFA Team cannot reach out to the family. Therefore, we will work closely with school nurses to share the most comprehensive referrals, and if possible, will provide follow up support to ensure that families are utilizing community programs that would be</p>

	<p>applicable to them.</p> <p>Other evaluation tools include pre and post assessments to measure school and staff readiness, enthusiasm and protocol compliance.</p>
Deliverable #4:	Evaluation #4:

Project Demographic Information

Target Geographic Area(s) To Be Served:

All areas

Target Population Age Group:

0 to 5, 6 to 17, 18 to 24

Target Population Ethnicity:

Hispanic/Latino (of any race)

Target Population Race:

American Indian and Alaska Native, Black or African American, White

Additional Target Population Information:

School districts are reporting that less than half of students WITH an active asthma diagnosis on file have access to an inhaler while they are at school. This means that students that are at risk to respiratory distress to their condition and the environmental air quality risk, they are at high risk of missing class, having avoidable school absences, and their parents risking more missed work, and incurring additional healthcare costs. This was told to the AAFA staff by school nurses at Coachella Valley Unified on October 25, 2024. The risk and reality of this all is right now.

Capacity, Sustainability, and Partnerships

Organizational Capacity:

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

AAFA-St. Louis is currently running this same program statewide in Missouri and Illinois. It is the same staff who have developed the best practices, communication templates, and training materials to be able to execute a pilot very efficiently. The newer components of the program are the air quality analysis. Luckily, we are partnering with local experts in Southern California who have the expertise and community buy-in to hit the ground running.

Organizational Sustainability:

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

The RESCUE program is our program with the most amount of growth and interest in the country. As more and more states pass and fund stock albuterol, we are the leading organization with the skills and experience to quickly deploy stock albuterol programs. We are in year 2 of state funding with the states of Illinois and Missouri and to date have been awarded \$7.65M for stock albuterol in those two states alone. We are pursuing state funding in Iowa, Arkansas, Wisconsin, and Texas to deploy statewide or pilot programs.

Naomi Soto, our Director of Programs, has been with the organization for almost two years and knows every aspect of RESCUE, from lobbying, program development, state contracts, program deployment, and data analysis. To have her local to the Coachella Valley pilot, will be extremely valuable. In order to ensure the strength and longevity of the program, Naomi has been working on expanding the Programs team and most importantly to build the strategic operational skills of her team so that they are ready for the fast growth of RESCUE. We are working with local and state partners to ensure that stock albuterol is a community commitment. In Illinois, we work closely with University of Chicago and University of Illinois-Chicago; in Missouri, we collaborate with Washington University in St. Louis, and we are excited to be in a growing relationship with University of Southern California and University of California Riverside for the Coachella Valley pilot.

Partnerships/Collaborations:

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

- Coachella Valley Unified School District: Working with CVUSD to train school nurses, health aides, and other designated personnel on undesignated albuterol and the administration of it at schools
- Palm Springs Unified: Working with PSUSD to train school nurses, health aides, and other designated personnel on undesignated albuterol and the administration of it at schools
- Desert Sands Unified: Working with PSUSD to train school nurses, health aides, and other designated personnel on undesignated albuterol and the administration of it at schools

Diversity, Equity, and Inclusion (DEI)

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

AAFA-STL serves a large minority population; therefore, staff members are aware of the importance of diversity, equity, and inclusion across our staff, board, and volunteers. To this end, we have partnered with our local United Way's Volunteer Center, partner school nurses in racially diverse communities, and other contacts to significantly increase the racial diversity of our Board of Directors, while also looking for additional

opportunities in the future. Specifically, we strive to have our staff, board, and volunteers reflect the communities we serve by:

1. Connecting with St. Louis community organizations to offer diversity and inclusion training
2. Conducting employee/board/volunteer surveys to help identify areas in which we can create a more inclusive work environment
3. Implementing policies and practices that enable persons with disabilities to thrive in our work environment
4. Enhancing our recruiting efforts for highly-qualified candidates of diverse backgrounds
5. Hosting an annual volunteer appreciation event

In the last three years AAFA has increased its number of minority volunteers and staff members. Forty percent of staff and 40% of board members identify as people of color, and the volunteer demographics differ with each project and event. The communities AAFA-STL serves drive our focus and the success of our programs; therefore we strive to be accountable to our clients by incorporating their voices in the initiatives we undertake. Each program depends upon client feedback and stakeholder collaboration. For instance, the Program Committee, which guides the future of our programs, is composed of the very people who are impacted by our programs, including, but not limited to: social workers, allergists, pharmacists, and school nurses, as well as clients themselves. Having client families serving on our Program Committee allows AAFA-STL to gain a valuable perspective on the challenges, opportunities, and successes of the population we serve, which helps us to not only adapt the services we provide but also the way in which we provide them.

For example, our collaboration with veteran school nurses and trusted leaders in the community provide vital assistance in creating fair and equitable programs for AAFA-STL clients and schools. Additionally, the social workers participating in our Program Committee inform us of current trends evolving in the community (i.e. Medicaid dropping clients). Maintaining a diverse perspective within all of our committees provides AAFA-STL with the ability to create better policies surrounding client support that consider economic and time stressors on clients in order to ensure that our programs alleviate these burdens as opposed to increasing them. We value the voice of our program participants; our program staff regularly listen to and learn from clients in order to better understand their needs and incorporate this feedback into the services we offer. AAFA-STL serves a large minority population; therefore, staff members are aware of the importance of diversity, equity, and inclusion across our staff, board, and volunteers. To this end, we have partnered with our local United Way's Volunteer Center, partner school nurses in racially diverse communities, and other contacts to significantly increase the racial diversity of our Board of Directors, while also looking for additional opportunities in the future. Specifically, we strive to have our staff, board, and volunteers reflect the communities we serve by:

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What barriers does your organization face when addressing DEI?

Structural inequities from the past remain deeply embedded in the institutions that govern all aspects of non-white or Hispanic communities today, from employment and economic stability to physical environment and social capital. Several complex and often interrelated policies created disadvantages for minority populations and exacerbated racial disparities in health and in asthma, specifically. The burden of asthma in the United States falls disproportionately on Black, Hispanic and American Indian/Alaska Native people. These groups have the highest asthma rates, deaths and hospitalizations. Kenneth Mendez, the President and CEO of the Asthma and Allergy Foundation of America says "Disparities in health care are something we know about all too well as an organization, and we are actively working to change this. The disproportionate harm from the health care systems on minority populations are both rooted in the same thing: deep, systemic racism. Our systems have historically failed Black Americans and other marginalized groups. AAFA is an organization that has always been dedicated toward striving for justice with our work to reduce disparities in care for underserved groups. We are working hard to keep these issues at the forefront until we eradicate these differences."

Section 1 - Operational Expenses				
Project Grant Budget				
Applicant:		Asthma and Allergy Foundation of A RESCUE Coachella Valley		
OPERATIONAL EXPENSES		Total Project Budget	Funds From Other Sources Detail On Section 3	Amount Requested From DHCD/F
Total Staffing Expenses Detail on Section 2		\$ 121,852.81	\$ -	\$ 121,852.81
Equipment (itemize)				
1			\$ -	
2			\$ -	
3			\$ -	
4			\$ -	
Supplies (itemize)				
1	Materials to deliver RESCUE (See Supplies Summary Tab)	\$ 36,080.00	\$ -	\$ 36,080.00
2			\$ -	\$ -
3			\$ -	\$ -
4			\$ -	\$ -
Printing / Duplication			\$ -	\$ -
Mailing / Postage			\$ -	
Mileage (use current Federal mileage rate)		\$ 1,608.00		\$ 1,608.00
Education / Training			\$ -	
Other Direct Project Expenses Not Described Above (itemize)				
1	Services to deliver RESCUE (See Supplies Summary Tab)	\$ 14,264.00	\$ -	\$ 14,264.00
2			\$ -	\$ -
3			\$ -	
4			\$ -	
* Items listed below are included for calculation of the total project budget only. For use of DHCD/F funds, these line items would be included in the allowable 15% indirect cost rate.				
Office / Rent / Mortgage*				\$ -
Telephone / Fax / Internet*				\$ -
Utilities*			\$ -	\$ -
Insurance*			\$ -	\$ -
Indirect Rate			15.00%	\$ 26,070.72
Total Project Budget (Rounded up to nearest dollar)		\$ 199,876	\$ -	\$ 199,876
Budget Narrative	Fully describe items above in this cell. You may insert rows or create additional worksheets if more space is needed to fully describe your budget.			
	<p>Most of the expenses can be split into three major categories: 1.) Salary to cover the time and expertise of the people running the program; 2.) The cost of the physical medication and equipment to deliver RESCUE to schools across the Coachella Valley; and 3.) The cost of the professional services and companies to execute and deliver RESCUE to schools</p> <p>A description of the staff time and roles is included in the Staffing Expenses Tab.</p> <p>A description of the RESCUE Materials listed under SUPPLIES is listed in a tab called Supplies Summary.</p> <p>A description of the RESCUE services listed in OTHER DIRECT PROJECT EXPENSES is also listed in the Supplies Summary.</p>			

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Section 2 - Itemized Expenses					
Staff Salary Expenses		Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD/F
Employee Position/Title					
1	Naomi Soto, Director of Programs	\$ 123,000.00	8%	19,680.00	\$ 19,680.00
2	OPEN - Coachella Valley Program Manager	\$ 41,000.00	100%	82,000.00	\$ 82,000.00
3	Lindsey Diener, Program Coordinator	\$ 66,625.00	5%	6,662.50	\$ 6,662.50
4					
5					
6				-	\$ -
Enter Total Employee Benefits / Employer Taxes % (Proportional Fringe Costs and/Or Employer Taxes Based On % Of Time Allocated To Project)			12.47%	13,510.31	13,510.31
Total Will Populate In Total Staffing Expenses Section 1			Total >	\$ 121,852.81	\$ 121,852.81
Budget Narrative - Scope of Work	Please describe in detail the scope of work and duties for each employee on this grant.				
	<p>There are 3 roles in the organization that will run or support RESCUE Coachella Valley.</p> <p>Three roles are in the PROGRAMS department. The Programs Director, who is local to the Coachella Valley, will be overseeing training and program implementations. She will be responsible for grant reports, deliverables, presentations, and building relationships with school districts. We will hire a part-time local program manager to support the Program Director with the on-campus support and logistics. The Program Coordinator will provide administrative support from the midwest AAFA office. The Program Director will bill up to 10 percent of her time to the CV project. The part-time CV Program Manager will bill all of their time to it. The Program Coordinator will bill up to 8 percent of her time.</p> <p>Each annual salary has been averaged across two years and reflects a cost of living adjustment for year 2 of 5 percent</p>				
Budget Narrative - Employee Benefits	Please describe in detail the employee benefits including the percentage and salary used for calculation.				
	<p>Benefits included a retirement match fo 4 percent, FICA at 7.65 percent, SUTA at 4 percent, Workers Comp, and group insurance (medical, dental, and vision). Currently the one staff members who are taking all group insurance are the CEO and Finance Manager. The Programs Director only has dental and vision in their benefit package. The Programs Coordinator does not take any group insurance benefits. The Coachella Valley Project Manager would be elegeble for medical or dental if they work at minimum 30 hours per week.</p> <p>The benefits costs are calculated with the current benefit selection of employees. These choices could change during an open enrollment season or life event.</p>				
Professional Services / Consultant Expenses		Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD/F
Company and Staff Title					
1					
2					
3					
4					
				Total >	\$ - \$ -
Budget Narrative - Scope of Work					

Section 3 - Other Funding

**Funds From Other Sources (Actual Or Projected)
SPECIFIC To This Project**

"Total Funding In Addition To DHCD/F Request" Below Should Match Or Exceed Value Listed In Section 1 for "Funds from Other Sources".		Amount
Fees		
Donations		
Grants (List Organizations)		
1		
2		
3		
8		
Fundraising (Describe Nature Of Fundraiser)		
1		
2		
3		
8		
Other Income, e.g., Bequests, Membership Dues, In-Kind Services, Investment Income, Fees From Other Agencies, Etc. (Itemize)		
1		
2		
3		
8		
Total Funding In Addition To DHCD/F Request		\$ -
Budget Narrative		

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RESCUE MATERIALS

Item	Cost	Quantity	Total
Metered Dose Inhalers	\$35.00	270	\$9,450.00
LiteAires	\$4.00	1,680	\$6,720.00
Educational Packet	\$3.50	100	\$350.00
Medicine Storage	\$80.00	19	\$1,520.00

TOTAL MATERIALS FOR ONE YEAR \$ 18,040.00

TOTAL MATERIALS FOR TWO YEARS \$ 36,080.00

RESCUE SERVICES

Service	Cost	Percentage	Program Cost
Bonterra	\$34,000.00	8%	\$ 2,720.00
School Health	\$3,300.00	100%	\$ 3,300.00
Yet Another Mail Merge	\$200.00	8%	\$ 16.00
Zoom	\$1,200.00	8%	\$ 96.00
Training & Resource Development	\$1,000.00	100%	\$ 1,000.00

SERVICES REQUIRED TO DELIVER RESCUE FOR 1 YEAR \$ 7,132.00

SERVICES REQUIRED TO DELIVER RESCUE FOR 2 YEAR \$14,264.00

Budget Narrative - Supplies	<p>Metered dose inhalers are the route of administration of the albuterol. We budgeted it at \$35 per inhaler, which is the price we pay in Missouri. Schools will receive either 2, 4 or 6. For simplicity purposes, we averaged this as schools getting 3 MDIs per school year. We also estimated that 1/2 of schools may need refills. This estimates that approximately 270 inhalers would need to be purchased per school year.</p> <p>LiteAires are disposable spacers manufactured by Thayer Medical. These are the same disposable spacers we use in Illinois and Missouri. We get a competitive rate from Thayer as we purchase the same almost 200,000 for Missouri and Illinois. There are durable holding chambers that can be used to more properly administer medication. They are just as effective as disposable spacers. However the CA legislation currently only allows disposable spacers, therefore we are only LiteAires. Schools receive 14, 28, or 42 LiteAires for the school year. For calculation purposes, we averaged 28 LiteAires per school district. This estimates that 1,680 LiteAires would be needed across the Coachella Valley per school year.</p> <p>The Education Packet is a summary of the program requirements, equipment, and protocol. We print these and provide for every school. Many school nurses like to share the protocol to other staff members as well. We are estimating 100 education packets to be printed per school year. They range from 4-6 page handout.</p> <p>The Medication Storage is an optional storage container. We are sourcing this from School Health at competitive prices. This will be offered on a first come, first serve basis. OR it can be used as a carrot to encourage reporting of events.</p>
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Budget Narrative - Services	<p>Bonterra is a social services CRM. We use this tool to oversee all aspects of data collection of RESCUE programs. We track school information, nurse information, semester feedback, usage logs, and other data and reporting needs. The \$34,000 cost includes access to an internal data scientist consultant who helps us with all the very technical pieces of the data collection. We are budgeting that RESCUE Coachella Valley will be approximately 8 percent of all our schools and are therefore using an 8 percent rate of shared cost expenses.</p> <p>School Health is a new partner that is making our program much more efficiently. We source MDIs from them, but they also assemble all of our packages (kit), ship, and manage all aspects of the logistics process. The price accounts for all their services -- assembly, shipping, logistics, inventory management, and expired MDI processing.</p> <p>YET ANOTHER MAIL MERGE and ZOOM are training and communication tools we use to reach out to all school nurses in an efficient manner. These are shared costs billed at the 8 percent shared cost rate.</p> <p>The training and resource development is to support all the documents, tools, and guides that will be used to strengthen the community referral process. We have found that school nurses are extremely busy, so we need to make sure that everything is turnkey ready. \$1000 is to work with any graphic designers or printers to make resource sharing as efficient and easy as possible.</p>
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EXHIBIT B

PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES

<u>Project Title</u>	<u>Start/End</u>
RESCUE Coachella Valley, an air quality school asthma pilot	1/01/2025 12/31/2026

PAYMENTS:

(4) Payments: \$44,972.
10% Retention: \$19,988.

Total request amount: \$199,876.00

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Grant Requirements for Payment	Payment
1/01/2025	Signed Agreement submitted & accepted.	Advance of \$44,972. for time period 1/01/2025 - 6/30/2025
8/01/2025	1st six-month (1/01/2025 - 6/30/2025) progress report, budget reports and receipts submitted & accepted	Advance of \$44,972. for time period 7/01/2025 - 12/31/2025
2/01/2026	2nd six-month (7/01/2025 - 12/31/2025) progress report, budget reports and receipts submitted & accepted	Advance of \$44,972. for time period 1/01/2026 - 6/30/2026
8/01/2026	3rd six-month (1/01/2026 - 6/30/2026) progress report, budget reports and receipts submitted & accepted	Advance of \$44,972. for time period 7/01/2026 - 12/31/2026
2/01/2027	4th six-month (7/01/2026 - 12/31/2026) progress report, budget reports and receipts submitted & accepted	\$0
2/15/2027	Final report (1/01/2025 - 12/31/2026) and final budget report submitted & accepted	\$19,988. (10% retention)

TOTAL GRANT AMOUNT: \$199,876.

DELIVERABLES:

Project Deliverables and Evaluation

<p>Deliverable #1:</p> <ul style="list-style-type: none"> • BY December 31, 2026: 6 of trainings provided to school nurses and staff through live trainings, on-demand offerings, office hours, and other educational support • BY December 31, 2026: at least 60 school nurses and staff will be trained on undesignated albuterol 	<p>Evaluation #1:</p> <ul style="list-style-type: none"> • Outreach and communications: AAFA team will provide a summary of all outreach communications, including announcement emails, training flyers, staff announcements, and schedule in which staff were notified in internal staff meetings • Training slide deck: AAFA will provide training materials, including training presentation and all supplemental and education materials provided to school nurses • Attendance sheets: AAFA will provide list of all nurse who attended training and access supplemental program materials • Pre & End of Year Assessment: Data summaries of nurse confidence levels, satisfaction of stock albuterol programs, and awareness of stock albuterol
<p>Deliverable #2:</p> <ul style="list-style-type: none"> • BY December 31, 2026: 500 respiratory distress events will be de-escalated through the administration of undesignated medication and equipment • BY December 31, 2026: 350 metered dose inhalers will be distributed • BY December 31, 2026: 3,200 disposal spacers will be distributed 	<p>Evaluation #2:</p> <p>For an analysis of respiratory distress: A robust summary of the required post-incident reports will be provided. This will include information including:</p> <p><i>Volume</i></p> <ul style="list-style-type: none"> • Total number of distress events • Total number of distress events per school district • Total number of distress events per school • Number of unique students administered stock albuterol • Number of unique students administered stock albuterol per school district

	<ul style="list-style-type: none">• Number of unique students administered stock albuterol per school• Number of schools reporting usage of stock albuterol <p><i>Demographics</i></p> <ul style="list-style-type: none">• Race and ethnicity of students being administered stock albuterol• Average age of the students <p><i>Disposition</i></p> <ul style="list-style-type: none">• Return to class rate of students who were administered stock albuterol across the Coachella Valley• Return to class rate of students who were administered stock albuterol per school district• Return to class rate of students of the 5 schools with the highest utilization rates• Rate of ‘going home’ in students who were administered stock albuterol across the Coachella Valley• Rate of ‘going home’ in students who were administered stock albuterol per school district• Rate of ‘going home’ in students who were administered stock albuterol of the 5 schools with the highest utilization rates• Rate of seeking emergency medical services in students who were administered stock albuterol across the Coachella Valley• Rate of seeking emergency medical services in students who were administered stock albuterol per school district• Rate of seeking emergency medical services in students who were administered stock albuterol of the top 5 utilizer schools
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	<p><i>Cost savings</i></p> <ul style="list-style-type: none"> • Average cost savings in the program, including <ul style="list-style-type: none"> ○ healthcare cost savings; ○ average daily attendance cost savings (savings to schools); ○ avoided lost wages (savings to parents and caregivers) <p>For an analysis of medication and equipment costs, invoices of pharmacies and equipment vendors will be provided as well as the comparable market rate for those same items.</p>
<p>Deliverable #3: BY December 31, 2026: 150 students who were administered stock albuterol and whose families were referred to community health partners</p>	<p>Evaluation #3: RESCUE has several evaluation tools to understand the needs of schools, school staff, and students. Any time a nurse administers stock albuterol, they will be required to complete a report called the Undesignated Asthma Medication Reporting Form. Without disclosing student identifying information, this form collects data on student demographics, symptoms, possible triggers, details about the administration, and the disposition of the person. This gives us a robust picture of the environment and outcome of every respiratory distress event. We will use these reports to provide follow up support to nurses to ensure they are providing the best and most comprehensive support possible. We will share resources and other assistance or educational programs that could be applicable to the family. Unless given approval by the family, the AAFA Team cannot reach out to the family. Therefore, we will work closely with school nurses to share the most comprehensive referrals, and if possible, will provide follow up support to ensure that families are utilizing community programs that would be applicable to them.</p> <p>Other evaluation tools include pre and post assessments to measure school and staff readiness, enthusiasm and protocol compliance.</p>

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

RFP Mitigating Air Quality Related Health Conditions Strategies/Performance Measures

Goal 6: Be responsive to and supportive of selected community initiatives that enhance the environment in the District's service area.

Strategy 1: Increase and enhance awareness and foster connections to mitigate the impact of air quality on health conditions and outcomes

Performance Measures:

- # of workshops, seminars, trainings provided
- # of attendees at workshops, seminars, trainings

Strategy 3: Increase access to health services to reduce the impact of poor air quality on health

Performance Measures:

- # of clients served
- # of clients provided follow-up care
- # of referrals provided

Other Performance Measures:

- # of distress events
- # of schools reporting usage of stock albuterol



EQUITY COLLABORATIVE
COACHELLA VALLEY

Holiday Picnic

DECEMBER 19, 2024 | 12:00PM - 3:00PM
PALM DESERT CIVIC CENTER PARK 43900 SAN PABLO AVE,
PALM DESERT, CA 92260 • PAVILLION 3 BY THE VOLLEYBALL
COURTS



EQUITY COLLABORATIVE
COACHELLA VALLEY

Picnic Navideño

19 DE DICIEMBRE, 2024 | 12:00PM -3:00PM

**PALM DESERT CIVIC CENTER PARK 43900 SAN PABLO AVE, PALM
DESERT, CA 92260 • PABELLÓN 3 POR LAS CANCHAS DE VOLEIBOL**



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: December 17, 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 3/31/25.

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 October and November 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 |
| • 11/6/24 | Mecca Senior Center | Mecca, CA |
| • 11/17/24 | Our Lady of Soledad | Coachella, CA |
| • 11/20/24 | Coachella Community Homes | Coachella, CA |
| • 11/23/24 | Palm Desert Mall Kiosk | Palm Desert, CA |

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

US AGING GRANT VACCINATION REPORT DECEMBER 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
43

Number of in-home vaccination clinics
19

Number of outreach & education activities
834

Total Number of Vaccines Administered

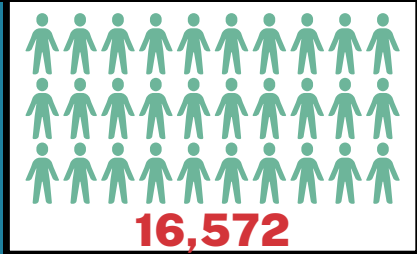
1,860 Influenza

1443 COVID-19

72 RSV

44 Shingles

Number of Individuals Reached Through Outreach & Education



Number of supportive services units provided:

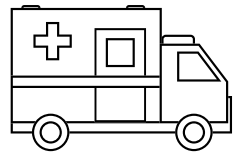
- Referrals
- Application assistance
- Translation services
- Free vaccine program enrollment

6,533

DPMG Health

Medical Mobile Clinics

Activity Report (10/2023 to 10/2024)



Weekly Clinic Locations

Tuesday

Friday

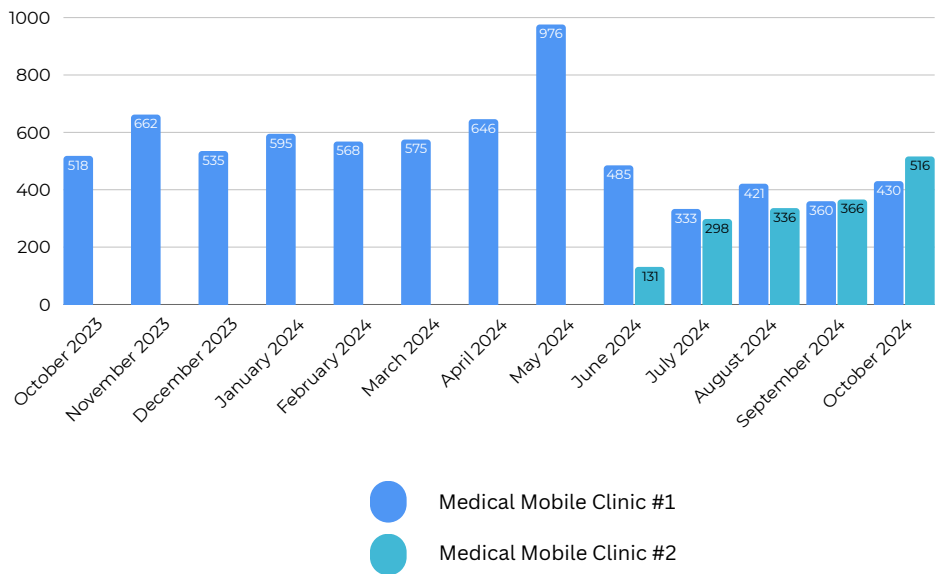
Galilee Center

Well in the Desert

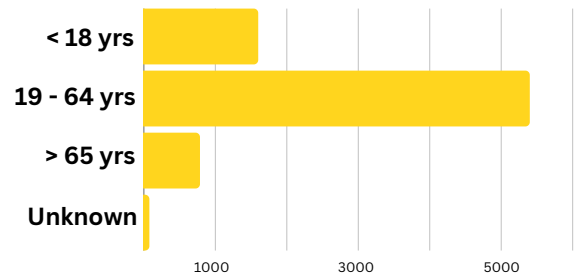
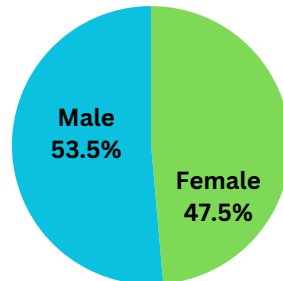
Community Partners

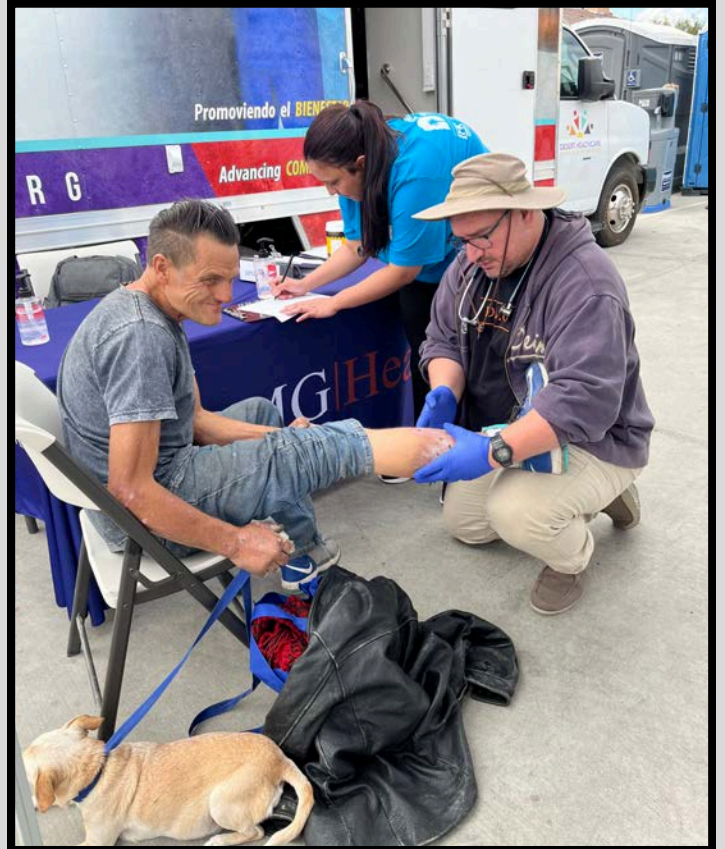
- ABC Recovery
- Birth Choice of the Desert
- City of Desert Hot Springs
- City of Palm Springs R.I.S.E
- CV Housing Coalition
- CVUSD
- Desert Care Network
- Desert Recreation District
- DSUSD
- Galilee Center
- Growing CV
- Jovenes AA Recovery Center
- PSUSD
- San Bernardino Catholic Diocese
- SWAG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

Number of Patients Seen October 2023 to October 2024



Patient Demographics





Women Wellness Clinic December 7th

Services provided:

Mammograms: 45

Pap Smears: 52

Vaccines: 21

Medi-Cal Enrollment: 5





Report Period: 10/01/2024 - 10/31/2024
(Monthly report due the 15th of each month)

Program/Project Information:

Grant # 1329
Project Title: DPMG Health Street Medicine
Start Date: 10/1/2022
End Date: 9/30/2025
Term: 36 months
Grant Amount: \$500,000.00

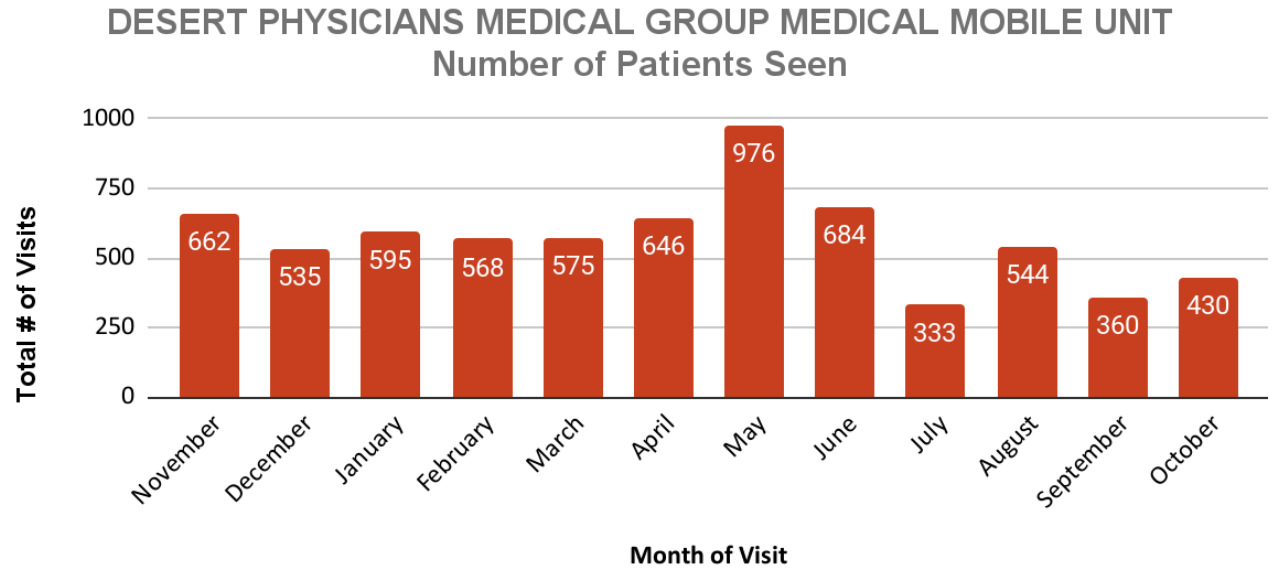
Executive Summary: Desert Physicians Medical Group Health is committed to bridging health and community. We plan to expand access and provide care for those living in the Coachella Valley. This funding will provide support for the medical mobile unit and communities we serve. It is anticipated that 3,000 patient encounters will be conducted via the medical mobile unit by September 30, 2023 with an expansion by September 30, 2025 to increase total annual patient encounters to at least 7,000 per year, including primary and specialty care services.

Goal	Goal/ Objective/ Other Topics	Successes, Emergent Issues, Challenges, Findings, and Supportive Information (Graphs, reports, indicator results, etc.)																																							
Services	By September 30, 2025, increase total annual patient encounters to at least 7,000 per year and provide extended hours and weekend hours at least 1,400 encounters per year.	<p>The table and graph below illustrates the total number of patient encounters seen since October 1, 2023 up to this reporting period.</p> <table border="1" data-bbox="674 1015 1992 1404"> <thead> <tr> <th rowspan="2">Date</th> <th rowspan="2">Location</th> <th rowspan="2"># of Patients seen</th> <th colspan="2">Gender</th> <th colspan="3">Age</th> <th rowspan="2">Unknown</th> </tr> <tr> <th>Female</th> <th>Male</th> <th>≤ 18 yo</th> <th>19-64 yo</th> <th>≥ 65 yo</th> </tr> </thead> <tbody> <tr> <td colspan="9" style="background-color: #c00000; color: white; text-align: center;">October 2024</td> </tr> <tr> <td>10/1/24</td> <td>Galilee Center at Western Sands Motel - Refugee Clinic</td> <td>27</td> <td>15</td> <td>12</td> <td>10</td> <td>17</td> <td>0</td> <td>0</td> </tr> </tbody> </table>								Date	Location	# of Patients seen	Gender		Age			Unknown	Female	Male	≤ 18 yo	19-64 yo	≥ 65 yo	October 2024									10/1/24	Galilee Center at Western Sands Motel - Refugee Clinic	27	15	12	10	17	0	0
Date	Location	# of Patients seen	Gender		Age			Unknown																																	
			Female	Male	≤ 18 yo	19-64 yo	≥ 65 yo																																		
October 2024																																									
10/1/24	Galilee Center at Western Sands Motel - Refugee Clinic	27	15	12	10	17	0	0																																	

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

10/2/24	Birth Choice of the Desert	4	4	0	0	4	0	0
10/3/24	Gojji Telemedicine	17	8	9	0	17	0	0
10/4/24	Our Lady of Solitude - Street Medicine	8	0	8	0	6	2	0
10/5/24	Mizelle Senior Center Vaccination Clinic	10	2	8	0	4	6	0
10/8/24	Galilee Center at Western Sands Motel - Refugee Clinic	18	11	7	8	10	0	0
10/10/24	Gojji Telemedicine	15	6	9	0	13	2	0
10/11/24	Our Lady of Solitude - Street Medicine	4	0	4	0	4	0	0
10/14/24	Gojji Telemedicine	16	8	8	1	14	1	0
10/15/24	Galilee Center at Western Sands Motel - Refugee Clinic	47	23	24	26	21	0	0
10/16/24	DHS Senior Center Vaccination Clinic	27	18	9	0	13	14	0
10/17/24	Desert Hot Springs Unhoused Outreach	18	5	13	0	15	2	1
10/18/24	Our Lady of Solitude - Street Medicine	12	1	11	0	11	1	0
10/21/24	Gojji Telemedicine	18	10	8	0	16	2	0

		10/22/24	Galilee Center at Western Sands Motel - Refugee Clinic	36	14	22	14	22	0	0
		10/23/24	La Quinta Senior Center Vaccine Clinic	19	13	6	0	13	6	0
		10/25/24	Our Lady of Guadalupe - Street Medicine	12	1	11	0	11	1	0
		10/28/24	James Madison Immunization Event	51	25	26	51	0	0	0
		10/29/24	Galilee Center at Western Sands Motel - Refugee Clinic	33	19	14	10	23	0	0
		10/30/24	Gojji Telemedicine	16	4	12	0	16	0	0
		10/31/24	Jovenes Substance Abuse Recovery Home	22	4	18	1	21	0	0
		Total Since October 2023		7426	3434	3992	1881	5056	466	23



Report Period: 10/01/2024 - 10/31/2024
(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" data-bbox="583 1015 1984 1404"> <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> <td colspan="10" style="background-color: #c00000; color: white; text-align: center;">October 2024</td> </tr> <tr> <td>10/1/24</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>10/1/24</td> <td>DPMG Clinic</td> <td>5</td> <td>2</td> <td>3</td> <td>0</td> <td>5</td> <td>0</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	October 2024										10/1/24	DPMG Clinic	2	2	0	0	2	0	0	OB	10/1/24	DPMG Clinic	5	2	3	0	5	0	0	BH
Date	Location	# of Patients seen	Gender		Age				Type of Service Offered																																														
			Female	Male	≤ 18 yo	19-64 yo	≥ 65 yo	Unknown																																															
October 2024																																																							
10/1/24	DPMG Clinic	2	2	0	0	2	0	0	OB																																														
10/1/24	DPMG Clinic	5	2	3	0	5	0	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 	10/1/24	Gojji Telemedicine	16	7	9	1	15	0	0	PC
	10/2/24	DPMG Clinic	4	3	1	1	3	0	0	BH
	10/2/24	Gojji Telemedicine	14	9	5	0	12	2	0	PC
	10/2/24	DPMG Clinic	6	5	1	0	6	0	0	PC
	10/3/24	DPMG Clinic	3	1	2	0	3	0	0	PC
	10/3/24	DPMG Clinic	2	2	0	0	2	0	0	OB
	10/3/24	DPMG Clinic	4	1	3	0	4	0	0	BH
	10/4/24	DPMG Clinic	6	2	4	0	5	1	0	PC
	10/4/24	Gojji Telemedicine	18	10	8	0	16	2	0	PC
	10/4/24	DPMG Clinic	2	2	0	0	2	0	0	OB
	10/7/24	DPMG Clinic	5	4	1	0	5	0	0	PC
	10/7/24	Gojji Telemedicine	17	9	8	0	15	2	0	PC
	10/7/24	DPMG Clinic	6	3	3	1	5	0	0	BH
	10/8/24	DPMG Clinic	3	3	0	0	3	0	0	OB
	10/8/24	DPMG Clinic	6	2	4	0	6	0	0	BH
	10/8/24	DPMG Clinic	7	5	2	0	7	0	0	PC
	10/8/24	Gojji Telemedicine	16	6	10	0	16	0	0	PC
	10/9/24	DPMG Clinic	5	2	3	0	5	0	0	PC
	10/9/24	DPMG Clinic	6	4	2	0	5	1	0	BH

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

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

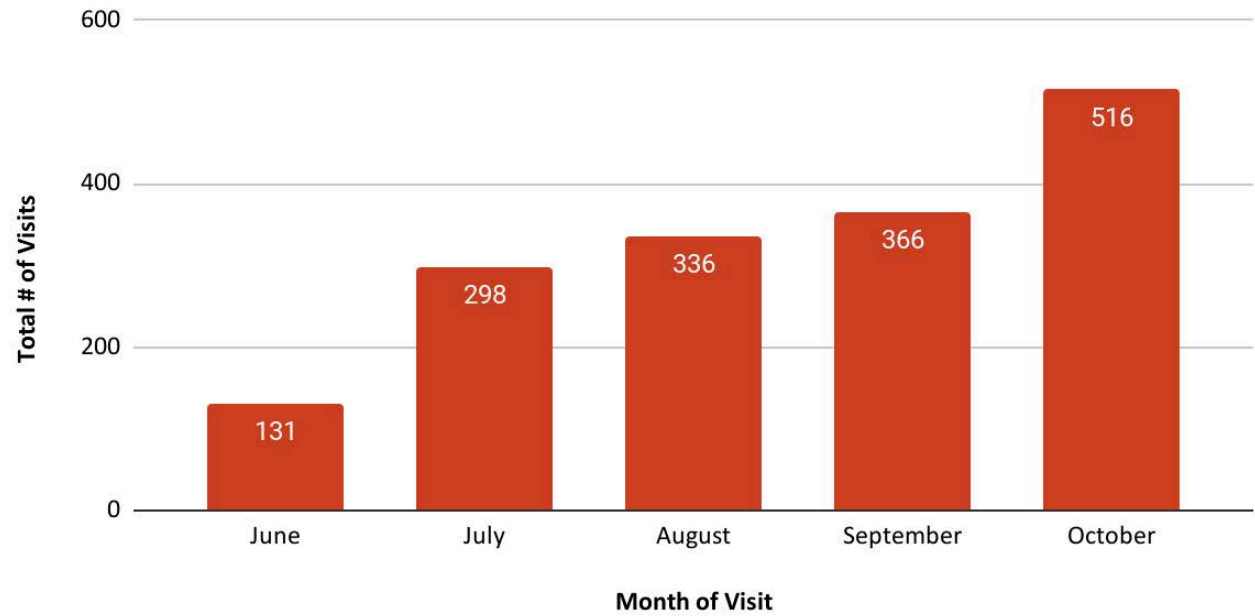
DESERT PHYSICIANS MEDICAL GROUP COMMUNITY MEDICINE
RFP - 2022-001 - MONTHLY REPORT

10/18/24	DPMG Clinic	7	2	5	0	6	1	0	PC
10/18/24	DPMG Clinic	2	2	0	0	2	0	0	OB
10/21/24	DPMG Clinic	9	6	3	1	5	3	0	PC
10/21/24	DPMG Clinic	6	3	3	0	6	0	0	BH
10/22/24	Gojji Telemedicine	16	7	9	0	15	1	0	PC
10/22/24	DPMG Clinic	4	4	0	1	3	0	0	BH
10/22/24	DPMG Clinic	6	2	4	0	6	0	0	PC
10/23/24	Gojji Telemedicine	17	9	8	0	15	2	0	PC
10/23/24	DPMG Clinic	5	2	3	1	4	0	0	BH
10/23/24	DPMG Clinic	4	4	0	0	4	0	0	OB
10/24/24	DPMG Clinic	6	3	3	0	6	0	0	PC
10/24/24	DPMG Clinic	4	2	2	0	3	1	0	BH
10/24/24	Gojji Telemedicine	16	10	6	1	13	2	0	PC
10/25/24	DPMG Clinic	5	3	2	0	5	0	0	BH
10/25/24	DPMG Clinic	2	2	0	0	2	0	0	OB
10/25/24	DPMG Clinic	4	2	2	1	3	0	0	PC
10/28/24	DPMG Clinic	6	2	4	0	5	1	0	BH
10/28/24	Gojji Telemedicine	18	10	8	1	15	2	0	PC
10/28/24	DPMG Clinic	4	4	0	0	4	0	0	OB

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

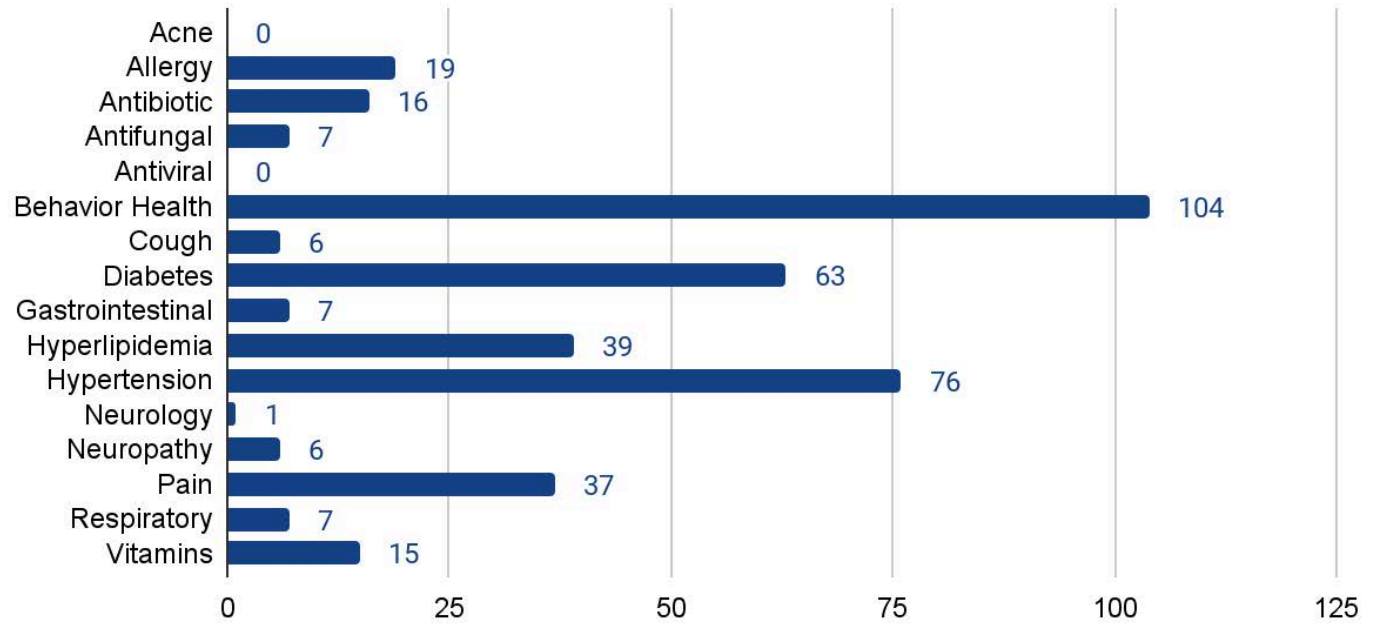
		10/29/24	DPMG Clinic	7	3	4	0	7	0	0	PC
		10/29/24	DPMG Clinic	5	4	1	0	5	0	0	BH
		10/29/24	Gojji Telemedicine	16	9	7	0	16	0	0	PC
		10/30/24	DPMG Clinic	6	4	2	0	5	1	0	PC
		10/30/24	DPMG Clinic	5	3	2	1	4	0	0	BH
		10/31/24	DPMG Clinic	3	2	1	0	3	0	0	BH
		10/31/24	DPMG Clinic	2	2	0	0	2	0	0	OB
		10/31/24	Gojji Telemedicine	15	10	5	0	13	2	0	PC
		Total Since June 2024		1647	903	744	28	1488	131	0	

DESERT PHYSICIANS MEDICAL GROUP COMMUNITY MEDICINE
Number of Patients Seen



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

October 2024



Report Period: 10/01/2024 – 10/31/2024
(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	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 • Next meeting scheduled for October 16th 2024

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<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>In October, we successfully launched our telehealth services with the support of a Registered Nurse (RN) and our remote provider. We are pleased to report a noticeable increase in both telehealth and nurse visits as a result of this initiative.</p> <p>Additionally, with the recent introduction of weekly dental services, we've seen a positive impact, with a significant increase in scheduled appointments and patients served. We are excited by these developments and look forward to continuing to enhance our service offerings to better meet the needs of our community.</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="766 857 1995 1429"> <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;">3</td><td style="text-align: center;">3</td><td style="text-align: center;">0</td><td style="text-align: center;">3</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;">4</td><td style="text-align: center;">4</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 style="text-align: center;">48</td><td style="text-align: center;">48</td><td style="text-align: center;">32</td><td style="text-align: center;">16</td><td style="text-align: center;">0</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;">57</td> <td style="text-align: center;">57</td> <td style="text-align: center;">32</td> <td style="text-align: center;">25</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	3	3	0	3	0	August	2	2	0	2	0	September	4	4	0	4	0	October	48	48	32	16	0	November						December						January						February						March						April						May						June						Total	57	57	32	25	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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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																																																																																												
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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
		September	4	4	4	0
		October	21	16	16	0
		Total	32	25	25	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 October edition of the “Vibe Well Halloween Carnival facilitated by Norma Aleman Carrasco and assisted by Jasmine Caballero, both Community Health Educators at DAP Health. This event, was held on Wednesday, October 30th, 2024, and was attended by 100 youth participants.</p> <p>The event featured two interactive activities designed to engage children while promoting healthy habits, particularly during the holiday season when wellness can often be overlooked.</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
		October	48	48	0	0
		Total	57	57	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, eight (8) patients between the ages of twelve (12) to nineteen (19) years old were served.</p> <table border="1" data-bbox="764 380 1942 1000"> <thead> <tr> <th colspan="5" data-bbox="764 380 1942 415">Teen Health Visits 2021 - Present</th> </tr> <tr> <th data-bbox="764 415 926 548">Month</th> <th data-bbox="926 415 1203 548">2021 – 2022</th> <th data-bbox="1203 415 1455 548">2022 – 2023</th> <th data-bbox="1455 415 1694 548">2023 – 2024</th> <th data-bbox="1694 415 1942 548">2024-2025</th> </tr> </thead> <tbody> <tr> <td data-bbox="764 548 926 581">July</td> <td data-bbox="926 548 1203 581">38</td> <td data-bbox="1203 548 1455 581">6</td> <td data-bbox="1455 548 1694 581">8</td> <td data-bbox="1694 548 1942 581">0</td> </tr> <tr> <td data-bbox="764 581 926 613">August</td> <td data-bbox="926 581 1203 613">36</td> <td data-bbox="1203 581 1455 613">11</td> <td data-bbox="1455 581 1694 613">1</td> <td data-bbox="1694 581 1942 613">1</td> </tr> <tr> <td data-bbox="764 613 926 646">September</td> <td data-bbox="926 613 1203 646">5</td> <td data-bbox="1203 613 1455 646">1</td> <td data-bbox="1455 613 1694 646">1</td> <td data-bbox="1694 613 1942 646">1</td> </tr> <tr> <td data-bbox="764 646 926 678">October</td> <td data-bbox="926 646 1203 678">15</td> <td data-bbox="1203 646 1455 678">1</td> <td data-bbox="1455 646 1694 678">3</td> <td data-bbox="1694 646 1942 678">8</td> </tr> <tr> <td data-bbox="764 678 926 711">November</td> <td data-bbox="926 678 1203 711">6</td> <td data-bbox="1203 678 1455 711">3</td> <td data-bbox="1455 678 1694 711">1</td> <td data-bbox="1694 678 1942 711"></td> </tr> <tr> <td data-bbox="764 711 926 743">December</td> <td data-bbox="926 711 1203 743">10</td> <td data-bbox="1203 711 1455 743">3</td> <td data-bbox="1455 711 1694 743">1</td> <td data-bbox="1694 711 1942 743"></td> </tr> <tr> <td data-bbox="764 743 926 776">January</td> <td data-bbox="926 743 1203 776">34</td> <td data-bbox="1203 743 1455 776">1</td> <td data-bbox="1455 743 1694 776">1</td> <td data-bbox="1694 743 1942 776"></td> </tr> <tr> <td data-bbox="764 776 926 808">February</td> <td data-bbox="926 776 1203 808">6</td> <td data-bbox="1203 776 1455 808">1</td> <td data-bbox="1455 776 1694 808">0</td> <td data-bbox="1694 776 1942 808"></td> </tr> <tr> <td data-bbox="764 808 926 841">March</td> <td data-bbox="926 808 1203 841">1</td> <td data-bbox="1203 808 1455 841">2</td> <td data-bbox="1455 808 1694 841">2</td> <td data-bbox="1694 808 1942 841"></td> </tr> <tr> <td data-bbox="764 841 926 873">April</td> <td data-bbox="926 841 1203 873">10</td> <td data-bbox="1203 841 1455 873">2</td> <td data-bbox="1455 841 1694 873">1</td> <td data-bbox="1694 841 1942 873"></td> </tr> <tr> <td data-bbox="764 873 926 906">May</td> <td data-bbox="926 873 1203 906">1</td> <td data-bbox="1203 873 1455 906">0</td> <td data-bbox="1455 873 1694 906">1</td> <td data-bbox="1694 873 1942 906"></td> </tr> <tr> <td data-bbox="764 906 926 938">June</td> <td data-bbox="926 906 1203 938">21</td> <td data-bbox="1203 906 1455 938">6</td> <td data-bbox="1455 906 1694 938">0</td> <td data-bbox="1694 906 1942 938"></td> </tr> <tr> <td data-bbox="764 938 926 1000">Total</td> <td data-bbox="926 938 1203 1000">183</td> <td data-bbox="1203 938 1455 1000">37</td> <td data-bbox="1455 938 1694 1000">20</td> <td data-bbox="1694 938 1942 1000">10</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	8	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	10
Teen Health Visits 2021 - Present																																																																													
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August	36	11	1	1																																																																									
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October	15	1	3	8																																																																									
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																																																																										
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Total	183	37	20	10																																																																									

IMPROVING ACCESS TO HEALTHCARE IN DESERT HIGHLAND GATEWAY ESTATES



October 16, 2024

September Overview regarding Utilization of services.



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

YTD Total
Number of Patients Served- 0
Number of Visits- 0
Medical Visits - 0



September Dental Services Updates



September
Appointment Scheduled - 4
Number of Patients Served - 4
Number of Visits - 4

YTD Totals
Appointment Scheduled - 11
Number of Patients Served - 6
Number of Visits - 6



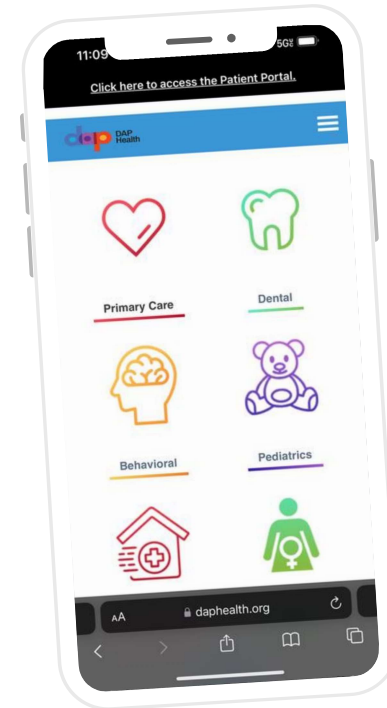


Staff Update

**RN's
Scheduled
every
Wednesday**



Telehealth Equipment



**Launched Today
10/16/2024**

September Vibe Well- Youth Wellness Series

Facilitated by: Norma Aleman-Carrasco and Grace Ayala

Held on: Wednesday September 25th, 2024

Participants: 15 Youth

The September 'Vibe Well' Youth Wellness session focused on the importance of sleep for health and development. Fifteen kids learned about the benefits of proper sleep and the negative effects of sleep deprivation. Afterward, they created 'Sweet Dreams Vision Boards' using various materials to visualize their future goals like homes, money, and health. The hands-on activity was highly engaging, allowing participants to reflect on how sleep helps them achieve their dreams while fostering self-expression and goal setting in a fun, supportive environment.



Overview & Key Accomplishments of the "Vibe Well" Youth Wellness Series

Overview:

- Promoted youth wellness through monthly educational and interactive sessions.
- Duration: March – September 2024.
- Engaged 134 youth participants from diverse backgrounds.



- Accomplishments:
 - Successful execution of all planned sessions.
 - Community involvement fostered collaboration with local youth groups.
 - On track to meet grant deliverables.



Looking ahead " Vibe Well " Youth Wellness Series

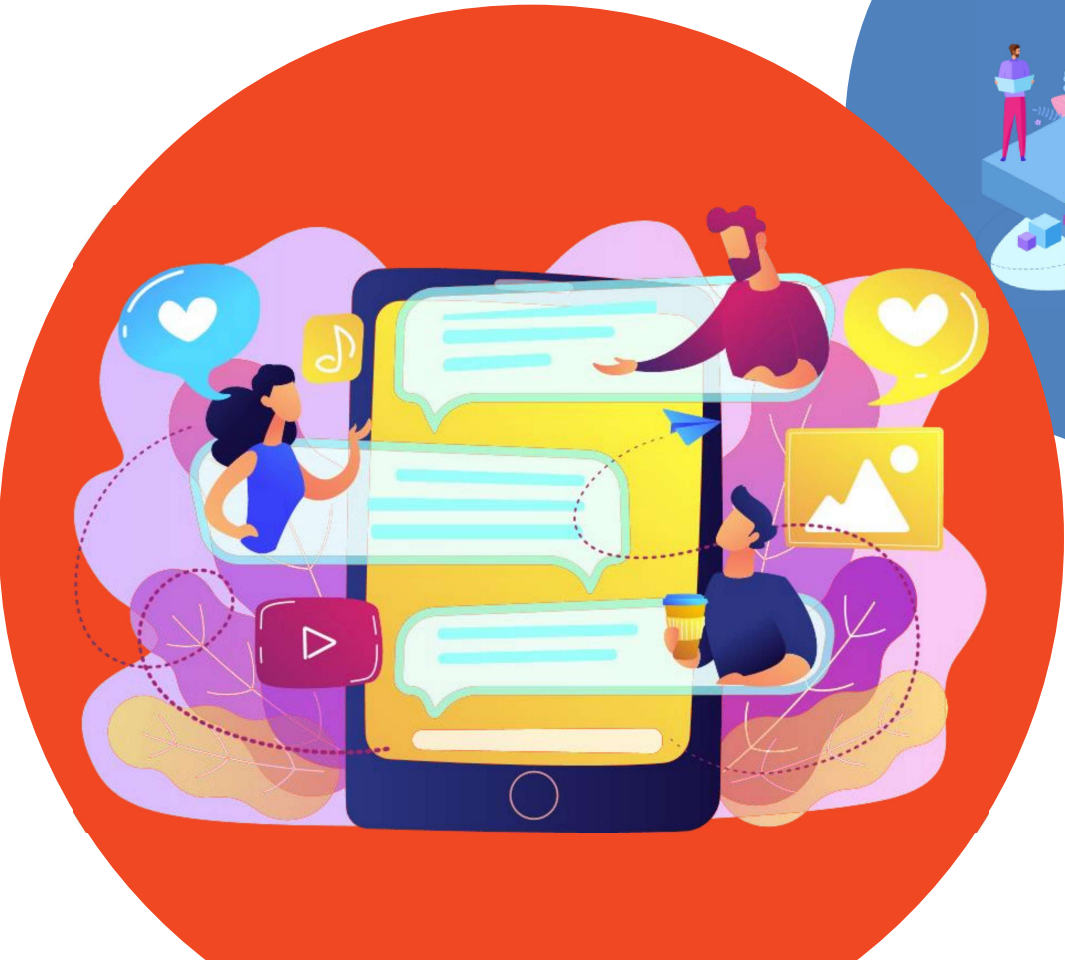
- Upcoming Sessions:
 - October Session: Scheduled for October 30, 2024.
 - November and December Sessions: Tentative dates of November 20 and December 18, 2024.



- Next Steps:
 - Confirm November and December session dates.
 - Collect participant feedback to enhance future sessions.
 - Expand outreach to involve more youth.



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

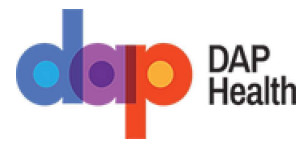


Attendees: April Grissom, Manny, Donna Craig, Jarvis Crawford, Melissa, Andrea, Tony	Facilitator: Manny/Melissa
Absent:	Recorder: Tony

Topic	Notes	Action Item	Person Assigned	Due Date
Kick off and Welcomes Manny/Melissa	<ul style="list-style-type: none"> Overview: 			
Overview Utilization of Services Melissa	<ul style="list-style-type: none"> RV Medical: 0 Medical patients served RN will be scheduled every Weds – 10/16/24 Tele Health equipment up and running – 5 Patients scheduled Dentist will start every week starting the last two weeks of October. 7 Patients a day scheduled – patients are keeping appointments with booking forward Word of mouth has helped the number increase plus Dr. Brown is telling folks to see him every week for ongoing care. Telehealth is helping too. 			
Outreach Manny Muro	<ul style="list-style-type: none"> Vibe Well – Youth Wellness series: September 25th, 2024 Healthy Sleeping Habits – Importance of sleep cycle Created vision board for dreams, self-expression & goal setting 15 Kids, Lunch provided and giveaways Handed out flyers with Medical/Dental RV Parents sign off to incentives and consent to Vibe Well event. JOJ gets parents permission and discusses topics Year to date – March – Sept. 134 kids on track to meet Vibe Well deliverables Youth Wellness- Series for October 30,2024 -Halloween Event Nov. 20th & Dec 18th – dates for balance of 2024 Marketing- TBD. Mailers, Palm cards, Flyers to distribute to Churches, parents, Special After school events at JOJ. 			

<p>Q and A/ Open Forum</p>	<ul style="list-style-type: none"> • Provider still not hired. RN will be on hand & provider will be on hand in Tele Health. • TBD-Marketing Update for the balance of the year and 2025. DAP Health has put everything on hold until new branding is complete. • Future events: Winter Break, Kwanzaa, MLK, Black History Month February – Award Banquet -Feb 1st, Black History Parade & Health fair – Feb 22nd or 23rd, 2025 	<p>Melissa/ Manny</p>		
<p>adjourn</p>	<p>Meeting adjourned 3:30PM</p>			

VIBE WELL



OCTOBER 2024 YOUTH WELLNESS SERIES



Spooktacular Health Fest:

Facilitated by: Norma Aleman Carrasco, Community Health Educator

Assisted by: Jasmine Caballero, Community Health Educators

Held on: Wednesday, October 30th, 2024

Participants: 100 youth



The Halloween Carnival Vibe Well event brought together approximately 100 attendees, primarily children, for a festive and educational celebration focused on wellness and health. The event featured two interactive activities designed to engage children while promoting healthy habits, especially during the holiday season when wellness can be overlooked.



The first activity, Spin the Wheel, encouraged children to answer questions related to health and wellness, such as "How many times should you brush your teeth?" and "Why are vegetables important to eat?" Each participant who answered received a small toy as a prize, fostering both fun and learning. The second activity, Token Drop, involved dropping a token to win candy based on the box it landed in, adding an element of chance and excitement to the experience.



Through both of these activities, our team had the opportunity to connect individually with each child, promoting essential health practices in a festive environment. This hands-on approach allowed us to underscore the importance of maintaining health and wellness, even amidst holiday festivities, reinforcing the Vibe Well program's mission to support youth wellness year-round.

TRICK OR TREAT





**DESERT HEALTHCARE FOUNDATION
PROGRAM COMMITTEE MEETING
MEETING MINUTES
December 10, 2024**

Directors & Community Members Present	District Staff Present via Video Conference	Absent
President Evett PerezGil 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	The board term of former Vice-President Carmina Zavala ended on 11/26/24, with her final committee attendance recorded on 11/12/24.

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 5:36 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 Director PerezGil to approve the agenda. Motion passed unanimously.
III. Meeting Minutes 1. November 12, 2024	Chair PerezGil asked for a motion to approve the November 12, 2024, meeting minutes.	Moved and seconded by Director De Lara and Director PerezGil to approve the November 12, 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.	

**DESERT HEALTHCARE FOUNDATION
PROGRAM COMMITTEE MEETING
MEETING MINUTES
December 10, 2024**

<p>2. USAging Vaccinations – Grant Award</p> <p>3. DPMG Health Medical Clinic Unit Operations</p> <p>4. Improving Access to Healthcare in Desert Highland Gateway Estates (DHGE) – October 2024 Report – DAP Health - Borrego Health Foundation</p>	<p>Chair PerezGil inquired about any questions concerning the grant payment schedules.</p> <p>There were no questions or comments.</p> <p>Alejandro Espinoza, the Chief of Community Engagement, described the Women Wellness mobile mammography and other female screenings, also providing an update on the collaborative partners involved with the mobile medical clinics.</p> <p>Chair PerezGil inquired about any questions concerning the Desert Highland Gateway Estates (DHGE) – October 2024 report.</p> <p>There were no questions or comments.</p>	
<p>VI. Grant Funding – Review and determination for forwarding to the Board for consideration:</p> <p>1. Environmental Health Initiative – Mitigating Air Quality-Related Health Conditions: Prevention, diagnosis, and Management</p> <p>a. Grant #1477 DAP Health: \$200,000</p>	<p>There were no questions or comments about the DAP Health \$200,000 grant request in response to the Environmental Health Initiative RFP.</p>	<p>Moved and seconded by Director De Lara and Director PerezGil to approve Grant #1477 DAP Health: \$200,000 and forward to the Board for approval. Motion passed unanimously.</p>

**DESERT HEALTHCARE FOUNDATION
PROGRAM COMMITTEE MEETING
MEETING MINUTES
December 10, 2024**

<p>b. Grant #1479 Youth Leadership Institute: \$173,913</p>	<p>The committee inquired regarding sustainability concerns related to the Youth Leadership Institute, including the criteria for scoring proposals. Donna Craig, Chief Program Officer, responded to the committee's concerns, assuring them there are no sustainability issues. Ms. Craig also provided a brief overview of the process for determining approval of RFP's.</p>	<p>Moved and seconded by Director De Lara and Director PerezGil to approve Grant #1479 Youth Leadership Institute: \$173,913 and forward to the Board for approval. Motion passed unanimously.</p>
<p>c. Grant #1480 Desert Recreation Foundation: \$197,477</p>	<p>There were no questions or comments about the Desert Recreation Foundation \$197,477 grant request in response to the Environmental Health Initiative RFP.</p>	<p>Moved and seconded by Director De Lara and Director PerezGil to approve Grant #1480 Desert Recreation Foundation: \$197,4773 and forward to the Board for approval. Motion passed unanimously.</p>
<p>d. Grant #1483 Vision Y Compromiso: \$200,000</p>	<p>There were no questions or comments about the Vision Y Compromiso \$200,000 grant request in response to the Environmental Health Initiative RFP.</p>	<p>Moved and seconded by Director De Lara and Director PerezGil to approve Grant #1483 Vision Y Compromiso: \$200,000 and forward to the Board for approval. Motion passed unanimously.</p>
<p>e. Grant #1484 Asthma & Allergy Foundation: \$199,876</p>	<p>There were no questions or comments about the Asthma & Allergy Foundation \$199,876 grant request in response to the Environmental Health Initiative RFP.</p>	<p>Moved and seconded by Director De Lara and Director PerezGil to approve Grant #1484 Asthma & Allergy Foundation: \$199,876 and forward to the Board for approval. Motion passed unanimously.</p>
<p>VII. Program Updates</p>		
<p>1. Progress and Final reports: None at this time</p> <p>2. Grant Applications Status Report</p>	<p>There were no progress and final reports.</p> <p>Chair PerezGil inquired about any questions concerning the updates on the final reports.</p>	

DESERT HEALTHCARE FOUNDATION
PROGRAM COMMITTEE MEETING
MEETING MINUTES
December 10, 2024

	There were no questions or comments.	
VIII. Adjournment	<p>Chair PerezGil adjourned the meeting at 5:53 p.m.</p> <p>Chris Christensen, CEO, thanked the grantees for attending the committee meeting in response to the Environmental Health Initiative RFP and commended the staff for their efforts.</p>	<p>Audio recording available on the website at http://dhcd.org/Agendas-and-Documents</p>

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

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

DRAFT

DESERT HEALTHCARE FOUNDATION							
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE							
November 30, 2024							
TWELVE MONTHS ENDING JUNE 30, 2025							
A/C 2190 and A/C 2186-Long term			6/30/2024	New Grants	Total Paid	11/30/2024	
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		\$ 134,905	\$ 722,641	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		\$ 1,346	\$ 17,999	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	\$ -	\$ 207,079	\$ 2,972,714	
YTD Summary:				Uncommitted & Available			
Behavioral Health Initiative Collective Fund	\$ 722,641	\$ 709,662					
Avery Trust - Pulmonary Services	\$ 485,052	\$ 485,052					
West Valley Homelessness Initiative	\$ 17,999	\$ -					
Carry-Over Funds	\$ 477,916	\$ 477,916					
Environmental Health RFP	\$ 1,000,000	\$ 1,000,000					
Total	\$ 2,703,608	\$ 2,672,630					
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	
Mini Grants:					Eisenhower	\$ -	Spent YTD
Net adj - Grants not used:	Unused Technical Assistance from RAP Collaboration ; 1334	\$ 30,276			Balance Available	\$ 90,000	
Contributions / Additional Funding							
Prior Year Commitments & Carry-Over Funds		\$ 1,477,916					
Balance available for Grants/Programs		\$ 1,518,192					
* 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								
November 30, 2024								
FISCAL YEAR ENDING JUNE 30, 2025								
Grant ID Nos.	Name	TOTAL Grant	6/30/2024 Open	Current Yr 2024-2025	Total Paid July-June	11/30/2024 Payable	Remaining 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	\$ -	\$ 5,924	\$ 26,799	\$ 24,624	
TOTAL GRANTS		\$ 341,648	\$ 82,347	\$ -	\$ 5,924	\$ 26,799	\$ 49,624	
					Account 2183	\$ -		
Amts available/remaining for Grant/Programs - FY 2024-25:								
Pass-Through Organizations billed to date		\$ -					Grant Funds	
Foundation Administration Costs		\$ 32,723					RFP	
Contributions / Additional Funding	Reimbursements received and pending	\$ (32,723)			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
December 11, 2024

Directors Present via Video Conference	District Staff Present via Video Conference	Absent
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 Andrea S. Hayles, MBA, Board Relations Officer	Chair/Treasurer Arthur Shorr The board term of former Vice-President Carmina Zavala ended on 11/26/24, with her final committee attendance recorded on 11/12/24.

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	Director De Lara called the meeting to order at 5:27 p.m. in the absence of Chair Shorr.	
II. Approval of Agenda	Director De Lara asked for a motion to approve the agenda.	Moved and seconded by Director De Lara and Director PerezGil to approve the agenda. Motion passed unanimously.
III. Public Comment	There was no public comment	
IV. Approval of Minutes 1. Minutes – Meeting November 13, 2024	Director De Lara asked for a motion to approve the minutes of the November 13, 2024.	Moved and seconded by Director De Lara and Director PerezGil to approve the November 13, 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	Eric Taylor, CAO, reviewed the financial statements with the committee highlighting the investment interest income in the profit and loss budget versus actual report. The committee requested a revision of the Party Time Rentals equipment line item on	Moved and seconded by Director PerezGil and Director De Lara to approve the November financial reports and forward to the Board for approval. Motion passed unanimously.

**DESERT HEALTHCARE FOUNDATION
FINANCE, ADMINISTRATION, REAL ESTATE, AND LEGAL COMMITTEE
December 11, 2024**

	the credit card expenditures to include the nonrefundable deposit for the mobile medical clinic event. The committee also inquired about the remaining funds from the homelessness initiative designated for outreach to the unhoused population.	
VII. Other Matters	There were no other matters.	
VIII. Adjournment	Director De Lara adjourned the meeting at 5:36 p.m.	Audio recording available on the website at http://dhcd.org/Agendas-and-Documents

ATTEST: _____
 Leticia De Lara, MPA, Director, Board of Directors
 Finance & Administration Committee
 Desert Healthcare Foundation Board of Directors
Minutes respectfully submitted by Andrea S. Hayles, MBA, Board Relations Officer

