



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

## **DESERT HEALTHCARE DISTRICT**

### **PROGRAM COMMITTEE**

#### **Program Committee Meeting**

**February 11, 2025**

**5:00 P.M.**

**Desert Healthcare District & Foundation  
Stergios Building - 2nd Floor - Boardroom  
1140 N. Indian Canyon Drive  
Palm Springs, CA 92262**

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

<https://us02web.zoom.us/j/88994867070?pwd=aGMzRWNZTDhqRFJsT2hVQzhpRWI0Zz09>

**Webinar ID: 889 9486 7070**

**Password: 295634**

**Members of the public can also participate by telephone, using the follow dial in information:  
Dial in #: (669) 900-6833 or (833) 548-0276 To Listen and Address the Committee when called upon:**

**Webinar ID: 889 9486 7070**

**Password: 295634**

#### **AGENDA**

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**A. Call to Order**

**B. Approval of the Agenda**

**C. Meeting Minutes**

1. [January 14, 2025 – Action](#)


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**D. Public Comments**

At this time, comments from the audience may be made on items not listed on the agenda that are of public interest and within the subject-matter jurisdiction of the District. The Committee has a policy of limiting speakers to not more than three minutes. The Committee cannot take action on items not listed on the agenda. Public input may be offered on an agenda item when it comes up for discussion and/or action.

## **E. Chief Executive Officer Report**


## **F. Program Updates**

1. [Progress and Final Reports Update](#)  8 - 69
2. [Grant Applications Status Report](#)  70 - 71
3. [Grant Payment Schedule](#)  72

## **G. Grant Funding - Actions**

Review and determination for forwarding to the Board for consideration.

[Grant #1468 – Regents of the University of California at Riverside: Improving Access to Behavioral Health Education and Prevention Services – \\$500,000 over a two-year period](#)  73 - 97

[Grant # 1478 – St. John’s Community Health: SJCH Indio Community Health Center Start Up - \\$1,000,000 for a one-year period](#)  98 - 126

## **H. Committee Member Comments**

## **I. Adjournment**

Next Scheduled Meeting March 11, 2025

The undersigned certifies that a copy of this agenda was posted in the front entrance to the Desert Healthcare District offices located at 1140 North Indian Canyon Drive, Palm Springs, California, and the front entrance of the Desert Healthcare District office located at the Regional Access Project Foundation, 41550 Eclectic Street, Suite G 100, Palm Desert California at least 72 hours prior to the meeting.

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

*Andrea S. Hayles*



**DESERT HEALTHCARE DISTRICT  
Program Committee Meeting  
MEETING MINUTES**

Tuesday, January 14, 2025, 5:00 PM

**Directors Present**

**District Staff Present**

**Absent**

<p>Evelt PerezGil, Chair Greg Rodriguez, Vice-President Kimberly Barraza, Director</p>	<p>Chris Christensen, CPA, Chief Executive Officer Eric Taylor, CPA, Chief Administration Officer Donna Craig, Chief Program Officer Alejandro Espinoza, MPH, Chief Engagement Officer Meghan Kane, Senior Program Officer, Public Health Gracie Montano, Program Associate Erica Huskey, Grants Manager Andrea S. Hayles, MBA, Board Relations Officer</p>	
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**A. Call to Order**

Chair PerezGil called the meeting to order at 5:01 p.m.

**B. Approval of the Agenda - Action**

Chair PerezGil asked for a motion to approve the December 10, 2024.

*Moved by:* Greg Rodriguez

*Seconded by:* Kimberly Barraza

**Yes** Kimberly Barraza, Evett PerezGil, and Greg Rodriguez

**Carried 3-0**

**C. Approval of the Meeting Minutes**

Chair PerezGil asked for a motion to approve the December 10, 2025, meeting minutes.

[December 10, 2024](#) 

*Moved by:* Kimberly Barraza

*Seconded by:* Evett PerezGil

**Yes** Kimberly Barraza and Evett PerezGil

**Abstain** Greg Rodriguez

**Carried 2-0**

**D. Public Comments**

At this time, comments from the audience may be made on items not listed on the agenda that are of public interest and within the subject-matter jurisdiction of the District. The Committee has a policy of limiting speakers to not more than three minutes. The Committee cannot take action on items not listed on the agenda. Public input may be offered on an agenda item when it comes up for discussion and/or action.

**E. Chief Executive Officer Report**

There were no items to report from the CEO.

## F. Program Updates

### 1. [Progress and Final Report Update](#)

Donna Craig, Chief Program Officer, provided an overview of the staff's role in the grantee's progress and final reports including the deliverables, obstacles or challenges, dashboards, and other relevant factors of the final reports.

### 2. [Grant Applications Status Report](#)

Donna Craig, Chief Program Officer, provided an overview of the status reports for grant applications and the application process. Ms. Craig discussed the consultative meetings and site visits with potential grantees. Additionally, Ms. Craig described the filing for the Lease Purchase Agreement Validation, which is necessary to proceed with staff's due diligence of the Eisenhower grant.

### 3. [Grant Payment Schedule](#)

Donna Craig, Chief Program Officer, responded to the committee's questions regarding the grant payment schedule, available funding, and the restrictions of AB 2019.

## G. **MOU Grant Funding Partnership Opportunity – Review and determination for forwarding to the Board for consideration:**

[Regional Access Project Foundation and the Desert Healthcare District Mental Health Grant Proposal Funding Partnership – 2025-2027 –](#)

[\\$1,000,000 for 2 years](#) 

Action

*Moved by:* Greg Rodriguez

*Seconded by:* Kimberly Barraza

**Yes** Kimberly Barraza, Greg Rodriguez, and Evett PerezGil

**Carried 3-0**

Donna Craig, Chief Program Officer, provided background on the Mental Health MOU Partnership, outlining concerns and options for consideration. Chris Christensen, CEO, emphasized the importance of aligning the partnership with the District's strategic plan goals and commencing with a new 5-year plan.

The committee discussed concerns regarding approval beyond the current year's strategic plan concluding in 2026. The committee considered a one-year commitment and the implications for staff time involved in the partnership.

Chair Rodriguez moved to approve Option 2, which acknowledges the validity of the MOU and continues the grant funding partnership with modifications for one year in FY 2025-2026 for \$500k.

Public Comments:

Aurora Wilson, on behalf of Jan Pye, Board Member, Regional Access Project Foundation

Diana Morales, Data Analyst, Regional Access Project Foundation

#### **H. Committee Member Comments**

There were no committee members' comments

#### **I. Adjournment**

Chair PerezGil adjourned the meeting at 5:40 p.m.

Next Scheduled Meeting February 11, 2025

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Evett PerezGil, Chair/ Director, Program Committee, Desert Healthcare District Board of Directors

**Audio recording available on the website at <http://dhcd.org/Agendas-and-Documents>**



**Date:** February 11, 2025

**To:** Program Committee – District

**Subject:** Progress and Final Grant Reports 1/1/2025 – 1/31/2025

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

**The Foundation for Palm Springs Unified School District # 1358**

Grant term: 11/1/2022 – 1/31/2025

Original Approved Amount: \$110,000

**Progress Report** covering the time period from: 11/1/2022 – 7/31/2024

**Martha’s Village and Kitchen # 1404**

Grant term: 10/1/2023 – 9/30/2025

Original Approved Amount: \$369,730

**Progress Report** covering the time period from: 4/1/2024 – 9/30/2024

**Voices For Children # 1443**

Grant term: 5/1/2024 – 4/30/2026

Original Approved Amount: \$60,000

**Progress Report** covering the time period from: 5/1/2024 – 10/31/2024

**Coachella Valley Volunteers In Medicine # 1408**

Grant term: 11/1/2023 – 10/31/2024

Original Approved Amount: \$478,400.

**Progress Report** covering the time period from: 8/1/2024 – 10/31/2024

**Variety Children’s Charities of the Desert Tent 66 # 1432**

Grant term: 5/1/2024 – 4/30/2026

Original Approved Amount: \$102,949.00

**Progress Report** covering the time period from: 5/1/2024 – 10/31/2024

**Voices For Children # 1413**

Grant term: 11/1/2023 – 10/31/2024

Original Approved Amount: \$81,055

**Progress Report** covering the time period from: 5/1/2024 – 10/31/2024



**Voices For Children # 1413**

Grant term: 11/1/2023 – 10/31/2024

Original Approved Amount: \$81,055.

**Final Report** covering the time period from: 11/1/2023 – 10/31/2024

**Lift To Rise # 1391**

Grant term: 6/1/2023 – 5/31/2024

Original Approved Amount: \$900,000

**Progress Report** covering the time period from: 9/1/2024 – 11/30/2024

**Jewish Family Service of the Desert # 1362**

Grant term: 11/1/2022 – 10/31/2024

Original Approved Amount: \$160,000

**Progress Report** covering the time period from: 5/1/2024 – 10/31/2024

**Jewish Family Service of the Desert # 1362**

Grant term: 11/1/2022 – 10/31/2024

Original Approved Amount: \$160,000

**Final Report** covering the time period from: 11/1/2022 – 10/31/2024



## **Grant Progress Report**

**Organization Name:** The Foundation for Palm Springs Unified

**Grant #:** 1358

**Project Title:** School-Based Wellness Center Project

**Contact Information:**

Contact Name: Ellen Goodman

Email: [egoodman@psusd.us](mailto:egoodman@psusd.us)

### **Grant Information**

**Total Grant Amount Awarded:** **\$110,000**

**Grant Term (example 7/1/22 – 6/30/23):** **11/1/22 – 1/31/25**

**Reporting Period (example 7/1/22 – 10/31/22):** **11/1/22 – 7/31/24**

### **Desert Healthcare District Strategic Plan Alignment**

**Goal:** This project goal coincides with the Desert Healthcare District and Foundation strategic plan goal to proactively expand community access to behavioral/mental health services (Goal 3)

**Strategy:** Strategy 3.3 Provide funding to Community-Based Organizations enabling an increase in the number and the geographic dispersion of sites providing behavioral/mental health services.

### **Progress This Reporting Period**

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

- o **During this reporting period, the project has accomplished many things. The Foundation team has cleared the classrooms, purchased all the necessary supplies and materials, prepared the room for installation, worked with campus leadership, mental health staff and facilities to assure a smooth installation and opening. The**

**BWES Wellness Center will open at the start of the school year and is expected to be on track to serve 300 + students. The second center at DLES is expected to open during Q1 of the school year. The Foundation will work with DHCD program staff to produce a ribbon cutting and dedication at the end of Q1 of the school year.**

**Goal #1:**

By March 31, 2024, the Bubbling Wells Elementary School Wellness Center will be established; all administrators, teachers, staff, students, and families will be informed about the "wellness center" and the services provided; and a minimum of three hundred (300) unduplicated students will be served through the "wellness center."

**Progress of Goal #1:**

Bubbling Wells Elementary School Wellness Center will be established, all administrators, teachers, staff, students, and families will be informed about the "wellness center" and the services provided, and a minimum of three hundred (300) unduplicated students will be served through the "wellness center." The accomplishment of project goals will expand availability of behavioral health services/resources to children (0-18 years) and their families and increase access to behavioral health services/resources to children (0-18 years) and their families.

- o **The Wellness Center is now complete and ready to open at the start of the school year. It is set to serve 300 unduplicated students. Throughout the year, The Foundation along with health services and mental health leadership will hold orientations, educational sessions and assemblies, and tours to increase awareness of the center and its services on campus. We plan to hold a ribbon cutting and dedication ceremony for the Wellness Center mid to late September.**

**Goal #2:**

By June 30, 2024, the Julius Corsini Elementary School Wellness Center will be established; all administrators, teachers, staff, students, and families will be informed about the "wellness center" and the services provided; and a minimum of three hundred (300) unduplicated students will be served through the "wellness center."

**Progress of Goal #2:**

Julius Corsini Elementary School

- o **JCES school is facing significant challenges in finding a dedicated space for the wellness center, as all available areas on campus are currently being used to accommodate the academic needs of the students. Desert Hot Springs schools are especially crowded, and the space initially allocated for the center is no longer available. We deeply value the wellness center's role and are committed to finding a solution that serves our students' needs though we cannot guarantee that space will be available for the 24-25 school year.**

**Goal #3:**

By September 30, 2024, the Della Lindley Elementary School Wellness Center will be

established; all administrators, teachers, staff, students, and families will be informed about the "wellness center" and the services provided; and a minimum of three hundred (300) unduplicated students will be served through the "wellness center."

**Progress of Goal #3:**

Della Lindley Elementary School Wellness Center will be established, all administrators, teachers, staff, students, and families will be informed about the "wellness center" and the services provided, and a minimum of three hundred (300) unduplicated students will be served through the "wellness center." The accomplishment of project goals will expand availability of behavioral health services/resources to children (0-18 years) and their families and increase access to behavioral health services/resources to children (0-18 years) and their families.

- o **Due to summer hours and limited access to the campus along with limited staff to help with the removal of classroom furniture, the Wellness Center experienced delays in its construction. All materials for the Wellness Center have been purchased, and work has begun. We anticipate opening at the end of the first quarter of the school year and are on track to serve 300 unduplicated students.**

**Goal 4:**

By January 1, 2025, the Agua Caliente Elementary School Wellness Center will be established; all administrators, teachers, staff, students, and families will be informed about the "wellness center" and the services provided; and a minimum of three hundred (300) unduplicated students will be served through the "wellness center."

**Progress of Goal #4:**

Agua Caliente Elementary School

- o **ACES school is facing significant challenges in finding a dedicated space for the wellness center, as all available areas on campus are currently being used to accommodate the academic needs of the students. Agua Caliente ES school is especially crowded, and the space initially allocated for the center is no longer available. We deeply value the wellness center's role and are committed to finding a solution that serves our students' needs though we cannot guarantee that space will be available for the 24-25 school year.**

**Progress on the Number of District Residents Served**

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

- o We do not have the data for this reporting period because the rooms were not open. However, we piloted (in three schools) a custom data software system specifically designed for PSUSD Wellness Centers. This system has provided us with extraordinary information, which we are now finding to be consistent across all Wellness Centers. Some of the

information captured includes total number of visits, time spent in the Wellness Center, reasons for being in the Wellness Center, and the data surrounding students being referred to a health or mental/behavioral specialist.

**Number of Unduplicated District Residents Indirectly Served During This Reporting Period: N/A**

**Please answer the following questions:**

**• Is the project on track in meeting its goals?**

o We are pleased to report that the project is on track to meet its goals.

**• Please describe any specific issues/barriers in meeting the project goals.**

o There were several issues and barriers in meeting the project goals. These were primarily due to limited or abundant space on campuses, the need to remove classroom furnishings and clean the rooms, and turnover of installation staff. Additionally, access to school campuses was restricted during spring break, summer months, and other periods. Changes in staff at the campus level also contributed to the delays.

*o "I wanted to provide some additional context for the higher costs at Bubbling Wells Elementary (BWES). This particular school had a total of three rooms for Tier 1, 2 and 3. As a result, this school accrued more labor hours than the others. Given that this is considered a high-need school in the district, we felt it was important to address all three rooms to better serve and support the students. The remaining three schools will have significantly lower labor costs, as each only requires work in a single Tier 1 room".*

**• If the project is not on track, what is the course correction?**

o To keep the project on track we're looking at a variety of solutions including community and corporate volunteer teams. We tested this strategy on Saturday August 3<sup>rd</sup> and saw an extremely successful day. Other groups in consideration are Wells Fargo, Bank of America, Trixie Hotel Team, Greater Palm Springs Relator Association, Rotary Clubs and Bloom in the Desert. We believe that by providing small teams of volunteers that some of the larger more time-consuming projects can get completed in an accelerated fashion.

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

o Before rolling out to all schools The Foundation and school district piloted VyTrac system a data driven technology that offers objective measurements of health and behavioral metrics such as heart rate, blood pressure, and stress levels of students when they check in to the Wellness Center. This data-driven approach allows for early identification of students in need of intervention and continuous monitoring of their mental and behavioral health. The metrics are validated by mental health and healthcare professionals to ensure accurate and reliable readings. The algorithms used to extrapolate vital signs have been specifically modified to more accurately capture information on use of the room. This combination of professional input and advanced technology creates a robust and effective support system for students. We anticipated this data to be consistent with all wellness centers across the district and look forward to expanding this system to every Wellness Center in the District.

## **GRANT PROGRESS REPORT #2**

### **Martha's Village & Kitchen, Grant # 1404**

#### **ABOUT THE ORGANIZATION**

Martha's Village & Kitchen  
83791 Date Ave.  
Indio, CA 92201  
760-347-4741

#### **Progress Report Contact:**

Espy Ortiz, Vice President of Programs and Operations  
eortiz@marthasvillage.org

#### **PROJECT INFORMATION**

##### **Project Title:**

Martha's Village: Homeless Housing With Wrap-Around Services Expansion

**Grant Term:** 10/01/2023 - 09/30/2025

**Total Grant Amount Awarded:** \$369,730.00

**Reporting Period:** 04/01/2024 - 09/30/2024

**Report Due Date:** 11/01/2024

#### **DESERT HEALTHCARE DISTRICT STRATEGIC PLAN ALIGNMENT**

**Goal 5:** Be responsive to and supportive of selected community initiatives that enhance the economic stability of the District residents (on a situational basis)

**Strategy 5.1** Reduce the negative impacts of social determinants of health on homelessness in Coachella Valley (Priority: Moderate)

#### **PROGRESS TOWARDS PROJECT DELIVERABLES**

Write your progress towards each project deliverable in the space below. Project deliverable numbers should ONLY reflect those directly funded by DHCD funds.

**Project Deliverable #1:**

Martha's will expand its remote services in the five targeted cities. By September 30, 2025, Martha's will provide case management with wrap-around services to include the additional enhancements of Employment Services, English as a Second Language Instruction and Computer Skills Training to 175 homeless or at risk of homeless individuals in the five targeted cities of Indio, Palm Springs, Desert Hot Springs, Coachella, and Mecca.

**Progress towards Deliverable #1:**

As of this reporting period, Martha's Village & Kitchen has achieved significant progress in expanding its remote services across the five targeted cities—Indio, Palm Springs, Desert Hot Springs, Coachella, and Mecca. In line with the project's objectives, we have delivered comprehensive wrap-around services including case management, Employment Services, English as a Second Language (ESL) instruction, and Computer Skills Training. To date, we have served 118 unduplicated clients through this initiative.

In the current reporting period, we provided full wrap-around services to one (1) unduplicated client, who successfully obtained employment. This milestone underscores our commitment to empowering clients with the skills and resources needed for stable employment and self-sufficiency. Our ongoing efforts focus on expanding outreach and service infrastructure across all targeted cities to ensure we meet our goal of supporting 175 unduplicated individuals by September 30, 2025. We anticipate continued progress as we increase engagement and improve employment outcomes for homeless and at-risk individuals throughout these communities.

**Project Deliverable #2:**

Martha's will expand services on-site at its Desert Hot Springs, Indio, and Palm Springs locations. By September 30, 2025, Martha's will expand services with case management with Wrap-Around Services, with its current Employment Services and Computer Skills Training to 200 homeless or at risk of homelessness individuals at these three physical locations.

**Progress towards Deliverable #2:**

Martha's Village & Kitchen continues to expand on-site services at its Desert Hot Springs, Indio, and Palm Springs locations, working toward the goal of serving 200 homeless or at-risk individuals with case management, wrap-around services, Employment Services, and Computer Skills Training by September 30, 2025. To date, we have served a total of 233 unduplicated clients across these three locations, surpassing the initial target.

During this reporting period, we provided services to 1 (one) unduplicated client. This progress highlights our capacity to deliver comprehensive, in-person support tailored to individual needs and demonstrates our ongoing commitment to fostering stability and skill-building for our clients. We remain focused on sustaining and expanding these

services to meet the growing needs of the communities we serve, with a continued emphasis on employment readiness and long-term housing stability.

**Project Deliverable #3:**

By September 30, 2025, Martha's will build collaborations with a combination of a minimum of ten (10) nonprofits, community organizations and local government, in the five targeted areas. This effort will begin with scheduled listening meetings with the entities mentioned above to ensure the needs of the communities are met in the area of homeless and at risk of homelessness services.

**Progress towards Deliverable #3:**

Martha's Village & Kitchen has successfully maintained partnerships with the nonprofits, community organizations, and local government entities initially reported, supporting efforts across the five targeted areas—Indio, Palm Springs, Desert Hot Springs, Coachella, and Mecca. These partnerships are integral to addressing the needs of homeless and at-risk individuals throughout the region.

During this reporting period, we expanded our outreach efforts by collaborating with California State University, San Bernardino (CSUSB), which has strengthened our community network. Through this new partnership, we were able to enroll one client into our services. These established and new partnerships allow us to align resources and expertise effectively, enhancing our ability to meet community needs and broaden our impact. We look forward to continuing these collaborations to support economic stability and service access for our clients.

For the reporting period, Martha's Village and Kitchen has maintained established collaborations with the following partners: FIND Food Bank, Desert AIDS Project, Latino Commission on Mental Health, Momma's House, Telecare, Wellness Equity Alliance, Riverside County Adult Protective Services, Olive Crest, Salvation Army, IEHP, and Jewish Family Service (JFS).

The efforts focused on implementing customized wrap-around services with an emphasis on employment and education. This included meetings, communications, and events with partners to share Martha's Village and Kitchen's programs and resources, ensuring that awareness of these services reached the most underserved areas within the DHCD's boundaries.

**PROGRESS TOWARDS PERFORMANCE MEASURES**

Please provide your project's performance measure numbers as they align with your project deliverables and the identified Desert Healthcare District's strategy/strategies. Performance measure numbers should ONLY reflect the reporting period.

**PM 5.1: # of community engagement/awareness activities:**

2



**Story Behind the Number:**

This reporting period, Martha's Village & Kitchen led two important community engagement activities to boost awareness and access to our wrap-around and employment services for homeless and at-risk individuals in the Coachella Valley. The community engagement activities focused on remote locations and outreach throughout the district. Approximately 35 people were reached or participated in these engagement/awareness activities.

First, in a new partnership with California State University, San Bernardino (CSUSB), we worked together to share resources and host awareness events focused on our services. This partnership has helped us connect with students, faculty, and the broader community, leading to one new client enrollment and allowing us to reach individuals who may need our support.

Additionally, we continued working closely with our nonprofit coalition partners. Through listening sessions and resource-sharing events, we gained valuable community insights and ensured our services are responsive to local needs.

These activities strengthen our outreach and expand our impact, allowing more people to learn about and access the services we provide.

**PM 5.1: # of clients reached through community engagement/awareness efforts:**

1

**Story Behind the Number:**

Through our community engagement efforts at California State University, San Bernardino (CSUSB), we connected with Carol, a single mother facing job loss and housing instability. After attending a CSUSB event where we presented our wrap-around services, Carol reached out for help.

This community engagement allowed us to assist Carol in not only obtaining part-time employment but also linking her to permanent housing. With support from our Employment Services and case management teams, Carol gained the skills and resources she needed to regain stability for herself and her children.

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

2

**Story Behind the Number:**

During this reporting period, a total of two clients were helped through Martha's Village & Kitchen's on-site and remote services. Both clients received comprehensive wrap-around services, including case management, employment support, and skill-building. As a result, both were able to obtain employment and begin their journey toward long-term stability. These successes highlight the effectiveness of our tailored approach to supporting individuals facing homelessness and economic challenges.

**Story Behind the Number/Percent:**

**PROGRESS ON THE DISTRICT RESIDENTS SERVED:**

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

2

**Story Behind the Number:**

Due to the high reporting outcomes in the last progress report and the dedication of our outreach staff during that period, we made significant strides in reaching our remote service objectives. However, during this reporting period, while we faced the challenge of office closures in Mecca and Desert Hot Springs, we continued to provide services and ensure clients obtained employment.

We have successfully met our on-site goals and will now focus on expanding our remote services to ensure we meet the target of serving 175 unduplicated clients by the end of the project. Our team remains committed to supporting individuals in need, regardless of location, and ensuring they have access to the resources and opportunities necessary for long-term stability.

**Geographic Area(s) Served During This Reporting Period:**

Coachella, Desert Hot Springs

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

**Please share any challenges and course corrections you may have experienced during this performance period such as reaching organizational capacity, partnerships, identified geographic areas and/or target populations, etc.**

While not fully a challenge, we would like to report a significant decision made during this reporting period. To optimize resources and ensure sustainable service delivery, we made the difficult choice to close our on-site remote offices in Mecca and Desert Hot Springs. This decision allows us to concentrate resources more effectively while maintaining a presence in these communities through other means. To continue supporting individuals in these areas, our staff will conduct regular canvassing to engage those who may need assistance. Clients identified through these outreach efforts will still receive case management and wrap-around services, provided remotely or at our other service locations. This approach will allow us to remain responsive to the needs of residents in Mecca and Desert Hot Springs, even without a dedicated physical office

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

■■■■■, a single mother facing job loss and housing instability, was struggling to make ends meet for herself and her children. During a community outreach event hosted by California State University, San Bernardino (CSUSB), ■■■■■ learned about the wrap-

around services offered by Martha's Village & Kitchen. Intrigued by the possibility of support, she reached out to us for help. [REDACTED] was quickly enrolled in our wrap-around services program, where she received employment services tailored to her needs. Our team helped her polish her resume, provided job search assistance, and connected her to interview preparation resources. Through this program, [REDACTED] secured employment as a security guard, which gave her the financial stability she needed to support her family. Additionally, we referred [REDACTED] to our homeless shelter, where she found a safe place to stay while she worked toward regaining long-term stability. With the support of our shelter and case management services, [REDACTED] continued to thrive in her new job. As [REDACTED] became more settled, she also participated in our Community Supports Program, which helped her connect with additional resources. Through this program, she was assisted in obtaining permanent housing for herself and her children, marking the final step in her journey toward a stable, self-sufficient life. [REDACTED]'s story is a testament to the power of community engagement and wrap-around services in helping individuals overcome challenges and achieve lasting stability. With support from Martha's Village & Kitchen, [REDACTED] is now on a path to a brighter future for herself and her children.

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

# **BUILDING CONNECTED COMMUNITIES RFP** **GRANT PROGRESS REPORT #1**

**Voices for Children, Grant # 1443**

## **ABOUT THE ORGANIZATION**

Voices for Children  
2851 Meadow Lark Drive  
San Diego, CA 92123  
858-569-2019

### **Progress Report Contact:**

Rebecca Rader, Director of Philanthropy  
RebeccaR@speakupnow.org

## **PROJECT INFORMATION**

**Project Title:** 1443 Court Appointed Special Advocate (CASA) Program

**Grant Term:** 05/01/2024 - 04/30/2026

**Total Grant Amount Awarded:** \$60,000.00

**Reporting Period:** 05/01/2024 - 10/31/2024

**Report Due Date:** 12/01/2024

## **RFP BUILDING CONNECTED COMMUNITIES GOAL/STRATEGIES:**

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

Proactively expand community access to behavioral/mental health services.

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

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

## **PROGRESS TOWARDS PROJECT DELIVERABLES**

Write your progress towards each project deliverable in the space below. Project deliverable numbers should ONLY reflect those directly funded by DHCD funds.

### **Project Deliverable #1:**

By April 30, 2026, VFC will recruit, screen, and train 30 community members to serve

as CASA volunteers (community navigators) for Coachella Valley youth in foster care.

**Progress towards Deliverable #1:**

Voices for Children (VFC) is pleased to report that we are on track to meet Deliverable #1. As of October 31, 2024, VFC had recruited, screened, and trained seven new Court Appointed Special Advocate (CASA) volunteers (community navigators) who have begun advocating on behalf of 15 Coachella Valley youth in foster care. Each of these new CASA volunteers completed a rigorous training and screening process, including multiple interviews and background checks, before being matched with children in foster care. Our 35-hour training program is designed with a trauma-informed lens and educates trainees about the impact of trauma and how it manifests in a child's behavior and development. VFC's CASA training, also called Advocate University, covers dependency law, child development, court report writing, the impact of childhood trauma and abuse, and privilege and bias. During training, CASAs become familiar with courtroom procedures and personnel and writing court reports. VFC also expects each CASA volunteer to attend 12 hours of continuing education annually to learn more about available resources providing beneficial services to youth in foster care. These CASA volunteers are spending, on average, 10–15 hours a month on their cases, spending time with their assigned children during one-on-one visits and speaking with each child's caregivers, family members, teachers, therapists, child welfare professionals, and others involved in the child's life. When a CASA identifies unmet needs, they then advocate on a child's behalf to ensure that a child has access to the resources they need. Every six months, these CASA volunteers will attend court on behalf of their youth and submit comprehensive written reports about each child's status, including their current frame of mind. Judges will rely on these reports to make informed decisions about a child's education, mental and physical health, housing placement, and overall well-being.

**Project Deliverable #2:**

By April 30, 2026, VFC's CASA volunteers will connect 30 Coachella Valley children in foster care with mental health/behavioral resources such as therapy or extracurricular activities bases on their individualized needs.

**Progress towards Deliverable #2:**

VFC is pleased to report that we are on track to meet Deliverable #2. As of October 31, 2024, VFC CASA volunteers funded by this grant were already advocating on behalf of 15 Coachella Valley children in foster care. At least once a month, each CASA volunteer and their Advocacy Supervisor, the VFC staff member who guides their advocacy, communicate regarding the CASA's efforts on the child's case and discuss each child's specific needs and how these needs can be best addressed. Through these discussions, Advocacy Supervisors ensure that CASA volunteers continue to regularly communicate with caregivers, teachers, therapists, and others involved in the children's lives. Through these communications, CASAs gain valuable and detailed information about the children, including how they are doing in their housing placements, family connectedness, schools, extracurricular activities, and therapeutic/behavioral services and, significantly, any unmet needs. Advocacy

Supervisors and CASA volunteers next address ways to meet these needs, whatever they are, and the necessary action steps to ensuring the children receive access to the services they need. A CASA's advocacy is tailored to address the individual needs of the child they serve, and the CASA volunteer is often the most consistent adult in the life of a child in foster care. By spending more time with the child than any other adult on the child's case, CASA volunteers form trusting relationships that allow them a clear perspective of each child's fears, worries, hopes, and dreams. These CASA volunteers are addressing their assigned children's mental health in many ways: ensuring access to appropriate mental healthcare services for a child's specific mental healthcare needs; overcoming service barriers, such as insurance, transportation, and scheduling issues; facilitating involvement in extracurricular activities; delivering positive childhood experiences; fostering positive and stable relationships with friends; providing a relationship with a dependable adult; and more.

**Project Deliverable #3:**

By April 30, 2026, VFC's CASA volunteers will submit reports detailing a child's current status and needs to Juvenile Court judges on behalf of 30 Coachella Valley children in foster care.

**Progress towards Deliverable #3:**

VFC is pleased to report that we are on track to meet Deliverable #3. Each of the 15 children matched with a new CASA volunteer thus far will be the subject of a report for the Court detailing their current status within approximately six months of being matched with their CASA volunteer. Through their court reports, CASA volunteers will provide the Court with information about all aspects of their assigned children's lives, including their current mental state, medical and therapeutic information, involvement with extracurricular activities, contact with family members, education, housing placement, and progress toward independence (for youth ages 16+).

**PROGRESS TOWARDS PERFORMANCE MEASURES**

Please provide your project's performance measure numbers as they align with your project deliverables and the identified Desert Healthcare District's strategy/strategies. Performance measure numbers should ONLY reflect the reporting period.

**# of Community Navigator positions allocated to the project**

7

**# of Community Navigators trained**

7

**# of Community Navigators retained**

7

**Story Behind the Number:**

During the reporting period, VFC trained seven new CASA volunteers (Community Navigators) from Desert Healthcare District cities with Desert Healthcare District funds. Overall, VFC trained 65 new CASA volunteers, including 10 from Desert Healthcare District cities (Desert Hot Springs, Indio, La Quinta, Palm Desert, and Palm Springs)

during the reporting period. Each of these new volunteers participated in 35 hours of initial training and multiple screening interviews and background checks before being matched with a child in foster care. VFC's CASA training, also called Advocate University, covers dependency law, child development, the impact of childhood trauma and abuse, privilege and bias, educational advocacy, and other relevant topics. The seven new CASA volunteers (Community Navigators) funded through this generous grant are now advocating on behalf of 15 Coachella Valley children in foster care. VFC relies on the selflessness of our CASA volunteers. They are the heart and soul of our organization. We ask a great deal of our volunteers in terms of time, commitment, and emotional involvement. CASA volunteers help to break down obstacles that stand in the way of youth in foster care to access the supportive services they need to address past trauma and create brighter, more hopeful futures. On average, volunteers spend 10 hours per month on their cases. Many volunteers report that they receive far more than they give through this experience.

VFC holds multiple information sessions each month for prospective CASA volunteers. In order to become a CASA, volunteers must be at least 21 years of age, have access to a car, maintain a clean driving record, and commit to serving for at least one year.

#### **# of clients who increased their knowledge of behavioral/mental health resources**

0

#### **Story Behind the Number:**

During the reporting period, VFC provided CASA advocacy to 504 Riverside County youth in foster care, including the 15 youth from Desert Healthcare District cities (specifically, Cathedral City, Coachella, Indio, Palm Desert, Palm Springs, and Thermal), who have been funded by this grant thus far. The 15 youth include seven boys and eight girls. Twelve are Latino and three are white. They range in age from under one year old to 19 years old.

As of October 31, 2024, none of the newly assigned CASA volunteers had been on their cases longer than a month and thus had not been on their cases long enough to connect children with specific organizations and services, as they were still in the process of introducing themselves to their assigned children and getting to know them. After being matched with a child, CASA volunteers first introduce themselves to the children's social workers, attorneys, and caregivers before meeting the children. Because CASA volunteers are able to spend much more time on the case (10–15 hours per month, on average) than can social workers with daunting social workers, CASA volunteers develop a keen understanding of each child and their unique circumstances. In addition to ensuring equitable access to behavioral and mental health services for youth in foster care, CASA volunteers benefit children in foster care in several ways based on the specific needs of each individual child. For example, these CASA volunteers will facilitate children's involvement in extracurricular activities; preserve children's connections with siblings; help families stabilize and reunify, thereby reducing feelings of isolation, loneliness, depression, and anxiety; ensure children live in healthful environments; enhance emotional growth; and overcome logistical barriers to mental

health services and beneficial activities. In addition, these CASA volunteers will address each child's educational and physical health needs.

## **PROGRESS ON THE DISTRICT RESIDENTS SERVED:**

### **Total Number of District Residents Reached During This Reporting Period:**

15

### **Story Behind the Number:**

As of October 31, 2024, 15 underserved Coachella Valley youth in foster care were matched with Court Appointed Special Advocate (CASA) volunteers through funding from this grant and 104 Coachella Valley children overall.

Each of these children had experienced multiple traumatic experiences in the form of child abuse and neglect at the hands of a caregiver or parent. Isolation and loneliness are hallmarks of foster care, as children are uprooted from their families, neighborhood friends, and schools and often placed with strangers in unfamiliar neighborhoods for their safety. The isolation, uncertainty, powerlessness, loneliness, hopelessness, and stigma inherent in foster care, combined with the trauma of past abuse and neglect, contribute to a long list of adverse impacts that individuals can experience during and after foster care. These impacts include myriad mental and physical health issues, barriers to healthcare, unstable housing or homelessness, insufficient elementary and secondary education, and lack of social connections.

Children in foster care are twice as likely as are their peers to have mental and physical health challenges, including developmental delays, anxiety, depression, and obesity (Turney and Wildeman, "Mental and Physical Health of Children in Foster Care," Pediatrics, Nov. 2016). Children in foster care score lower than their peers on most measures of well-being—they are more likely to have anxiety (5x more likely), behavioral challenges (6x), and depression (7x).

Of the 15 youth served through this grant, eight are girls and seven are boys. The youth range in age from 1 to 19 years old. Twelve of the youth are Hispanic or Latino and three were white or Caucasian (not Hispanic or Latino).

### **Geographic Area(s) Served During This Reporting Period:**

Cathedral City, Coachella, Indio, Palm Desert, Palm Springs, Thermal

## **PLEASE ANSWER THE FOLLOWING QUESTIONS:**

**Please share any challenges and course corrections you may have experienced during this performance period such as reaching organizational capacity, partnerships, identified geographic areas and/or target populations, etc.**

VFC's greatest challenge is recruiting sufficient numbers of CASA volunteers. Although we continue to serve more children each and every year, the number of Riverside



County in foster care continues to climb. This year, approximately 6,000 Riverside County youth are expected to spend time in foster care, up from the 5,000 we anticipated when we applied for this grant. While we served a record number of Riverside County youth in FY 2023–24 and will increase that number in FY 2024–25 to 625 youth overall, the reality is thousands of children in foster care go without the benefits of CASA advocacy each year. More than 115 children are currently on our waiting list (after being referred to VFC for CASA advocacy by judges, social workers, attorneys, and others), including 36 (31% of overall waiting list) from Desert Healthcare District cities. So prudent growth remains a priority for VFC. To bolster our recruitment efforts, we have hired an Outreach Coordinator to support our CASA Recruitment and Outreach Manager in organizing presentations, event booths, and more in order to boost awareness of the need for CASA volunteers particularly men, Spanish-speakers, and persons of color, throughout Riverside County. We support these efforts with marketing. Toward the end of the reporting period, VFC began an advertising campaign at the Palm Springs Airport in time for the busy holiday travel season. We expect this campaign and other marketing efforts to boost the number of Coachella Valley applicants so that we can more easily serve youth from the Coachella Valley and surrounding areas. This is a critical need, as CASA volunteers from the more populous western regions of the county are often reticent to accept appointments to children in the Eastern portion of the county due to long drives to visit youth and to attend important meetings and court hearings. We have also hired a program manager for our Palm Desert offices, providing additional support to those staff and CASA volunteers serving youth from the Coachella Valley and elsewhere in eastern Riverside County.

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

CASA [REDACTED] has been assigned to [REDACTED] (17), [REDACTED] (16), and [REDACTED] (14) for two short months and has already made a significant difference in their lives (names have been changed to preserve confidentiality). The girls were removed from their parents due to emotional and sexual abuse that occurred when they were younger, and their mother is working toward reunification. All three girls are placed together. CASA [REDACTED] earned the girls' trust very early by showing up weekly and being a consistent and fun presence in their lives. CASA [REDACTED] soon learned that their foster family agency (FFA) foster home was adversely affecting their mental health. The girls confided in [REDACTED] that their caregiver belittled them and discouraged them from going to the gym, accusing them of trying to get male attention. The caregiver also refused to call the girls by name and instead just referred to them by age. As soon as [REDACTED] learned about this, she collaborated with her Advocacy Supervisor and involved the children's attorney, social worker, and the FFA social worker to report the situation and have the girls removed. [REDACTED] asked the girls for statements, which were forwarded to their attorney. In each statement, the girls referenced how grateful they were that [REDACTED] came into their lives when she did and said she is one of the only adults they trust. The girls' mother has since petitioned for an extended visit that will likely turn into family maintenance. The girls will now be able to stay together and have found a fast and steady advocate in CASA [REDACTED]. The support of the Desert Healthcare District continues to enable VFC to help more children like [REDACTED], [REDACTED], and [REDACTED] by providing them with dedicated, caring CASA volunteers like [REDACTED].

## **GRANT PROGRESS REPORT #4**

### **Coachella Valley Volunteers In Medicine, Grant # 1408**

#### **ABOUT THE ORGANIZATION**

Coachella Valley Volunteers In Medicine  
82915 Avenue 48  
Indio, CA 92201  
760-342-4414

#### **Progress Report Contact:**

Doug Morin, Executive Director  
doug.morin@cvvim.org

#### **PROJECT INFORMATION**

#### **Project Title:**

Ensuring access to healthcare through awareness and continuation of services delivery

**Grant Term:** 11/01/2023 - 10/31/2024

**Total Grant Amount Awarded:** \$478,400.00

**Reporting Period:** 08/01/2024 - 10/31/2024

**Report Due Date:** 12/01/2024

#### **DESERT HEALTHCARE DISTRICT STRATEGIC PLAN ALIGNMENT**

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

**Strategy 2.4:** Improve accessibility of primary and specialty care services by increasing available telehealth services in Coachella Valley (Priority: High)

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

#### **PROGRESS TOWARDS PROJECT DELIVERABLES**

Write your progress towards each project deliverable in the space below. Project deliverable numbers should ONLY reflect those directly funded by DHCD funds.

**Project Deliverable #1:**

By October 31, 2024, provide in-person primary medical care services to 1,500 individuals.

**Progress towards Deliverable #1:**

During the 4th quarter, we provided a total of 588 visits to 365 unique patients.

**Project Deliverable #2:**

By October 31, 2024, provider telehealth primary medical care services to 120 individuals.

**Progress towards Deliverable #2:**

20 telehealth visits were provided to 20 patients.

**Project Deliverable #3:**

Provide various health related services or "encounters" (Health Education; Diabetes and General Case Management; Social Service Interventions; Medical Outreach to Unhoused Persons) to 500 patients based upon their needs as assessed by their medical provider or VIM Social Worker.

**Progress towards Deliverable #3:**

During this period, 511 contacts were provided to 285 unique patients with various health-related services. The reasons for the contacts were Behavioral Health (89), Case/Disease Management (202), Education (59), Food Security (30), RCRMC (64), SDOH (26), Street Medicine (30), and Vision (11).

**Project Deliverable #4:**

By October 31, 2024, hire a community health worker and contract promotores to increase awareness of VIM services in the community through a minimum of 6 community health fairs and 8 community-based presentations with an expected reach of 600 community members.

**Progress towards Deliverable #4:**

All six promotoras worked and submitted time sheets during this period. A total of 16 community/health fairs were attended by our CHW and promotoras who had meaningful contacts with 421 individuals, 134 of whom were connected to primary care services (referral to VIM).

**PROGRESS TOWARDS PERFORMANCE MEASURES**

Please provide your project's performance measure numbers as they align with your project deliverables and the identified Desert Healthcare District's strategy/strategies. Performance measure numbers should ONLY reflect the reporting period.

**PM 2.4: # of telehealth visits:**

20

**Story Behind the Number:**

20 patients either requested a telehealth visit and were accommodated, or they called to cancel a previously made appointment and our staff offered a telehealth visit as opposed to canceling the appointment.

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

20

**Story Behind the Number:**

**PM 2.4: % increase in services delivered:**

100

**PM 2.7: # of Community Navigators trained:**

0

**Story Behind the Number:**

All navigators were previously trained in another quarter.

**PM 2.7: # of Community Navigators hired:**

0

**Story Behind the Number:**

All navigators were hired in a previous quarter.

**PM 2.7: # of clients who increased their knowledge of primary and specialty care resources/services:**

421

**Story Behind the Number:**

The CHW, working with promotoras, attended a total of 16 community/health fairs and had meaningful healthcare conversations with 421 individuals, of whom 134 applied for service.

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

345

**Story Behind the Number:**

Number of patients seen (365) less telehealth patients (20)

**PM 2.7: # of clients who connected to primary and specialty care via supportive healthcare services such as transportation assistance, insurance enrollment, etc:**

285

**Story Behind the Number:**

285 unique patients were connected to care via supportive services via 511 contacts: Behavioral Health (89); Case Mgmt/Disease Case Mgmt (202); Education (59); Food Security (30); SDOH (26); RCRMC(64); Street Medicine (30); Vision (11)

**PROGRESS ON THE DISTRICT RESIDENTS SERVED:**

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

786

**Story Behind the Number:**

Total number of unique patients provided a medical visit PLUS number of unique individuals who had meaningful conversations regarding healthcare at a community/health fair.

365 unique patients seen

421 connections via outreach

**Geographic Area(s) Served During This Reporting Period:**

Bermuda Dunes, Cathedral City, Coachella, Desert Edge, Desert Hot Springs, Desert Palms, Garnet, Indian Wells, Indio, Indio Hills, La Quinta, Mecca, North Shore, Oasis, Palm Desert, Palm Springs, Rancho Mirage, Sky Valley, Thermal, Thousand Palms, Vista Santa Rosa

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

**Please share any challenges and course corrections you may have experienced during this performance period such as reaching organizational capacity, partnerships, identified geographic areas and/or target populations, etc.**

Nothing unexpected. Outreach activities tend to decrease over the summer and start up again in the fall.

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

█████ came to a community health fair organized by another community health organization and was unaware of VIM services. █████ explained he had to pay something for a visit to see his physician with the other organization and was unaware that there would be no charge for medical visits or any labs or imaging services from VIM. He was excited about the opportunity to save some money because, he said, he was paying out \$30 - \$50 per month to see his doctor because his diabetes was not controlled. He had yet to be offered any disease or nutrition education from the

organization he was visiting. The CHW explained how VIM works and that we never charge a patient for any of the services they receive from our clinic. [REDACTED] was excited, took an application with him, and called our offices the following week of the health fair to become a patient with VIM. Since then, he has completed our 16-hour Diabetes education and also had one-to-one nutrition training with one of our staff. He has now has a glucometer for his home use and has begun to realize decreases in his glucose levels.

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

**BUILDING CONNECTED COMMUNITIES RFP**  
**GRANT PROGRESS REPORT #1**

**Variety Children's Charities of the Desert Tent 66, Grant # 1432**

**ABOUT THE ORGANIZATION**

Variety Children's Charities of the Desert Tent 66  
42600 Cook Street, Ste 150  
Palm Desert, CA 92211  
760-773-9800

**Progress Report Contact:**

Heidi Maldoon, Executive Director  
Heidi@varietyofthedesert.org

**PROJECT INFORMATION**

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

**Grant Term:** 05/01/2024 - 04/30/2026

**Total Grant Amount Awarded:** \$102,949.00

**Reporting Period:** 05/01/2024 - 10/31/2024

**Report Due Date:** 12/01/2024

**RFP BUILDING CONNECTED COMMUNITIES GOAL/STRATEGIES:**

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

Proactively expand community access to behavioral/mental health services.

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

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

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

**PROGRESS TOWARDS PROJECT DELIVERABLES**

Write your progress towards each project deliverable in the space below. Project deliverable numbers should ONLY reflect those directly funded by DHCD funds.

**Project Deliverable #1:**

By the end of the project, the Outreach Coordinator will be retained in the position and receive specialized training as a Community Navigator.

**Progress towards Deliverable #1:**

As of May 1, 2024, the Outreach Coordinator has been retained in this position and is receiving specialized training as a Community Navigator.

**Project Deliverable #2:**

By the project's end, the Outreach Program will reach an estimated 300 at-risk individuals through 24 awareness activities (workshops, educational classes, inclusive gatherings, etc.) access to social connectedness interventions in partnership with 15 community organizations and partners.

**Progress towards Deliverable #2:**

As of this progress report, the Outreach Program has reached 742 at-risk individuals through 10 awareness activities including workshops, educational classes, and inclusive classes with access to social connectedness interventions in partnership with 7 community organizations and partners.

**Project Deliverable #3:**

By the project's end, the Outreach Program will reach an estimated 50 at-risk individuals through culturally competent resources and case management services.

**Progress towards Deliverable #3:**

As of this progress report, the Outreach Program has reached 6 at-risk individuals through culturally competent resources and case management services.

**PROGRESS TOWARDS PERFORMANCE MEASURES**

Please provide your project's performance measure numbers as they align with your project deliverables and the identified Desert Healthcare District's strategy/strategies. Performance measure numbers should ONLY reflect the reporting period.

**# of Community Navigator positions allocated to the project**

1

**# of Community Navigators trained**

1

**# of Community Navigators retained**

1

**Story Behind the Number:**

As of May 1, 2024, the Outreach Coordinator has been retained in this position and is receiving specialized training as a Community Navigator.

**# of clients provided service in their native language**

742



**Story Behind the Number:**

Clients were served through socially inclusive workshops, activities, and support groups. Clients received support and resources in their native and preferred language which is typically English and Spanish.

**# of cultural competency resources disseminated**

22

**Story Behind the Number:**

Resources promoting COVID-19 health considerations, access to socially inclusive activities, workshops and support groups, and access to developmental screenings were provided to clients. Distribution took place at the Variety Resource Center in Palm Desert and at resource fairs in Indio and Palm Desert. Materials were typically created and distributed in English and Spanish.

**# of community engagement/awareness activities**

10

**# of clients reached through awareness efforts**

742

**Story Behind the Number:**

Clients were reached through activities which included the Fall Carnival and Resource Fair held in Indio and in partnership with 20+ community partners. La Ponderosa was a main media partner assisting to increase community awareness in the Spanish speaking community. Over 300 individuals were served at this event and gained information, education, and support from multiple community organizations. Additionally, a partnership with the JW Marriott to provide resources and education to the staff members of the resort was held on the hotel property to ensure services were made available directly to staff members.

**# of clients who were directly connected to behavioral/mental health services**

371

**Story Behind the Number:**

An estimated 50% of clients increased their awareness and knowledge of behavioral health resources through interactions with staff members, access to educational materials, developmental screenings, etc.

**# of clients who increased their knowledge of behavioral/mental health resources**

0

**Story Behind the Number:**

None at this time.

**# of clients reached**

98

**Story Behind the Number:**

Clients were reached through activities which included the Fall Carnival and Resource Fair held in Indio and in partnership with 20+ community partners. La Ponderosa was a main media partner assisting to increase community awareness in the Spanish speaking community. Over 300 individuals were served at this event and gained

information, education, and support from multiple community organizations. Additionally, a partnership with the JW Marriott to provide resources and education to the staff members of the resort was held on the hotel property to ensure services were made available directly to staff members.

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

92

**Story Behind the Number:**

Clientele were connected to groups such as the Behavioral Lab, FIND Food Bank, pediatricians, occupational therapists, and more.

**# of clients who report reduced levels of isolation and/or loneliness as a result of improved access to supportive services**

98

**Story Behind the Number:**

All clients who attended a workshop, activity, support group, or other supportive service were satisfied with services. For this reason, an estimated 100% of clients had reduced levels of isolation and/or loneliness.

**PROGRESS ON THE DISTRICT RESIDENTS SERVED:**

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

742

**Story Behind the Number:**

In the reporting period, two major events took place which provided the opportunity to reach a significant number of residents. These events included the Fall Carnival and JW Marriott resource fair.

**Geographic Area(s) Served During This Reporting Period:**

Bermuda Dunes, Cathedral City, Coachella, Desert Edge, Desert Hot Springs, Desert Palms, Garnet, Indian Wells, Indio, Indio Hills, La Quinta, Mecca, North Shore, Oasis, Palm Desert, Palm Springs, Rancho Mirage, Sky Valley, Thermal, Thousand Palms, Vista Santa Rosa

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

**Please share any challenges and course corrections you may have experienced during this performance period such as reaching organizational capacity, partnerships, identified geographic areas and/or target populations, etc.**

A change in Program Management was experienced. The team handled this adjustment with professionalism and dedication, and all events and activities were successful.

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

Partnering with the JW Marriott to bring resources and services directly to the staff members of the resort was a new and innovative idea which proved to be a great success. Partnerships with other large hospitality groups are being planned based on the success of this event.

## **GRANT PROGRESS REPORT #2**

### **Voices for Children, Grant # 1413**

#### **ABOUT THE ORGANIZATION**

Voices for Children  
2851 Meadow Lark Drive  
San Diego, CA 92123  
858-569-2019

**Progress Report Contact:**  
Brian Hutchins, Grants Officer  
brianh@speakupnow.org

#### **PROJECT INFORMATION**

**Project Title:** 1413 Court Appointed Special Advocate (CASA) Program

**Grant Term:** 11/01/2023 - 10/31/2024

**Total Grant Amount Awarded:** \$81,055.00

**Reporting Period:** 05/01/2024 - 10/31/2024

**Report Due Date:** 12/01/2024

#### **DESERT HEALTHCARE DISTRICT STRATEGIC PLAN ALIGNMENT**

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

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

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

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

#### **PROGRESS TOWARDS PROJECT DELIVERABLES**

Write your progress towards each project deliverable in the space below. Project deliverable numbers should ONLY reflect those directly funded by DHCD funds.

**Project Deliverable #1:**

By October 31, 2024, 40 underserved Coachella Valley youth in foster care will be matched with a CASA who will ensure that they receive primary and/or specialty healthcare services. This project goal coincides with the District and Foundation's Strategic Plan performance measure: "# of individuals who were connected to primary and specialty healthcare services in underserved communities" under strategy 2.7: "Utilize an equity lens to expand services and resources to underserved communities."

**Progress towards Deliverable #1:**

Voices for Children (VFC) is pleased to report that we met Deliverable #1. As of October 31, 2024, 21 additional underserved Coachella Valley youth in foster care were matched with Court Appointed Special Advocate (CASA) volunteers through this grant, for a total of 40 over the period of the grant. Of these 21 additional youth, 11 are girls and 10 are boys (18 girls and 22 boys for the full grant period). They range in age from 6 to 18 years. Thirteen of the 21 additional youth are Hispanic/Latino, four are Black/African American, and one is multiracial. For the full grant, 29 of the 40 youth are Hispanic, nine are Black/African American, and one is multiracial. The CASA volunteers are ensuring that the youth are receiving primary and, if necessary, specialty healthcare services. Each youth was referred for CASA services by judges, attorneys, and social workers. Each CASA volunteer completed 35 hours of initial training through Advocate University, VFC's internal CASA training program, and receives 12 hours of Continuing Education each year. VFC Advocacy Supervisors are monitoring each child's access to healthcare services through monthly updates from CASA volunteers. Advocacy Supervisors maintain detailed case notes about each child's overall health, emerging health issues, and medical care. Every six months, Advocacy Supervisors and CASA volunteers submit comprehensive court reports for each youth. These reports include information about the child's health, including their medical and dental exams, immunizations, prescribed medications, developmental milestones, and access to healthcare services.

**Project Deliverable #2:**

By October 31, 2024, the 40 underserved Coachella Valley youth in foster care who have been matched with a CASA will receive access to any necessary behavioral/mental health services.

This project goal coincides with the District and Foundation's Strategic Plan performance measure "# of individuals who were connected to behavioral/mental health services" under strategy 3.7 "Collaborate/partner with community providers to enhance access to culturally-sensitive behavioral/mental health services."

**Progress towards Deliverable #2:**

As of October 31, 2024, the 40 Coachella Valley youth in foster care who have been matched with CASA volunteers through this grant award are receiving access to any necessary behavioral and mental healthcare services. VFC Advocacy Supervisors monitor each child's behavioral and mental health on a monthly basis as they receive updates from the CASA volunteers. The comprehensive court report that Advocacy

Supervisors and CASA volunteers develop every six months includes information about each child's mental health, access to behavioral and mental healthcare services, therapeutic goals and progress, and any prescribed medications.

## **PROGRESS TOWARDS PERFORMANCE MEASURES**

Please provide your project's performance measure numbers as they align with your project deliverables and the identified Desert Healthcare District's strategy/strategies. Performance measure numbers should ONLY reflect the reporting period.

### **PM 2.7: # of Community Navigators trained:**

65

#### **Story Behind the Number:**

During the reporting period, VFC trained 65 new CASA volunteers (Community Navigators), including 10 from Desert Healthcare District cities (Desert Hot Springs, Indio, La Quinta, Palm Desert, and Palm Springs). Each of these new volunteers participated in 35 hours of initial training and multiple screening interviews and background checks before being matched with a child in foster care. VFC's CASA training, also called Advocate University, covers dependency law, child development, the impact of childhood trauma and abuse, privilege and bias, educational advocacy, and other relevant topics. Sixty-four of these new CASA volunteers are now advocating on behalf of children in foster care throughout Riverside County.

VFC relies on the selflessness of our CASA volunteers. They are the heart and soul of our organization. We ask a great deal of our volunteers in terms of time, commitment, and emotional involvement. CASA volunteers help to break down obstacles that stand in the way of youth in foster care to access the supportive services they need to address past trauma and create brighter, more hopeful futures. On average, volunteers spend 10 hours per month on their cases. Many volunteers report that they receive far more than they give through this experience.

VFC holds multiple information sessions each month for prospective CASA volunteers. In order to become a CASA, volunteers must be at least 21 years of age, have access to a car, maintain a clean driving record, and commit to serving for at least one year.

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

21

#### **Story Behind the Number:**

During the reporting period, VFC provided CASA advocacy to 504 Riverside County youth in foster care, including 21 youth from Desert Healthcare District cities who were funded by this grant. CASA volunteers ensure that children have consistent access to mental and physical healthcare services. CASA volunteers also communicate with medical providers; monitor children's health needs, medications, and referrals; and prevent needs from being overlooked.

Specifically, VFC trains and supervises our CASA volunteers to address any medical and dental concerns, including whether each child is current on their wellness exams and immunizations. CASA volunteers also collect and report information about any prescribed medications, any therapy (and whether it appears to be effective), and any other developmental or health related services, including physical therapy, occupational therapy, and speech therapy. In addition, for children 12 and up, CASA volunteers are trained and directed to determine whether each youth has received the required reproductive and sexual health care education and been informed by the social worker of their right to access and receive confidential medical care and resources pertaining to their reproductive health.

Each child and youth provided a CASA volunteer benefits from this advocacy based on their specific needs. Because CASA volunteers are able to spend much more time on the case (10–15 hours per month, on average) than can social workers with daunting social workers, CASA volunteers develop a keen understanding of each child and their unique circumstances. The children’s needs range from routine dental work and optometry needs to intensive therapy and developmental services.

**PM 3.6: # of Community Navigators trained:**

65

**Story Behind the Number:**

During the reporting period, VFC trained 65 new CASA volunteers (Community Navigators), including 10 from Desert Healthcare District cities (Desert Hot Springs, Indio, La Quinta, Palm Desert, and Palm Springs). Each of these new volunteers participated in 35 hours of initial training and multiple screening interviews and background checks before being matched with a child in foster care. VFC’s CASA training, also called Advocate University, covers dependency law, child development, the impact of childhood trauma and abuse, privilege and bias, educational advocacy, and other relevant topics. Sixty-four of these new CASA volunteers are now advocating on behalf of children in foster care throughout Riverside County.

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

21

**Story Behind the Number:**

During the reporting period, VFC provided CASA advocacy to 504 Riverside County youth in foster care, including 21 youth from Desert Healthcare District cities who were funded by this grant. CASA volunteers ensure that children have consistent access to mental and physical healthcare services. CASA volunteers also communicate with medical providers; monitor children’s health needs, medications, and referrals; and prevent needs from being overlooked.

Specifically, VFC trains and supervises our CASA volunteers to address any medical and dental concerns, including whether each child is current on their wellness exams

and immunizations. CASA volunteers also collect and report information about any prescribed medications, any therapy (and whether it appears to be effective), and any other developmental or health related services, including physical therapy, occupational therapy, and speech therapy. In addition, for children 12 and up, CASA volunteers are trained and directed to determine whether each youth has received the required reproductive and sexual health care education and been informed by the social worker of their right to access and receive confidential medical care and resources pertaining to their reproductive health.

Each child and youth provided a CASA volunteer benefits from this advocacy based on their specific needs. Because CASA volunteers are able to spend much more time on the case (10–15 hours per month, on average) than can social workers with daunting social workers, CASA volunteers develop a keen understanding of each child and their unique circumstances. The children’s needs range from routine dental work and optometry needs to intensive therapy and developmental services.

**Story Behind the Number/Percent:**

**PROGRESS ON THE DISTRICT RESIDENTS SERVED:**

**Total Number of District Residents Reached During This Reporting Period:**  
104

**Story Behind the Number:**

As of October 31, 2024, 104 underserved Coachella Valley youth in foster care were matched with Court Appointed Special Advocate (CASA) volunteers, including 40 children funded through this grant.

Each child in foster care has experienced multiple traumatic experiences in the form of child abuse and neglect at the hands of a caregiver or parent. Isolation and loneliness are hallmarks of foster care, as children are uprooted from their families, neighborhood friends, and schools and often placed with strangers in unfamiliar neighborhoods for their safety. The isolation, uncertainty, powerlessness, loneliness, hopelessness, and stigma inherent in foster care, combined with the trauma of past abuse and neglect, contribute to a long list of adverse impacts that individuals can experience during and after foster care. These impacts include myriad mental and physical health issues, barriers to healthcare, unstable housing or homelessness, insufficient elementary and secondary education, and lack of social connections.

Children in foster care are twice as likely as are their peers to have mental and physical health challenges, including developmental delays, anxiety, depression, asthma, obesity, and vision problems (Turney and Wildeman, “Mental and Physical Health of Children in Foster Care,” *Pediatrics*, Nov. 2016). Children in foster care score lower than their peers on most measures of well-being—they are more likely to have anxiety (5x more likely), behavioral challenges (6x), and depression (7x).



Of the 104 youth, 55 are boys, 48 are girls, and one is genderqueer. The youth range in age from 1 to 19 years old. Sixty-seven of the youth are Hispanic or Latino; 19 are Black or African-American; 19 are White or Caucasian; one is multi-racial; and one is of another race.

**Geographic Area(s) Served During This Reporting Period:**

Cathedral City, Coachella, Desert Hot Springs, Indio, La Quinta, Mecca, Palm Desert, Palm Springs, Thermal

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

**Please share any challenges and course corrections you may have experienced during this performance period such as reaching organizational capacity, partnerships, identified geographic areas and/or target populations, etc.**

VFC continues to face challenges in recruiting sufficient numbers of CASA volunteers. Although we continue to serve more children each and every year, the number of Riverside County in foster care continues to climb. This year, approximately 6,000 Riverside County youth are expected to spend time in foster care. While we served a record number of Riverside County youth in FY 2023–24 and will increase that number in FY 2024–25 to 625 youth overall, the reality is thousands of children in foster care go without the benefits of CASA advocacy each year. So prudent growth remains a priority for VFC. To bolster our recruitment efforts, we have hired an Outreach Coordinator to support our CASA Recruitment and Outreach Manager in organizing presentations, event booths, and more in order to boost awareness of the need for CASA volunteers particularly men, Spanish-speakers, and persons of color, throughout Riverside County. We support these efforts with marketing. Toward the end of the reporting period, VFC began an advertising campaign at the Palm Springs Airport in time for the busy holiday travel season. We expect this campaign and other marketing efforts to boost the number of Coachella Valley applicants so that we can more easily serve youth from the Coachella Valley and surrounding areas. This is a critical need, as CASA volunteers from the more populous western regions of the county are often reticent to accept appointments to children in the Eastern portion of the county due to long drives to visit youth and to attend important meetings and court hearings. We have also hired a program manager for our Palm Desert offices, providing additional support to those staff and CASA volunteers serving youth from the Coachella Valley and elsewhere in eastern Riverside County.

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

██████ has been ██████'s CASA since 2022 (names have been changed to preserve confidentiality). In June 2024, ██████ turned 18. He had been in group homes during his entire dependency and upon turning 18 he moved into an apartment in a transitional housing program and began to navigate life as an adult. ██████ began to have panic attacks and became extremely distressed during these episodes. He knew he could

always call CAASA [REDACTED] and she would listen and talk with him until he felt calm. CASA [REDACTED] also advocated for him to resume seeing his therapist for professional support. In addition, she played a critical role in keeping him enrolled in college, from which he was considering dropping out of due to poor grades. For example, when he faced transportation issues that prevented him from attending class, she advocated for a bicycle through the One Simple Wish program. He received the bike and is now able to attend class consistently. His grades—and fitness—are improving. VFC is very grateful for the support of the Desert Healthcare District, which is enabling us to provide more Coachella Valley children like [REDACTED] with the ongoing and comprehensive support of CASA advocacy from volunteers like [REDACTED].

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

# **FINAL GRANT REPORT**

## **Voices for Children, Grant # 1413**

### **ABOUT THE ORGANIZATION**

Voices for Children  
2851 Meadow Lark Drive  
San Diego, CA 92123  
858-569-2019

#### **Final Report Contact:**

Brian Hutchins, Grants Officer  
brianh@speakupnow.org

### **PROJECT INFORMATION**

**Project Title:** 1413 Court Appointed Special Advocate (CASA) Program

**Grant Term:** 11/01/2023 - 10/31/2024

**Total Grant Amount Awarded:** \$81,055.00

**Reporting Period:** 11/01/2023 - 10/31/2024

**Report Due Date:** 12/15/2024

### **DESERT HEALTHCARE DISTRICT STRATEGIC PLAN ALIGNMENT**

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

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

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

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

### **PROGRESS TOWARDS PROJECT DELIVERABLES**

Write your progress towards each project deliverable in the space below. Project deliverable numbers should ONLY reflect those directly funded by DHCD funds.

**Project Deliverable #1:**

By October 31, 2024, 40 underserved Coachella Valley youth in foster care will be matched with a CASA who will ensure that they receive primary and/or specialty healthcare services. This project goal coincides with the District and Foundation's Strategic Plan performance measure: "# of individuals who were connected to primary and specialty healthcare services in underserved communities" under strategy 2.7: "Utilize an equity lens to expand services and resources to underserved communities."

**Final Outcomes towards Deliverable #1:**

Voices for Children (VFC) is pleased to report that we met Deliverable #1. As of October 31, 2024, 40 underserved Coachella Valley youth in foster care were matched with Court Appointed Special Advocate (CASA) volunteers through this grant. Of these youth, 18 are girls and 22 are boys. They range in age from 5 to 19 years. For the full grant, 29 of the 40 youth are Hispanic, nine are Black/African American, and one is multiracial. The CASA volunteers are ensuring that the youth are receiving primary and, if necessary, specialty healthcare services. Each youth was referred for CASA services by judges, attorneys, and social workers. Each CASA volunteer completed 35 hours of initial training through Advocate University, VFC's internal CASA training program, and receives 12 hours of Continuing Education each year. VFC Advocacy Supervisors are monitoring each child's access to healthcare services through monthly updates from CASA volunteers. Advocacy Supervisors maintain detailed case notes about each child's overall health, emerging health issues, and medical care. Every six months, Advocacy Supervisors and CASA volunteers submit comprehensive court reports for each youth. These reports include information about the child's health, including their medical and dental exams, immunizations, prescribed medications, developmental milestones, and access to healthcare services.

**Project Deliverable #2:**

By October 31, 2024, the 40 underserved Coachella Valley youth in foster care who have been matched with a CASA will receive access to any necessary behavioral/mental health services.

This project goal coincides with the District and Foundation's Strategic Plan performance measure "# of individuals who were connected to behavioral/mental health services" under strategy 3.7 "Collaborate/partner with community providers to enhance access to culturally-sensitive behavioral/mental health services."

**Final Outcomes towards Deliverable #2:**

As of October 31, 2024, the 40 Coachella Valley youth in foster care who have been matched with CASA volunteers through this grant award are receiving access to any necessary behavioral and mental healthcare services. VFC Advocacy Supervisors monitor each child's behavioral and mental health on a monthly basis as they receive updates from the CASA volunteers. The comprehensive court report that Advocacy Supervisors and CASA volunteers develop every six months includes information about

each child's mental health, access to behavioral and mental healthcare services, therapeutic goals and progress, and any prescribed medications.

## **PROGRESS TOWARDS PERFORMANCE MEASURES**

Please provide your project's performance measure numbers as they align with your project deliverables and the identified Desert Healthcare District's strategy/strategies. Performance measure numbers should ONLY reflect the reporting period.

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

40

#### **Story Behind the Number:**

During the grant period, VFC provided CASA advocacy to 40 youth from Desert Healthcare District cities funded by this grant. CASA volunteers ensure that children have consistent access to mental and physical healthcare services. CASA volunteers also communicate with medical providers; monitor children's health needs, medications, and referrals; and prevent needs from being overlooked.

Specifically, VFC trains and supervises our CASA volunteers to address any medical and dental concerns, including whether each child is current on their wellness exams and immunizations. CASA volunteers also collect and report information about any prescribed medications, any therapy (and whether it appears to be effective), and any other developmental or health related services, including physical therapy, occupational therapy, and speech therapy. In addition, for children 12 and up, CASA volunteers are trained and directed to determine whether each youth has received the required reproductive and sexual health care education and been informed by the social worker of their right to access and receive confidential medical care and resources pertaining to their reproductive health.

Each child and youth who is provided a CASA volunteer benefits from this advocacy based on their specific needs. Because CASA volunteers are able to spend much more time on the case (10–15 hours per month, on average) than can social workers with daunting caseloads, CASA volunteers are able to develop a keen understanding of each child and their unique circumstances. The children's needs range from routine dental work and optometry needs to intensive therapy and developmental services.

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

40

#### **Story Behind the Number:**

During the grant period, VFC provided CASA advocacy to 40 youth in foster care from Desert Healthcare District cities who were directly funded by this grant. CASA volunteers ensure that children have consistent access to mental and physical healthcare services. CASA volunteers also communicate with medical providers;

monitor children's health needs, medications, and referrals; and prevent needs from being overlooked.

Specifically, VFC trains and supervises our CASA volunteers to address any medical and dental concerns, including whether each child is current on their wellness exams and immunizations. CASA volunteers also collect and report information about any prescribed medications, any therapy (and whether it appears to be effective), and any other developmental or health related services, including physical therapy, occupational therapy, and speech therapy. In addition, for children 12 and up, CASA volunteers are trained and directed to determine whether each youth has received the required reproductive and sexual health care education and been informed by the social worker of their right to access and receive confidential medical care and resources pertaining to their reproductive health.

Each child and youth provided a CASA volunteer benefits from this advocacy based on their specific needs. Because CASA volunteers are able to spend much more time on the case (10–15 hours per month, on average) than can social workers with daunting caseloads, CASA volunteers develop a keen understanding of each child and their unique circumstances. The children's needs range from routine dental work and optometry needs to intensive therapy and developmental services. Whatever their needs are, their CASA volunteer works to ensure they have access to the most appropriate services and resources to address those needs.

## **PROGRESS ON THE DISTRICT RESIDENTS SERVED:**

### **Total Number of District Residents Served During the Entire Grant Term:**

40

### **Story Behind the Number:**

During the grant period, 40 underserved Coachella Valley youth in foster care were matched with Court Appointed Special Advocate (CASA) volunteers through funding from this grant.

Of these youth, 18 are girls and 22 are boys. They range in age from 5 to 19 years. Overall, 87.5% of the youth served were of colored. Twenty-nine of the 40 youth are Hispanic or Latino, nine are Black/African American (including four who are Hispanic or Latino), and one is multiracial (non-Hispanic or Latino).

Each child in foster care has experienced multiple traumatic experiences in the form of child abuse and neglect. Isolation and loneliness are hallmarks of foster care, as children are uprooted from their families, neighborhood friends, and schools and often placed with strangers in unfamiliar neighborhoods for their safety. The isolation, uncertainty, powerlessness, loneliness, hopelessness, and stigma inherent in foster care, combined with the trauma of past abuse and neglect, contribute to a long list of adverse impacts that individuals can experience during and after foster care. These impacts include myriad mental and physical health issues, barriers to healthcare,

unstable housing or homelessness, insufficient elementary and secondary education, and lack of social connections.

Children in foster care are twice as likely as are their peers to have mental and physical health challenges, including developmental delays, anxiety, depression, asthma, obesity, and vision problems (Turney and Wildeman, "Mental and Physical Health of Children in Foster Care," *Pediatrics*, Nov. 2016). Children in foster care score lower than their peers on most measures of well-being—they are more likely to have anxiety (5x more likely), behavioral challenges (6x), and depression (7x).

**Geographic Area(s) Served During the Entire Grant Term:**

Cathedral City, Coachella, Desert Hot Springs, Desert Palms, Indio, La Quinta, Mecca, Palm Desert, Palm Springs, Thermal

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

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

During the grant period, VFC's greatest challenge was recruiting sufficient numbers of CASA volunteers to meet demand. Although we continue to serve more children each and every year, the number of Riverside County in foster care continues to climb, with 6,000 Riverside County children expected to spend time in foster care this year. This means, despite years of managed growth, we still serve only slightly more than 10 percent of the Riverside County children in foster care. At the time of the report, 149 children were on our waiting list to be assigned CASA volunteers. This lengthy list may limit the number of referrals we receive, as the judges, lawyers, and social workers who refer children to VFC save referrals for only those they consider at gravest need of advocacy. This keeps hundreds more children who would benefit from ongoing and comprehensive CASA advocacy from even being added to our waiting list. To bolster our recruitment efforts, we have hired an Outreach Coordinator to support our CASA Recruitment and Outreach Manager in organizing presentations, event booths, and more in order to boost awareness of the need for CASA volunteers particularly men, Spanish-speakers, and persons of color, throughout Riverside County. In addition, during the grant period, we established a CASA Outreach Team, a group of approximately 35 existing CASAs that will help us staff event booths, make presentations to community groups, and more. Their ability to share their positive experiences of being CASA volunteers resonates strongly with prospective volunteers. We support these efforts with marketing and have retained a public relations consultant to bolster our efforts throughout Riverside County. For example, toward the end of the reporting period, VFC began an advertising campaign at the Palm Springs Airport in time for the busy holiday travel season. We expect this campaign and other marketing efforts to boost the number of Coachella Valley applicants so that we can more easily serve youth from the Coachella Valley and surrounding areas. This is a critical need, as

CASA volunteers from the more populous western regions of the county are often reticent to accept appointments to children in the Eastern portion of the county due to long drives to visit youth and to attend important meetings and court hearings. We have also hired a program manager for our Palm Desert offices, providing additional support to those staff and CASA volunteers serving youth from the Coachella Valley and elsewhere in eastern Riverside County. Another challenge we face is that many Riverside County youth end up placed outside of Riverside County due to limited foster placements, a situation aggravated by the increasing numbers of youth in foster care. Too often, these youth cannot be assigned CASA volunteers due to logistical challenges in visiting them at least once a month. To counter this, VFC created a new position, a Distance Advocacy Specialist. The Distance Advocacy Specialist is a staff member who travels to visit youth placed outside of the county and build a trusting relationship, much as a CASA volunteer would visit with a youth placed within Riverside County. The key differences between our Distance Advocacy Supervisor and our CASA volunteers is that the Distance Advocacy Specialist has a caseload of youth, rather than a single child or sibling group, and the Distance Advocacy Specialist cannot hold a youth's educational rights. Thus far, this program has provided ongoing and comprehensive advocacy to more than 20 Riverside County youth placed outside of Riverside County.

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

Overall, VFC is very satisfied with the results of this project, which were largely as expected. We have been providing CASA services in Riverside County for nearly 10 years and in San Diego County for nearly 45 years. We understand why our program works as well as it does. That said, we are always trying to innovate and enhance the advocacy that we provide. With that in mind, here are five ways we could improve the project. 1) Increase Project Size: We are compelled to grow our program throughout Riverside County, including in the Desert Healthcare District service area, in order to provide comprehensive, ongoing CASA advocacy to more Riverside County children in foster care. Our growth is limited by our ability to raise funds, so we would seek additional funding if feasible. 2) Expand CASA recruitment initiatives. Our growth is also limited by the size of our volunteer corps. It is critical that we continue to recruit, screen, and train new CASA volunteers to advocate on behalf of children entering foster care every day. To this end, we would like to enhance our recruitment efforts in the service area. In addition, we will continue to hone our recruitment campaigns targeting underrepresented demographics in our volunteer corps, notable Spanish speakers and men. 3) Expand Program Reach: Currently, nearly 40% of Riverside County youth in foster care are ages 0-5; however, less than 10% of the children VFC serves in VFC are in that age range. CASA volunteers can make a tremendous impact on children in this age range, notably by ensuring that they receive beneficial developmental services, such as speech, physical, and occupational therapy as needed, and early childhood education. Early intervention can provide life-long benefits and prevent delays from becoming life-long impediments. VFC is actively educating judges, lawyers, and social workers about the benefits CASA volunteers can make through early intervention in



hopes of bolstering the number of referrals we receive for this age group. 4) Add Coachella Valley Staff: VFC recognizes the importance of having a physical presence in throughout Riverside County and is currently increasing the number of our Palm Desert-based staff in order to better serve the Desert Healthcare District service area and eastern Riverside County overall. 5) Expand Distance Advocacy Specialist program: VFC is very pleased with the early results of our Distance Advocacy Specialist program, in which a staff member travels to provide the ongoing and comprehensive advocacy of a CASA volunteer to youth placed outside of Riverside County. As the number of such youth has been increasing with the number of youth overall placed in foster care, this is a population that would be unserved if not for the Distance Advocacy Specialist.

**After the initial investment by the Desert Healthcare District and Foundation, how will the project be financially sustained?**

VFC is committed to the sustainability of the CASA program for years to come. Creating and maintaining a diverse revenue stream supports our sustainability. The fiscal year (FY) 2024–25 Riverside County CASA program budget is comprised of revenue generated primarily through foundation and corporate support (19%), government grants (73%), and individual philanthropy and other revenue (8%). We are striving to build our foundation, corporate, and individual support in the coming years. This will be especially important as more than half of our government funding, a three-year state appropriation for CASA programs administered by California CASA, is set to expire in 2026. We solicit support through grant requests, major gift solicitations, and direct mail campaigns. Our Community Advisory Committee is actively engaged in expanding the organization's visibility in the community and our network of supporters.

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

The following success stories demonstrate how CASA volunteers transform and improve the lives of children in foster care. Names have been changed to preserve confidentiality.

CASA [REDACTED] has been assigned to 15-year-old [REDACTED] for nearly two years. [REDACTED] recently ran away and was classified as a CSEC (commercial sexual exploitation of children) case. She also abuses marijuana. At an emergency meeting to address how to handle the situation, CASA [REDACTED] was very prepared. She made sure to touch base with the case team prior to the meeting to find details, connected with her VFC Advocacy Supervisor to discuss placement options and resources, and spoke articulately and professionally during the meeting. Although the team was unable to come up with an immediate solution, CASA [REDACTED] stayed on top of her advocacy and adamantly said that [REDACTED] needed a rehabilitation facility where she can be closely monitored. [REDACTED] also needs assistance with schooling, as it was not a good idea for her to go back to a public school where she has access to bad influences and marijuana. CASA [REDACTED] is continuing to demonstrate that she is the most stable and consistent adult presence for [REDACTED] and is highly invested in [REDACTED]'s physical and

mental health. CASA [REDACTED] did not stop advocating until [REDACTED] was placed in an appropriate facility to address all of her needs. CASA [REDACTED] said that her main concern is to make sure [REDACTED] feels like she can be herself and enjoy these last few years of her childhood as she should have been able to before she came into foster care.

CASA [REDACTED] has been [REDACTED]'s CASA for three years. This has been a challenging case due to frequent hospitalizations, behavior and mental health issues, and nearly 20 placement changes. CASA [REDACTED] had difficulties with this case due to difficulty in visiting due to distances and [REDACTED]'s frequent placement changes. Currently, [REDACTED] lives in a group home three hours away from CASA [REDACTED]; however, CASA [REDACTED] has recently been able to meet with [REDACTED] in person by arranging transportation with the group home. Although [REDACTED] has a hard time with authority figures, he respects CASA [REDACTED] and has never been disrespectful toward her. The CASA also shares educational rights with [REDACTED]'s mother. This has helped [REDACTED] get the services he needs, as his school attendance had been erratic due to the frequent placement changes and hospitalizations. [REDACTED] is now receiving therapy through his school and the group home and has been attending school consistently. His behaviors and school performance are both improving since he attained a measure of stability. CASA [REDACTED] remains the one consistent person in [REDACTED]'s life and has played a significant role in helping [REDACTED] gain stability at long last.

CASA [REDACTED] is a great advocate for [REDACTED]'s mental health. [REDACTED] recently contacted CASA [REDACTED] after she was taken to the principal's office because she was being bullied. She told CASA [REDACTED] how she was embarrassed and scared that this could escalate. CASA [REDACTED] went to the school in person and was able to speak to [REDACTED]. CASA [REDACTED] helped [REDACTED] understand her feelings and gave them validation. [REDACTED] has requested therapy for the last couple of months, but since she had to move, the request took longer than usual and was then declined. However, CASA [REDACTED] continued to work with the social worker to find an appropriate therapy program near [REDACTED]'s new placement. One month ago, [REDACTED] finally began sessions with her new therapist and is optimistic that the therapy will help.

**Is there anything else (*not related to the grant funding*) that you feel is important to share with the Desert Healthcare Board and Staff?**

VFC greatly appreciates the support and partnership of the Desert Healthcare District Board and staff. Together, we have improved the lives of more than 100 Coachella Valley youth in foster care since 2019. We look forward to continuing to work with the Desert Healthcare District as we grow and transform the lives of many more vulnerable youth throughout the Coachella Valley.

## Grant Progress Report

**Organization Name:** Lift to Rise

**Grant #:** 1391

**Project Title:** Driving Regional Economic Stability Through Collective Impact

**Contact Information:**

Contact Name: Heather Vaikona

Phone: 760-601-5578

Email: heather@lifttorise.org

### Grant Information

**Total Grant Amount Awarded:** \$900,000.00

**Grant Term (example 7/1/22 – 6/30/23):** 6/1/23 – 5/31/26

**Reporting Period (example 7/1/22 – 10/31/22):** 9/1/24 – 11/30/24

### Desert Healthcare District Strategic Plan Alignment

**Goal:** 5

**Strategy:** 5.1, 5.2, 5.3, 5.4

### Progress This Reporting Period

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

**Progress of Goal #1:** (Goal from grant proposal in black, progress in green)

Identify 3,000 units/year that meet criteria for the affordable housing pipeline (with an emphasis on colocation with healthcare and childcare facilities) and move 50% of pipeline projects to development:

- Identify 3,000 new units for pipeline by 12/31/2023 and another 3,000 by 12/31/2024
  - During the reporting period, approximately 120 additional affordable units have been added to the pipeline, bringing the total to nearly 7,720 units.
- Review local housing elements and creatively activate or re-purpose vacant land in partnership with county and municipal governments, school districts, utilities and others

- We have continued to look for vacant land and spot opportunities for development outside of the traditional government-owned parcels. During the reporting period, we have met with representatives from three different potential projects – two in Desert Hot Springs and one in unincorporated Riverside County – who are private landowners wishing to build affordable housing on vacant parcels. We have provided them with technical assistance around financing and connections with local affordable housing developers. We also provided technical assistance to a project in Palm Springs that is being developed by a local church around the use of SB4, a recent state law that allows for streamlining of affordable housing projects on faith-based institution land.
- Develop criteria for health and Early Childcare and Education co-location, and develop healthcare and childcare plans to be connected to housing
  - Lift to Rise has continued to collaborate with Build Up Riverside and affordable housing developer Abode Communities on the ECE center in their upcoming project in the City of Indio called Sonora Homes. We have also made progress in securing partnerships with healthcare providers for potential co-location projects, as indicated by Lift to Rise’s participation in Riverside University Health Systems’ (RUHS) Riverside County Health Coalition. Lift to Rise has also continued to strengthen our partnerships with Inland Empire Health Plan (IEHP) and DAP Health, which includes advocacy for the combination of affordable housing and healthcare services. Lift to Rise was proud to attend the ribbon cutting for the Vista Sunrise project in Palm Springs, located on DAP Health’s campus, to which Lift to Rise’s Catalyst Fund deployed a crucial predevelopment loan.
- Identify 3-4 infrastructure plays that could accelerate development.
  - During the reporting period, Lift to Rise met with MSA Consulting, a planning and entitlements firm that works with local affordable housing developers to get connected to power via local utility providers SCE and IID. In this meeting, Lift to Rise was able to better understand additional infrastructure barriers that affordable housing developers face and was able to formulate suggested improvements for IID to better serve affordable housing developments. We also met with State Senator Steve Padilla, whose district includes the Eastern Coachella Valley and most of Imperial County – and therefore IID’s territory – to further discuss strategies for addressing challenges with IID’s power capacity which is holding back development.

Evaluation Plan for Goal #1: (Plan from grant proposal in black, metrics from reporting period in green)

- Monitor and track the # of units identified (120 during reporting period) as well as the # of units that move from planned to under development in the “Development Status” field within our Affordable Housing Pipeline Portal (120 during reporting period).
- Monitor and track the # of sites within each city’s Housing Element Update sites

inventory that are being considered for affordable housing development via an RFP process issued by a city or negotiations with an affordable housing developer (3 during reporting period across cities with compliant housing elements).

- Monitor and track the # of projects that have an ECE facility either co-located within the development or associated with the development (2 during reporting period); monitor and track the # of projects that have health facility either co-located within the development or associated with the development (1 during reporting period).
- Monitor and track the # of catalytic infrastructure investments made and the \$ amount of those investments (0 during reporting period); monitor and track the # of affordable units unlocked via such investments (0 during reporting period).

**Progress of Goal #2:** (Goal from grant proposal in black, progress in green)

Grow We Lift: the Coachella Valley's Housing Catalyst Fund's lending pool to more than \$60 million that will be invested in moving projects to development

- Raise \$30 million in grants for We Lift's loan loss pool, which will be matched by \$30 million in CDFI and other funds to support predevelopment costs, helping developers secure land and permanent financing to move to construction
  - During the reporting period, Lift to Rise has continued the lengthy process of working with SCAG to arrive at a Scope of Work, MOU, and other details required by SCAG to release the \$5 million in REAP 2.0 funds to the Catalyst Fund. This will amount to an additional \$10 million in loan capital available to meet demand for loans in the ecosystem. We anticipate a fully executed MOU during the next reporting period. Lift to Rise has also made proposals to several local cities, urging them to contribute capital to the Catalyst Fund, as well as actively soliciting philanthropic contributions.
- Raise \$10 million in grant dollars to support housing connected to health and ECE outcomes
  - During the reporting period, no funds were raised to support housing connected to health and ECE outcomes – fundraising for these efforts will occur in subsequent reporting periods during the three-year grant term.
- Deploy We Lift loans to at least four projects per year
  - During the reporting, Lift to Rise deployed loans to two projects: one multifamily rental apartment project in Coachella and one senior rental apartment project in Coachella, both being developed by local non-profit affordable housing developer Coachella Valley Housing Coalition. Together, these projects represent an additional 150 units of affordable housing made possible by the We Lift Catalyst Fund.
- NOTE – Lift to Rise is not proposing that District funds be allocated into the We Lift fund – the funds will be used as organizational operating support, which includes administering the We Lift fund and building the local market for affordable housing investment.

Evaluation Plan for Goal #2: (Plan from grant proposal in black, metrics from reporting period in green)

- Track the \$ amount of funding secured for the We Lift fund (\$0 million during reporting period)
- Track the \$ amount of funding leveraged to support housing connect to health and ECE outcomes (\$0 during reporting period)
- Track the # of loans deployed to projects (2 during reporting period)
- Track the # of units catalyzed through deployed loans (150 during reporting period)

**Progress of Goal #3:** (Goal from grant proposal in black, progress in green)

Advocate for changes in federal and state regulations for affordable housing programs that remove barriers for our region and align our local jurisdictions in establishing pro-housing policies that support development.

- Federal focus: Seek opportunities for the region to access CDFI Capital Magnet Fund and HUD and USDA housing programs.
  - During the reporting period, Lift to Rise and Housing CAN partners developed a list of policy and regulatory priorities for federal agencies. However, given the election results, our strategy will need to shift to build a framework with bi-partisan appeal. We also met with US Senator Alex Padilla's office to start to build a relationship and delivered his office a set of federal policy recommendations. In the next reporting period, we plan to reach out to and make inroads with newly elected Senator Adam Schiff as well as continue to work with incumbent Members of Congress Representatives Ken Calvert and Raul Ruiz to continue to bring resources to our region.
- State focus: Re-orient climate and density goals to fit inland California regions in the guidelines and regulations of state funding programs.
  - During the reporting period, Lift to Rise produced a set of proposed changes to TCAC and CDLAC scoring methodologies that, if accepted by those state agencies, would make affordable housing projects in our region more competitive for Low Income Housing Tax Credits. We are now in the process of soliciting feedback on and support of our proposed changes from other statewide affordable and rural housing advocates so that we may submit these changes to TCAC and CDLAC in coalition with multiple partners.
- County focus: Work with health and childcare agencies to support affordable housing tied to health and ECE, and unlock new funding for development
  - During the reporting period, Lift to Rise hosted a Developer's Roundtable targeted at city and developer partners in the Housing CAN. The roundtable's focus was unlocking new funding for affordable housing development outside of the Low Income Housing Tax Credit (LIHTC) Program. We welcomed three experts in LIHTC alternative financing

including municipal bonds, federal agency financing, and non-profit bonds, who gave presentations and then technical assistance to developers and city staffers working on projects locally. The roundtable was attended by over 40 folks.

- City focus: Support all nine Coachella Valley cities to earn the HCD Pro-Housing Designation and with emphasize by right development and streamlined entitlement.
  - During the reporting period, Lift to Rise advised the City of Palm Springs on the requirements and process for obtaining the HCD Pro-Housing Designation.

Evaluation Plan for Goal #3: (Plan from grant proposal in black, metrics from reporting period in green)

- Monitor and track # of affordable housing / infrastructure-related NOFAs and funding opportunities made available via Federal agencies that apply to local governments or community based organizations in our region (1 during reporting period).
- Monitor and track the # of public comments for bills and regulations at the State level that Lift to Rise and partners submitted (12 during reporting period); # of bills and regulations updated as a result of our shared advocacy (0 during reporting period).
- Monitor and track the # of local jurisdictions, including Riverside County, who have applied for the Pro-housing Designation (0 during reporting period); monitor and track the # of local jurisdictions, including Riverside County, who have received the Pro-housing Designation (0 during reporting period).
- Monitor and track the # of healthcare and ECE agencies engaged around collaborative efforts to co-locate affordable housing with health and ECE infrastructure (2 during reporting period).

**Progress of Goal #4:** (Goal from grant proposal in black, progress in green)

Educate and activate resident leaders, partners, and public officials to advocate for affordable housing in the region.

- Build a compelling case for affordable housing and support media and materials through work with The Case Made and Swell Creative Group.
  - During the reporting period, Lift to Rise hosted its Second Annual Community Investment Awards, which honored local, state, and national leaders prioritizing equity and investment in the Coachella Valley. The event was part of an overarching strategic communications campaign to make the case for affordable housing and collaborative action around our regional housing needs. The work of Lift to Rise and the Housing CAN was also featured in several national media pieces including a piece by the Collective Impact Forum, a piece in the Stanford Social Innovation



Review, and a podcast by the Brookings Institution. Our strategic communications team has become stronger recently such that we no longer require the services of communications firms The Case Made and Swell Creative Group.

- Identify other housing advocates in the region and build partnerships around shared agenda interests:
  - Lift to Rise deepened its partnerships with several organizations, including Housing California, California Coalition for Rural Housing, and Inland Empire Latino Lawyers Association.
- Activate the Resident Leadership Table to educate residents and increase civic engagement through attendance at public meetings, letters of support, and other activities:
  - Three meetings were held with the Resident Leadership Table during the reporting period, continuing to mobilize residents to provide public comments at city council meetings. Approximately 24 residents participated, focusing on supporting housing projects in the cities of Indio, Coachella, and Palm Springs.
- Mobilize CAN members and their networks to support affordable housing proposals:
  - Lift to Rise held two meetings with the Housing CAN during the reporting period, successfully mobilizing members to give public comment on key city housing policy discussions, including policy changes in Desert Hot Springs and Cathedral City. The members' coordinated efforts contributed to favorable city council outcomes for pro-housing policies.
- Design and deliver curricula to educate public officials and community members who wish to advocate for affordable housing:
  - This deliverable has been completed.
- Develop materials and work with partners to equip elected and appointed public officials with data and arguments in support of affordable housing:
  - Ongoing efforts to provide public officials with compelling data and visuals continued. These materials are core to our ongoing advocacy campaigns.

Evaluation Plan for Goal #4: (Plan from grant proposal in black, metrics from reporting period in green)

- Monitor and track the # of community residents actively participating in the Resident Leadership Table (25 during reporting period).
- Monitor and track the # of community residents attending Lift 101 and Lift to Rise Townhall events (22 during reporting period).
- Monitor and track the # of community residents mobilized in support of affordable housing projects at local city council and planning commission public meetings



(24 during reporting period).

- Monitor and track # of local elected officials engaged around an affordable housing education campaign / curriculum targeted at local elected officials (16 during reporting period).

**Progress of Goal #5:** (Goal from grant proposal in black, progress in green)

Build and sustain the capacity of Lift to Rise to serve as backbone organization for the Housing CAN, provide thought leadership in the region around affordable housing and its fundamental relationship with health and economic dignity, and administer We Lift: the Coachella Valley's Housing Catalyst Fund.

- During the reporting period, Lift to Rise has provided several professional and leadership development opportunities for staff and for Housing CAN partners.

Evaluation Plan for Goal #5: (Plan from grant proposal in black, metrics from reporting period in green)

- Monitor and track the # of employees hired by Lift to Rise and the length of time they stay at the organization (0 during reporting period)
- Monitor and track the # of professional development trainings/resources accessed by Lift to Rise employees (3 during reporting period).

### **Progress on the Number of District Residents Served**

**Number of Unduplicated District Residents Directly Served During This Reporting Period:** 400

**Number of Unduplicated District Residents Indirectly Served During This Reporting Period:** 1,200

### **Please answer the following questions:**

- **Is the project on track in meeting its goals?** Yes, the project is on track to meeting its goals.
- **Please describe any specific issues/barriers in meeting the project goals.** At this moment, we have not experienced specific barriers to meeting project goals.
- **If the project is not on track, what is the course correction?** N/A
- **Describe any unexpected successes during this reporting period other than those originally planned.** N/A



## **Grant Progress Report**

**Organization Name:** Jewish Family Service of the Desert

**Grant #:** 1362

**Project Title:** Mental Health Counseling Services for Underserved Coachella Valley Residents

### **Contact Information:**

Contact Name: Kraig Johnson  
Phone: (760) 325-4088 ext. 101  
Email: kjohnson@jfsdesert.org

### **Grant Information**

**Total Grant Amount Awarded:** \$160,000.00

**Grant Term (example 7/1/22 – 6/30/23):** 11/1/22 – 10/31/24

**Reporting Period (example 7/1/22 – 10/31/22):** 5/1/24 – 10/31/24

### **Desert Healthcare District Strategic Plan Alignment**

**Goal:** Goals #3, #4, and #5

**Strategy:** Strategies 3.2, 3.4, 3.7, 4.1, 4.5, 5.1, and 5.2

### **Progress This Reporting Period**

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

Jewish Family Service of the Desert (JFS) continues to provide mental health counseling services to Coachella Valley residents, made possible, in part, through the generous support of the Desert Healthcare District & Foundation.

During the 6-month reporting period, 321 unduplicated Coachella Valley residents received mental health counseling services. This number is less than reported in the previous quarter, primarily due to a slowing of received referrals from insurance providers. Historically, it is not unusual to see a slowing of referrals during this period,

and JFS has been in contact with all providers to remind them that we are available to serve their clients with minimal wait times for initial assessments.

The “Increasing Current and Future Access to Mental Health Services in the Coachella Valley” program continues to grow; we added a small number of partner agencies during the reporting period. The agency now has 6 clinical interns, and two of the interns have expressed an interest in offering support for youth, 5-17 years old. To help identify agencies whose clients fall within this age range, JFS contacted the Anderson Children’s Foundation (ACF) who referred JFS to ACF’s published list of grantees. This led to an agreement with About Families, and JFS will be providing in-person support to About Families’ clients. In addition to About Families, JFS has also partnered with the Alzheimer’s Association of the Coachella Valley and OneFuture Coachella Valley during this reporting period, bringing the number of partnering agencies to seventeen (17). Discussions with Xavier College Preparatory High School and Cathedral City High School to offer no-cost counseling to their students have recently begun.

JFS currently has six clinical interns, but our supervision capacity will be lessened somewhat as full-time therapist and intern supervisor Christina Baisden leaves the agency to focus on her private practice. Fortunately, a current part-time therapist will take on Christina’s supervision, but the overall agency clinical bandwidth will be somewhat diminished.

During the reporting period, 3,070 clinical sessions were completed. 2698 of those sessions were offered via telecare, and 258 of those sessions were completed by clinical interns. The number of clinical services offered remains steady despite the fact that our estimate of unduplicated clients during the reporting period was not met.

**Progress of Goal #1:** Goal #1: 1,344 counseling clients per fiscal year

During the reporting period, JFS provided counseling services to 321 unduplicated clients. JFS provided services to 462 unduplicated clients during the last reporting period, bringing the yearly total to 783, much less than anticipated in Goal #1. The intentional reduction of unduplicated clients has been previously reported. Due to financial constraints realized at the end of the 2023-2024 fiscal year, JFS had to lay off a part-time clinician, leading to an additional reduction in the number of unduplicated clients seen. Currently, the agency is within budgetary expectation, and no further layoffs are anticipated. Additionally, the laid off clinician was falling far short of productivity expectations, unduly cancelling client sessions without reason. We believe current productivity expectations and levels are sustainable and will help the program remain solvent.

**Progress of Goal #2:** Goal #2: 70% of adult clients (847) will attend 3 or more sessions.

Of the 321 unduplicated clients this reporting period, 286 were adults. Of the 286 adult

clients, 250 attended 3 or more sessions, representing 87% of the adult client population. This number exceeds the mark noted in Goal #2 and illustrates adult clients who are “engaged” in achieving their clinical goals. As previously noted, research shows that attending a minimum number of sessions is typically required to achieve positive clinical outcomes.

**Progress of Goal #3:** Goal #3: 100% of adult clients will be administered depression screening tools.

As previously reported, JFS has a new electronic health record (EHR), and it includes a client portal that makes it easier for clients to provide necessary paperwork while making it easier for JFS to send clients information. As part of the onboarding process, all new clients are asked to complete a depression screening tool, i.e., a “mood scale,” and results are provided to clinicians prior to or during the initial assessment. Clients are reissued the same scale, and results are compared to initial findings to help clinicians measure clinical progress. All of the clients’ mood scale information is maintained with the EHR, streamlining clinical monitoring. Through the JFS onboarding process, Goal #3 was met.

**Progress of Goal #4:** Goal #4: 10 local youth will attend the "Whole Soul" group in FY23.

Goal #4 was not met during the reporting period. The “Whole Soul” group has been suspended due to lack of client engagement. The JFS Clinical Director queried the clinical team and two parent teams of previous Whole Soul clients to help determine why the interest in participating has decreased. Our best estimate is that youth are reluctant to share their feelings among a group of peers, even if there is a promise of confidentiality. Youth appear willing to share feelings willingly in a private setting, but there appears to be feelings of embarrassment brought on by the group dynamic. Parents indicated a desire to honor their children’s preferences, although there was some indication that parents’ participation was made difficult because of their need to attend to an otherwise busy schedule. It was clear, however, that the parents who were queried would make the addition to their schedule if their children requested it. While we believe in the benefits of the Whole Soul curriculum, it appears that youth are less willing to engage in group counseling.

Members of the JFS clinical team note using aspects of the Whole Soul curriculum in their one-on-one clinical sessions with youth clients.

**Progress of Goal #5:** JFS ensures that all adult clients are made aware of JFS case management services in two ways. First, availability is noted in new client paperwork, and the receipt of client attestation that all intake information has been reviewed is the first step. Secondly, the JFS clinical team has been instructed to personally inform adult

clients of case management services, and many counseling clients take advantage of the seamless referral. All referrals to the case management program are responded to, and JFS seeks to offer support to all those clients. But, referrals received from the JFS counseling program take on special consideration due to the understanding that these clients are often facing additional challenges and barriers that may prevent them from connecting to support otherwise. We believe that goal #5 is met in all cases.

## **Progress on the Number of District Residents Served**

**Number of Unduplicated District Residents Directly Served During This Reporting Period:** 321

**Number of Unduplicated District Residents Indirectly Served During This Reporting Period:** 1,445

### **Please answer the following questions:**

- **Is the project on track in meeting its goals?**

JFS is on track to meet Goals #2, #3, and #5, but Goals #1 and #4 will not be met.

- **Please describe any specific issues/barriers in meeting the project goals.**

Goal #1 will not be met for a number of reasons. First, as previously described, the number of new referrals was intentionally reduced to ensure an appropriate number of sessions were available for existing JFS counseling clients. Accepting new referrals limits the availability of sessions; JFS clinical bandwidth is finite, and we've been unable to add new licensed clinical staff. This, we believe, is due to our need to keep clinical staff salaries in the "moderate" range, and we know of agencies offering higher salaries under an independent contractor model. This model, however, was made illegal in California with the advent of state law AB5 that went into effect on January 1, 2020. Despite our moderate salaries and, we believe, our generous 28% benefits package and the maintenance of a "staff-friendly" environment offer us a chance to add clinical staff. But, we continue to have difficulty adding licensed clinicians to our staff. Further complicating these efforts is the realization that clinicians need to maintain at least a 90% productivity mark in order to be "profitable," and the current rate of late-cancellations and no-shows makes this goal difficult to achieve.

Goal #4 will not be met because the "Whole Soul" group has been suspended due to lack of client engagement. We continue to offer counseling services to all three local

school districts and individual schools, and we believe that Whole Soul can be successful in an intensive outpatient program (IOP) setting such as a school.

**If the project is not on track, what is the course correction?**

In order to serve an elevated number of unduplicated clients, JFS needs to increase its clinical bandwidth. We believe there are at least two means by which this can be accomplished: add clinical staff by continuous marketing and, perhaps, by increasing proposed salaries. This, of course, means increasing financial support for the clinical program, whether that be through philanthropic gifts or grants. The state's CalAIM initiative is an effort to improve Medi-Cal services by the addition of ancillary benefits for clients, but there may also be a way to increase clinical staff through the movement's "PATH" provision. JFS will seek to learn more about this potential opportunity and if it can be used to increase clinical bandwidth. JFS will also seek to continue to add clinical interns to the staff roster, but doing so means increasing the agency's ability to offer supervision. The current staff supervisors are at their limit, and we cannot afford (literally) to reduce the number of clients they see in order to increase supervision bandwidth. We believe that we're currently at our limit in hosting clinical interns, but marketing for additional licensed staff will continue.

As noted above, the agency is currently experiencing an approximate 15%-20% late-cancellation or no-show rate. To combat this, the agency has begun maintaining client credit card information in order to "automatically" charge a nominal fee for those occurrences. This, of itself, will not make up for the financial loss, but we hope that it becomes a deterrent for continued cancellations.

The agency is also considering adding fundraising opportunities to increase philanthropic support for the counseling program. To this end, a potential golf fundraiser is being considered. Interestingly, some Board members believe that JFS should reduce the number of events offered in exchange for a "large" event, citing the potential to "burn out" patrons and donors with the addition of fundraising events. All options will continue to be considered.

Finally, JFS will continue to seek out novel marketing opportunities, and the use of social media platforms to recruit out-of-state clinicians who may be more willing to accept a "moderate" California salary range.

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

One of the benefits of engaging with so many partner agencies to offer no-cost counseling is being able to offer additional support, when needed and appropriate. Family YMCA of the Desert hosts a summer camp at Camp Oakes near Big Bear Lake, California, and JFS provided scholarships to nine kids, enabling their participation in the camp. The offer to provide no-cost counseling led to a discussion

of additional JFS services, including the camp scholarships. JFS views this as an unexpected success.

# **Final Report**

**Organization Name:** Jewish Family Service of the Desert

**Grant #:** 1362

**Project Title: Mental Health Counseling Services for Underserved Coachella Valley Residents**

## **Desert Healthcare District Strategic Plan Alignment**

**Goals #3** Proactively expand community access to behavioral/mental health services

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

**Strategy 3.4** Provide funding support to Community-Based Organizations providing tele-behavioral/mental health services (Priority: High)

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

## **Grant Information**

**Total Grant Amount Awarded:** \$160,000.00

**Grant Term (example 7/1/22 – 6/30/23):** 11/01/2022 – 10/31/2024

**Reporting Period (example 7/1/22 – 10/31/22):** 11/01/2022 – 10/31/2024

## **Contact Information:**

Contact Name: Kraig Johnson

Email: kjohnson@jfsdesert.org

## **Final Progress:**

### **Final Outcomes on Goals and Evaluation**

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



# Final Report

**Goal #1:** For the grant term of 11/1/2022 through 10/31/2024 JFS will provide low- or no-cost mental health counseling services for 1,344 unduplicated clients per year for two years. (2,688 over the grant term)

**Final Progress of Goal #1:** For the grant period, Jewish Family Service of the Desert (JFS) offered low- or no-cost counseling services to 1,143 unduplicated clients.

**Final Evaluation of Goal #1:** The number of unduplicated counseling clients served during the two-year grant period is noticeably less than anticipated. As the last two 6-month reports described, we believe a few significant factors contributed to this realization. First, and probably most importantly, the JFS clinical team, led by JFS Clinical Director Judith Monetathchi, LMFT, noted that the agency's historic rate of referral acceptance did not offer enough counseling sessions to existing clients. In other words, we were accepting too many new clients rather than ensuring available counseling sessions for current clients. This compelled the agency to intentionally reduce the number of incoming referrals by contacting insurance providers. In response, insurance providers reduced their referrals, and we're receiving about 10 total referrals per month, on average.

**Goal #2:** For the grant term of 11/1/2022 through 10/31/2024 at least 70% of JFS' adult mental health clients (847 clients) each year will attend three or more counseling sessions.

**Final Progress of Goal #2:** During the program period, 84% of adult counseling clients attended three or more counseling sessions, easily surpassing the 70% goal. As noted, the overall number of clients achieving this goal was less than expected, but the percentage goal was met.

**Final Evaluation of Goal #2:** JFS counselors continue to offer meaningful support as noted by the high rate of client engagement. Attending three counseling sessions is used as a measure of engagement, believing that increased client engagement leads to better clinical outcomes.

**Goal #3:** For the grant term of 11/1/2022 through 10/31/2024 JFS therapists will administer a depression scale to 100% of adult counseling clients (1,210 clients) annually.

**Final Progress of Goal #3:** The goal of administering a depression scale to 100% of

# Final Report

JFS counseling clients was reached.

**Final Evaluation of Goal #3:** Goal #3 was reached because A) new adult clients are asked to complete a depression scale as part of their new client paperwork and/or B) clinicians either review scale results or issue a scale during the first session (assessment). JFS clinicians realize the importance of setting clinical expectations and monitoring progress. Clinicians and clients agree to clinical goals during the assessment, and mood scale results, along with client-reported information, are used to track progress toward achieving those goals.

**Goal #4:** In FY23, JFS will launch the “Hole Soul to a Whole Soul” group, which will engage with at least 10 local youth.

**Final Progress of Goal #4:** Four (4) local youth engaged in the “Hole Soul to a Whole Soul” group during the program period.

**Final Evaluation of Goal #4:** We’re very disappointed that the “Whole Soul” group was not more popular. We believe that the curriculum is strong, the exercises were appropriate, and the outcomes would have been significant. The four clients who completed the program, along with their parents, agree. The JFS clinical team believe the lack of interest in participating stems mainly from stigma, embarrassment, and fear of being ridiculed; many youth do not feel comfortable sharing their feelings around others, and the opinions of their peers matter greatly.

**Goal #5:** For the grant term of 11/1/2022 through 10/31/2024: JFS will ensure that 100% of adult mental health clients (1,210 clients) are aware of case management services, including emergency financial assistance.

**Final Progress of Goal #5:** All adult counseling clients (989 adult clients) served during the program period were made aware of case management services.

**Final Evaluation of Goal #5:** The onboarding process for new counseling clients includes the provision of information about ancillary JFS services, including case management services. Clients are asked to “check a box” denoting their review and understanding of the information during the new client registration process. Further, clinical team members are instructed to run through much of this information during new client assessments, with a special emphasis on ensuring client understanding of available case management support.

# **Final Report**

## **Final Number of District Residents Served:**

**Proposed number of District residents to be directly served: 2,688**

**Final number of District residents directly served during the entire grant term:  
1,143**

## **Please answer the following questions**

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

Several barriers to meeting stated goals were encountered during the program period. First, JFS saw a reduction in our clinical bandwidth due to the retirement of a full-time therapist and the layoff of a part-time therapist. Neither of these were expected; the full-time therapist gave the agency two-month's notice, and the part-time therapist was laid off in June, 2024 due to a fiscal year budgetary shortfall and her lack of productivity.

JFS currently has seventeen partners in its "Increasing Current and Future Access to Mental Health Services in the Coachella Valley" program that utilizes supervised interns to provide no-cost counseling. We expected a significant number of referrals for counseling services through this program, but referrals have not been received at a notable rate. Partner agencies inform us that their clients are either reluctant to engage in therapy because "they don't need it" or that clients prefer to utilize their insurance to engage with a licensed clinician. The promise of no-cost services with minimal wait times has not been enough to convince many to engage with the program.

Reluctance to engage in the "Whole Soul" group cohort, we believe, stems from youth client concerns about sharing their thoughts with and around peers, potential fallout from sharing, and the stigma that still comes with receiving mental health services. Engaging with parents has been historically difficult, and the results of minimal interest from parents to participate in "Whole Soul" programming is further evidence of this reluctance.

But, the main barrier preventing our attaining of the proposed unduplicated client number was our intentional reduction of accepting new referrals to ensure the availability of an appropriate number of sessions for existing clients. We continue to believe that this was an appropriate step, and client progress noted by those reaching at least one clinical goal and improved mood scale scores, supports this supposition.

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

Our connection to partner agencies has led to their increased understanding of JFS'

# Final Report

capabilities and increased requests for services. Specifically, we have seen a noticeable increase in referrals to the JFS Case Management program from partners in addition to an increased number of camp scholarship applications. Case management referrals have primarily been requests for emergency financial assistance, and several requests have been approved. Our modest awards (typically \$200-\$400) are often enough to stabilize a household's finances, and offering awards of this size allows us to service many more clients than we could if awards were larger. Of course, we'd relish the chance to offer more significant support, but we believe our model best serves our community because of our limited pass-through funds. To date, we've offered scholarships to 24 local youth who participate in partner programs, and we're excited to be able to continue to offer the Debra Dann Kay Campership program.

As described earlier, JFS did not receive as many referrals for no-cost counseling from partner agencies as expected. This led to the need to engage with a larger number of partners than originally estimated. The success in this is that more local service providers connected with JFS. We've had the opportunity to refer several of our clients to partners, and onboarding, we believe, was made much more quickly because of the established relationship. When we began the program, we underestimated the benefits our clients would receive through these partnerships.

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

The JFS Counseling program is supported by four income sources: reimbursement from insurance providers, grants, philanthropic gifts (fundraisers), and income gained by investing the agency's endowment funds in "safe" financial vehicles, currently treasury bills and/or certificates of deposit (CD's). The program will continue to be sustained through these sources. Accordingly, the management team, Board of Directors, and volunteers are seeking ways to improve returns in all these areas. The JFS Office Manager continues to lobby insurance providers to increase reimbursement rates, and she works with a revenue cycle management service (RCMS) through the agency's electronic health record (EHR) provider to maximize insurance reimbursement procurement.

We're considering expanding our fundraising efforts to include a golf (putters) tournament in April, 2025, and we've asked our Board members to host "parlor" meetings, gathering small groups of friends for a fun, social event that also includes a brief presentation from the JFS Executive Director and/or the JFS Director of Major Gifts and Fundraising. We've found that 1) many people do not know of JFS' services and 2) those who can support the agency are much more likely to do so once they are informed of the agency's good works.

We'll continue to invest endowment funds in safe financial vehicles; over the last two years, we've earned nearly \$50,000 in investment returns.

Lastly, we'll be exploring additional opportunities to support the program via grants

# **Final Report**

through the state's CalAIM program, specifically, the PATH provision of CalAIM. And, we have a goal of submitting an application to the Substance Abuse and Mental Health Services Administration (SAMHSA) to help support our counseling program.

Mental health counseling continues to be an increasing need locally and throughout our region, and JFS remains committed to providing low- to no-cost counseling services via in-person and telecare platforms in the clients' preferred language to help meet this need.

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

1. We'd offer a more accurate number of unduplicated clients to be seen over the two-year period.
2. We'd be more aggressive in our seeking of alternative, additional grant sources such as the PATH program and other state or federal opportunities.
3. We need to assess alternative employment models (S-Corps) to determine if they may improve the likelihood that we're able to recruit additional licensed clinicians.
4. If the "Hole Soul to a Whole Soul" group was offered again, we'd see partners to help recruit youth and parent clients such as local schools.
5. We'd consider another way of controlling the number of incoming referrals as opposed to asking insurance providers to slow down their submissions.



**DESERT HEALTHCARE  
DISTRICT & FOUNDATION**

Date: February 11, 2025  
To: Program Committee  
Subject: Grant Applications Status Report

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**Staff Recommendation:** Information only.

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

1. Grant # 1478 St. John's Community Health - \$1,000,000 for 12 months to support initial core staffing costs for the Indio clinic ramp up.
  - a. **Status: Grant application on the agenda of the 2/11/15 Program Committee meeting.**
2. Grant # 1468 UCR - \$500,000 for 2 years to support expanding mental health services at the CARE space in Desert Hot Springs and in Mecca at the CV Free Clinic.
  - a. **Status: Grant application on the agenda of the 2/11/15 Program Committee meeting.**
3. Grant#1468 Eisenhower Health - \$1,989,493 for 3 years to support psychiatric care expansion and development of a psychiatry residency program
  - a. Status: Staff is finalizing full due diligence of the application process as directed by the District board and will be placed on a future Program Committee agenda for action once the LPA verification process has been completed. The LPA verification process has been published in the Desert Sun (Sunday 2/2/25).
4. Grant #1488 Planned Parenthood of the Pacific Southwest - \$170,000 to support 50% of the salary of the organization's first Coachella Valley-based physician, who will provide at the Rancho Mirage clinic, direct medical care to patients, including consultations, screenings, diagnosis, and treatment for a variety of advanced sexual and reproductive health care needs. He will also provide previously unavailable services such as complex gynecological care, LEEP procedures, and in-clinic abortions up to 18 weeks gestation.
  - a. Status: Pending application and budget scoring while waiting for PPPSW board minutes indicating approval of financial audit.
5. Grant #1493 CSUSB Foundation – \$89,988 for continued support of the Nursing Street Medicine Program

- a. Status: Pending receipt of board minutes indicating approval of financial audit
6. Grant #1496 Dr. Carreon Foundation \$230,000 to support health scholarship program over a two-year period (3/1/25 – 3/1/27)
  - a. Status: pending District legal counsel review of IRS determination letter pertaining to reporting requirement due to a ruling of the operation as a public entity.
7. Mini Grant #1490 Birth Choice of the Desert - \$10,000 for support of every phase of prenatal and perinatal care
  - a. Status: Waiting for specific financial documents for review
  - b. Status: Pending review with grantee
8. Mini Grant #1495 Friends of the Desert Mountains - 9,990 to cover the salary for the organization's Environmental Educator to continue their environmental education programs.
  - a. Pending grants team review

**Recently Board-approved GRANTS:** none at this time.

**Recently Staff-approved MINI GRANTS:**

1. Mini Grant #1492 Shay's Warriors - \$10,000 for support of retention of mental health support services for cancer survivors
2. Mini Grant #1494 California Care Force - \$10,000 for the 2025 Riverside Free Healthcare Clinic project to provide disposable dental and vision supplies. The clinic runs from 2/28/25 thru 3/2/25.

**Recently declined MINI GRANTS:** None at this time.

DESERT HEALTHCARE DISTRICT								
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE								
January 31, 2025								
TWELVE MONTHS ENDING JUNE 30, 2025								
Grant ID Nos.	Name	Approved Grants - Prior Yrs	6/30/2024 Bal Fwd	Current Yr 2024-2025	Total Paid Prior Yrs July-June	Total Paid Current Yr July-June	Open BALANCE	
2014-MOU-BOD-11/21/13	Memo of Understanding CVAG CV Link Support	\$ 10,000,000	\$ 1,650,000	\$ -	\$ -	\$ -	\$ 1,650,000	
2022-1325-BOD-06-28-22	Vision Y Compromiso - CVEC Unrestricted Grant Funds - 2 Yrs.	\$ 150,000	\$ 15,000	\$ -	\$ (3,063)	\$ -	\$ 18,063	
	Unexpended funds Grant #1325						\$ (18,063)	
2022-1327-BOD-06-28-22	Youth Leadership Institute - Youth Voice in Mental Health - 2 Yrs.	\$ 50,000	\$ 5,000	\$ -	\$ 332	\$ -	\$ 4,668	
	Unexpended funds Grant #1327						\$ (4,668)	
2022-1328-BOD-06-28-22	EI Sol - Expanding Access to Educational Resources for Promotoras - 2 Yrs.	\$ 150,000	\$ 15,000	\$ -	\$ 12,032	\$ -	\$ 2,968	
	Unexpended funds Grant #1328						\$ (2,968)	
2022-1331-BOD-06-28-22	Pueblo Unido - Improving Access to Behavioral Health Education & Prevention Services - 2 Yrs.	\$ 50,000	\$ 5,000	\$ -	\$ 5,000	\$ -	\$ -	
2022-1324-BOD-07-26-22	Galilee Center - Our Lady of Guadalupe Shelter - 2 Yrs.	\$ 100,000	\$ 10,000	\$ -	\$ 10,000	\$ -	\$ -	
2022-1332-BOD-07-26-22	Allianza CV - Expanding & Advancing Outreach Through Increasing Capacity Development - 2 Yrs.	\$ 100,000	\$ 10,000	\$ -	\$ -	\$ -	\$ 10,000	
2022-1329-BOD-09-27-22	DPMG - Mobile Medical Unit - 3 Yrs.	\$ 500,000	\$ 252,458	\$ -	\$ 47,325	\$ -	\$ 205,133	
2022-1358-BOD-10-25-22	Foundation for Palm Springs Unified School District - School-Based Wellness Center Project - 1 Yr.	\$ 110,000	\$ 60,500	\$ -	\$ 49,500	\$ -	\$ 11,000	
2022-1362-BOD-10-25-22	Jewish Family Service of the Desert - Mental Health Counseling Services for Underserved - 2 Yrs.	\$ 160,000	\$ 16,000	\$ -	\$ 16,000	\$ -	\$ -	
2022-1326-BOD-12-20-22	TODEC - TODEC's Equity Program - 2 Yrs.	\$ 100,000	\$ 55,000	\$ -	\$ 45,000	\$ -	\$ 10,000	
2022-1330-BOD-12-20-22	OneFuture Coachella Valley - Building a Healthcare Workforce Pipeline - 2 Yrs.	\$ 605,000	\$ 196,625	\$ -	\$ 136,125	\$ -	\$ 60,500	
2023-1333-BOD-01-24-23	Organizacion en California de Lideres Campesinas - Healthcare Equity for ECV Farmworker Women - 2 Yrs.	\$ 150,000	\$ 48,750	\$ -	\$ 33,750	\$ -	\$ 15,000	
2023-1363-BOD-01-24-23	Pegasus Riding Academy - Pegasus Equine Assisted Therapy - 1 Yr.	\$ 60,092	\$ 6,012	\$ -	\$ 1,593	\$ -	\$ 4,419	
	Unexpended funds Grant #1363						\$ (4,419)	
2023-1391-BOD-05-23-23	Lift To Rise - Driving Regional Economic Stability Through Collective Impact - 3 Yrs.	\$ 900,000	\$ 630,000	\$ -	\$ 202,500	\$ -	\$ 427,500	
2023-1392-BOD-05-23-23	Galilee Center - Galilee Center Extended Shelter - 1 Yr.	\$ 268,342	\$ 26,834	\$ -	\$ 26,834	\$ -	\$ -	
2023-1393-BOD-06-27-23	DAP Health - DAP Health Expands Access to Healthcare - 1 Yr.	\$ 1,025,778	\$ 102,578	\$ -	\$ 102,578	\$ -	\$ -	
2023-1389-BOD-07-25-23	Step Up on Second Street - Step Up's ECM/ILOS Programs in the Coachella Valley - 1 Yr.	\$ 64,401	\$ 35,421	\$ -	\$ 35,421	\$ -	\$ -	
2023-1394-BOD-07-25-23	CSU San Bernardino Palm Desert Campus Nursing Street Medicine Program - 1 Yr.	\$ 73,422	\$ 7,342	\$ -	\$ 6,290	\$ -	\$ 1,052	
	Unexpended funds Grant #1394						\$ (1,052)	
2023-1400-BOD-09-26-23	Desert Arc - Desert Arc Health Care Program - 1 Yr.	\$ 291,271	\$ 94,663	\$ -	\$ 94,663	\$ -	\$ -	
2023-1404-BOD-09-26-23	Martha's Village and Kitchen - Homeless Housing & Wrap-Around Services Expansion - 2 Yrs.	\$ 369,730	\$ 203,352	\$ -	\$ 83,189	\$ -	\$ 120,163	
2023-1405-BOD-09-26-23	Variety Children's Charities of the Desert - Expansion of Core Programs & Services - 1Yr.	\$ 120,852	\$ 12,086	\$ -	\$ 12,086	\$ -	\$ -	
	Unexpended funds Grant#1405						\$ -	
2023-1408-BOD-10-24-23	Coachella Valley Volunteers In Medicine - Ensuring Access to Healthcare - 1 Yr.	\$ 478,400	\$ 155,480	\$ -	\$ 107,640	\$ -	\$ 47,840	
2023-1410-BOD-10-24-23	Allianza Nacional de Campesinas, Inc. - Coachella Valley Farmworkers Food Distribution - 1 Yr.	\$ 57,499	\$ 5,749	\$ -	\$ -	\$ -	\$ 5,749	
2023-1413-BOD-10-24-23	Voices for Children - Court Appointed Special Advocate Program - 1 Yr.	\$ 81,055	\$ 8,107	\$ -	\$ -	\$ -	\$ 8,107	
2023-1412-BOD-10-24-23	DPMG - DPMG Health Community Medicine - 2 Yrs.	\$ 1,057,396	\$ 876,622	\$ -	\$ 135,185	\$ -	\$ 741,437	
2023-1403-BOD-12-19-23	Vision To Learn - Palm Desert & Coachella Valley VTL Program - 1 Yr.	\$ 50,000	\$ 27,500	\$ -	\$ 22,500	\$ -	\$ 5,000	
2023-1419-BOD-12-19-23	Blood Bank of San Bernardino/Riverside Counties - LifeStream's Attracting New Donors Initiative - 1 Yr.	\$ 104,650	\$ 57,558	\$ -	\$ -	\$ -	\$ 57,558	
2023-1420-BOD-12-19-23	Braille Institute of America - Low Vision Telehealth Services - 1Yr.	\$ 36,697	\$ 20,183	\$ -	\$ 16,514	\$ -	\$ 3,669	
2023-1421-BOD-12-19-23	Olive Crest - General Support for Counseling & Mental Health Services to Vulnerable Children & Families - 2 Yrs.	\$ 359,594	\$ 278,686	\$ -	\$ 80,908	\$ -	\$ 197,778	
2024-1429-BOD-02-27-24	Desert Cancer Foundation - Patience Assistance Program & Community Outreach - 1 Yr.	\$ 163,750	\$ 90,063	\$ -	\$ 73,687	\$ -	\$ 16,376	
2024-1432-BOD-04-23-24	Variety Children's Charities of the Desert - Outreach & Future Program Expansion - 2Yrs.	\$ 102,949	\$ 79,786	\$ -	\$ 23,163	\$ -	\$ 56,623	
2024-1437-BOD-04-23-24	Youth Leadership Institute - Community Advocates for Resilient Emotional Safety - 2 Yrs.	\$ 100,000	\$ 77,500	\$ -	\$ -	\$ -	\$ 77,500	
2024-1441-BOD-04-23-24	DAP Health - DAP Health Community Health Workers Build Community Connections - 2 Yrs.	\$ 125,000	\$ 96,875	\$ -	\$ -	\$ -	\$ 96,875	
2024-1443-BOD-04-23-24	Voices for Children - Court Appointed Special Advocate Program - 2 Yrs.	\$ 60,000	\$ 46,500	\$ -	\$ 21,607	\$ -	\$ 24,893	
2024-1445-BOD-04-23-24	The Joslyn Center - Increasing Behavioral Health Access & Social Connectedness - 2 Yrs.	\$ 200,000	\$ 155,000	\$ -	\$ -	\$ -	\$ 155,000	
2024-1452-BOD-04-23-24	EI Sol - Coachella Valley Community Assistance, Resources, & Empowerment Services - 2 Yrs.	\$ 200,000	\$ 155,000	\$ -	\$ -	\$ -	\$ 155,000	
2024-1453-BOD-04-23-24	Vision y Compromiso - Cultivando Community Connections - 2 Yrs.	\$ 199,914	\$ 154,934	\$ -	\$ -	\$ -	\$ 154,934	
2024-1455-BOD-04-23-24	Angel View - Outreach Program to Reduce Social Isolation & Loneliness - 2 Yrs.	\$ 86,250	\$ 66,844	\$ -	\$ -	\$ -	\$ 66,844	
2024-1460-BOD-05-28-24	ABC Recovery Center - Nursing Care and Prescription Medications - 1 Yr.	\$ 150,134	\$ 82,574	\$ -	\$ -	\$ -	\$ 82,574	
2024-BOD-06-25-24	Carry over of remaining Fiscal Year 2023/2024 Funds*	\$ 305,939	\$ 305,939	\$ -	\$ 305,939	\$ -	\$ -	
2024-1469-MINI-08-01-24	The Bridges 2 Hope - Mini-Grant - 1 Yr.			\$ 10,000	\$ -	\$ 10,000	\$ -	
2024-1473-MINI-08-14-24	Theresa A. Mike Scholarship Foundation - Mini-Grant - 1 Yr.			\$ 10,000	\$ -	\$ 10,000	\$ -	
2024-1465-BOD-09-30-24	UCR - Increasing Access to Primary Care for Latinx and Indigenous Latin American Patients in the CV - 2 Yrs.			\$ 228,863	\$ -	\$ 51,494	\$ 177,369	
2024-1472-BOD-09-30-24	Riverside County Office of Education Alternative Education - Cross County Support: Mental Health for CV Students - 1 Yr.			\$ 199,874	\$ -	\$ 89,943	\$ 109,931	
2024-1476-BOD-12-17-24	Desert Arc - Desert Arc Health Care Program - 1Yr.			\$ 139,495	\$ -	\$ 62,773	\$ 76,722	
2024-1485-BOD-12-17-24	OneFuture Coachella Valley - RN Expansion Project - 2 Yrs.			\$ 374,900	\$ -	\$ 175,000	\$ 199,900	
2024-1494-MINI-01-23-25	California CareForce - 2025 Riverside Free Healthcare Clinic			\$ 10,000	\$ -	\$ 10,000	\$ -	
<b>TOTAL GRANTS</b>		<b>\$ 19,318,115</b>	<b>\$ 6,198,521</b>	<b>\$ 973,132</b>	<b>\$ 1,704,298</b>	<b>\$ 409,210</b>	<b>\$ 5,026,975</b>	
<b>Amts available/remaining for Grant/Programs - FY 2024-25:</b>								
<b>Amount budgeted 2024-2025</b>			\$ 5,000,000					
<b>Amount granted YTD:</b>			\$ (973,132)					
Financial Audits of Non-Profits; Organizational Assessments;			\$ -					
Net adj. - Grants not used:   FY 2023-2024 Carry Over Funds; 1325; 1327; 1328; 1363; 1394			\$ 337,109					
Matching external grant contributions			\$ -					
<b>Balance available for Grants/Programs</b>			<b>\$ 4,363,977</b>					
						<b>Total</b>	<b>\$ 5,026,975</b>	
							<b>\$ (0)</b>	





**Date:** February 11, 2025

**To:** Program Committee

**Subject:** Grant # 1468 Regents of The University of California at Riverside

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**Grant Request:** Improving Access to Behavioral Health Education and Prevention Services

**Amount Requested:** \$500,000.00

**Project Period:** 03/01/2025 to 02/28/2027

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

**Project Description and Desert Healthcare District Strategic Plan Alignment**

The University of California, Riverside (UCR) is dedicated to addressing community health needs, with a strong focus on behavioral and mental health through its Department of Psychiatry and Neuroscience. This department is the only university-based academic program in Riverside County and provides innovative psychiatric care, with active research and specialty clinics offering treatments in mental health and substance use. UCR's mission is to serve the community by advancing healthcare solutions, training the next generation of healthcare professionals, and conducting research that improves behavioral health outcomes in the region.

The Coachella Valley continues to face a severe shortage of mental health services, a problem that has become more urgent following the pandemic. The 2023 Huron community needs assessment report highlighted the shortage, particularly in Desert Hot Springs and Coachella/Mecca/Thermal, where high uninsured rates and social risks are prevalent. Their proposal aims to directly address these needs by expanding in-person and telehealth services, focusing on culturally responsive care for Spanish-speaking residents, and collaborating with community organizations to increase access to psychiatrists in the region.

The proposal outlines several strategies aimed at expanding behavioral and mental health services in the Coachella Valley. Key focuses include increasing the number of mental health professionals through training, supporting the expansion of service hours and sites through partnerships with local organizations, and enhancing telehealth



services. District funds, **over a two-year period**, will specifically support five key staffing positions: supervising faculty for trainee programs, Spanish-speaking clinicians for in-person and telehealth services, and staff responsible for community outreach and psychoeducational training to raise awareness about available resources. These efforts align with the goal of improving access to mental health care, particularly for underserved populations in the region.

**Strategic Plan Alignment:**

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

**Strategy 3.1** Increase the number of behavioral/mental health professionals to support Coachella Valley residents (Priority: High)

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

**Strategy 3.4** Improve accessibility of behavioral/mental health services by increasing available telehealth services (Priority: High)

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

**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 \$500,000.00 be approved.
- Recommendation with modifications
- Request for more information
- Decline



## **Grant Application Summary**

### **Regents Of The University Of California At Riverside, Grant # 1468**

#### **About the Organization**

Regents Of The University Of California At Riverside  
900 University Ave.  
Riverside, CA 92521  
951-827-5535

<https://www.ucr.edu/>

**Tax ID #:** 95-6006142

#### **Primary Contact:**

Jaime Smith, Director of CREER in Mental Health/Academic Program Manager  
[jaime.smith@medsch.ucr.edu](mailto:jaime.smith@medsch.ucr.edu)

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

The University of California (UC) is a public university system in the State of California with ten general campuses. Collectively, the colleges, institutions, and alumni of the University of California make it the most comprehensive and advanced postsecondary educational system in the world, responsible for \$82 billion per year of economic impact.

The University of California, Riverside (UCR) is a living laboratory for the exploration of issues critical to growing communities. One of the most diverse, inclusive institutions within the prestigious 10 campus University of California system and ranked 5th most diverse medical schools in 2023, UCR serves as an incubator of new knowledge, an engine of social mobility, and an economic powerhouse. Home to four professional schools: School of Business, School of Education, School of Medicine, and School of Public Policy, as well as over 30 interdisciplinary research centers, UCR ranks among the Top 15 Public Research Universities, is a member of the Association of American Universities (AAU), is ranked in the top 1.3% of universities worldwide, according to the Center for World University Rankings, and has been named the nation's leader among public universities for social mobility by U.S. News for four of the past five years. Currently, UCR educates and employs more than 26,000 students and 1,100 faculty, and the campus is rapidly expanding.

The University of California, Riverside School of Medicine (SOM) is the latest medical school to be created by the University of California system. Faculty in SOM are pursuing new medical discoveries and healthcare innovations to serve the needs of the region while training physicians in basic principles of evidence-based medical research and practice. The SOM's clinical enterprise, UCR Health, was established upon the school's opening in 2013. It is built upon the premise of serving community needs, most often working collaboratively with healthcare and community partners to create new services that fill gaps and that are mutually beneficial. The UCR SOM Department of Psychiatry and Neuroscience is the only university-based academic program in Riverside County, and with active research endeavors and specialty care clinics and services, patients have access to innovative treatments. The department also has clinical operations in Orange County and Coachella Valley, a general psychiatric residency program, and fellowship in child and adolescent psychiatry.

**Organization Annual Budget:** \$982,695,456.00

### **Project Information**

#### **Project Title:**

Improving Access to Behavioral Health Education and Prevention Services

**Start Date:** 03/01/2025    **End Date:** 02/28/2027

**Total Project Budget:** \$1,403,090.00

**Requested Amount:** \$500,000.00

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

*"[California's] children's behavioral health system is inadequate to meet current needs. There is too little focus on prevention, too few programs, too few behavioral health professionals, too few emergency services, and too few acute care services and beds. The most glaring behavioral health challenges are borne inequitably by communities of color, low-income communities, LGBTQ+ communities, and in places where adverse childhood experiences are widespread and prominent." (California Health and Human Services Agency, Children and Youth Behavioral Health Initiative, 2021)*

These needs are most severe in regions where mental health services are scarcer, including the Coachella Valley. In 2015, the Desert Sun published an article entitled, **Mental health shortages reach crisis levels**, describing the severe shortage of services in the Coachella Valley. Nearly 10 years later, the needs remain critically high, particularly following the pandemic and associated increases in the need for mental health services, particularly among youth.

The Desert Healthcare District's 2021-26 Strategic Plan has acknowledged this need in the Coachella Valley, and our proposed project was thoughtfully planned to respond

directly to the identified needs. In 2023, the Desert Healthcare District published results from a community needs assessment that highlight the relevance of our proposal. The assessment reiterated the shortage of mental health services in the Coachella Valley and identified areas in which this shortage is most severe – the areas identified were Desert Hot Springs (60% Hispanic, risk of being uninsured 85% higher than in low-risk communities) and Coachella/Mecca/Thermal (90% Hispanic, risk of being uninsured up to 90% higher than in low-risk communities). The report described multiple social risks (including being uninsured, housing insecurity, and transportation challenges) for residents of the Coachella Valley, noting that these social risks are more prevalent in Black and Hispanic communities. It described a physician shortage that included a significant gap in available mental health care providers (the region is ~37 psychiatrists short of the target number needed to serve the community).

Our proposal directly responds to critical needs in the Coachella Valley. First, the areas identified as most underserved included Desert Hot Springs (where we opened a CAREspace with prior support from DHCD) and Mecca (where DHCD funding has allowed us to provide mental health services through the UCR Coachella Valley Free Clinic); this application requests funding to **expand in person services in these locations as well as to expand telehealth which will be offered across the Coachella Valley** over the next two years. Moreover, as we describe in this application, our team has expertise working with underserved Spanish-speaking communities, and we propose to continue to provide culturally responsive and evidence-based services to Spanish-speaking residents of the Coachella Valley. The needs assessment identified a shortage of psychiatrists as a critical need; our application includes a proposal for new efforts to increase access to psychiatrists for residents of the Coachella Valley by building partnerships with community organizations and healthcare providers. Considering the need for accessible services, our proposal describes how we will offer services via telehealth as well as in person in locations in Desert Hot Springs and Mecca. In summary, our proposal is carefully aligned with both the needs of the Coachella Valley and the strategic plan adopted by DHCD.

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

#### **Project Description and Desert Healthcare District Strategic Plan Alignment**

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

We will continue to focus on training behavioral/mental health professionals through our work in the Coachella Valley. Our training clinics will include the Desert Hot Springs CAREspace, the Coachella Valley Free Clinic, and a telehealth clinic. Through these programs, we will train providers who fall in several disciplinary categories – child and adolescent psychiatry fellows, psychiatry residents, medical students, school psychology doctoral students, and clinical psychology postdoctoral fellows will receive

training while providing supervised services to Coachella Valley residents. DHCD funding is requested for the supervising faculty, and in-kind funding will support the trainee involvement.

**Strategy 3.2: Provide funding to CBOs to support an increase in the number of days and hours of operation of behavioral/mental health services\* HIGH PRIORITY and Strategy 3.3: Provide funding to CBOs enabling an increase in the number and the geographic dispersion of sites providing behavioral/mental health services (consider co-location with other health services) HIGH PRIORITY**

We will expand availability of behavioral health services and resources by 1) renewing our Memorandum of Understanding (MOU) with Riverside County Office of Education (RCOE) to operate the Coachella Valley CAREspace in Desert Hot Springs; 2) providing mental health staff at the Coachella Valley Free Clinic; and 3) providing telehealth mental health services to Coachella Valley residents who prefer or need telehealth services. In addition, we will work with DHCD and community organizations to identify potential new partnerships or sites for mental health services. The services provided in Desert Hot Springs, the Coachella Valley Free Clinic, and via telehealth will include a) case management services (e.g., sessions with a therapist focused on helping to identify clinical needs and connect families with appropriate resources to meet those needs), b) counseling/therapy (both individual and family therapy services), c) diagnostic evaluations (e.g., neuropsychological evaluations to identify conditions such as autism or ADHD), and d) other psychiatric and behavioral health consultation services. DHCD funding is requested to support the involvement of Spanish-speaking clinicians (providing telehealth and in person services at the Coachella Valley Free Clinic) and faculty supervision of trainees providing services at Coachella Valley sites and via telehealth; in-kind funding from the Riverside Office of Education will support the staffing of the Desert Hot Springs CAREspace.

**Strategy 3.4: Provide funding support to CBOs providing telebehavioral/mental health services HIGH PRIORITY**

We will provide telehealth services (both in English and Spanish) to Coachella Valley residents. DHCD funding is requested to help support the involvement of Spanish-speaking clinicians providing telehealth services; in-kind funding from the California Youth and Behavioral Health Initiative (CYBHI) will support additional clinicians providing telehealth trauma-focused treatment to Coachella Valley Residents.

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

We will increase awareness of behavioral health services, psychoeducational trainings (such as training for parents on how to support children with behavioral and emotional difficulties), and resources designed to increase knowledge about and access to care, through school-based and community dissemination of information to children, adolescents, and their family members. We will participate in school and community

events in the Coachella Valley and will distribute information electronically and physically to increase awareness of services. We will hold in person and distance learning (i.e., Zoom) trainings on psychoeducational topics. DHCD funding is requested to reimburse mileage for staff and trainees conducting community outreach activities; in-kind funding from the Riverside Office of Education and the California Youth and Behavioral Health Initiative (CYBHI) will support staff and trainee effort.

**Strategic Plan Alignment:**

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

**Strategy 3.1** Increase the number of behavioral/mental health professionals to support Coachella Valley residents (Priority: High)

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

**Strategy 3.4** Improve accessibility of behavioral/mental health services by increasing available telehealth services (Priority: High)

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

**Project Deliverables and Evaluation**

<p><b>Deliverable #1:</b> 1. By February 28, 2027, 10 trainees (at least 2 psychiatry residents or fellows, 2 psychology postdoctoral fellows, 4 psychology PhD students, and at least 2 medical students) will receive training through our programs serving the Coachella Valley</p>	<p><b>Evaluation #1:</b> 1. We will document the number and category of trainees and the locations in which they served.</p>
<p><b>Deliverable #2:</b> 2. By February 28, 2027, we will demonstrate that the geographic dispersion of services was expanded by providing services in the Desert Hot Springs CAREspace, the Coachella Valley Free Clinic, and through additional community-based mental health prevention and education services in additional locations.</p>	<p><b>Evaluation #2:</b> 2. We will track the locations of services and will list the cities and unincorporated areas served.</p>

<p><b>Deliverable #3:</b> 3. By February 28, 2027, we will provide presentations for various small and large groups and will attend community events; in these activities, we will distribute information electronically and physically to increase awareness of mental health conditions and services. We will provide at least 10 presentations per year.</p>	<p><b>Evaluation #3:</b> 3. We will document each presentation with a written summary noting the location, date, time, target audience (e.g., children, teens, or parents) and number reached as well as a description of activities and resources provided.</p>
<p><b>Deliverable #4:</b> 4. By February 28, 2027, we will have provided at least 200 days of access to in-person mental health services in the Coachella Valley and at least 200 days of access to telehealth mental health services 5. By February 28, 2027, at least 100 Coachella Valley residents will receive telehealth therapy and psychiatry services through our clinics, at least 500 Coachella Valley residents will participate in psychoeducational interventions and trainings, and at least 100 Coachella Valley residents will receive case management services or behavioral health screenings.</p>	<p><b>Evaluation #4:</b> 4. We will document the number of days in which we staff the Desert Hot Springs CAREspace, the Coachella Valley Free Clinic, and a Coachella Valley Telehealth Services. 5. We will track the numbers of individuals receiving services, the type of service received, and the number of services or sessions.</p>

**Project Demographic Information**

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

All areas

**Target Population Age Group:**

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

**Target Population Ethnicity:**

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

**Target Population Race:**

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

**Additional Target Population Information:**

While there is a primary focus on child and adolescent mental health care, our goals are inclusive of entire systems which include families and other associated adults. Our goal



is eventually to increase our efforts to include a greater adult population in these high need areas (Desert Hot Springs, Mecca, Thermal, Coachella). Within the current grant request, we will focus on providing services to the un-insured or under-insured populations. For individuals who have access to privately or publicly mental health services, we will assist them in identifying appropriate routes to gain these services and will provide interim support as needed.

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

### **Organizational Capacity**

The Department of Psychiatry and Neuroscience within the UCR School of Medicine works to bring innovative treatment of psychiatric and neurobiological-caused healthcare issues to the people in our Inland Southern California home while also training the next generation of physicians and researchers in both psychiatry and neuroscience. The department also houses *CREER in Mental Health*, the Community Responsive and Engaged Equity Research (CREER) Center whose mission is to expand mental health research, education, and community leadership across the Inland Empire and State of California through work driven by and for the community it aims to serve. The Department of Psychiatry and Neuroscience includes board-certified child/adolescent psychiatrists, psychologists, licensed marriage and family therapists, child/adolescent psychiatry fellows, psychiatry residents, and psychology postdoctoral fellows. Additionally, Dr. Lakes supervises UCR doctoral level school psychology students and interns. These personnel will have time allocated to the project sufficient to ensure that we are able to meet and exceed our goals.

### **Background:**

With the support of a grant from the Desert Health Foundation and District, over the last two years, we built a partnership with the Riverside Office of Education's (RCOE) to provide mental health education in the community and services to children and families in the Coachella Valley. We have met or exceeded all goals established in our initial grant application. Our experience in that grant led to:

- Opening and operating a new CAREspace in Desert Hot Springs. At this center, children and families can access mental health services, including psychological evaluations, therapy, and drop-in consultation and support.
- We provided a mental health clinician to support the monthly UCR Coachella Valley Free Clinic. Clinicians provided brief interventions, assessments, and referrals to tele-mental health services.
- We provided therapeutic services (telehealth therapy or in person counseling at the Desert Hot Springs CAREspace and the Coachella Valley Free Clinic).

- We provided small group trainings and workshops to educators, parents/caregivers, and children/teens. These included virtual talks and in – person presentations (all youth presentations were in person).
- We conducted community outreach (attending large events in the Coachella Valley and distributing information about mental health and services).
- We trained future health and mental health professionals by providing didactic, supervised practice experience, trainings and long-term internships.

**Current Status:**

We have secured funds to sustain some of what we have built with DHCD’s support.

- RCOE has committed \$135,000 for 2025-2026 to support staff in the CAREspace in Desert Hot Springs.
- We were awarded a grant (\$750,000) from the California CYBHI program that will help support trauma-focused care in the desert. The trauma grant is not exclusively focused on the desert – we are open to all Riverside County – but we will make Coachella Valley residents aware of trauma therapy resources and will offer them in person in the Coachella Valley (at the CAREspace or the CVFC) and through telehealth services.

**New Desert Health Foundation Proposal:**

We are submitting this application with a request for support of activities that are not supported through the RCOE or CYBHI funding. These activities would include:

- Ongoing mental health services in the Coachella Valley (teletherapy). We are requesting support for two licensed therapists who are bicultural and bilingual (Spanish/English). DHCD funding would support their time as they continue to serve the free clinic (CVFC) in Mecca and to provide therapy via telehealth to Coachella Valley residents.
- We are requesting funding to help us develop the capacity to increase telepsychiatry services in the Coachella Valley. The requested funding would support the involvement of Dr. Toshia Yamaguchi, a board certified child and adolescent psychiatrist; in addition, our proposal will be co-led by Dr. Lisa Fortuna, the chair of the Department of Psychiatry and Neuroscience, whose effort will be provided as an in-kind contribution.

**Organizational Sustainability:**

The mission of the UCR School of Medicine is to improve the health of the people of California and, especially, to serve Inland Southern California by training a diverse workforce of physicians and by developing innovative research and health care delivery

programs that will improve the health of the medically underserved in the region and become models to be emulated throughout the state and nation.

The UCR Department of Psychiatry is the only university-based psychiatric academic program in Riverside County. We offer specialty care in behavioral and mental health and have clinical operations serving a region from Orange County to the Coachella Valley. Through our advanced treatment utilizing telemedicine, our clinicians are able to assist Californians across our state. We have an approved child and adolescent psychiatry fellowship training program, and the proposed project aligns beautifully with our strategic plan to expand our Child and Adolescent Mental Health Program. The proposed project will enable us to expand services in the Coachella Valley that will both serve the community and provide expanded training opportunities for the next generation of mental health clinicians.

Dr. Lisa Fortuna joined UCR as the Chair of Psychiatry and Neurosciences in August 2023. She is a bilingual and bicultural, Latina, child and adolescent psychiatrist. Consistent with her long history of increasing access to behavioral health care for vulnerable and disadvantaged communities in Boston and San Francisco, Dr. Fortuna's vision for The UCR Department of Psychiatry includes a strong focus on expanding access to care to the most underserved areas of the region through high quality, culturally responsive and supportive telepsychiatry services; expanding university and community-based collaborations to meet the mental health needs of the region; and community partnered services and intervention development. The proposed project is very well aligned with these priorities and together with department investments, would help catalyze this vision.

**Partnerships/Collaborations:**

**Riverside County Office of Education** Dr. Lexi Backstrom [Administrator, Student Behavioral Health and Support, Riverside County Office of Education (RCOE)] - Dr. Backstrom has obtained RCOE support for the Desert Hot Springs CAREspace. She or a member of her staff will represent RCOE as a participant in our weekly team meetings throughout the duration of the project.

**City of Desert Hot Springs** The City of Desert Hot Springs has a partnership with RCOE to provide space in the Desert Wellness Center for a CAREspace, a small place for children and families to meet to receive behavioral and mental health services. We gratefully acknowledge their role in helping to establish this CAREspace for our prior DHCD funded project.

**OneFuture Coachella Valley** Arthur Kimball (Co-Chair, OneFuture Coachella Valley) - Mr. Kimball will represent Coachella Valley public schools as a member of our team. He identified the target region for the school-based services (Desert Hot Springs) and will ensure access to the schools by facilitating introductions to each school's leadership

team. He will help facilitate the seminars and public awareness activities at these school sites.

**Innecare/Riverside University Health System** We are working to grow our partnerships with one or more health systems in the region with the aim of expanding the continuum of care available to children, adolescents, and their families, including telepsychiatry-facilitated continuity of care in the community. Innecare and Riverside University Health System (RUHS) are two organizations with which we are actively in conversation. We will work collaboratively with Innecare, county programs, and other local community-based organizations to develop collaborative care telepsychiatry services and attract additional bilingual therapists and psychiatrists to serve the population through telepsychiatry.

**Latino Health Access** Our goal is to develop partnerships with Latino Health Access and/or other with local promotores/community health worker (CHW) programs to educate, provide services, and increase participation in health-equity throughout the community. We aim to utilize local promotores/community health worker (CHW) programs to identify how we can integrate their work with patients using a culturally and social determinants of health responsive approach.

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

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

The UCR School of Medicine Statement on Diversity is as follows: *We, the faculty, students and staff of the UCR School of Medicine believe that a diverse student body, faculty and staff are essential to achievement of academic excellence. We are committed to recruiting students, faculty and staff responsive to our mission whose diversity contributes to an optimal learning environment. People of varied backgrounds, by which we mean those with a variety of personal experiences, values and worldviews arising from differences of culture and circumstance, bring added value to the education of students, research, and service to the community. In building a diverse medical school, those differences that can add to the value of our educational environment include, but are not limited to: gender, race, ethnicity, age, religious affiliation, abilities/disabilities, educational or socio-economic disadvantage (distance traveled), first in family to attend an institution of higher learning, personal or family experience of having limited access to health care, unique or challenging life experiences, and sexual orientation. We are committed to recognizing and nurturing merit, talent and achievement by supporting diversity and equal opportunity in our education, services, and administration, as well as research and creative activity. We will endeavor to remove barriers to the recruitment, retention, and advancement of talented students, faculty and staff from historically excluded populations who are currently underrepresented in medical education and the practice of medicine. Recruitment efforts and resources will be aligned with the goal to recruit individuals from groups underrepresented in medicine into faculty positions, recognizing that faculty serve as role models to attract a diverse student body. Given the mission of the UCR School of*

*Medicine and the desire to see the faculty, as well as the student body, reflect the cultural, socioeconomic, and ethnic diversity of the region that we serve, searches will endeavor to recruit faculty with these diverse characteristics.*

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

UC Riverside's School of Medicine ranked No. 5 for diversity in U.S. News & World Report's 2023-2024 and among public schools, the medical school ranked No. 4 for diversity. Although close to 40% of our faculty are also from underprivileged, English as a second language, or first-generation college graduate themselves, there is still a need for recruitment and retention of diverse faculty psychiatrists, therapists, and other clinicians. We have a particular need for growing our bilingual clinician capacity in order to better serve the region. We have made good gains in this area and the DHCD grant has been helpful in this regard. The proposed project will further our ability to expose our students, residents, and fellows to this model of care, and could serve as an important strategy for exciting them about this work, retaining them as providers/faculty and available to serve this population.

## Grant Budget

Project Grant Budget				
<b>Applicant:</b> <span style="color: red;">Regents Of The University Of Califor 1468 Improving Access to Behavioral Health Edu</span>				
OPERATIONAL EXPENSES	Total Project Budget	Funds From Other Sources <span style="color: red;">Detail On Section 3</span>	Amount Requested From DHCD/F	
<b>Total Staffing Expenses</b> <span style="color: red;">Detail on Section 2</span>	\$ 1,212,427.76	\$ 788,740.36	\$ 423,687.41	
<b>Equipment (itemize)</b>				
1		\$ -		
2		\$ -		
3		\$ -		
4		\$ -		
<b>Supplies (itemize)</b>				
1	Project Supplies (DHCD)	\$ 250.00	\$ 250.00	
2	Computer/Computer Accessories (DHCD)	\$ 14,735.00	\$ 14,735.00	
3	Materials and Supplies (CYBHI)	\$ 13,520.00	\$ 13,520.00	
4		\$ -		
<b>Printing / Duplication</b>				
<b>Mailing / Postage</b>				
<b>Mileage (use current Federal mileage rate)</b>				
		\$ 14,939.20	\$ 3,844.00	\$ 11,095.20
<b>Education / Training</b>				
		\$ 2,000.00	\$ 2,000.00	
<b>Other Direct Project Expenses Not Described Above (itemize)</b>				
1		\$ -		
2		\$ -		
3		\$ -		
4		\$ -		
* Items listed below are included for calculation of the total project budget only. For use of DHCD/F funds, these line items would be included in the allowable 15% indirect cost rate.				
<b>Office / Rent / Mortgage*</b>				
		\$ 80,000.00	\$ 80,000.00	\$ -
<b>Telephone / Fax / Internet*</b>				
			\$ -	\$ -
<b>Utilities*</b>				
			\$ -	\$ -
<b>Insurance*</b>				
			\$ -	\$ -
<b>Indirect Rate</b>	<input checked="" type="checkbox"/> Check Box To Utilize Indirect Rate Up To 15%	Enter Rate	15.00%	\$ 65,217.39
<b>Total Project Budget</b> (Rounded up to nearest dollar)		<b>\$ 1,403,090</b>	<b>\$ 903,090</b>	<b>\$ 500,000</b>
<b>Budget Narrative</b>	<p style="color: red;">Fully describe items above in this cell. You may insert rows or create additional worksheets if more space is needed to fully describe your budget.</p> <p><b>MILEAGE:</b> Mileage is requested at \$5547.60 in each of the two grant period years for student and trainee travel from University of California, Riverside (UCR) to the Coachella Valley sites with an average of 115 miles per each round trip times 6 trips per month at the current federal mileage reimbursement rate of 67 cents per mile to equal \$11095.20 across the two year project period.</p> <p><b>PROJECT SUPPLIES (DHCD):</b> Supplies costs of \$250 have been included in-kind as the institution will support all paper &amp; pen supply costs associated with carrying out the DHCD project.</p> <p><b>COMPUTER/COMPUTER ACCESSORIES (DHCD):</b> Computer/Computer Accessories costs of \$14,735 have been included in-kind as all associated personnel will utilize existing computer and accessories in order to carry out the DHCD project.</p> <p><b>CYBHI and RCOE Direct Costs:</b> Direct Costs associated with the CYBHI and RCOE associated grants have been added and briefly detailed on the Other Funding tab.</p> <p><b>INDIRECT COSTS:</b> Per Desert Healthcare District &amp; Foundation guideline, indirect costs not to exceed 15%. Hence, we are requesting 15%.</p>			

Version 07.07.23 Please see instructions tab for additional information

Staff Salary Expenses		Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD/F
<b>Employee Position/Title</b>					
1	Lakes, Kimberley (PI) (on DHCD, CYBHI, and RCOE)	\$ 264,860.84	49%	261,637.80	103,818.80
2	Porche, Michelle (Co-I)	\$ 267,798.96	10%	53,559.79	53,559.79
3	Yamaguchi, Toshia (Co-I)	\$ 288,742.21	10%	57,748.44	57,748.44
4	Egan, Dinery (Behavioral Health Psych Professional)	\$ 141,637.50	35%	99,044.00	57,079.00
5	Torres, Maribel (Behavioral Health Psych Professional)	\$ 103,488.39	35%	72,367.51	41,703.51
6	Fortuna, Lisa (on DHCD)	\$ 476,045.42	5%	47,604.54	
7	Feinstein, Carl (on DHCD and CYBHI)	\$ 168,119.46	25%	84,223.99	
8	TBN Psychologist Posdoc (on CYBHI)	\$ 70,247.14	43%	59,710.06	
9	TBN Child Psychiatrist Fellow (on CYBHI)	\$ 79,032.98	55%	86,936.27	
10	TBN Graduate Student Researchers (1 on CYBHI and 2 on RCOE)	\$ 75,454.00	50%	75,454.00	
Enter Total Employee Benefits / Employer Taxes % (Proportional Fringe Costs and/or Employer Taxes Based On % Of Time Allocated To Project)			34.97%	314,141.35	109,777.87
<b>Total Will Populate In Total Staffing Expenses Section 1</b>			<b>Total &gt;</b>	<b>\$ 1,212,427.76</b>	<b>\$423,687.41</b>
Budget Narrative - Scope of Work	Please describe in detail the <b>scope of work</b> and duties for each employee on this grant. <u>Kimberley Lakes, PhD, Principal Investigator</u> (18.7359% effort each year) will be responsible for overall project/program implementation. Dr. Lakes is a licensed psychologist and a Professor in the UC Riverside Department of Psychiatry and has expertise in child/adolescent mental health. Dr. Lakes will oversee important aspects of the proposed project including supervision of all activities, study personnel, evaluation and reporting of results. Dr. Lakes will lead team meetings to monitor program progress. She will also work directly with our community partners.				
	<u>Michelle Porche, EdD, Co-Investigator</u> (10% effort each year) is a developmental psychologist and has conducted numerous interdisciplinary research projects and projects relying on community-based participation that investigates the associations between childhood trauma and mental health, consequences for academic trajectories, and the buffering of strength-based youth services and interventions. Dr. Porche will contribute to project design, data collection, and analyses as it pertains to the integration of behavioral health digital interventions. She will contribute to the project the inception of digital health application implementation within the sites.				
	<u>Toshia Yamaguchi, MD, Co-Investigator</u> (10% effort each year) is board-certified in Adult Psychiatry and Child and Adolescent Psychiatry and specializes in Child and Adolescent Psychiatry and college mental health at the UCR Health Comprehensive Psychiatric Services in Riverside. She offers psychiatric evaluation and treatment of mental health disorders for children, adolescents, and young adults. She considers the biological, psychological, and social influences of mental health and offers evidence-based treatment plans. Dr. Yamaguchi is fluent in English and speaks Spanish. She will contribute to the assessment and development of telepsychiatry services within the sites as well as providing training and leadership to clinicians, students, and trainees as part of this project.				
	<u>Dinery Egan, Behavioral Health Professional</u> (20% effort each year) will provide direct services to the Coachella Valley community, including seminars, community awareness talks, presentations, individual therapy with children and adolescents, family therapy, and parent group training.				
	<u>Maribel Torres, Behavioral Health Professional</u> (20% effort each year) will provide direct services to the Coachella Valley community, including seminars, community awareness talks, presentations, individual therapy with children and adolescents, family therapy, and parent group training.				
CYBHI and RCOE Salary Costs: Salary Costs associated with the CYBHI and RCOE associated grants have been added and briefly detailed on the Other Funding tab.					
Budget Narrative - Employee Benefits	Please describe in detail the <b>employee benefits</b> including the percentage and salary used for calculation. UCR salaries and wages were estimated using UC Riverside's academic salary scales and established guidelines. Annual base salaries include an anticipated 4% increase per year for faculty and 3% increase per year for staff. The benefit rate of 30.66% was used for the faculty members and 44.36% for the health professionals.				
Professional Services / Consultant Expenses		Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD/F
<b>Company and Staff Title</b>					
1					
2					
3					
4					
<b>Total Will Populate in Total Staffing Expenses Section 1</b>			<b>Total &gt;</b>	<b>\$ -</b>	<b>\$ -</b>
Budget Narrative - Scope of Work	Please describe in detail the <b>scope of work</b> for each professional service/consultant on this grant.				

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

<b>"Total Funding In Addition To DHCD/F Request" Below Should Match Or Exceed Value Listed In Section 1 for "Funds from Other Sources".</b>		<b>Amount</b>
<b>Fees</b>		
<b>Donations</b>		
<b>Grants (List Organizations)</b>		
1	CYBHI	\$ 749,967.00
2	Riverside County Office of Education (RCOE)	\$ 135,000.00
3		
8		
<b>Fundraising (Describe Nature Of Fundraiser)</b>		
1		
2		
3		
8		
<b>Other Income, e.g., Bequests, Membership Dues, In-Kind Services, Investment Income, Fees From Other Agencies, Etc. (Itemize)</b>		
1	DHCD In Kind Salary & Benefits for Dr. Lisa Fortuna at 5% each year + IDC @ 15%	\$ 71,530.11
2	DHCD In Kind Salary & Benefits for Dr. Carl Feinstein at 5% each year + IDC @ 15%	\$ 34,361.22
3		
4		
5		
6		
7		
8		
<b>Total Funding In Addition To DHCD/F Request</b>		<b>\$ 990,858.33</b>

**Budget Narrative**

Please describe in detail any additional information or explanations for items listed above.

Lisa Fortuna, MD, MPH, MDiv (5% effort each year) has over 20 years of experience as a bilingual and bicultural Latina psychiatrist, child and adolescent psychiatrist and health services researcher who has dedicated her career to community engaged research aimed at addressing health services disparities and mental health inequities. Her research and clinical work have been primarily with Latinx, immigrant/refugee and other communities of color. Dr. Fortuna will participate in the development of telepsychiatry and integration of a digital mental health intervention at the sites. As Professor and Chair of the UCR, School of Medicine, Department of Psychiatry and Neuroscience will provide guidance and leadership to: the overall project; faculty, staff, trainees, and students; and serve as a source for developing, adapting, and providing mental health services to the sites. She will participate in weekly planning and oversight. In-kind salary, benefits, and indirect costs are projected at 15%.

Carl Feinstein, MD (5% effort each year) is a clinical professor of neuroscience and psychiatry at the University of California, Riverside School of Medicine. He is also a psychiatrist with the Riverside County Department of Mental Health. He is certified by the American Board of Psychiatry and Neurology in psychiatry and child psychiatry. He is co-founder of Trayt Technologies, a patient-centric data analytics company. Dr. Feinstein's research interests include child and adolescent psychiatry, psychotherapeutic processes, Asperger's Syndrome, Autism spectrum disorders, and general training in psychotherapy. Dr. Feinstein will support Dr. Yamaguchi in the development and future integration of telepsychiatry within the Coachella Valley. He will participate in weekly planning and oversight. In-kind salary, benefits, and indirect costs are projected at 15%.

Riverside County Office of Education (RCOE) Contract for CareSpace personnel which includes any facilities and administrative costs at 7.87% as well as direct costs for personnel (salary + benefits for Dr. Kimberley Lakes and two Graduate Student Researchers) plus mileage costs at 0.67/mile x Avg 119.52 miles round trip x 4 trips / mo x 12 mos for the period 7/1/24-6/30/25.

CYBHI Funding In early 2023, Dr. Lakes submitted a grant application that requested \$749,967 total cost from the Department of Health Care Services (DHCS) as part of California's Children and Youth Behavioral Health Initiative (CYBHI). This application was submitted in response to their Round 2 call for applications to build capacity for Trauma-Informed Programs and Practices. Our application was funded after a highly competitive review process and began July 1, 2024 and is anticipated to be funded through June 30, 2026. Through this funding, it will compliment our DHCD and we will be able to provide in-person and telehealth therapy services to Coachella Valley residents (and residents of Riverside County more broadly), with a specific focus on therapy for those who have experienced trauma. Costs include facilities and administrative costs at 25% as well as direct costs for personnel (salary + benefits for Drs. Lakes and Feinstein, a Psychology Postdoc, Child Psychiatry Fellow, Maribel Torres, DInery Egan and one Graduate Student Researcher), materials and supplies, training costs, and facility rent. Direct costs have been detailed throughout the DHCD budget.





# Full Grant Application Scoring



## SCORING PARAMETERS

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

**Total Points Possible = 50 points**

Grant Information			
Grant Number:	Organization:	Project Title:	Funding Request:
<b>1468</b>	<b>Regents Of The University Of California At Riverside</b>	<b>Improving Access to Behavioral Health Education and Prevention Services</b>	<b>\$500,000.00</b>
Programmatic Scoring Review			
<b>Community Need for the Project in Coachella Valley</b> (5 points)	The applicant identifies and describes a specific need(s) for the project within the Coachella Valley by providing relevant, valid data that highlights the full scope of the need. The applicant clearly connects the community need to the project’s targeted population.		
<b>Reviewer 1 - Score:</b> 5	<b>Reviewer 1 - Score Explanation:</b> The applicant identifies the community need for this project by siting the inadequacies of the children’s behavioral health system in California, with emphasis on the CV, specifically Desert Hot Springs and the Coachella/Mecca/Thermal communities.		
<b>Reviewer 2 - Score:</b> 5	<b>Reviewer 2 - Score Explanation:</b> The grant proposal provided an explanation of the need for mental health services at the two proposed areas. The utilization of local data provided additional insight into the need and shortages of providers for the proposed services here in the Coachella Valley.		
<b>Reviewer 3 - Score:</b> 4.5	<b>Reviewer 3 - Score Explanation:</b> UCR has recognized the ongoing and expanding demand for behavioral health services in the		

	Coachella Valley. To address this, they have outlined strategies to overcome key barriers to healthcare access, including language barriers by employing bilingual staff, transportation challenges through the implementation of telehealth services, and ensuring cultural responsiveness within their programs. Additionally, UCR has acknowledged the need to strengthen their workforce to meet the growing demand for services in the region.
<b><u>Reviewer 4 - Score:</u></b> 5	<b><u>Reviewer 4 - Score Explanation:</u></b> The project identifies the Coachella Valley's pressing mental health needs, particularly for underserved populations, including Hispanic, low-income, and LGBTQ+ communities. Data from sources like the California Health and Human Services Agency and the Desert Healthcare District (DHCD) underscore the region's inadequate behavioral health services, a shortage of psychiatrists, and social risk factors such as housing insecurity and uninsured residents. The connection between the community's needs and the project's targeted population is clear, and the applicant makes a compelling case for expanded mental health services in Desert Hot Springs and Mecca.
<b>Project Description and Use of Funds</b> (5 points)	The applicant describes the scope of the project and how the organization will utilize the Desert Healthcare District's funding. The applicant clearly states the approach they are going to take to meet the community's need and specifies how the success of this project directly relates to the District's mission and current Strategic Plan.
<b><u>Reviewer 1 - Score:</u></b> 5	<b><u>Reviewer 1 - Score Explanation:</u></b> The applicant succinctly breaks down the funding components to 1) training behavioral health professionals; 2) expansion of availability of Behavioral Health services; 3) provide telehealth services to support the involvement of Spanish-speaking clinicians; and 4) increase awareness of behavioral health services through community outreach.
<b><u>Reviewer 2 - Score:</u></b> 4	<b><u>Reviewer 2 - Score Explanation:</u></b> The grant proposal provided a very detailed project description and use of grant funds, which included the connection the DHCD mission and current strategic plan goals and strategies. Additional information on the referral process, outreach, and marketing of services would have improved this section.
<b><u>Reviewer 3 - Score:</u></b> 4	<b><u>Reviewer 3 - Score Explanation:</u></b> UCR outlines how the District's strategic plan strategies align with their project, highlighting the general areas where District funds will be allocated, though specific details are not fully provided. They identify the strategic priorities connected to the project's objectives, demonstrating how District funding will support key components aimed at expanding healthcare access, enhancing service delivery, and addressing the community's most urgent needs.

<p><b><u>Reviewer 4 - Score:</u></b> 5</p>	<p><b><u>Reviewer 4 - Score Explanation:</u></b> The project description effectively outlines how the applicant intends to use the DHCD funding to address behavioral health needs through services like case management, counseling, diagnostic evaluations, and psychiatric consultations. The plan includes the expansion of services in Desert Hot Springs and Mecca and the provision of telehealth services across the Coachella Valley. The applicant’s strategy to involve trainees in these programs aligns with both the community’s needs and DHCD’s mission and Strategic Plan. The proposal also highlights how the requested funds will be used to support faculty supervision and Spanish-speaking clinicians.</p>
<p><b>Alignment to District Goals, Strategies, and Performance Measures (5 points)</b></p>	<p>The applicant effectively describes the alignment of the project to the Desert Healthcare District and Foundation 2021-2026 Strategic Plan goals, strategies and performance measures.</p>
<p><b><u>Reviewer 1 - Score:</u></b> 4</p>	<p><b><u>Reviewer 1 - Score Explanation:</u></b> The applicant directly aligns to strategic plan goal 3 and corresponding strategies of 3.1, 3.2, 3.4 and 3.6</p>
<p><b><u>Reviewer 2 - Score:</u></b> 5</p>	<p><b><u>Reviewer 2 - Score Explanation:</u></b> The grant proposal aligns with one of the DHCD Strategic Plan goals and several strategies, specifically goal #3 and strategies 3.1, 3.2, 3.4, and 3.6.</p>
<p><b><u>Reviewer 3 - Score:</u></b> 5</p>	<p><b><u>Reviewer 3 - Score Explanation:</u></b> The proposed project directly aligns to the Desert Healthcare District and Foundation high-priority strategic plan goals and strategies.</p>
<p><b><u>Reviewer 4 - Score:</u></b> 5</p>	<p><b><u>Reviewer 4 - Score Explanation:</u></b> The project aligns with the DHCD's 2021-2026 Strategic Plan, particularly in addressing high-priority goals like increasing the number of behavioral health professionals, expanding service availability, and supporting telehealth services. The proposed efforts to train mental health professionals, expand services geographically, and collaborate with community partners directly support the strategic goals. The project’s focus on underserved populations and Spanish-speaking residents is consistent with DHCD’s objectives of increasing access to behavioral health services and addressing the mental health provider shortage in the region.</p>

<p align="center"><b>Project Deliverables and Evaluation</b> (5 points)</p>	<p>The applicant provides project deliverables that are specific, measurable, attainable, and time-bound. Project deliverables must align with at least one of the Desert Healthcare District and Foundation’s 2021-2026 Strategic Plan goals and a related strategy/strategies. Additionally, applicant clearly demonstrates the alignment of their project deliverables to the appropriate performance measures, as outlined in the application instructions.</p> <p>Each evaluation corresponds to a project deliverable. The evaluation accurately measures the project’s effectiveness, impact and includes appropriate qualitative and/or quantitative tracking methods. The evaluation section includes well-defined data reporting mechanisms and/or a clear and transparent narrative.</p> <ul style="list-style-type: none"> <li>• Evaluation measures and methods are clear; the applicant defines how they envision success.</li> <li>• Evaluation is in alignment with the deliverables of the project.</li> <li>• Evaluation is in alignment with identified Desert Healthcare District and Foundation’s 2021-2026 Strategic Plan goal(s), strategies, and performance measure(s).</li> <li>• An explanation is provided on how the data collected from the project will be utilized for future programming, partnerships, and/or funding.</li> </ul>
<p><b><u>Reviewer 1 - Score:</u></b> 4</p>	<p><b><u>Reviewer 1 - Score Explanation:</u></b> The deliverables (4) align with the 4 strategies selected in goal 3 and evaluation component is in alignment with the deliverables, strategic plan goal and its strategies. What was not explained in the evaluation component was how the data collected will be utilized for future programming, partnerships and/or funding.</p>
<p><b><u>Reviewer 2 - Score:</u></b> 4</p>	<p><b><u>Reviewer 2 - Score Explanation:</u></b> The project deliverables and evaluation of the project were detailed and met the requirements for this section, however, it failed to describe how the data collected would be used in the future programming, partnerships, and/or funding.</p>
<p><b><u>Reviewer 3 - Score:</u></b> 4.5</p>	<p><b><u>Reviewer 3 - Score Explanation:</u></b> The deliverables are well-aligned with the funding request and clearly define the anticipated outcomes that will result from the District's financial support.</p>
<p><b><u>Reviewer 4 - Score:</u></b> 4</p>	<p><b><u>Reviewer 4 - Score Explanation:</u></b> The project provides specific, measurable, attainable, and time-bound deliverables. The deliverables align with DHCD’s Strategic Plan goals, and the applicant’s evaluation methods are well defined, using both qualitative and quantitative data to measure impact. The plan includes</p>

	tracking the number of presentations, community outreach efforts, and services provided, with data collection used to inform future programming and partnerships. The project clearly defines how success will be measured and how collected data will support ongoing improvements in mental health services.
<b>Organizational Capacity</b> (5 points)	The applicant details their organization’s capacity to meet the demands of this project including allocated staff time, internal expertise, organizational structure, etc. Applicant includes examples that demonstrate that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The applicant demonstrates reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support).
<b><u>Reviewer 1 - Score:</u></b> 5	<b><u>Reviewer 1 - Score Explanation:</u></b> Being an educational/university institution, the applicant has the capacity – staffing-wise and expertise- to meet the demands of this grant request for this project.
<b><u>Reviewer 2 - Score:</u></b> 5	<b><u>Reviewer 2 - Score Explanation:</u></b> Building upon the previous success of the partnership with the RCOE CAREspace and the long standing CV Free Clinic, the Department of Psychiatry and Neuroscience at the UCR School of Medicine has demonstrated and outlined the staffing, partnerships, and organizational capacity to successfully implement the project.
<b><u>Reviewer 3 - Score:</u></b> 5	<b><u>Reviewer 3 - Score Explanation:</u></b> UCR emphasizes its departmental expertise in mental and behavioral health, showcasing the qualifications of their board-certified specialists within the Department of Psychiatry and Neuroscience. The additional details about their history of achievements in the Coachella Valley highlight their proven capacity to effectively manage and execute the project. This strengthens their case by demonstrating their longstanding commitment and success in addressing community health needs.
<b><u>Reviewer 4 - Score:</u></b> 5	<b><u>Reviewer 4 - Score Explanation:</u></b> The UCR Department of Psychiatry and Neuroscience demonstrates strong organizational capacity to meet the demands of this project. The department includes board-certified psychiatrists, psychologists, licensed marriage and family therapists, psychiatry residents, and psychology postdoctoral fellows, all of whom have the necessary expertise to implement the proposed activities. Additionally, Dr. Lakes’ supervision of UCR doctoral-level school psychology students and interns further strengthens the organization’s ability to deliver services effectively.

<b>Organization Sustainability</b> (5 Points)	The application highlights their organization’s sustainability strategies around funding, staff recruitment/retention, effective collaboration and partnerships, thoughtful long-term planning, etc.
<u><b>Reviewer 1 - Score:</b></u> 3	<u><b>Reviewer 1 - Score Explanation:</b></u> The applicant did not address funding sustainability strategies rather highlighted UCR’s dept of psychiatry’s uniqueness and the addition of the chair of psychiatry and neurosciences in 2023.
<u><b>Reviewer 2 - Score:</b></u> 5	<u><b>Reviewer 2 - Score Explanation:</b></u> The UCR School of Medicine- Department of Psychiatry and Neuroscience has the staffing, financial resources, and long-term planning vision to sustain this project as part of their own strategic plan to expand the Child and Adolescent Mental Health Program.
<u><b>Reviewer 3 - Score:</b></u> 4	<u><b>Reviewer 3 - Score Explanation:</b></u> UCR outlines their sustainability strengths by emphasizing their staff expertise and ongoing commitment to long-term goals. However, providing additional details on their sustainability strategies, particularly regarding funding, would offer a clearer picture of their long-term planning vision and how they intend to maintain and expand the project over time. This would enhance our understanding of their approach to ensuring lasting impact and financial viability.
<u><b>Reviewer 4 - Score:</b></u> 5	<u><b>Reviewer 4 - Score Explanation:</b></u> The UCR School of Medicine’s mission aligns with the project’s goals, emphasizing long-term impact and sustainability. The department is the only university-based psychiatric academic program in Riverside County, ensuring a continued presence in the region. The proposal outlines secured funding to sustain aspects of the project, including a \$135,000 commitment from RCOE for staffing at the CAREspace and a \$750,000 grant from the California CYBHI program for trauma-focused care, demonstrating strong financial sustainability.
<b>Partnerships/Collaborations</b> (5 Points)	The application demonstrates a collaborative process that includes multiple community partners involved in planning and implementation. Organizational partners are listed and each of their roles in the project are outlined. Letters of support and/or memorandums of understanding are included, as appropriate.
<u><b>Reviewer 1 - Score:</b></u> 4	<u><b>Reviewer 1 - Score Explanation:</b></u> The applicant has developed strong partnerships and collaborations with Riverside County Office of Education; the City of Desert Hot Springs, OneFuture CV; Innercare/RUHS; and the Latino Health Access
<u><b>Reviewer 2 - Score:</b></u> 3	<u><b>Reviewer 2 - Score Explanation:</b></u> The list of partnerships detailed in the grant application is a great start to launch the project,

	partnerships with all three school districts and other community-based organizations would reach more District residents in need of the proposed services.
<b>Reviewer 3 - Score:</b> 5	<b>Reviewer 3 - Score Explanation:</b> The application showcases a collaborative approach, with several community partners actively engaged in both the planning and implementation processes.
<b>Reviewer 4 - Score:</b> 5	<b>Reviewer 4 - Score Explanation:</b> The application outlines multiple community partners involved in planning and implementation, demonstrating a well-developed collaborative process. Each partner's role is clearly outlined, ensuring a coordinated approach. The inclusion of these partnerships significantly strengthens the project's feasibility and impact.
<b>Budget</b> (5 points)	The budget is specific and reasonable, and all items align with the described project. The proposed budget is accurate, cost-effective, and linked to activities and deliverables. <ul style="list-style-type: none"> <li>• There are no unexplained amounts.</li> <li>• The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are reasonable.</li> <li>• All line items are identified clearly in the budget narrative.</li> <li>• The budget shows committed, in-kind, or other funds that have been identified, secured, and in place to support the project.</li> </ul>
<b>Reviewer 1 - Score:</b> 4	<b>Reviewer 1 - Score Explanation:</b> The budget is specific and reasonable (staffing, mileage, and indirect) with the request of \$500,000 being 35% of the total project budget.
<b>Reviewer 2 - Score:</b> 5	<b>Reviewer 2 - Score Explanation:</b> The grant proposal budget is adequate and in line with the proposed deliverables and scope of work.
<b>Reviewer 3 - Score:</b> 4.5	<b>Reviewer 3 - Score Explanation:</b> The budget is detailed and appropriate, with all line items clearly aligned with the objectives and scope of the described project.
<b>Reviewer 4 - Score:</b> 5	<b>Reviewer 4 - Score Explanation:</b> The proposal includes a well-defined budget that aligns with project activities and deliverables. The request for funding is specific, focusing on: <ul style="list-style-type: none"> <li>• <b>Salaries for two bilingual, bicultural licensed therapists</b> to support teletherapy and the Coachella Valley Free Clinic.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Funding to expand telepsychiatry services</b>, leveraging in-kind contributions from UCR leadership.</li> </ul> <p>The proposal clearly demonstrates other secured funding sources (RCOE and CYBHI), ensuring cost-effectiveness. The budget appears reasonable and justified, with committed funds already in place, reflecting a responsible financial approach.</p>
<b>Fiscal Scoring Review</b>	
<b>Fiduciary Compliance</b> (5 Points)	The applicant demonstrates a financial history that shows a continuous cycle of fiduciary responsibility of the Board through unmodified audited financial statements produced in a timely fashion, positive cash flow at the end of each fiscal year, asset ratio meets required debt load, and the Board reviews financial statements regularly.
<b>Reviewer 1 - Score:</b> 4	<b>Reviewer 1 - Score Explanation:</b> The most recently available financial audit for the year ending June 30, 2023 provided an unmodified opinion. The audit covered the entire University of California system. Positive cash flow noted for fiscal year ending June 30, 2022. Current assets sufficient to address current liabilities. Letter provided by Controller regarding acceptance of audited financials.
<b>Reviewer 2 - Score:</b> 4.5	<b>Reviewer 2 - Score Explanation:</b> The FY 06/30/23 audit report is unmodified. Audit report Current Ratio is strong. This represents the grantee's ability to pay it shorts-term liabilities.
<b>Financial Stability</b> (5 Points)	Funding sources for operations and programs are from multiple sources and are driven by a strategic plan for stability for both short- and long-term growth. If a strategic plan does not exist, other documentation is presented to identify future sources of funding. The requested grant amount is reasonable in comparison to the overall organizational budget.
<b>Reviewer 1 - Score:</b> 4	<b>Reviewer 1 - Score Explanation:</b> There are multiple funding sources listed, which includes future growth being addressed in strategic plan. The grant value is reasonable in comparison to overall University of California operating budget, although the individual campus level data is not provided.
<b>Reviewer 2 - Score:</b> 5	<b>Reviewer 2 - Score Explanation:</b> The Grant request is rational to the overall organizational budget, which includes from funding from multiple sources. A Strategic Plan for the organization is in place for the 2024-27 beginning in December 2023 of how funds will be allocated as well as how they plan on spending funds towards their goals.



TOTAL SCORES - PROGRAMMATIC		TOTAL SCORES - FISCAL	
REVIEWER 1	34/40 POINTS = 85%	REVIEWER 1	8/10 POINTS = 80%
REVIEWER 2	36/40 POINTS = 90%	REVIEWER 2	9.5/10 POINTS = 95%
REVIEWER 3	36.5/40 POINTS = 91%	<b>AVERAGE</b>	8.75 POINTS = 87.5%
REVIEWER 4	39/40 POINTS = 98%		
<b>AVERAGE</b>	36 POINTS = 91%		

Average Total Score: 45 / 50 = 90%



**Date:** February 11, 2025

**To:** Program Committee

**Subject:** Grant # 1478 St. John's Community Health

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**Grant Request:** St. John's Community Health Indio Community Health Center Start-Up

**Amount Requested:** \$1,000,000.00

**Project Period:** 03/01/2025 to 02/28/2026

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

St. John's Community Health (SJCH) is committed to improving community health and reducing health disparities by providing high-quality, comprehensive services while also influencing health and social policy. In 2022, SJCH expanded its reach in the Coachella Valley and invested \$9.35 million in real estate, construction, and equipment to establish a new health center in Indio. The health center officially celebrated its grand opening on January 28, 2025.

The community served by St. John's Community Health's Indio Health Center faces significant healthcare needs, with over 39,000 low-income residents in the service area are not being served by a community health center. The facility is situated in a federally designated Medically Underserved Population area and a Health Professional Shortage Area for primary, dental, and mental health services, highlighting the critical shortage of healthcare providers and access to essential services in the region. Despite the presence of multiple health centers, the area still has notable gaps in healthcare access, particularly for vulnerable groups such as agricultural workers and underserved populations. Additionally, environmental hazards, high rates of chronic health conditions like obesity and heart disease, and socio-economic challenges exacerbate the community's need for expanded healthcare services.

SJCH is requesting funding to support staffing for the clinic's ramp-up phase, focusing on goals outlined in the Desert Healthcare District's Strategic Plan to expand access to primary and behavioral health services. Specifically, funding will cover 33% FTE for key medical, dental, and behavioral health staff during a four-month period without reimbursement and 100% FTE for roles critical to patient engagement and clinic operations. The facility aims to serve over 2,000 new patients in its first year, with a projected capacity of 10,000 patients annually by Year 3. The requested funds will be



instrumental in building the clinic's patient base and expanding essential services to address health disparities in the Indio area.

**Strategic Plan Alignment:**

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

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

**Strategy 2.1:** Increase the number of primary and specialty care professionals to support Coachella Valley residents

**Strategy 2.4:** Improve accessibility of primary and specialty care services by increasing available telehealth services in Coachella Valley

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

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

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

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

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

Coachella, Indio, La Quinta

**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 \$1,000,000.00 be approved.
- Recommendation with modifications
- Request for more information
- Decline



## **Grant Application Summary**

### **St. John's Community Health, Grant # 1478**

#### **About the Organization**

St. John's Community Health  
808 W. 58th Street  
Los Angeles, CA United States  
213-248-0259

[www.sjch.org](http://www.sjch.org)

**Tax ID #:** 95-4067758

#### **Primary Contact:**

Ernesto Barahona, Chief Strategy and Development Officer  
323-541-1600 ext 1105  
[ebarahona@sjch.org](mailto:ebarahona@sjch.org)

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

St. John's Community Health's (SJCH) mission is to improve community health and reduce health disparities by delivering high quality, comprehensive services and impacting health and social policy. SJCH was founded in 1964 as a volunteer pediatric clinic to alleviate health problems resulting from poverty in the downtown and South/Central communities of Los Angeles (LA). In 1994, the clinic incorporated as an independent, 501(c)(3) organization.

In 2003, the U.S. Bureau of Primary Health Care awarded Federally Qualified Health Center (FQHC) status to SJCH. The agency subsequently grew into one of the most significant safety-net providers in LA County, operating a network of 24 clinics. SJCH's LA County health centers include fixed-site, mobile and school-based health centers. In 2023, SJCH served over 96,000 unique patients of all ages through 586,257 medical, behavioral health, dental and support service visits. SJCH support services address the social determinants of health (SDOH) and are integrated with clinical care. They include screening and enrollment in insurance, legal assistance, and case management for higher risk and underserved populations: LGBTQ, people experiencing homelessness, people living with/at risk for HIV and HCV, people exiting incarceration (reentry), and people who use drugs (PWUD).

In 2022, SJCH decided to expand to the Inland Empire; purchasing and renovating properties in San Bernardino, San Jacinto and Indio. This decision was informed by multiple factors. Consumer Board members had reported that, due to the high cost of living in LA, local residents were increasingly moving to the Inland Empire and that there was a need for more accessible, culturally competent healthcare services in this region. Some SJCH patients, even after re-locating to the Inland Empire, had been returning to SJCH's LA County sites for care. Government data showed massive population growth in the Inland Empire in recent years. The Health Resources and Services Administration's (HRSA) data, however, indicates that health center penetration rates in the region are much lower than rates in LA County, and the growth of the low-income population is expected to continue. During the COVID-19 pandemic, SJCH's COVID vaccination campaign (which administered 500,000+ doses over 2 years) took the agency to new geographic areas. SJCH engaged with community organizations in San Bernardino and Riverside counties, including United Farm Workers and other agencies, to vaccinate low-income workers. These collaborations highlighted the gaps in healthcare access and underscored local needs. SJCH's population-specific programs (e.g. Transgender Health, Reentry) had also been attracting patients from the Inland Empire because they could not find such comprehensive services in their own communities. With respect to the SJCH Indio Community Health Center, which is the focus of this proposal, SJCH conducted a needs assessment that included street outreach at the adjacent shopping center, local parks, and with farmworkers to determine unmet service needs. SJCH also contacted local medical and social service providers to garner feedback about needs and site and partnership possibilities. In January 2024, SJCH became a member of the Community Health Association - Inland Southern Region (CHAISR) and opened its San Bernardino health center. In July 2024, it opened its San Jacinto site; the Indio site opened in January 2025.

The Inland Empire region, characterized by its rapid population growth, cultural, racial and socioeconomic diversity, presents a unique set of healthcare needs that align with SJCH's mission of reducing health disparities and improving community health outcomes. SJCH aims to bridge gaps in healthcare access, enhance health equity, and deliver comprehensive care to underserved populations in the region. Ensuring that underserved, under-resourced, and marginalized populations - such as immigrants (documented and undocumented), people of color, LGBTQ+ communities, farmworkers, people experiencing homelessness, justice-impacted individuals, and people with substance use disorders - have access to culturally competent health services that address SDOH is a primary focus of the expansion.

In the Coachella Valley (CV), SJCH has invested \$9.35 million in real estate, construction and equipment costs to establish its new health center in Indio, the most heavily populated city in the CV and the focus of this application. The health center celebrated its grand opening on January 28, 2025. This site will be complemented by a

mobile medical unit that provides services for farmworkers and their families who face transportation or scheduling obstacles to obtaining care at the Indio site. SJCH has entered into discussions with the Coachella Valley Housing Coalition and Pueblo Unido CDC to dock the mobile at affordable housing developments and mobile home parks where this population lives to offer services during non-working hours.

**Organization Annual Budget:** \$208,070,000.00

### **Project Information**

**Project Title:** St. John's Community Health Indio Community Health Center Start-Up

**Start Date:** 03/01/2025    **End Date:** 02/28/2026

**Total Project Budget:** \$1,416,736.00

**Requested Amount:** \$1,000,000.00

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

The service area for SJCH's Indio Community Health Center is comprised of four zip codes that encompass the cities of Indio, Coachella and La Quinta. The facility is located in a federally designated Medically Underserved Population area and a Health Professional Shortage Area for primary, dental and mental health. Although the region is home to numerous health centers, data from the HRSA GeoCare Navigator highlights that there is still significant need for additional health center access: **92201**: Low income population (LIP) of 26,001; 37.59% are served by a health center (health center penetration rate); **92203**: LIP of 6,145; 20.03% penetration rate; **92236** : LIP of 19,136; 47.2% penetration rate; **92253**: LIP 10,280; 18.11% penetration rate.

A total of 39,109 low-income residents in the service area are not being served by a community health center. The region's population has steadily increased in recent years and is expected to continue expanding. The facility's zip code, 92201, contains multiple CalEPA-designated SB 535 Disadvantaged Communities, based on geographic, socioeconomic, public health and environmental hazard criteria ([oehha.ca.gov/calenviroscreen/sb535](http://oehha.ca.gov/calenviroscreen/sb535)). Environmental hazards include air pollution (elevated ground-level ozone from cars, power plants and other sources); particulate matter from diesel exhaust and the Salton Sea; toxic chemicals used in agriculture; elevated arsenic and lead in drinking water; and substandard housing conditions (Eisenhower Med Ctr 2022 CHNA, Desert Healthcare District & Foundation 2020 CHNA).

Though a developed urban area, Indio is geographically isolated from other cities in the Inland Empire by long distances and mountain passes and is the service hub for many rural and unincorporated communities to its east, representing a diverse range of needs and challenges. Sociodemographic variables within just the Indio Health Center's

service area vary significantly. The median household incomes range from \$52,489 (Coachella) to \$92,744 (La Quinta) (data.census.gov). Coachella has the highest percentage of population in the CV who are Hispanic/Latino (97.3%) and of households where a language other than English is spoken at home (88.8%), the respective figures for Indio are 64.2% and 52.6% and, for La Quinta, 34.7% and 26.9% (DHDF 2020 CHNA). Only 3.4% of the Indio population are Black/African-American, higher than Coachella (0.9%) and La Quinta (2%). The October 2024 unemployment rate in Indio was 8.6%; in Coachella, 14.2%; and in La Quinta, 7.34%, all higher than for Riverside County's 6.2% (ycharts.com).

With respect to public education, the Indio Health Center's service area contains two school districts: Coachella Valley Unified (CVUSD) and Desert Sands Unified (DSUSD). In school year 2022-23, both districts performed below state education standards for English Language Arts and Mathematics (caschooldashboard.org) and had higher levels of chronic absenteeism than Riverside County as a whole. School suspension data indicate that CVUSD and DSUSD had higher percentages of illicit drug related incidents relative to county and state, indicating higher risk for substance use disorders (SUD) (DHDF 2020 CHNA). The 2019 Coachella Valley Community Health Survey found that 41.4% of CV children had experienced one or more of four Adverse Childhood Experiences (ACES), the top two being parental divorce/separation and mental illness in the home. The percentages of highschoolers reporting that they have considered suicide are higher than those for the county (Eisenhower 2022 CHNA). Educational attainment among adults in Coachella and Indio is lower than the county average; 41.8% and 19.8%, respectively, have less than a high school education, vs. 9.1% county (DHDF 2020 CHNA).

These SDOH challenges contribute to poor health status. Coachella has the second-highest percentage of children (62.2%) and adults (76.8%) categorized as overweight or obese. Rates of overweight and obesity for the Indio service area are much higher than for Riverside County (35.7% vs. 16%). The leading causes of death in the CV are heart disease, cancer, and chronic lower respiratory disease (Eisenhower 2022 CHNA). At JFK Memorial Hospital in Indio, which has the highest percentage of Medi-Cal patients in the CV, the top reasons for ER visits are injuries/poisonings (20.6%) and respiratory issues (13.1%). Health status and outcomes are significantly worse for agricultural workers, who perform demanding physical labor, handle dangerous machinery with inadequate protective gear or training, are exposed to toxic chemicals and endure high temperatures for extended periods. With regard to behavioral health, the suicide mortality rate for CV (19.4/100,000) is higher than the county and state rates (DHDF 2020 CHNA). Certain groups are at higher risk for poor mental health outcomes, e.g. military veterans, LGBTQ individuals, and undocumented individuals (Eisenhower 2022 CHNA).

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

SJCH's proposed project is starting up the provision of primary medical, dental, behavioral health and support services at its new Indio Community Health Center, located at 82025 Highway 111, 92201. The building was a vacated Dollar Tree storefront space that SJCH purchased for \$2.9 million. The agency has since invested \$6.45 million to convert it into a 11,524 square-foot facility with 10 medical exam rooms, 6 dental operatories, medical and dental labs, 3 offices for integrated behavioral health (IBH) counseling, 1 room for support groups and workshops, program offices, and a pharmacy. It is located on a major thoroughfare in a mixed commercial and residential area; the nearest clinic is over a mile away. The site's grand opening was held on January 28, 2024. It operates five days/week. As the clinic's patient base grows, hours will expand to six days. The Indio facility will provide:

Medical Care: wellness exams for all ages; women's health; pediatric health; transgender health; reproductive health, COVID-19 testing, vaccination, & treatment; immunizations; screening for & management of chronic conditions; STI, HIV, HCV testing & treatment; vision & hearing; on-site laboratory & pharmacy. As the health center's first year progresses, specialty services including podiatry, OB/GYN, HIV medicine and addiction medicine for MAT will be added. Integrated Behavioral Health (IBH): screening for ACEs, mental and substance use disorders (SUD); consultation for initial referral, assessment & goal-setting; individual & family counseling; psychotherapy support groups; psychiatry for psychotropic medication management; SUD counseling & recovery support; crisis intervention; case management. Dental Care: oral health screening; exams, x-rays, consultations; cleaning; periodontal therapy; restorations; extractions; fluoride application; sealants; emergency care; oral cancer screening; caries risk assessment, education & treatment; silver diamine fluoride. Support Services: Health outreach & education; screening & enrollment in insurance; care coordination, case management & harm reduction services for special populations, e.g. reentry, LGBTQ+, people experiencing homelessness, farmworkers, people living with HIV/AIDS, survivors of domestic violence, and PWUD.

SJCH's project goal aligns with that of the Desert Healthcare District: to achieve optimal health at all stages for District residents, specifically residents of Indio and surrounding communities. SJCH is requesting funding to support initial staffing necessary to address Goals 2 and 3 of the District's Strategic Plan: proactively expand community access to primary and specialty care and proactively expand community access to behavioral/mental health services. This funding will provide crucial support for clinic ramp-up to accomplish these goals over one year. While the Indio Health Center will be operating full-time from the start, building a patient base will take time. The Indio clinic does not yet have contracts with managed care plans. SJCH is in the process of applying for contracts with Molina, Inland Empire Health, Alpha Care and LA Selle. In this application, SJCH is requesting 33% FTE funding for medical, dental and



behavioral health staff to cover the 4-month period in which their services will not be reimbursed. SJCH also requests 100% FTE funding for three non-reimbursable positions that are key to building the clinic's patient base and operation.

SJCH requests: Medical (33% FTE, all hired): 1 Family Medicine Physician, 3 RNs & 2 LVNs, & 8 Medical Assistants to provide primary medical services. Dental (33% FTE): 1 Dentist (TBH), 1 Registered Dental Asst & 1 Dental Asst (Hired) for preventive & early treatment services for oral health. Behavioral Health (33% FTE, hired): 1 Psychiatric RN & 1 Psychiatric Med. Asst. to provide services for mental health & SUD conditions. Patient Engagement (100% FTE, hired): 1 Benefits Counselor to inform patients about Medi-Cal & other public programs, screen & enroll eligible patients into coverage, & assist with retaining coverage; 1 Community Health Worker to provide outreach and education at community sites & events where low-income residents congregate (e.g. schools, community centers, parks, food banks, social service agencies, affordable housing developments, health fairs) to raise awareness of priority medical, dental, and behavioral health issues, the services available at SJCH's Indio health center, and how to obtain services. Operations (100% FTE, TBH): 1 Clinic Manager to manage daily operations.

By the clinic's 2nd year, SJCH will onboard additional categories of clinicians e.g. pediatrician, OB/GYN, and podiatrist and additional dental and IBH staff.

A significant percentage of SJCH's patient base will be farmworkers and their families. Some of them, due to living farther away and/or difficulties with transportation or operating hours, will be served primarily by SJCH's mobile clinic, which will dock at locations where farmworkers live and congregate and operate primarily on evenings and weekends. (SJCH is not requesting funding in this proposal for the mobile unit). When a mobile unit patient requires services unavailable on the mobile, SJCH will provide them with transportation to obtain services at the Indio health center. As part of SJCH's commitment to providing comprehensive care for migrant and seasonal farmworkers, SJCH will integrate work-related health services into its primary care services. Medical staff at the Indio health center and the mobile clinic will complete training with the National Center for Farmworker Health to earn a Certificate of Excellence in Agricultural Worker Health. This will ensure that SJCH staff are well-equipped to address the unique health risks faced by farmworkers, including work-related injuries, parasitic infections, and occupational health hazards. SJCH will incorporate a template into its EHR system that addresses farmworker-related health issues. This template will be used to gather detailed medical histories and assess health status. It will include screening for common agricultural risks. Based on the information gathered, SJCH will provide the appropriate diagnostics, treatment, and referrals. In its initial year of operation with the requested funds, SJCH will provide medical and IBH screening services to 2,000 new patients, dental services to 330 patients, and IBH treatment services to 195 patients. Once fully staffed and operating at full capacity

(Year 3), the Indio Community Health Center will provide health care services to 10,000 unique patients annually, representing a significant increase in healthcare access for Indio residents.

With regard to support programs for specific high-risk populations: Indio has 1 Transgender Program staff (more to be hired soon). Remaining programs will be up by the site's 2nd-3rd year of operation: people experiencing homelessness, reentry, LGBTQ+, people living with HIV, & PWUD.

**Strategic Plan Alignment:**

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

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

**Strategy 2.1:** Increase the number of primary and specialty care professionals to support Coachella Valley residents

**Strategy 2.4:** Improve accessibility of primary and specialty care services by increasing available telehealth services in Coachella Valley

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

**Project Deliverables and Evaluation**

<p><b>Deliverable #1:</b> By February 28, 2026, SJCH's Indio Community Health Center will provide primary medical care services to 2,000 unique patients. Approximately 1,000 patients will receive services solely through face-to-face visits and 1,000 will</p>	<p><b>Evaluation #1:</b> SJCH's Electronic Health Record (EHR) system will document every medical visit, with different categories of data entered by registration/reception staff, medical assistants, and the medical providers. SJCH will use Microsoft Power BI, a business intelligence data visualization system, to query EHR data and generate reports of all patients who completed one or more clinic visits with a medical clinician, along with their demographic</p>
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<p>receive services via a combination of face-to-face and telehealth visits.</p>	<p>information, health history, reason for visit and procedures performed. SJCH will generate a weekly dashboard of key metrics, including number of visits, number of unique patients served, and leading reasons for visits. This report will be reviewed by senior management to monitor the clinic's progress and detect any utilization trends that might require modifications to clinic operations. All patients will have a telehealth option for visits that do not require a face-to-face encounter. SJCH estimates that approximately 50% of all patients will want to do only face-to-face visits and that 50% will do a combination. The number of patients to be served was calculated based on the number of visits that the team of medical providers will complete at the 33% FTE being requested.</p>
<p><b>Deliverable #2:</b> By February 28, 2026, SJCH's Indio Community Health Center will provide dental care services to 330 unique patients.</p>	<p><b>Evaluation #2:</b> SJCH's Electronic Health Record (EHR) system will document every dental visit. SJCH's Dentrix system will document all oral health diagnoses, care plans, x-rays, and procedures performed. SJCH will use Microsoft Power BI, a business intelligence data visualization system, to query EHR data and generate reports of all patients who completed one or more visits with the dentist, along with their demographic information, health history, reason for visit and procedures performed. SJCH will generate a weekly dashboard of key metrics, including number of visits, number of unique patients served, and leading reasons for visits. This report will be reviewed by senior management to monitor the clinic's progress and detect any utilization trends that might require modifications to clinic operations. The number of patients to be served was calculated based on the number of visits that the Dentist will complete at the 33% FTE being requested.</p>
<p><b>Deliverable #3:</b> By February 28, 2026, SJCH's Indio Community Health Center will</p>	<p><b>Evaluation #3:</b> SJCH's EHR system will document every IBH visit, with different categories of data entered by reception</p>

<p>provide integrated behavioral health services to address mental health and substance use disorder issues to 195 unique patients.</p>	<p>staff, the Psychiatric Registered Nurse and the Psychiatric Medical Assistant. SJCH will use Microsoft Power BI, a business intelligence data visualization system, to query EHR data and generate reports of all patients who completed one or more visits with the behavioral health clinician, along with their demographic information, health history, reason for visit and procedures performed. SJCH will generate a weekly dashboard of key metrics, including number of visits, number of unique patients served, and leading reasons for visits. This report will be reviewed by senior management to monitor the clinic's progress and detect any utilization trends that might require modifications to clinic operations. The number of patients to be served was calculated based on the number of visits that the IBH clinician will complete at the 33% FTE being requested.</p>
<p><b>Deliverable #4:</b> By February 28, 2026, the SJCH Indio Community Health Center will assist 1,000 patients with enrolling in, utilizing and/ or renewing Medi-Cal Coverage.</p>	<p><b>Evaluation #4:</b> The Benefits Counselor will log all patient sessions into the agency's EHR. Medi-Cal and other Covered California applications and renewals will be entered into and tracked by the Covered California website. They will check on approvals for coverage programs through the POINTCARE software system. The Eligibility and Retention Department Manager will monitor the Benefits Counselor's workload and approvals through POINTCARE at regular intervals to monitor their productivity and acceptance rate and will assist with addressing any implementation obstacles that occur.</p>

**Project Demographic Information**

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

Coachella, Indio, La Quinta

**Target Population Age Group:**

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

**Target Population Ethnicity:**

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

**Target Population Race:**

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

**Additional Target Population Information:**

SJCH is targeting low-income community members of all ages, races and ethnicities who are not currently being served by a community health center. Based on demographic data for the service area, SJCH anticipates that the majority of people served will identify as "Hispanic/Latino." SJCH's service population will include farmworkers and their families.

**Capacity, Sustainability, and Partnerships****Organizational Capacity**

SJCH has a long history of successfully opening new sites on-time and within budget. The agency had only one site when President and CEO James Mangia joined the SJCH in 1993. It now operates 28 community health centers, including stand-alone sites, school-based health centers, health centers co-located with affordable housing developments, and mobile units. In just the past six years, SJCH has accomplished the following: 1) implemented a 2021 HRSA School-Based Service Expansion grant by expanding two existing school-based health center facilities, staffing, & services; 2) Opened two additional school-based health centers in a new geographic area of LA County; 3) Opened a new health center on the campus of a community hospital co-located with partner Special Needs Network to establish the Center for Autism & Developmental Delays; 4) Opened a combination health and drop-in center for people experiencing homelessness; 5) Opened a health center on the grounds of a public housing development with a significant Bengali resident population and engaged Bengali residents in care through outreach, education & organizing; 6) Launched a Harm Reduction program for PWUD and established a Syringe Services Program; 7) opened three new fixed-sites and deployed one mobile unit to the Inland Empire.

The lessons SJCH has learned from previous expansions and the resulting systems it has established informed the Indio start-up plan. SJCH will focus on providing medical, dental, behavioral health and basic enabling services in the clinic's first year. As the patient base grows and as more support services are funded, staffing and services will expand and diversify.

In compliance with HRSA Section 330 guidelines, SJCH operates under a consumer-majority Board of Directors governing structure. Patient board members reflect the demographics and lived experiences of its patient population. The organizational lines of authority run from the Board of Directors directly to the full-time President and Chief Executive Officer (CEO), who then delegates to the appropriate members of senior management staff. Senior management is comprised of the following Chief Officers: Financial, Operating, Administrative, Medical, Dental, Pharmacy, Programs,

Information, Strategy and Development, Human Resources/ Legal/ Compliance, and Government Affairs & Community Relations. This team in turn oversees all clinical, financial, operational, programmatic, and administrative functions and staff for SJCH and has extensive project design, implementation, and evaluation experience.

The following staff will be key to starting up medical and IBH services at the Indio site: **Ana Barahona**, Chief Operating Officer, has been with SJCH since 2001 and has 20+ years of experience in Operations. Barahona supervises and directs a team of 35 employees and oversees the Call Center and Benefit Counselor departments. She is responsible for managing the agency's day-to-day operations. Working closely with the Director of Operations and a group of Regional Clinic Directors, she guides them through new challenges and changes for successful operations. Barahona holds a certificate from the Cedars Sinai Community Clinic Initiative: Managing to Lead program. **Chief Medical Officer, Sushant Bandarpalle, DO, AAHIVS**, joined SJCH in 2017 as an attending physician providing care as an HIV Specialist, and later as a Medication Assisted Treatment (MAT) Specialist. Bandarpalle became a Regional Medical Director in 2018 and was promoted to Chief Medical Officer in 2023. Bandarpalle is a Doctor of Osteopathic Medicine and is Board Certified by the American Osteopathic Association. Key roles include: assessing and upgrading medical care standards; providing management, leadership and coaching to medical staff; working with operations and executive teams to implement new processes/systems, and partnering with leadership to develop and implement strategies across the organization. **IBH Director Deborah Bradley, LMFP, Ph.D.**, joined SJCH in 2023 and oversees the Integrated Behavioral Health Program, reporting to the Chief Programs Officer. Bradley has 26 years' experience working in behavioral health at a range of community agencies serving diverse communities. She has also worked for and collaborated with public agencies, including the LA County Department of Mental Health and the LA County Department of Children and Family Services. Her prior experience includes building and integrating a new behavioral health program into a medical organization with 25 clinics in multiple California counties. **Michael Beral, D.D.S.**, Chief Dental Officer, has been with SJCH since 2005 as a part-time dentist. In 2013, he was promoted to dental Director and became Chief Officer in 2023. Beral oversees the clinical and operational management of all 19 dental clinics. He has been practicing general, family, and cosmetic dentistry for underserved populations since 1999.

#### **Organizational Sustainability:**

With regard to financial sustainability, SJCH will ensure that the Indio health center meets the requirements for Medi-Cal reimbursement and is applying for contracts with four managed care plans. As an FQHC, SJCH is eligible for the prospective payment system (PPS), which offers an enhanced reimbursement rate. This will be a reliable funding source to support healthcare services. SJCH's Development team will aggressively pursue funding opportunities from local, state and federal government agencies, private foundations, corporations and individuals to grow and sustain

services. SJCH possesses a proven track record in sustaining a diverse array of clinical services and programs. For example, SJCH currently contracts with four healthcare plans to provide CalAIM Enhanced Care Management and Community Support services to eligible Medi-Cal members in Los Angeles County. SJCH will pursue CalAIM contracts with plans to provide these services in Riverside County as well.

With regard to staff recruitment and retention, SJCH is expanding its Human Resources Department and workforce pipeline strategies to meet the agency's growing recruitment and retention needs. SJCH's team of recruiters has many years' experience recruiting clinical providers to work in community health centers. SJCH also recruits medical providers through the National Health Service Corp program and advocates for / avails itself of local and state initiatives that provide retention benefits to healthcare workers. SJCH has contracted with Desert Physicians Medical Group Health to support clinician recruitment and to build a residency program. SJCH successfully participated in the California Department of Health Care Services' Behavioral Health Recruitment & Retention Initiative, which provided the agency with resources to improve its recruitment and retention strategies and systems, which are yielding benefits not only with respect to behavioral health staffing but all staffing as well. The Behavioral Health Department brokers agreements with schools of Social Work to serve as a fieldwork site for graduate students, some of whom are later employed as staff once they have completed their studies.

Engaging in effective collaboration and partnerships has been a cornerstone of SJCH's work for decades, as the agency has pioneered and implemented projects that span multiple sectors to holistically address health issues. For example, in the Healthy Homes South LA collaborative, SJCH works with a community health promoter agency and tenants' rights agencies to provide comprehensive healthcare, education, remediation supplies and advocacy for asthmatic patients living in substandard housing. Over the past several years, SJCH's Government Affairs and Community Relations Department has met with a range of organizations and stakeholders in the Inland Empire to assess needs and broker partnerships, and will continue to do so. In keeping with SJCH's longtime commitment to community-led services and facilities development, this department will also organize and convene an Indio Right to Health Committee to engage community members, continually assess health needs and clinic performance, provide feedback to SJCH to ensure that services remain responsive to community needs, build public awareness of health issues, and create a base of leaders to advocate for improvements in the public health infrastructure. SJCH launched its Right to Health committee model in 2010 and it has proven successful in engaging and sustaining community members over the long-term. SJCH was recently awarded a three-year CA DHCS grant to serve the Transgender, Gender Non-Confirming, and Intersex population in tribal communities of the Inland Empire in a partnership with the Transgender Health & Wellness Center.

Every three years, SJCH's Board, Senior Management and staff participate in a comprehensive strategic planning process that draws upon internal and external qualitative and quantitative data collected over the preceding three years. SJCH engages a strategic planning firm to conduct the process and finalize the agency's Strategic Plan that will guide its development over the subsequent three years. SJCH's current Strategic Plan expires June 2025. The agency recently began its strategic planning process to create the plan for July 2025-June 2028.

### **Partnerships/Collaborations:**

SJCH is not requesting funding for partner agencies. However, as SJCH is a newcomer to the CV, forging and securing partnerships has been a priority to ensure that the agency's work in this region is responsive to community needs, coordinated with key stakeholders, and facilitates collaboration. To that end, SJCH's leadership has established working relationships with the following entities thus far to share information, coordinate services, and provide two-way referrals: 1) Community Health Association Inland Southern Region (CHAISR); 2) United Farmworkers; 3) Service Employees International Union (SEIU) Local 721; 4) Transgender Health and Wellness Center; 5) Family Assistance Program; 6) Coachella Valley Housing Corp; 7) Pueblo Unido CDC; 8) Rainbow Pride Youth Alliance; 9) Inland SoCal United Way; and 9) El Sol Educational Center.

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

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

SJCH prioritizes diversity in both its staff and governance, striving to reflect the diverse populations we serve. As the agency extends its services to the CV, this commitment to diversity remains steadfast. As an FQHC, SJCH's Board is required to have a majority consumer/patient membership, drawn from its patient population. The current Board's membership is 40% Black/African American, 40% Latinx, and 20% Asian/Pacific Islander. Four members of the Board are immigrants to the United States, bringing important insights that help SJCH serve its large documented and undocumented immigrant population. One Board member was formerly homeless, one lives in public housing, and one Board member was formerly incarcerated; the Board members represent the needs and interests of these special populations at SJCH. We are in the process of recruiting a board member who is a farmworker from the CV.

SJCH prioritizes hiring staff from the communities it serves and is proud to have a staff that reflects its patient population. Of our 1,000+ employees, 69% of staff are Latinx and 10% are Black/African American. 47% of staff live in SJCH's service area (additional staff grew up in the service area). In recent years, with the diversification of programming and services, SJCH has succeeded in recruiting staff members who share gender identity, sexual orientation, and/or lived experiences with the patients they serve (e.g., LGBTQ, immigrant, homeless or formerly incarcerated). For example, staff working in the Transgender Health Program all identify as transgender or non-binary. Community health workers who provide intensive case management services for clients re-entering society after prison, all have a history of incarceration. Some staff in in the Homeless



Services Program previously experienced homelessness. Staff in SJCH's Committed to Black Health & Wellness program, which focuses on improving perinatal outcomes for Black women, are all representative of the patients they serve. Many staff members, including senior management, are bilingual and bicultural, having immigrated from Mexico or Central America or having parents who did so. Forty-nine percent (49%) of staff, primarily frontline and patient-interactive, are bilingual English-Spanish. Increasing equity and diversity in SJCH's staff and governance is a constant process. SJCH completed a cultural assessment of SJCH from a justice, equity, diversity and inclusion (JEDI) standpoint conducted by a highly regarded consultant (Mmapeu Consulting). The consultant interviewed individuals and groups representing the different facets of SJCH's community and prepared their findings and recommendations. Concrete steps that SJCH has taken since 2023 as a result of this plan include: 1) Implementing mandatory diversity and inclusion training for all staff members. 2) Establishing an internal Equity, Diversity, and Inclusion (EDI) committee to regularly assess and address organizational practices. 3) Enhancing recruitment strategies to attract a more diverse pool of candidates for job openings.

SJCH also believes that effective services to its diverse patients requires proactive engagement to identify their unique challenges and collaboratively advocate on their behalf. For example, SJCH's Right to Health Committees serve not only as platforms for patients to voice their concerns and needs but also as the advocacy arm of the agency. In addition to actively participating in identifying challenges and providing feedback on SJCH services, committee members advocate for equitable access to healthcare services and resources. They collaborate with stakeholders, including policymakers, community leaders, and healthcare providers, to raise awareness about health disparities and advocate for policies and initiatives that promote health equity. Through their advocacy efforts, the Right to Health Committees play a crucial role in driving systemic change and advancing SJCH's mission to improve health outcomes for all.

SJCH believes that organized labor is another critical component to successful Diversity, Equity and Inclusivity policies and strategies. SJCH is a proud "union shop" with a strong and innovative partnership with Service Employees International Union (SEIU) Local 721. SJCH works closely with SEIU in the fight for social justice for its patients, employees, community, and network of health centers.

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

Every aspect of SJCH's organization is geared toward continuously identifying, strategizing, and overcoming the challenges of providing culturally and linguistically competent health and social services for patients. One of the biggest challenges remains staffing, specifically, recruiting clinicians (medical, dental, and behavioral) who are representative of SJCH's patient population and/or bilingual and bicultural, and who share SJCH's public health/social justice mission. Because these clinicians are in high demand, it is sometimes difficult to attract them to the low-income communities that SJCH serves. SJCH addresses these challenges by increasing pay rates across a wide range of its positions, expanding partnerships with local universities to host clinical interns (some of whom later become employees), and working to be a best-in-class employer committed to its staff. SJCH was the first FQHC in the country to implement a

minimum wage of \$25 and with cascading effects to the entire SJCH staff, including providers and clinicians.

## Grant Budget

Project Grant Budget				
<b>Applicant:</b>		<b>St. John's Community Health</b>		<b>SJCH Indio Health Center Start-Up</b>
OPERATIONAL EXPENSES		Total Project Budget	Funds From Other Sources <span style="color: red;">Detail On Section 3</span>	Amount Requested From DHCD/F
<b>Total Staffing Expenses <span style="color: red;">Detail on Section 2</span></b>		\$ 1,240,743.53	\$ 349,286.71	\$ 891,456.82
<b>Equipment (itemize)</b>				
1			\$ -	\$ -
2			\$ -	
3			\$ -	
4			\$ -	
<b>Supplies (itemize)</b>				
1	Medical Supplies	\$ 90,000.00	\$ 80,556.00	\$ 9,444.00
2			\$ -	
3			\$ -	
4			\$ -	
<b>Printing / Duplication</b>		\$ 18,000.00	\$ 18,000.00	\$ -
<b>Mailing / Postage</b>			\$ -	
<b>Mileage (use current Federal mileage rate)</b>		\$ 3,000.00	\$ 3,000.00	\$ -
<b>Education / Training</b>		\$ 5,000.00	\$ 5,000.00	
<b>Other Direct Project Expenses Not Described Above (itemize)</b>				
1			\$ -	\$ -
2			\$ -	
3			\$ -	
4			\$ -	
* Items listed below are included for calculation of the total project budget only. For use of DHCD/F funds, these line items would be included in the allowable 15% indirect cost rate.				
<b>Office / Rent / Mortgage*</b>			\$ -	\$ -
<b>Telephone / Fax / Internet*</b>			\$ -	\$ -
<b>Utilities*</b>			\$ -	\$ -
<b>Insurance*</b>			\$ -	\$ -
<b>Indirect Rate</b>	<input checked="" type="checkbox"/> Check Box To Utilize Indirect Rate Up To 15%	Enter Rate	11.00%	\$ 99,099.09
<b>Total Project Budget (Rounded up to nearest dollar)</b>				
		\$ 1,455,843	\$ 455,843	\$ 1,000,000
<b>Budget Narrative</b>	SJCH requests: <u>Medical supplies</u> , including: gowns, gloves, table paper, paper drapes, blood collection tools, instruments, point-of-care diagnostic testing supplies, infection control, needles, syringes, cuvettes, lancets, disinfectants, lancets, bandages, gauze, cotton, calculated at \$7,500/month x 12 months. <u>Indirect rate</u> of 11% for overhead costs associated with clinic operations, including administration, facilities, utilities and telecommunications.			

Staff Salary Expenses		Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD/F	
<b>Employee Position/Title</b>						
1	Family Medicine Physician	\$ 270,000.00	33%	89,100.00	\$ 89,100.00	
2	Registered Nurse	\$ 118,000.00	33%	38,940.00	\$ 38,940.00	
3	Registered Nurse	\$ 118,000.00	33%	38,940.00	\$ 38,940.00	
4	Registered Nurse	\$ 118,000.00	33%	38,940.00	\$ 38,940.00	
5	Licensed Vocational Nurse	\$ 80,000.00	33%	26,400.00	\$ 26,400.00	
6	Licensed Vocational Nurse	\$ 80,000.00	33%	26,400.00	\$ 26,400.00	
7	Psychiatric Registered Nurse	\$ 125,000.00	33%	41,250.00	\$ 41,250.00	
8	Dentist	\$ 170,214.00	33%	56,170.00	\$ 56,170.00	
9	Medical Assistant	\$ 52,000.00	33%	17,160.00	\$ 17,160.00	
10	Medical Assistant	\$ 52,000.00	33%	17,160.00	\$ 17,160.00	
11	Medical Assistant	\$ 52,000.00	33%	17,160.00	\$ 17,160.00	
12	Medical Assistant	\$ 52,000.00	33%	17,160.00	\$ 17,160.00	
13	Medical Assistant	\$ 52,000.00	33%	17,160.00	\$ 17,160.00	
14	Medical Assistant	\$ 52,000.00	33%	17,160.00	\$ 17,160.00	
15	Medical Assistant	\$ 52,000.00	33%	17,160.00	\$ 17,160.00	
16	Medical Assistant	\$ 52,000.00	33%	17,160.00	\$ 17,160.00	
17	Psychiatric Medical Assistant	\$ 58,242.00	33%	19,219.86	\$ 19,219.86	
18	Registered Dental Assistant	\$ 58,242.00	33%	19,219.86	\$ 19,219.86	
19	Dental Assistant	\$ 52,000.00	33%	17,160.00	\$ 17,160.00	
20	Benefits Counselor	\$ 52,000.00	100%	52,000.00	\$ 52,000.00	
21	Community Health Worker	\$ 52,000.00	100%	52,000.00	\$ 52,000.00	
22	Community Health Worker	\$ 52,000.00	100%	52,000.00	\$ 19,219.86	
23	Clinic Manager	\$ 75,000.00	100%	75,000.00	\$ 75,000.00	
24	1 Additional Benefits Counselor	\$ 52,000.00	100%	52,000.00	\$ -	
25	3 Additional CHWs	\$ 52,000.00	100%	208,000.00	\$ -	
Enter Total Employee Benefits / Employer Taxes % (Proportional Fringe Costs and/Or Employer Taxes Based On % Of Time Allocated To Project)			19.30%	200,723.81	144,217.24	
<b>Total Will Populate In Total Staffing Expenses Section 1</b>				<b>Total &gt;</b>	<b>\$ 1,240,743.53</b>	<b>\$ 891,456.82</b>
Budget Narrative - Scope of Work	Please describe in detail the <b>scope of work</b> and duties for each employee on this grant. SJCH requests funding for the following start-up clinical personnel for 33% of first year of operations, corresponding to time needed to finalize managed care plan contracts and credentialing and begin obtaining service reimbursements. 1 Family Medicine Physician, 3 RNs, 2 LVNs, 8 Medical Assistants (ALL HIRED) to provide primary medical care; 1 Psychiatric RN & 1 Psych. Med. Asst. (BOTH HIRED) to provide assessments, counseling, prescriptions and medication management for mental health & SUD issues; 1 Dentist (TO BE HIRED), 1 Registered Dental Asst. and 1 Dental Asst. (BOTH HIRED) to provide preventive and treatment dental services. SJCH requests 100% of the following positions: 1 Benefits Counselor (HIRED) to screen & enroll patients into insurance; 1 Community Health Worker (HIRED) to conduct outreach and education to promote services & link community members to clinic; and 1 Clinic Manager (TO BE HIRED) to manage all daily clinic operations.					
Budget Narrative - Employee Benefits	Please describe in detail the <b>employee benefits</b> including the percentage and salary used for calculation. Employee benefits calculated at 19.3% of salaries as follows: FICA - 8.7%; Health Insurance - 6.25%; Unemployment Insurance - 0.40%, Life Insurance - 0.40%, Workers' Compensation - 2.10%; Pension/Retirement - 1.3%. Payroll processing fees and other - 1.2%.					
Professional Services / Consultant Expenses		Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD/F	
<b>Company and Staff Title</b>						
1						
2						
3						
4						
<b>Total Will Populate in Total Staffing Expenses Section 1</b>				<b>Total &gt;</b>	<b>\$ -</b>	<b>\$ -</b>
Budget Narrative - Scope of Work	Please describe in detail the <b>scope of work</b> for each professional service/consultant on this grant.					

<b>Funds From Other Sources (Actual Or Projected) SPECIFIC To This Project</b>		
<b>"Total Funding In Addition To DHCD/F Request" Below Should Match Or Exceed Value Listed In Section 1 for "Funds from Other Sources".</b>		<b>Amount</b>
<b>Fees</b>		
<b>Donations</b>		
<b>Grants (List Organizations)</b>		
1		
2		
3		
8		
<b>Fundraising (Describe Nature Of Fundraiser)</b>		
1		
2		
3		
8		
<b>Other Income, e.g., Bequests, Membership Dues, In-Kind Services, Investment Income, Fees From Other Agencies, Etc. (Itemize)</b>		
1	Patient revenue from third-party (insurance) reimbursements	\$ 546,658.00
2	SJCH General Operating Funds	\$ 145,936.00
3		
8		
<b>Total Funding In Addition To DHCD/F Request</b>		<b>\$ 692,594.00</b>
<b>Budget Narrative</b>	Please describe in detail any additional information or explanations for items listed above.	

Version 07.07.23 Please see instructions tab for additional information



# Full Grant Application Scoring



## SCORING PARAMETERS

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

**Total Points Possible = 50 points**

Grant Information			
Grant Number:	Organization:	Project Title:	Funding Request:
<b>1478</b>	<b>St. John's Community Health</b>	<b>St. John's Community Health Indio Community Health Center Start-Up</b>	<b>\$1,000,000.</b>
Programmatic Scoring Review			
<b>Community Need for the Project in Coachella Valley</b> (5 points)	The applicant identifies and describes a specific need(s) for the project within the Coachella Valley by providing relevant, valid data that highlights the full scope of the need. The applicant clearly connects the community need to the project's targeted population.		
<b>Reviewer 1 - Score:</b> 4.5	<b>Reviewer 1 - Score Explanation:</b> St. John's Community Health effectively emphasized the critical need for expanded health services within the community and supported this by incorporating a variety of data points that clearly validate the extent of that need. They provided a comprehensive justification underscoring the urgency for addressing gaps in care and ensuring that the community has access to the necessary resources for improved health outcomes.		
<b>Reviewer 2 - Score:</b> 5	<b>Reviewer 2 - Score Explanation:</b> The applicant has outlined, in detail, the need for this clinic in the CV, in particular the City of Indio. The gaps for the underserved, under-resourced, and marginalized populations (immigrants, BIPOC, LGBTQ, farmworkers, etc.) were addressed and highlighted the full scope of the need for this project		

<p><b><u>Reviewer 3 - Score:</u></b> 5</p>	<p><b><u>Reviewer 3 - Score Explanation:</u></b> St. John’s Community Health grant application provided a detailed explanation of the need for medical, dental, behavioral health, and specialty healthcare supportive services provided out of their new health center in Indio. The community need was supported with relevant and local data, which highlights the lack of medical, dental, and behavioral health services to District residents.</p>
<p><b><u>Reviewer 4 - Score:</u></b> 5</p>	<p><b><u>Reviewer 4 - Score Explanation:</u></b> The project effectively highlights the community's health disparities, emphasizing the need for accessible health services for underserved populations, such as farmworkers, LGBTQ+ individuals, and veterans. It uses strong data to support the claim of health inequities</p>
<p><b>Project Description and Use of Funds</b> (5 points)</p>	<p>The applicant describes the scope of the project and how the organization will utilize the Desert Healthcare District’s funding. The applicant clearly states the approach they are going to take to meet the community’s need and specifies how the success of this project directly relates to the District’s mission and current Strategic Plan.</p>
<p><b><u>Reviewer 1 - Score:</u></b> 4.5</p>	<p><b><u>Reviewer 1 - Score Explanation:</u></b> St. John’s Community Health provides a detailed overview of the clinic’s medical makeup and objectives, outlining how the Desert Healthcare District funding will be strategically integrated to address the healthcare needs of the community. This thorough explanation demonstrates a clear connection between the clinic's goals and the intended use of the funding.</p>
<p><b><u>Reviewer 2 - Score:</u></b> 5</p>	<p><b><u>Reviewer 2 - Score Explanation:</u></b> SJCH is requesting funding to support staffing for the clinic's ramp-up phase, focusing on goals outlined in the Desert Healthcare District’s Strategic Plan to expand access to primary and behavioral health services. Specifically, funding will cover 33% FTE for key medical, dental, and behavioral health staff during a four-month period without reimbursement and 100% FTE for roles critical to patient engagement and clinic operations.</p>
<p><b><u>Reviewer 3 - Score:</u></b> 5</p>	<p><b><u>Reviewer 3 - Score Explanation:</u></b> The grant proposal provided a very detailed project description and use of grant funds, which included the connection the DHCD mission and current strategic plan goals and strategies.</p>
<p><b><u>Reviewer 4 - Score:</u></b> 5</p>	<p><b><u>Reviewer 4 - Score Explanation:</u></b> The project is well-defined, addressing key health needs through services like primary care, dental, behavioral health, and mobile outreach. It outlines how these services will be delivered through a collaborative model involving key community stakeholders.</p>

<p><b>Alignment to District Goals, Strategies, and Performance Measures</b> (5 points)</p>	<p>The applicant effectively describes the alignment of the project to the Desert Healthcare District and Foundation 2021-2026 Strategic Plan goals, strategies and performance measures.</p>
<p><b>Reviewer 1 - Score:</b> 5</p>	<p><b>Reviewer 1 - Score Explanation:</b> The proposed project directly aligns to the Desert Healthcare District and Foundation high-priority strategic plan goals and strategies.</p>
<p><b>Reviewer 2 - Score:</b> 5</p>	<p><b>Reviewer 2 - Score Explanation:</b> The applicant directly aligns to strategic plan goals 2 and 3 and corresponding strategies of 2.1; 2.4; 2.7; 3.1, 3.4 and 3.6</p>
<p><b>Reviewer 3 - Score:</b> 5</p>	<p><b>Reviewer 3 - Score Explanation:</b> The grant proposal aligns with several of the DHCD Strategic Plan goals and strategies, specifically goals 2 &amp; 3, along with strategies 2.1, 2.4, 2.7, 3.1, 3.4, and 3.6</p>
<p><b>Reviewer 4 - Score:</b> 5</p>	<p><b>Reviewer 4 - Score Explanation:</b> The project strongly aligns with the Desert Healthcare District’s mission to improve access to healthcare services, reduce health disparities, and promote health equity. The project’s focus on underserved populations directly supports the district's strategic goals of addressing the healthcare needs of low-income, uninsured, and underinsured individuals. Additionally, the proposal demonstrates a deep understanding of populations with the greatest health disparities, such as farmworkers and LGBTQ+ communities.</p>
<p><b>Project Deliverables and Evaluation</b> (5 points)</p>	<p>The applicant provides project deliverables that are specific, measurable, attainable, and time-bound. Project deliverables must align with at least one of the Desert Healthcare District and Foundation’s 2021-2026 Strategic Plan goals and a related strategy/strategies. Additionally, applicant clearly demonstrates the alignment of their project deliverables to the appropriate performance measures, as outlined in the application instructions.</p> <p>Each evaluation corresponds to a project deliverable. The evaluation accurately measures the project’s effectiveness, impact and includes appropriate qualitative and/or quantitative tracking methods. The evaluation section includes well-defined data reporting mechanisms and/or a clear and transparent narrative.</p> <ul style="list-style-type: none"> <li>• Evaluation measures and methods are clear; the applicant defines how they envision success.</li> <li>• Evaluation is in alignment with the deliverables of the project.</li> </ul>



	<ul style="list-style-type: none"> <li>• Evaluation is in alignment with identified Desert Healthcare District and Foundation’s 2021-2026 Strategic Plan goal(s), strategies, and performance measure(s).</li> <li>• An explanation is provided on how the data collected from the project will be utilized for future programming, partnerships, and/or funding.</li> </ul>
<b>Reviewer 1 - Score:</b> 5	<b>Reviewer 1 - Score Explanation:</b> The deliverables are clearly aligned with the funding request and directly outline the expected outcomes resulting from District funding.
<b>Reviewer 2 - Score:</b> 5	<b>Reviewer 2 - Score Explanation:</b> The 4 deliverables align with the 3 strategies selected in goal 2 and the 3 strategies selected in goal 3 and evaluation component is in alignment with the deliverables, strategic plan goal and its strategies. The data collected will be reviewed by senior management to monitor the clinic’s progress and detect any utilization trends that might require modification to clinic operations.
<b>Reviewer 3 - Score:</b> 4	<b>Reviewer 3 - Score Explanation:</b> The project deliverables and evaluation of the project were detailed and met the requirements for this section, however, it failed to describe how the data collected would be used for future programming, expansion of services, and funding.
<b>Reviewer 4 - Score:</b> 5	<b>Reviewer 4 - Score Explanation:</b> The proposal provides a clear and structured approach to the project's deliverables, detailing the core services to be provided, including primary care, dental services, behavioral health, and mobile outreach specifically targeting underserved populations in the Coachella Valley.  In terms of evaluation, the proposal emphasizes the use of Electronic Health Records (EHR) to track patient engagement, outcomes, and service utilization, alongside the use of Power BI for creating real-time dashboards to monitor progress. This data-driven approach is commendable as it allows for continuous monitoring and adjustments to ensure that the project stays on track to meet its objectives.
<b>Organizational Capacity</b> (5 points)	The applicant details their organization’s capacity to meet the demands of this project including allocated staff time, internal expertise, organizational structure, etc. Applicant includes examples that demonstrate that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The applicant demonstrates reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support).

<p><b><u>Reviewer 1 - Score:</u></b> 5</p>	<p><b><u>Reviewer 1 - Score Explanation:</u></b> St. John’s Community Health has a proven track record of efficiently and effectively establishing clinics, demonstrating a strong ability to navigate and overcome challenges. They have consistently learned from past experiences, adapting their approach to ensure success in each new endeavor. This adaptability is supported by a well-rounded team, with staff possessing diverse expertise and operational knowledge.</p>
<p><b><u>Reviewer 2 - Score:</u></b> 5</p>	<p><b><u>Reviewer 2 - Score Explanation:</u></b> The applicant has a long history of successfully opening new sites on time and within budget. The applicant operated 28 community health centers. The lessons the applicant has learned from previous expansions and the resulting systems it has established informed the Indio start up plan, that is, providing medical, dental behavioral health and basic enabling services in the clinic’s first year. As the patient base grows and as moroe support services are funded, staffing and services will expand and diversify.</p>
<p><b><u>Reviewer 3 - Score:</u></b> 5</p>	<p><b><u>Reviewer 3 - Score Explanation:</u></b> St. John’s Community Health has a proven track record of more than 20 years operating 28 community health centers in Southern California. They have experienced staff and specialists at all levels, who will support the opening and success of the Indio health center.</p>
<p><b><u>Reviewer 4 - Score:</u></b> 4</p>	<p><b><u>Reviewer 4 - Score Explanation:</u></b> SJCH demonstrates a high level of organizational capacity, with a long history of success in establishing new health centers across California. The leadership team, including the CEO, Chief Medical Officer, and Director of Behavioral Health, all bring significant expertise to the project, which will be crucial for the successful startup and expansion of services in Indio. The Chief Operating Officer has extensive experience managing day-to-day operations and overseeing large teams, which will be key for the efficient functioning of the new site. Moreover, the inclusion of leadership roles dedicated to specific areas like medical, dental, and behavioral health, along with their years of experience in expanding similar programs, suggests that SJCH is well-equipped to handle the complexities of this new site. The existing infrastructure and internal systems provide strong evidence of SJCH’s ability to deliver on its plans for Indio.</p>
<p><b>Organization Sustainability</b> (5 Points)</p>	<p>The application highlights their organization’s sustainability strategies around funding, staff recruitment/retention, effective collaboration and partnerships, thoughtful long-term planning, etc.</p>
<p><b><u>Reviewer 1 - Score:</u></b> 4.5</p>	<p><b><u>Reviewer 1 - Score Explanation:</u></b> St. John’s Community Health outlined their financial sustainability plans, along with strategies</p>

	for workforce retention and recruitment. They also emphasized the importance of partnerships and collaborations to strengthen their efforts and expand resources.
<b>Reviewer 2 - Score:</b> 5	<b>Reviewer 2 - Score Explanation:</b> As an FQHC, the applicant outlines the dedicated requirements for Medi-Cal reimbursement and contract with four managed care plans. As an FQHC the applicant is eligible for the prospective payment system which offers an enhanced reimbursement rate (a reliable funding source). The applicant outlines a recruitment and retention plan for the necessary healthcare workforce that is needed.
<b>Reviewer 3 - Score:</b> 5	<b>Reviewer 3 - Score Explanation:</b> St. John's Community Health sustainability plan includes MediCal reimbursements and grant funding streams. They are aggressively recruiting a local workforce and partnerships to increase their capacity and patient volume.
<b>Reviewer 4 - Score:</b> 4	<b>Reviewer 4 - Score Explanation:</b> The sustainability plan laid out by SJCH is comprehensive and multifaceted. By ensuring that the Indio health center meets Medi-Cal reimbursement standards and actively pursuing managed care contracts, the project is positioning itself for long-term financial stability. The plan to secure funding from local, state, and federal sources is realistic and demonstrates a proactive approach to diversifying revenue streams. SJCH has a strong track record of securing and sustaining funding for similar projects, which bodes well for the Indio center. Furthermore, the recruitment and retention strategies are well-developed, with a focus on attracting healthcare providers through the National Health Service Corps and local initiatives.
<b>Partnerships/Collaborations</b> (5 Points)	The application demonstrates a collaborative process that includes multiple community partners involved in planning and implementation. Organizational partners are listed and each of their roles in the project are outlined. Letters of support and/or memorandums of understanding are included, as appropriate.
<b>Reviewer 1 - Score:</b> 4	<b>Reviewer 1 - Score Explanation:</b> St. John's Community Health highlighted several of their established partnerships for information sharing, service coordination, and referrals. However, they did not specify how they plan to continue building and expanding partnerships with other regional organizations moving forward.
<b>Reviewer 2 - Score:</b> 5	<b>Reviewer 2 - Score Explanation:</b> The applicant has developed strong partnerships and collaborations with entities such as Community Health Association Inland Southern Region; United Farmworkers; Transgender

	Health and Wellness Center; Family Assistance Program; DPMG Medical; CV Housing Corp.; Pueblo Unido; El Sol Educational Center and others.
<b>Reviewer 3 - Score:</b> 4	<b>Reviewer 3 - Score Explanation:</b> The list of partnerships and collaborations are growing as St. John’s Community Health is new to the area. I am confident the list will grow significantly as they engage with local and regional partners.
<b>Reviewer 4 - Score:</b> 4	<b>Reviewer 4 - Score Explanation:</b> SJCH has already established important relationships with several organizations in the Coachella Valley, which is crucial for ensuring that the project is integrated into the existing healthcare and social service landscape. These partnerships, including those with community health organizations, advocacy groups, and local housing authorities, reflect a collaborative approach that will facilitate coordinated care and increase the likelihood of the project’s success. However, because this is a new clinic in the region, and SJCH is still in the process of expanding its presence in the Coachella Valley, they have yet to identify and formalize additional partnerships within the community.
<b>Budget</b> (5 points)	The budget is specific and reasonable, and all items align with the described project. The proposed budget is accurate, cost-effective, and linked to activities and deliverables. <ul style="list-style-type: none"> <li>• There are no unexplained amounts.</li> <li>• The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are reasonable.</li> <li>• All line items are identified clearly in the budget narrative.</li> <li>• The budget shows committed, in-kind, or other funds that have been identified, secured, and in place to support the project.</li> </ul>
<b>Reviewer 1 - Score:</b> 5	<b>Reviewer 1 - Score Explanation:</b> The budget is clear, specific, and aligns with the project’s goals. All items are reasonable and reflect a thoughtful allocation of resources to support the successful implementation of the project.
<b>Reviewer 2 - Score:</b> 5	<b>Reviewer 2 - Score Explanation:</b> The budget is specific and reasonable (staffing, medical supplies, and indirect) with the request of \$1,000,000 being 70% of the total project budget. As a reminder this is for assistance with the start up costs for just one year.
<b>Reviewer 3 - Score:</b> 5	<b>Reviewer 3 - Score Explanation:</b> The grant proposal budget is adequate and in line with the grant deliverables.

<p><b><u>Reviewer 4 - Score:</u></b> 5</p>	<p><b><u>Reviewer 4 - Score Explanation:</u></b> The budget is detailed and well-aligned with the project’s needs. The applicant clearly articulates how funds will be used for operational startup, including securing necessary personnel, operational costs, and infrastructure. The focus on ensuring Medi-Cal reimbursement eligibility and pursuing contracts with managed care plans shows a strong focus on financial sustainability. The detailed financial planning demonstrates that the applicant has considered all aspects of the operational costs, including recruitment and retention strategies for healthcare providers.</p>
<p><b>Fiscal Scoring Review</b></p>	
<p><b>Fiduciary Compliance</b> (5 Points)</p>	<p>The applicant demonstrates a financial history that shows a continuous cycle of fiduciary responsibility of the Board through unmodified audited financial statements produced in a timely fashion, positive cash flow at the end of each fiscal year, asset ratio meets required debt load, and the Board reviews financial statements regularly.</p>
<p><b><u>Reviewer 1 - Score:</u></b> 4.5</p>	<p><b><u>Reviewer 1 - Score Explanation:</u></b> The FY 12/31/23 audit report is unmodified. Audit report Current Ratio is strong. This represents the grantee’s ability to pay it short term liabilities.. Board approval was for fiscal year ending Audit 12/31/2023.</p>
<p><b><u>Reviewer 2 - Score:</u></b> 4.5</p>	<p><b><u>Reviewer 2 - Score Explanation:</u></b> Unmodified opinion on audit for period ending December 31, 2023. Assets sufficient to address liabilities. Positive cash flow noted for 2022. Audit approved by Board in September 2024.</p>
<p><b>Financial Stability</b> (5 Points)</p>	<p>Funding sources for operations and programs are from multiple sources and are driven by a strategic plan for stability for both short- and long-term growth. If a strategic plan does not exist, other documentation is presented to identify future sources of funding. The requested grant amount is reasonable in comparison to the overall organizational budget.</p>
<p><b><u>Reviewer 1 - Score:</u></b> 5</p>	<p><b><u>Reviewer 1 - Score Explanation:</u></b> The grant request is rational to the overall organizational budget, which includes funding from multiple sources and other contributions. A strategic plan is in place for the organization for July 2022 through June 2025 .They highlight key areas on how they plan to use their funds to meet the goals the organization goals as outlined in the strategic plan.</p>
<p><b><u>Reviewer 2 - Score:</u></b> 4.5</p>	<p><b><u>Reviewer 2 - Score Explanation:</u></b> Strategic plan includes elements for growth. Grant budget is reasonable compared to organizational budget and includes funding from multiple sources.</p>

TOTAL SCORES - PROGRAMMATIC		TOTAL SCORES - FISCAL	
REVIEWER 1	37.5/40 POINTS = 93.75%	REVIEWER 1	9.5/10 POINTS = 95%
REVIEWER 2	40/40 POINTS = 100%	REVIEWER 2	9/10 POINTS = 90%
REVIEWER 3	38/40 POINTS = 95%	<b>AVERAGE</b>	9 POINTS = 92.5%
REVIEWER 4	37/40 POINTS = 92.5%		
<b>AVERAGE</b>	38 POINTS = 95%		

Average Total Score: 47 / 50 = 94%