Agenda Item No. 5. C

Board of Directors Meeting

Date 4-4-12

Grants Committee Report: Lee Michelson

The grants committee's recent meetings resulted in the following:

1. A resetting of the giving priorities resulting in five identified areas: healthy food, health literacy, behavioral health, prevention and chronic disease management.
2. A results matrix was developed for each of the five priority areas. This matrix was shared with grant prospects and asked to incorporate the information in their proposals.
3. A scoring sheet that rates each application on a scale of 1-100.
4. A revised letter of intent form and a revised application form.

The committee was assisted in accomplishing this work by representatives from ASR Consulting.

Participating committee members are: Kim Griffin, Jerry Shefren, Don Horsley, Tom Mohr, Ruth West-Gorrin, Marie Violet and Karen How. Lee Michelson and Pamela Kurtzman serve as staff liaisons to the committee.

	Health Literacy	Healthy Food	Preventive Health	Behavioral Health	Chronic Disease Management
Potential Strategies	▪ District residents will be identified by health care professionals (MDs, educators) and other "cultural" doorways. ▪ Health educators will: - Provide group presentations - Provide one-on-one sessions - Provide peer support - Lead workshops/classes ▪ District residents will have access to a "health navigator"	▪ District residents needing food security will be identified by service providers. ▪ District residents will have increased access to food, through activities such as: - Mobile food banks / Food delivery services - Farmers markets - Soup lines - Food "throw away" rescue ▪ District residents will receive application assistance for WIC and food stamps.	▪ District residents will be identified via screenings. ▪ District residents will have access to: - Low cost/free screening programs. - Mobile screening services (i.e., medical and dental). - Information on other screening services. - Physical fitness programs. - Health literacy classes/workshops ▪ District residents will be provided with home inspection services.	▪ District residents with behavioral health concerns will be identified via screenings. ▪ District residents will have access to/will be referred to: - Transitional housing for mentally ill. - Friendship centers. - Bereavement counseling. - Screenings for depression. ▪ District residents arrested for mental health-related issues will be identified. ▪ District residents experiencing family violence will be identified. ▪ District residents will receive necessary services, and will complete their service plans	▪ District residents with chronic diseases will be identified through trained professionals. ▪ Train professionals about the types of classes/workshops available to residents with chronic diseases. ▪ Provide workshops and classes to district residents. ▪ Partner with common partners to provide case management services. ▪ District residents will receive necessary services (case-management services, in-home care, or discharge planning), and will complete their service plans.
Target Populations - Universal (all residents) - By age: seniors, children, youth - By vulnerability - By health status	▪ Elderly/frail ▪ Youth ▪ Low income ▪ Uninsured/ underinsured ▪ Special needs ▪ Linguistically isolated individuals and families	▪ Elderly/frail ▪ Homeless ▪ Undernourished ▪ District residents discharged from public and private hospitals ▪ Homebound	▪ General population ▪ Targeted populations ▪ High risk populations	▪ Elderly ▪ College students ▪ Justice-involved district residents ▪ Spouses/ partners ▪ Linguistically isolated families ▪ Widows/widowers ▪ Children	▪ The newly diagnosed ▪ Those already dealing with chronic conditions ▪ Uninsured ▪ Frequent visitors to the ER
Geographies - District-wide - Targeted (specify) - County-wide - Other:					

Sequoia Healthcare District
Visioning Wellness™

Caring Community Grants Program 2012

Grant Application

The Community Grants Program of Sequoia Healthcare District (SHD) has identified the following as priority areas: **Health Literacy, Food Security, Preventive Health Care, Behavioral Health** *(for instance, family violence, mental health, substance use)* and **Chronic Disease Management.** Please refer to SHD's Information Packet for the Caring Community Grants Program for a full description of these priorities.

SHD seeks qualified agencies to help achieve the above outcomes. All prospective grantees are asked to complete and submit this application by **March 23, 2012** either in electronic form or hard copy. Please attempt to keep your answers within the spaces allocated.

1. Applicant Information

Name of the Organization _____ **Tax ID #** _____ **Web Address** _____

Mailing Address _____ **City** _____ **State** _____ **Zip** _____

Contact Person _____ **Phone** _____ **Fax** _____

Title _____ **E-Mail address** _____

2. Project Information

Project Title _____

Requested Amount $ _____

Program Alignment with SHD Desired Outcomes

3. Which Priority area(s) will your program most directly impact?

- Health Literacy_____
- Healthy Food_____
- Preventive Health: _____
- Behavioral Health:_____
- Chronic Disease Management: _____
- Other: _____

Program Design

4. Basic description of the program: provide an overview of the program, in terms of:

a. Why this program is needed
b. Desired outcomes
c. Strategies and services proposed to achieve the desired outcomes

Program Reach

5. **Who are the primary target populations for this program?**

6. **How many District residents will this program serve?**

7. **Approximately how many units of service will each participant receive, and how do you define units of service?**

Program Delivery

8. **Is this a new program or an existing program?**

   - NEW
   - EXISTING

   a. **If existing, how many years have you been implementing this program?**

   b. **If new, why do you want to offer this program?**

9. **Name and title of the person who will be supervising this program:**

10. Who will staff this program and in which ways are they qualified to carry-out this program?

11. Why do you feel your organization is qualified to offer this program? Please describe:

a. Past experience implementing this program

b. Experience delivering similar programs

Program Evaluation

12. Review the attached Results Matrix. Given the outcomes areas you have selected, how will you define success? What indicators will you measure?

13. If this is a program that has been implemented before, what evidence do you have that indicates this program is effective?

14. What tools will you use to measure the program's impact? (surveys, case management forms, discussion group questions)

15. Please describe how you will enter and analyze your data:

16. Please describe how you will report, interpret and use data for program improvement:

Program Uniqueness

17. Tell us how this program is unique. Why should the Sequoia Healthcare District fund this program?

18. Is this a program only offered by your organization or is it also offered by others?

19. If offered by others, what makes your approach different or special?

Program Finances

20. What is the *overall* budget for this program, including other funding sources?

21. Amount requested from SHD?

a. **What percent of overall program budget would be funded by SHD:**

22. How will your program be modified if full funding is not received by SHD or other funder(s)?

23. Is your organization audited on an annual or periodic basis?

a. **Date of last audit:**

24. Please attach a copy of your most recent 990 if applicable.

25. When does your fiscal year start and end?

26. Please complete the attached Budget Matrix and Narrative.

Agency Profile

27. What is the size of your agency?

a. Number of (Full Time/FT) Employees:

b. Number of (Part Time/PT) Employees:

c. Annual staff budget:

28. How many years has your organization been in operation?

29. In what other ways is this agency the "best of the best"?

Conclusion

29. Is there any additional information that you would like Sequoia Healthcare District to know about this project or your organization?

Required Attachments

- **Budget Matrix and Narrative**
- **Copy of most recent 990**
- **Copy of most recent newsletter & report**

Contact:
Lee Michelson, CEO, lmichelson@sequoiahealthcaredistrict.com
525 Veterans Boulevard, Redwood City, CA 94063
Office: 650 421-2155 x 202 Fax: 650 421-2159

Program Budget Matrix & Narrative

1. **Name of the organization** _____
2. **Project Name** _____
3. **Project Budget Year** ___/____/____ to ___/____/____
4. **Total Project Budget $**_____

Expenses for this Program

A. Personnel Costs

Staff Name	% FTE	Amount requested from SHD	Amount to be funded by other sources	Total budget from all sources
Total personnel cost		$	$	$
B. Total Non-Personnel Expenses (i.e. *supplies, equipment, printing, rent*, etc).				
		$	$	$
		$	$	$
		$	$	$
C. Administration Cost (not more than 15%)				
		$	$	$
D. Total Program Expense (A+B)+C)				
		$	$	$

Revenue Sources for this Program

Description	Amount
Total Revenue from All Sources for this Program/Project	**$**

Sequoia Healthcare District — Results Matrix

	Health Literacy	Healthy Food	Preventive Health	Behavioral Health	Chronic Disease Management
Strategic Focus	To enhance the overall health of district residents by promoting their health literacy. Health literacy is a cornerstone in each of the other impact areas.	To enhance nutritional status of district residents by providing health education and access to healthy food and enhanced food security.	To prevent the onset of diseases amongst district residents by providing screenings, health education, and support for access preventive health care services.	To improve the behavioral health of district residents by providing screenings, health education and access to services for family violence, mental health and substance use issues.	To prevent the recurrence or worsening of chronic diseases amongst district residents by providing health education and access to care management for priority chronic conditions such as: diabetes, heart disease, cancer, asthma/COPD, HIV, arthritis, chronic pain, and other infectious diseases.
Critical Indicators	1. **Increased participation in workshops:** - Nutrition and ensuring food security - Preventive health - Physical activity - Understanding and navigating through health care system / health plans - Reproductive health (STD's, birth planning) - Understanding stress and emotional health - Chronic disease management 2. **Increased knowledge and literacy on key health topics**	1. **Increased knowledge and literacy regarding nutrition, and how to access food services** 2. **Increased enrollment in publicly funded food assistance programs** 3. **Increased participation in food provision programs** 4. **Increased food provision (e.g. meals served, delivered)** 5. **Increased report of access to food** 6. **Increased report of days in which food was available** 7. **Reduced report of being hungry**	8. **Increased knowledge and literacy regarding importance of preventive health, and how to access services** 9. **Increased use of preventive health services such as:** - Mammograms - Dental screenings - Blood pressure screenings - Weight: BMI screenings - Diabetes: glucose screenings - Reproductive health services (STD's, birth planning) - Vaccinations 10. **Reduced admissions to ER due to falls or other unintentional injuries**	11. **Increased knowledge and literacy regarding importance behavioral health, and how to access services for family violence, mental health or substance use services** 12. **Increased screening and identification of domestic violence , mental health and/ or substance use** 13. **Increased participation in services for family violence, mental health or substance use** 14. **Increased compliance and completion of treatment plans/ medication** 15. **Reduced report of isolation, stress, and depression** 16. **Reduced report of family violence (or fear of family violence** 17. **Reduced report of substance use** 18. **Reduced hospitalizations for family violence, mental health or substance use**	19. **Increased knowledge and literacy regarding managing chronic conditions, and how to access services** 20. **Increased use of case management for:** - Diabetes management - Heart disease (CHF) - Cancer - Asthma/ COPD - Arthritis - Chronic pain - HIV 21. **Increased compliance and completion of treatment plans** 22. **Decreased admissions or readmissions to hospital / ER** 23. **Increased report of improved quality of life** 24. **Decreased number of preventable deaths** 25. **Reduced medical cost per client**

Grantee Selection Criteria

Program alignment with SHD desired outcomes

- Number of SHD outcome buckets to be impacted (breadth)

Clarity of program design

- Applicant clearly outlines the proposed program (need, outcomes, strategies per outcome, target population, specific areas of district to be targeted)

Appropriate reach

- Number of individuals targeted per outcome (depth)
- Addresses at least one of the identified target populations
- Units of service proposed per outcome (dosage)

Capacity to deliver

- Applicant has administered this program before (number of years)
- Expertise of proposed staff
- Experience delivering similar programs
- Amount of hours and FTE equivalency expected of proposed staff

Capacity to evaluate outcomes

- Applicant has evaluated this program before and can show evidence of its effectiveness
- Applicant proposes ways to track SHD outcomes and indicators (surveys, case management forms, discussion group questions)
- Applicant is able to enter and analyze data in simple ways
- Applicant is able report, interpret and use data for program improvement

Program uniqueness

- Applicant is able to describe program's unique features, including any staff or client vignettes

Financial stability of program

- Total organizational expense budget and percentage of the budget represented by this project
- Organization is audited on an annual or periodic basis. Date of last audit.
- Copy of most recent 990 is attached, if appropriate
- Describes how program will be modified if full funding not received by SHD or other funder
- If renewal applicant, budget was appropriately expended in previous year

Agency stability - not scored: Bonus Points

- Number of years in operation, Size of agency (number of staff, annual budget)

Grantee Application Scoring Sheet

Organization: _____

Program: _____

Reviewer: _____

DIMENSION	POSSIBLE SCORE	ACTUAL SCORE
1. Clarity of program design	1-25	
2. Appropriate reach	1-10	
3. Capacity to deliver	1-25	
4. Capacity to evaluate outcomes	1-15	
5. Program uniqueness	1-10	
6. Financially stability of program	1-15	
TOTAL Score	100	

Scoring comments:

Amount requested: $ _____

Amount recommended: $ _____