NOTICE OF COMMUNITY GRANTS AND SPONSORSHIPS COMMITTEE MEETING OF THE GROSSMONT HEALTHCARE DISTRICT

A Community Grants & Sponsorships Committee meeting of the Grossmont Healthcare District will be held Wednesday, December 6, 2017, at 8:30 a.m. in the Administrative Conference Room at Grossmont Healthcare District, 9001 Wakarusa Street, La Mesa, CA.

AGENDA **December 6, 2017 – 8:30 a.m.**

A. Call to Order

B. Approval of Agenda

C. Public Comment

D. Consideration of Issues:

1) Grant and Sponsorship Tracking Reports – *Handout*

E. Guest Presentations (if available)

F. Consideration of Grant and Sponsorship Applications:

Prior Funding Shown in Parentheses:

- Serving Seniors, East County Senior Nutrition Program – $40,000 (No prior funding) – *Deferred last month for additional consideration*
- Family Health Centers of San Diego, Peer Navigation for Mental Health Transitions of Care Program – $91,552 (FY 2015-16: $25,000; FY 2013-14: $100,000) – *Deferred last month for additional consideration*
- Center for Social Advocates (CSA) San Diego, Combatting Uninhabitable Conditions for East County Public Health – $24,800 (No prior funding)
- Consumer Advocates for RCFE Reform, Assisted Living Coaching Clinics – $9,000 (No prior funding)

G. Information/Communications (If any)

H. Old Business (If any)

I. New Business (If any)

J. Next Meeting

K. Adjournment

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GRANT APPLICATION

(For July 1, 2017-June 30, 2018 Submissions)

LEGAL NAME OF ORGANIZATION: Serving Seniors

AGENCY DIRECTOR: Paul Downey

ADDRESS: 525 14th Street, Ste. 200, San Diego, CA 92101

TELEPHONE (and Extension): (619) 487-0650 FAX: (619) 235-9829

E-Mail Address: paul.downey@servingseniors.org

Proposed Project Title: East County Senior Nutrition Program

Agency Contact Person: Luke Dumas

Telephone (and Extension): (619) 487-0746 FAX: (619) 235-9829

E-Mail Address: luke.dumas@servingseniors.org

Amount of Funds Requested: $40,000

Number of Unduplicated GHD Residents to be Served: 300

Ages of Population to be Served: 60 and older

Brief Program Description: **(Use only the space provided below)**

The East County Senior Nutrition Program provides nutritious meals and health education to low-income seniors (aged 60 and above) living within the Grossmont Healthcare District boundaries. Meals are provided five days a week at congregate dining sites in La Mesa, Lemon Grove, and Spring Valley and via home delivery to homebound East County seniors. Throughout the year, we will also leverage community partnerships to provide health education and fitness activities, including presentations on healthy eating and a daily walking group. This program promotes health and wellness by providing access to a nutritious diet for poor, food-insecure seniors, and empowering them to make healthy lifestyle choices through education and fitness. This program will provide more than 61,250 meals and health-promotion activities to 300 low-income East County seniors a year.

I (we) certify that all the information included in or attached to this grant application is complete and accurate.

Lori D. Gremel	Lori Gremel, Chief Dev. Officer	09/21/2017
Signature of person authorized by agency to sign	Printed name and title	Date
Luke Dumas	Luke Dumas, Associate Director	09/21/2017
Signature of person authorized by agency to sign	Printed name and title	Date

SERVING SENIORS

Grossmont Healthcare District Grant Application Narratives

C. Grant Application Summary

Serving Seniors requests a grant of $40,000 to support an expansion of its East County Senior Nutrition Program, which provides nutritious meals and health-promoting activities to low-income seniors in East San Diego County.

Community Need: Food insecurity is a growing issue among East San Diego County's poorest seniors, who often go hungry just to keep a roof over their heads. Without access to a stable and nutritious diet, and with little understanding of the importance of healthy eating and fitness, low-income seniors are at risk of going hungry, becoming malnourished, and developing a variety of costly and debilitating health conditions that reduce their quality of life and drive them deeper into poverty. Programs providing access to nutritious meals, paired with health education and fitness activities, are needed to help low-income seniors become and remain well.

Proposed Services and Sites: The East County Senior Nutrition Program improves wellness for East County seniors by providing daily, nutritious meals as well as health education and fitness opportunities. This program serves 61,250 meals to low-income seniors in East County each year. Lunch is provided five days a week at the La Mesa Adult Enrichment Center, Spring Valley Community Center, and Lemon Grove Senior Center, and we deliver meals directly to homebound seniors. Our meals are developed in partnership with the County of San Diego's Aging and Independence Services, accommodate a wide variety of dietary needs including low-sodium and low-fat diets, and are often our clients' only source of nutritious food. While we ask for a small donation for meals, no one is ever sent away for being unable to pay. On average we receive about $0.20 per client in donations.

This year, we will expand our health and nutrition services in East County by (1) leveraging partnerships with the County of San Diego and Sharp Health to provide health education classes on a range of topics including healthy eating, diabetes, and hypertension; and (2) by offering a regular walking group at our Lemon Grove and Spring Valley sites. With the planned expansion, we expect to serve at least 300 unduplicated GHD seniors in FY18.

Target Population: The target population for this program is seniors in poverty (age 60 and older) in East San Diego County. These seniors are extremely low-income and diverse, with approximately 37% being minorities. Our average client lives on an income of $948/month and pays $750 in rent. With only a few dollars a day to pay for food, medication, and everything else, these seniors are extremely food insecure and the food they do eat tends to be cheap and low-quality. Because of this, the majority suffer from chronic diseases such as diabetes and hypertension – conditions that could be alleviated or prevented through healthy eating and exercise.

D. Agency Capability

Serving Seniors is a 501(c)(3) nonprofit organization based in and serving San Diego County. Our mission is to help seniors in poverty live healthy and fulfilling lives.

History and Accomplishments: Founded in 1970, Serving Seniors has been the leading provider of programs and services for low-income seniors in San Diego County for more than three decades. Originally established as a nutrition site under the umbrella of Catholic Charities, the organization took on the name of Senior Community Centers of San Diego in 1983 and later Serving Seniors in 2014. Over the years, the organization has grown from a single site serving lunches to disadvantaged seniors into a robust, independent organization offering an array of transformative services for seniors in poverty. Today, Serving Seniors is a recognized leader, as reflected in our recent accomplishments. In 2016, we served more than 580,000 meals and provided services to more than 4,500 low-income seniors. Our Transitional Housing Program for Homeless Seniors had a 92% success rate in getting seniors off the streets and keeping them off a year later, and we are a recent recipient of numerous honors and awards including:

- Live Well San Diego Public Health Champion Award
- Best Practice Award from the Shelter Partnership for Supportive Housing Program
- Social Work Partner of the Year Award from San Diego State University
- 2016 Top Workplace in San Diego, Small Business Category (our fourth year in a row receiving this award)

Experience Providing Services to Low-Income Seniors: Serving Seniors has more than 45 years' experience providing high-quality nutrition programs to low-income seniors. Our flagship Senior Nutrition Program has provided daily meals to San Diego County's poorest seniors since its inception in 1970, and today serves more than 580,000 meals to 3,750 seniors a year at nine congregate dining sites across San Diego County and via home delivery. We have been providing direct nutrition services to seniors in East County since 2008. Additionally, Serving Seniors has delivered coordinated health and wellness services, including health education, to low-income seniors for the last 19 years. Our Health and Wellness Program has operated continuously since 1998, and today provides chronic disease management, health screenings and assessments, health education, navigation of the healthcare system, and advocacy to more than 400 unduplicated seniors a year.

Current Activities and Programs: Serving Seniors provides a wide array of programs that help seniors in poverty live healthy and fulfilling lives. Our current program and services include:

- **Nutrition**: We provide daily congregate and home-delivered meals to low-income seniors at nine congregate dining sites across San Diego County.
- **Health and Wellness**: We promote healthy aging through chronic disease management, health screenings and assessments, health education, and navigation of the healthcare system.
- **Transitional Housing for Homeless Seniors**: We conduct outreach to homeless seniors and provide them emergency, transitional housing in a single occupancy hotel room for 90 to 120 days and help finding affordable permanent housing.
- **Lifelong Learning**: We provide daily classes and activities to stimulate the mind, body, and spirit, including fitness classes, arts and crafts, dance classes, and civic engagement.

- **Affordable Housing**: We develop and maintain affordable housing residences for seniors. We currently operate two housing complexes in San Diego County, providing a total of 350 units with rents well below the San Diego average.

Community Partnerships: Serving Seniors works with more than 40 community partners a year including government agencies, healthcare providers, and community organizations that enhance our ability to provide services. A few of our most significant partnerships are with:

- **Aging and Independence Services (AIS)**, a County of San Diego program, which helps fund our Senior Nutrition Program and monitors the development of our meals to ensure they meet all federal nutrition requirements;
- **Sharp Senior Health**, which provides on-site mental health services at our Gary and Mary West Senior Wellness Center in downtown San Diego, as well as presenters for our on-site health education classes;
- **The Gary and Mary West Senior Dental Center**, which provides affordable and free dental services at our Wellness Center and works hand-in-hand with Serving Seniors on care coordination; and
- **University of California San Diego (UCSD), School of Medicine**, with whom we are implementing a new Peer Empowerment Program 4 Physical Activity (PEP4PA). This program will be led by senior volunteer leaders to engage, encourage, and motivate seniors to participate in healthy lifestyles through walking groups.

Expansion of Services in East County: The proposed project represents an expansion of an established program. The East County Senior Nutrition Program has operated continuously since 2008 when Serving Seniors first began serving daily congregate meals at the La Mesa, Lemon Grove, and Spring Valley sites. This program already provides daily congregate and home-delivered meals to more than 300 GHD residents per year. In FY18, Serving Seniors will continue to provide daily meals while expanding its services for low-income GHD seniors by offering free health education presentations at the Lemon Grove, Spring Valley, and La Mesa sites and a walking group at the Lemon Grove and Spring Valley sites.

Organizations Providing Similar Services: Serving Seniors is the largest provider of meals to seniors in San Diego County and in East San Diego County. Meals on Wheels of San Diego County also provides meals to East County seniors; however, they only provide home-delivered meals, and they charge each senior an initial $35 meal-delivery fee as well as $4 per meal per day. Serving Seniors' average client lives on $6.60 per day after rent, which makes Meals on Wheels unaffordable. Because we are targeting different sectors of the senior population, Serving Seniors has not sought to partner with Meals on Wheels.

In addition to providing home-delivered meals free to more than 131 East County seniors a year, Serving Seniors offers congregate dining at three easy accessible locations, which is more cost-effective and provides seniors a range of additional benefits such as socialization and opportunities to engage in other activities. To our knowledge, the East County Senior Nutrition Program will be the only program in East County providing meals combined with on-site health education and fitness for low-income seniors.

D. Problem Statement/Needs Assessment

Food insecurity is a growing health issue among seniors in the GHD due to high levels of poverty. The Center for Policy Initiatives' 2017 analysis of poverty and income in East San Diego County found that 7.7% of seniors in East San Diego County lived in poverty from 2011-2015. In the low-income communities of El Cajon, Lemon Grove, and La Mesa, poverty rates among seniors were as high as 12.8% – well above the San Diego County average – with many more living in financial hardship.

Serving Seniors knows better than anyone the negative health effects that poverty can have on local seniors. Forced to live on just a few dollars a day, low-income seniors struggle afford to the high cost of nutritious foods. Their intake of meals becomes inconsistent and the foods they do tend to purchase are low-cost, low-quality, and lack vital nutrients. Without access to a stable and nutritious diet, low-income East County seniors are at risk of going hungry, becoming malnourished, and developing or worsening a variety of debilitating health conditions. AARP's recent Report on Food Insecurity Among Older Adults tells us that food insecurity is a strong predictor of health problems such as heart disease, cancer, stroke, pulmonary disease, and diabetes. Food insecure seniors are 53% more likely to report a heart attack, 52% more likely to develop asthma, and 40% more likely to suffer from congestive heart failure. Left unaddressed, these conditions lead to an increased need for medical treatment and hospitalization, driving poor seniors even deeper into poverty, reducing their quality of life, and leaving healthcare providers to foot the bill. Every year, Serving Seniors provides services to approximately 250 GHD seniors who are suffering from one or more chronic health conditions that could be improved or prevented through healthy eating and exercise.

The East County Senior Nutrition Program addresses this problem by providing daily nutritious meals, education on nutrition-related health conditions, and daily fitness activities. This program is the only one in East San Diego County providing this breadth of services to poor seniors.

E. Program Services and Performance Plan

Program Goals: The goals of the East County Senior Nutrition Program are to (1) reduce food insecurity among low-income East County seniors, and (2) empower low-income East County seniors to take control of their own health and wellness.

The first goal – to reduce food insecurity among low-income East County seniors – addresses the identified health need by tackling the primary problem underlying many of the health issues this population faces: food insecurity. Ensuring that GHD seniors have consistent access to high-quality meals will help prevent and alleviate chronic, nutrition-related health conditions such as diabetes, hypertension, and heart disease. The second goal – to empower low-income East County seniors to take control of their own health and wellness – supports these efforts by giving clients the tools and knowledge they need to make positive lifestyle choices that sustain and amplify the positive health outcomes achieved through healthy eating.

Measureable Objectives: ***Goal 1. Reduce food insecurity among low-income East County seniors.***

Objectives:

1. Provide at least 61,250 meals to at least 300 unduplicated GHD seniors.
2. Achieve a self-reported reduction in food insecurity among 90% of clients surveyed.

Outcome: Meeting these objectives will result in clients having a better quality of life and reduced incidence of nutrition-related health issues, showing improvement in their chronic health conditions, reduced need for medications, reduced medical visits and hospitalizations, and/or increased feelings of well-being.

Goal 2. Empower low-income East County seniors to take control of their own health and wellness.

Objectives:

1. Provide at least provide 15 health education classes on a range of topics at a minimum of two sites to at least 60 unduplicated GHD seniors.
2. Have at least 80% of health education clients report an improved understanding of how to take control of their health and an increased desire to do so.
3. Hold a regular walking group at Lemon Grove and Spring Valley sites, engaging an average of 10-20 seniors per day.

Outcome: Meeting these objectives will result in clients making better life choices on a day-to-day basis, including eating well at home, exercising, and limiting risky behaviors such as smoking and drinking, resulting in reduced incidence of chronic conditions.

This project will take place from July 1, 2017 – June 30, 2018. Activities will be performed in accordance with the following timeline:

Activity	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Provide meals												
Hold health education presentations												
Hold daily walking groups												

Assessment: Serving Seniors will collect and track data related to its objectives using a sophisticated data management program, Efforts to Outcomes (ETO). Each client will be input into ETO the first time they receive services, and each time thereafter, their unique ID will be scanned, enabling Serving Seniors to track the number of meals each client receives as well as the number of health education presentations attended. A manual log will be kept of participation in the walking groups. Serving Seniors will also follow up with clients periodically to administer surveys documenting their satisfaction with the program and any changes in their food security

and/or health empowerment. Responses to these surveys will also be logged in ETO. At the end of the project year, we will conduct a thorough statistical analysis to determine the success of the program. Additionally, our program staff and Chief Administrative Officer continuously monitor the progress of this program and make improvements to increase efficiency and impact.

Relevance to GHD's Mission: This program fulfills the GHD's mission to anticipate and recognize the unmet healthcare needs of the community and support suitable services by leveraging healthy meals and preventative, health-promoting activities to address the growing health crisis of low-income GHD seniors who suffer from chronic conditions for which they cannot afford treatment

How Participants Obtain Services: The majority of meals we provide in East County are home-delivered to homebound seniors. Our drivers deliver breakfast and lunch to homebound seniors five days a week, providing four extra meals each Friday so that clients do not go hungry over the weekend. Clients can access home-delivered meals by calling our Nutrition Program staff. For seniors who are not homebound, meals are delivered on-site at three congregate dining locations in East County: the La Mesa Adult Enrichment Center, the Spring Valley Community Center, and the Lemon Grove Senior Center. Lunch is served daily at each location, and beginning in October 2017, health education presentations will be provided every other month at the Lemon Grove and Spring Valley sites. Additionally, a walking group will be held twice weekly at these two locations. Participants can obtain services by visiting the site of their choice. All clients will be able to receive meals and other services from their first visit, and can receive meals as often as five times a week. Meal reservations are requested but not required. These sites are easily accessible by bus, car, and on foot, and are locations that many low-income seniors already visit on a regular basis to receive other services or engage in social activities.

Referrals and Outreach: Referrals to the East County Senior Nutrition Program are generated through word of mouth, as seniors tell their friends about the services we provide; from other Serving Seniors programs; and through community partnerships. We maintain relationships with numerous organizations and government agencies who refer eligible clients to our East County Senior Nutrition Program, including AIS, 211 San Diego, and other social service and health organizations. Serving Seniors markets this program directly to clients by posting flyers and menus at each location, on our website and social media feeds, and in our frequent appearances on local news and radio. Our daily presence at local community centers and branded home-delivery trucks also help raise the visibility of this program; many seniors see us delivering meals and stop our staff to ask about the program.

Collaborations: This program is provided in collaboration with AIS, Sharp Health, and the UCSD School of Medicine. In addition to helping fund our meals, AIS provides a registered nutritionist who reviews all meal plans and ensures they provide a third of our clients' Recommended Dietary Allowances of calories, protein, fiber, and vitamins/minerals. Additionally, Sharp Health will provide presenters for our health education presentations. Presenters will serve in a voluntary capacity and will not be paid for their services. Finally, the walking groups will be delivered in partnership with UCSD School of Medicine as part of the PEP4PA program. UCSD will train all senior leaders to engage, encourage, and motivate their peers.

PROJECT BUDGET FORM

Grantee: Serving Seniors

Personnel	Grossmont Healthcare District Funding	Other Funding Available to Project	Total Project Budget
Salaries (list position)			
1. Chief Administrative Officer (0.1 FTE)	$0	$11,401	$11,401
2. Food Service Director (0.2 FTE)	$0	$18,143	$18,143
3. Site Coordinator, East County (1.0 FTE)	$0	$16,744	$16,744
4. Home-Delivered Meals Manager (0.2 FTE)	$0	$7,613	$7,613
5. Food Service Worker/Driver (0.5 FTE)	$0	$15,001	$15,001
6. Director of Activities (0.05 FTE)	$0	$3,007	$3,007
Payroll Taxes and Benefits	$0	$13,663	$13,663
Consultant Fees	$0	$0	$0
Total Personnel	**$0**	**$85,572**	**$85,572**

Other Expenses	Grossmont Healthcare District Funding	Other Funding Available to Project	Total Project Budget
Telephone	$0	$3,300	$3,300
Postage	$0	$0	$0
Office Supplies	$0	$1,440	$1,440
Equipment	$0	$325	$325
Printing/Duplicating	$0	$492	$492
Information/Materials	$0	$0	$0
Travel	$0	$0	$0
Professional Services	$0	$0	$0
Rent	$0	$17,953	$17,953
Utilities	$0	$0	$0
Insurance	$0	$2,075	$2,075
Miscellaneous (list)	$0		
1. Meals/Food & Beverage	$40,000	$141,459	$181,459
2. Auto	$0	$8,500	$8,500
3. Repairs and Maintenance	$0	$5,256	$5,256
4. Depreciation	$0	$500	$500
Total Other	$40,000	$181,300	$221,300

TOTAL GRANT EXPENSES	$40,000	$266,872	$306,872

ALL BUDGET SOURCES

Per the adopted Grants Policy, organizations requesting more than $25,000 or having overall operating budgets of $500,000 or more are required to include such funding sources on the following form.

The following information is necessary to provide the Grossmont Healthcare District with a better understanding of the applicant and program financial resources. Organizations requesting more than $25,000 **or** having overall operating budgets of $500,000 or more are required to complete this form.

Total Organization Budget Current Fiscal Year	$6,419,959
Total Requested Project Budget (if different from Organization Budget)	$306,872

	List Major Sources of Revenue (Total Organization Budget)			List Project Sources of Funding (This Request)		
Source of Funds	$ Amount	Percent of Total	One-Time Funding? (check if so)	$ Amount	Percent of Total	One-Time Funding? (check if so)
Federal Funds	$0	0%		$0	0%	
State Funds	$0	0%		$0	0%	
City/County Funds*	$3,423,616	53%		$254,872	83%	
Other Government	$0	0%		$0	0%	
Proposed GHD	$40,000	1%	X	$40,000	13%	X
Fees for Service	$135,000	2%		$12,000	4%	
Non-Profit Organizations	$0	0%		$0	0%	
Private Donations	$2,012,811	31%		$0	0%	
Other (list) - Housing Income - Earned Income - Misc. Revenues	$808,532	13%		$0	0%	
Total Funding	$6,419,959	100%		$306,872	100%	

Percentage of the Organization's budget spent on administration	15%
Percentage of the requested Project budget spent on administration	0%

*City/County Funds

Does the Organization currently receive funding from any Cities or the County?

List jurisdiction, contract amount and contact person

Jurisdiction	Level of Funding	Contact Person Name	Contact Person Phone #
County of San Diego – Aging & Independence Services	$3,093,616	Marilyn Driscoll	(858) 505-6533
County of San Diego – SD Housing Commission	$168,000	Ben Guillermo	(619) 578-7777
County of San Diego – Fresh Fruit Program	$17,000	Marilyn Driscoll	(858) 505-6533
City of San Diego	$145,000	Tina Hines	(619) 236-6305

GRANT APPLICATION CHECKLIST

Please use this checklist to ensure you have included all items in your grant application.

We have included one (1) original and one (1) copy of the following:

- ☑ Grant Application Cover Page (with signatures)
- ☑ Grant Application Summary
- ☑ Agency Capability
- ☑ Problem Statement/Needs Assessment
- ☑ Program Services and Performance Plan
- ☑ Project Budget Form
- ☑ All Budget Sources Form (if applicable)

We have included with the original grant application only, one (1) copy of the following (Not required of Public Agencies):

- ☑ Articles of Incorporation*
- ☑ Bylaws*
- ☑ Most recent Audited Financial Statement, or:
- ☐ Most recent Reviewed Financial Statement by Independent CPA
- ☑ Copy of IRS Exemption Letter*
- ☑ Board of Directors List
- ☑ This Grant Application Checklist

**Not required if current version was submitted to the Grossmont Healthcare District in the last five years.*

Please note the following:

- ☐ If applicable, we have previously submitted all required grant monitoring reports for any previously awarded Grossmont Healthcare District grant(s).

☑ We understand that award of this grant request in no way establishes an entitlement for future financial assistance. We further understand that past funding does not guarantee funding for this grant request.

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A. COVER PAGE

GRANT APPLICATION

(For July 1, 2017-June 30, 2018 Submissions)

LEGAL NAME OF ORGANIZATION: **Family Health Centers of San Diego**

AGENCY DIRECTOR: **Fran Butler-Cohen**

ADDRESS: **823 Gateway Center Way, San Diego, CA 92102**

TELEPHONE (and Extension): **619-515-2301** FAX: **619-237-1856**

E-Mail Address: **fran@fhcsd.org**

Proposed Project Title: **Peer Navigation for Mental Health Transitions of Care Program**

Agency Contact Person: **Anthony White**

Telephone (and Extension): **619-515-2370** FAX: **619-237-1856**

E-Mail Address: **anthonyw@fhcsd.org**

Amount of Funds Requested: **$91,552**

Number of Unduplicated GHD Residents to be Served: **720 to 840**

Ages of Population to be Served: **18 and above**

Brief Program Description: **(Use only the space provided below)**
Earlier this year, Family Health Centers of San Diego (**FHCSD**) partnered with Sharp Grossmont Hospital (**SGH**) to initiate a Transitions of Care (**ToC**) program designed to improve care coordination for mentally-ill SGH patients, and to decrease their inappropriate SGH Emergency Department (**ED**) revisits and Behavioral Health Inpatient Program (**BHIP**) readmissions. A standardized process was initiated that gives SGH discharge planners the ability to access FHCSD's online appointment system and set up confirmed appointments for SGH patients with FHCSD's newly-opened Grossmont Family Counseling Center (**GFCC**), before the patient finalizes the SGH discharge process. Since April, nearly 400 SGH patients have been scheduled for follow up appointments with GFCC, but only 37% completed their appointment, limiting ToC's ability to impact readmission rates at SGH. This funding request will add two Peer Support Specialists (**PSS**) to the ToC care team, building on research that indicates PSS workers have a positive impact on increasing appointment show rates, and on American College of Emergency Physicians position that aftercare coordination reduces hospitalization and ED recidivism rates for mentally ill patients.

I (we) certify that all the information included in or attached to this grant application is complete and accurate.

Signature of person authorized by agency to sign	Fran Butler-Cohen, President & CEO	10/23/17
	Printed name and title	Date
Signature of person authorized by agency to sign	Anthony White, Director, Grant Mgmt	10/23/17
	Printed name and title	Date

B. GRANT APPLICATION CHECKLIST

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☒ Problem Statement/Needs Assessment

☒ Program Services and Performance Plan

☒ Project Budget Form

☒ All Budget Sources Form (if applicable)

We have included with the original grant application only, one (1) copy of the following (Not required of Public Agencies):

☐ Articles of Incorporation* **(provided in 2015)**

☐ Bylaws* **(provided in 2015)**

☒ Most recent Audited Financial Statement, or:

☐ Most recent Reviewed Financial Statement by Independent CPA

☐ Copy of IRS Exemption Letter* **(provided in 2015)**

☒ Board of Directors List

☒ This Grant Application Checklist

**Not required if current version was submitted to the Grossmont Healthcare District in the last five years.*

Please note the following:

☒ If applicable, we have previously submitted all required grant monitoring reports for any previously awarded Grossmont Healthcare District grant(s).

☒ We understand that award of this grant request in no way establishes an entitlement for future financial assistance. We further understand that past funding does not guarantee funding for this grant request.

C. GRANT APPLICATION SUMMARY

Family Health Centers of San Diego (**FHCSD**) respectfully requests a $91,225 grant from the Grossmont Healthcare District (**GHD**), to improve care coordination and readmission statistics for patients with mental illness being discharged from Sharp Grossmont Hospital (**SGH**) and in need of a referral to outpatient mental health services for follow up and ongoing care. Earlier this year, ***FHCSD and SGH partnered to create the Transitions of Care (ToC) program***, designed to provide a seamless transfer of care for those being discharged from SGH's Emergency Department (**ED**) or Behavioral Health Inpatient Program (**BHIP**), and who are unassigned or non-established patients. Services are primarily provided at FHCSD's Grossmont Family Counseling Center (**GFCC** – which opened in 12/16, started accepting ToC Referrals from SGH in 4/17, and is located on the SGH campus in easy walking distance of the hospital). Through ToC, SGH discharge planners have computerized access to GFCC scheduling software, allowing them to schedule a confirmed, timely outpatient appointment with GFCC as part of the discharge process. This referral process has been very successful to date, with 361 GFCC outpatient appointments scheduled from April to September.

Those who are facing a mental health crisis or dealing with chronic mental health issues often find it difficult to first locate then access appropriate outpatient care. The current ToC process addresses the first issue – locating outpatient care. However, access to care is impeded by the multiple life barriers faced when living with mental illness. Currently, 63% of those with confirmed GFCC appointments upon SGH discharge ***never complete that appointment***. FHCSD proposes two Peer Support Specialists (PSS) to the ToC team. Studies show that adding peer support to a traditional care team can positively impact this identified challenge. The American College of Emergency Physicians states "coordination of aftercare prior to ED discharge reduces hospitalization and ED recidivism rates" for patients discharged after evaluation for a behavioral health compliant. The role of the PSS will be to specifically improve that coordination, by identifying barriers to care and working with the patient to overcome those barriers. This is working well in a similar ToC/PSS partnership FHCSD has at Scripps Mercy Hospital, where – as of last quarter – 30% of Scripps Mercy behavioral health patients who did NOT keep their FHCSD follow up appointment returned to the ED within 30 days, while only 9% of those who kept their appointment did so. The use of PSS is supported by a number of validated studies, the Centers for Medicaid & Medicare Services recognizes peer support services as an evidence-based model of care for mental health, 42 states and the District of Columbia have state-certified PSS programs (allowing Medicare and Medicaid billing through CMS), and the Substance Abuse and Mental Health Services Administration has developed 62 competencies for PSS in behavioral health and includes peer-based services in its National Registry of Evidence-Based Programs and Practices.

The target population and primary program beneficiaries are the approximately 60-70 mentally-ill patients referred to ToC from SGH ED and BHIP units each month during the grant year. These patients will be ethnically diverse and primarily low income, and high-quality, culturally-competent mental and primary healthcare will be provided regardless of insurance status or ability to pay. The *secondary* beneficiary of this program is SGH, with anticipated decreases in ED revisits and BHIP readmission.

D. AGENCY CAPABILITY

1. Family Health Centers of San Diego's History and Accomplishments

FHCSD – an accredited Federally Qualified Health Center (**FQHC**) and a certified Primary Care Medical Home (**PCMH**) with 23 clinics and 42 sites overall – was started in 1970 by neighborhood activists in the Latino-predominant Barrio Logan who recognized a critical need for community-based primary care. As the largest, most comprehensive community health center system serving San Diego residents, and one of the top 10 largest community clinic organizations in the country, FHCSD's patient population is primarily low income and ethnically diverse. We are dedicated to providing caring, affordable, high-quality healthcare and support services to all people, with a special commitment to uninsured, low-income, and medically underserved persons. In 2016, FHCSD cared for 195,339 patients through more than 825,000 clinical encounters.

2. Experience in the Provision of Services to the Target Population

FHCSD has provided high-quality, comprehensive and affordable primary and mental healthcare services to low-income and vulnerable persons who reside in the GHD throughout our 47-year history. FHCSD's journey to becoming the East region's preeminent primary care safety-net treatment provider has earned us a great degree of trust among – and unparalleled experience providing direct services to – the area's most vulnerable residents. We started providing primary healthcare to residents in the vicinity of the GHD in 1998, through mobile medical units (**MMUs**) stationed at Spring Valley Elementary School and at the McAlister Institute, and with the opening of our first two clinics in the area. Since then, we have accumulated a wealth of experience developing and implementing community-based programs that are targeted to the specific needs and service gaps in this area, working with numerous partners such as SGH to address mutual priorities for primary and mental healthcare needs of residents. FHCSD now operates four primary care clinics, two dental clinics, three behavioral health facilities, and a vision clinic in San Diego's East County, caring for a combined 38,836 individuals in 2016 alone. Our three MMUs serve schools, homeless shelters, community centers and other neighborhood locations throughout the GHD. In 2016, 22.7% of all FHCSD's health center patients were residents of East San Diego.

3. Current Activities/Programs Operated by FHCSD

The FHCSD system of care offers a comprehensive array of health services to more than 195,000 patients each year – a third of our regions' low-income patients. The wide range of available services include general and specialized medicine, mental health services (**MHS** – including psychiatry and individual and group therapy), pediatrics, women's health services, older adult services, dentistry, optometry, child development services including speech and language screening and therapy, perinatal assessments, physical therapy, sports medicine, chiropractic, audiology, health education and wellness, HIV testing, cardiology, dermatology, and laboratory and pharmacy services. Specialty care services include HIV prevention, treatment, and counseling services, ENT, podiatry, and referral linkages for both specialty care and hospitalization. In addition, we offer seven behavioral health facilities, seven dental clinics, three vision clinics, three mobile medical units, and three elementary school based health clinics.

4. Cooperative and Collaborative Linkages with Other Organizations
For the ToC program, FHCSD is partnering with SGH to refer unassigned or non-established hospital patients to GFCC services for follow up and ongoing behavioral healthcare, to be provided at GFCC or another FHCSD site of the patient's choice. This collaboration is facilitated by the sharing of computer systems that allow for real-time appointment scheduling and shared medical records, and will be supported by data collection by SGH staff to monitor readmission status for patients referred to GFCC. Additionally, FHCSD will continue to work closely with other collaborating social service agencies to help patients access resources for basic needs (food, employment, housing, etc.), including Mental Health Systems Employment Services, Noble Works, the Department of Rehabilitation, and Breaking Barriers of San Diego.

5. New Service or Established Program to be Expanded?
The ToC program was initiated in partnership with SGH shortly after GFCC opened, and has been accepting referrals for SGH patients since earlier this year. Referrals to ToC have been steadily increasing; however, of the 361 referred from April through September, only 36% (103) attended their GFCC appointment (50% were no shows, 6% were cancellations, and 8% were same day cancellations), even with the appointment being made for them electronically by SGH staff during the discharge process. This patient population faces many barriers to care, and those who don't access good outpatient treatment for mental health problems frequently return to the hospital. The expansion of the ToC program to include two PSS staff members to the care team at GFCC is expected to reduce "no show" and cancellation rates at GFCC and increase treatment compliance – increasing the number of patients who participate in outpatient care and reducing the number of patients who present to SGH for inappropriate acute care use within 30 days of discharge.

6. Organizations or Programs in Community Providing Similar Services:
To our knowledge there are no other organizations with the systems that: 1) Allow SGH discharge staff to electronically access a community-based mental health appointment system (ER Connect); 2) have a service site on the campus of SGH; 3) provide PSS as team members within a traditional mental health program; and 4) have the capacity to provide underserved patients with a PCMH site for comprehensive mental health and primary care medical services. The current collaboration with SGH has already resulted in nearly 400 referrals to GFCC in just six months, and is expected to result in at least 60-70 more referrals each month moving forward.

E. PROBLEM STATEMENT / NEEDS ASSESSMENT

Currently, more than 18% of the adult population in the U.S. suffers from a mental, behavioral, or emotional disorder, and an estimated 10-20% of all ED patients present with psychiatric illness, a percentage that is increasing each year. Patients with mental health-related visits stay in the ED longer (23% have stays longer than six hours, compared to 10% of medical patients), and are more than twice as likely to be admitted to the hospital when compared to medically-related ED visits. The existence of mental illness (especially for those with psychotic disorders, impulse control disorder, and personality disorders) is also highly predictive of the likelihood of hospital readmission and ED revisits, which strongly correlates to insurance type (especially for the uninsured

or those with MediCal/Medicaid – the majority of FHCSD's patient population). But the ED and inpatient units are inappropriate care sites for these patients unless in crisis, and many hospital visits for these patients are considered avoidable – **if** these conditions are adequately managed through appropriate outpatient care.

The ToC program at GFCC was established in collaboration with SGH earlier this year in order to provide ongoing, community-based mental health care and (as needed) a primary care medical home for behavioral health patients upon hospital discharge. These patients are challenged to comply with treatment. Cultural attitudes, language barriers, depression-related denial, transportation difficulties, apprehension regarding unfamiliar systems, agencies, and staff – these and other barriers prevent their willingness to access the case-managed, culturally-sensitive education and mental health services that help them manage their condition. Although significant efforts have already been made by both SGH and FHCSD to ease the transition from ED or inpatient care to community-based mental health care (through development of the ToC program), the barriers to care facing this patient population have continued to result in lower-than-desired appointment show rates – and thus inadequate illness/disorder treatment – for patients referred to GFCC.

PSS are persons with lived experience with mental illness and mental health systems of care, making them an invaluable member of GFCC's MHS team and an invaluable and relatable advocate for the patient. Research on the involvement of skilled PSS in the healthcare setting indicates greater compliance with treatment and services, better health function, lower ED usage, fewer medications and prescriptions, and a higher sense of purpose and connectedness on the part of the patient. We anticipate that two PSS will manage referrals for 720 to 840 discharged SGH patients over the course of the grant year, **with a goal of increasing the show rate for initial assessment appointments to 55% from 36%, and decreasing 30-day ED revisits and BHIP readmissions by 20% and 30%, respectively**. Not all patients will accept peer involvement, and we anticipate reasonable caseloads for the two PSS staff.

F. PROGRAM SERVICES AND PERFORMANCE PLAN

1. Program Goals

Goal 1: Increase the number of referred patients who present for their initial GFCC assessment appointment.

Goal 2: Reduce the number of ED revisits within 30 days of SGH ED discharge.

Goal 3: Reduce the number of BHIP readmissions within 30 days of SGH BHIP discharge.

2. Measurable Objectives

Objective 1: Increase the show rate for initial assessment appointments from 36% (baseline) to 55%, by the end of the grant year.

Objective 2: Reduce the number of SGH ED revisits that occur within 30 days of discharge by 20%, by the end of the grant year.

Objective 3: Reduce the number of SGH BHIP readmissions that occur within 30 days of discharge by 30%, by the end of the grant year.

3. Program Effectiveness

The addition of PSS staff to facilitate initial and ongoing care has been found to be especially successful for patients with mental health issues. In one peer mentoring pilot project in Alameda County, PSS were matched with people recently released from psychiatric hospitals. Those accepting PSS support experienced a 72% reduction in readmissions to the hospital, and the County experienced a 470% return on investment. A Georgia state study of PSS use with discharged patients resulted in a 55% reduction in acute care costs and better outcomes. A Delaware state study showed a 50% reduction in ED use, and rehospitalization was reduced from a baseline of 48% down to 10%. A Washington state study reduced hospitalizations by 79%.

Both FHCSD and SGH recognize that the ability to gauge effectiveness for the use of PSS at SGH and GFCC will require strong supervisory practices and enhanced data collection, including: 1) Continued tracking of referrals by FHCSD; 2) continued tracking of appointments completed, no shows, cancellations, and same day cancellations by FHCSD; 3) initiation of baseline and ongoing tracking of 30 day ED revisits and BHIP readmissions by these patients by SGH staff, cross referenced to #2 above (SGH has agreed to initiate this tracking, and FHCSD will do the comparisons); and 4) initiation of tracking by FHCSD of PSS' interactions with each client, once PSS are on board.

The tracking information currently being collected is monitored for accuracy and maintained by FHCSD's Business Analyst for Planning and Support Services, a practice that will continue and expand to include the new data and analysis described above. Data and analysis will be reviewed on a regular basis by FHCSD's VP for Planning & Support Services, together with FHCSD's Director for MHS. Data analysis results will be shared with SGH management on a regular basis.

Additionally, the PSS to be hired will receive intensive, certified training from the Peer Employment Training Program provided by the National Alliance on Mental Illness (**NAMI**) through NAMI San Diego. This competency-based training program includes issues such as communication skills, cultural competency, conflict resolution, ethics, recovery from trauma, and being with people in challenging situations.

4. Applicability to GHD Mission

This project directly speaks to GHD's mission, specifically regarding freeing up access to SGH services and addressing unmet need. It provides a direct benefit to patients and SGH staff with smooth transitions to ongoing, community-based mental healthcare for patients in need, relieving the ED and BHIP of patients presenting who are not immediately in crisis (and opening up ED and BHIP space for those patients who are).

5. Obtaining Services

During the discharge process from either the ED or the BIHP at SGH, SGH's Discharge Planner will determine if the patient meets certain criteria for referral to FHCSD's GFCC ToC program (specifically, patients without a regular mental health provider, who aren't at imminent risk of seriously harming themselves or others, and who aren't actively experiencing hallucinations or delusions that place their own or others' safety at risk).

Once the Discharge Planner determines the patient is an appropriate referral, an initial appointment with GFCC is made directly through the ER Connect system or via FHCSD's Referral Line, before the patient is discharged. If during regular working

hours, the Discharge Planner will call GFCC and request that a PSS come over and meet the patient for a warm handoff (after hours, alternative meet up arrangements will be initiated by the PSS on a case-by-case basis). The PSS will provide in-person and time intensive individual assistance to patients in order to overcome barriers to care and ensure a successful, positive, sustainable patient referral experience. Ongoing assistance from the PSS will include activities such as teaching patients how to take a bus to the clinic (approximately 70 bus passes are budgeted for patients for whom transportation is a major barrier to care), going with patients to the clinic site, introduction to clinic staff, and providing emotional support to mitigate patient fear. The PSS will serve as patient advocates to resolve any problems or negative experiences, and will continue to work with the patient as he or she moves into care with FHCSD mental health specialists, acting as a model for wellness and self-sufficiency.

Patients will have access to scheduled appointments for care and also can use the clinic for follow-up to hospital visits. The patient's medical records from SGH will be shared with clinical staff at GFCC through the ER Connect system. Also, secure messaging allows FHCSD staff to communicate with SGH care teams as needed.

The patient's first appointment at GFCC will include an assessment by a Licensed Clinical Social Worker (**LCSW**) or Clinical Psychologist. This appointment will take place within 3 business days of the referral, and result in an initial, collaborative behavioral health care plan. Subsequent appointments will be scheduled with the most appropriate mental health provider(s), which may be a Psychiatrist, a Psychiatric Nurse Practitioner, an LCSW, a Psychologist, and/or a Substance Use Disorder Specialist. Services offered by FHCSD's MHS Department may include individual psychotherapy, group therapy, and other evidence-based practices including Motivational Interviewing, Trauma-Informed Care, and Cognitive Behavioral Therapy – geared to address individual patient goals and develop behavioral self-management plans. Patients will have access and support from their PSS during their care, and – as needed – access to comprehensive primary care services, case management including referrals, compliance monitoring, education/support groups focused on self-help and self-management; individual therapy for more complex and/or acute situations; and psychiatrist-facilitated medication management and hospitalization support, if needed.

6. Referrals and Marketing

Referrals will all be generated by SGH discharge planners through the existing system set up for the ongoing ToC program. A GFCC manager attends SGH discharge meetings, enhancing discharge coordination and providing information about the ToC program's policies and procedures. Marketing to participants will be through the one-on-one interaction when the patient receives a warm handoff to PSS staff.

7. Equipment Justification

The only equipment to be purchased will be two computers for use by the PSS staff.

8. Demonstrated Collaborations

The existing collaboration between SGH and FHCSD's ToC program at GFCC already results in a significant number of referrals and will continue to do so. Now, attention needs to be turned to improving our ability to connect with the referred patients and successfully engage and retain them in community-based mental health care.

G.1. PROJECT BUDGET FORM

Grantee: Family Health Centers of San Diego

Personnel	Grossmont Healthcare District Funding	Other Funding Available to Project	Total Project Budget
Salaries (list position)			
1. VP, Planning & Support Svcs	$0	$7,725	$7,725
2. Director, MH Services	$0	$3,554	$3,554
3. Assoc. Dir., MH Services	$ 5,019	$0	$ 5,019
4. Mgr., Counseling Services	$ 4,687	$0	$ 4,687
5. MH Peer Support Specialist	$26,480	$0	$26,480
6. MH Peer Support Specialist	$26,480	$0	$26,480
7. Business Analyst, Planning & Support Services	$ 2,202	$0	$ 2,202
Payroll Taxes and Benefits	$13,753	$2,391	$16,144
Consultant Fees	$0	$0	$0
Total Personnel	**$78,621**	**$13,670**	**$92,291**

Other Expenses	Grossmont Healthcare District Funding	Other Funding Available to Project	Total Project Budget
Telephone	$1,681	$0	$1,681
Postage	$ 240	$0	$ 240
Office Supplies	$ 400	$0	$ 400
Equipment (2 computers)	$2,000	$0	$2,000
Printing/Duplicating	$0	$0	$0
Information/Materials	$ 350	$0	$ 350
Travel	$ 450	$0	$ 450
Professional Services	$0	$0	$0
Rent	$0	$0	$0
Utilities	$0	$0	$0
Insurance	$0	$0	$0
Miscellaneous (list)	$0	$0	$0
1. Computer Software x 2	$1,000	$0	$1,000
2. Office Desk/Chair x 2	$1,310	$0	$1,310
3. Client Incentives (70 bus passes)	$5,500	$0	$5,500
Total Other	**$12,931**	**$0**	**$12,931**

TOTAL GRANT EXPENSES	**$91,552**	**$13,670**	**$105,222**

G.2. ALL BUDGET SOURCES

Per the adopted Grants Policy, organizations requesting more than $25,000 or having overall operating budgets of $500,000 or more are required to include such funding sources on the following form.

The following information is necessary to provide the Grossmont Healthcare District with a better understanding of the applicant and program financial resources. Organizations requesting more than $25,000 **or** having overall operating budgets of $500,000 or more are required to complete this form.

Total Organization Budget Current Fiscal Year $191,782,876

Total Requested Project Budget (if different from Organization Budget) $91,552

Source of Funds	List Major Sources of Revenue (Total Organization Budget) $ Amount	Percent of Total	One-Time Funding? (check if so)	List Project Sources of Funding (This Request) $ Amount	Percent of Total	One-Time Funding? (check if so)
Federal Funds	$20,672,363	10.8%		$0	0.0%	
State Funds	$991,413	0.5%		$0	0.0%	
City/County Funds*	$10,470,251	5.4%		$0	0.0%	
Other Government	$0	0.0%		$0	0.0%	
Proposed GHD	$91,552	0.1%		$91,552	87.0%	✓
Fees for Service	$136,509,562	71.2%		$0	0.0%	
Non-Profit Organizations	$0	0.0%		$0	0.0%	
Private Donations	$1,321,757	0.7%		$0	0.0%	
Other (list) (Interest income, over-the-counter pharmacy sales, medical records income, in-kind contributions, rental, donations, miscellaneous income)	$21,725,978	11.3%		$13,670 (inkind from FHCSD)	13.0%	✓
Total Funding	$191,782,876	100.0%		$105,222	100.0%	

Percentage of the Organization's budget spent on administration 13.52%

Percentage of the requested Project budget spent on administration 0.0%

*City/County Funds

Does the Organization currently receive funding from any Cities or the County?

List jurisdiction, contract amount and contact person

Jurisdiction	Level of Funding	Contact Person	
		Name	Phone #
City of San Diego	$100,000	Ulysses Panganiban	(619) 236-6690
City of Chula Vista	$47,855	Jose Dorado	(619) 476-5375
County of San Diego	$10,322,396	John Pellegrino	(858) 505-6562

SHARP Grossmont Hospital

October 13, 2017

Grossmont Healthcare District
Board of Directors
9001 Wakarusa Street
La Mesa, CA 91942

Grossmont Healthcare District Board of Directors:

As Chief Operating Officer for Sharp Grossmont Hospital, I have been working with Family Health Centers of San Diego (FHCSD) for many years to improve the ongoing healthcare of patients from the Grossmont Healthcare District. This has included helping to design and implement two Transitions of Care programs in collaboration with FHCSD. The program that allows us to set up FHCSD appointments for medical patients before they are even discharged from the hospital currently refers thousands of patients each year for continuing care. Based on the success of that program, when FHCSD set up the Grossmont Family Counseling Center (GFCC) on the Sharp Grossmont campus in late 2016, I was eager to add the ability to set up post-discharge appointments for behavioral health patients leaving the ED or the Behavioral Health Inpatient Program at our hospital. To date, we have referred nearly 500 patients to GFCC, of which only 36% have completed their scheduled appointment. This is an obvious area for improvement, as it is well accepted that immediately connecting discharged patients in need with community care increases their treatment success, and decreases their need to return to the ED or to inpatient care.

I am familiar with FHCSD's strong track record of quickly identifying and working to improve aspects of care that should and can be improved. They have analyzed the initial "completed appointment" data and proposed the addition of Peer Support Specialists to the behavioral health team at GFCC. This effort to directly impact the number of patients who are able to overcome appointment barriers is based on their own successful experience with these staff, and their review of like programs and research studies. They experienced solid increases in the number of behavioral health patients attending scheduled appointments after adding peer support staff at a similar Transitions of Care program between Scripps Mercy Hospital and their Hillcrest-based Family Health Center. The numbers have impressed me, and I urge the Grossmont Healthcare District to support this mutually beneficial program enhancement. I believe the return on investment for Sharp Grossmont Hospital will be positive.

I am also happy to report that sustainability for this program will eventually be possible through MediCal and Medicare billing. The federal government recognizes certified peer support services in mental health as an evidence-based practice, and has developed formalized competencies and training requirements. California is currently one of only a handful of states nationwide that has not yet completed the process of gaining approval for peer support worker billable services, but concerted efforts continue and I trust it's only a matter of time.

Thank you for your consideration.

Anthony D'Amico, FACHE
Chief Operating Officer

SHARP Grossmont Hospital

October 13, 2017

Grossmont Healthcare District
Board of Directors
9001 Wakarusa Street
La Mesa, CA 91942

To the Board of Directors at Grossmont Healthcare District:

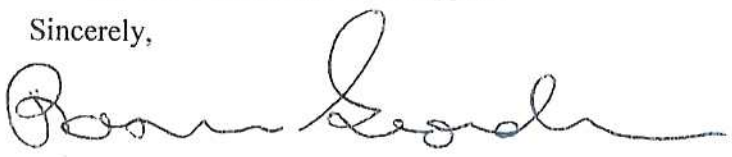
I would like to add my support to a funding proposal currently before the Board, the one from Family Health Centers of San Diego regarding adding Peer Support Specialists to a relatively new program that directly benefits our patients. As the Director of Behavioral Health Services here at Sharp Grossmont, I believe the described expansion of this program will improve its operational impact.

My department enjoys a strong collaboration with GFCC, with GFCC management staff attending our discharge meetings to help coordinate care. Since earlier this year, Behavioral Health at Sharp Grossmont Hospital has been able to directly set up appointments at the Grossmont Family Counseling Center during discharge, for patients needing follow up care. This has allowed our discharge planners to hand a patient (before they even leave the hospital) details about a confirmed appointment to occur within a few days of discharge. This has dramatically increased not only our ability to ensure continuity of care, but has increased the number of patients setting up an ongoing relationship with excellent community clinicians who can define and manage appropriate treatment plans to meet each patient's needs.

With the counseling center merely steps away from the hospital, you would think that all referred patients would take advantage of this opportunity, but they don't. I believe that adding Peer Support Specialists – who would initiate their contact shortly before or after patient discharge – will increase the number of patients who access needed care. I believe this in turn will decrease the number of these patients that we see returning to Sharp Grossmont's ED and/or behavioral unit, improving our readmission metrics and decreasing costs.

I believe that peer support can work, especially with the supervision capabilities that I have seen exhibited by family counseling center managerial staff. We are happy to work in concert with Family Health Centers to collect the data that will track if and when these patients return to Sharp Grossmont, so we can validly measure the impact of adding Peer Support Specialist staff to this partnership. I believe this program will provide us with better patient outcomes and cost savings, and I encourage your support.

Sincerely,



Roseann Giordano, RN, MS, NE-BC
Director, Behavioral Health Services

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GROSSMONT
HEALTHCARE DISTRICT

COVER PAGE
GRANT APPLICATION

LEGAL NAME OF ORGANIZATION: Center for Social Advocates (CSA) San Diego County

AGENCY DIRECTOR: Estela De Los Ríos

ADDRESS: 131 Avocado Avenue, El Cajon, CA 92020

TELEPHONE (and Extension): 619-813-7415 FAX: 619-447-5761

E-Mail Address: estela@c4sa.org

Proposed Project Title: Combatting Uninhabitable Conditions for East County Public Health

Agency Contact Person: Estela De Los Rios

Telephone (and Extension): 619-277-5786 FAX: 619-447-5761

E-Mail Address: estela@c4sa.org

Amount of Funds Requested: $24,800

Number of Unduplicated GHD Residents to be served: 2000

Ages of Population to be served: General (all ages)

Brief Program Description: CSA San Diego County receives an overwhelming amount of client calls regarding: mold, lead, and bed bugs that are present in their residences through our fair housing division. These residential hazards omit dangerous toxins that can lead to infections, respiratory issues from airborne exposure and death. Our organization is respectfully requesting funds to help hire a health advocate. A health advocate can provide educational community forums and training to apartment owners/managers on the harm of substandard living conditions. We have five housing counselors that are able to assist and provide the health advocate with all tools to educate the local communities. This grant will be used efficiently since CSA San Diego County has a convenient location in downtown El Cajon and a large geographic area of service: El Cajon, La Mesa, Santee, Lakeside, Alpine, Jamul, and the entire East San Diego region. The goal of this program proposal is to cut down on emergency room visits by having the advocate utilize different languages for maximum public health outreach in East County.

I (we) certify that all the information included in or attached to this grant application is complete and accurate.

Estela De Los Ríos — Estela De Los Rios, Executive Director

Signature of person authorized by agency to sign — Printed name and title

Date 11/21/17

C. Grant Application Summary

Proposed Services – CSA San Diego County (**CSA**) is seeking requested funding to support the organization's provision of fair housing and related supportive services to the large population of refugees and immigrants residing within the Grossmont Healthcare District in East County. The services to be supported through a GHD award will include:

- 10 organized purposed-based community forums
- Working with new refugees through orientations and new refugee resettlement programs and local families to provide information and fair housing referrals to resources.
- Social Media and print outreach to landlords and tenants along with locally based, related fair housing associations/groups
- Provision of outreach and education to landlords and tenants on the dangers of residential toxins and how to properly remove them
- Cooperative efforts with local doctors, nurses and healthcare leaders to address healthcare related issues in residential toxins (ex. lead, mold, bed bugs) in East County area communities
- Education about health care, and preventative actions to reduce risk of uninhabitable areas; in order to inform the community how to properly prevent and/or deal with residential toxins while reducing the escalation of needing emergency room services.

Project Sites – The services above will be provided at CSA San Diego County's office, and various community centers in East County.

C. Needs to be Addressed/Target Population –

CSA's target population consists of refugees and immigrants, women, children, families, landlords, and tenants of all racial backgrounds. Many of these clients lack knowledge on how to address and prevent uninhabitable living conditions. As a result of lack of information, prior experiences and perceived cultural/linguistic barriers, accessing health care resources is proven difficult until escalation of an emergency or death. CSA values being able to service many groups in culturally and linguistically relevant manner and gaining their trust for fair housing issues and advocacy. Our organization would greatly appreciate the support of GHD in continuing to fill what would otherwise be a major yet deadly gap in housing health services in the East County district.

Number of Grossmont Healthcare District Residents to be served – CSA will serve approximately 2000 persons in the context of the services above during the service year.

D. Agency Capability

Organizational History -- Center for Social Advocates San Diego County (**CSA**) was founded in 1994. Our organization is a non-profit corporation 501(c) (3) registered with the State of California. It is one of San Diego County's oldest and most respected civil and human rights organizations. In addition as acting as a key community advocate for fair housing and tenant/landlord mediation, CSA San Diego County addresses many other issues as well including: hate crimes, the civil rights violations experienced by newly-arrived immigrants, human trafficking, youth alienation and poverty. Through direct client services, field outreach and public education we are able to reach those persons who have been underserved in their areas of need. Participation in regional, state and national policy work has enabled us to become even more effective in helping those looking to us for assistance and leadership. CSA San Diego County is becoming an organization of substance and a national leader/advocate for human and civil rights. The activities proposed herein to address the tremendous gaps in health education and related support needs of members of this community who face uninhabitable living environments through toxin exposures.

Organizational Accomplishments – In thinking of its accomplishments, CSA would note that it is unique in the region, in working towards social justice in refugee and immigrant populations among other groups. Through its actions in aiding many people, CSA undoubtedly has saved many lives from experiencing homelessness, remedying landlord/tenant conflicts, providing referrals and aid to youth and survivors of trafficking. In recent years, CSA has focused on developing and expanding health related supportive services, as noted in the list of services to be supported by the funds requested. CSA wishes to use requested funds to expand its provision of fair housing outreach and advocacy, to provide effective means in creating more habitable living conditions and safety within East County. As a result of these services and successes, CSA San Diego County and its Director, Mrs. Estela de los Rios, have garnered significant recognition in this region including an Ashley L. Walker Social Justice Award from the City of San Diego Human Relations Commission, and recognition awards from multiple cities for the valuable work and accomplishments CSA was able to achieve within the district.

Description of CSA's Experience in the Provision of Fair Housing Services to the Target Populations of Immigrants, Refugees, Tenants, Landlords---For over two decades, CSA has provided culturally and linguistically relevant assistance, both in contexts of crisis and on a general basis, to members of East County's rapidly expanding refugee and immigrant populations. CSA has 23 years' experience in meeting the needs of refugees and their dependents that are in, and are seeking to lead successful lives in the United States. CSA has helped people remove themselves from situations of uninhabitable residences, and to meet immediate needs in that context, including shelter, basic necessities, and court action to address concerns regarding perpetrators. CSA currently provides immigrants who are unfamiliar with the institutions and mechanisms of American society the education and support they require to develop an understanding of relevant systems and processes, so they can work within them to meet the needs of themselves and their families.

CSA has expanded its efforts in recent years to work with a broader purpose for public health and safety for those residing in East County areas. CSA's work encompasses dialogue and collaboration with its service population's religious leaders. At the same time, CSA has assisted healthcare services, law enforcement, public agencies, and other non-profit organizations in East County before.

Discussion of Cooperative and Collaborative Linkages CSA San Diego County Maintains with Other Organizations that Enhance the Organization's Service Provision Ability

CSA San Diego County is working with a variety of entities in attempting to meet the needs of the communities it serves, and those individuals and families therein. Collaborative/working partners include:
San Diego State University School of Professional Sciences and Fine Arts, World without Exploitation, The Newcomer's Collaborative, San Diego Conflict Resolution Center, Legal Aid, Homestart, San Diego Interfaith Collaborative, US Department of Housing and Urban Development, California State Department of Fair Housing and Employment, License to Freedom.

Status of the Request Described Herein in the Context of New Services
CSA is requesting funds to maintain and expand existing services in fair housing.

E. Problem Statement/Needs Statement

According to the California Department of Public Health, "Chronic disease and injury are the leading causes of death, disability and diminished quality of life in California, and make up 80 percent of California's health care expenditures." Chronic disease and injury are largely preventable especially those caused by exposure to toxins in residences (bed bugs, mold, lead). Currently, CSA San Diego County receives an overwhelming amount of client calls regarding: mold, lead, and bed bugs that are present in their residences through our fair housing division which covers the San Diego and East County areas. These residential hazards omit dangerous toxins that can lead to various infections, acute respiratory issues from airborne exposure, and injuries from attempted removals, and death. Also, according to the EPA, bed bugs can have negative mental health impacts on people living in infested homes including: anxiety, insomnia and systemic reactions. Our health education/fair housing services program aims to meet these unmet health needs by utilizing qualitative and quantitative research methods (program tracking materials, pre/post surveys, interviews) to uphold Grossmont Healthcare District's mission of expanding and servicing in need populations while also reducing admission rates for emergency rooms.

F. Program Services and Performance Plan:

1. Discussion of Program Goals and Their Relationship to Identified Health Needs
The goal of CSA's health education/fair housing services program is to promote understanding of appropriate health care utilization, and community competency through the provision of culturally and linguistically relevant fair housing materials and supportive services to refugee and immigrant residents of the Grossmont Healthcare District.

F) 2. Description of Measurable Objectives Specific to Funding Request with Related Outcomes and Time Lines

The objectives that frame this request include the following:

Objective 1.1: Hosting 10 community forums and education outreach sessions to inform 2000 new and existing immigrants and refugees about general health care navigation

Objective 1.2: Educating community residents in East County on residential toxins, habitable living spaces, and their legal rights

Objective 1.3: Providing assistance with health navigation, assistance with linkage to community resources; maintaining sign-in sheets, pre/post surveys, health education records as required

Objective 1.4: Co-facilitating panel presentations with local doctors, nurses, other public health officials, and relevant stakeholders and other duties as assigned.

F) 3. Plan for Evaluation of Program Effectiveness

To evaluate the aspects of this program, each element as noted above will maintain records of entrance to service, and intensity of use (e.g., number of sessions attended, completion of program). Participants in each of the service elements noted in the objectives above will receive a survey to complete periodically throughout the period of their participation, asking them to comment on their experience of the service and their sense of the efficacy of that service.

F) 4. Discussion of the Relationship of the Effort Proposed to the Mission of the Grossmont Healthcare District

The Grossmont Healthcare District (GHD) is dedicated to improving the physical and environmental health of its residents, while also recognizing the unmet healthcare needs within its service communities to avoid preventable hospitalizations from residential toxins exposures. CSA San Diego County is uniquely qualified in serving both marginalized populations and holding fair housing expertise within our organization. CSA is able to address both of these tenets of the District's mission, because the services described through our capability of meeting these needs in the great variety of languages (through our multi-lingual and culturally diverse counselors) and cultural contexts existing in the district, the organization's ability to address the health care needs and education of the target population serves not only target population members themselves, but the community as a whole. CSA looks to start a partnership with GHD to ensure that this critical intersection of services continues and expands to meet these needs for those who are struggling to survive and seek habitable homes.

F) 5. Description of Manner in which Grossmont Healthcare District Residents will Access and Maintain Services, with Reference to the Specific Accessibility of Program Sites

Services will be provided at various libraries, community, and cultural centers throughout East County, all relatively accessible by public transportation for those who may not have access to other means of reliable transportation.

F) 6. Plan for Generation of Referrals

The partners with whom CSA currently collaborates with are aware of the fair housing and other educational outreach services provided by us, and all are capable of making referrals to CSA for these services. As more people are in dire need of social services and assistance to secure safe,

inhabitable housing solutions/mediations, CSA has found that the demand for services has grown tremendously.

F) 7. Justification for Proposed Equipment Purchase(s)
N/A – No equipment will be purchased for this program.

F) 8. Manner in which Proposal Demonstrates a Collaboration of like Providers of Services
CSA San Diego County is not making this proposal on a formal collaborative basis. Our organization utilizes relationships with providers of complementary services, and relationships with public agencies such as law enforcement, housing authorities and public health officials.

G. PROJECT BUDGET FORM

Grantee: CSA San Diego County

Personnel	Grossmont Healthcare District Funding	Other Funding Available to Project	Total Project Budget
Salaries (list position)			
1. Community Health Advocate	$16,800		
2.			
3.			
4.			
5.			
6.			
Payroll Taxes and Benefits (14%)	$2,352		
Administrative Services fee	$898		
Total Personnel	$20,050		

Other Expenses	Grossmont Healthcare District Funding	Other Funding Available to Project	Total Project Budget
Telephone	$300		
Postage	$200		
Office Supplies	$400		
Equipment	$100		
Printing/Duplicating	$750		
Information/Materials	$500		
Travel	$600		
Professional Services	-----		
Rent	$500		
Utilities	-----		
Insurance	$1400		
Miscellaneous (list)			
1.			
2.			
3.			
4.			
Total Other	$4,750		

TOTAL GRANT EXPENSES	$24,800		

GRANT QUESTIONNAIRE

If awarded, will you agree to periodic monitoring visits by the District's designee?

CSA San Diego County would agree to periodic monitoring visits by a District designee.

If awarded, will you agree to display a District-furnished plaque signifying receipt of District financial assistance?

CSA San Diego County would be proud to display a plaque noting the District's award.

Has your organization participated in public activities sponsored by Grossmont Hospital or Grossmont Healthcare District, e.g. Senior Resource Center and Kids Care Fest? If not, will you participate if requested? Please answer this question to complete the application

CSA will eagerly participate in Grossmont Hospital or Grossmont Healthcare District public activities if requested.

Are you willing to provide a brief (five minute) presentation at a Grossmont Healthcare District Board Meeting?

CSA San Diego County will gladly provide a brief presentation upon request.

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COVER PAGE

GRANT APPLICATION

(For July 1, 2017-June 30, 2018 Submissions)

LEGAL NAME OF ORGANIZATION: **Consumer Advocates for RCFE Reform**

AGENCY DIRECTOR: **C.M. Murphy, MSG, Executive Director**

ADDRESS: **PO Box 82123, San Diego, CA 92138**

TELEPHONE (and Extension): **(619) 540-1648** FAX: **(858) 522-9964**

E-Mail Address: **cmm@rcfereform.org**

Proposed Project Title: **Assisted Living Coaching Clinics**

Agency Contact Person: **C.M. Murphy**

Telephone (and Extension): **(619) 540-1648** FAX: **(858) 522-9964**

E-Mail Address: **cmm@rcfereform.org**

Amount of Funds Requested: **$9,000**

Number of Unduplicated GHD Residents to be Served: **200**

Ages of Population to be Served: **seniors and/or their families**

Brief Program Description: **(Use only the space provided below)**

With 20+ years of combined experience, CARR's gerontologists seek to create free-of-charge monthly coaching clinics at the El Cajon Library for seniors and/or their families to increase consumer awareness and provide information and guidance around senior care issues: e.g., types of facilities including assisted living facilities (ALFs); Alzheimer's and dementia care; end-of-life care; respite care; in-home supportive services; community-based programs; and referrals to and information for legal services, state/county agencies, and other organizations. CARR reasonably expects to serve about 120 GHD residents over one year.
Established in 2009, CARR aims to improve resident care in ALFs by educating consumers and increasing industry accountability. These clinics will expand CARR's consumer outreach efforts. CARR will produce clinics as per funding.
I (we) certify that all the information included in or attached to this grant application is complete and accurate.

* Signature of person authorized by agency to sign	Printed name and title: C M MURPHY, EXECUTIVE DIRECTOR	Date: 11/22/17
X only one person is authorized to sign for the organization Signature of person authorized by agency to sign	Printed name and title	Date

PROJECT BUDGET FORM

Grantee: Consumer Advocates for RCFE Reform (CARR)

Personnel	Grossmont Healthcare District Funding	Other Funding Available to Project	Total Project Budget
Salaries (list position)			
1. Principal Investigator	5,700		
2.			
3.			
4.			
5.			
6.			
Payroll Taxes and Benefits	2,280		
Consultant Fees	0		
Total Personnel	7,980		

Other Expenses	Grossmont Healthcare District Funding	Other Funding Available to Project	Total Project Budget
Telephone	30		
Postage	60		
Office Supplies	27		
Equipment	200		
Printing/Duplicating	100		
Information/Materials	75		
Travel			
Professional Services			
Rent			
Utilities			
Insurance	450		
Miscellaneous (list)	78		
1. Mileage			
2.			
3.			
4.			
Total Other	1020		

TOTAL GRANT EXPENSES	9000		