



Fiscal Year 2020 Community Benefit Plan



Dedicated to improving the health and well-being of the people in our community.

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Introduction

El Camino Healthcare District utilizes El Camino Hospital's Community Health Needs Assessment (CHNA) as a framework for Community Benefit funding. The CHNA is developed in compliance with IRS requirements. The District invests in programs addressing the identified health needs for community members who live, work or go to school in the District's boundaries.

ABOUT EL CAMINO HEALTHCARE DISTRICT

El Camino Healthcare District was formed to provide healthcare services that foster good physical and mental health. The District is governed by a five-member publicly elected Board and provides oversight of El Camino Hospital, a nonprofit community hospital. The District also administers a Community Benefit Program, which addresses unmet health needs through grants and collaborations with local schools, nonprofits and social and health service providers.

COMMUNITY BENEFIT PLAN & IMPLEMENTATION STRATEGY

Per state and federal law, a Community Health Needs Assessment must be conducted every three years by nonprofit hospitals. In 2019, El Camino Hospital Community Benefit staff conducted a Community Health Needs Assessment (CHNA) in collaboration with the Santa Clara County Hospital Community Benefit Coalition. This assessment resulted in the identification of community health needs. The 2019 CHNA serves as a tool for guiding policy and program planning efforts and is available to the public. For a copy of the full CHNA, see <https://www.elcaminohealth.org/community-benefit>.

The documented needs in the 2019 CHNA served El Camino Healthcare District in developing this Community Benefit Plan for establishing Implementation Strategies pursuant to the Affordable Care Act of 2010 and California State Senate Bill 697. This plan outlines El Camino Hospital's funding for fiscal year 2020.

The main steps of this planning process are:

1. Conduct a countywide Community Health Needs Assessment (CHNA)
2. Select health needs and establish health priority areas
3. Grants process; Development of Annual Plan and Implementation Strategy

These steps are further described below.

Step 1: Conduct a
Countywide
Community Health
Needs Assessment

El Camino Hospital is a member of the Santa Clara County Community Benefit Coalition (“the Coalition”), a group of organizations that includes seven nonprofit hospitals, the Hospital Council of Northern and Central California, a nonprofit multispecialty medical group, and the Santa Clara County Public Health Department. The Coalition began the 2019 CHNA planning process in Summer 2017. The Coalition’s goal for the CHNA was to collectively gather community feedback and existing data about health status to inform the member hospitals’ respective community health needs prioritization and selection. Since its formation in 1995, the Coalition has worked together to conduct regular, extensive Community Health Needs Assessments (CHNA) to identify and

address critical health needs of the community. The 2019 CHNA builds upon those earlier assessments.

The Coalition began the 2019 CHNA process in the fall of 2017. The collective goal for the assessment was to gather community feedback and existing data about local health needs to inform how each member hospital prioritizes and selects specific issues to address with community benefits in its service area. The Coalition engaged Actionable Insights, a local consulting firm with expertise in community health needs assessments.

Between January and May 2018, community feedback was gathered through interviews with eight local experts and discussions with eight focus groups. The experts were individually asked to: identify and discuss the top needs of their constituencies, including barriers to health; give their perceptions of access to healthcare and mental health needs; and share which solutions may improve health (such as services and policies).

The focus group discussions centered around five questions, which were modified appropriately for each audience:

- What are the most important health needs that you see in Santa Clara County? Which are the most pressing among the community? How are the needs changing?

DEFINITIONS

Health condition: A disease, impairment, or other state of physical or mental health that contributes to a poor health outcome.

Health driver: A behavioral, clinical, environmental, social, or economic factor that impacts health outcomes.

Health indicator: A characteristic of an individual, population, or environment that is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population.

Health need: A poor health outcome and its health driver, or a health driver associated with a poor health outcome that has not yet arisen as a need.

Health outcome: The measurable impact — morbidity (quality of life) and mortality (death) — of a disease within a community.



FY20 Community Benefit Plan & Implementation Strategy
El Camino Healthcare District

- What drivers or barriers are impacting the top health needs?
- To what extent is healthcare access a need in the community? If certain groups are identified as having less access than others, what are the barriers for them?
- To what extent is mental health a need in the community? How do mental health challenges affect physical health?
- What policies or resources are needed to impact health needs?

The focus groups comprised local residents and people who serve them. Participants included professionals in the fields representing low-income, minority, and/or medically underserved populations in the community.

Secondary data were obtained from a variety of sources, including the Community Commons public data platform and the Santa Clara County Public Health Department.

Health needs described in this report fall into three categories, as described in the Definitions box on the previous page:

- Health condition
- Health driver
- Health outcome

El Camino Health generated a list of health needs reflecting the priorities in its service area based on community input and secondary data, which were filtered using the following criteria:

1. Must fit the definition of a “health need” (*See Definitions box, page 7.*)
2. Is suggested or confirmed by more than one source of secondary and/or primary data
3. Meets qualitative threshold:
 - (a) Two of eight key informants identified the need, or
 - (b) The community prioritized it over other health issues in at least two of eight focus groups

In addition, available statistical data for some health needs failed benchmarks by 5 percent or more. The benchmarks used for comparison came from Healthy People 2020 or, when unavailable, the California state average.

Step 2: Select health needs and establish Health Priority Areas

El Camino Hospital selected nine health needs, including all identified health needs from the work of the Coalition and will continue to address chronic conditions and violence/injury prevention health needs. These needs were mapped to the following priority areas: Healthy Body, Healthy Mind and Healthy Community.



- Diabetes & Obesity
- Chronic Conditions (other than Diabetes & Obesity)
- Healthcare Access & Delivery
- Oral Health



- Behavioral Health
- Cognitive Decline



- Violence & Injury Prevention
- Economic Stability
- Housing & Homelessness

Step 3: Grants process; Development of Annual Plan and Implementation Strategy

El Camino Hospital released the 2019 – 2020 grant application with the requirement for proposals to address needs in the three health priority areas. Staff provided a comprehensive summary of each proposal received to the Community Benefit Advisory Council (CBAC), which met in April 2019 to discuss grant proposals. The CBAC is comprised of an El Camino Hospital Board Liaison and representatives from the community who have knowledge about local disparate health needs. The Council provided funding recommendations, which are described for each proposal in the hospital's Community Benefit Plan & Implementation Strategy. The Plan also describes the health needs identified

through the Coalition's CHNA process and how the hospital plans to address these health needs. Findings from the CHNA are provided to illustrate the status of health needs and related disparities in Santa Clara County. El Camino Hospital used comparisons to Healthy People 2020 objectives (HP2020) where available, and state data where they were not.

Overview & Acknowledgement

Overview

Grant Proposals Received: 59

Programs new to Community Benefit: 8

Grant Proposals Recommended for Funding: 54

Total Board Approved Grant Funding: \$7,399,739

Total Board Approved Plan (including Placeholder and Sponsorships): \$7,799,739

Acknowledgement

El Camino Healthcare District especially recognizes the critical contribution of the Community Benefit Advisory Council (CBAC) for its guidance with the FY20 Plan. The CBAC is comprised of an El Camino Hospital Board Liaison and representatives from the community who have knowledge about local disparate health needs.



To improve health and prevent the onset of disease in the community through enhanced access to primary care, chronic disease management, and oral health.

The maintenance of healthy bodies is affected by a variety of factors including the environment in which we live, social and economic factors, and personal choices and health behaviors. Poor health can be experienced as diseases and conditions such as stroke or diabetes, and their related drivers such as hypertension or lack of adequate nutrition. Access to comprehensive, quality healthcare services is important for the achievement of health equity, to improve health, and to enhance quality of life for all. Healthcare access requires gaining entry into the healthcare system, accessing a healthcare location where needed services are provided, and finding a medical provider with whom the patient can communicate and trust.

2019 CHNA DATA FINDINGS: DIABETES / OBESITY

Rates are per 100,000 unless otherwise specified.

- Diabetes/Obesity was identified as a top health need in half of key informant interviews and one-third of focus groups.
- The community discussed factors that contribute to diabetes and obesity, such as the built environment, stress and poverty.
- The county has a significantly higher proportion of fast-food restaurants (86.7 per 100,000) than California overall (78.7).
- Santa Clara County has lower proportions of grocery and WIC-authorized¹ stores to residents than state benchmarks. For example, there are 9.5 WIC-authorized stores per 100,000 residents in the county compared to 15.8 in the state overall.
- Diabetes prevalence is higher in Santa Clara County (9.8 percent) than in California overall (9.1 percent) — and trending up both locally and statewide.
- A significant number of LGBTQ survey respondents report being overweight or obese.
- 28 percent of youth are physically inactive.

¹The Women, Infants and Children (WIC) Program is a federally funded health and nutrition program that provides assistance to pregnant women, new mothers, and children aged 0–5. The California Department of Public Health approves the grocers and other vendors statewide who accept program vouchers. <https://www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/Program-Landing1.aspx>

- Disparities in Santa Clara County include:
 - Males are almost twice as likely as females to be obese (18 percent compared to 10 percent).
 - Although obesity rates overall do not fail benchmarks, the overweight and obesity rates among Latinx youth (about 20 percent each) are significantly higher than state averages (about 17 percent), possibly driven by physical inactivity (42 percent).
 - Being overweight or obese is also a problem among youth who identify as Pacific Islanders (about 25 percent each).
 - African ancestry² youth have higher rates of physical inactivity (33 percent) and inadequate fruit and vegetable consumption (73 percent) than the state benchmarks (38 percent and 47 percent, respectively).

2019 CHNA DATA FINDINGS: CHRONIC CONDITIONS (OTHER THAN DIABETES/OBESITY)

Rates are per 100,000 unless otherwise specified.

- Health conditions such as cardiovascular disease, cancer and respiratory problems are among the top 10 causes of death in the service area.
- The proportion of hospitalization discharges due to asthma for children, youth and older adults are all higher than the state.
- The county's prostate cancer incidence rate (127.3) is significantly higher than that of the state (109.2).
- Disparities in chronic conditions in Santa Clara County include:
 - Cancer incidence and mortality rates for various cancer sites are higher for African ancestry and White residents than for those of other ethnicities. For example, overall incidence of cancer is 22 percent higher for African ancestry residents than the county overall, and 51 percent higher than Asian residents. Also, overall cancer mortality for African ancestry residents is 71 percent higher than in than the county overall, and 67 percent higher than Asian residents.
 - African ancestry residents are hospitalized for asthma at a rate (1.7 percent) that is disproportionately higher than the rates for residents of other ethnicities (all of which are below 1 percent, such as 0.7 percent for White residents).

² African ancestry refers to all people of African descent, whether they are recent immigrants or have been in the U.S. for generations. This term is in keeping with a 2015 report by the Black Leadership Kitchen Cabinet of Silicon Valley, in conjunction with the Santa Clara Public Health Department. See <http://blkc.org> for the full report. Many original data sources alternately use the category Black/African-American or African-American.

2019 CHNA DATA FINDINGS: HEALTHCARE ACCESS & DELIVERY

Rates are per 100,000 unless otherwise specified.

- Healthcare access and delivery was identified as a top health need by half of focus groups and key informants.
- The community expressed concern that healthcare is unaffordable, especially for people who do not receive health insurance subsidies, such as undocumented immigrants.
- Approximately one in every 13 people (8 percent) is uninsured countywide.³
- The community expressed concern about the ability of older adults to pay for healthcare (including long-term care) if they are not eligible for Medi-Cal.
- Meets quantitative threshold. (See #3 on page 8 of 2019 CHNA)
- Two in 10 Santa Clara County residents speaks limited English, which can restrict healthcare access.
- The county's rate of Federally Qualified Health Centers and access to mental-health care fall below state averages.
- Health clinic professionals expressed concern about attracting and retaining talent (especially bilingual staff) in the healthcare sector due to the high cost of living in the Bay Area.

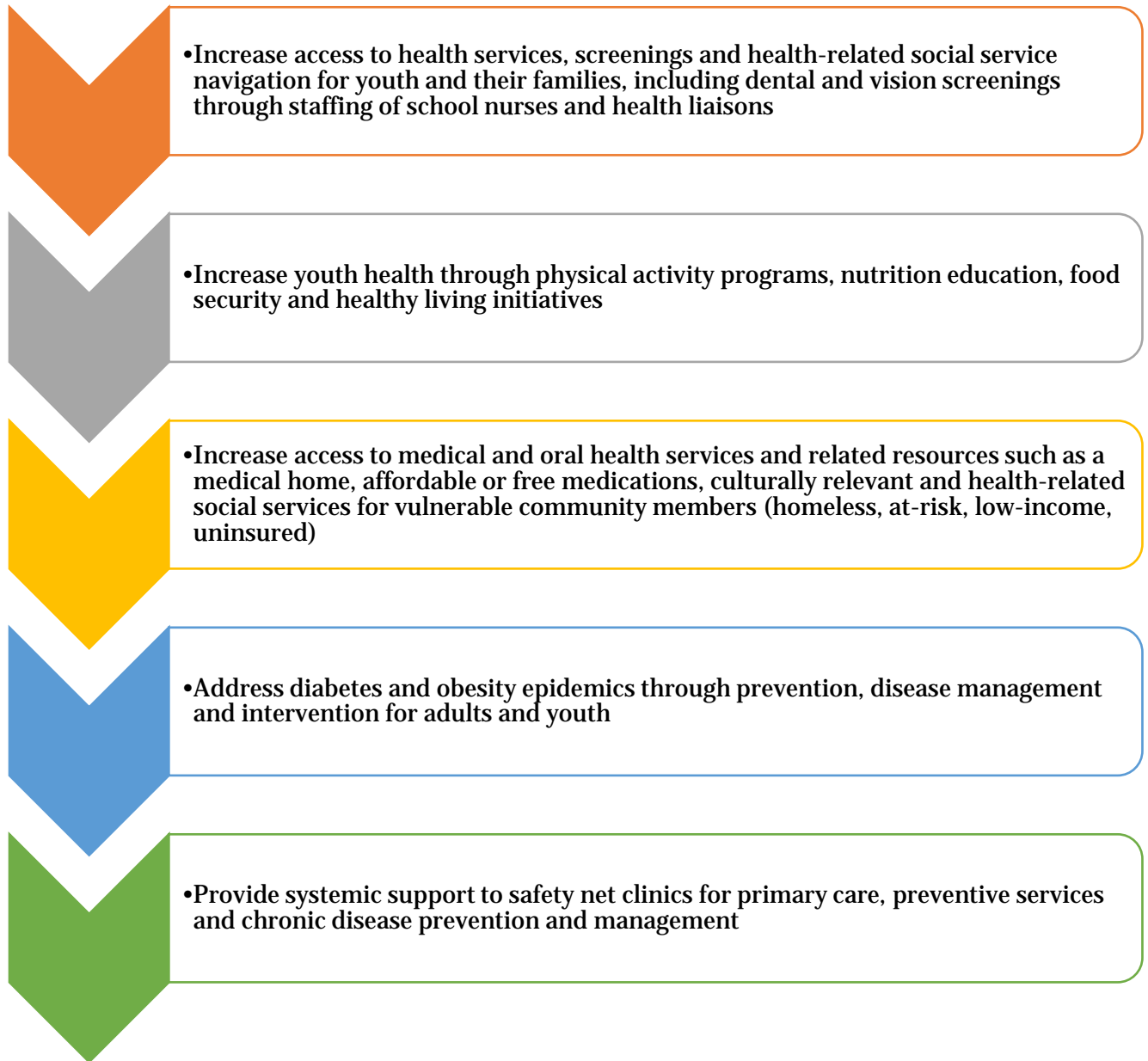
2019 CHNA DATA FINDINGS: ORAL HEALTH

Rates are per 100,000 unless otherwise specified.

- Oral Health was identified as a top health need in two interviews and one focus group.
- There is a perceived lack of access to dental insurance in the community.
- More than one-third of adults in Santa Clara County do not have dental insurance.
- Nearly one-third (30 percent) of county children aged 2–11 have not had a recent dental exam, which is 61 percent worse than the state. The rates were the worst among White (31 percent) and Latinx (52 percent) children.
- More than half of residents of African, Asian and Latinx ancestry have had dental decay or gum disease, which is worse than the county overall (45 percent).

³ U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2012–2016.

STRATEGIES TO IMPROVE HEALTHY BODIES





Community Services Agency, Mountain View

<i>Program Title</i>	Senior Intensive Case Management
<i>Grant Goal</i>	<p>This program will reduce the rate of re-hospitalizations of seniors within 30-days of discharge and optimize functioning to avoid premature institutionalization by providing case management. Based on Coleman Care Transitions Intervention (CTI), an evidence-based approach to reducing hospital re-admittance among older adults, case management services will be provided in the client’s home, at medical facilities, and at other community service providers, helping vulnerable seniors better manage their health conditions so that they can keep living independently in their own homes.</p>
<i>Community Need</i>	<p>The program addresses the need to prevent the re-hospitalization or institutionalization of older patients who have chronic health conditions, such as hypertension or are at high risk for falls. In Santa Clara County, nearly 8 of 100,000 falls results in death and 1 out of every 5 people suffer an injury from a fall.^{1,2} An injury from a fall for an older adult has the potential to alter their entire life, but there is also a financial cost if it is not prevented. Treating a person after a fall becomes a financial burden on the patient and for older adults on fixed income, the ability to pay medical bills is at times impossible. There is also a large cost to government insurance. According to the CDC, \$50 billion is spent on treating injuries from falls across the United States, 75% of that was covered by Medicare.² Another condition that leads to re-hospitalizations is hypertension, where 11% of the county’s residents have a diagnosis of hypertension, which puts them at risk for stroke and/or heart disease.¹ A focused intervention that educates older adults about hypertension in addition to working closely with their medical team can prevent unnecessary hospitalizations. Such prevention is important not only for patients and their families, but also for healthcare systems that are under increasing scrutiny from government funding agencies to ensure that discharged patients do not return for the same issue. A 2015 report from the federal Agency for Healthcare Research and Quality (AHRQ) says, “Repeat hospitalizations place patients at greater risk for complications, hospital acquired infections, and stress.”³ Hospitalization also interrupts people’s normal social activities, which are vital to the mental and physical health of older adults. Eighteen percent of Medicare patients are readmitted to the hospital within 30-days of discharge, adding billions to healthcare costs and anxiety to patients and their families. A 2015 report from the federal Agency for Healthcare Research and Quality (AHRQ) states that hospitals face significant consequences when patients are readmitted. Medicare is pressuring hospitals to reduce readmissions because “readmissions are a significant portion of Medicare spending...In 2013, there were about 500,000 readmissions totaling \$7 billion in aggregate hospital costs for four high-volume conditions—acute myocardial infarction (AMI), congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), and pneumonia.” Furthermore, “repeat hospitalizations place patients at greater risk for complications, hospital acquired infections, and stress.” Hospitalization also interrupts normal social activities, which are vital to the mental and physical health of older adults.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf 2. https://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html 3. “Trends in Hospital Readmissions for Four High-Volume Conditions, 2009-2013” (https://www.hcup-us.ahrq.gov/reports/statbriefs/sb196-Readmissions-Trends-High-Volume-Conditions.jsp)



FY20 Healthy Body Proposal Summary

HEALTHY
BODY



<p>Agency Description & Address</p>	<p>204 Stierlin Road, Mountain View https://www.csacares.org/services/senior-case-management/ Community Services Agency provides vital social services for residents of Mountain View, Los Altos and Los Altos Hills.</p>
<p>Program Delivery Site(s)</p>	<p>Services will be delivered at agency site in Mountain View, clients' homes and medical offices and hospitals.</p>
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services will include:</p> <ul style="list-style-type: none"> • Providing staffing for social worker case manager, RN case manager, and licensed vocational nurse (LVN) to provide intensive case management for low-income seniors with chronic conditions being released from hospital • Providing seniors with tools to better manage their health conditions, resulting in the reduction potential hospital readmissions, and increase the likelihood for them to live independently in their own homes <p>Full requested funding would support staffing of a social worker case manager, RN, and LVN, and program materials such as blood pressure cuffs.</p>





Cupertino Union School District

Program Title	School Nurse Program
Grant Goal	The Cupertino Union School District is requesting support to provide extra nursing and clerical support to schools serving the more underserved populations within the Cupertino Union School District. These schools include Nimitz Elementary and Stockmeier Elementary. The additional nursing and clerical support allow for extensive follow-up for health screening failures, additional staff training for Epi-Pen administration in response to allergic reactions, and assistance with access to healthcare services through community resources. School nurses also promote and market health literacy through programs provided by El Camino Healthcare District, to provide health education to families, and to provide attention to the health needs of students and staff in the school communities.
Community Need	There are significant barriers in accessing healthcare for students in our target schools. Data from Lucile Packard Foundation for Children's Health 2016 indicates that 23.3% of students in public schools within Santa Clara County are English Learners compared to 22.1% statewide. These students are more likely to have difficulty accessing quality health care which may result in health disparities for these students as adults compared to children whose households speak English primarily. Additionally, the target school sites have a greater percentage of minority students in comparison with other district school sites. Santa Clara County Measures of Economic Security Report (2014) indicates ethnic disparities in Santa Clara with minorities having greater rates of unemployment and poverty which ultimately contribute to poor health outcomes. Furthermore, the school nurse serves a population of students who have a greater truancy rate, in comparison to other school sites in the district. Analysis of absenteeism in students who took the National Assessment of Educational Progress (NAEP) in 2011 and 2013 showed that high absenteeism is associated with lower test scores in every state and city that was tested. Attendance concerns are often attributed to unmanaged chronic health conditions or students receiving medical treatment outside of school. Case management by the School Nurse can help lower rates of truancy which will ultimately increase the child's class time and improve their access to education.
Agency Description & Address	10301 Vista Drive, Cupertino The Cupertino Union School District is a Local Education Agency that provides public education to students in transitional kindergarten through eighth grade. The District is the largest elementary school district in northern California. The District is comprised of approximately 1,600 employees serving just over 17,000 students in 19 elementary schools, one K-8 school, and five middle schools throughout the city of Cupertino and parts of the cities of Sunnyvale, San Jose, Saratoga, Los Altos, and Santa Clara. The mission of the Cupertino Union School District is to provide a child-centered environment that cultivates character, fosters academic excellence, and embraces diversity. District families, communities, and staff join as partners to develop creative, exemplary learners with the skills and enthusiasm to contribute to a constantly changing global society.
Program Delivery Site(s)	Nimitz Elementary and Stockmeier Elementary Schools
Services Funded By Grant/How Funds Will Be Spent	Activities and services include: <ul style="list-style-type: none"> • Case management following health screenings including phone calls, referrals to health care resources, and detailed data tracking



- Promotion of on-site dental screenings and follow-up on failed screenings
- Promotion of health literacy and physical activity
- Intensive training for staff about severe food allergies, anaphylaxis response, and EpiPen usage

Full requested amount will support partial salaries of a nurse, licensed vocational nurse, health clerk and supplies.



Fresh Approach

Program Title	VeggieRx Nutrition Education & Mobile Farmers' Markets
Grant Goal	To support two of Fresh Approach’s long-standing successful programs (VeggieRx and the Mobile Farmers’ Market), as well as a pilot intervention, Taking Root, a youth leadership program to train teenagers to become nutrition and healthy eating ambassadors in their schools and communities. The programs target low-income District residents who are in need of better access to affordable fresh produce, and who struggle with overweight/obesity or other diet-related health conditions. The program includes monitoring BMI and providing 50% discounts on produce to those receiving CalFresh, WIC, MediCal, SSI, or SSDI benefits, as well as to residents who access local food pantries but do not receive those public benefits. These programs increase access to and knowledge about locally grown fruits and vegetables in Sunnyvale.
Community Need	<p>Consumption of nutrient rich fresh fruits and vegetables is widely known in scientific literature to be beneficial to overall health, yet diet-related diseases disproportionately impact low-income populations. Significant barriers prevent lower income populations from consuming sufficient quantities and an adequate diversity of fruits and vegetables, including lack of access to healthy food outlets and lack of nutrition knowledge. Adult data from the 2016, ¹revealed that 21.8% of Santa Clara County residents live at or below 200% of the Federal Poverty Limit (FPL). 44.6% of adults in Santa Clara County who live below 200% FPL are overweight or obese and 15.5% have been diagnosed with Diabetes ¹. Youth data from the 2016 CHIS survey indicate a similar trend, where 9% of those living below 200% FPL are overweight based on their BMI percentile, and they are 2.5 times more likely than their peers living above 200% FPL to be overweight for their age. Data from El Camino Hospital’s 2016 Community Health Needs Assessment (CHNA) indicates that Latino and African American communities have higher incidences of overweight and obesity than White communities, further reinforcing that diet-related health conditions are more prevalent in low-income minority populations and interventions are required to reduce these disparities. More broadly, low income populations are more likely to be food insecure, meaning they lack reliable access to a sufficient quantity of affordable, nutritious food – in Santa Clara County, 50.5% of those living at or below 200% FPL are food insecure¹.</p> <p>Additionally, the 2016 El Camino Hospital CHNA reported that fruit and vegetable consumption among youth in Santa Clara county was below the state average, indicating an opportunity to target nutrition education among teenagers. Research has shown that interventions, such as nutrition classes, regularly meet the aim of increasing consumption in the short-term² and tailored nutrition classes are more effective in motivating people to make dietary changes than general nutritional information³. Tailored nutrition education programs have shown to be particularly effective at increasing fruit and vegetable consumption in communities where low consumption results from not just a knowledge gap but also because of barriers such as cost and access ³. Studies have also examined voucher supplements and seen that the vouchers help families increase the quantity and range of fruit and vegetables they use at home, improve the quality of family diets, and help establish good habits for the future ^{4,5}.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. California Health Interview Survey (CHIS 2016) 2. Neville et al 2015: https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-015-0311-4 3. Pomerleau et al 2005: https://www.ncbi.nlm.nih.gov/pubmed/16177217 4. Bihan et al 2012: https://www.ncbi.nlm.nih.gov/pubmed/21989324



FY20 Healthy Body Proposal Summary

HEALTHY
BODY



	5. McFadden et al 2014: https://bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-14-148
Agency Description & Address	5060 Commercial Circle, Suite C, Concord https://www.freshapproach.org/ Fresh Approach creates long-term changes in local food systems by connecting Bay Area communities with healthy food from California farmers, and expanding knowledge about food and nutrition. Fresh Approach offers food access, nutrition and garden education, and healthy food incentive programs. Strong partnerships with farmers’ markets, community organizations, libraries, schools, health departments, and clinics are essential to Fresh Approach’s years of success. In collaboration with these partners, Fresh Approach serves six Bay Area counties. The VeggieRx nutrition education and Collective Roots Community Gardening programs offer practical skills for low-income residents to grow and prepare healthy foods; and the Mobile Farmers’ Market program and East Palo Alto Community Farmers’ Market, improve direct access to affordable California-grown produce.
Program Delivery Site(s)	Sunnyvale and Cupertino communities, e.g., Columbia Neighborhood Center and Valley Health Center in Sunnyvale and De Anza Community College in Cupertino
Services Funded By Grant/How Funds Will Be Spent	Services include: <ul style="list-style-type: none"> • Two series of VeggieRx nutrition education classes (16 group classes lasting 1.5 hours each) with cooking demonstrations • Classes include BMI monitoring and incentive vouchers benefiting entire household • 38 weeks of Mobile Farmers’ Market service; one day/week at three locations equating to 110 stops and over 160 hours of increased access to low-cost local fresh produce • Pilot: Taking Root Youth Leadership Program to a first cohort of 5 teenagers age 14-18 in Sunnyvale: 4-week educational after-school program; optional 6-week internship Full requested funding would support partial staff salaries, such as Nutrition Educators, Food Access Specialist and Program Managers, supplies and administrative costs.





GoNoodle

Program Title	GoNoodle Program
Grant Goal	<p>GoNoodle, Inc. is requesting support to continue providing GoNoodle physical activity breaks to school districts in the El Camino Healthcare District. Through a community partnership between ECHD and GoNoodle, sponsored schools receive the premium version of GoNoodle (GoNoodle Plus). These academically focused movement games are core subject aligned to inspire more student minutes of movement and expand the currently active GoNoodle user base in ECHD schools. GoNoodle is available in the schools where the teachers can access the physical activity breaks in the classroom to help elementary school children, reengage, refocus, stay on task, transition from one topic or standard to the next.</p>
Community Need	<p>GoNoodle is a suite of movement games and videos designed to bring mindfulness and physical activity breaks into K-5 elementary classrooms. The games were built on research that shows short bursts of physical activity positively impacts academic achievement, cognitive skills, behavior, as well as overall health. Short games serve as transitions between subjects and teachers can easily integrate physical activity into the instructional day.</p> <p>GoNoodle and the premium academically aligned breaks provide the teachers with an easy to use, measurable tool that directly addresses issues in the classroom, lack of attention, time on task, transitions and fidgetiness. "Exercise breaks—whether short activities in the classroom or recess—help promote physical fitness, which in turn boosts brain health. In 2013, the National Academy of Medicine (then called the Institute of Medicine) published a major report on the benefits of physical activity on children’s cognitive development and academic success."</p> <p>"Decades of research show that physically active children consistently outperform their inactive peers academically on both a short- and long-term basis." The resource is available to the teachers year round and requires minimal training. They can utilize it at any point in their day, multiple times a day. Evidence based research shows that consistent use of physical activity breaks benefits both kids and classroom. The kids benefit from the incremental minutes of physical activity, the improved time on task and ability to focus. The classroom as a whole benefits because teachers do not have to redirect and transitions are smooth. The teacher is able to spend more time teaching and everyone benefits.</p> <p>Source: Tereda, Youki (2018, March 5). Research Tested Benefits of Breaks</p>
Agency Description & Address	<p>209 10th Ave. South, Suite 350, Nashville, TN 37203</p> <p>https://www.gonoodle.com/</p> <p>GoNoodle gets kids moving to be their smartest, strongest, bravest, silliest, best selves. Short, interactive movement videos make it awesomely simple and fun to incorporate movement into every part of the day with dancing, stretching, running and even mindfulness activities. At school, teachers use GoNoodle to keep students energized, engaged, and active inside the classroom. At home, GoNoodle turns screen time into active time, so families can have fun and get moving together. Currently, 14 million kids use GoNoodle each month, in all 50 states and 185 countries.</p>



FY20 Healthy Body Proposal Summary

HEALTHY
BODY



<p>Program Delivery Site(s)</p>	<p>Schools in ECHD</p>
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Unlimited GoNoodle licenses for all elementary (K-5) school teachers, administrators, staff and parents/students in ECHD sponsored schools • Access to GoNoodle Plus additional movement videos and games, core subject content, and customization features • Placement of ECHD name and logo on the GoNoodle site and on materials sent to teachers, administrators, and parents • ECHD name and logo extended to GoNoodle home usage • On-going platform enhancements and new games or videos added regularly • Direct mail and email campaigns designed to promote new and ongoing usage to principals and teacher champions • Social media activity (Twitter, Facebook, and Instagram posts to engage with users) • On-site GoNoodle demonstrations or webinars as requested <p>Full requested funding would support for program license and the partial salary of the school engagement coordinator.</p>





Health Mobile

Program Title	Onsite Dental Care for Homeless and Low-income Families in Mountain View and Sunnyvale
Grant Goal	This program will provide free, comprehensive dental care services to low-income families and the homeless population.
Community Need	Access to dental care for low income residents is extremely limited in Santa Clara County. The 2014 Santa Clara County Health Assessment found that only 26% of low income respondents had dental coverage. CHIS reported that 16.3% of low income adults had not received dental care in the past five years. According to Health Trust reports, one-third of low income adults in Santa Clara County had lost a tooth due to decay. There is a severe lack of affordable providers to deliver dental care services. Medi-Cal and its dental arm, Denti-Cal, cannot always provide adequate coverage.
Agency Description & Address	1659 Scott Boulevard, Suite #4, Santa Clara http://www.healthmobile.org/ Health Mobile is a non-profit organization providing onsite dental care since 1999. In 2008, the agency added primary medical care to the services and changed our name from Tooth Mobile to Health Mobile. In 2015, the agency obtained two new mobile clinics with a financial support of a HRSA grant. Health Mobile currently owns and operates seven mobile clinics and one “fixed” clinic, making them the largest mobile clinic health care provider in the state.
Program Delivery Site(s)	Program services will be delivered at Community Services Agency, Mountain View and MayView Community Health Center in Mountain View and Sunnyvale.
Services Funded By Grant/How Funds Will Be Spent	Provide staffing to deliver free services: <ul style="list-style-type: none"> • Dental exams • X-Rays, cleanings, and fillings • Oral cancer screening • Root canal referrals and extractions • Smoking cessation and oral hygiene education Full requested funds would support clinic staffing including dentist and dental assistants, lab expenses, dental supplies and program supplies.



Healthier Kids Foundation

Program Title	DentalFirst and HearingFirst
Grant Goal	Through the DentalFirst and HearingFirst programs, Healthier Kids Foundation program staff will provide dental and hearing screenings and appropriate follow up to children in preschool, charter school, public school and community organization settings primarily in Sunnyvale and Mountain View Whisman School Districts.
Community Need	<p>Some of the most critical, yet often overlooked, fundamentals of pediatric health are proper hearing and dental screenings—the first line of defense for early detection and treatment for a number of physical and developmental conditions. Common issues—such as hearing loss and dental carries—can develop in infants or young children, often without obvious symptoms. If diagnosed early, these problems can be treated with a high rate of success, often using non-invasive techniques. Dental Carries is the single most common chronic childhood disease in the United States¹. They cause intense pain, difficulty eating, speaking and sleeping. Children who are in pain because of dental caries have more frequent school absences, trouble concentrating and poorer academic performance². Furthermore, hearing loss or chronic hearing issues affect four in every 100 children under the age of 18 (Healthier Kids Foundation, 2018), which can be devastating when it goes undetected. If a child has an untreated hearing issue, they will miss learning from the speech and language that is happening around them which may result in delayed language and speech development, trouble concentrating and behavioral and academic challenges. The most effective treatment for varying hearing problems is early intervention. Early diagnosis, hearing aid fittings and an early start with special education programs maximize a child’s hearing potential and pathway to successful speech and language development¹.</p> <p>Through screenings, Healthier Kids Foundation has found that 4% of children in Santa Clara County have untreated hearing issues and a shocking 30% have urgent or emergency dental needs. Unfortunately, the negative effects of not receiving timely treatment are long-lasting. For this reason, the state mandates hearing screenings for all children in TK, K, 2nd, 5th, 8th and 10th grades and a dental screening is required for children entering kindergarten. However, the most critical and time consuming piece is follow up. Without it, any issues identified by the screening may remain untreated. A dental or hearing screening is only effective if the child identified with a problem gets treatment; preventative care only works if it’s acted upon.</p> <p>Sources:</p> <ol style="list-style-type: none"> Center for Disease Control and Prevention. (2017). Hearing Loss in Children. https://www.cdc.gov/ncbddd/hearingloss/index.html. Center for Disease Control and Prevention. (2016). Hygiene-related Diseases: Dental Caries (Tooth Decay). Water, Sanitation & Environmentally Related Hygiene. https://www.cdc.gov/healthywater/hygiene/disease/dental_caries.html Jackson, S. L., Vann, W. F., Kotch, J. B., Pahel, B. T., & Lee, J. Y. (2011). Impact of Poor Oral Health on Children’s School Attendance and Performance. American Journal of Public Health, 101(10), 1900–1906. http://doi.org/10.2105/AJPH.2010.200915. KidsData. (2015). Lucile Packard Foundation for Children’s Health. https://www.kidsdata.org/topic/126/pupilsupportpersonnel-type/Table#fmt=2391&loc=59,2&tf=84&ch=276,278,280,277,279,807,1136&sortColumnId=0&sortType=asc
Agency Description & Address	<p>4040 Moorpark Ave Suite 100, San Jose https://hkidsf.org/ Healthier Kids Foundation is a family forward health agency that gives children and those who</p>



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	<p>love them the education and cutting edge tools they rightfully deserve to live a healthy life. At Healthier Kids Foundation, we believe preventative care at an early age makes things fair. Every day, we work side-by-side with families to identify and eliminate kids’ health issues before they even begin. Because without us, barriers that could be corrected may stand in the way of kids success in the classroom and in life.</p>
<p>Program Delivery Site(s)</p>	<p>Mountain View Whisman School District, Sunnyvale School District</p>
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>DentalFirst services will provide:</p> <ul style="list-style-type: none"> • Dentists screen children for dental-related issues and recommend follow up care • Dentists provide oral hygiene education to the children and literature for parents • Parents receive a copy of the child’s screening result • Case management as needed, including bilingual case managers <p>HearingFirst services will provide:</p> <ul style="list-style-type: none"> • Hearing screening to children and appropriate follow up, as needed • Parents of children screened with their child’s screening results • Case management as needed, including bilingual case managers <p>Full requested funding would support partial salaries of 23 staff positions and administrative costs.</p>





Living Classroom

Program Title	Making it Stick: Engaging and Memorable Food-Based Experiences Straight from the Garden
Grant Goal	To continue, enhance and expand our Mountain View Whisman T/K-6 garden-based instructional and Farm to Lunch program. Staff and trained docents will add two engaging "farm to plate" food preparation and cooking extension activities that build on our lessons in Kindergarten and third grades. These services will provide more direct, "straight from the garden" food preparation experiences for elementary students, reinforce nutrition lessons. These lessons also demonstrate to young students just how easy- and fun - it is to prepare healthy dishes that they can share with their family. In addition, proposal includes piloting two additional science and health lessons at Graham and Crittenden Middle School to emphasize the connection between fresh produce and healthy eating.
Community Need	The Santa Clara County Public Health 2016 Study on City and Small Area/Neighborhood Profile for Mountain View shows that only 23% of adults ate 3 or more servings of vegetables per day in the past 30 days and only 27% ate 2 or more servings. In addition, the obesity rate in Santa Clara County as a whole amongst Latino students is the highest of all ethnic groups with 26% obese on average for 5th, 7th and 9th graders and 18% for 2-5 year olds. Many students in the Mountain View Whisman School District (MVWSD) have unmet health needs related to these statistics. Based on the latest information from the MVWSD 2017-18 California Physical Fitness Report for fifth graders, 20% of students fall outside the Healthy Fitness Zone for aerobic capacity, 30% for Body Composition, 32% for Abdominal strength, 31% for Trunk Extension Strength, 37% for Upper Body Strength and 40% for Flexibility. The overall average across all categories is 29% of 5th graders falling outside the Healthy Fitness Zone. For 7th graders, the statistics are better: 13% of students fall outside the Healthy Fitness Zone for aerobic capacity, 17% for Body Composition, 11% for Abdominal strength, 13% for Trunk Extension Strength, 34% for Upper Body Strength and 18% for Flexibility. The overall average across all categories is 18% of 5th graders falling outside the Healthy Fitness Zone. The Healthy Fitness Zone Standards were established by The Cooper Institute and represent levels of fitness that offer some degree of protection against diseases that can result from sedentary living. The consequences of not addressing the inadequate nutrition and obesity is potentially the continuation of unhealthy eating, lack of physical fitness, and overall less healthy adults in the near future.
Agency Description & Address	P.O. Box 4121, Santa Clara https://www.living-classroom.org/ Living Classroom provides health-oriented, hands-on, garden-based education programs to K-6 students in local public school districts. Our mission is to inspire children to learn and value our natural world through garden-based education. Our goals are to connect students to the sources of their food and healthy eating, instill environmental stewardship, and make science learning relevant to their lives. These goals support nutrition, environmental and science literacy.
Program Delivery Site(s)	The following schools in the Mountain View Whisman School District: <ul style="list-style-type: none"> • Graham Middle School • Crittenden Middle School • Theuerkauf Elementary School • Mariano Castro Elementary School • Gabriela Mistral Elementary School

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	<ul style="list-style-type: none"> • Monta Loma Elementary School • Edith Landels Elementary School • Benjamin Bubb Elementary School • Frank L. Huff Elementary School • Stevenson Elementary School • Jose Antonio Vargas Elementary School
<p><i>Services Funded By Grant/How Funds Will Be Spent</i></p>	<p>Services will include:</p> <ul style="list-style-type: none"> • Nutrition-related lessons that integrate required state standards in science, math, nutrition and social studies standards and interspersed with health and nutrition topics <ul style="list-style-type: none"> ○ Two new science lessons to existing 6th grade social studies lessons ○ Two new middle school lessons on the local ecology, environment health and impacts on human health. ○ Other new lesson extension activities in Tk-5 program on nutrition education with healthy cooking opportunities. • A garden-to-cafeteria component in coordination with food services at the schools • Outdoor physical activity that combines with health education content standards in the Nutrition Education Resource Guide for California Public Schools • Expand the Farm to Lunch after-school program at the three growing sites--Crittenden, Graham, and Theuerkauf Schools <p>Full requested funding would support partial salaries of several program staff roles, including instructor and garden manager, as well as supplies and other administrative costs.</p>





Magical Bridge Foundation

Program Title	Magical Bridge Playground, Mountain View, CA
Grant Goal	<p>Magical Bridge Playgrounds requests support towards our Magical Bridge Playground project in Mountain View, CA. This grant will help us towards meeting our budget goal for the \$4.5M inclusive playground project at Rengstroff Park; giving the whole community of Mountain View, and its surrounding areas, a playground that is truly welcoming and inclusive of everyone, regardless of age, ability, or size. The design, construction and the launch of the playground will be the responsibility of Magical Bridge Foundation. The playground will be owned by the City of Mountain View, and maintained and operated by the city's parks department. The park, as required by our contracts, will be open to everyone in the public, year-round. Currently, most playgrounds, regardless of their compliance with the Americans with Disabilities Act, are not truly inclusive and fail to meet the needs of many community members. The enormous popularity of the Flagship Magical Bridge Playground in Palo Alto, with over 25,000 visitors per month, and one of the most popular playgrounds in the country, underscores the urgent need for these playgrounds.</p>
Community Need	<p>The Centers for Disease Control estimate 1 in 4 Americans have a disability¹ and that having a disability increases the risk for being obese. According to the CDC, the increased obesity risk for people with disabilities may be caused by “a lack of accessible environments (for example, sidewalks, parks, and exercise equipment) that can enable exercise.” and “a lack of resources (for example, money, transportation, and social support from family, friends, neighbors, and community members)”.² The fact that people with disabilities are twice as likely to live in poverty,³ supports the importance of creating accessible (but costly) activities is not enough. They must also be affordable to have a positive impact. Magical Bridge Playgrounds provide people with disabilities, (and their families), access to free, fun physical activity, as well as access to vestibular movement (swinging, swaying and spinning) benefits those with a variety of cognitive issues.</p> <p>In 2018,⁴ Magical Bridge engaged Dr. Nicole Ofiesh, to study our playground and survey over 800 playground attendees from around Palo Alto. Our research found that people came from further and stayed longer at Magical Bridge Playground - with most visitors staying for 2 hours or more; increasing the physical benefit of the visit⁵.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://www.cdc.gov/media/releases/2018/p0816-disability.html 2. https://www.cdc.gov/ncbddd/disabilityandhealth/obesity.html 3. https://www.npr.org/sections/health-shots/2015/07/23/424990474/why-disability-and-poverty-still-go-hand-in-hand-25-years-after-landmark-law 4. https://www.frontiersin.org/articles/10.3389/fnint.2015.00055/full 5. http://magicalbridge.org/assets-foundation/docs/A%20Playground%20for%20the%20Entire%20Community.pdf
Agency Description & Address	<p>654 Gilman St, Palo Alto http://magicalbridge.org</p> <p>The mission of Magical Bridge Foundation is to build innovative playgrounds and more inclusive communities. At Magical Bridge, everyone is welcome to come and play, regardless of age, ability, or size. Our playgrounds are mindfully designed to meet the needs of the whole community, including those on the autism spectrum, with sensory impairments, cognitive/developmental disabilities, visual/auditory impairments, mobility/physical</p>

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	<p>impairments, the medically fragile and older adults. Magical Bridge, Palo Alto, our flagship playground in Mitchell Park, welcomes 25,000 visitors per month and serves as a laboratory to develop programs that promote inclusion, including our teen “Kindness Ambassadors”, STEM educational activities, adult playdates, and community events.</p>
<p>Program Delivery Site(s)</p>	<p>The playground will be constructed at Rengstorff Park, in Mountain View.</p>
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>This grant will only fund playground construction. However, Magical Bridge Foundation will be working with the parks departments of each of our partner cities to establish a suite of 'on-playground' activities, based on programs and activities already established at our flagship playground (such as our Teen Kindness Ambassador Program and adult playdates) to fully leverage and promote the playground, and inclusive play in their communities.</p> <p>Fully requested funding will support budget goal for the inclusive playground project.</p>





MayView Community Health

Program Title	Uninsured Primary Health Care & Affordable Access for Low to Moderate Income Families
Grant Goal	<p>MayView is requesting support direct costs related to providing affordable, culturally competent, general medical care, prenatal care, pediatric care, chronic disease case management, cancer screening, family planning, and other preventive services to uninsured and underserved residents of the target service area. MayView’s services are offered in a patient-centered manner by a team of health care professionals that are responsive to patient needs and health care preferences. MayView strives to deliver care in a coordinated and efficient manner to ensure that all health and behavioral health care needs of patients are met through high quality care. This grant will decrease the number of uninsured individuals with unmet health needs, particularly related to management of chronic disease including hypertension, diabetes, cardiovascular disease, and obesity. Through the provision of primary care services, MayView will significantly reduce the suffering of patients, minimize the risk for disabilities and chronic conditions, and support their ability to gain or maintain their livelihood and productivity. MayView seeks to engage these patients in meeting their primary care preventive health care needs and to connect them with insurance enrollment counselors who can assist them in reviewing health care options and working to enroll them in affordable health care coverage.</p>
Community Need	<p>Poor access to health care compromises the physical and financial health of families. For our primary service population, major barriers include lack of health coverage, under-insurance, socioeconomic status, lack of proficiency in English, lack of documentation or immigration status, disability and homelessness. These factors exert powerful influences on health and health outcomes, as described in the ECHD 2016 Community Health Needs Assessment.</p> <p>Within MayView’s target service area there are approximately 47,448 low-income (below 200% FPL) individuals representing about 14.2% of the area’s population Up to 200% FPL would include a family of four making up to \$50,000. In the Bay Area the cost of living often put basic needs out of reach for families. The threshold for “low income” income to qualify for HUD housing assistance programs in Santa Clara County is \$94,450 to accommodate this high cost of living (U.S. Department of Housing and Urban Development). Approximately 42% of the uninsured have incomes between 138%-400% of FPL and in some census tracts the uninsured population with incomes in this range comprise 64% all uninsured residents¹. Within MayView’s service area, which includes Cupertino, Los Altos, Los Altos Hills, Mountain View, and Sunnyvale, there are approximately 7,000 uninsured individuals not currently being served by health centers, representing additional need in the community². MayView is experiencing growing demand for affordable health care services as evidenced by the growth in total patients served. Between 2015 and 2017 the number of patients served increased from 5,534 to 6,286 (an increase of 13.5%). The past year has seen significant growth for MayView that serves to surpass annual increases seen in recent years. Nearly one-third (30.6%) of patients served were uninsured³.</p> <p>Chronic disease impacts many patients served at MayView; among patients served in 2017 28.5% have a diagnosis of hypertension, which is higher than the rate for the county overall at 25.5%. Approximately 15.6% of MayView patients have a diagnosis of Diabetes as compared to 7.6% overall in Santa Clara County³.</p> <p>Lack of access to primary care and integrated behavioral health care contributes to poor health outcomes, including increased incidence of chronic disease, higher rates of hospitalization, and premature mortality. Lack of access to primary care also can lead to increased utilization of costly</p>



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	<p>emergency department services. ⁴Income level is a significant factor impacting health and health care access. Individuals living below the poverty level in the target service area are more likely to report poor health status than individuals with incomes at 300% or above poverty level. Individuals living below poverty level are also more likely to report that they do not have a usual source of care as compared to individuals with higher incomes. Within the service area low-income individuals are more likely to use the Emergency Department to access care due to barriers to access. With our team of bilingual clinic support staff who speak a variety of languages fluently (e.g. Spanish, Farsi, Hindi, and Russian) and through the utilization of language access services, MayView mitigates potential linguistic and/or cultural barriers to care for our diverse patients and community members. MayView’s leadership formally adopted as policy the federal guidelines for culturally and linguistically appropriate services. We address the linguistic and cultural needs of prospective and new patients; which almost immediately eliminates a critical barrier to care. MayView establishes clinical standards of care for our providers that are based on current and evidence-based national clinical guidelines.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. American Community Survey, 2012-2016; https://factfinder.census.gov 2. UDS Mapper data, 2017; udsmapper.org 3. Uniform Data System, 2017; https://bphc.hrsa.gov/uds; County Data Source: California Health Interview Survey, 2017; https://ask.chis.ucla.edu 4. California Health Interview Survey, 2017; https://ask.chis.ucla.edu
<p>Agency Description & Address</p>	<p>270 Grant Avenue, Palo Alto http://www.mayview.org/</p> <p>Founded in 1972, MayView's three clinics care for patients in need in our communities. MayView’s mission is to provide high quality primary healthcare to low-income individuals and families from all cultural and ethnic backgrounds, regardless of their ability to pay. MayView offers affordable access to health care services to vulnerable communities in northern Santa Clara County which includes culturally and linguistically responsive primary medical care, behavioral health, and dental care for patients. Primary medical care services include preventive care, prenatal care, chronic disease care management, women's health, integrated behavioral health, and pediatrics.</p>
<p>Program Delivery Site(s)</p>	<p>MayView Clinic sites</p>
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Routine primary care screenings and services • Integrated behavioral health care services and depression screening • Child well checks and immunizations • Chronic disease care management services for patients with diabetes and hypertension and other conditions • Health coverage and insurance counseling • At least 3,200 qualified visits (Medical and Integrated Behavioral Health) to uninsured patients <p>Fully funded request would support salaries and benefits for: 1FTE physician, 2 FTEs nurse practitioner, 3 FTEs medical assistant and 3 FTEs scribe. Funds would also support costs for visits of uninsured patients at 200-400% FPL.</p>





Medical Respite

Program Title	Medical Respite Program
Grant Goal	The Medical Respite Program (MRP) is designed as a community resource that provides a clean, safe place for homeless patients to live when they are discharged from the hospital. The MRP supports homeless patients as they recuperate and receive on-going medical and psychosocial services. The objective of the program is to link the homeless patient to a primary care home, to help them access entitled benefits, and to provide psycho-social support and services. The program is located at the Boccardo Reception Center (a local shelter) in San Jose. The program provides access to an adjacent clinic, psychiatric care, and drug and alcohol services.
Community Need	<p>According to the Santa Clara County 2014 Health Assessment “a total of 7,631 homeless individuals were counted during the Santa Clara County Homeless Census and Survey. Of these, two-thirds (5,674, 74%) were unsheltered (living on the street, in abandoned buildings, cars/vans/RVs or encampment areas).</p> <p>The Homeless Census and Survey estimated that 19,063 individuals in Santa Clara County experienced homelessness over the course of a year. Additional findings include:</p> <ul style="list-style-type: none"> • Of homeless individuals who needed medical care in the past year, 4 in 10 (39%) reported they were unable to access needed care. • Two-thirds (64%) of homeless individuals reported one or more chronic and/or disabling conditions (including chronic physical illness, physical or mental disabilities, chronic substance abuse and severe mental health conditions). - Sixty-eight percent reported currently experiencing mental health conditions”. <p>When homeless individuals are hospitalized and discharged to the streets they are usually unable to consistently follow physician’s orders, take their medications, do wound care, etc. This often results in re-admissions to the hospital and/or frequent emergency room visits.</p> <p>The Medical Respite Program provides a clean, safe place for recuperation where support is provided to follow through on physician orders and treatments. Additional psycho-social support is provided to begin stabilizing the lives of the homeless.</p>
Agency Description & Address	<p>1215 K Street Suite 800, Sacramento (Healthcare Foundation of Northern and Central CA -fiscal agent)</p> <p>https://www.hospitalcouncil.org/healthcare-foundation</p> <p>The Healthcare Foundation of Northern and Central California is a supporting organization of the Hospital Council of Northern and Central California. The Healthcare Foundation’s purpose is to help hospitals provide high quality health care and to improve the health status of the communities they serve.</p>
Program Delivery Site(s)	Boccardo Reception Center (a local shelter) in San Jose
Services Funded By Grant/How Funds Will Be Spent	<p>The Medical Respite Program services:</p> <ul style="list-style-type: none"> • A semi-private room and 3 meals are provided for each patient while they are in Medical Respite (from 2 days to 160 days as needed) • A primary care home is established with the on-site clinic where they are seen for all outpatient medical needs • Patients are thoroughly assessed for medical and psychosocial needs.





- Referrals and coordination with specialty care is provided as needed
- Supervision and education regarding medications is provided by the RN manager
- Mental health services are provided at the on-site clinic
- Counseling and group sessions are held on site by the County Drug & Alcohol Services
- Support groups are led by the staff psychologist for patients during and after their MRP stay to help them establish their goals and to make progress toward them
- Social workers and case managers assist the patient in obtaining identification, birth certificates, and documents needed to apply for benefits
- Social work and case management assist the patient in applying for entitled benefits, such as MediCal, food stamps, and SSI (income)
- Assistance with job searches and training is provided for those who are able to work
- Applications for housing and housing subsidies are made for eligible patients

Funds requested will be spent on the partial salaries of staff, overflow beds and lease of shelter beds.



Mountain View Whisman School District

Program Title	Health Services Grant
Grant Goal	<p>Mountain View Whisman School District is requesting funding to employ two full-time registered nurses a full-time LVN to provide health services to 3,900 students from preschool through 8th grade. In addition to the full-time positions, the district is requesting funds to support existing School and Community Engagement Facilitator positions, whose purpose is to connect students and families with much needed resources in the community. Students will receive direct healthcare services through treatment of minor illnesses and injuries occurring at school, management of chronic illnesses requiring direct nursing intervention, assessment of health histories, and state mandated health screenings. Students requiring medical follow-up with a provider will receive assistance in accessing appropriate healthcare services. This will help to ensure that they are healthy and in the classroom learning throughout the school year. This grant will also provide the opportunity to introduce students to self-care techniques that they are otherwise unexposed to, using the GoNoodle program. The nurses also respond to acute health concerns and emergency situations throughout the district.</p>
Community Need	<p>The school district is experiencing an increased percentage of absenteeism related to uncontrolled chronic illness and untreated acute illness. Statistics indicate a correlation between high absenteeism and school dropout. Increased access to healthcare within the community can address these concerns. In addition, staff and students alike are experiencing increased stress associated with rising demands to meet the extensive changes in education. Support for two registered nurses and a LVN allows the district to provide outreach to families who are under and uninsured and who need assistance navigating available resources within our community.</p>
Agency Description & Address	<p>750-A San Pierre Way, Mountain View https://www.mvwsd.org/</p> <p>Mountain View Whisman School District (MVWSD) is located in Mountain View, CA, in the heart of Silicon Valley. MVWSD serves a diverse student population in preschool through eighth grade representing a wide range of ethnicities, languages, cultures, and economic status. The District’s mission is to demonstrate a relentless commitment to the success of every child on a daily basis. Our priorities are academic excellence, strong community, and a broad worldview. We prepare all children for the world ahead by challenging, inspiring, and supporting our students to thrive in a world of constant change.</p>
Program Delivery Site(s)	All schools in the Mountain View Whisman School District
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Vision and hearing Screenings • Oral Health exam • Child Health and Disability Prevention Exam • One on one health care for students with chronic health conditions such as Diabetes, G-tube feedings, trach care, chronic cardiac conditions, etc. • Emergency responses to injured and ill students. • GoNoodle (breathing, yoga, mindfulness)

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- Staff Training/Education, i.e. CPR, First Aid, Medication Administration, GoNoodle
- Fully funded request supports 2 FTEs school nurse, 1FTE licensed vocational nurse and school community engagement facilitator.





New Directions

<i>Program Title</i>	New Directions
<i>Grant Goal</i>	<p>To provide community-based case management services by MSW/LCSW level Social Work Case Managers to individuals in the ECHD with complex medical and psychosocial needs. Intensive case management has been shown to be an effective intervention for reducing Emergency Department visits, hospital admissions and length of stay, in addition to overall improvement to quality of life for patients served. Services are provided wherever a patient is located in the community, at a frequency and duration appropriate for each individual. New Directions supports the most vulnerable individuals in our community who have been unsuccessful linking to appropriate supports and services independently, to connect and engage with necessary health, behavioral health and basic needs services.</p>
<i>Community Need</i>	<p>Services provided by New Directions directly address the need for access to healthcare and healthcare delivery, behavioral health and economic security, prioritized needs in Santa Clara County as identified in the 2016 Health Needs Assessment ¹. The intensive case management intervention utilized by New Directions has proven effectiveness in reducing emergency room visits and acute care days while assisting vulnerable populations to obtain needed benefits and services, including connection to ongoing health and behavioral health services. Intensive case management is an intervention of choice for many programs servicing individuals experiencing homelessness (National Healthcare for the Homeless Council) and individuals with serious mental health issues.</p> <p>As part of the statewide Frequent Users Initiative ², New Directions demonstrated consistent improvement in patient outcomes and reductions in the use of high-cost services throughout the Initiative Programs' populations. Outcomes tracked since conclusion of the Frequent Users Initiative demonstrate the continued effectiveness of an intensive case management intervention for reduction of hospital utilization and linkage to healthcare, behavioral health and other supports and services. Patients served by New Directions exhibit a need for intensive assistance with linkage to and engagement with critical supports and services after an Emergency Department or acute care visit. Case management is targeted toward overall stabilization ³ and prevention of unnecessary subsequent visits to the Emergency Department and/or inpatient readmissions, in addition to overall improvement in quality of life through connection to health, behavioral health, basic needs and other resources. Without New Directions case management services, referred patients are unlikely to follow through with post-discharge plans and may be at increased risk for over utilization of the Emergency Department and other critical need services.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf 2. https://www.chcf.org/wp-content/uploads/2017/12/PDF-FUHSIEvaluationReport.pdf 3. https://www.nhchc.org/wp-content/uploads/2016/05/in-focus-case-management-hrsa-approved-final-version.pdf
<i>Agency Description & Address</i>	<p>1671 The Alameda, Suite 306 http://www.peninsulahcc.org/case-management/</p> <p>Since 2006, Peninsula Healthcare Connection (PHC), has been providing comprehensive health, mental health and case management services to homeless and low-income residents of Santa Clara County, free of charge, through our state licensed medical clinic located within the Opportunity Center in Palo Alto. The goal of PHC is to improve the health and well-being of our patients, and by doing so, improve the overall quality of life, livability, and safety for all local</p>



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	residents. New Directions is a community-based care management program of PHC.
Program Delivery Site(s)	Services are provided at agency site
Services Funded By Grant/How Funds Will Be Spent	<p>Includes the following intensive case management services, available in Spanish and English, and access to:</p> <ul style="list-style-type: none"> • Primary and specialty care • Permanent/appropriate housing for vulnerable adults living on the streets or in shelters • Mental health and substance abuse treatment • Financial assistance • Transportation • Assistance with application, renewal and coordination of benefits such as Social Security, SSI, Medi-Cal and Medicare <p>Full requested amount fund salaries of 1.5 FTE social work case managers and part of other staff time as well as some administrative costs.</p>





Pathways Home Health and Hospice

Program Title	Pathways Un/Underinsured Care Program
Grant Goal	<p>This program provides high-quality home health and hospice services to un/under-insured individuals living in the El Camino Healthcare District. Support will provide health care services (home health and/or hospice) to at least 45 individuals who are recovering from illness or surgery, managing a chronic disease, or coping with life-threatening conditions. The program's goal is to ensure that this vulnerable population receives the home health or hospice care prescribed by their doctors which allows them to remain in their homes as healthy as possible, to avoid re-hospitalization and emergency room visits, and to reconnect patients back to their primary care physicians for ongoing health management. Service are provided by physicians, licensed RN's, physical, speech and occupational therapists, social workers, bereavement counselors, and home health aides.</p>
Community Need	<p>Low-income individuals who are uninsured or underinsured are generally unable to pay for the home health services prescribed by their physician. According to El Camino Hospital's 2016 Community Health Needs Assessment, based on community input and secondary data:</p> <ul style="list-style-type: none"> • Access to healthcare and healthcare delivery is the top Priority Health Need; • Despite increased availability under the ACA, 15% of the overall population and 32% Latino population are still without health insurance; • 11% of the overall population and 20% Latino population did not see a doctor when sick due to healthcare costs; • Patients who are unable to afford the home health care prescribed by a physician often choose to end care before it is medically desirable. This not only jeopardizes patient health, it puts further strain on emergency health care services. • With the repeal of healthcare mandate signed into law in late 2017, there will be more individuals that will choose not carry health insurance thus exacerbating the need. <p>Source: https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf</p>
Agency Description & Address	<p>585 North Mary Avenue, Sunnyvale https://www.pathwayshealth.org/</p> <p>Pathways provide high-quality home health, hospice, and palliative care services with kindness and respect, promoting comfort, independence and dignity. Non-profit, community-based Pathways have been a pioneer in home health, hospice and palliative care since 1977. With offices in Sunnyvale, South San Francisco and Oakland, Pathways serves more than 5,000 families annually in five Bay Area counties. Pathways care for patients wherever they live – at home, in nursing homes, hospitals and assisted living communities.</p>
Program Delivery Site(s)	Patient homes within the El Camino Healthcare District.
Services Funded By Grant/How Funds Will Be Spent	<p>Services, available in multiple languages, include:</p> <ul style="list-style-type: none"> • Provide subsidized home health, palliative and restorative care • Provide nursing visits and 24-hour, on-call nursing service • Provide physical, occupational, and speech therapies, medical social workers and home health aides for personal care



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- Medication management with Pharmacist oversight and consultation
- Uncompensated room and board for MediCal recipients on hospice
- Spiritual and bereavement counselors

Full requested amount funds partial salaries for a nurse, physical therapist, occupational therapist, speech therapist, social worker and other staff time as well as administrative costs. The staff is multilingual (Spanish, Russian, Cantonese, Mandarin, Vietnamese, Korean, Dutch, Tagalog).





Planned Parenthood Mar Monte – Mountain View Health Center

Program Title	Increasing Access to Primary Care and Integrated Behavioral Health Care at the PPMM Mountain View Health Center
Grant Goal	To support access to Primary and Integrated Behavioral Healthcare, for primarily underserved high-poverty patients at the Mountain View Health Center. Health Center staff will provide primary care services, including pediatric and adult preventive care and treatment for episodic illnesses; referrals to specialists are provided when appropriate. Services will be delivered by a Physician, Clinicians, and Health Services Specialists (the equivalent of Physician Assistants). New for this proposal is the addition of a Behavioral Health Clinician to be an active member of the care teams for any behavioral health patients and provide them with counseling services. In addition to integrated primary and behavioral health care services, this program will also provide reproductive healthcare and cancer screening.
Community Need	<p>According to a 2018 Health Affairs article, living in poverty has a significant, negative impact on health¹. Low-income populations have higher rates of heart disease, diabetes, and strokes. Poor health increases the difficulty to obtain and retain employment, further reducing income level. Low-income populations also have fewer resources for accessing behavioral healthcare. Unrecognized and untreated behavioral health issues can add yet another obstacle to living a healthy, financially secure life. A 2015 study from the U.S. Centers for Disease Control and Prevention showed that “8.7 percent of people with incomes below the poverty line reported serious psychological distress from 2009 to 2012.” For people with annual incomes at or above four times the poverty line, only 1.2% reported this kind of distress².</p> <p>Community health centers are playing a critical role in fighting the challenges of providing accessible care to these populations. In 2018/2019, one in six Californians were provided healthcare services by a community health center. Low-income patients were significantly more likely to seek care at a community health center; in Santa Clara County, 46% of community health patients lived below 100% of the Federal Poverty Level (FPL), with a total of 65% living at or below 200% of the FPL. The patient demographics at Mountain View Health Center show an even higher percentage of low-income patients; in FY2018, 54% lived below 100% of the FPL, and 78% lived at or below 200%.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://www.healthaffairs.org/doi/10.1377/hpb20180817.901935/full/ 2. https://www.huffingtonpost.com/2015/05/28/mental-healthcoverage_n_7456106.html
Agency Description & Address	<p>1605 The Alameda, San Jose https://www.plannedparenthood.org/planned-parenthood-mar-monte</p> <p>The mission of Planned Parenthood Mar Monte (PPMM) is to ensure that every individual has the knowledge, opportunity and freedom to make every child a wanted child and every family a healthy family. To achieve our mission, we are committed to providing accessible, affordable and compassionate reproductive, primary, prenatal and pediatric healthcare and education to women, men, teens, family and the medically underserved. We are also committed advocates for increased access to that care.</p>
Program Delivery Site(s)	Services will be provided at agency site in Mountain View.
Services Funded By Grant/How Funds	Services include a broad range of integrated care including pediatric and adult preventive primary care as well as behavioral health:



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- Well child checks and well woman exams
- Annual preventative visits
- Preventative screenings for cancer risk (breast, cervical, colon) and disease risk (diabetes, high cholesterol, hypertension, Hepatitis C) and other medical issues
- Behavioral health screenings (PHQ-2, PHQ-9, GAD-7, SBIRT)
- Behavioral health counseling sessions of 35-40 minutes
- Team-based patient care that includes a behavioral health clinician
- Immunizations, including vaccines for children (PPMM participates in the Vaccines for Children program under the Center for Disease Control and Prevention); tuberculosis risk assessment and screening
- Management of complex chronic medical conditions, such as hypertension, diabetes, chronic obstructive pulmonary disease, depression, and anxiety
- Assessments of social determinants of health
- Support with advanced directives
- Appropriate education and counseling about healthy lifestyle choices

Full requested amount funds will support the partial salaries of a center manager, check-out specialist, clinician, physician, behavioral health clinician, health service specialist along with supplies and administrative expenses.



Playworks

Program Title	Playworks Sunnyvale and Mountain View
Grant Goal	<p>Playworks respectfully requests support in continued funding from the El Camino Healthcare District in support of our programs offered in Sunnyvale and Mountain View-Whisman School Districts. Funding will connect four low-income elementary schools in Sunnyvale to the Playworks Coach program and seven schools in Mountain View-Whisman and Sunnyvale to the Playworks TeamUp program. These programs benefit children by leveraging play as a tool to promote healthy behaviors, increase social/emotional learning, and improve the school climate. In addition to reaching children every school day at Coach schools and at least one out of every four weeks at TeamUp schools. Professional development will be provided to all adults on each school campus. All services will be delivered by our well-trained program staff, benefiting more than 5,603 K-6 students with an average free or reduced lunch program rate of 60%.</p>
Community Need	<p>Playworks’ programs use play, a universally accessible activity, to establish new norms for respectful social behavior for every child. Research has demonstrated that play has the unique ability to help children develop the physical, social-emotional, cognitive, language, and self-regulation skills that are vital to their success now and in the future. A recent report from the American Academy of Pediatrics found that “play is fundamentally important for learning 21st century skills, such as problem solving, collaboration, and creativity, which require the executive functioning skills that are critical for adult success”¹. The American Journal of Public Health (2015) reports that elementary students with strong social competencies, such as demonstrating empathy and treating others with respect, are 54% more likely to earn a high school diploma, twice as likely to attain a college degree, and 46% more likely to have a full-time job by age 25². Playworks programs focus on introducing and nurturing the love of play and physical activity, in a safe, healthy, inclusive environment. Approximately 34% of fifth graders in Santa Clara County are overweight or obese³. Children in Playworks schools spent significantly more time in vigorous physical activity at recess than their peers in control schools (Robert Wood Johnson Foundation). The goal is to keep children healthy, while also building positive connections and leadership at school.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. http://pediatrics.aappublications.org/content/142/3/e20182058 2. http://ajph.aphapublications.org/doi/full/10.2105/AJPH.2015.302630 3. (2017), http://www.kidsdata.org
Agency Description & Address	<p>2155 South Bascom Ave #201, Campbell https://www.playworks.org/</p> <p>Playworks is a national non-profit. Our vision is that one day every child in the U.S. will have access to safe, healthy play at school every day. Our goal is to establish play and recess as a core strategy for improving children’s health and social emotional skills. Playworks’ theory of change embraces the notion that a high functioning recess climate and caring adults on campus lead to a positive recess climate, which therefore positively affects the entire school climate. We develop student leaders and create a caring environment on the playground, in the classroom and in the community.</p>



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<p><i>Program Delivery Site(s)</i></p>	<p>Memorandums of understanding are completed with school partners in August to address the upcoming school year. Proposed grant activities will be delivered at:</p> <ul style="list-style-type: none"> • Ellis Elementary • Lakewood Elementary • Vargas Elementary • San Miguel Elementary • Bishop Elementary • Cumberland Elementary • Cherry Chase Elementary • Fairwood Elementary • Mistral Elementary • Castro Elementary • Theuerkauf Elementary
<p><i>Services Funded By Grant/How Funds Will Be Spent</i></p>	<p>Services include:</p> <ul style="list-style-type: none"> • The Coach Program places a highly trained program coordinator on campus to implement a multi-component program that includes: before school recess and recess, class game time for social-emotional learning and learning rules to games, leadership program, and interscholastic developmental sports leagues. Coaches will be on campus every day and will get to know every child by name. • The TeamUp Program places a highly trained Site Coordinator on campus one out of every four weeks, to deliver class game time and recess programming and to support a school recess team with consultation and training. • During the off weeks, a Playworks Program Manager will be available for consultation and support. The Program will offer school recess teams the opportunity to join Playworks coaches at Preservice, for our week of intensive training. • Training in Playworks techniques and strategies to yard duty, administrative staff, and teachers in each of the schools served will also be provided. Training the adults on campus makes a significant difference in the overall effectiveness of Playworks. <p>Fully funded request will support program staff, supplies and other program expenses.</p>





Santa Clara Valley Medical Center

<i>Program Title</i>	Homeless Healthcare and Dental Services in Sunnyvale and Mountain View
<i>Grant Goal</i>	<p>Valley Homeless Health Program (VHHP) is requesting support to serve homeless or at-risk individuals of all ages in Sunnyvale and Mountain View. This program will consist of two components: (1) medical and behavioral health services through a medical mobile unit, and (2) dental services at VHC Sunnyvale. VHHP's medical mobile unit will provide medical and behavioral health services twice a week; Monday afternoons and nights at the Sunnyvale cold winter shelter and Thursday all day at the Community Services Agency in Mountain View. The medical mobile unit team consists of a medical provider, psychologist, psychiatrist, nursing staff, and outreach team. In addition to medical and behavioral health services, the medical mobile unit team will also provide health education and assist in connecting patients to community agencies. Routine dental services will be provided five days a week at VHC Sunnyvale, with a specialty dental clinic available an additional three nights a week. There has been a 13% increase in the number of homeless individuals in Santa Clara County from 2015 to 2017; during that same time period, the city of Mountain View alone had a 50% increase in homelessness. VHHP is uniquely equipped to conduct outreach and provide much needed medical, behavioral, and dental health to this vulnerable and growing population.</p>
<i>Community Need</i>	<p>According to the 2017 point-in-time homeless census of North County, nearly 1 in 3 homeless individuals suffered from chronic health issues, and slightly more than 2 in 5 homeless individuals abused alcohol or drugs¹. Rates of chronic health issues and alcohol or drug abuse were even higher amongst those considered to be chronically homeless. VHHP is uniquely equipped to provide comprehensive care to homeless and at risk residents, addressing both physical and behavioral health. The integration of medical and behavioral health in one team allows for patients to have both their medical and behavioral health needs addressed at the same time, ensuring continuity of care and improvement of health outcomes. One in five homeless individuals in North County is not receiving any form of governmental assistance, with nearly 1 in 2 of those individuals believing that they are ineligible for assistance.² VHHP's outreach worker and social worker are able to work with homeless individuals on the paperwork and documentation needed to qualify for benefits, as well as provide education on the community and government assistance programs available for homeless individuals. The target population for this grant will be homeless or at-risk individuals and families in North County. According to the 2017 point-in-time census, approximately 1,000 homeless individuals reside in North County. Of these individuals, nearly 3 in 5 are living on the streets or in their vehicles. Four in five have been homeless for a year or more. The majority of homeless individuals in Santa Clara County are enrolled in government funded programs such as Medi-Cal and/or Medicare. Approximately 1 in 5 homeless individuals living in North County indicated that alcohol/drug use or an illness were the primary cause of homelessness.</p> <p>The Surgeon General has considered oral diseases to be a silent epidemic disproportionately affecting the poor³. Lack of transportation and difficulty in accessing care due to inability to taking off time from work were two of the reasons cited as contributing to the issue. The VHC Sunnyvale dental clinic will provide urgent care dental services three evenings a week to increase access to working homeless individuals as well as routine dental services five days a week. VHHP's outreach team will be able to provide transportation as needed for patients to and from dental appointments.</p>

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	<p>Sources:</p> <ol style="list-style-type: none"> 1. https://www.sccgov.org/sites/osh/ContinuumofCare/ReportsandPublications/Documents/2015%20Santa%20Clara%20County%20Homeless%20Census%20and%20Survey/2017%20Report-North%20County.pdf 2. https://www.sccgov.org/sites/osh/ContinuumofCare/ReportsandPublications/Documents/2015%20Santa%20Clara%20County%20Homeless%20Census%20and%20Survey/2017%20Report-North%20County.pdf 3. https://profiles.nlm.nih.gov/ps/access/NNBJT.pdf
<p>Agency Description & Address</p>	<p>976 Lenzen Avenue, 2nd floor, San Jose https://www.scvmc.org</p> <p>Santa Clara Valley Medical Center's (SCVMC) Valley Homeless Healthcare Program (VHHP) provides integrated medical and behavioral health services to homeless and at-risk individuals living in Santa Clara County. VHHP employs the use of mobile units to provide services in locations frequently visited by homeless individuals, reducing barriers to accessing care. The integrated team includes outreach and community workers to assist in care coordination and linkage to assistance programs. In 2018, VHHP provided outpatient and enabling services for nearly 7,000 homeless individuals living in Santa Clara County.</p>
<p>Program Delivery Site(s)</p>	<p>Community Services Agency, Mountain View and Cold Weather Shelter Sunnyvale</p>
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Clinical appointment with physician or psychiatrist (2 days/week) • Counseling sessions with psychologists (2 days/week) • Walk-in clinical visits (2 days/week) • Case management sessions with social worker (2 days/week) • Outreach/transportation assistance (2 days/week) • Routine dental appointments (5 days/week) • Urgent care and specialty dental appointments (3 evenings/week) <p>Full requested funding will support .5FTE salaries (no benefits) for a physician, RN, nurse coordinator, licensed vocational nurse, psychologist, psychiatrist and mobile outreach driver. Dental personnel include 1.5 FTEs dentist, 3FTEs dental assistant. An additional 3.5 FTEs (social worker, financial counselor, senior health representatives, and community worker) and all supplies will be included in kind. (Request: \$798,050 for Homeless Health Program and \$740,317 for Dental)</p>





Silicon Valley Bicycle Coalition

Program Title	Pedal2Health in Sunnyvale
Grant Goal	<p>To launch Pedal2Health in Sunnyvale, providing bicycle safety workshops for affordable housing communities, neighborhood group rides, and train residents to serve as Bike Ambassadors for their housing developments. The goal is to improve health, build community between law enforcement and low income residents, improve street safety, and create lasting bike riding habits. Pedal2Health will serve these residents and other underserved communities, all of whom can benefit from the health benefits of using a bike for basic transportation. Silicon Valley Bicycle Coalition (SVBC) is in its second year of implementing Pedal2Health in San Jose. The program will be led by League Cycling Instructors (LCI's), in partnership with affordable housing developers with whom Pedal2Health has been collaborating.</p>
Community Need	<p>There are several elements of the community health needs assessment that Pedal2Health addresses. Foremost among them are obesity (under "healthy body") and unintentional injuries (under "healthy community"). While there is a countywide problem with both of these elements, it is especially pronounced in low income communities. With regard to obesity, this affects 49 percent of Santa Clara County adults making upwards of \$70,000 annually, but the rate is higher - 68 percent - for adults making less than \$20,000 annually ¹. When left unchecked, obesity can cause other health problems, including hypertension, heart disease, and diabetes ². Regular exercise is a well-established method of fighting obesity; the recommended amount for adults is 2.5 hours of moderate exercise per week ³. Getting this exercise through bicycle-based transportation has been found to significantly reduce obesity and its related health problems ⁴. Through education and encouragement activities, Pedal2Health will help residents of affordable housing developments use the bicycle to help them meet the recommended amount of exercise. Promoting everyday bicycle use can greatly reduce the health problems arising from obesity, which affects 68 percent of adults making less than \$20,000 annually (Santa Clara County Public Health Department, July 2010). Obesity can cause health problems such as hypertension, heart disease, and diabetes. (Centers for Disease Control and Prevention (CDC), June 2015).</p> <p>While bicycling is a fun, effective way to meet the weekly recommended amount of exercise, it must be done safely. SVBC is working with Sunnyvale on their El Camino Plan and Bike Plan, and can provide valuable feedback on safe biking facilities for low-income communities. SVBC is already working closely with several public and nonprofit agencies to address the road conditions that contribute to the injury rate. In addition, SVBC is an active participant in the Sunnyvale Safe Routes to School Collaborative, where we help parents and school administrators find ways to help K-12 students find safe, pedestrian- and bike-friendly ways to get to school and extracurricular activities. Pedal2Health will provide additional tools to reduce the risk of injury by educating the affected communities about safe bicycling practices and leading group rides, helping residents put what they learn about safe riding to practice.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. Santa Clara County Health Department, July 2010: https://www.sccgov.org/sites/opa/nr/Pages/Santa-Clara-County-Public-Health-Department-Releases-Health-Profile-Report.aspx 2. CDC, June 2015 (The Health Effects of Overweight and Obesity) https://www.cdc.gov/healthyweight/effects/index.html 3. CDC, June 2015 (How Much Physical Activity do Adults Need?): https://www.cdc.gov/physicalactivity/basics/adults/index.htm



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	<p>4. Archives of Internal Medicine, July 2009 (Active Commuting and Cardiovascular Disease Risk): https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/773531</p>
<p>Agency Description & Address</p>	<p>96 N. 3rd Street Suite 375, San Jose https://bikesiliconvalley.org/ Silicon Valley Bicycle Coalition (SVBC) was incorporated as a 501(c) (3) in 1993 to create a community those values, includes, and encourages bicycling for all purposes for all people in Santa Clara and San Mateo Counties. SVBC works with government partners, non-profit organizations, business partners, and community members to reach the overarching goal to have 10% of all trips taken by bike in 2025. The intention behind this is to address many of our society’s most pressing problems, particularly human health. Our recent successes include securing community support for San Jose’s Better Bikeways bike lane network and winning passage of San Mateo County’s Measure W (2018). This measure provides for updated facilities for people who bike and walk through a transportation sales tax.</p>
<p>Program Delivery Site(s)</p>	<p>Services will be delivered at affordable housing developments in the El Camino Healthcare District. SVBC has already been working with Charities Housing, First Community Housing, and MidPen Housing, which manage affordable housing developments in Sunnyvale.</p>
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services will include:</p> <ul style="list-style-type: none"> • 12 one-hour bike commute safety workshops • 12 one-hour group rides, led by LCI-certified SVBC staff and Sunnyvale's Department of Public Safety • 6 one-hour Bike Ambassador trainings • 4 one-hour helmet fitting and distribution events • Distribution of basic safety equipment such as helmets and bike lights, as well as instruction on proper helmet fit and maintenance <p>Full requested amount would support partial salaries.</p>





Sunnyvale School District

Program Title	Healthcare Grant
Grant Goal	Sunnyvale School District is requesting support To continue funding 2 full time school nurses and one full time equivalent health assistant position to allow us to provide comprehensive school health services for all students. All services will be provided year-round and as needed such as case management, assessments, implementation of care plans and staff training. Daily services include direct medical services, such as management of students with diabetes, ADD/ADHD and asthma.
Community Need	<ul style="list-style-type: none"> • Implement health care plans and manage students with special health care needs or chronic conditions, such as diabetes, asthma, severe allergies, ADHD/ADD and seizures. In the ECH 2016 Community Health Needs Assessment (CHNA), learning disabilities, including ADHD and ADD, and obesity and diabetes were identified as health needs. According to the CHNA, "children with ADHD are at increased risk for antisocial disorders, drug abuse and other risky behaviors". The report also indicates that Santa Clara County's Latino and Black youth are more likely to be overweight and therefore failing the Healthy 2020 targets for this population ¹. Five of Sunnyvale School District Schools are located within Sunnyvale Neighborhoods where the teen obesity rate is 22%, which is more than twice the rate in Santa Clara County (10%)². • Assist families navigate the health care system and advocate for them, helping them access healthcare, another community health need identified by the EC 2016 CHNA. According to the report, "Latinos are less likely to be insured, less likely to see a primary care physician, and more likely to go without healthcare due to cost"¹. Identify students, who chronically miss school due to illness, provide assessment and necessary interventions. <p>Sources:</p> <ol style="list-style-type: none"> 1. El Camino Hospital 2016 Community Health Needs Assessment: https://www.elcaminohospital.org/sites/ech/files/2016CommunityHealthNeedsAssessment20160615.pdf 2. Santa Clara County Public Health Department, Sunnyvale Neighborhood Profiles: https://www.sccgov.org/sites/phd/hi/hd/Pages/sunnyvale.aspx
Agency Description & Address	<p>819 W. Iowa Ave, Sunnyvale https://www.sesd.org/</p> <p>The Sunnyvale School District's mission is to provide every student with a strong foundation of academic, behavioral and social-emotional skills to prepare them for success in a diverse, challenging and changing world. The Sunnyvale School District's team includes 943 highly qualified educators, administrators and support staff whose primary goal is to enable the approximately 6,800 students enrolled in our school to achieve academic success. The district has experienced steady growth over the past few years and this trend is expected to continue for the foreseeable future. Sunnyvale School District is comprised of comprehensive preschool program, eight elementary schools serving Kindergarten through 5th grade and two middle schools serving students in 6th through eighth grade.</p>
Program Delivery Site(s)	All Sunnyvale School District schools



***Services Funded By
Grant/How Funds
Will Be Spent***

Services include:

- Collaborate with healthcare providers and parents to create and implement individualized health care plans for students with chronic medical conditions, such as allergies, asthma, diabetes and seizures.
- Inform school staff of students' medical conditions and provide appropriate training based on individualized needs of students, such as pipen administration training, diabetes, asthma and seizure management.
- Provide vision screening for students in Transitional Kindergarten, Kindergarten, second grade, fifth grade, and eighth grade.
- Provide individual vision and hearing screenings and/ or health assessments for students in special education and contribute nursing assessment information to the assessment team.
- Follow up on all students who failed vision or hearing screenings with letters, emails and phone calls to determine whether student was seen by their provider and what the outcome was
- Follow up on students who do not have a CHDP physical on file after entering Kindergarten by sending letters and emails.
- Provide case management for students with attendance issues where the barrier for attending school is health related.
- Follow up with parents and/ or students who have a health problem listed in our student data base and which has not yet been addressed. If new health need is identified, it will be addressed to make sure all students' health needs are met.

Full requested funding will support two full time nurses, 1.2FTEs health assistant and supplies.



Teen Health Van

Program Title	Lucile Packard Foundation for Children’s Health Mobile Adolescent Services Program at Mountain View Los Altos Union High School District
Grant Goal	Referred to as the “Teen Health Van,” the program consists of a medical team and mobile clinic that provide services to students at Mountain View Los Altos Union High School District to address the unmet health needs of the most underserved population in our community: at-risk, uninsured, underinsured, and homeless patients, ages 10 to 25 years. The Van’s multi-disciplinary staff (physician, nurse practitioner, licensed clinical social worker, and registered dietician) provides comprehensive primary health care services to pre-teens, teens, and young adults annually. Services include medical exams, medications, laboratory work, nutrition/fitness counseling, psychosocial and mental health counseling. Additionally, the social worker and dietician offer group sessions on an as-needed basis on a variety of adolescent issues, including self-esteem, body image, mental health, substance use, and acculturation issues for new refugees/immigrants. Patients who require specialty care, dental, or vision care are provided a referral and often receive treatment at no cost. Students receive continuity of care over the summer months as well.
Community Need	<p>Adolescents and young adults are one of the most medically underserved populations in the San Francisco Bay Area ¹, 30.4% of children ages 6-17 who live in Santa Clara County are uninsured or rely on public insurance. Of the homeless youth population in Santa Clara County, 58.3% are in grades 6-12 ². This population often has complex unaddressed health problems, which include lack of immunizations and medications; high-risk sexual activity leading to elevated rates of sexually transmitted disease and unintended pregnancies; tobacco, alcohol, and other substance abuse; malnutrition and eating disorders; poor performance in school; family problems including abuse and neglect; relationship problems including domestic abuse; and mental health issues such as anxiety and depression. Because homelessness can cause severe trauma, children and teens that experience short or long-term homelessness are more likely than others to suffer from physical and mental health problems. These youth generally do not know how to access services available to them and wait to seek treatment until their condition requires a costly emergency room visit. Relying on the emergency department for medical care also often means that important physical and mental health conditions are not diagnosed until they are very serious, and otherwise preventable complications have developed. For many of these patients, the Van serves as their single point of healthcare access. It is estimated that every dollar invested in the Teen Van leads to a savings of \$10 because of its success in prevention and early treatment. The staff builds trust within this typically slow-to-trust population by spending dedicated time with each patient and keeping a reliable schedule. The majorities of the Van’s patients suffer from multiple health-related problems, including mental health issues such as anxiety and depression, and require ongoing care. Sources:</p> <ol style="list-style-type: none"> 1. https://www.kidsdata.org/topic/337/healthinsurance-age/table#fmt=393&loc=59&tf=88&ch=1109,1115,551&sortColumnId=0&sortType=asc 2. https://www.kidsdata.org/topic/794/homeless-students-grade/table#fmt=1209&loc=59&tf=88&ch=1129,1130&sortColumnId=0&sortType=asc
Agency Description & Address	400 Hamilton Avenue, Suite 340, Palo Alto Lucile Packard Children’s Hospital Stanford is a nonprofit hospital, devoted exclusively to the health care needs of children and expectant mothers throughout Northern California and around the world. Lucile Packard Foundation for Children’s Health is the fundraising entity for the hospital; philanthropy supports clinical care, research, and education to improve the health of



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	children and expectant mothers, locally and worldwide.
<i>Program Delivery Site(s)</i>	<p>Mountain View Los Altos Union High School District:</p> <ul style="list-style-type: none"> • Los Altos High School, 201 Almond Avenue, Los Altos • Alta Vista High School, 1325 Bryant Avenue, Mountain View • Mountain View High students receive transportation to be seen at either school above
<i>Services Funded By Grant/How Funds Will Be Spent</i>	<p>Comprehensive services include:</p> <ul style="list-style-type: none"> • Provide staff of a doctor, nurse practitioner, social worker, and dietician • Provide comprehensive medical care including complete physicals • Provide social services assessments • Provide immunizations • Provide substance abuse, mental health, HIV testing and referral • Provide nutrition counseling • Provide medications • Provide lab tests on site • Provide Mindfulness training for stress reduction <p>Full requested funding would support the partial salaries of the Medical Director, Dietitian, Social Worker, Nurse Practitioner, Medical Assistant and Registrar/driver, as well as medical supplies and pharmaceuticals.</p>





Vista Center for the Blind and Visually Impaired

Program Title	Vision Loss Rehabilitation
Grant Goal	<p>Vista Center is requesting support our Vision Rehabilitation Program for blind and visually impaired adults. A blind/visually impaired individual may have any combination of any of the following services based on their individual needs: Intake Assessment/Case Management, Individual Counseling/Support Group, Information and Referral, Orientation & Mobility training, Daily Living Skills training, Low Vision Exam and Assistive Technology. With the exception of the Low Vision Exam, all other services may be provided in the individual's home or community at a time that is agreed to by our staff and the individual. Vista's program is effective in helping adults care for themselves safely and effectively in their home environment, travel confidently in the community and access community resources, and maintain a level of adjustment to disability which will prevent isolation and depression. These skills are taught in a supportive environment and are necessary to remain independent.</p>
Community Need	<p>According to the World Health Organization's Fact Sheet dated October 2018, it states that globally it is estimated that approximately 1.3 billion people live with some form of vision impairment. The majority of people with vision impairment are over the age of 50 years. Population growth and ageing will increase the risk that more people acquire vision impairment ¹. The National Federation ² for the Blind reports that in 2015, 768,267 Californians had vision loss, 17% ages 18-64 years and 43% ages 65-74 years old.</p> <p>Vision loss negatively impacts the health and well-being of adults and especially seniors leading to increased risk of falls and fractures; premature institutionalization; greater risk of depression and isolation; difficulty identifying medication, which can lead to medication mismanagement resulting in injury or death; difficulty in bathing, dressing, cooking, cleaning, managing bills, paperwork and other activities of daily living. Without support, knowledge and skills needed to adapt to life with limited or no vision, it becomes nearly impossible for adults/seniors to live independently and safely in their own homes, often resulting in an expensive alternative living situation. Our Vision Loss Rehabilitation Program is proven effective in helping visually impaired clients maintain their independence, with dignity and confidence.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. http://www.who.int/mediacentre/factsheets/fs282/en/ 2. http://www.afb.org/info/blindness-statistics/state-specific-statisticalinformation/california/235
Agency Description & Address	<p>2500 El Camino Real, Suite 100, Palo Alto https://www.vistacenter.org/index.html</p> <p>Vista Center for the Blind and Visually Impaired mission is to empower individuals who are blind or visually impaired to embrace life to the fullest through evaluation, counseling, education and training. We know that individuals who have significant vision loss can utilize resources and learn new ways of doing the tasks of daily living, thereby regaining their independence. We provide comprehensive vision loss rehabilitation services and resources to individuals who are blind or visually impaired in Santa Clara, San Mateo, Santa Cruz, and San Benito Counties regardless of ability to pay. In FY18, we served over 2800 families and individuals.</p>
Program Delivery Site(s)	Services will be delivered at the agency or in the patient's home.



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***Services Funded By
Grant/How Funds
Will Be Spent***

Services include:

- One hour Initial Assessments (one session)
- One hour Individual or Group Counseling (average 8 sessions)
- One hour Daily Living Skills (average 4 sessions)
- 1.5 hours Orientation & Mobility (average 4 sessions)
- One hour Assistive Technology (average 3-4 session)
- 75 minute Low Vision Exams (one session)
-

Full funding will support the partial salaries of staff and program expenses.





To improve the mental health and wellbeing of the community by providing services and increasing access to services that address serious mental illness, depression, and anxiety related to issues such as dementia, substance use, and bullying.

Healthy minds are essential to a person's wellbeing, family functioning, and interpersonal relationships. Good brain function and mental health directly impact the ability to live a full and productive life. People of all ages with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior, and suicide. Those affected by dementia experience a decline in mental ability, which affects memory, problem-solving, and perception. The resulting confusion often also leads to depression, aggression, and other mental health issues.⁴ Caregivers of those with dementia also experience depression.⁵ Mental health disorders can also impact physical health and are associated with the prevalence, progression, and onset of chronic diseases, including diabetes, heart disease, and cancer.

2019 CHNA DATA FINDINGS: BEHAVIORAL HEALTH

Rates are per 100,000 unless otherwise specified.

- Behavioral Health ranked high as a health need, with the community prioritizing it in more than two-thirds of discussions.
- The co-occurrence of mental health and substance use emerged as a common theme.
- The community expressed concern about a lack of services for behavioral health, including preventive mental-health care and detox centers.
- Professionals who work in behavioral health described experiencing challenges with health systems that were established to serve people with these conditions.
- LGBTQ residents expressed a need for mental health and suicide prevention assistance.
- Meets quantitative threshold. (See #3 on page 8 of 2019 CHNA.)
- Disparities in Santa Clara County include:

⁴ Alzheimer's Association. <https://www.alz.org/care/alzheimers-dementia-depression.asp>.

⁵ Alzheimer's Association. <https://www.alz.org/care/alzheimers-dementia-caregiver-depression.asp>

FY20 Community Benefit Plan & Implementation Strategy
El Camino Healthcare District

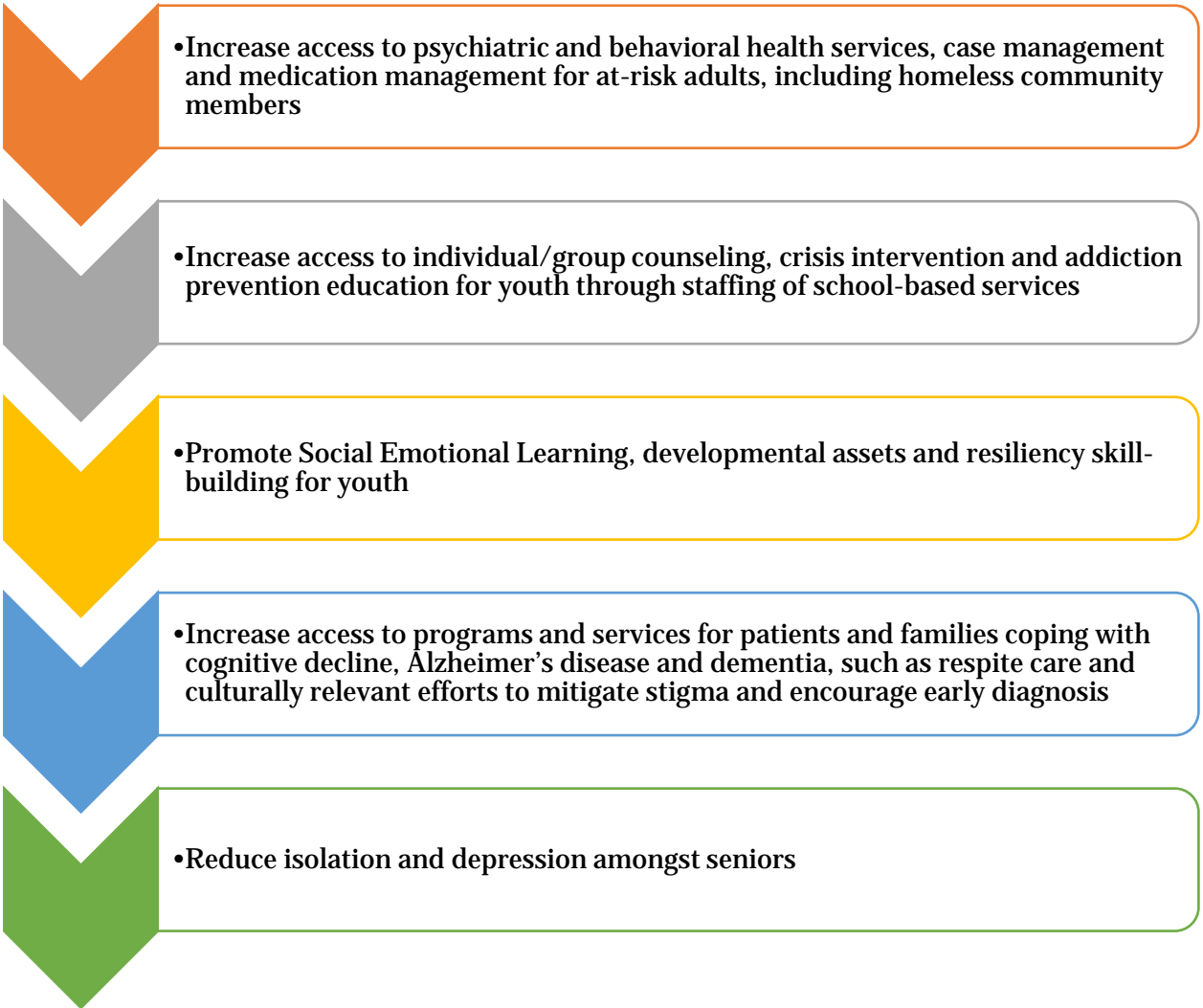
- Hospitalization rates for attempted suicide are 73 percent higher among females than males, whereas men nationwide are 3.5 times more likely than women to commit suicide.
- Adult men are more likely to binge drink than women, but adolescent females are more likely to binge drink (15 percent) than adolescent males (13 percent).
- 21 percent of Latinx adults binge drink, compared to 15 percent of Whites and 8 percent of other ethnic groups.
- Adults of White or Latinx ancestry are most likely to use marijuana (12 percent and 13 percent, respectively).

2019 CHNA DATA FINDINGS: COGNITIVE DECLINE

- Cognitive decline was mentioned in half of focus groups and two interviews with experts.
- One in nine Californians is experiencing subjective cognitive decline.
- The median age in Santa Clara County (36.8 years) is higher than the median age of California (35.8).
- The county death rate due to Alzheimer's disease (35.9 per 100,000) is nineteen percent higher than the state's rate (30.1).
- Community said that serving individuals who are cognitively impaired is difficult for providers.
- Professionals who serve people experiencing chronic homelessness and abusing substances report cases of early dementia and increased difficulty with treating and housing people with these impairments.
- Community expressed concern about the ability of older adults to pay for healthcare, including long-term care, if not Medi-Cal eligible.

Professionals rely on family members to coordinate care for their loved ones, which can affect the health, well-being, and economic stability of those family members.

STRATEGIES TO IMPROVE HEALTHY MINDS





Acknowledge Alliance

<i>Program Title</i>	Project Resilience and Social Emotional Learning (SEL) Program
<i>Grant Goal</i>	Social Emotional Learning (SEL) services for students, teachers and administrators at schools in the Sunnyvale and Mountain View school districts. This program promotes lifelong resilience and sound mental health in youth by strengthening the social and emotional skills of children/youth and the caring capacity of the adults who influence their lives.
<i>Community Need</i>	<p>Students, especially those who are disenfranchised and from marginalized communities, are facing adversities that hinder success, both in and out of school. Without their social and emotional needs addressed, these students can become disengaged, disruptive and detrimental to the learning environment. Unfortunately, Teachers lack the training on how to address students’ social emotional needs, as well as their own. When Teachers lack SEL knowledge and concrete strategies, teachers feel ineffective and struggling students are left behind. Reports abound of teacher shortages, and many of those already in the profession struggle. A survey¹ found that 78% are often physically and emotionally exhausted at the end of the day and 87% say the demands of their job are at least sometimes interfering with their family life. Numerous other surveys have found low morale among teachers. In addition, according to ² today's schools are increasingly multicultural and multilingual with students from diverse social and economic backgrounds. Educators and community agencies serve students with different motivation for engaging in learning, behaving positively, and performing academically. Social and emotional learning (SEL) provides a foundation for safe and positive learning, and enhances students' ability to succeed in school, careers, and life. ³High levels of stress negatively affect teacher wellness, causing burnout, lack of engagement, job dissatisfaction, poor performance and high turnover rates. These factors hinder teaching and learning, lower student-achievement and increase financial costs for schools. These SEL services are grounded in evidence-based frameworks and best practices, including resilience theory and the SEL research of the Collaborative for Academic Social and Emotional Learning (CASEL), a national organization that provides research and helps set educational policy. Following CASEL’s SAFE approach in our SEL curriculum⁴.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. American Federation of Teachers - https://www.aft.org/periodical/psrp-reporter/fall-2015/stressed-out 2. Handbook of Social and Emotional Learning, (Edited by Joseph A. Durlak, Celene E. Domitrovich, Roger P. Weissberg, and Thomas P. Gullotta) 3. " A recent study by the Robert Wood Johnson Foundation and the Pennsylvania State University found that “when teachers are highly stressed, children show lower levels of both social adjustment and academic performance.” 4. (CASEL, 2008; Zins & Elias, 2004).
<i>Agency Description & Address</i>	<p>2483 Old Middlefield Way, Suite 201, Mountain View https://www.acknowledgealliance.org/</p> <p>Acknowledge Alliance was founded in 1994 as The Cleo Eulau Center to help children rebound from adversity by nurturing their individual strengths and resilience. The mission is to promote lifelong resilience in children and youth and strengthen the caring capacity of the adults who influence their lives. Acknowledge Alliance serves K-12 public and private schools in San Mateo and Santa Clara Counties, impacting over 300 educators and nearly 4500 students annually. Their services consist of a three-tier Continuum of Support: Lifelong resilience, social emotional wellness and academic success for teachers, students and administrators.</p>





<p><i>Program Delivery Site(s)</i></p>	<p>Sunnyvale School District:</p> <ul style="list-style-type: none"> • Bishop Elementary • Cherry Chase Elementary • Fairwood Elementary • San Miguel Elementary • Columbia Middle School • Sunnyvale Middle School • Lakewood Elementary <p>Mountain View Whisman School District:</p> <ul style="list-style-type: none"> • Monta Loma Elementary • Other MVWSD school sites TBD
<p><i>Services Funded By Grant/How Funds Will Be Spent</i></p>	<p>Social and Emotional Learning (SEL) services include:</p> <ul style="list-style-type: none"> • SEL lessons to 3-7th grade students in identified Sunnyvale and Mountain View schools • One-on-one student counseling • Parent workshops • Resilience Consultation and Coaching: • SEL training and professional development for teachers • Individual and Group Consultations/Coaching Sessions • Classroom observations • Resilience Groups for Teachers, Staff, and Administrators - Focused on building the resilience of educational staff, with content based on input from participants <p>Full requested amount funds partial salaries of program director and consultants as well as administrative costs.</p>





Avenidas

<i>Program Title</i>	Avenidas Rose Kleiner Adult Day Health Program
<i>Grant Goal</i>	To fund a full-time Social Worker’s position to help provide integrated daily support services at Avenidas Rose Kleiner Center (AKRC), our adult day health program.
<i>Community Need</i>	In response to federal and state policy initiatives authorized by the Affordable Care Act and the Coordinated Care Initiative (CCI), Santa Clara County health and social service departments, health plans, health care institutions and providers are working together to integrate health care and supportive social services with an eye toward reducing rising health care costs. Meeting this goal must include recognition of the vital role that Long- Term Support Services, such as those provided by Avenidas Rose Kleiner Center, play in helping adults with multiple chronic conditions maintain daily functioning, manage complex needs and continue to live in the community and “age in place.”
<i>Agency Description & Address</i>	270 Escuela Avenue, Mountain View Founded in 1969, Avenidas is a multi-service senior services agency whose mission is to preserve the dignity and independence of members to help participants meet transitions in life due to aging, illness and cognitive decline. Avenidas serves over 7,500 older adults and their family members each year in the mid-peninsula area with an extensive array of programs and services to keep older adults healthy, engaged, and active so they can live as independently as possible. Over 40 years ago, Avenidas started the Rose Kleiner Center (ARKC). It is a state licensed adult day health center designed to serve the dependent and medically high-risk segment of the elderly population, many with Alzheimer’s Disease and dementia, while supporting their efforts, and those of their family, to remain in their own homes.
<i>Program Delivery Site(s)</i>	Program services will be delivered at the agency site in Mountain View.
<i>Services Funded By Grant/How Funds Will Be Spent</i>	<p>Services will include:</p> <ul style="list-style-type: none"> • Daily case Management including a) personal check-in with each participant, b) review of daily psychosocial progress in Care Plan, c) as needed, link/coordinate internal support services for participant with agency’s Interdisciplinary Team including registered nurses, physical, occupational and speech therapists, d) as needed, link/coordinate external support services with community-based service providers and e) complete Care Plan notes and updates • Assessments and psychosocial evaluations conducted by the Interdisciplinary Team, which includes the Social Worker, every 2 months to ensure that Care Plans meet participants' ongoing needs • Family support including one hour monthly meetings to provide information, referrals, etc., allowing the family to maintain a supportive home environment for their frail senior and to obtain vital ongoing support and self-care. <p>Full requested funding would support 86% of a full-time Social Worker position</p>



CHAC (Community Health Awareness Council)

<p><i>Program Title</i></p>	<p>School Intervention/Prevention Program</p>
<p><i>Grant Goal</i></p>	<p>To continue CHAC’s school-based Intervention/Prevention program, a comprehensive, school-based mental health service program at 10 Schools within the Sunnyvale Elementary School District. This includes individual, group, and family therapy and Social-Emotional Learning (SEL) programs offered to third grade, fifth grade and middle school students. On school campuses, student individual therapy services are provided as classroom “pull-outs” during the school day; SEL programs are conducted at lunch time. The program address child and adolescent mental health disorders including anxiety, depression, sadness, lack of self-worth, alcohol and substance abuse or addiction, violence, and suicide. Providing these services in the school setting allows children who may not otherwise be able to access mental health services to receive the emotional support they need to succeed in school and in life.</p>
<p><i>Community Need</i></p>	<p>Child and adolescent mental health disorders are the most common illnesses that children will experience under the age of 18. Examples include anxiety, depression, sadness, lack of self-worth, alcohol and substance abuse or addiction, violence, and suicide. Untreated, any of these issues can impact overall health and well-being, create an enormous burden for them and their families, and may significantly affect their chances for success in life. The facts are sobering at the national and local levels ¹:</p> <ul style="list-style-type: none"> • 20% of school-aged children are affected by a mental health condition • 50% of all mental health conditions begin by age 14 • 11% of youth have a mood disorder • 10% of youth have a behavior or conduct disorder • 8% of youth have an anxiety disorder <p>The Santa Clara County Children’s Agenda 2018 Data book cited a 2014 UCLA study that found 75% of children with mental health needs in California do not receive treatment. Kidsdata.org reports the following information about Santa Clara County (SCC) Youth based on 2013-2015 surveys:</p> <ul style="list-style-type: none"> • 33% of SCC children who needed mental health services did not receive treatment. • 203 youth in SCC, ages 10-24, took their own lives between 2005 and 2015. • 20% of high school students taking the 2015 California Health Kids Survey reported that they had seriously considered suicide in the past 12 months. • 15.8% of SCC students, grades 7, 9, 11, reported depression related feelings between 2013 and 2015. <p>For Sunnyvale only 7th grade data is available, with 21.8% of these students reporting depression related feelings between 2013 and 2015.</p> <p>33.3% of 7th graders of multiracial origin, 27.8% of Latino origin and 11.9% of white origin report depression related feelings.</p> <p>In the 2018-2019 school years, CHAC clinicians and school administrators identified a significant rise in non-suicidal self-harming behaviors among Sunnyvale Elementary School District (SESD) fifth graders and middle school students. These behaviors include cutting, copy-cat cutting, biting, burning, Trichotillomania, carving, and scratching. A recent study highlighting the need for Social Emotional learning concluded⁴: “Children who are emotionally healthy have acquired</p>





	<p>skills that enable them to learn from teachers, make friends, cope with frustration, and express thoughts and feelings. Children with poor social-emotional skills often display difficult or disruptive behavior when they enter school making it more difficult for teachers to teach them and ultimately to categorize them as less socially and academically competent. Consequently, as they move through school, teachers may provide less positive feedback, peers may reject them resulting in even less emotional support and few opportunities for learning from their classmates.”</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. http://www.nami.org 2. http://www.kidsdata.org 3. “Non-suicidal self-injury (NSSI) is defined as: the deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned” (Bubrick, K., Goodman, J. & Whitlock, J., 2010 http://www.selfinjury.bctr.cornell.edu/about-self-injury.html#tab1) 4. The Santa Clara County Children’s Agenda 2018 Data Book, www.kidsincommon.org/storage/3283/Data-Book-2018.pdf
<p>Agency Description & Address</p>	<p>590 W El Camino Real, Mountain View http://www.chacmv.org/</p> <p>CHAC serves the elementary and high school districts of Mountain View, Los Altos, Los Altos Hills and Sunnyvale and draws individual and family counseling clients to its Mountain View clinic from many Santa Clara County mid-Peninsula communities. CHAC provides clinic services to its clients regardless of ability to pay using an income-based sliding fee schedule where a client may pay as little as \$1 per visit. CHAC’s provides clinical training, in the form of apprenticeships to between 70 and 80 Marriage and Family Therapists (MFT), Clinical Psychology Doctoral students and interns annually. CHAC’s full-time Doctoral Internship Program is accredited by the American Psychological Association.</p>
<p>Program Delivery Site(s)</p>	<p>The following 10 schools in the Sunnyvale School District:</p> <ul style="list-style-type: none"> • Bishop Elementary • Cherry Chase Elementary • Cumberland Elementary • Ellis Elementary • Fairwood Elementary • Lakewood Elementary • San Miguel Elementary • Vargas Elementary • Columbia Middle • Sunnyvale Middle
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Intervention Services: <ul style="list-style-type: none"> ○ Individual counseling ○ Counseling in dyad and triad small groups of similar diagnosis ○ Collateral counseling-related assessment ○ Crisis intervention ○ Case management • Prevention Services: Social-emotional learning programs (Just for Kids; Tween Talk)



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Full requested amount funds 1.9 FTE clinical supervisors and partial salaries for MFT Intern stipends, senior MFT associates and social-emotional learning program staff as well as administrative costs.





Law Foundation of Silicon Valley

<i>Program Title</i>	Removing Legal Barriers to Mental Health Access
<i>Grant Goal</i>	<p>To increase stability and improve mental health by increasing access to mental health services. This program provides legal services to people with mental health disabilities living in the El Camino Healthcare District. Attorneys provide legal counsel and advice, extended legal representation, referrals to other community-based organizations and more, in an effort to ensure that people with mental health or developmental disabilities have access to services and public benefits that are critical to their health and well-being. The Law Foundation will also conduct outreach and educational presentations to providers at medical and safety-net facilities in an effort to expand services for people with mental health disabilities. This program helps people living with mental health disabilities gain access to healthcare and other support they need to improve their overall quality of life.</p>
<i>Community Need</i>	<p>For people living with mental health disabilities, there is a gap in meeting basic needs and accessing appropriate mental health care and benefits. Many insured individuals are unable to enjoy a full array of mental health care and substance abuse treatment benefits available, despite state and federal parity laws, due to lack of available services or providers. Santa Clara County has a significant population that has mental health and financial support needs. El Camino Hospital’s most recent 2016 Community Health Needs Assessment (CHNA) states that 38% of Santa Clara County residents reported poor mental health on at least one day in the last 30 days, while 6 in 10 county residents reported being somewhat or very stressed about financial concerns.</p> <p>Homelessness is another significant factor that impacts people in our county. In 2017, there were 7,394 people experiencing homelessness in our county and 64% of those individuals live on the streets or in vehicles, structures not meant for human habitation. The average life expectancy for individuals experiencing homelessness is 25 years less than those in stable housing. Fifty percent of individuals experiencing homelessness reported living with a psychiatric or mental health condition¹. Our program addresses the needs of people living with mental illness by increasing their access to public benefits, such as income and health insurance coverage. These benefits can be a critical factor in achieving stability and maintaining good health. For example, to qualify for disability benefits, an individual must be able to provide medical records documenting the severity and extent of the disability. Yet, many individuals living with mental health disabilities have trouble accessing health insurance in the first place, making it difficult or impossible for them to access medical care and provide documentation of their disabilities.</p> <p>Most applications for Social Security disability benefits are denied, with fewer than 4 in 10 approved, even after all stages of appeal. (Consortium for Citizens with Disabilities, “Just the Facts on Social Security’s Disability Programs,” June 2014). Statistically, in past studies, about 40% of unrepresented (no attorney representation) applicants are successful when their case is heard by an administrative law judge. A lawyer can improve applicants’ chances at winning since represented applicants showed a 60% success rate². For Social Security disability benefits appeals, the Law Foundation’s success rate is 83%.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. (Santa Clara County Homeless Census & Survey, latest report 2017). 2. https://www.ssdrc.com/state-california-ca-12.html
<i>Agency Description</i>	4 North Second Street, San Jose



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<p>& Address</p>	<p>http://www.lawfoundation.org/</p> <p>The Law Foundation of Silicon Valley advances the rights of under-represented individuals and families in our diverse community through legal services, strategic advocacy, and educational outreach. The Law Foundation has three core programs: housing, children and youth, and health (which include mental health). Each program consists of a team of attorneys and other legal advocates that work directly with clients and the wider community to craft inventive solutions to the life-changing legal issues facing low-income people in Silicon Valley. Our health program consists of 19 staff and focuses on economic security and access to healthcare services.</p>
<p>Program Delivery Site(s)</p>	<p>At the Law Foundation’s office and monthly clinics at Community Services Agency Mountain View</p>
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services provided:</p> <ul style="list-style-type: none"> • Outreach and advocacy services for residents to improve access to mental health care and other safety-net benefits • Provide patients’ rights advocacy and other legal information from on-site legal advisors • Training health care providers about benefits eligibility and other legal issues commonly faced by mental health consumers and people living in poverty <p>Full requested amount funds partial salaries of three staff attorneys, intake worker and other administrative staff roles as well as some administrative costs.</p>





Los Altos School District

Program Title	School Mental Health Team
Grant Goal	To continue mental health services at Los Altos School District to middle school students. These therapists will partner with district Psychologists and Behaviorists to implement individual therapy, group therapy, family therapy, and crisis management interventions, which have been demonstrated to increase wellness and academic progress. Providing counseling services in schools has been related to student achieving better success and high engagement at school, reducing the rate of high risk and delinquent behaviors, and reducing the risk of future mental health disorders. This is a continuation of a program that has been proven to be successful at treating mental health at risk students, and increasing their success in school and beyond. This program has dramatically reduced the need for more intensive treatments by being responsive at the school site level to the student and family needs.
Community Need	<p>According to Stanford's School of Psychiatry ¹, nearly 50% of all mental health disorders have their onset by the age of 14, and half of adolescents meet the criteria for a mental disorder at some point. The need for a strong, school based mental health team has increased as evidenced by the increase in suicide risk assessments our schools are completing (2017-2018 school year our psychologists completed over 30 suicide risk assessments and by October 2018 LASD staff had already completed 10 risk assessments) the amount of students who have been hospitalized (2017-2018 school year 5 students were directly hospitalized from school) and the increased numbers of students participating in local intensive treatment programs like Aspire. The unmet need has dire implications for our youth and could result in increased school refusal behavior (absenteeism), increased mental health disorders, and increased self-harm. Our middle schools are staffed with one principal, a part time teacher in charge (who supports discipline mainly), and a school psychologist (whose primary role is assessment) to support the entire student body (500-600 students per school). They are unable to support this higher level of mental health needs that our students are exhibiting. This grant has been able to establish LASD's school mental health team, where both teachers and students have access to support at each middle school. The therapists utilize best practices in the field for anxiety and depression, including Cognitive Behavioral Therapy, Dialectical Behavioral Therapy and Mindfulness.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://med.stanford.edu/psychiatry/special-initiatives/headspace.html
Agency Description & Address	<p>201 Covington Ave, Los Altos https://www.lasdschools.org/</p> <p>Los Altos School District operates seven elementary and two junior high schools and is a top-rated school district in the State of California. LASD serves K-8 students from portions of Los Altos, Los Altos Hills, Mountain View and Palo Alto. All nine schools in the district have been California Distinguished Schools and/or National Blue Ribbon Schools. LASD is nationally recognized for its many educational innovations and awards.</p>
Program Delivery Site(s)	Los Altos School District middle schools
Services Funded By Grant/How Funds Will Be Spent	<p>Therapeutic services include:</p> <ul style="list-style-type: none"> • Individual therapy - 1:1 therapy, therapeutic check-ins, classroom observations • Group Counseling





- Family therapy – meetings with parent/guardian focused on the individual needs of the student and family diagnosis
- Crisis intervention – suicide assessments, creating circle of care for student, preventing contagion, de-escalation of students in crisis and problem solving, and CPS reporting
- Case Management-checking in on students with teachers, parents and school administration, connecting with outside providers regarding student
- Classroom Interventions-Outreach to general student population to teach emotional regulation and resiliency strategies through lunch time clubs
- Classroom Interventions-Partner with general education electives (PE/Health and Art) to collaborate on general mental health wellness education

Full requested amount funds the salaries of 1 Full-time and one half-time (1.5FTE) Therapeutic Specialists.



Mission Be

<i>Program Title</i>	Mindfulness Training for Students
<i>Grant Goal</i>	To continue provide mindfulness training to students, parents and teachers at Mountain View High School, Stevens Creek Elementary School in Cupertino and, new in this proposal is the addition of Blach Intermediate School in Los Altos. Mindfulness training consists of 8-Week Mindfulness Program for PreK-12 designed to improve student wellbeing and school climate.
<i>Community Need</i>	<p>There is an unmet need in target population, U.S students are stressed and experience chronic academic, social and emotional pressure and stress that undermines their wellbeing¹, and impacts emotional regulation, as well as their ability to maintain attention, and support language, and other cognitive and behavioral functions¹. Many children report chronic academic and social pressures at school and home. A survey conducted by the American Psychological Association in 2009, for example, found that 45% of US teens were stressed by school pressures. Students, moreover, who are part of an ethnic minority may experience low academic achievement, and experience isolation that prevents them from successful participation in school. And, those students who have experienced Adverse Childhood Experiences are at even greater risk of decreased resilience and coping skills and future negative health consequences¹. Additionally, according to an August 2016 article, there is a wide gap in performance between Asian and white students on one hand and African American and Latino students on the other. Scores were dismal for black and Latino children, even in otherwise high-achieving districts (such as those in Mountain View and Cupertino). In Alameda, Contra Costa, San Mateo and Santa Clara counties, for example, only about one-quarter of Latinos met math standards. Among African-Americans, the figure was 31% in Santa Clara County².</p> <p>Consequences if not addressed may cause chronic stress in children and youth (and specifically in those that have experience Adverse Childhood Experiences), if not addressed, can result in a myriad of negative health and developmental impacts, including: depression and anxiety; decreased resilience and self-efficacy; school bullying and violence; teen suicide; addiction and substance abuse, including non-medical use of prescription drugs; decreased self-confidence; decreased empathy; and decreased self-regulation. Ethnic minorities, English language learners, foster youth, and others who exhibit disruptive behaviors are at further risk of exacerbated emotional and behavioral challenges, as well as low academic achievement. The program addresses needs with Mindfulness-based programs have emerged as an effective intervention for stress-management³ and for increasing emotional literacy and self-regulation. Equipping children with key mindfulness-based social emotional skills will not only help them perform better academically and in their careers but also help they become more compassionate, empathetic, caring members of society.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. Oritz, Sabinga, 2017, https://www.ncbi.nlm.nih.gov/pubmed/28264496 2. https://mercurynews.com/2016/08/24/california-school-test-scores-amid-gains-in-english-and-math-ethnic-gap-widens 3. Patrick K. Hyland, R. Andrew Lee, and Maura J. Mills, 2014, http://www.siop.org/journal/8.4/hyland.pdf 4. Schonert-Reichl, et al, 2015, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4323355/ 5. Oritz, Sabinga, 2017, https://www.ncbi.nlm.nih.gov/pubmed/28264496
<i>Agency Description & Address</i>	240 Monroe Drive #307, Mountain View https://missionbe.org/



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	<p>Mission Be implements mindfulness-based social emotional learning (SEL) programs in Northern California, New York City and Long Island schools and communities, aligned with Common Core Learning Standards, SEL, and anti-bullying legislation. Its mission is to increase the number of thriving, happy and peaceful communities through mindfulness. Mission Be believes that equipping children with key mindfulness-based social emotional skills will not only help them perform better academically and in their careers but also help become more compassionate, empathetic, caring members of society. Since launching in 2013 in New York, Mission Be has successfully implemented its mindfulness education curriculum in more than 28 schools reaching over 7,000 students in New York and California. Mission Be has also trained 600 educators in New York and California.</p>
<p><i>Program Delivery Site(s)</i></p>	<p>At three schools in three different school Districts:</p> <ul style="list-style-type: none"> • Stevenson Elementary School, Cupertino Union School District • Mountain View High School, Mountain View Los Altos High School District • Georgina P. Blach Intermediate School, Los Altos School District
<p><i>Services Funded By Grant/How Funds Will Be Spent</i></p>	<p>Services include:</p> <ul style="list-style-type: none"> • Eight sets of 8 weekly in-classroom mindfulness lessons at each schools • Teacher and parent workshops <p>Full requested amount funds partial salaries of mindfulness instructors and other staff roles as well as administrative costs.</p>





Momentum for Mental Health - La Selva Community Clinic

Program Title	La Selva Community Clinic
Grant Goal	To provide mental health services to those who do not have access to treatment because they cannot afford to pay for services and those who are uninsured. This grant will continue to help La Selva Community Clinic (LSCC) provide mental health services for clients who are uninsured; the majority is referred from Mayview Community Health Clinic, El Camino Hospital as well as the general community. The service address language barriers to access to care and provides an, for Medi-Cal recipients, provides quick access to treatment and essential supportive services as they often manage complex and ongoing mental health and medical conditions on a daily basis.
Community Need	<p>Many individuals who suffer from mental health do not have access to mental health services due to lack of healthcare insurance or their inability to pay. According to El Camino Hospital 2016 Community Health Needs Assessment (CHNA), close to four in ten (38%) Santa Clara County residents report poor mental health on at least one day in the last 30 days and six in ten county residents report being somewhat or very stressed about financial concerns¹. According to the Latino Report Card, a lack of health insurance coverage is a significant barrier to accessing health services. Families and individuals without health insurance coverage often have unmet health needs, receive fewer preventive services, suffer delays in receiving appropriate care and experience more hospitalizations². Also, noting Spanish is the second most commonly spoken language in Silicon Valley, after English. Less than half (42%) of Spanish speakers in Silicon Valley reported speaking English less than “very-well” in⁴ 2016.^{2,3} Nearly half of Latino survey respondents reported those concerns prevented them from obtaining healthcare (47%), health insurance (46%), or using social services or public benefits (40%)⁴. Momentum’s La Selva Community Clinic (LSCC) serves clients who are undocumented and have a difficulties in finding jobs with benefits to provide mental health services. 74% of clients are monolingual Spanish speakers who often are seeking mental health services for the first time.</p> <p>Momentum’s own organizational data for fiscal year 2017-18 shows that among Medi-Cal recipients served in our outpatient services (a total of 1,894), the most common diagnosis are psychosis (46%) and depression (25%), and a third (33%) have a co-occurring mental health and substance use disorder. Many of them (77%) also have one or more medical conditions that require specialty care and coordination among providers. Due to these complex factors, these clients often require intensive, long-term case management and treatment delivered by a multidisciplinary team that is carefully coordinated to better address their needs.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf 2. Hispanic Foundation of Silicon Valley, The 2018 Silicon Valley Latino Report Card, page 9. 3. Hispanic Foundation of Silicon Valley, The 2018 Silicon Valley Latino Report Card, page 7. 4. Hispanic Foundation of Silicon Valley, The 2018 Silicon Valley Latino Report Card, page 8.
Agency Description & Address	<p>438 N. White Road, San Jose https://www.momentumformentalhealth.org/</p> <p>Momentum for Mental Health is a non-profit corporation that provides comprehensive programs and services in Santa Clara County for youth and adults who have a mental illness. The staff and volunteers at Momentum believe that people with a mental illness can, and do, recover to lead productive lives and become contributing members of our community. Helping clients reach this goal informs planning and daily operations. Momentum's treatment approach focuses on</p>



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	<p>building on clients' strengths to help them achieve and sustain mental health. The staff at Momentum delivers services in 20 different languages – reflecting the linguistic and cultural diversity of this region. During fiscal year 2017-18 a total of 3,133 individuals were served across Momentum’s 10 locations and 11 supportive housing sites throughout Santa Clara County.</p>
<p>Program Delivery Site(s)</p>	<p>Services will be provided at the agency site</p>
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Psychiatry assessment, 60-90 minutes • Treatment and medication management, 30 minutes • Case management, 30 minutes • Short-term (individual and family counseling) and crisis counseling, 50-90 minutes • For some clients in need of more intensive services, these services are available at no cost to this grant request and free of charge to clients: <ul style="list-style-type: none"> ○ Intensive outpatient program ○ Crisis residential care ○ Supportive housing for women <p>Full requested amount funds partial salaries for staff including a psychiatrist, a clinician, a program manager and administrative staff as well as administrative costs.</p>





Mountain View - Los Altos High School District

<i>Program Title</i>	School-Based Mental Health and Support
<i>Grant Goal</i>	To provide mental health services to 150 high school students in the Mountain View - Los Altos High School District. The services will entail: crisis management, individual therapy, group therapy, collateral therapy, check-ins, and case management services. The services will be provided at Mountain View High School and Los Altos High School during the school day. Mental health services are needed because mental health issues have widespread consequences for students.
<i>Community Need</i>	<p>Students with mental health issues have difficulty listening, learning, and making good choices. Left unattended, academic progress may be slowed or derailed, truancy may increase, and students may drop-out of school. Unattended mental health issues make it difficult for students to establish relationships and successfully transition to adulthood. Students with unattended mental health issues are at greater risk of suicide. The district fulfills its responsibility of suicide prevention and mental health promotion through an array of on-site therapy resources (e.g., MVLA licensed therapists, Community Health Awareness Council (CHAC) interns, Children's Health Council interns (through School Linked Services and Preventative Early Intervention grants), a Stanford Psychiatric Fellow Consult, and the Lucille Packard Health Van. As appropriate, therapists refer students to outside providers. Nevertheless, hundreds of students' mental health needs continue to be unmet. This grant partially funds two licensed therapists for these students, many of whom are students of color from families with significant economic challenge who suffer from anxiety/depression, are having suicidal thoughts, and are at risk of academic failure or not completing high school.</p> <p>Mental health services are needed because mental health issues have widespread consequences for students:</p> <ul style="list-style-type: none"> • Mental health issues impede a student's ability to engage their school work. • Mental health issues increase the chances that students will engage in risky behaviors. • Mental health issues make it difficult to establish healthy relationships. • Mental health is important to successfully transition to adulthood. <p>The ECHD therapists will utilize evidence-based programs and best practices including Cognitive Behavior Therapy; Brief Intervention Therapy; MVLAHSD suicide prevention, intervention, and postvention procedures; and, curriculum such as Break Free from Depression and Linehan's Dialectical Behavior Therapy (DBT) skills workbook for adolescents ¹⁻⁷.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. Suicide is the 2nd leading cause of death among 10-24 year-olds (behind accidents) in the US (CDC, 2016, https://www.cdc.gov/nchs/fastats/adolescent-health.htm). 2. 90% of teens who complete suicide have at least one diagnosable psychiatric disorder at the time of their death (http://www.apa.org/research/action/suicide.aspx). 3. 20% of youth ages 13-18 suffer from a diagnosable mental health condition (https://www.nami.org/getattachment/learn-more/mental-health-by-the-numbers/childrenmhfacts.pdf). 4. 12.8% of the U.S. population aged 12-17 had at least one major depressive episode. (NIMH, 2016, https://www.nimh.nih.gov/health/statistics/major-depression.shtml). 5. Approximately 50% of students age 14 and older with a mental illness drop out of high school (https://www.nami.org/getattachment/learn-more/mental-health-by-the-numbers/childrenmhfacts.pdf). 6. According to findings of the 2017-18 California Healthy Kids Survey (CHKS), MVLAHSD students reported the following (Mountain View-Los Altos Union High School District. California Healthy Kids Survey, 2017-18: Main



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HEALTHY
MIND



	<p>Report. San Francisco: WestEd Health & Human Development Program for the California Department of Education):Frequency of sad or hopeless feelings in the past 12 months (yes response) 11th 34%, 9th 23% Seriously considered attempting suicide in the past 12 months (yes response)11th 18%, 9th 14%</p> <p>7. According to findings of the 2017-2018 California School Staff Survey, MVLHSD staff reported (Mountain View-Los Altos Union High School District. California School Staff Survey, 2017-2018: Main Report. San Francisco: WestEd Health & Human Development Program for the California Department of Education):</p>
<p>Agency Description & Address</p>	<p>1299 Bryant Avenue, Mountain View https://www.mvla.net/site/Default.aspx?PageID=3458</p> <p>The Mountain View Los Altos Union High School District is a culturally diverse district composed of three high schools serving the communities of Mountain View, Los Altos and Los Altos Hills. The mission of the School-Based Mental Health and Support Team is to protect and cultivate a culture of wellness by supporting the health, emotional well-being, educational outcomes, and self-advocacy of all students and staff.</p>
<p>Program Delivery Site(s)</p>	<p>Mountain View High School and Los Altos High School</p>
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Bilingual services, available in English and Spanish, include:</p> <ul style="list-style-type: none"> • Individual therapy • Group therapy • Collateral therapy • Check-ins • Crisis management • Case management • Support to educators in effective management of students with mental health issues <p>Full requested amount funds partial salaries for two licensed therapists.</p>





NAMI Santa Clara County

<i>Program Title</i>	Community Peer Mentor Program
<i>Grant Goal</i>	To connect individuals with severe mental illnesses to peers who engage in their recovery. This grant will continue peer support and mentoring to community members who suffer from severe and persistent mental illness. NAMI SCC will partner with inpatient psychiatric units, outpatient programs, locked facilities and intensive treatment programs to identify Participants for the Community Peer Mentor Program. This type of peer support complements and enhances treatment by mental health professionals and makes more efficient use of scarce mental health resources.
<i>Community Need</i>	<p>Santa Clara County is in the midst of a mental health care crisis. With a population of 1,919,402, the County has only 246 psychiatric beds. According to the California Hospital Association, Santa Clara County needs another 960 beds ¹. By mentoring Santa Clara County residents who suffer from severe mental illnesses such as schizophrenia, bipolar disorder, major depressive disorder, anxiety disorders, and PTSD, NAMI-SCC’s Peer Mentors can in the words of SAMHSA: “help people become and stay engaged in the recovery process and reduce the likelihood of relapse” ². Community Peer Mentors can help keep individuals from a revolving door of hospitalizations, thereby reducing some of the strain on the precious few hospital beds that are available in Santa Clara County.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://www.calhospital.org/sites/main/files/file-attachments/psychbeddata.pdf 2. https://www.dropbox.com/s/l45v0xstt85vhd2/SAMHSA%20What%20Are%20Peer%20Oriented%20Recovery%20Services.pdf?dl=0
<i>Agency Description & Address</i>	<p>1150 S. Bascom Ave, Suite 24, San Jose https://namisantaclara.org/</p> <p>NAMI-SCC has a goal to support, educate and provide direction for self-advocacy for those living with mental health conditions and their families. Having knowledge and finding resources provides the ability to do this. It also helps to eliminate the stigma and discrimination that still exists on many levels. NAMI-SCC is a Community Resource Center for Santa Clara County residents since 1975.</p>
<i>Program Delivery Site(s)</i>	<p>Services are provided at several community locations and by phone:</p> <ul style="list-style-type: none"> • El Camino Hospital, 2500 Grant Road, Mountain View • Kaiser Permanente Santa Clara Behavioral Health Center, 3840 Homestead Road, Santa Clara • Stanford Hospital, 300 Pasteur Drive, Palo Alto
<i>Services Funded By Grant/How Funds Will Be Spent</i>	<p>Services include:</p> <ul style="list-style-type: none"> • Weekly face-to-face meeting peer mentor sessions for up to four months • Twice weekly phone call check-ins • Linkages to services: referrals from Mentors for a range of services that promote and maintain recovery, alleviate loneliness and isolation and enhance quality of life • Identification of participation for Peer Mentor program <p>Full requested amount funds partial salary of program staff, Mentors as well as administrative costs.</p>



YWCA Silicon Valley

<p><i>Program Title</i></p>	<p>Arise</p>
<p><i>Grant Goal</i></p>	<p>YWCA Silicon Valley respectfully requests support to scale its Arise Program in north Santa Clara County. Arise, launched in 2017, addresses a current gap in services by bringing much-needed trauma-informed counseling services to affordable housing sites, domestic violence shelters, and at-risk youth centers and schools. The program's primary goal is to enable children, youth and families to heal from complex trauma (resulting from domestic violence, sexual assault and/or human trafficking) through specialized therapy. Arise reduces two key barriers to accessing counseling (including cost and proximity) by providing free, easy-to-access "mobile" counseling. YWCA's Healing Center provides intensive, supervised training for Master's level Marriage and Family Therapist (MFT) trainees and registered associates. YWCA Healing Center's interns provide Arise clients with culturally-appropriate, trauma-focused therapy services that are both client-driven and strength-based. YWCA proposes piloting delivery of Arise services at two City of Sunnyvale locations: North County Family Justice Center, operated by YWCA, and Columbia Neighborhood Center, a YWCA partner.</p>
<p><i>Community Need</i></p>	<p>In 2017, 5,524 intimate partner violence (IPV) case referrals were received by the County District Attorney's Office and the 24-hour domestic violence crisis hotlines answered more than 20,000 calls. As reported by local shelter-based programs, 6,479 IPV survivors and their children were served, but the shelters had to turn away 2,151 people who were seeking shelter due to lack of capacity. In Santa Clara County, nearly half of victims accessing emergency violence shelters are children, and only approximately half of these children have access to therapy. While there is limited data to conclude the total number of children impacted and the gap in services, it can be estimated that in our community there are at least 3,000 children annually experiencing complex trauma and in need of specialized therapy--just among the population served at domestic violence shelters.</p> <p>Exposure to IPV has been linked to homelessness, poor mental or physical health, inability to work or economic instability, and other negative consequences. Recent research suggests that the influence of abuse can persist long after the violence has stopped, both for the partner experiencing the violence and their children, in the form of depression, anxiety, poor school or work performance, and negative health outcomes¹. According to the National Coalition Against Domestic Violence², "Witnessing violence between one's parents or caretakers is the strongest risk factor of transmitting violent behavior from one generation to the next." And females who experienced domestic violence as children are much more likely to be abused as adults, and males who experienced domestic violence as children are twice as likely to become abusers themselves. Disrupting the cycle of family violence is imperative.</p> <p>According to the Family Justice Center Alliance, victims are often required to travel from location to location to seek services that are scattered through a community or region. Californians for Safety and Justice, in a first-of-its-kind 2013 survey on California crime victims, found that 38 percent of victims said free or low-cost mental health counseling was difficult to access³. The report makes the following recommendation/conclusion "Streamlined victims' services could address findings in the survey that show the difficulty many victims experienced when accessing services. California should review the obstacles to accessing services and design supports that are easier for victims and survivors to use. Reducing barriers to victims' access include considerations such as location—or co-location—of services and proximity of different types of</p>





	<p>services”. Current systems unintentionally leave victims unaware of existing services or so overwhelmed and frustrated by the lack of accessibility that they ultimately stop seeking help. By providing mobile services, at sites already providing co-located services, the Arise Program removes barriers that are inherent to victims seeking critical mental health support from resources that are dispersed and unconnected.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. “Violence by Intimate Partners,” by Heise L. and Garcia-Moreno C. at https://www.popline.org/node/233489 2. https://ncadv.org/statistics 3. "California Crime Victims' Voices" at https://safeandjust.org/resources/ 4. “Social & Emotional Well-Being” Conceptual Framework for Domestic Violence Services at www.dvevidenceproject.org
<p>Agency Description & Address</p>	<p>375 S. Third Street, San Jose https://ywca-sv.org/</p> <p>YWCA Silicon Valley is a multi-service organization founded in 1905 in Santa Clara County, with a mission to eliminate racism and empower women. For over 110 years YWCA has identified the unique needs of Santa Clara County women and families, delivering innovative programs to meet those needs. Services include: counseling; childcare; domestic violence, human trafficking and sexual support services and advocacy; housing for survivors; and youth education, including violence prevention and STEM. YWCA serves over 18,000 people throughout Santa Clara County at over 25 community-based locations.</p>
<p>Program Delivery Site(s)</p>	<p>YWCA Silicon Valley</p> <ul style="list-style-type: none"> • North County Family Justice Center, Sunnyvale • Columbia Neighborhood Center, Sunnyvale
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>60-minute individual or family counseling sessions; no limit on total number or frequency of sessions per client/family.</p> <p>Full funding will support the partial salaries of the clinical staff and program expenses.</p>



HEALTHY
COMMUNITY



To improve the overall health of the community by providing services and increasing access to services that address domestic violence, provide transportation and educate the community about health and wellbeing.

A healthy community can impact health positively by providing safe places to live, work, and be educated. When a community lacks affordable and sufficient transportation, lacks awareness of health issues and risk for chronic diseases, and is not able to access culturally competent services, its residents experience poor health.

2019 CHNA DATA FINDINGS: VIOLENCE & INJURY PREVENTION

Rates are per 100,000 unless otherwise specified.

- Violence is a major driver of poor behavioral health. Preventing violence in the service area will affect behavioral health.
- The rate of rape (22.8 per 100,000 people) in Santa Clara County is 8.5 percent higher than the state rate (21.0).
- Preventable unintentional injuries are a leading cause of death in the county (5 percent of all deaths) and the state (4 percent).
- 67 percent of all unintentional injury deaths are due to senior falls. This is higher compared to deaths due to accidental falls among the total population (31 percent).
- Disparities in violence and injury in the county include:
 - The mortality rate (43.0 deaths per 100,000 people) from all unintentional injuries is highest for African ancestry residents.
 - Community safety data — including homicides, violent assault, youth assault and self-harm, and school suspensions and expulsions — are all higher for Latinxs and African ancestry residents than for those of other ethnicities.

2019 CHNA DATA FINDINGS: ECONOMIC STABILITY

Rates are per 100,000 unless otherwise specified.

- Economic security was identified as a top health need by one-third of focus groups and key informants.
- Meets quantitative threshold (see #3 on page 8).

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- The very high cost of living in Santa Clara County and concern about the low-income population emerged as common themes of community input.
- The 2018 Self-Sufficiency Standard for a family of two adults, one infant, and one preschool-aged child is over \$120,600, which is more than four times higher than the 2018 Federal Poverty Level (\$25,100).
- Almost four in 10 people in Santa Clara County experiencing food insecurity do not qualify for federal food assistance because of their household incomes. (This includes 46 percent of all food-insecure children.)
- The cost of long-term care for older adults with fixed incomes who are ineligible for Medi-Cal is a concern of the community.
- Cost of mental health care is also difficult for middle-income parents according to focus group participants.
- Economic security is crucial to stable housing. (*See Housing and Homelessness health need description*).
- Disparities in Santa Clara County include:
 - The rates of poverty among residents of African ancestry and Other⁶ races fail benchmarks.
 - One in four Latinx households and more than one in 10 African ancestry households received food from a food bank in recent years.
 - More than nine in 10 (93 percent) White high school students graduate, while only seven in 10 Latinx and Native American students graduate. Almost eight in 10 African ancestry students graduate.
 - Fourth-grade reading proficiency is a predictor of high school graduation.⁷ About 27 percent of White fourth-grade students are reading below proficiency. This proportion is significantly worse for other children: African ancestry (60 percent), Latinx (67 percent), Pacific Islander (61 percent) and Native American ancestry (58 percent)

2019 CHNA DATA FINDINGS: HOUSING & HOMELESSNESS

Rates are per 100,000 unless otherwise specified.

- Housing and Homelessness was identified as a top health need by more than half of focus groups and key informants.
- The community described stress about the high costs of housing and the lack of affordable rent as a major priority.

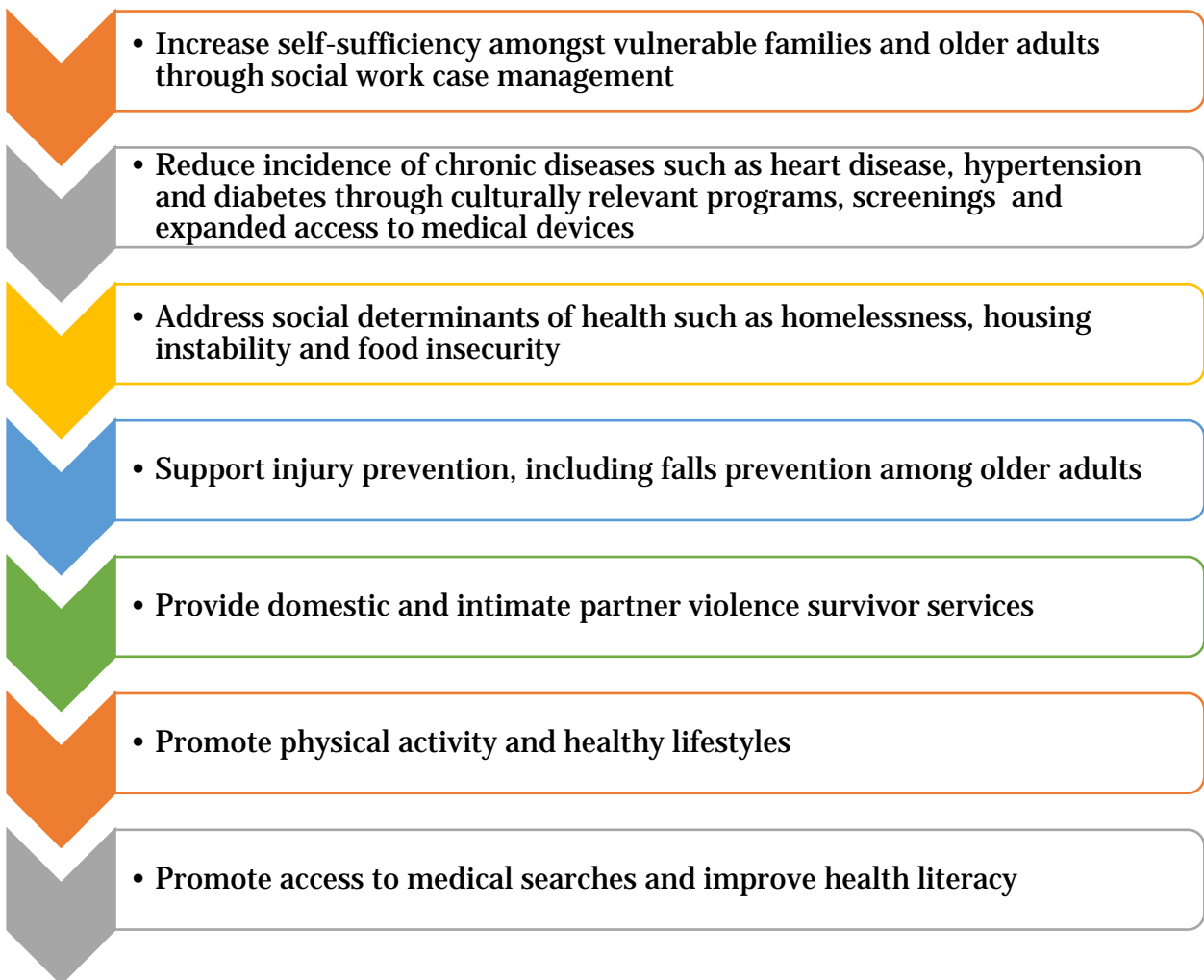
⁶ “Other” is a U.S. Census category for ethnicities not specifically called out in data sets.

⁷ The Campaign for Grade-Level Reading (<https://gradelevelreading.net>) and Reading Partners (<https://readingpartners.org/blog/why-reading-by-fourth-grade-matters-for-student-success/>)

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El Camino Healthcare District

- Professionals who serve families report an increase in families seeking help from food banks and making difficult choices about how to spend remaining funds (healthy food, medicine, doctor visits, therapeutic services).
- The community reports that families often move to a different home or leave the area due to the increased cost of living.
- The 2018 Santa Clara County Self-Sufficiency Standard indicates that a family of two adults, one infant, and one preschool-aged child requires \$120,600 in annual income to be self-sufficient.
- There are approximately 7,400 people experiencing homelessness in the county (15 percent of whom are aged 0–17), which is the highest number since 2013.
- In Mountain View, the number of people experiencing homelessness (416) increased 51 percent since 2015.

STRATEGIES TO IMPROVE HEALTHY COMMUNITIES





American Heart Association

Program Title	Healthy Hearts Initiative
Grant Goal	<p>To implement year four of the American Heart Association (AHA) and El Camino Healthcare District Healthy (ECHD) Healthy Hearts Initiative (formerly the Hypertension Initiative). Since 2016, this program has focused on raising awareness and improving hypertension among underserved adults in the ECHD. AHA will continue to partner with MayView Community Health Center (MCHC), Community Based Organizations and Community Health Workers (CHWs). This year, the project will continue addressing the urgency of high blood pressure and add a component for prediabetes and adopting healthy lifestyles. AHA continue to provide screening events and the four-month Check.Change.Control (CCC) intervention program, train and equip Community Health Workers. This proposal also includes implementing new technology, the Portable BP Station, to best engage, monitor and improve participant blood pressure control.</p>
Community Need	<p>Each year, 600,000 Americans die from heart disease and stroke. High blood pressure, diabetes, obesity, poor diet, and physical inactivity are key risk factors for heart disease. Hypertension, or high blood pressure, is a deadly disease afflicting nearly half of American adults and is the single most significant risk factor for cardiovascular disease and stroke. Cardiovascular and cerebrovascular diseases are responsible for 26 percent of all deaths in Santa Clara County. Per the Centers for Disease Control and Prevention (CDC), ^{1,2} the percentage of hypertensive Santa Clara County adults increased from 19 percent in 2000 to 27 percent in 2014. One quarter were Latinos. To compound the problem, approximately 13 percent of Santa Clara County’s population is uninsured. Left untreated, high blood pressure can damage the brain, heart, and coronary arteries, leading to heart attack, diabetes, heart disease, congestive heart failure, stroke, and death. High blood pressure has no symptoms so many high-risk people don’t even know they have it. Less than half of all hypertensive patients have their blood pressure maintained at a healthy level. High blood pressure and prediabetes together may do more harm to the body than either one alone. In 2018, the AHA ³⁻⁶ and American Diabetes Association reported that cardiovascular disease is the leading cause of death for people living with type 2 diabetes. It’s also a major cause of heart attacks, strokes, and disability for people with diabetes. In Santa Clara County, 69 percent of adults are eating inadequate fruits and vegetables, 52 percent are overweight or obese, and 15 percent are inactive. Adults with diabetes are two to four times more likely to have cardiovascular disease than people without diabetes. But only half recognize their risk or have discussed their risks with a healthcare provider, according to a recent study by The Harris Poll⁵. Hypertension and prediabetes together elevate cardiovascular risk. For people over age 60, having type 2 diabetes and cardiovascular disease shortens life expectancy by an average of 12 years⁷.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. American Diabetes Association. “What is Cardiovascular Disease?” Updated May 2017. 2. American Diabetes Association. “Cardiovascular Disease & Diabetes.” Published August 2015. 3. Grau, María, et. al. Risk of Cause-Specific Death in Individuals With Diabetes: A Competing Risks Analysis; http://care.diabetesjournals.org/content/39/11/1987 Diabetes Care 2016 Nov; 39(11): 1987-1995; 4. The Lancet: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)60484-9/fulltext 5. https://news.heart.org/study-high-blood-pressure-and-prediabetes-together-increases-risk-to-heart/ 6. American Heart Association. “About Diabetes.” Published August 2015. Centers for Disease Control and Prevention. National Diabetes Statistics Report. Published 2017.
Agency Description	1 Almaden Blvd, Suite 500, San Jose



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<p>& Address</p>	<p>https://www.heart.org/en/affiliates/california/silicon-valley</p> <p>The American Heart Association (AHA) helps millions of people get their blood pressure managed across the country. Our work in this area is critical because high blood pressure puts people in danger of heart disease and stroke, the leading causes of death in the world. AHA is a leading authority on heart health and has been for nearly a century. We work to improve everyone’s health through a wide variety of approaches including developing and funding groundbreaking science, providing public education, advocating for public health policies, improving the quality of health care and teaching CPR.</p>
<p>Program Delivery Site(s)</p>	<p>Screening events will be hosted at various places such as the front of grocery stores, faith-based organizations, and within existing community events. CCC classes and trainings will be held at:</p> <ul style="list-style-type: none"> • Columbia Neighborhood Center in Sunnyvale • MayView Community Health Clinic in Mountain View and Sunnyvale • Mountain View Community Center
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services and programs include:</p> <ul style="list-style-type: none"> • 8 Community Screenings Heart Health Hubs (screenings, referrals and outreach) • Check.Change.Control 4-month intervention and hypertension management program: <ul style="list-style-type: none"> ○ Four 2-hour sessions provided by RN & Health Educators ○ Blood pressure screening and A1C test for diabetes provided by RN ○ Classes provided in English, Spanish and Mandarin • Community Health Worker recruitment and training • MayView Community Health Center – High Blood Pressure Clinics • Portable BP Station (PortableBP): contained in a suitcase, this technology uploads blood pressure numbers directly into the CCC Tracker and enables easily tracked over time • Blood Pressure Mapping through Google Maps <p>Full requested amount funds the Healthy Hearts Project Coordinator, RNs for screenings, community health worker stipends, screening events and CCC workshop costs, 3 Portable BP Stations (suitcases) and other administrative costs.</p>





Caminar (Family & Children Services)

<i>Program Title</i>	Domestic Violence Survivor Services Program
<i>Grant Goal</i>	To continue to deliver bilingual (English/Spanish), culturally competent, and trauma-informed services for local survivors of domestic violence. These person-centered services increase personal and community safety, break cycles of violence and abuse, promote healing from the effects of trauma, and empower survivors to access local resources that promote health, stability, and self-sufficiency. Survivors will have access to a menu of services, which will be tailored to each survivor’s present needs, strengths, and goals and adjusted in intensity as a survivor’s circumstances change
<i>Community Need</i>	<p>According to Centers for Disease Control and Prevention, “IPV [Intimate Partner Violence] is connected to other forms of violence, and causes serious health and economic consequences. Apart from deaths and injuries, physical violence by an intimate partner is associated with a number of adverse health outcomes. Several health conditions associated with IPV may be a direct result of the physical violence. Other conditions are the result of the impact of IPV on the cardiovascular, gastrointestinal, endocrine and immune systems through chronic stress or other mechanisms.” – “Intimate Partner violence: Consequences.”¹ According to data collected by Kidsdata from the California Department of Justice, Criminal Justice Statistics Center’s Domestic Violence-Related Calls for Assistance Database (1998-2003) and Online Query System Aug. 2015, the cities of Cupertino, Los Altos, Los Altos Hills, Mountain View, and Sunnyvale reported 472 calls for assistance related to domestic violence in 2014. Over the 10-year period of 2005 to 2014, the cities had an average of 570 calls annually. As fits their larger population sizes, Mountain View and Sunnyvale reported the highest rates of calls². The cities of Mountain View and Sunnyvale also have far higher percentages of children and families living below the Federal Poverty Line than the other cities in the area, contributing to health disparities and increased overall health and well-being risk factors. According to data provided by the County of Santa Clara Public Health Department, 12 percent of families and 19 percent of children in Sunnyvale are living below the poverty line. ³In Mountain View 15% of families and 23% of children live below the poverty line⁴. The County of Santa Clara Public Health Department reports in “Sunnyvale profile 2016” that the city experienced an average of 20.3 violent crimes within one mile, which is higher than the county average of 16.04, and then 10 percent of adults reported having been “hit, slapped, pushed, kicked, or hurt in any way by an intimate partner” at some time in their lives³. According to the Public Health Department’s “Mountain View profile 2016,” 11 percent of Mountain View residents have been “hit, slapped, pushed, kicked, or hurt in any way by an intimate partner,” yet notes that this estimate statistically unstable⁴. The well-being of children in the home also suffers. The landmark Adverse Childhood Experiences Study (ACES) conducted by the CDC and Kaiser Permanente found the effects of traumatic events, such as exposure to family violence, in a child’s life may be wide-ranging and lasting ⁵.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html 2. http://www.kidsdata.org/topic/11/domesticviolence-number/table#fmt=26&loc=105,98,99,112,96&tf=79&sortType=asc 3. https://www.sccgov.org/sites/phd/hi/hd/Documents/City%20Profiles/Sunnyvale_final.pdf 4. https://www.sccgov.org/sites/phd/hi/hd/Documents/City%20Profiles/MountainView_final.pdf 5. https://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html
<i>Agency Description</i>	2600 S. El Camino Real Ste 200, San Mateo



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HEALTHY
COMMUNITY



<p>& Address</p>	<p>https://www.caminar.org/</p> <p>Established in 1964 in San Mateo, Caminar provides evidence based culturally competent behavioral health and supportive services for individuals and families living in Santa Clara, San Mateo, San Francisco, Solano, and Butte counties. In January 2017, Family & Children Services of Silicon Valley (FCS), founded in 1948 in San Jose, merged with Caminar. Now operating as a division of Caminar, FCS continues to deliver its portfolio of mental health care, substance use prevention and treatment, family violence prevention, youth development, and peer support programs, which reached more than 19,000 local residents in FY 2018. As an organization, Caminar works to advance its mission for the community: To empower and inspire individuals and families to move toward wellness, independence, and resilience.</p>
<p>Program Delivery Site(s)</p>	<ul style="list-style-type: none"> • FCS’s office in Palo Alto at 375 Cambridge Avenue, Palo Alto, CA • MayView Community Health Center, 900 Miramonte Ave, Mountain View, CA • At community venues that are convenient to the client: case management services are delivered throughout the community as case manager accompanies survivors to court, police departments, the Family Justice Center, law offices, and other appointments
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Bi-lingual services are individualized to the needs of each survivor and provided trained Domestic Violence Advocates/Case Managers, Clinical Case Managers, and Therapists including:</p> <ul style="list-style-type: none"> • Information and referral assistance and safety planning assistance • Individual/family advocacy and counseling services, including new client intakes, case management, clinical case management, therapy, and crisis support, and coordination with other providers involved in a client’s case • Support groups, including educational presentation by a clinician • Community outreach and education <p>Full requested amount funds partial salaries for a case manager, therapist and other staff positions as well as administrative costs.</p>





Chinese Health Initiative

Program Title	Chinese Health Initiative
Grant Goal	This program addresses the unique health needs of the Chinese community. The four focus areas of the program include: health disparities, health literacy, community wellness and culturally competent patient care. CHI provides free health screenings, workshops, dietitian consults and resources to members of the Chinese community.
Community Need	<p>According to the National Institutes of Health; about 21% of Asian Americans have diabetes, with more than half going undiagnosed. One out of three Asian Americans has prediabetes; without intervention, 15-30% of these individuals will develop type 2 diabetes within 5 years.¹ Multiple studies show that Chinese Americans are more likely to develop type 2 diabetes than their White American counterparts, despite having lower body weight. At the same BMI, Chinese Americans are at least 60% more likely to develop type 2 diabetes than White Americans.² Additionally, two-thirds of the Chinese communities in the Bay Area were born outside of the United States, with many having limited English proficiency. Significant language and cultural barriers impact their ability to access appropriate medical care and health resources.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://www.nih.gov/news-events/news-releases/more-half-asian-americans-diabetes-areundiagnosed 2. https://www.ncbi.nlm.nih.gov/pubmed/23545465
Agency Description & Address	<p>2500 Grant Road, Mountain View https://www.elcaminohospital.org/services/chinese-health-initiative</p> <p>Chinese Health Initiative at El Camino Hospital addresses the unique health disparities in the growing Chinese population, and accommodates cultural preferences in education, screening, and the delivery of healthcare.</p>
Program Delivery Site(s)	The program services will be delivered at various community sites including senior centers and community centers.
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Conducting educational workshops to raise awareness of health disparities • Providing screenings • Producing newspaper articles and print material addressing health concerns specific to the Chinese community <p>Full requested funding would support partial staffing and program materials for screenings and outreach.</p>



Farewell to Falls

Program Title	Farewell to Falls
Grant Goal	This evidence-based program aims to reduce falls by providing no-cost home visits to older, at-risk adults from Occupational Therapist (OT), medication review report from a pharmacist and check-in phone calls from volunteers regarding fall status and implementation of exercise, home safety and other recommendations.
Community Need	<p>One in four older adults fall each year and 1 in 5 falls cause serious injury requiring medical attention such as broken bones or a head injury. Older adults who fall are two to three times more likely to fall again. Total medical costs for falls in 2015 are estimated to be over \$50 billion. Nearly 75,000 older adults were hospitalized in California and 2,981 older adults in Santa Clara County required hospitalization after a fall. In California, 208,564 older adults in California visited emergency departments (ED) in 2014 and 8,432 of those ED visits were in Santa Clara County. The Community Health Needs Assessment of 2016 reported that the annual costs of falls in Santa Clara County were estimated at \$265 million/year. A study published in 1999 from Sydney Australia (Cumming, et al.) showed that home visits by an occupational therapist looking at home safety, medication and behavior change reduced falls by one third.</p> <p>Sources: http://www.CDC.gov http://www.epicenter.cdph.ca.gov Am J Prev Med 2018;55(3):290–297</p>
Agency Description & Address	<p>300 Pasteur Drive, MC 5898, Stanford</p> <p>The Trauma Center at Stanford Health Care provides specialized care to over 2,500 patients every year. The Trauma Center is a verified Level 1 Trauma Center for both adults and children.</p>
Program Delivery Site(s)	The program will be delivered at the homes of community members who live, work or go to school in the District’s boundaries.
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Providing two home visits by an Occupational Therapist who reviews home safety, assesses the older adult’s strength and balance, medications, home safety, and other factors that contribute to fall risk and provide a return visit at one year for reevaluation • Providing a pharmacy review and medication report from a pharmacist • Conducting a monthly phone call to check on fall status and reinforce recommendations <p>Full requested funding would support staffing for an Occupational Therapist and program supplies such as grab bars.</p>





Health Library & Resource Center, Mountain View

<i>Program Title</i>	El Camino Hospital, Mountain View Health Library & Resource Center
<i>Grant Goal</i>	The Health Library and Resource Center serves to improve health literacy and knowledge of care options for patients, families and caregivers.
<i>Community Need</i>	<p>Individuals want and need accurate information to make the best possible healthcare and medical decisions. Without such information, they may undergo unnecessary treatment, fail to understand the impact of diet and exercise, ignore important warning signs, and waste healthcare dollars. Studies indicate that many Americans have low health literacy which adversely impacts their ability to understand health information and make informed decisions about health issues and lifestyle choices that affect their lives. Individuals with low health literacy are likely to report poor health outcomes. The inability to understand Health Information can lead to undesirable lifestyle choices leading to poor health outcomes and an increase in National Healthcare expenditures. Individuals want and need accurate information to help them make the best possible lifestyle decisions and to effectively partner with their physician to obtain optimal healthcare outcomes. They often lack the time and skills needed to sort through the myriad of information that is available and then assess its quality and accuracy. The library can direct patrons to information sources suitable to their individual needs, interests, and abilities. The assistance received helps our patrons in making informed decisions regarding procedures, treatments, and lifestyle issues. The library provides current healthcare resources, including evidenced based materials, tailored to each patron’s information needs and desires. As of 2016, adults age 60 and older account for nearly 17% of the county population. The U.S. Census Bureau projects that by 2060, individuals 65 and older will account for 25% of total county population, as compared to 24% in California and the United States. This older adult population and their caregivers need support in identifying and accessing services in order to remain healthy. Overall, the population age 65 and older will present health-related challenges for the County, in terms of health care costs and mobility. As seniors living in automobile dominated areas lose their ability to drive, they will become increasingly reliant on alternatives, such as public transportation and friends and family, to access the necessities of life (such as food and health care). A 2013 report shows more than 55% of the County's adults and 25% of its middle school students are overweight or obese, and the proportion of adults with diabetes has increased from 5% to 8% in less than 10 years.</p> <p>Sources: https://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2006483 https://nces.ed.gov/pubs2006/2006483.pdf https://health.gov/communication/literacy/issuebrief/ https://health.gov/communication/literacy/quickguide/factsbasic.htm</p>
<i>Agency Description & Address</i>	<p>530 South Drive, Mountain View El Camino Hospital is a nonprofit organization with hospital campuses in Mountain View and Los Gatos.</p>
<i>Program Delivery Site(s)</i>	The services will be delivered at the Health Library and Resource Center at El Camino Hospital, Mountain View and open to all members of the local community.





*Services Funded By
Grant/How Funds
Will Be Spent*

Services include:

- Providing access to vetted print, electronic, and online information sources coupled with professional assistance in selecting appropriate resources
- Conducting outreach to local senior centers
- Providing no-cost access to blood pressure screenings and consultations with a dietitian and pharmacist

Full requested funding would support partial staffing for a Librarian and supplies such as books and subscriptions.





Maitri

Program Title	South Asian Domestic Violence Program
Grant Goal	Provide comprehensive services for South Asian and immigrant survivors of domestic violence, helping them overcome the effects of violence so that they may achieve self-sufficiency and improved wellness. Services include: transitional housing, case management, legal and immigration services, peer counseling, economic empowerment services and outreach services at community events.
Community Need	<p>Incidences of domestic violence (DV)—and related deaths—continue to rise in Santa Clara County. In 2017 (the most recent year for which data are available), there were 5,524 DV cases referred to the SCC District Attorney’s Office, an increase of 413 cases from 2016. In 2017 there were 13 DV related deaths, an increase from 2016 when 7 deaths occurred¹. Research shows that 62% of immigrant women are subjected to weekly physical and emotional abuse². Studies also indicate that up to 81% of DV survivors suffer from PTSD³. South Asian women immigrants, specifically, who report DV is more likely than those who do not experience DV to report poor mental and physical health: in seven of the previous 30 days, 19.5% reported poor physical health (vs. 6.7% among non-DV experiencers); 31.8% (vs. 10.2%) reported depression and 34.1% reported anxiety (vs. 20%)⁴. South Asian victims have additional barriers. Many have cultural and linguistic barriers to services and/or come to the US on a dependent visa through their partners, which prevents them from working. As a result, if a survivor seeks safety through a restraining order, they may be on their own with no source of income, risk deportation or may lose custody of children. Moreover, as many DV survivors move from shelter to shelter, public benefits that can help them regain safety and security become difficult to obtain without longer-term residency and a qualifying immigration status. SCC’s high cost of housing presents further challenges for a low-income victim attempting to separate from her batterer. With housing costs among the highest in the country, there is a distinct lack of affordable housing options in SCC, increasing the risk of homelessness if a victim leaves a batterer who may be her sole income source.</p> <p>Recent studies have shown the direct correlation between DV and negative health consequences, specifically one that shows that physical violence against women by male partners disrupts a key steroid hormone that opens the door potentially to a variety of negative health effects⁵. If this need is not addressed, DV survivors are at risk of returning to violent environments if their needs are not addressed in a holistic, culturally specific, and coordinated way. Without services, survivors may experience continued negative health impacts of DV, be deported, become homeless, lose custody of children, remain unemployed or underemployed, or experience unintended victimization by agencies designed to help them (due to a lack of cultural competency and hence responsiveness). Given those alternatives, going back to the batterer may seem to be the only option.</p> <p>Sources:</p> <ol style="list-style-type: none"> https://www.sccgov.org/sites/da/newsroom/newsreleases/Documents/2018NRDocs/2017%20DVRT%20Report.pdf http://library.niwap.org/wp-content/uploads/2015/Somewhere-to-Turn-2011.pdf https://www.cdc.gov/violenceprevention/pdf/nisvs_factsheet-a.pdf https://s3.amazonaws.com/gbv-wp-uploads/wp-content/uploads/2019/02/01204358/Facts-Stats-Report-DV-API-Communities-2015-formatted2019.pdf Physical violence linked to stress hormone in women, University of Oregon, 2014.





<p>Agency Description & Address</p>	<p>PO Box 697, Santa Clara https://maitri.org/ Maitri is a nonprofit organization located in Santa Clara County that serves survivors of domestic violence (DV) and human trafficking. Maitri seeks to foster self-reliance and self-confidence in South Asian survivors and their children in San Mateo, Santa Clara, and Alameda counties who are dealing with domestic violence (DV), human trafficking, family conflict, and cultural isolation. Maitri provides a helpline, transitional housing, legal advocacy, peer counseling, outreach, an economic empowerment program, a recently established individual (therapeutic) and group counseling program, and other vital services for its clients. Recognizing the impact of social and cultural alienation on its clients, Maitri provides pathways to self-sufficiency that address homelessness, economic security, and overall wellness, which in turn positively impacts the overall community. Maitri is in the process of refining its mission to include prevention of DV along with the core services it already provides to DV survivors.</p>
<p>Program Delivery Site(s)</p>	<p>Most services are provided at Maitri’s office in San Jose. This and other addresses where services provided are not published for the safety of clients and staff.</p>
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Provide South Asian immigrants and citizens impacted by domestic violence and human trafficking with linguistically and culturally specific legal services:</p> <ul style="list-style-type: none"> • Legal advocacy sessions and legal representation • Transitional housing, case management • Peer counseling sessions • Economic Empowerment (EEP) workshops and individual EEP sessions • Immigration services • Job skills training at the Maitri Boutique and/or with other partnerships <p>Full requested amount funds partial salaries for program staff and administrative costs.</p>





Rebuilding Together Peninsula

Program Title	Safe at Home Program for Older Adults
Grant Goal	This program targets fall risk factors in and around the home through home repairs and/or modifications for low-income, older adults. These at-risk adults are identified as “fall risks” by age, formal fall risk assessment tool or by referring agencies and institutions.
Community Need	<p>According to the Centers for Disease Control and Prevention, treating fall injuries is very costly. In 2015, total medical costs for falls totaled more than \$50 billion. Each year, millions of people 65 and older are treated in emergency departments because of falls. Over 800,000 patients a year are hospitalized because of a fall injury, most often because of a broken hip or head injury. Fall injuries are among the 20 most expensive medical conditions. The average hospital cost for a fall injury is over \$30,000. The costs of treating fall injuries go up with age¹. More locally, the San Mateo County Fall Prevention Task Force found that the economic cost of falls, including loss of work, hospitalizations, and ED visits, among residents over 65 years old amounted to more than \$130 million. The Task Force² also found that falls account for 80% of accidental injury deaths in individuals over the age of 85, and 20% in ages 75 to 84.</p> <p>The Center for Disease Control outlines things that can minimize the risk of falls, which includes the following recommendations: 1) Eliminate tripping hazards in and around the home; 2) Add grab bars inside and outside the tub or shower and next to the toilet; 3) Put railings on both sides of stairs; and 4) Make sure the home has plenty of light by adding more or brighter light bulbs.</p> <p>With seniors spending more than 90% of their time in their homes, it is critical to address the in-home hazards and dangers that surround them.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://www.cdc.gov/homeandrecreationalafety/falls/fallcost.html 2. http://www.smcfallprevention.org
Agency Description & Address	<p>841 Kaynyne Street, Redwood City</p> <p>Rebuilding Together Peninsula (RTP) has provided critical health and safety repairs for over 26 years. RTP envisions a safe and healthy home for every person, with repair programs serving seniors, people with disabilities, veterans, and families with children. RTP’s free repair services ensure that neighbors without financial resources can live independently in warmth and safety in their own home.</p>
Program Delivery Site(s)	The program will be delivered at the homes of community members who live, work or go to school in the District’s boundaries.
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Providing staffing, including full-time program manager and part-time repair technician • Administering Weill Medical College of Cornell University environmental fall risk assessment and developing a customized home safety plan • Reducing risks through no cost home repairs and home modification <p>Full requested funding would support partial staffing and program materials such as grab bars and ramps.</p>





RoadRunners Transportation Program

Program Title	RoadRunners Patient Transportation
Grant Goal	This program ensures seniors and disabled community members have access to medical care by providing safe, timely and compassionate transport. To provide a service that helps seniors maintain independence.
Community Need	Transportation issues are one of the greatest concerns for elders. One out of six older adults report having difficulty getting to their medical/doctor appointment and other services needed to maintain independence. Over the past few years, the County's Outreach Paratransit service has changed eligibility standards and now serves only those designated disabled by a physician. Even if eligible for Outreach, some seniors need assistance from door to the car. It is also critical that clients arrive at medical appointments on time and their scheduled ride be adjusted if the appointment runs late, which is not typically feasible in the Outreach Paratransit model.
Agency Description & Address	530 South Drive, Mountain View https://www.elcaminohospital.org/services/roadrunners-transportation El Camino Hospital is a nonprofit organization with hospital campuses in Mountain View and Los Gatos. RoadRunners is a transportation service provided by employees and dedicated El Camino Hospital Auxiliary volunteers.
Program Delivery Site(s)	Delivery sites within the District
Services Funded By Grant/How Funds Will Be Spent	Services include: <ul style="list-style-type: none"> • Transporting individuals to medical appointments and other necessary services (i.e. banking, pharmacy etc.) • Recruiting volunteer drivers to transport community members • Conducting outreach to inform seniors and disabled individuals about RoadRunners' services Full requested funding would support staffing, rides and program supplies.

South Asian Heart Center

Program Title	AIM to Prevent Heart Attacks and Diabetes
Grant Goal	The South Asian Heart Center is seeking funding to enroll, screen, and coach participants in its AIM to Prevent program, a specialized, evidence based, three phase prevention program: 1) Assess with advanced and comprehensive screening to uncover hidden risks, 2) Intervene with culturally-appropriate Lifestyle MEDS™ counseling and 3) Manage with personalized, heart health coaching.
Community Need	<p>South Asians have at least a two-fold increased risk for cardiovascular disease (CVD) and four- to six-fold increased risk for diabetes ^{1,2} compared to other ethnic groups ³ and suffer CVD and its risk factors at an earlier age ^{3,4}. Coronary artery disease (CAD) is the leading cause of death⁵ and hospitalizations among South Asians in California ^{6,7}. Since traditional CV risk factors do not fully explain the marked disparity in the incidence of heart disease among South Asians¹, additional risk factors have been investigated, albeit inconclusively: fibrinogen, insulin resistance and metabolic syndrome, low high-density lipoprotein (HDL), HDL2b, high triglycerides, small dense low-density lipoprotein (LDL), homocysteine and lipoprotein(a)^{8,9}. Despite this higher risk, South Asians in the US are still understudied, and little research is available on culturally appropriate treatment strategies to treat them. Despite comprehensive guidelines on appropriate prevention and management strategies for cardiovascular disease (CVD), implementation of such risk-reducing practices remains poor among South Asians in the U.S.¹⁰.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. McKeigue P, Ferrie J, Pierpoint T, Marmot M. Association of early-onset coronary heart disease in South Asian men with glucose intolerance and hyperinsulinemia. <i>Circulation</i>. 1993;87(1):152-161. 2. Barnett AH, Dixon AN, Bellary S, et al. Type 2 diabetes and cardiovascular risk in the UK south Asian community. <i>Diabetologia</i>. Oct 2006;49(10):2234-2246. 3. Palaniappan L, Wang Y, Fortmann SP. Coronary heart disease mortality for six ethnic groups in California, 1990-2000. <i>Annals of epidemiology</i>. Aug 2004;14(7):499-506. 4. Narayan KM, Aviles-Santa L, Oza-Frank R, et al. Report of a National Heart, Lung, And Blood Institute Workshop: heterogeneity in cardiometabolic risk in Asian Americans In the U.S. Opportunities for research. <i>Journal of the American College of Cardiology</i>. Mar 9 2010;55(10):966-973. 5. Palaniappan L, Mukherjea A, Holland A, Ivey SL. Leading causes of mortality of Asian Indians in California. <i>Ethnicity & disease</i>. Winter 2010;20(1):53-57. 6. Klatsky AL, Armstrong MA. Cardiovascular risk factors among Asian Americans living in northern California. <i>American Journal of Public Health</i>. 1991;81(11):1423-1428. 7. Klatsky AL, Tekawa I, Armstrong M, Sidney S. The risk of hospitalization for ischemic heart disease among Asian Americans in northern California. <i>American Journal of Public Health</i>. 1994;84(10):1672-1675. 8. Enas EA, Kannan S. How to beat the heart disease epidemic among South Asians: a prevention and management guide for Asian Indians and their doctors: Advanced Heart Lipid Clinic; 2005. 9. Rather MA, Bhat BA, Qurishi MA. Multicomponent phytotherapeutic approach gaining momentum: Is the "one drug to fit all" model breaking down? <i>Phytomedicine: international journal of phytotherapy and phytopharmacology</i>. Sep 11 2013. 10. Azar KM, Jose PO, Kang JB, et al. Culturally-tailored heart health coaching (in press). <i>Journal of Immigrant and Minority Health</i>. 2013.
Agency Description & Address	<p>2480 Grant Road, Mountain View https://southasianheartcenter.org/</p> <p>The mission of the South Asian Heart Center at El Camino Hospital is to reduce the high incidence of coronary artery disease among South Asians and save lives through a comprehensive, culturally-appropriate program incorporating education, advanced screening, lifestyle changes, and case management.</p>

FY20 Healthy Community Proposal Summary

HEALTHY
COMMUNITY



Program Delivery Site(s)	Services will be provided at agency site and online webinars.
Services Funded By Grant/How Funds Will Be Spent	Services include: <ul style="list-style-type: none">• Conducting health assessment and engaging participants in the AIM to Prevent Program• Providing outreach, workshops on lifestyle topics, specialized nutrition and exercise counseling• Delivering trainings that provide Continued Medical Education (CME) units for physicians Full requested funding would support partial staffing and program supplies.





Sunnyvale Community Services

<i>Program Title</i>	Social Work Case Management
<i>Grant Goal</i>	<p>The Social Work Case Management program focuses on improving the health and wellness of our most vulnerable clients by preventing or alleviating homelessness. A growing number of low-income Sunnyvale residents require more intensive assistance to stabilize their lives than is provided through our basic safety-net services. SCS case workers identify clients who need case management because they lack self-sufficiency, often due to chronic physical or mental health conditions, inadequate healthcare, and/or lack of access to health and wellness programs. SCS Case Management staffs possess in-depth knowledge of available services for health and housing, and use their expertise and empathy to help families move through crisis towards stability. It is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet each client’s health and human service needs. Case Managers provide advocacy, communication, and resource management, and promote high-quality and cost-effective interventions and outcomes.</p>
<i>Community Need</i>	<p>According to the Census Bureau, 8% of Sunnyvale children and adults and 11% of seniors live at or below 125% of the Federal Poverty Level (FPL), which qualifies them for SNAP (food stamps). HUD’s Area Median Income (AMI) benchmarks are a more accurate indicator of financial insecurity in Silicon Valley than the nationwide FPLs. “Low income” is defined as 80% or less of AMI, which in this area is \$85,050 for a three-person household and \$94,450 for a four-person household. Over one-fourth of Sunnyvale families with at least three people earn below \$75,000¹. According to RentJungle.com, as of January 2019 the average rent for a two-bedroom apartment in Sunnyvale was \$3,306/month (without utilities). That’s 46% of the gross pay of a family earning \$85,050/year. It is common here for families to double or triple up in one apartment—often with children sleeping in the living room and sometimes with parents sleeping in their car². Seniors on fixed incomes are also suffering from skyrocketing housing prices in this area—and not just those who live in apartments. As housing has become increasingly tight, the market rate for spaces has increased, jeopardizing this option for those with low or even moderate incomes³.</p> <p>Access to basic health care is necessary for individuals’ physical, mental, and economic health. Lack of health care access is also recognized as a leading cause of poverty for all ages. In 2016, over 80% of SCS clients over the age of 60 had extremely low incomes, meaning they earned less than 30% of the area median income (AMI) for Santa Clara county and well under 200% of the federal poverty level (FPL). SCS serves Sunnyvale’s highest poverty areas, including Title I elementary schools and low-income middle schools in Sunnyvale, where a majority of the children qualify for free or reduced cost meals. Among SCS clients, 36% are children, even though children represent only 22% of the population of Sunnyvale, and 14% of are seniors, up from 9% in 2010. Sunnyvale’s most recent 2015-2020 Consolidated Plan⁴ shows that 28% of City households (15,375 households) are lower-income with incomes. After paying for housing, low-income families and seniors have little money left to cover the costs of medicine or food. According to a report from St. Michael’s Hospital Centre for Research on Inner City Health, 85% of homeless people “have at least one chronic health condition and more than half have a mental health problem. People who are ‘vulnerably housed’ – meaning they live in unsafe, unstable or unaffordable housing – had equally poor, and in some cases worse, health, the survey found.”⁵ According to The Lancet, “The right to a home is not just a matter of social</p>



	<p>cohesion and justice. Providing stable housing in an important upstream intervention to reduce avoidable deaths and improve health and well-being⁶. The El Camino Hospital 2016 Community Health Needs Assessment focus group participants identified housing and homelessness as a top concern and noted that income inequality and the wage gap contribute to poor health outcomes⁷.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://factfinder.census.gov 2. https://mhphoa.com/ca/mhp/statistics 3. https://www.rentjungle.com/average-rent-in-sunnyvale-rent-trends/ 4. https://sunnyvale.ca.gov/civicax/filebank/blobdload.aspx?BlobID=23237 5. https://www.sciencedaily.com/releases/2011/08/110824122906.htm 6. http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30086-2/fulltext 7. https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf
<p>Agency Description & Address</p>	<p>725 Kifer Road, Sunnyvale https://sunnyvale.ca.gov/community/centers/commcenter.htm</p> <p>The mission of Sunnyvale Community Services (SCS) is to prevent homelessness and hunger for low-income families and seniors facing temporary crises. SCS is the Emergency Assistance Network (EAN) agency for all Sunnyvale zip codes and San Jose’s Alviso neighborhood, and is funded by the VA to assist homeless veterans in Santa Clara County. As the local safety net agency, SCS addresses basic needs to help families and seniors gain and retain housing with food on the table, utilities turned on. SCS provides financial aid (e.g. rent, deposits, medical bills), year-round nutrition, intensive case management, and referrals to benefits. Last year SCS helped 8,300 neighbors stay housed and fed, and assisted hundreds of individuals to move from homelessness to housing.</p>
<p>Program Delivery Site(s)</p>	<p>Sunnyvale Community Services</p>
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Initial client assessment and case planning • Case management for three or more months and follow up meetings and assessments • Assistance and advocacy with applications, access to health care, nutrition programs, affordable housing, education, job training, employment, child care, financial education, budgeting and resource referrals • In-home wellness checks as needed • Access to other SCS safety net services (food, financial aid, referrals) services • Access to low-cost monthly bus passes for medical appointments, jobs, and education • Access to financial management and health- and nutrition-related programs and services <p>Full requested amount funds a social work case manager and partial salary of a second caseworker.</p>



Sunnyvale Community Services

<i>Program Title</i>	Comprehensive Safety Net Services
<i>Grant Goal</i>	<p>The Comprehensive Safety Net Services program supports low-income families, seniors, and veterans. This grant aims to prevent and alleviate homelessness, hunger, and food insecurity in our local community. Homelessness and hunger impact the physical and mental wellbeing of individuals and the community so this program prevents food insecurity and the many negative effects of homelessness and eviction. Funding will help medically fragile families and seniors remain housed, and provide supplemental, nutritious food so that low-income families and seniors can be stably sheltered and housed with food on their tables. As part of the Emergency Assistance Network (EAN) in Santa Clara County, SCS shares resources and best practices with dozens of partner agencies.</p>
<i>Community Need</i>	<p>The housing affordability crisis in Silicon Valley and the increasing difficulty that low-income families have in buying food when they have to spend an outsized portion of their income on rent and utilities is impact community members health and wellbeing. The consequences of having insufficient food, or food that doesn't provide proper nutrition, are well documented. The wrong foods can engender or exacerbate chronic diseases such as diabetes and heart disease. Hunger can prevent a child from focusing in school. Less obvious, but increasingly being discussed in the healthcare community, is the link between proper housing and health. Here are a few examples of the agencies and healthcare leaders who are calling for greater attention to stable, safe housing as a vital foundation for health¹. The 2016 "Housing as Health Care" guide from the National Governors Association emphasized the health benefits of stable housing, such as the Housing First model that stabilizes people's living situations before addressing their chronic health issues, addictions, etc². In 2017,³ the Centers for Medicare & Medicaid Services (CMS) released the Health-Related Social Needs Screening Tool. This 10-item questionnaire helps clinicians determine whether patients are subject to any social challenges that may negatively affect their health. The tool includes housing-related questions such as whether the patient has stable housing, working cooking appliances, and uninterrupted utility services. The Enterprise Community Partners report "Health in Housing: Exploring the Intersection Between Housing and Health Care" describes a study in Oregon where costs to healthcare systems decreased after people moved into affordable housing. Primary care visits went up, while emergency department visits went down⁴.</p> <p>As the cost of housing in Silicon Valley soars because of the latest tech boom, many families and seniors have little money left over to buy food. Traditional estimates of food insecurity have resulted in artificially low measures of hunger, because those models have not accounted for the high cost of living in Silicon Valley, especially for housing. Families who have to spend an outsized portion of their income on rent—then more for utilities, transportation, and medical costs—often don't have enough money left to buy sufficient food. No wonder that SHFB's 2017 Food Insecurity Study showed that despite Santa Clara County being one of the wealthiest areas in the country⁶, 27% of its residents are at risk of hunger. The Census Bureau says that 8% of Sunnyvale children and adults and 11% of seniors live at or below 125% of the Federal Poverty Level (FPL), which qualifies them for SNAP (food stamps). HUD's Area Median Income (AMI) benchmarks are a more accurate indicator of financial insecurity in Silicon Valley than the nationwide FPLs. "Low income" is defined as 80% or less of AMI, which in this area is \$85,050 for a three-person household and \$94,450 for a four-person household. Over one-fourth of Sunnyvale families with</p>



	<p>at least three people earn below \$75,000—a statistic that aligns with SHFB’s estimates of local residents who are food insecure⁷.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. A 2018 JAMA Network article titled “Housing as Health” noted, “More professionals and national organizations recognize housing as a key driver and major social determinant of health.” (JAMA. 2018;319(1):12-13. doi:10.1001/jama.2017.20081) 2. https://www.nga.org/center/publications/housing-as-health-care-a-road-map-for-states/ 3. https://innovation.cms.gov/Files/worksheets/ahcm-screeningtool.pdf 4. https://www.enterprisecommunity.org/resources/health-housing-exploring-intersection-between-housing-and-health-care-13360 5. https://www.shfb.org/docs/news/release/20171212_FundingGap.pdf 6. https://factfinder.census.gov 7. https://www.rentjungle.com/average-rent-in-sunnyvale-rent-trends/
<p>Agency Description & Address</p>	<p>725 Kifer Road, Sunnyvale https://svcommunityservices.org/</p> <p>The mission of Sunnyvale Community Services (SCS) is to prevent homelessness and hunger for low-income families and seniors facing temporary crises. SCS is the Emergency Assistance Network (EAN) agency for all Sunnyvale zip codes and San Jose’s Alviso neighborhood, and is funded by the VA to assist homeless veterans in Santa Clara County. As the local safety net agency, SCS addresses basic needs to help families and seniors gain and retain housing with food on the table, utilities turned on. SCS provides financial aid (e.g. rent, deposits, medical bills), year-round nutrition, intensive case management, and referrals to benefits. Last year SCS helped 8,300 neighbors stay housed and fed, and assisted hundreds of individuals to move from homelessness to housing.</p>
<p>Program Delivery Site(s)</p>	<p>Sunnyvale Community Services as well as food pantries at Sunnyvale elementary schools and Columbia Neighborhood Center</p>
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Screening and eligibility for comprehensive emergency assistance (food and financial aid) as well as outreach for CalFresh and MediCal/Medicare. • Financial Aid for medically-related bills. • Purchase of healthy, protein-rich food for families and seniors, and year-round nutritional education, demonstrations, and recipes. • Purchase of grocery script to close the food gap. <p>Full requested amount funds partial salaries for a food/nutrition program coordinator and expenses for medically-related bills and food purchases.</p>



Sunnyvale Community Services

Program Title	Coordinated Services for Homebound Clients
Grant Goal	<p>To provide increased support for fragile seniors and disabled persons who receive home-delivered food from Sunnyvale Community Services (SCS). This program will help these Sunnyvale residents stay in their own homes by connecting them to vital support services. Funds would be used to hire a Homebound Services Coordinator (HSC), a case-worker-level staff member who would both provide direct support and link clients with other SCS and non-SCS programs for additional services. The proposed program, which will be conducted primarily at clients' homes, will have the HSC visit each client to perform a needs assessment, recommend services and referrals as appropriate, monitor clients on an ongoing basis, and work with SCS's Operations Department to strengthen and streamline the Home Food Delivery program.</p>
Community Need	<p>Homebound people face the constant challenge of staying healthy and financially secure enough to keep living independently. Aging in place for as long as possible is now recognized as the preferred situation for older adults. A 2013 article in the U.S. Department of Housing and Urban Development's (HUD) Evidence Matters journal noted¹. The proposed resources and support can make the difference between a senior or disabled person staying in his/her own home or requiring institutionalization, which has multiple consequences for both the individual and the community. The 2016 CHNA also noted the vital roles of economic security and safe, stable housing in individuals' health. The report notes that overall, 23% of Santa Clara County residents are living below the self-sufficiency level. (2016 CHNA, page 40) This aligns with Second Harvest Food Bank's 2017 report that nearly 27% of people in Santa Clara and San Mateo Counties are food insecure².</p> <p>Seniors and homebound disabled people are especially vulnerable to economic insecurity because they are likely to be on fixed incomes. According to the U.S. Census Bureau's 2017 American Community Survey (ACS), while the average household income in Sunnyvale is \$157,775, for senior households it is only \$86,926.⁴ ACS statistics indicate that nearly 9% of Sunnyvale seniors (65+) are living below the federal poverty level (FPL), and another 6% are below 150% of the FPL. However, the FPL is a very conservative measure of economic insecurity; based on the HUD Area Median Income guidelines, a one-person household in this area is considered low income if their annual income is \$66,150 or less, and a two-person household \$75,600 or less. Economic insecurity directly affects health in many ways, including cutting into people's budgets for food and medicines. Therefore, it is imperative to catch financial problems before they become serious enough to jeopardize someone's health. The currently available resources at SCS not only preclude helping these clients receive the support they need, but also prevent SCS from taking nutritious food to more homebound Sunnyvale residents.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. El Camino Hospital 2016 Community Health Needs Assessment (2016 CHNA, page 38). 2. https://www.huduser.gov/portal/periodicals/em/fall13/highlight2.html 3. https://www.shfb.org/docs/news/release/20171212_FundingGap.pdf 4. https://factfinder.census.gov
Agency Description & Address	<p>725 Kifer Road, Sunnyvale https://sunnyvale.ca.gov/community/centers/commcenter.htm</p> <p>The mission of Sunnyvale Community Services (SCS) is to prevent homelessness and hunger for low-income families and seniors facing temporary crises. SCS is the Emergency Assistance</p>

FY20 Healthy Community Proposal Summary

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	<p>Network (EAN) agency for all Sunnyvale zip codes and San Jose’s Alviso neighborhood, and is funded by the VA to assist homeless veterans in Santa Clara County. As the local safety net agency, SCS addresses basic needs to help families and seniors gain and retain housing with food on the table, utilities turned on. SCS provides financial aid (e.g. rent, deposits, and medical bills), year-round nutrition, intensive case management, and referrals to benefits. Last year SCS helped 8,300 neighbors stay housed and fed, and assisted hundreds of individuals to move from homelessness to housing.</p>
<p>Program Delivery Site(s)</p>	<p>In clients homes and at Sunnyvale Community Services</p>
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Initial needs assessment by the Homebound Services Coordinator (possibly in conjunction with another SCS case worker) • Referrals to SCS and outside services as appropriate • Monthly monitoring checks (by telephone or in person) <p>Full requested funds support the salary of the Homebound Services Coordinator.</p>





The Health Trust

Program Title	Meals On Wheels
Grant Goal	<p>Providing adults who are low income, homebound and elderly with valuable health and social services enables them to live independently as healthy, contributing members of their communities. To increase food security and empower older adults to age in place, The Health Trust requests support to partially fund Meals On Wheels services for 60 older adults (age 60+) in Mountain View and Sunnyvale who are very-low income. Program components include hot, home-delivered meals delivered daily (with chilled weekend meals delivered on Friday), Wellness Checks and social visits, and referral resources to expand seniors’ support network. Program impact on client social isolation, food security, and hospital and ER utilization is measured using industry-standard methods, and is regularly evaluated to address performance.</p>
Community Need	<p>Despite being in one of the wealthiest regions in America, significant disparities in wealth - and in health - exist throughout the Cities of Mountain View and Sunnyvale. In these cities, there are nearly 1,200 seniors who are low-income, nutritionally at-risk and have limited mobility^{1,2} (2016 American Community Survey); fewer than 460 are currently receiving food assistance through either The Health Trust Meals On Wheels or the County-sponsored weekly frozen meal delivery program. These senior residents are at significant risk of losing their independence due to poor health. Results from Alley et al. (2009) suggest that increased food insecurity can influence heart disease, cancer, stroke, pulmonary disease, and diabetes. In addition to their physical health needs, seniors who live alone and do not have family or friends nearby are at risk for social isolation and depression. A 2016 study³ published in Psychosomatic Medicine (Teguo, et al.) found that loneliness and living alone were both associated with a higher risk of mortality. For Mountain View and Sunnyvale seniors who cannot afford their basic needs, who are unable to leave their homes to shop or eat, who cannot prepare meals for themselves at home, and who are without a social support network, increased food security through prepared meals home-delivered by a friendly visitor are key to maintaining health and independence. A report from Brown University verifies that, nationally, Meals on Wheels^{4,5} participants who receive daily meals were more likely to report an improvement in their mental and overall health, as well as a reduction in the number of falls. A 2017 follow up to the report reinforces these findings, and suggests that Meals on Wheels clients across the country experience fewer hospitalizations and lower healthcare costs after program enrollment.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml 2. https://ajph.aphapublications.org/doi/10.2105/AJPH.2009.161877 3. https://journals.lww.com/psychosomaticmedicine/Abstract/2016/10000/Feelings_of_Loneliness_and_Living_Alone_as.4.aspx 4. https://www.mealsonwheelsamerica.org/docs/default-source/News-Assets/mtam-full-report---march-2-2015.pdf?sfvrsn=6 5. https://www.mealsonwheelsamerica.org/learn-more/research/more-than-a-meal/medicare-claims-analyses
Agency Description & Address	<p>3180 Newberry Drive, Suite 200, San Jose https://healthtrust.org/</p> <p>The Health Trust is a charitable 501(c)(3) nonprofit operating foundation serving Santa Clara and northern San Benito Counties. Our Mission is to build Health Equity in Silicon Valley, with a vision of a healthier Silicon Valley for everyone – because everyone’s health matters. In the face of growing health disparities in our region, we believe that every resident can and should achieve</p>

FY20 Healthy Community Proposal Summary

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	optimal health throughout their lifetime. The Health Trust combines policy advocacy, direct service, and grant making to support families and individuals who are low income and disenfranchised.
Program Delivery Site(s)	Services will be provided at the homes of Mountain View and Sunnyvale clients supported by funding from ECHD.
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Home-deliver 15,530 meals, including hot meals delivered daily and chilled sandwiches and salads for the weekend • Provide 9,500 Wellness Checks and social visits • Perform intake assessments for new clients as needed • Conduct follow up assessments for new clients, including: 3 month reassessments for hospitalization and emergency room admissions and 6 month reassessments of social isolation and food insecurity • Collect and analyze qualitative data through a semi-annual Client Satisfaction Survey • Provide referrals for additional supportive services, such as MediCal or falls prevention sessions, as needed <p>Full requested funding will support partial staff and cost of meals.</p>





YMCA of Silicon Valley

Program Title	YMCA Summer Camp
Grant Goal	This program aims to promote physical activity and healthier food choices amongst youth and is committed to fostering health and well-being practices in out-of-school time programs, using science-based standards for healthy eating, physical activity, screen time, and social supports for these behaviors including staff, family and youth engagement.
Community Need	<p>The City of Mountain View struggles with one of the highest income disparities in the country, where 30% of all Silicon Valley households do not earn enough money to meet their basic needs and more than 45,000 Silicon Valley children live below the federal poverty line ¹. Youth from low-income families often experience stress that can lead to low self-esteem, low academic performance and higher risk behaviors. Most children—particularly children at high risk of obesity— gain weight more rapidly when they are out of school during summer break. Parents consistently cite summer as the most difficult time to ensure that their children have productive things to do.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://siliconvalleyindicators.org/data/economy/income/poverty-self-sufficiency/percentage-of-households-living-in-poverty-and-below-self-sufficiency-standards/ 2. https://siliconvalleyindicators.org/snapshot/
Agency Description & Address	<p>80 Saratoga Avenue, Santa Clara https://www.ymcasv.org/</p> <p>The YMCA’s mission is to strengthen the community by improving the quality of life and inspiring individuals and families to develop their fullest potential in spirit, mind and body by focusing on three core areas: youth development, healthy living, and social responsibility.</p>
Program Delivery Site(s)	The program will be delivered in Mountain View, CA
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Providing summer camps to low-income youth that focus on physical activity and fitness, healthy meals, healthy lifestyles, water safety, caring adult role models and leadership for youth <p>Full requested funding would support staffing for camp leaders, camper admission fees and program supplies.</p>

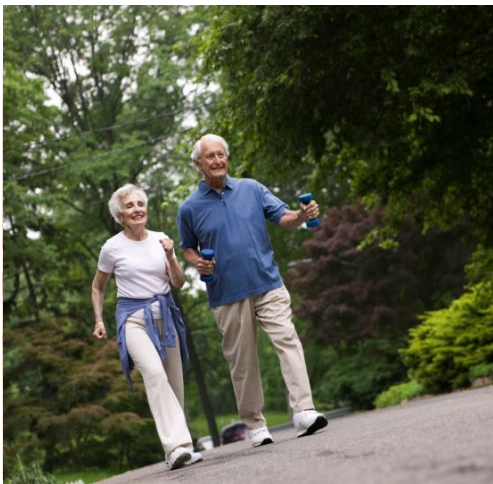




Community Benefit Support Grant Summaries

Fiscal Year 2020

The purpose of the Support Grants Program is to support small- to mid-size nonprofit organizations (with annual operating budgets of less than \$1 million) that provide vital health services to individuals who live, work, or go to school in the District. Grants of up to \$25,000 will be awarded with fewer reporting requirements. Grant funds may be used for programmatic and operational needs.



Dedicated to improving the health and well-being of the people in our community.



5210 Health Awareness Program (Support Grant)

Program Title	5210 Program- Numbers to Live By!
Grant Goal	<p>The 5210 Program is requesting support to offer nutrition lessons and wellness education provided by Health Educators who will support the Program Specialist. Elementary school-aged children, parents, school staff and administration will benefit from the services provided to promote ongoing health and wellness messages. Services include over 140 nutrition lessons during the school year as well as physical activity and lunch tastings and after school programming. 5210 partners with community organizations to provide additional education during the school year. Services help encourage an environment of health for the school communities and education to prevent chronic conditions such as diabetes and obesity.</p>
Community Need	<p>According to the State of Obesity report 2018, 25.1% of adults in California are obese. Children ages 10 - 17 years old have the 20th highest obesity percentage in the nation at 15.6%.¹ In Santa Clara County as of 2015, 34.5% of 5th graders were overweight or obese.² Only 26.6% of the same cohort meets all fitness standards.² In addition, according to health data in 2013, only 36% of adolescents ate 5 or more fruits and vegetables daily.³ Although Santa Clara County strives to reduce overweight and obesity in our children, changes in health are still unseen. The 5210 Program aims to reduce childhood obesity through community-based intervention as well as create environmental change. These evidence-based methods were adopted from the original Let's Go! 5-2-1-0 which began in Portland, Maine in 2008.⁴ Not only do we educate students and their parents in nutrition and health, but we also provide support to their school administration and staff to promote health messages throughout the school year. By reaching multiple avenues within and around the school communities, we can promote a healthy environment. In doing so, students will have an easier time making healthy choices and reduce their risk of obesity.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. Trust for America's Health and the Robert Wood Johnson Foundation. State of Obesity 2018. Washington, D.C.: 2018. 2. http://www.kidsdata.org/topic/310/fitnessstandards/ 3. https://www.sccgov.org/sites/phd/hi/hd/Documents/obesity-reports/obesity.facts.pdf 4. Journal of Pediatric Psychology, Vol 38, Issue 9, 1 October 2013, Pages 1010-1020. Impact of Let's Go! 5-2-1-0: A Community Based, Multisetting Childhood Obesity Prevention Program.
Agency Description & Address	<p>701 E. El Camino Real, Mountain View http://www.pamf.org/ynp/5210/</p> <p>The Palo Alto Medical Foundation for Health Care, Research and Education (PAMF) is a not-for-profit health care organization dedicated to enhancing the health of people in our communities. The purpose of the 5210 program is to increase nutritional awareness and competency among youth within our service area and to create environments that make healthy choices easier for families to practice.</p>
Program Delivery Site(s)	<p>Sunnyvale School District:</p> <ul style="list-style-type: none"> • Bishop Elementary • Cherry Chase Elementary • Columbia Middle School • Cumberland Elementary



FY20 Healthy Body Proposal Summary

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	<ul style="list-style-type: none">• Ellis Elementary• Fairwood Elementary• Lakewood Elementary• Sunnyvale Middle School• San Miguel Elementary• Vargas Elementary• Nimitz Elementary
<p><i>Services Funded By Grant/How Funds Will Be Spent</i></p>	<p>Services include:</p> <ul style="list-style-type: none">• Classroom nutrition and health lessons• Over 6 hours of community outreach including health fairs and presentations• Over 500 students grades K-5 receive nutrition and activity lessons through the 7 after-school sites in Sunnyvale• Four ninety-minute meetings facilitated for the Sunnyvale Collaborative with community partners <p>Funds will support partial instructor salary and program supplies.</p>





Bay Area Women's Sports Initiative (BAWSI) (Support Grant)

Program Title	BAWSI Girls Program in Sunnyvale
Grant Goal	<p>To generate positive attitudes towards rigorous exercise and active play and improve social-emotional behavior and attitudes in elementary aged girls in under-served communities. During weekly after-school sessions in the fall and spring semesters, coaches will engage young girls in fun games that build fitness and motor coordination. Using pedometers to track their steps, girls will race, jump, and hula-hoop through stations of high-energy activities focused on goal setting, body awareness, teamwork, and healthy competition. Coaches will also create opportunities for leadership conversations featuring a word of the week and interweave the program’s overarching themes of respect and responsibility throughout sessions. Staff will teach basic mindfulness techniques to help pave the way for a lifetime of wellness. All BAWSI Girls will be invited to a BAWSI Game Day where they attend a local college women’s sporting event, thus planting the seeds for a future that includes college. The intent is to expose the girls to healthy, active role models competing in rigorous activity, and to receive exposure to a college campus.</p>
Community Need	<p>While it is widely recognized that increased physical activity lowers obesity rates and positively impacts social-emotional wellbeing, studies show that girls are physically less active than boys. The Santa Clara County 2010 Health Profile lists obesity and associated chronic health conditions such as heart disease and diabetes as a major concern, citing a 25% obesity rate among middle school and high school children. Moreover the report finds the highest rates of obesity in low-income adult populations and Hispanic adult populations. The factors contributing to obesity include (among young girls) a sedentary lifestyle that correlates with low incomes, race/ethnicity, and lack of access to recreational opportunities. In a 2015 report, the ¹ Aspen Institute’s Project Play cited girls as having the greatest need for physical literacy interventions. The report shared that across genders, girls are less physically active than boys and that the gender gap emerges by age 9². “Girls of color are more sedentary than their white peers, where African Americans and Asian Americans are most sedentary, with 49.5 percent and 44.1 percent of them, respectively, engaging in physical activity no more than two times a week (followed by Hispanic girls at 41.6 percent and white girls at 37.2 percent).” Research from the ³ Women’s Sports Foundation (WSF) shows that girls who are physically active and/or involved in sports have lower risks of heart disease, type 2 diabetes, higher self-esteem, lower rates of depression, more positive body image, are more likely to graduate from high school, and are less likely to engage in sexually risky behaviors and substance abuse. Further research from WSF indicates that early exposure to sports and physical activity increases the likelihood of continued participation.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://static1.squarespace.com/static/595ea7d6e58c62dce01d1625/t/5a58ff530d9297816e8e6ff8/1515781978376/PhysicalLiteracy_AspenInstitute+%28Full+report%29.pdf 2. https://www.sccgov.org/sites/phd/hi/hd/Documents/Health%20Profile%20Report%202010/scc_health_profile_ex_summary_final_092410.pdf 3. https://www.womenssportsfoundation.org/research/article-and-report/recent-research/her-life-depends-on-it-iii/
Agency Description & Address	<p>1922 The Alameda, Suite 420, San Jose https://bawsi.org/programs/bawsi-girls/ BAWSI mobilizes the women's sports community to engage, inspire and empower the children who need us most. We work with two populations who have the least access to physical activity</p>



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	<p>and organized sports. BAWSI Girls provides free after-school programs in which female athletes inspire low-income girls to get moving, set high expectations for themselves and improve their beliefs, attitudes and behaviors related to physical activity. With a proven track record in Santa Clara County and San Mateo counties, we operate in under-served schools because this is where the socio-economic barriers to girls discovering their full potential are most daunting. Through the connected coaching of female athletes, BAWSI builds physical literacy, defined as the ability, confidence and desire to be physically active for life.</p>
<p>Program Delivery Site(s)</p>	<p>Sunnyvale School District - Bishop Elementary School</p>
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Conducting weekly after school sessions where female collegiate and high school student athletes serve as positive female role models • Providing program staff to oversee volunteer student athletes • Providing supplies, including equipment and participant materials such as t-shirts, journals and pedometers <p>Full requested funding would support staffing and program supplies.</p>





Bay Area Women's Sports Initiative (BAWSI) (Support Grant)

Program Title	BAWSI Rollers in Sunnyvale
Grant Goal	This program provides adaptive physical activities for girls and boys with physical, cognitive, and hearing disabilities. Weekly sessions include activities focused on goal setting, teamwork and healthy competition, as well as self-respect, responsibility and leadership.
Community Need	<p>In the state of California, 34% of children with special needs are overweight ¹or obese, 5% higher than the general population of California children. Lower physical activity levels are a major reason for the higher incidence of obesity. The barriers to participation in sports and physical activity for children with disabilities in Santa Clara County² include access, cost, and transportation. Furthermore, the Santa Clara County Office of Education’s 2015-2016 SARC (School Accountability Report) shows one in four special education students come from low-income families. Reasons for lack of physical activity among disabled children include a lack of access to programs, low motor function that hinders the ability and confidence to participate, and the heavy burden of special needs child-rearing that adds to parents’ time and resource constraints. A 2017 report from the ³ Aspen Institute’s Project Play cites children with disabilities as one of the most under-served groups in the United States for physical literacy interventions.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. http://www.kidsdata.org/topic/489/overweight-obese-special-needs-status/table#fmt=643&loc=1,2&tf=77&ch=172,173 2. https://www.cdc.gov/ncbddd/disabilityandhealth/pdf/aboutdhprogram508.pdf 3. https://static1.squarespace.com/static/595ea7d6e58c62dce01d1625/t/5a58ff530d9297816e8e6ff8/1515781978376/PhysicalLiteracy_AspenInstitute+%28Full+report%29.pdf
Agency Description & Address	<p>1922 The Alameda, Suite 420, San Jose https://bawsi.org/programs/bawsi-rollers/</p> <p>BAWSI mobilizes the women's sports community to engage, inspire and empower the children who need us most. We work with two populations who have the least access to physical activity and organized sports. BAWSI Girls provides free after-school programs in which female athletes inspire low-income girls to get moving, set high expectations for themselves and improve their beliefs, attitudes and behaviors related to physical activity. With a proven track record in Santa Clara County and San Mateo counties, we operate in under-served schools because this is where the socio-economic barriers to girls discovering their full potential are most daunting. Through the connected coaching of female athletes, BAWSI builds physical literacy, defined as the ability, confidence and desire to be physically active for life.</p>
Program Delivery Site(s)	Vargas Elementary School, Sunnyvale School District
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Conducting weekly after school sessions where collegiate and high school student athletes serve as positive role models • Providing program staff to deliver services and oversee student athletes • Providing supplies, including participant materials such as t-shirts <p>Full requested funding would support staffing and program supplies.</p>





Breathe California of the Bay Area (Support Grant)

Program Title	Seniors Breathe Easy
Grant Goal	To provide senior-focused professional health education to residents aged sixty or older. These services will support health and wellness programs at senior centers and other community locations in the El Camino Healthcare District. The project goals are to increase seniors' understanding of health risks; improve access to prevention services; increase the level of safety in seniors' homes; increase access to smoking cessation assistance for seniors, and increase competence/confidence of caregivers serving our seniors.
Community Need	Seniors are a growing population, comprising 11% of the County's population (13% in Mountain View) and expected to double by 2050. Asians have the highest life expectancy, and the geographic area with the highest life expectancy is Mountain View/Los Altos at 86.7%. The senior sector in our communities has serious health literacy needs that are not being met, especially in seniors whose native language is not English. (The Aging Services Collaborative reports that Mountain View has the highest percentage of seniors living in "linguistic isolation" at 40%.) All seniors need up-to-date information on lung disease: how to prevent it, recognize symptoms; get care; avoid scams; maximize relationships with one's physician; comply with complex medication regimens, etc. This program delivers this information in several languages, raising health literacy, as well as offering services such as health screenings and other patient supports at convenient locations seniors already frequent. Transportation is another senior barrier to care.
Agency Description & Address	1469 Park Ave, San Jose https://www.breathebayarea.org Breathe California of the Bay Area (BCBA) is a 108-year-old grassroots, community-based, voluntary 501(c) 3 non-profit that is committed to achieving clean air and healthy lungs. Our Mission: As the local Clean Air and Healthy Lungs Leader, BCBA fights lung disease in all its forms and works with its communities to promote lung health. Our key roles have been to establish tobacco-free communities, achieve healthy air quality, and fight lung diseases such as TB, asthma, influenza, and COPD. We serve over 100,000 individuals per year with programs in the areas of education, public policy initiatives, research, and patient services. Because lung disease impacts minority and poor communities disproportionately, we work to build capacity and end health disparities in these populations.
Program Delivery Site(s)	Senior and community centers in the El Camino Healthcare District, such as: <ul style="list-style-type: none"> • City of Mountain View Senior Center • Villa Siena • MidPen Resident Services in Mountain View and Sunnyvale
Services Funded By Grant/How Funds Will Be Spent	Services include: <ul style="list-style-type: none"> • Health Education Presentations • Health Screenings • Caregiver training for health personnel and families • Home visits for assessment/education of environmental lung health risks and fall prevention. Full requested amount funds partial salaries for a health educator, outreach specialist and program administrator as well as administrative costs.

FY20 Healthy Body Proposal Summary



Columbia Neighborhood Center (Support Grant)

NEW

Program Title	Healthy Habits and Practices: A Fitness and Cooking Program for Low-income Families and Youth
Grant Goal	This grant will help expand the Teen Fitness Challenge program for middle and high school youth and pilot the Family Fitness and Cooking Program aimed to promote fitness activities and healthy cooking classes for Spanish-speaking and low-income families.
Community Need	<p>In 2017, 47.8% of Sunnyvale’s Latino 5th graders were overweight or obese, and 52.6% of Sunnyvale’s Latino 7th graders were overweight or obese. By contrast, 22% of Sunnyvale’s white 5th graders were overweight or obese, and 18.1% of Sunnyvale’s white 7th graders were overweight or obese. Sunnyvale’s Asian American students showed the lowest overweight and obesity rates amongst all racial groups¹. Being overweight and obese increase one’s odds of developing diabetes, heart disease, and certain cancers². Youth that are overweight and obese are far more likely to have poor self-esteem and to become victims of bullying³. The 2014 Packard Foundation study found that Latino children, especially Latino children in primarily Spanish speaking households, experience home environments that can promote children’s health. For example, 80% of Latino children from Spanish speaking homes eat family meals together at least four days a week, and 58% eat meals every day together.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://www.kidsdata.org/region/112/sunnyvale/results#ind=&say=&cat=6,44 2. https://www.niddk.nih.gov/health-information/weight-management/health-risks-overweight 3. https://www.karger.com/Article/Fulltext/338333
Agency Description & Address	<p>785 Morse Ave, Sunnyvale https://sunnyvale.ca.gov/community/centers/neighborhood/default.htm</p> <p>Columbia Neighborhood Center (CNC) supports and empowers youth and families so that the children of the community will develop the life skills necessary to be successful in school and beyond. The Centers’ priorities are to serve: a) at-risk, limited income Sunnyvale youth as defined by their ability to qualify for Free and Reduced-Price School meals and/or the City’s fee waiver program, and b) families in Sunnyvale with limited access to basic services. CNC is a partnership between the Sunnyvale Elementary School District and the City of Sunnyvale.</p>
Program Delivery Site(s)	Services will be provided at agency site.
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Expanding the Teen Fitness Challenge program from a single, four-week session of physical fitness and cooking classes to four multi-week sessions • Engaging youth through social media and one-way texting program • Providing Family Fitness and Cooking pilot program, taught by nutritionist and a personal trainer <p>Full requested funding would support partial personnel and program supplies.</p>





Day Worker Center of Mountain View (Support Grant)

Program Title	Engaging Day Workers in Healthy Living
Grant Goal	To help Latino day workers and their families reduce their risk of being overweight/obese, pre-diabetic, and at high risk for chronic diseases.
Community Need	There are 16,300 Latinos in Mountain View (21 percent of the population). Latino men, women and children have some of the highest rates of overweight/obesity, pre-diabetes and unhealthy food consumption in the U.S. This is the profile of day workers who are also often food insufficient.
Agency Description & Address	113 Escuela Avenue, Mountain View https://www.dayworkercentermv.org/ The agency's three primary goals are to 1) connect day worker men and women with employers in a safe and supportive environment, 2) empower day workers to improve their socio-economic conditions through fair employment, education, and job skills training, and 3) participate in advocacy efforts that support the day labor community.
Program Delivery Site(s)	Program services will be delivered at agency site in Mountain View.
Services Funded By Grant/How Funds Will Be Spent	Services include: <ul style="list-style-type: none"> • Providing and preparing fresh produce and nutritious foods produce and serving nearly 200 healthy meals each week • Conducting training workshops and weekly fitness classes Full requested funding would support partial staffing and fresh fruits, vegetables, and salads.



Hope's Corner (Support Grant)

Program Title	Healthy Food for Hope
Grant Goal	Agency is dedicated to providing nourishing meals in a warm, welcoming atmosphere to people who live in their cars, are homeless, and low-income to address food scarcity in the community.
Community Need	<p>Santa Clara County has the sixth highest income disparity in the country. The region's highest earners ¹make 10.5 times more than its lowest earners. With rising costs of rental apartments it may be difficult for those with low-wage jobs to afford both housing and food. According to the most recent Santa Clara County Homeless Point in Time Census and Survey, the number of homeless people in Mountain View increased from 276 to 416 between 2015 and 2017, an increase of 51% in just two years². At the same time, many who have been able to rent are now being displaced or having to use more of their income to pay higher rents. The Zumper SF Bay Area Metro Report for October 2017 found that rents rose³by 15.6% year-over-year in Mountain View, with a median rent for a one bedroom apartment at \$3,110. Additionally, one in five adults is obese and the proportion is higher in the LGBTQ, Latino, and Black populations. In the 2013 Santa Clara County Homeless Census, two-thirds of homeless individuals reported one or more chronic and/or disabling conditions, including chronic physical illness, physical or mental disabilities, chronic substance abuse and severe mental health conditions.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://www.mercurynews.com/2018/02/15/income-inequality-in-the-bay-area-is-among-nations-highest/ 2. http://www.sanjoseca.gov/DocumentCenter/View/70103 3. https://www.mercurynews.com/2017/10/25/report-bay-area-rents-rising-fastest-in-mountain-view-petaluma-and-walnut-creek/
Agency Description & Address	<p>748 Mercy Street, Mountain View http://www.hopes-corner.org/</p> <p>Hope's Corner is a joint ministry of Trinity United Methodist Church and Los Altos United Methodist Church. The volunteer-run organization provides breakfast and a bag lunch every Saturday at Trinity United Methodist Church at the corner of Hope and Mercy Streets.</p>
Program Delivery Site(s)	Program services will be delivered at agency site in Mountain View.
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Providing individually packaged salads to improve the nutritional quality of meals • Distributing health education materials <p>Full requested funds would support the purchase of nutritious foods and distribution of educational materials on healthy eating.</p>





Eating Disorders Resource Center (Support Grant)

Program Title	Getting Connected and Support Toward Recovery
Grant Goal	This program will provide and improve upon current support groups, raise awareness on availability of support groups and services, and respond to calls, in person visits, and emails from individuals, family members, and community members to help connect them with resources, information about treatment, and support toward recovery.
Community Need	<p>At least 30 million women and one million men in the United States suffer from an eating disorder¹. According to the Public Health Service’s Office in Women’s Health, the third most common chronic illness among adolescents nationwide is anorexia.² Eating disorders are almost always comorbid with other diagnostic disorders like anxiety, Obsessive Compulsive Disorder, and bipolar disorder. They are the deadliest of all mental illnesses, with at least one person dying every 62 minutes as a direct result from an eating disorder¹. Early detection, intervention and treatment are essential for successful treatment and full recovery. A recent survey conducted by Project Cornerstone and the Santa Clara County Office of Education found that among 43,000 youth from 180 schools in our county, 16% reported engaging in eating disorder behaviors - including restricting, bingeing, and purging. Of the 14 risk factors studied, eating disorders were the third highest reported, after only alcohol use at 17% and depression at 19%.³</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://anad.org/education-and-awareness/about-eating-disorders/eating-disorders-statistics/ 2. https://www.bulimia.com/topics/young-people/ 3. https://www.ymcasv.org/projectcornerstone/html/SCC_HighSchool_Report_2017.pdf
Agency Description & Address	<p>15891 Los Gatos Almaden Road, Los Gatos</p> <p>EDRC is the only nonprofit in Santa Clara County addressing the need for education and awareness about eating disorders. The agency provides assistance to clients through monthly support groups and phone/email resource assistance.</p>
Program Delivery Site(s)	Services will be provided to community members who live, work or go to school in the District’s boundaries.
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Providing program staff to coordinate and conduct ongoing support groups for eating disorder sufferers and their families • Raising awareness of support groups through education of healthcare professionals, school staff, and the community <p>Full requested funding would support partial staffing of a Program Manager and Administrative Assistant.</p>



Matter of Balance (Support Grant)

Program Title	Matter of Balance Classes
Grant Goal	This evidence-based program reduces the fear of falling and other risk factors that contribute to falls through a series of educational and movement classes for older adults who are at risk for falling or who have a fear of falling.
Community Need	A report to Congress by the Office of Medicaid and Medicare stated that those who enrolled in a Matter of Balance program showed a reduction in medical costs by \$938 per participant. One in four older adults fall each year and 1 in 5 falls cause serious injury requiring medical attention such as broken bones or a head injury. Older adults who fall are two to three times more likely to fall again. The Center for Disease Control estimates medical costs for fall-related injuries nationally to be an estimated \$31 billion. With the aging population, National Council on Aging reports the financial toll is expected to reach \$67.7 billion by 2020. Annual cost of falls in Santa Clara County, including ED visits, hospitalizations and deaths is estimated to be \$265 million/year. In 2014, 2,981 older adults were hospitalized in Santa Clara County after a fall and 8,432 older Santa Clara County residents were seen in emergency departments. A study published in 1999 from Sydney Australia (Cumming, et al) showed that home visits by an occupational therapist looking at home safety, medication and behavior change reduced falls by one third.
Agency Description & Address	300 Pasteur Drive, MC 5898, Stanford The Trauma Center at Stanford Health Care provides specialized care to over 2,500 patients every year. The Trauma Center is a verified Level 1 Trauma Center for both adults and children.
Program Delivery Site(s)	The program will be delivered at: <ul style="list-style-type: none"> • Sunnyvale Senior Center, Sunnyvale • Columbia Neighborhood Center, Sunnyvale • Mountain View Senior Center, Mountain View • El Camino YMCA , Mountain View • Community Services Agency, Mountain View • Cupertino Senior Center, Cupertino
Services Funded By Grant/How Funds Will Be Spent	Services include: <ul style="list-style-type: none"> • Conducting eight evidence-based Matter of Balance classes at various senior centers and sites for older adults at-risk for falls Full requesting funding would support staffing for an Occupational Therapist and a health professional to deliver the classes and program supplies.



Mountain View Police Department Youth Services Unit (Support Grant)

Program Title	Dreams and Futures Summer Camps
Grant Goal	This program will provide a safe and educational environment for at-risk youth living in the Mountain View community by offering a summer enrichment program for at-risk youth.
Community Need	Student participants often come from homes where there is food insufficiency and do not often eat nutrient dense foods, leading to a risk of obesity and pre-diabetes in youth. These youth are exposed to daily stressors because of the financial strains on their families, with resulting anxiety and depression. Summer is a time when they fall behind in academic achievement and are exposed to the dangers of gangs and youth violence.
Agency Description & Address	1000 Villa Street, Mountain View https://www.mountainview.gov/depts/police/youth/dreams.asp The Mountain View Police Youth Services Division sponsors the Dreams and Futures Summer Program. The Dreams and Futures Program was created as a gang prevention program. The program services kids within the community and promotes healthy nutrition, physical activity, and healthy minds through various educational blocks of instruction. The Dreams and Future program promotes education to prevent summer learning loss and promotes positive interactions between police and youth as well as other community partners.
Program Delivery Site(s)	The program services will provided to youth in the Mountain View Whisman School District.
Services Funded By Grant/How Funds Will Be Spent	Services include: <ul style="list-style-type: none"> • Providing two-week summer sessions to serve at-risk youth from 4th to 8th grade • Providing nutritious breakfast and lunch meals, field trips, physical activity sessions, conduct presentations on various topics Full requested funding would support partial staffing for High School and Community College Leaders and program supplies.

Financial Summary

Total Board Approved Grant Funding: \$7,399,739

Sponsorship funding: \$200,000

Placeholder: \$200,000

Total: \$7,799,739

Conclusion

El Camino Hospital's CHNA identified health needs based on community input, secondary data and other qualitative thresholds. The nine health needs mapped to three priority areas overlap with one another, in that community members having one of these health needs are likely to face challenges in another. El Camino Healthcare's Community Benefit grant portfolio encompasses programs addressing the needs in and across each of the three health priority areas for community members who live, work or go to school in the District's boundaries.

The grants proposed in this plan have been carefully assessed based on their ability to impact at least one of the three priority areas. The Board of Directors' approval of this Community Benefit Plan will allow El Camino Healthcare District to continue responding to the most pressing needs faced by vulnerable residents in our community.

The premise — and the promise — of community benefit investments is the chance to extend the reach of hospital resources beyond the patient community, and address the suffering of underserved, at-risk community members. These annual community grants provide direct and preventive services throughout the service area.

Community Benefit support addresses gaps by funding critical, innovative services that would otherwise not likely be supported. The Community Benefit Plan aims to improve the health and wellness of the entire community, far beyond hospital walls.