



**AGENDA  
STRATEGIC PLANNING COMMITTEE**


**Wednesday, October 20, 2021 at 5:00 P.M.**

In accordance with the current State of Emergency and the Governor's Executive Order N-25-20, of March 12, 2020 and N-33-20 of March 19, 2020, teleconferencing will be used for this meeting. Board members, staff and members of the public will be able to participate by webinar by using the following link: <https://us02web.zoom.us/j/89674799373> Meeting ID: **896 7479 9373**. Participants will need to download the Zoom app on their mobile device. Members of the public will also be able to participate by telephone using the following dial in information: **Dial in #: (310) 372-7549, Passcode 660448**.

Committee Members: Jennifer Jeffries, Chair and Howard Salmon, Co-chair  
Staff: CEO Rachel Mason, Executive Assistant Linda Bannerman, Wellness Center Administrator Theresa Geracitano, Administrative Officer Judith Oswald

1. Call to Order/Roll Call
2. Public Comments
3. Discussion Items
  - a. CHC-Grant Process and Timeline
  - b. Fallbrook Diabetes Prevention Program – “Diabetes Free Zone”
  - c. Mental health services, support at the Community Health and Wellness Center
4. Board Member Comments and Future Agenda Items
5. Adjournment

I certify that on October 19, 2021, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of Fallbrook Regional Health District, said time being at least 24 hours in advance of the meeting. The American with Disabilities Act provides that no qualified individual with a disability shall be excluded from participation in or denied the benefits of District business. If you need assistance to participate in this meeting, please contact the District office 24 hours prior to the meeting at 760-731-9187.

  
Board Secretary/Clerk

# Community Health Contract Grant Application

For Fiscal Year 2022-2023

**Welcome Page (Bolded Text indicate sections)**

## **Eligibility Check**

Tax Exempt Status – *Conditional Logic pushes to follow up Q*

- Yes What is your EIN/Tax Exempt 501(c)3 designation ID#?
- No Please contact District staff to determine eligibility.

Service Area

Will no less than 80% of the program recipients live within the communities of Fallbrook, Rainbow, Bonsall or De Luz? –

*Conditional Logic pushes to follow up Q*

- Yes proceed to Organizational Information
- No Ineligible - Contact the District

Collaborative/Joint Application - *Conditional Logic pushes to follow up Q*

- Yes proceed to Collaborative Organization Name
- No proceed to Organization Information

## **Organization Information**

Organization Name & Year founded

Contact Information

Organization Mailing Address

Organization Physical Address

Board of Directors – *upload only*

Financial Documents (audit) - *upload only*

Financial Documents (P&L, BS) - *upload only*

Financial Documents (990) - *upload only*

Organization's Mission Statement – *150 word max*

Organization's Vision Statement – *150 word max*

Organization History & Accomplishments within the last 5 years – *250 word max*

**Program Information - This section will ask you to describe the program or service intervention for which you are seeking funding support.**

Is this a new initiative or established program?

Program Name/Title

FRHD Funding History: Was this program funded in the 2021.2022 CHC Grant cycle?

How much funding was received for this program in the previous 2021.2022 CHC Grant cycle?

Funding Amount Being Requested

Program Information – Type - *Conditional Logic pushes to follow up Q*

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- Time Bound – proceed to Time Bound Program Dates
- Ongoing – proceed to Target Population - Age

Target Population – Age

Target Population not collected – Age *(If you indicated that you do not collect data on the above question, please provide a rationale as to why that information is not sought. Write NA if this question does not apply to your organization)*

Target Population – Gender

\*Target Population – Gender *(If you indicated that you do not collect data on the above question, please provide a rationale as to why that information is not sought. Write NA if this question does not apply to your organization)*

Target Population - Income Level

\*Target Population - Income Level *(If you indicated that you do not collect data on the above question, please provide a rationale as to why that information is not sought. Write NA if this question does not apply to your organization)*

Projected number of residents that will directly benefit (participant/client) from this program.

Organization Collaborations - *Active collaboration is demonstrated by specific ongoing actions that benefit two or more organizations. Explain how this collaboration provides support for this program or service. These collaborations may be already established or initiated within the grant cycle. Applications with established or planned collaborations will receive greater consideration - 200 word max*

**Social Determinants of Health (SDOH) - The Fallbrook Regional Health District has identified several Social Determinants of Health that demonstrate a significant impact on the long-term health and well-being of our community. The following questions address how your program and/or services address these concerns.**

Program/Services Description - Social Determinants of Health

- Economic Stability (Employment, Food Insecurity, Housing Instability, Poverty)
- Education Access & Quality (Early Childhood Education and Development, Enrollment in Higher Education, High School Graduation, Language and Literacy)
- Social & Community Context (Civic Participation, Discrimination, Incarceration, Social Cohesion)
- Healthcare Access & Quality (Access to Health Care, Access to Primary Care, Health Literacy)
- Neighborhood & Built Environment (Access to Foods that Support Healthy Eating Patterns, Crime and Violence, Environmental Conditions, Quality of Housing)

Statement of Need - *Discuss the need for the proposed program or service within the District. The need you address must clearly relate to your organization's mission and purpose. It should focus on the people you serve, not your organization's needs, and it should be well supported by evidence such as statistics, and trends within your service sector. Identify which social determinants of health are addressed within this need. Include qualitative and quantitative data that support your argument as well as relevant statistics and research. You may use the link option to point to pertinent online resources. - 250 word max*

How are others addressing this need in the community - *What other organizations within the community offer similar programs/services that address this need? Explain why your organization's provision of this program/service is different from or compliments offerings from other providers. - 150 word max*

Program/Services Description: *Concisely outline how recipients enter the program. How are participants enrolled or connected to the program? Briefly describe how recipients come to learn about your program. What follow up, if any, is*

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*provided to the participant post intervention/service? If no follow up services are offered, explain how the impact of the intervention is determined. - 250 word max*

*Program Goal - What is the goal for this program or services? Be clear in defining how the goal relates to how the program addresses the need. - 100 word max*

*Program Objectives - Please describe the objectives of how this program's activities will meet the goal as described above. Please outline each objective in its own text box below. Your objectives should follow the SMART outline: Specific - provides the "who" and "what" of program activities. Measurable - "how much" change is expected, this should quantify the amount of change expected. Achievable – what is or should be attainable within a given time frame and with available program resources. Realistic - most useful when it accurately addresses the scope of the problem and programmatic steps that can be implemented. Time-phased - provide a time frame indicating when the objective will be measured or a time by which the objective will be met. \*a separate text box opens for each objective with a limited word count.*

*Program Outcomes/Measurables – Provide the measured data of the success of the program's interventions or services for each objective. Be sure you define the measurable activities and/or outcomes the program generates for each objective stated above. This is the quantitative information will you be gathering and reporting as it relates to the impact of your program's activities and services. - 250 word max*

## **Anticipated Acknowledgment**

*Anticipated Acknowledgment - Please select the methods by which the Organization will acknowledge the District's investment of funding.*

- Social Media Postings
- Signage at Service Sites
- Print Materials to Service Recipients
- Website Display
- Other

*Anticipated Acknowledgment - Please explain how the District's name or logo will be promoted. If social media is selected, please identify which platforms your organization utilizes. You will be asked to provide an example in each of the quarterly reports – 100 word max*

## **Financial Reporting & Budget**

*Funding History - Have grant funds awarded to your organization ever been withdrawn, reduced or discontinued? Conditional Logic pushes to follow up Q*

- Yes proceed to Funding History - withdrawn, reduced or discontinued explained
- No proceed to Funding History

*Funding History - List other grant funders that have been approached by your organization for this program in the past year, do not include FRHD. Include Name, Date, Amount Requested, Awarded, Declined or Pending - upload only*

*Program Budget - Please upload the Program Budget and Narrative file. Use the District provided spreadsheet which can be found here <https://www.fallbrookhealth.org/community-health-contract-grants>. - upload only*