

**AGENDA**  
**STRATEGIC PLANNING COMMITTEE**

**Wednesday, March 18, 2020 at 5:00 P.M.**  
**Community Room, 138 S. Brandon Rd., Fallbrook CA 92028**

In accordance with the current State of Emergency and the Governor's Executive Order N-25-20, of March 12, 2020, teleconferencing may be used by directors and appropriate staff members during this meeting. In lieu of attending the meeting in person, members of the public are **strongly** encouraged to participate by webinar by using the following link: <https://zoom.us/j/553408976>. 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) 372-7548 Passcode 660448**


Committee Members: Howard Salmon, Chair and Jennifer Jeffries, Co-chair

Executive Director: Rachel Mason

Staff Members: Linda Bannerman, Pam Knox and Mireya Banuelos

1. Call to Order/Roll Call
2. Public Comments
3. Discussion Items
  - a. Review Community Health Contract Grant Scoring Guide
  - b. Consideration of CHC Grant Budget
  - c. Consideration of Extending CHC Grant Deadline Due to COVID-19 Related Staffing Challenges Among Potential Applicants.
  - d. Status/Update on COVID-19 Situation
4. Board Member Comments and Future Agenda Items
5. Adjournment

I certify that on March 17, 2020, 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

**2020-2021 COMMUNITY HEALTH CONTRACT (CHC) GRANT APPLICATION – SCORING GUIDE**

**PROGRAM NAME:** \_\_\_\_\_

**Agency Capability – How well does the applicant present the nature and general service offerings of the agency. Does the applicant work with other providers to support a network of care within the community.**

1. Briefly describe your organization’s history and accomplishments.
2. What are the current activities and/or programs offered by your organization?
3. List and describe current collaborations with other organizations that enhance your ability to provide services through this program.

**SCORE:** \_\_\_\_\_

**1 = LOWEST SCORE TO 5 = HIGHEST SCORE**

*5 Point maximum*

**ADDITIONAL COMMENTS**

**Program Information – How well does this program serve the breadth or scope of the community.**

1. Target Population: List the percentages of your program participants’ ages - *\*Percentages must add up to 100%*
  - Children (infants to 12) \_\_\_\_\_
  - Young adults (13-18) \_\_\_\_\_
  - Adults (18-60) \_\_\_\_\_
  - Seniors (60+) \_\_\_\_\_
2. Gender: List the percentages of your program participants’ gender identification - *\*Percentages must add up to 100%:*
  - Female \_\_\_\_\_
  - Males \_\_\_\_\_
  - Non-binary \_\_\_\_\_
  - Unknown \_\_\_\_\_
3. Select the income limit category of your target population - *2019 HUD – AMI Income limits (4 person family).*
  - Extremely Low-Income Limits, ceiling of \$32,100
  - Very Low (50%) Income Limits, ceiling of \$53,500
  - Low (80%) Income Limits- ceiling of \$85,600
  - Higher Than Listed Limits
  - We do not collect this data
4. Projected number of residents that will directly benefit (participant/client) from this program \_\_\_\_\_.
5. Projected numbers of residents that will indirectly benefit ( # of those benefiting from the participant receiving the service) from this program: \_\_\_\_\_.

**SCORE:** \_\_\_\_\_

**1 = LOWEST SCORE TO 5 = HIGHEST SCORE**

*5 Point maximum*

**ADDITIONAL COMMENTS**

**Statement of Problem/Needs Assessment - How well does the applicant make the case that this service is needed? Is their case logical and fit the needs within the District? Is this service duplicative, collaborative or otherwise being done by others in the District?**

1. Discuss the need for the proposed program or service within the District. *The need you address must clearly relate to your nonprofit'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. Include qualitative and quantitative data that support your argument as well as relevant statistics and research.*
2. Reference your supporting data below. *If you use open source information from the Internet, be sure the websites you reference are reputable and that the links are current.*
3. What other organizations within the community offer similar programs/services that address this need?

**SCORE:**

**1 = LOWEST SCORE TO 10 = HIGHEST SCORE**

\_\_\_\_\_ *10 Point maximum*

**ADDITIONAL COMMENTS**

**The Fallbrook Regional Health District has identified several health disparities that effect the long term health and well being of our community. The following questions address how your program addresses these concerns.**

**Program/Services Description – Is it easy to understand how this program works, how it fits into the category selected. Does the applicant explain how the services are provided? Points are mainly for the program process description and whether or not it is in alignment with the selected category and health disparities.**

1. Which one of the following categories best describes the primary goal and objectives of your program?
  - Prevention/Education: Supplies/training of health practices or to prevent/control of disease/injury.
  - Treatment: Direct provision of care in medical, dental, vision, or behavioral health.
  - Ancillary: Services that support our mission to promote health for the people of the District.
2. Which of the following health disparities does the program address – *only select those with a direct impact:*
  - Cardiovascular health (e.g., High Cholesterol, Hypertension)
  - Nutrition & Access to Food (e.g., Meal programs, Food Bank, Healthy Eating, Obesity, Type 2 Diabetes)
  - Behavioral & Mental Health (e.g., Anxiety, Depression, Substance Use, )
  - Vision
  - Dental
  - Youth Services (non-school based)
  - Youth Services (school based)
  - General Fitness



- Senior Services (e.g., Aging in place, Dementia, Transportation)
  - Medical Services (e.g., Maternal/Child, Podiatry)
3. Describe how the program provides the service. Concisely outline how recipients enter the program, describe what interventions or services they receive, and what follow up, if any, they have post intervention.

**SCORE:** \_\_\_\_\_

**1 = LOWEST SCORE TO 20 = HIGHEST SCORE**

*20 Point maximum*

**ADDITIONAL COMMENTS**

**Program/Services Description – How well does the goal(s) match the program works and how it is expected to address the health disparity. Are the Objectives clear and fit the Goal? Does the measurement and or description of success sound reasonable and achievable?**

1. What is/are the program goal(s) and what are the objectives for each goal.  
*Be clear in defining how the goals and objectives relate to how the program addresses the need. Keep in mind that your objectives should be Specific, Measurable, Achievable, Realistic, and Time-Bound.*
2. Explain how you measure the success of the program’s interventions or services for each objective. Define the measurable activities and outcomes the program generates for each objective stated above. *You will be required to report quarterly to each of these objectives listed.*

**SCORE:** \_\_\_\_\_

**1 = LOWEST SCORE TO 40 = HIGHEST SCORE**

*40 Point maximum*

**ADDITIONAL COMMENTS**

**Anticipated Acknowledgment – Does the applicant have a plan that recognizes the scale of impact FRHD’s grant investment?**

1. Please list how the Fallbrook Regional Health District’s investment in this program will be acknowledged. This includes all print and electronic materials, press releases, website references, and any other form of written and verbal publicity that relates to the funded program. Acknowledgments should consider the following elements - an official sponsor line, as well as the FRHD logo.

**SCORE:** \_\_\_\_\_

**1 = LOWEST SCORE TO 5 = HIGHEST SCORE**

*5 Point maximum*

**ADDITIONAL COMMENTS**

**Financial Reporting & Budget – Does the applicant have a well rounded financial history and or plan for the continuation of this service if FRHD funds were not available?**

1. Please list other grant funders that have been approached by your organization in the past 3 years, including FRHD. *Include Name, Date, Amount Requested, Declined or Pending.*
2. Please list the fund raising events conducted by yourself or other organization(s) where proceeds have been designated to your organization as beneficiary of funds raised. *Include Name, Date, Amount*
3. Describe what other funding sources will be used to support this program; include fees for services contracts or other revenue sources?
4. Describe your plan for maintenance/continuation of the proposed program beyond the 2020-2021 fiscal year.

**SCORE:** \_\_\_\_\_

**1 = LOWEST SCORE TO 5 = HIGHEST SCORE**

*5 Point maximum*

**ADDITIONAL COMMENTS**

**Budget – Is the budget reasonable? How well has the applicant allocated resources for this service. Based on the expected number of residents to be served, is the return on investment acceptable?**

*Staff will calculate the following to assist your decision making*

1. What is the ROI: (total program cost divided by number of those served Directly):	
2. FRHD impact: (% amount being asked from FRHD):	

**SCORE:** \_\_\_\_\_

**1 = LOWEST SCORE TO 10 = HIGHEST SCORE**

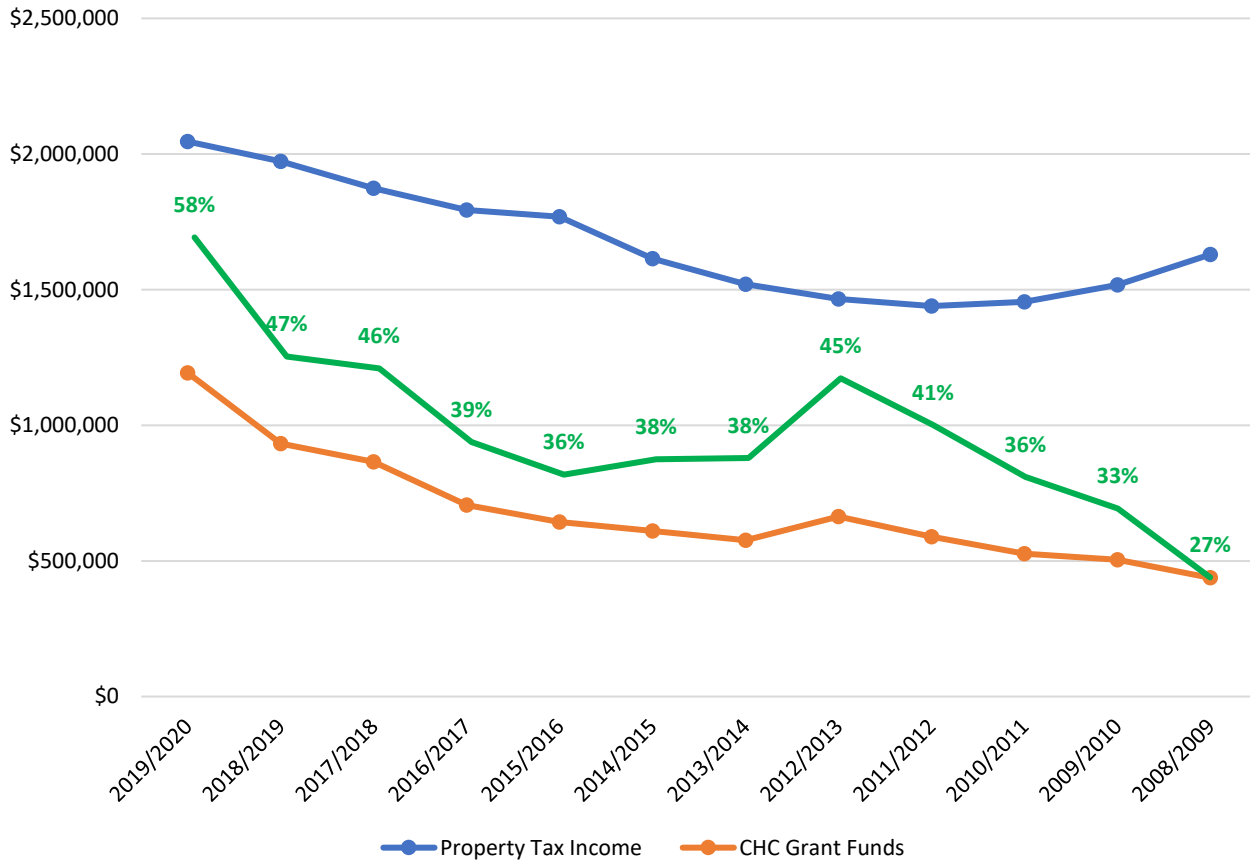
*10 Point maximum*

**ADDITIONAL COMMENTS**

## Property Tax Income by CHC Grant Amounts

<u>Fiscal Year</u>	<u>Property Tax Income</u>	<u>CHC Grant Funds</u>	<u>%</u>	
2020/2021	\$2,086,920	\$1,043,460	50%	*
2019/2020	\$2,046,000	\$1,193,243	58%	
2018/2019	\$1,972,693	\$932,916	47%	
2017/2018	\$1,874,033	\$865,712	46%	<b>2008-2019 average</b>
2016/2017	\$1,793,446	\$706,186	39%	<b>40%</b>
2015/2016	\$1,768,541	\$643,231	36%	<i>2009-2019 average</i>
2014/2015	\$1,614,120	\$610,000	38%	<i>42%</i>
2013/2014	\$1,520,211	\$576,153	38%	
2012/2013	\$1,465,253	\$663,559	45%	
2011/2012	\$1,439,546	\$589,450	41%	
2010/2011	\$1,455,313	\$526,181	36%	
2009/2010	\$1,517,984	\$504,285	33%	
2008/2009	\$1,630,104	\$437,648	27%	

% PT Income to CHC Grants



\*estimate: assumes 2% PT Income growth