El Camino Hospital®
THE HOSPITAL OF SILICON VALLEY

FISCAL YEAR 2020

Community Benefit Plan & Implementation Strategy

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Introduction

ABOUT EL CAMINO HOSPITAL

El Camino Health includes two nonprofit acute care hospitals in Los Gatos and Mountain View and urgent care, multi-specialty care and primary care locations across Santa Clara County. Hospital key medical specialties include cancer, heart and vascular, lifestyle medicine, men's health, mental health and addictions, lung, mother-baby, orthopedic and spine, stroke and urology. Affiliated partners include Silicon Valley Medical Development, El Camino Health Foundation and Concern. Mission

MISSION

It is the mission of El Camino Hospital to be an innovative, publicly accountable and locally controlled comprehensive healthcare organization that cares for the sick, relieves suffering, and provides quality, cost-competitive services to improve the health and well-being of the community.

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 Hospital 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.

- 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: 61

Programs new to Community Benefit: 12

Grant Proposals Recommended for Funding: 44

Total Board Approved Grant Funding: $3,399,948

Total Board Approved Plan (including Placeholder and Sponsorships): $3,699,948

Acknowledgement

El Camino Hospital 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-authorized[1] 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.

[1] The 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 ancestry[2] 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

- Increase access to health services, screenings and health-related social service navigation for youth and their families, including dental and vision screenings through staffing of school nurses and health liaisons
- Increase youth health through physical activity programs, nutrition education, food security and healthy living initiatives
- Increase access to medical and oral health services and related resources such as a medical home, affordable or free medications, culturally relevant and health-related social services for vulnerable community members (homeless, at-risk, low-income, uninsured)
- Address diabetes and obesity epidemics through prevention, disease management and intervention for adults and youth
- Provide systemic support to safety net clinics for primary care, preventive services and chronic disease prevention and management

FY20 Healthy Body Proposal Summary

5-2-1-0 Program

Program Title	5210 Program- Numbers to Live By
Grant Goal	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 administrators will benefit from the services provided to promote ongoing health and wellness messages. Services include nutrition lessons per year, as well as physical activity contests during and after school, lunch tastings of fruits and vegetables, and parenting classes. 5210 partners with community organizations to provide additional education during the summer and educational presentations to staff and administrators throughout the school year. Services help encourage an environment of health for the school communities and education to prevent chronic diseases such as diabetes and obesity.
Community Need	According to the State of Obesity report 2018, 25.1% of adults in California are obese.[1] 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 met all fitness standards.[2] In addition, according to health data in 2013, only 36% of adolescents ate 5 or more servings of fruits and vegetables daily.[3] Although Santa Clara 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 changes. 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 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. Sources: 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	701 E. El Camino Real, Health Resource Ctr, 3rd flr, Mountain View http://www.pamf.org/ynp/5210/ 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.
Program Delivery Site(s)	Campbell Union School District: • Almaden Elementary • Blackford Elementary • Capri Elementary • Castlemont Elementary • De Vargas Elementary • Eisenhower Elementary • Forest Hill Elementary

	• Grant Elementary • Horace Mann Elementary • Lynhaven Elementary • Marshall Lane Elementary • Monroe Middle School • Rolling Hills Middle School • Rosemary Elementary • Sedgwick Elementary • Sherman Oaks Elementary
Services Funded By Grant/How Funds Will Be Spent	Services include: • 135 minutes of teaching per student per school year • About 6000 students reached per school year • Four ninety-minute parenting classes presented per school site at participating schools • Programming adopted by 27 schools within the Healthcare and Hospital Districts Funds will support partial instructor salary and program supplies.

FY20 Healthy Body Proposal Summary

African American Community Services Agency (AACSA) NEW

Program Title	Family Health Services
Grant Goal	To support the Family Health Services (FHS) program to benefit the health of low-income, disenfranchised, ethnically diverse children and parents children and parents who reside primarily in San Jose. Through outreach, preventative health screenings, workshops, and other services, the FHS aims to address the disproportionately poor health outcomes experienced by African Americans and other minority communities in the region.
Community Need	Santa Clara County (SCC) has the highest median household income in the nation at $93,854, yet it also has some of the widest income gaps in the country. While only 4% of Asian and White children live at or below the Federal Poverty Level, 17% of African American and 16% of Latino children do. 15% of African American and 21% Latino students left school without graduating compared to 5% of white students and 3% of Asian students.[1] San Jose is one of the most diverse cities in the country; per the 2014 U.S. Census, the White alone population comprised 27% of its population, the Asian population was 34%, and the Latino population was 32%. And yet the black population, which peaked in the 1990s at 4.7%, has dropped to 3.1%, or about 30,300 people. Though a smaller population than other cities, racism and discrimination continue to be a pervasive source of stress and anxiety that directly impacts the mental and physical health of African Americans in San Jose and Santa Clara County, resulting in an over-representation in the criminal justice, foster care, and special education systems.[2] Across several measures, African American and Latino youth in the county fare worse than their White and Asian peers.[3] Local minorities are also more likely to live in high-density neighborhoods, characterized by gang activity, blight, and lack of resources. Moreover, local African American and Hispanic children are not getting the kind of cultural accommodations they need to keep up with their peers, nor are they getting the support they need to stay in school and go on to college. These cumulative risk factors are greatest for families living in neighborhoods served by the AACSA FRC, which are also home to the highest concentration of children under the age of six and schools with the lowest Academic Performance Index scores in SCC.[4] Parents struggle to gain access to the educational and health services they need to stay healthy themselves, and in turn, to help their children thrive. Without assistance, children and their families with cumulative risks would not be able to benefit from a comprehensive, integrated, and culturally-sensitive approach to improving the health and well-being of the entire family, including physical, developmental, and behavioral health services as needed. Children do not develop in isolation, but rather within a set of social systems that are interconnected, dynamic, and have both an individual and collective impact on their healthy development. All of these social systems need to be working together to ensure that children achieve optimal physical health and acquire age, and developmentally appropriate cognitive, social, emotional, and behavioral skills. Children who are exposed to multiple risk factors in any of these social systems are more likely to have poor developmental outcomes. Therefore, by providing a suite of services seeking to improve the health and wellbeing of all family members, children have an increased capacity to overcome the potentially harmful effects of adversity, thereby increasing their chances of succeeding in school and life.[4] Sources: 1. http://www.kidsincommon.org/storage/3283/Data-Book-2017.pdf 2. https://www.sccgov.org/sites/opa/nr/Documents/AFRICAN%20ANCESTRY%20REPORT.pdf 3. http://www.summermatters.net/wp-content/uploads/2016/09/Cost-of-Summer-Report-Print.pdf 4. http://first5kids.org/wp-content/uploads/2018/07/f5_strategic_plan_2018_2023.pdf

FY20 Healthy Body Proposal Summary

Agency Description & Address	304 N 6th Street, San Jose http://www.sjaacsa.com/ Founded in 1978, the African-American Community Services Agency (AACSA) serves and advocates for communities of color in downtown San Jose, including Latinos and other non-English speaking populations, while focusing on the often-overlooked African American population. For these groups, who have the highest rates of poverty and unemployment, AACSA provides a safe space where all are welcome. Its programs for youth and families have sought to reverse the pervasive impacts of racism by providing educational, cultural, social, and recreational programs and services to ethnically diverse low-income children, families and seniors. In 2018, AACSA became a First Five Family Resource Center (FRC), serving as a neighborhood hub that will ensure children are kindergarten-ready, with strong family relationships, and connections to schools and community.
Program Delivery Site(s)	At agency site and at community events
Services Funded By Grant/How Funds Will Be Spent	Family Health Services include: • Coordinate and promote on-site vision, dental and physical health screenings • Individual, behavioral and child development screening sessions/intake • Family referrals to appropriate community services and programs • Parenting workshop series (Triple P, Abriendo Puertas, SEEDS of Early Literacy, 24/7 Dads, BabyCare, Moms and Dads workshops) • Healthy Soul Food Cooking Classes • Exercise classes and health workshops Full requested amount funds partial salaries of Family Resource Center manager, two community workers, class instructors, other staff and some administrative costs.

FY20 Healthy Body Proposal Summary

Bay Area Women's Sports Initiative (BAWSI)

Program Title	BAWSI Girls Program in Campbell
Grant Goal	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.
Community Need	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 Aspen Institute's Project Play cited girls as having the greatest need for physical literacy interventions. [1] The report shared that across genders, girls are less physically active than boys and that the gender gap emerges by age 9. [2] "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 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. [3] Sources: 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	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 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.
Program Delivery Site(s)	Rosemary Elementary, Campbell Union School District
Services Funded By Grant/How Funds Will Be Spent	Services include: • 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 Full requested funding would support staffing and program supplies.

Better Health Pharmacy

Program Title	Better Health Pharmacy
Grant Goal	This grant will continue to supplement the current inventory by purchasing most commonly prescribed low cost medication inventory and expand to include a part-time pharmacy clerk.
Community Need	Santa Clara County has about 1.8 million residents. Many Santa Clara County residents, however, do not fill their prescriptions because they cannot afford the high out-of-pocket cost of medications or high copay, even when insured. The data below is from the Santa Clara County Public Health Department, 2013-2014 Behavioral Risk Factor Survey[1] and the 2016 El Camino Hospital Community Health Needs Assessment:[2] 1. 9% unemployment rate 2. 11% of adults could not see a doctor in past 12 months because of cost 3. 7% of adults could not take prescribed medication in past 12 months because of cost 4. 10% live below Federal Poverty Level (FPL) and 23% of live below 200% FPL 5. 23% living below self-sufficiency standard when adjusted for high living expenses in Santa Clara County 6. 15% residents still uninsured; for the Latino community 32% uninsured The resulting health complications due to under-treatment and lack of medication adherence have been shown as one of the greater challenges to the healthcare of the community. It is documented that nationally, up to 18 billion are spent annually in avoidable emergency room visits. Medications are needed to treat Alzheimer's disease, mental health conditions, high blood pressure, and diabetes, which adversely affect the health of our County residents.[3] Sources: 1. Santa Clara County Public Health Department (SCCPHD) Behavioral Risk Factor Survey (BRFS) 2013-2014: Access to Healthcare Report. https://www.sccgov.org/sites/phd/hi/hd/Pages/access-to-healthcare.aspx Accessed 2/17/19. 2. El Camino Hospital Community Health Needs Assessment 2016. https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf Accessed 2/17/19. 3. Choudhry et al. Natl Assoc Comm Health Centers. 2007: 1-18.
Agency Description & Address	976 Lenzen Avenue, 2nd floor, San Jose http://www.betterhealthrx.org The Santa Clara County Public Health Department (SCCPHD) focuses on protecting and improving the health of the community through education, promotion of healthy lifestyles, disease and injury prevention and the promotion of sound health policy. The department is comprised of a highly diverse work force that encompasses many professional disciplines and several main areas of focus.
Program Delivery Site(s)	All services will be delivered at agency site in San Jose.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Purchase and maintain a constant supply of low cost medications most commonly needed by patients for chronic conditions such as hypertension, hyperlipidemia, diabetes, asthma, etc. • Hire a part-time, non-benefited, pharmacy clerk to assist with medication inventory control, and volunteer coordination Fully requested funding would support medication costs to supplement donations and a part-time pharmacy clerk.

Breathe California of the Bay Area

Program Title	Children's Asthma Services
Grant Goal	To work with schools, child care centers, and clinic partners to provide culturally competent, best practice asthma management education and support services for under-served, low-income children and their parents/families and care providers thereby increasing access to appropriate care or treatment and management of the chronic condition of asthma. The goal of this program is to increase access to appropriate care or treatment and to increase better management of their chronic condition of asthma. The agency will also work to increase asthma-friendly environments by facilitating environmental changes that will reduce the respiratory hazards.
Community Need	Asthma is a chronic condition affecting 11.7% of Santa Clara County residents (California Breathing current 2017 county profile). Up to 20% of local children in low-SES areas may have asthma (agency double-blind three-school research in 2,000 when overall rates were lower). Asthma is the most common chronic disease of childhood and is the number one reason for school absences due to chronic conditions, which both handicaps children's learning and costs schools thousands of dollars in ADA funds. In Santa Clara County, there are about 64,000 children and youth with asthma, and it is estimated that only 20 percent of children with persistent asthma have a level of control that is optimal (Halterman, Jill, M.D., M.P.H., Ambulatory Pediatrics, 3/15/2007). Latest data (2014) from California Breathing shows 424 hospitalizations at an average rate of $26,973, and 1,898 emergency room visits take place for children under 18 years old annually in Santa Clara County due to asthma. While the County rates for prevalence are lower than the State, the death rate is higher in Santa Clara County (at 11.1 per million compared to 9.6). A large percentage of these ER and hospital interventions could be prevented with proper asthma management.
Agency Description & Address	1469 Park Avenue, San Jose https://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)	Program delivered at schools, childcare centers, after school programs, community centers and in participants' homes. Specifically the program has partnerships to deliver services at/with: • San Jose Unified School District • Head Start program at Santa Clara County Office of Education • Montague Extended Day school in Santa Clara • Gardner Health • The Health Trust • Santa Clara Family Health Plan • 4C's Community Child Care Council in Santa Clara County • First 5 Santa Clara County

FY20 Healthy Body Proposal Summary

Services Funded By Grant/How Funds Will Be Spent	Services Include: • Multi-session (2-8 sessions) asthma management education for elementary/middle school children at schools (40-60 minutes average classes), after-school programs, summer camps, and community programs • Training and technical assistance for nurses, health workers, school personnel, child care providers, and parents of 30 minutes to 2 hours • Environmental assessments of homes, child care facilities, and schools (60-90 minutes) • Assisting clients to approach landlords regarding respiratory hazards and infestations, including secondhand smoke (and operation of Secondhand Smoke Helpline) • Community advocacy efforts for creating asthma-friendly environments • Provision of lung screenings, respiratory therapy equipment and supplies for uncovered clients • Information/referral to additional resources, including Covered California Full requested amount funds partial staff salaries, such as for senior health educator, outreach specialist, program coordinator and other administrative costs.

FY20 Healthy Body Proposal Summary

Cambrian School District

Program Title	School Nurse Program
Grant Goal	The school nursing services support would be to maintain our credentialed school nurse. Students in grades preschool-8th grade will benefit from the direct services of the school health services team. This includes training health clerks to provide direct service. The teacher, clerical, and administrative staff will benefit from the consultative/indirect services of the school health services team. The school health services are needed to support required hearing and vision screenings, crisis intervention and long-term management of acute and chronic health issues for students to address chronic absenteeism. Cambrian would also like to expand health screenings to include scoliosis. School health services are necessary for staff professional development for district nurse, health clerks, secretaries, and administrative school office staff to keep up to date with compliance and preventative measures. The school nurse provides professional development to all staff, families and the Cambrian community at large to support healthy children.
Community Need	More students have been identified with diabetes which requires immediate intervention on a school campus to train staff, students, and parents/guardians on the appropriate calculations and usage of equipment and medicinal needs. Additionally with the increasing success of medical technology there are more and more students with unique medical conditions that are able to survive, thrive, and attend our schools, but due to their medical complexities require medical interventions at school. Our full time school nurse assists our growing health care population needs.
Agency Description & Address	4115 Jacksol Drive, San Jose https://www.cambriansd.org Cambrian School District is elementary school district located in the Cambrian Park area and serves approximately 3,500 students in preschool through 8th grade. All five of the district's traditional schools have been recognized as California Distinguished Schools. Cambrian opened a sixth school in Fall 2016: Steindorf K-8 STEAM Magnet school.
Program Delivery Site(s)	Cambrian School District
Services Funded By Grant/How Funds Will Be Spent	Services include: • Health screenings including vision, hearing, oral health and scoliosis • Crisis intervention (individual sessions when needed) and long-term intervention for health needs such as diabetic, seizure, and cardiac care, asthma and allergies (weekly, quarterly sessions when needed) • Professional development for district nursing and health clerk staff to keep up to date with compliance and preventative measures. (monthly/annual training meetings) • CPR, AED and Epipen training for District staff • Seizure training for select staff Full requested amount will support one FTE nurse, salary increases for 6 health clerks, equipment, supplies and professional development.

FY20 Healthy Body Proposal Summary

Campbell Union School District

Program Title	School Nurse Program
Grant Goal	To fund two FTE School Nurses and a Community Liaison in order to provide Campbell Union School District families with direct links to healthcare services including medical, dental, and vision services. Schools serve as hubs in the community where resources such as healthcare insurance enrollment centers, CalFresh services, and First Five services can be shared with families in school offices or at community events such as Fall Festivals and Multicultural celebrations. Campbell schools are known by the community to be "safe places" for families to seek assistance and guidance for a variety of services and resources.
Community Need	School health programs can address the following health needs: *Lack of healthcare insurance for students and families:* Data from the 2013-2014 Santa Clara County Public Health Department Behavioral Risk Factor Survey (SCCPHD BRFS) states that over 90% of children from ethnicities including Latinos, African American, Asian/Pacific Islanders, and Whites have healthcare insurance. While most adults ages 18-64 have healthcare insurance, Latinos have the lowest percentage at 68%. Low healthcare insurance percentages are at their highest levels within populations with a less than high school education, very low household income (less than $15,000 per year) and foreign-born immigrants. Optimal health is necessary for optimal learning. People with a usual source of care have better health outcomes and fewer disparities and costs.[1] A healthcare provider can assess for school readiness as well as identify children at risk for conditions such as developmental and behavioral disorders, asthma and other chronic conditions, obesity, unintentional injuries and dental caries.[1] *Lack of medical, optometric, and dental follow-up for students with identified hearing, vision and dental needs:* California schools mandate vision and hearing screenings for all students in grades Transitional Kindergarten (TK)/Kindergarten, 2, 5, and 8. Development of speech, behavior problems, and school disengagement may be attributed to a student's hearing loss. Early identification and medical evaluation can determine treatment and as needed supportive interventions for school.[2,3] *Vision needs:* Students who fail a vision screening may have a vision deficit and need optometric services. Vision deficits can commonly be caused by myopia or other refractive errors, but visual deficits may also be due to a more serious condition, that without correction, could lead to permanent loss of vision. S.A. Lyons et al have discovered that "forty to sixty-five percent of referred children do not access follow-up comprehensive vision care after school vision screening referral." [3] *Dental needs:* Untreated dental caries can cause pain, infection, and lead to a student not being attentive in the classroom as well as increased absenteeism. In 2008, across the United States 15,000 children were seen in the emergency rooms due to toothaches.[4] It remains difficult for publicly-insured children to access dental services; fewer dentists are accepting Medicaid (Medi-Cal). [5] Low-income children experience more dental caries and more complications of caries, such as dental abscesses [5]. Hispanic children have a caries rate two to three times greater than their non-Hispanic White peers. [5] It is "best practice" to address identified hearing, vision, and dental needs of students and connect these students to on-site services or services in the community.[6] With the political agenda of the current administration in Washington, DC, these families experience the stressors of possible deportation. The scope of this fear has been made evident by the following situations:

	• School Linked Services coordinators encourage by Santa Clara County to become trained presenters of "Know Your Rights" workshop, addressing the need of support for families. • Parents voicing to Community Liaisons that they "are saving money to go back [to Mexico]. Things are getting worse [violence] in Rosemary School neighborhood." Research suggests that "stressors of poverty lead to impaired learning ability in children...".[6] This theory also states that "finding ways to reduce stress in the home and school environment could improve children's well-being and allow them to be more successful academically". [6] Sources: 1. https://www.healthypeople.gov 2. http://www.sccgov.org/sites/phd/hi/hd/Pages/brfs-quick-facts-2013.aspx 3. HealthyHearing.com 4. Lewis, C.W. (2014). Fluoride and dental caries: Prevention in children. Pediatrics in Review, 35(1), p3-15. 5. https://docs.google.com/document/d/1B9ZqorXDlcNXmhFpC_V6ICxmMUzw1S3Eyi1uYVEEAB0/edit?usp=sharing 6. NIH.gov news release dated 8/28/12
Agency Description & Address	155 N Third Street, Campbell https://www.campbellusd.org/ Established in 1921, Campbell Union School District (CUSD) is PreK-8 school districts that include parts of 6 cities in Santa Clara County. Our teachers educate more than 7,700 students at 10 elementary schools including our first Transitional Kindergarten (TK)-8 school, 2 middle schools, a Home School Program, and district-operated preschools.
Program Delivery Site(s)	All Campbell Union School District schools, especially Title 1 school.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Organize school health fairs • Participate in and provide healthcare resources and activities during Parent Resource Fairs and Cultural Awareness events • Districtwide vision screenings • Connect students who have failed a health screening to a local healthcare provider • Vision To Learn Program, free eye examination and glasses for students in need of vision services: coordinate events at 6 schools • Dental Screening/Fluoride Varnish Program, free dental screenings and fluoride varnish applications for students with parental consent: 2 schools, biannually: TK-5th grade students may receive fluoride varnish treatments and dental screenings performed by licensed dentists • Collaborate and organize Give Kids A Smile dental screenings events at 7 schools • Assist students and families who have been identified as not having healthcare insurance to obtain coverage: districtwide, ongoing • Student Attendance Review Board (SARB) team member Nutrition classes for parents at Rosemary and Lynhaven Schools: group classes • Train staff about student health needs and emergency procedures: Rosemary, Capri, Lynhaven, Blackford, Campbell School of Innovation Schools, preschool staff • Medication administration training and competency testing: preschool clerk staff • Develop emergency health care plans for students with severe health concerns • Train and oversee unlicensed assistive personnel and school clerks who provide care for students with health needs • Student Study Team (SST) member collaborating with educators and parents to remove or reduce students' health-related barriers to learning: 3 schools

	• Wellness Committee member, providing advice and support to District leadership in its efforts to promote health and wellness • Provide support for Community Liaisons at meetings and present strategies for outreach activities and connecting with parents • Maintain a partnership with several community agencies, working together to bring services to our school community • Liaisons between CUSD and Santa Clara County Public Health Department relating to Communicable Diseases, Immunizations, and Child Health and Disease Prevention Program (CHDP) Full requested amount will support 2 FTE credentialed school nurses and 300 hours of the Community Liaison.

Challenge Diabetes Program

Collaborative organizations: Community Services Agency Mountain View, Sunnyvale Community Services, West Valley Community Services, and Second Harvest Food Bank

Program Title	Challenge Diabetes Program
Grant Goal	This program will identify community members with pre-diabetes and prevent type 2 diabetes and to help people with type II diabetes manage their diabetes more effectively.
Community Need	The CDC reports that in 2009-2012, 37% of US adults aged 20 or older were pre-diabetic based on fasting glucose or A1C levels with low-income populations at a higher risk than the general population. In Santa Clara County, "8% of adults have ever been diagnosed with diabetes. Percentages are highest for Latinos (11%) and African Americans (10%), those ages 65 and older (18%), those with less than a high school education (16%), and adults with household incomes lower than $50,000".[1] Food insecurity, which affects lower-income populations more, further increases the risk for chronic diseases like hypertension and Type 2 diabetes. Lower-income people may also face choices about paying for food or medication. Second Harvest Food Bank states that 54% of its clients report having to choose between paying for food or paying for medicine/medical care; 33% of client households have at least one member with diabetes.[2] Untreated diabetes affects major organs and can result in long-term complications including heart and blood vessel disease, nerve damage, kidney damage, eye damage, foot injuries, hearing impairment, skin conditions, and Alzheimer's disease.[3] Many people who have diabetes are unaware that they have it. One study of 9,000 randomly selected adults found that 400 (or 4.4%) had undiagnosed diabetes.[4] Sources: 1. https://www.sccgov.org/sites/sccphd/en-us/Partners/Data/Pages/Chronic-Disease.aspx 2. https://www.shfb.org/Page.aspx?pid=964 3. http://www.mayoclinic.org/diseases-conditions/type-2-diabetes/symptoms-causes/dxc-20169861 4. http://www.diabetesforecast.org/2015/mar-apr/8-million-us-adults-have.html
Agency Description & Address	Community Service Agency Mountain View, Mountain View Sunnyvale Community Services, Sunnyvale West Valley Community Services, Cupertino Second Harvest Food Bank, San Jose Community Service Agency Mountain View (fiscal agent) is a nonprofit organization that provides important social services for residents of Mountain View, Los Altos, and Los Altos Hills. Partner agencies include Sunnyvale Community Services, Second Harvest Food Bank, and West Valley Community Services.
Program Delivery Site(s)	Services will be provided in San Jose, Mountain View, Cupertino and Sunnyvale.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing staffing for a coordinator to implement program offerings • Identify clients with diabetes or pre-diabetes through on-site screenings (CDC risk-assessment and HbA1c screening) • Preventing and/or managing clients' diabetes through education, and provision of gym memberships and healthier foods • Providing monthly food bags to families including nutritious foods and educational materials • Delivering lifestyle modification classes based on CDC's evidence-based on National

	Diabetes Prevention Program (DPP) • Conducting clinical screenings pre-screening and post-screenings to measure impact Full requested funding will support program staffing, clinical screenings, lifestyle modification classes, health education materials, and outreach and program supplies.

Community Health Partnership

Program Title	Learning Collaborative Phase 2: Patient Attribution and Engagement Project
Grant Goal	To connect patients to their medical home where their primary care provider can meet with them, identify and address current care needs, and work together to manage their overall health. To do this, the Learning Collaborative aims to increase the number of Medi-Cal Managed Care patients in Santa Clara County who have an established medical home at a Community Health Center. Medi-Cal is California's public health insurance program financed by the state and federal government. Medi-Cal provides health care for low-income individuals who live below 138% of the Federal Poverty Leve. CHP will work with staff from nine Community Health Center organizations, representing 31 clinic sites, to identify and test strategies to reach patients who have never connected with their primary care doctor and get them in for a wellness exam and an Initial Health Assessment (IHA). The IHA is a standardized tool developed by the Department of Health Care Services for providers to assess patients' acute, chronic, preventive, and social determinants of health (SDOH) needs, such as food or housing insecurity.
Community Need	CHP member clinics are serving approximately 3,400 patients in Santa Clara County's Primary Care Access Program (PCAP), a program that provides health coverage for uninsured patients. In 2018, CHP members served 72,275 MediCal patients through 195,815 encounters that represented an average of 2.7 encounters/visits. Increased use of primary care leads to better management of chronic illness reduces ED use, and generally lowers overall health care spend. The focus of this project is to build capacity among community clinics to develop workflows and outreach strategies to actively engage the "attributed but not seen" and currently enrolled MediCal and PCAP patients in annual health assessments through best practices models of patient engagement and outreach and engaging with CHP through human-centered design innovation. Currently, only about 37% of newly assigned patients are actively seen by a PCP in the clinics (as reported to CHP clinics through monthly reports from Valley Health Plan). This is an increase of 7% from baseline, but far below the performance benchmark of 75% established by the health plan. This lack of patient engagement results in poorer health outcomes for chronically ill patients and an increased use of emergency departments (ED). This project will align with national efforts of payers, Medicaid, and CMS that cited several key outcome measures such as better patient management of the chronically ill, reduction of ED use, improved health and utilization outcomes measures. This project will focus on closing clinical care gaps among MediCal and PCAP patients in several clinical areas through the use of initial and annual health assessments among patients that have been "attributed but not seen" as well as target currently enrolled but not engaged patients. Effective attribution and engagement practices are critical first steps in all successful care coordination models. Without engaging in these kinds of clinical activities with their PCPs, needs and care gaps go unaddressed leading to poorer health outcomes and higher costs.
Agency Description & Address	1401 Parkmoor Ave #200, San Jose https://www.chpscc.org/ Community Health Partnership (CHP) represents ten community health centers serving 40 sites in Santa Clara and San Mateo Counties, providing them with resources and expertise to deliver high quality, affordable care to our diverse community. CHP gives its members a collective voice to reach and educate policy makers, funders and community leaders – supporting local health centers' efforts to shape health policy, secure funds, and strengthen the health care safety net. CHP also collaborates with members to drive best practices for quality care, maximize resources,

	improve technology tools, and navigate the changing health care environment.
Program Delivery Site(s)	• CHP office in San Jose • On-site at community health clinics • Coaching sessions conducted by teleconference
Services Funded By Grant/How Funds Will Be Spent	Services provided: • Use the Initial health Assessment (IHA) as a benchmark for increasing patient engagement • Convene a half-day learning symposium to share lessons learned from Phase 1 • Convene three quarterly half-day in-person Learning Collaborative sessions where the clinic members will participate in co-design solutions focused on effective patient outreach and engagement strategies and use of payer-driven patient attribution data • Develop clinic workflows to increase the number of patients seen for initial health risk assessment (IHA) and annual wellness exams • Provide quarterly technical assistance to clinic teams at nine sites to assist with the development of identified solutions through co-design sessions, to leverage existing in-reach and outreach strategies, resources and training • Convene the clinics and health plans to improve data sharing processes Full requested amount funds partial salaries for the Medical Director, Project Manager and Program Coordinator.

FY20 Healthy Body Proposal Summary

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 De Vargas Elementary and Eisenhower Elementary. The additional nursing and clerical support allow for an extensive follow-up for health screening failures, additional staff training for epi-pen administration in response to allergy and anaphylaxis reactions, and assistance with access to healthcare services through community resources. School nurses also to provide health education to families, to promote and increase the level of health literacy through programs provided by El Camino Hospital, and to bring the 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. Extensive follow-up and case management by the School Nurse can help lower rates of truancy which will ultimately increase the child's classroom instructional time and improve their access to education.
Agency Description & Address	10301 Vista Drive, Cupertino https://www.cusdk8.org/ 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)	De Vargas Elementary and Eisenhower Elementary Schools

FY20 Healthy Body Proposal Summary

Services Funded By Grant/How Funds Will Be Spent	Services include: • 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.

FY20 Healthy Body Proposal Summary

Gardner Family Health Network, Inc.

Program Title	Down with Diabetes
Grant Goal	This diabetes prevention program targets pre-diabetic adults and teens, as defined by HbA1c blood levels.
Community Need	Thirty-seven percent of U.S. adults aged 20 years or older have pre-diabetes. Low-income populations are at higher risk than the general population for developing type II diabetes, and food insecurity further increases risks for chronic diseases like hypertension and type II diabetes. In Santa Clara County, 8% of adults have ever been diagnosed with diabetes. Percentages are highest for Latinos (11%) and African Americans (10%), those ages 65 and older (18%), those with less than a high school education (16%), and adults with household incomes lower than $50,000. Food insecurity, which affects lower-income populations more, further increases the risk for chronic diseases like hypertension and Type 2 diabetes. Lower-income people may also face choices about paying for food or medication. In 2013, the Gardner Family Health Network treated over 2,500 patients (11%) who were pre-diabetic according to their HbA1c levels.
Agency Description & Address	160 E. Virginia Street, Suite 100, San Jose https://gardnerfamilyhealth.org/ Gardner is dedicated to improving the health status of the disenfranchised, disadvantaged, and most vulnerable members of our community. Gardner provides medical, dental, vision, counseling, and substance abuse services to more than 60,000 individuals.
Program Delivery Site(s)	The program will be delivered in San Jose.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing staffing for clinical staff and Wellness Coordinator who will facilitate visits with primary care providers and consults with Registered Dieticians • Providing HbA1c testing and one-on-one chronic disease management and counseling • Providing patients with access to gym memberships and fresh produce vouchers Full requested funds will support partial clinical staffing including bilingual Registered Dietitians and Health Coach, and program supplies such as gym memberships and fruit and vegetable vouchers.

FY20 Healthy Body Proposal Summary

GoNoodle

Program Title	GoNoodle Movement Videos and Games
Grant Goal	GoNoodle, Inc. is requesting support to continue providing GoNoodle physical activity breaks to school districts in El Camino Hospital's service area. GoNoodle will target schools in the districts outlined in prior section with a goal of reaching 184 schools. Through a community partnership between ECH 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 ECH 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.
Community Need	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. 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." "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. Source: Tereda, Youki (2018, March 5). Research Tested Benefits of Breaks
Agency Description & Address	209 10th Ave. South, Suite 350, Nashville https://www.gonoodle.com/ 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.
Program Delivery Site(s)	Schools in the ECH service area (17 school districts)

FY20 Healthy Body Proposal Summary

Services Funded By Grant/How Funds Will Be Spent	Services include: • Unlimited GoNoodle licenses for all elementary (K-5) school teachers, administrators, staff and parents/students in ECH sponsored schools • Access to GoNoodle Plus additional movement videos and games, core subject content, and customization features • Placement of ECH name and logo on the GoNoodle site and on materials sent to teachers, administrators, and parents • ECH 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 Full requested amount will support program license and the partial salary of the school engagement coordinator.

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.
Community Need	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 any obvious symptoms. If these problems are diagnosed early, they 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 States.[1] 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 performance. [2] 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 give the child a strong pathway to successful speech and language development. [1] 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. Sources: 1. Center for Disease Control and Prevention. (2017). Hearing Loss in Children. 2. https://www.cdc.gov/ncbddd/hearingloss/index.html.
Agency Description & Address	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 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.
Program Delivery Site(s)	• Alum Rock School District • Franklin McKinley School District
Services Funded By Grant/How Funds	DentalFirst services will provide: • Dentists screen children for dental-related issues and recommend follow up care

Will Be Spent	• Dentists provide oral hygiene education to the children and literature for parents • Parents receive a copy of the child's screening result • Case management for families with child whose screening result has indicated a dental issue(s) and for those without insurance HearingFirst services will provide: • 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 Full requested funding would support partial salaries of 24 program staff and administrative costs.

FY20 Healthy Body Proposal Summary

Indian Health Center of Santa Clara Valley

Program Title	Healthy Futures Program
Grant Goal	The Indian Health Centers (IHC) is requesting support to fund the Healthy Futures Program. The Healthy Futures Program will be entering into its third year. The Healthy Futures Program will aim to decrease the number of Indian Health Center pediatric patients (ages 0-17) who are overweight, obese, or pre-diabetic by decreasing their BMI percentile. For the pre-diabetic and diabetic pediatric patients, we will also aim to decrease A1c levels. We will also aim to decrease the total cholesterol level of patients with elevated cholesterol. Our multi-layered, patient-centered approach will include the efforts of health care professionals at the Indian Health Center, including primary care physicians, registered dietitians, registered nurses, fitness instructors, health educators, and patient navigators. Included in the Healthy Futures Program is will be a 5-day program during school break called Healthy Adventures that is 2 hours per day. The program will be for unduplicated pediatric patients and their parents and will include a healthy lunch, a 60 minute presentation from a Registered Dietitian, and 60 minutes of engaging outdoor physical activity. IHC will host 3 cohorts of Healthy Adventures at local parks. For pediatric patients who are pre-diabetic or diabetic, we will offer case management services provided by an RN and patient navigator. Most case management services are offered over the phone. Additionally all Healthy Futures Program participants will have ongoing access to registered dietitians, personal training, fitness classes, and to IHC's fitness center. Healthy Celebrations, a follow up course for Healthy Adventures graduates, will be offered 3 times per year at a local park or at the Wellness Center, depending on weather. Participants will receive nutrition services at all IHC medical clinic locations and the Wellness Center. Patients will receive fitness services at the Wellness Center where the IHC fitness center is located. Pediatric patients and their families have inspired the Healthy Futures Program because of the need that they expressed for a place to learn about and practice healthy lifestyles. It is imperative that younger generations learn about essential health practices in ways that they can understand and relate to in order to prevent health complications. We also understand that including parents, siblings, and other family members will play a significant role in the success and effectiveness of the program, so we have decided to include parents at every step and layer of Healthy Futures. All of the services will be completely free of charge to the pediatric patients and families and will be available in both English and Spanish.
Community Need	Obesity and diabetes were ranked with a number one prioritization score in the 2016 Community Health Needs Assessment. According to the 2014 Santa Clara County Community Health Assessment, 16 percent of adolescents (ages 10-19) livings in Santa Clara County are obese.[1] For the adolescents who identify as Latino/Hispanic, 26 percent are reported to be obese. The data for the Latino/Hispanic adolescents living in Santa Clara County is higher than the national average, which according to the Centers for Disease Control and Prevention (CDC) is at 21.9%.[2] Pre-diabetes and diabetes serve as a severe potential health consequence of prolonged overweight and obesity. A healthy diet and staying physically active are essential in combating the conditions discussed above. Healthy eating is promoted within the San Jose Unified School District, but the challenge lies outside of the school space, as the ever-increasing access to fast food affects many families. According to the YMCA's Family Health Snapshots in 2015, [3] about three-quarter of kids drink sugar-sweetened beverages at least weekly during the summer, and about a quarter of kids average one or more sweetened beverages daily or almost daily. The report also states that while food consumption rises in the summer months, many kids still do

	not consume the recommended amount of vegetables. There are clear health consequences if the needs are not urgently addressed. According to the CDC, those who are obese are at an increased risk of developing high blood pressure, type 2 diabetes, coronary heart disease, stroke, Osteoarthritis, sleep apnea and breathing problems, clinical depression and body pain [4]. Aside from potential physical health consequences, the psychological well-being of our children is at risk. The CDC also states that children with obesity are bullied and teased more. Also, they are more likely to suffer from social isolation, depression, and lower self-esteem under an economic scope, the CDC recognizes that direct medical costs may include preventive, diagnostic, and treatment services related to obesity. [5] They concluded that there were $245 billion in costs, directly as a result of diagnosed diabetes in the United States in 2012. [6] A return of investment is critical for this program, as we hope to lower the rate of children who are diagnosed with the conditions listed, preventing higher costs due to health complications in the future. The risk of developing pre-diabetes or type 2 diabetes in children and youth goes up significantly if the individual has a family history or is overweight. The CDC states that among the increasing trend of teens being diagnosed with pre-diabetes and diabetes, being overweight has been a significant risk factor. Some serious potential health complications for diabetes include neuropathy, hypertension, retinopathy, nephropathy, foot damage, and cardiovascular disease.[7] The Healthy Futures program uses a best practices approach and will address the health needs by providing holistic, wrap around served in a team-based approach that includes parents, pediatric patients, primary care physicians, Registered Dietitians, registered nurses, health educators, peer educators, and fitness instructors. Sources: 1. https://www.sccgov.org/sites/phd/collab/chip/Documents/cha-chip/SCC_Community_Health_Assessment-2014.pdf 2. https://www.cdc.gov/obesity/data/childhood.html 3. http://www.ymca.net/news-releases/national-survey-kids-healthy-habits-decline-during-summer 4. https://www.cdc.gov/healthyweight/effects/index.html 5. https://www.cdc.gov/healthyschools/obesity/facts.htm 6. https://www.cdc.gov/diabetes/pdfs/data/2014-report-estimates-of-diabetes-and-its-burden-in-the-united-states.pdf 7. https://www.cdc.gov/features/preventing-diabetes-complications/index.html
Agency Description & Address	1211 Meridian Avenue, San Jose http://www.indianhealthcenter.org/ The Indian Health Center (IHC) began operation in 1977. In 1993, IHC obtained Federally Qualified Health Center (FQHC) status to provide services to anyone in need of care. IHC offers medical, counseling, nutrition, WIC, dental and wellness services. In 2002, IHC started a wellness program to promote healthy living. The program has grown and IHC now operates a Wellness Center in downtown San Jose that houses a state-of-the-art fitness center, nutrition counseling, diabetes case management, health education, and traditional American Indian cultural activities. The Wellness Center is also home to a comprehensive, award winning diabetes management and prevention program. IHC has four medical sites, two dental sites, three WIC locations, and a wellness center that has wellness, counseling, substance abuse, and cultural services.
Program Delivery Site(s)	Services provided at agency site.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Individual Medical Nutrition Therapy appointments with a Registered Dietitian • One-hour personal training sessions with the Fitness Coordinator; children ages 6 and up receive personal training with their parent present • Youth Exercise Group facilitated by the Fitness Coordinator

	• Access to Fitness Center • Week-long Healthy Adventures program that is 2 hours per day over school breaks • Healthy Celebrations classes to follow up the Healthy Adventures program; including services for pediatric patients diagnosed with pre-diabetes or diabetes with the goal of decreasing the patient's HbA1c • Case management services for pediatric diabetic patients Full requested amount will support partial salaries and benefits for program staff and supplies.

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 staff includes a medical director, 2 RNs, 2 social workers, a psychologist, a post-doc psychologist, and a community health worker.
Community Need	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). 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: • 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. " • When homeless individuals are hospitalized and discharged to the streets they are usually unable to consistently follow physicians' orders, take their medications, do wound care, etc. This often results in re-admissions to the hospital and/or frequent emergency room visits. 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.
Agency Description & Address	1215 K Street, Suite 800, Sacramento (Healthcare Foundation of Northern and Central CA -fiscal agent) https://www.hospitalcouncil.org/healthcare-foundation 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.
Program Delivery Site(s)	Boccardo Reception Center (a local shelter) in San Jose
Services Funded By Grant/How Funds Will Be Spent	Full program services include: • A primary care home is established with the on-site clinic where they are seen for all outpatient medical needs • Referrals and coordination with specialty care are 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 work and case management assist the patient in applying for entitled benefits • 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 Fully funded request supports salary for partial staffing.

FY20 Healthy Body Proposal Summary

Mount Pleasant School District

Program Title	Mt. Pleasant Healthy Students, Healthy Community Systems of Support
Grant Goal	Mt. Pleasant School District is requesting support to fund a school nurse, who will provide direct services to students, professional development to staff on prevention and intervention, community training on asthma, preventing obesity and outreach linking families to health resources and insurance programs.
Community Need	The District has a high absentee rate, an increasing number of students with health conditions and serves a very at-risk population. Many parents have difficulty accessing services outside of the immediate area, are uninsured or underinsured and do not know how to navigate the system. The District has 14 students with life threatening allergies, 1 student with Diabetes, 152 students with Asthma, 54 with inhalers, 9 students with seizure disorders, and 13 students with hearing issues. The nurse will support our growing health service needs and provide district wide outreach on intervention, prevention and health education. Although this year our data showed significant improvement in staff training and student support, access to resources and improvement in data collection, Mt. Pleasant continues to see gaps in service existing in three distinct areas: 1) data collection and compliance, 2) staff training on topics such as immunizations, epi-pens, AEDs and CPR, asthma, and seizure disorders, and 3) health education for students.
Agency Description & Address	3434 Marten Avenue, San Jose https://www.mpesd.org/ Mt. Pleasant Elementary School District serves a very diverse population in a high poverty area in the east side of San Jose. The District serves students in Preschool through 8th grade in five schools in a historically under-served community. Families have significant issues accessing services given issues with poverty, lack of insurance and language. The District has a high population of students in insecure housing and demonstrating attendance issues.
Program Delivery Site(s)	Schools within Mt. Pleasant School District: • Mt. Pleasant Elementary School • Valle Vista Elementary School • Robert Sanders Elementary School • August Boeger Middle School • Ida Jew Academy
Services Funded By Grant/How Funds Will Be Spent	Services include: • Health screenings including: vision, hearing, scoliosis • Crisis intervention and long-term intervention for students with identified health conditions • Professional development for staff in the areas of illness prevention, social emotional learning, trauma informed practices and health support for allergies, diabetes and seizure disorders • Professional development for district nursing and health clerk staff to keep up to date with compliance and preventative measures • Parent education on obesity prevention, asthma management, enrolling for insurance programs, and illness prevention • Linking families to medical appointments and insurance enrollment Full requested funding would support 1 FTE nurse, the partial salary of a health clerk and other expenses.

FY20 Healthy Body Proposal Summary

On-Site Dental Care Foundation NEW

Program Title	Oral Health Services and Education - North County
Grant Goal	To provide comprehensive oral health services and education in Mountain View, Sunnyvale, and San Jose for immigrants, low income and homeless community members.
Community Need	In every community health needs assessment in every Bay Area county, lack of oral health access for un-insured and Denti-Cal covered patients is sited. Immigrants are afraid to access services at county facilities because identification is required. There is not enough Denti-Cal providers in Bay Area to serve all those covered under Denti-Cal. Sometimes Denti-Cal patients have to wait 2-3 months to get appointments with Denti-Cal provider. In Santa Clara County only 64% of the residents have dental insurance as compared to 87% that have health insurance. For those living at or below poverty level, dental care is a low priority due to cost. As a result, these individuals learn to live with the oral pain, and eventually will end up in a local emergency room with a dental emergency. The emergency room visit costing between $750 and $800, and usually unable to do more than provide pain medication for the issue. At On-Site Dental Care Foundation practices, we have seen patients that took the pain into their own hands, and extracted teeth using pliers, or making incisions to release infection. Homeless, undocumented immigrants, and low income adults and seniors have little or no access to care. Those with Denti-Cal many times cannot find Denti-Cal providers or if they do, may have wait weeks or even months for appointments. Untreated caries and oral infections can lead to poor overall health and contribute to diseases such as hypertension and diabetes. Lack of oral health services will also lead to tooth loss, which can compromise functionality, cause low self-esteem and hinder employability. Source: https://www.sccgov.org/sites/phd/collab/chip/Documents/cha:chip/SCC Community Health Assessment-2014.pdf
Agency Description & Address	P.O. Box 41111, San Jose http://osdcf.org/ On-Site Dental Care Foundation provides low or no cost comprehensive oral health services and education to those who have little or no access to dental services. Target populations include homeless, immigrants, low income, and HIV+. Services are delivered via a mobile practice throughout the Bay Area.
Program Delivery Site(s)	Mobile dental practice will provide services at sites familiar to the target population – community organizations working with these communities. Plans include: • Peninsula Health Care • MayView Community Health Center
Services Funded By Grant/How Funds Will Be Spent	Services include: • New patient exam, which includes x-rays, perio and cancer screening, and treatment plan development - one 45 - 60 minute appointment • Cleaning, including deep root cleaning when necessary, and fluoride vanish to help prevent caries - deep root cleaning two 60 minute appointments, for prophy one 45 minute appointment • Dental procedures: fillings, extractions, root canals, restorative, crowns, dentures • Education on proper maintenance, importance of oral health on overall health • Distribution of oral health kits (toothbrushes, toothpaste, floss, and mouthwash) Full requested amount will support partial salary of the Treatment case Manager and Dental Assistant as well as contracted dentists, supplies and administrative costs.

Playworks

Program Title	Playworks Campbell School District
Grant Goal	Playworks respectfully requests support to assist the organization facilitate and inspire safe, healthy play for 2,332 children by delivering Playworks Coach program to 2 low-income elementary schools and Playworks TeamUp program to 2 schools in Campbell Union School District. These programs benefit children by leveraging play as a tool to promote healthy behaviors, increase social/emotional learning, and improve the school climate.
Community Need	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 25.[2] Playworks also uses play to increase physical activity for children. Our 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 obese.[3] Children in Playworks schools spent significantly more time in vigorous physical activity at recess than their peers in control schools (Robert Wood Johnson Foundation). We want to keep children healthy, while also building positive connections and leadership at school. Sources: 1. http://pediatrics.aappublications.org/content/142/3/e20182058 2. http://ajph.aphapublications.org/doi/full/10.2105/ AJPH.2015.302630 3. Kidsdata.org, 2017
Agency Description & Address	2155 South Bascom Ave #201, Campbell https://www.playworks.org/ 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.
Program Delivery Site(s)	Services will be delivered in Campbell School District: • Castlemont Elementary • Lynhaven Elementary • Rosemary Elementary • Sherman Oaks Elementary
Services Funded By Grant/How Funds Will Be Spent	Services include: • 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 Fully funded request will support program staff, supplies and other program expenses.

Pre-diabetes Awareness Initiative (Hill & Company)

Program Title	Preventing Diabetes in the Latino Community
Grant Goal	Promote awareness about diabetes and pre-diabetes in the Latino community and provide education and risk assessment tests through Promotoras (community health workers) and a microsite with local resources.
Community Need	As of 2013-14, 11% of Latino adults had been diagnosed with diabetes, compared with 8% of adults in the county; 72% of Latinos were overweight or obese, a higher percentage than adults in the county as a whole (54%); only two-thirds (68%) of Latino adults ages 18 to 64 had healthcare coverage compared to 85% of adults countywide.[1] A lower percentage of Latino adults (57%) had seen a doctor for a routine health checkup during the past year than adults in the county overall (68%), and a higher percentage of Latino adults (20%) reported that cost was a barrier to seeing a doctor when needed in the past year.[2] In 2013-14, a higher percentage of Latino adults (8%) reported that they were usually or always worried or stressed about having enough money to buy nutritious meals in the past 12 months, compared to adults countywide (5%). 18.4% of Santa County Clara residents speak Spanish at home. Among the 324,236 Spanish-speakers, 40.6% report not being able to speak English well. According to the Public Policy Institute of California, in 2008, 180,000 undocumented immigrants lived in Santa Clara County, making up 10.2% of the county's total population.[3] This share of unauthorized immigrants per capita was among the largest in the state. The Latino population is linguistically isolated, unhealthier than the rest of the population, financially challenged, and with higher rates of obesity and diabetes. In addition, being undocumented increases the stress of everyday life. The country's current political climate increases the levels of stress, as day-to-day survival becomes the priority. These factors make it more difficult to reach the Latino population. Sources: 1. https://www.sccgov.org/sites/phd/hi/hd/Documents/Latino%20Health%20Fact%20Sheet_2016_Final.pdf 2. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF 3. http://www.ppic.org/content/pubs/report/R_711LHR.pdf
Agency Description & Address	1290 B Street, Suite 201, Hayward http://altoprediabetes.org/ Hill & Company specializes in the development and implementation of public relations initiatives and strategically focused health communication programs.
Program Delivery Site(s)	The program's services will target Latino adults in San Jose, Sunnyvale, Santa Clara, Mountain View and Campbell.
Services Funded By Grant/How Funds Will Be Spent	Services include implementing promotoras (community health workers) to use several outreach strategies to reach the target audience including: • Administering the CDC Pre-diabetes Risk Assessment in-person and online, providing follow-up phone calls to ensure clinical HbA1c testing for individuals who opt-in and recruitment for an interactive texting program • Conducting one-on-one and community-based diabetes education presentations that include Question and & Answer sessions • Providing one-on-one information sessions at health fairs and local sites, such as the Mexican Consulate Full requested funding would support program staffing for six positions, promotoras, implementation of texting program, microsite, media plan and program supplies.

FY20 Healthy Body Proposal Summary

Tower Foundation of San Jose State University

Program Title	Rehabilitation, Awareness, and Community Education for Stroke (RACES)
Grant Goal	To continue the Rehabilitation, Awareness, and Community Education for Stroke (RACES) program supporting adults (ages 18 and over) who have had a stroke or traumatic brain injury (BI), as well as community members who would will benefit from outreach and education about topics such as stroke prevention, risk reduction, and stroke warning signs. Outreach and education efforts aim to raise awareness and educate diverse groups about stroke prevention, risk reduction, and critical interventions necessary following a stroke.
Community Need	Whereas several agencies in Silicon Valley actively provide information about stroke (including the Pacific Stroke Association and Stroke Awareness Foundation), few programs provide sustained rehabilitation as recommended for patient improvement of communication and cognition. Indeed, after patients are discharged from an acute hospital stay, the recommended level of treatment is several hours of therapy each week. In part, this limited service availability is related to a national shortage of qualified speech pathologists, with among the worst such shortages being in California.[1-3] Most patients (with Medicare or other insurance) have limited coverage after 6-12 months following a stroke/BI, despite these being chronic conditions requiring long-term, sustained rehabilitation and psychosocial support. When patients have exhausted their insurance-approved number of treatments or if they do not have secondary insurance coverage, the standard speech therapy rates of $150 to $180 per hour make the necessary level of aphasia treatment unaffordable and inaccessible for most patients. Beyond financial affordability, RACES researchers have identified additional barriers to accessing speech therapy and other rehabilitation services, including physical access (getting to the therapy locations) and barriers for minority and low-income populations.[3] Only the Aphasia Treatment Program at California State University East Bay and the Aphasia Center of California in Oakland provide services of similar intensity, so South Bay stroke/BI survivors have no local support options. According to a report issued by the American Heart Association nearly 7 million Americans live with the long-term effects of a stroke.[4] One of the most disabling consequences of a stroke is aphasia, a language disorder that severely impairs language and communication, despite the person's intellect being spared. Indeed, when researchers studied the impact of 75 conditions on quality of life in more than 66,000 adults, stroke and aphasia were found to have the largest negative impact on quality of life, exceeding that of cancer and Alzheimer's disease.[5] Aphasia affects over 2 million Americans, including an estimated half a million U.S. veterans. Despite the significant adverse physical, cognitive, and communicative effects of stroke, research shows that stroke survivors receive an insufficient dosing (amount/duration/intensity) of rehabilitation, contributing to decreased ability and wellbeing for stroke survivors, secondary co-morbidities such as depression and anxiety, as well as increased burden of care for family members.[1] Sources: 1. Aphasia Access (2017). White paper on the state of aphasia https://aphasiaacc.memberclicks.net/assets/ACFrOgBVgzNeh7J7nOMZG3Uuhstzd-C3RK7qybKrmx6kDegF0jAI9FJh2iAco_WjynfI_LxJwt5Ay_3xwdhK0yqCAo7gSvX7H_IdXUQkBjo8hUabBiV7VFXCMtvCdc=.pdf 2. American Speech-Language-Hearing Association. (2017). https://www.asha.org/research/memberdata/asha-certified-personnel-to-population-ratios/ 3. AMN Healthcare. https://www.amnhealthcare.com/latest-healthcare-news/speech-language-pathologists/ 4. Mahendra, N., & Spicer, J. (2014). Access to speech-language pathology services for African-American clients with aphasia: A qualitative study. Perspectives on Communication Disorders in Culturally and Linguistically Diverse Populations. 21(2), 53-62. doi:10.1044/cds21.2.53.

	5. Go, A. S. et al., (2013). Heart disease and stroke statistics -2013 Update. Circulation, 127(1):e6-e245. DOI: 10.1161/CIR.0b013e31828124ad. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5408511/
Agency Description & Address	One Washington Square, San Jose http://www.sjsu.edu/towerfoundation/ San Jose State University (SJSU) is a comprehensive public university located serving 33,000 undergraduate and graduates students annually. The mission of SJSU is to enrich the lives of its students, to transmit knowledge to its students along with the necessary skills for applying it in the service of our society, and to expand the base of knowledge through research and scholarship. The Tower Foundation of SJSU is the entity responsible for stewarding philanthropic gifts to support the university and university-led projects such as the proposed activities offered through College of Education's Department of Communicative Disorders and Sciences. One of California's oldest Speech-Language Pathology programs, this Department has a rich legacy of commitment to research excellence, developing best practices in serving culturally-diverse patient populations, and ensuring access to clinical services.
Program Delivery Site(s)	• Kay Armstead Center for Communicative Disorders and Center for Healthy Aging in Multicultural Populations at SJSU • Numerous locations in collaboration with Silicon Valley Healthy Aging Partnership, Community Ambassadors Program for Seniors, Senior Peer Advocate Program, Hospital to Home Transition (through Yu-Ai-Kai), Academic Nurse Managed Centers, and the Timpany Center
Services Funded By Grant/How Funds Will Be Spent	Services include: • Two 12-week clinics and one 5-week (summer) clinic • Individual one-hour speech-language therapy and functional cognitive training sessions • Group one-hour conversation training sessions: two times each week during clinics • Group one-hour aphasia choir designed to use music and choral singing to improve speech • Four community events during the grant period • Bilingual education materials provided in English, Spanish, Hindi and Mandarin Full requested funding would support partial staff salaries and administrative costs.

FY20 Healthy Body Proposal Summary

Valley Verde

Program Title	San Jose Gardens for Health
Grant Goal	To improve the long-term health outcomes of low-income residents of San Jose through a home-based gardening program which provides raised-bed gardens, supplies and workshops about urban gardening, nutrition and healthy cooking. Valley Verde helps families improve their diet, physical activity, environmental sustainability, and economic self-sufficiency by growing fresh, organic vegetables at home and learning a variety of ways to enjoy them in healthy home-cooked meals. The skills and benefits that families gain from this "seed to table" approach carry forward far beyond the grant period.
Community Need	As described in the El Camino Hospital 2016 Community Health Needs Assessment, Santa Clara County's priority health needs include addressing cardiovascular health, obesity and diabetes, all of which are strongly correlated with diet. According to the report, youth consumption of fruits and vegetables is less in Santa Clara County than in the state overall, and our county also has more fast food restaurants, fewer grocery stores, and fewer WIC-authorized stores per capita.[1] Latinos, which comprise a high percentage of Valley Verde participants, have the highest rates of cardiovascular disease, obesity, and diabetes in our county and also some of the highest rates of poverty. These disparities have been confirmed in various reports, including the ECH 2016 Community Health Needs Assessment and the Santa Clara County Public Health Department's Latino Health Fact Sheet.[2] Without intervention, the families we serve will continue along a trajectory of poor diet and poor health outcomes, ultimately resulting in lower life expectancy, as shown by the Santa Clara County Public Health Department's community profile of San Jose (as compared with profiles of better-resourced communities).[3] A 2015 study (published in 2018) of urban gardening programs in Santa Clara County, which included Valley Verde, found that our program model can significantly impact the food security of participants. The study found that participants grew 25%-50% of the produce consumed in their households. In addition to growing a significant quantity of produce, the gardeners greatly diversified their diets and improved their social connections through gardening with family members and sharing produce with neighbors.[4] A preliminary evaluation conducted by the UCSF Department of Public Health (Aug 2014) found that the majority of Valley Verde participants reported: Improved health outcomes, weight loss and fewer visits to the doctor, lower levels of stress and negative moods, improved food quality and quantity, improved nutritional knowledge; and better overall food security. Sources: 1. https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf 2. https://www.sccgov.org/sites/phd/hi/hd/Documents/Latino%20Health%20Fact%20Sheet_2016_Final.pdf 3. https://www.sccgov.org/sites/phd/hi/hd/Documents/City%20Profiles/San%20Jose_final.pdf 4. [Diekmann LO, Gray LC, Baker GA (2018). Growing 'good food': urban gardens, culturally acceptable produce and food security. Renewable Agriculture and Food Systems 1–13. https://doi.org/10.1017/S1742170518000388]
Agency Description & Address	376 West Virginia Street, San Jose https://www.valleyverde.org/ Valley Verde supports the health of Santa Clara County residents by empowering them with knowledge and skills to grow healthy organic food for themselves and their communities. Since 2012, Valley Verde has helped more than 350 low-income families learn to grow food at home and share that knowledge with others. Our programs teach gardening, nutrition, and healthy cooking; encourage physical activity; foster community; and raise awareness of health and environmental issues. In addition, we provide leadership and entrepreneurship opportunities to revitalize low-income communities. Valley Verde uplifts the cultural heritage of participants by

	growing culturally preferred crops and highlighting traditional gardening methods. Families participate for an entire year or more, creating a foundation for growing healthy food long-term.
Program Delivery Site(s)	Participants homes in the Seven Trees neighborhood of San Jose, Valley Verde greenhouse and demonstration garden, and at the following affordable housing complexes: • El Rancho Verde Apartments , San Jose • Betty Ann Gardens (Managed by First Community Housing), San Jose • 2nd St. Studios (Managed by First Community Housing), San Jose • Parisi House on the Hill, San Jose
Services Funded By Grant/How Funds Will Be Spent	Services include: • Building of organic vegetable garden beds in low-income family homes, including necessary plants, infrastructure, and supplies for a year • Monthly 90-minute workshops where participants learn about nutrition, healthy cooking, and organic urban gardening techniques • Monthly hour-long mentorship training classes for alumni of the home gardening program who serve as mentors for new families in the program (i.e. training the trainer) • Monthly in-home visits where mentors provide families with advice, encouragement, resources, and problem-solving about home gardening and healthy cooking • Providing organic seedlings twice a year and additional gardening and nutrition advice on an ongoing basis to families participating in the program for more than a year • Growing 4,000 organic seedlings in the community greenhouse for use in the home gardens of program participants, with a focus on culturally preferred varieties of crops • Leading monthly public workshops and volunteer days at the community greenhouse Full requested funding would support partial salaries for two staff positions and supplies.

FY20 Healthy Body Proposal Summary

Vista Center for the Blind and Visually Impaired

Program Title	Vision Loss Rehabilitation
Grant Goal	Vista Center is requesting support our Vision Loss 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.
Community Need	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 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.[2] 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. Sources: 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	2500 El Camino Real, Suite 100, Palo Alto https://vistacenter.org/ 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.
Program Delivery Site(s)	Services will be delivered at the agency or in the patient's home.
Services Funded By Grant/How Funds Will Be Spent	Services include: • One hour Initial Assessments • 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 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

- 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

- Increase access to psychiatric and behavioral health services, case management and medication management for at-risk adults, including homeless community members
- Increase access to individual/group counseling, crisis intervention and addiction prevention education for youth through staffing of school-based services
- Promote Social Emotional Learning, developmental assets and resiliency skill-building for youth
- Increase access to programs and services for patients and families coping with cognitive decline, Alzheimer's disease and dementia, such as respite care and culturally relevant efforts to mitigate stigma and encourage early diagnosis
- Reduce isolation and depression amongst seniors

FY20 Healthy Mind Proposal Summary

Almaden Valley Counseling Service

Program Title	Counseling and Social Skills for Children
Grant Goal	To support the Counseling and Social Skills for Children program at 27 local elementary and middle schools and address the children's emotional health needs. The goal is to address children's emotional state to allow each individual child the opportunity to thrive and succeed at school, at home, and to gain an emotionally healthy future. Counselors assess children's emotional health needs, which may range from very mild to very severe and require some combination of on-campus group or individual therapy and possibly off-school campus treatment. Children with very mild emotional therapeutic needs can enroll directly into the Social Skills classes. As a child with more intense emotional health needs improves they too can enroll in the social skills classes to help cement a healthy future.
Community Need	This school year, 2018-2019, AVCS has continued to serve fewer students in groups and many more students whose emotional states requiring individual one-on-one therapy, and in some cases Crisis Intervention. A higher number of students require individual therapy treatment regimens and served more intensively. Many of these students have complicated mental health issues and require a higher level of care than what school therapy/counseling can provide. AVCS staff has also observed a general trend toward aggressive thinking about others at all school levels, from kindergarteners with anger issues and impulse and empathy concerns to middle and high school students with anger issues who are aggressively planning to hurt themselves or others. The following trends and needs are seen in the local school population: • The major barriers to accessing counseling services are location and affordability. • Emotional health needs of the children increasingly seem to require crisis intervention, and individual versus group therapy treatment modalities well beyond mere social skills training. • Santa Clara County's Department of Mental Health has identified a number of risk factors including socioeconomic, family structure, linguistic isolation and housing status that can influence the life chances for the child in terms of risk factors based on the analysis in the Prevention and Early Intervention (PEI) Plan. To help assess behavioral health service needs for children and youth, the County has commissioned compilations of risk factors to help predict which areas of the county might be have greater need for such services. Residential zip codes serve as the units of analysis. AVCS identifies schools where needs are greatest using this Santa Clara County Behavioral Health Services Prevention Intervention and Planning 2013 Risk Zip Code Average Map available by contacting the School Linked Services Program: [1-3] Source: 1. https://www.census.gov/library/publications/2016/demo/p60-256.html 2. http://www.schoollinkedservices.org 3. Santa Clara County Behavioral Health Services Prevention Intervention and Planning 2013 Risk Zip Code Average
Agency Description & Address	6529 Crown Blvd. Suite D, San Jose http://avcounseling.org/ AVCS offers a range of mental health counseling services, supporting personal growth, positive family relationships and emotional well-being. The agency serves children, teens, adults, families, couples who reside in 42 of the County's 57 zip codes with 73% of clients paying at the lowest fees available ($15-$35). AVCS provides on-site school-based counseling services, crisis intervention, assessments and referrals at 41 area schools in 4 districts. AVCS focuses on

	prevention and intervention, helping parents work proactively towards improving their relationships with their children by providing Positive Parenting and Co-Parenting classes and serving victims of domestic violence, substance abuse and clients at risk for suicide. AVCS provides programs for Victim Witness, Valley Medical, Depts. of Social Services, Family and Children Service, and County Mental Health.
Program Delivery Site(s)	Services will be provided at 27 high needs schools identified in the following school districts: • Cambrian • Orchard • San Jose Unified • Union
Services Funded By Grant/How Funds Will Be Spent	Serving children schools identify has having a range of social developmental asset needs, the program provides: • Emotional and psychotherapy services to children at high-needs local elementary and middle schools • Culturally relevant services provided in several languages (English, Spanish, and Vietnamese) • Implementation of a variety of counseling approaches tailored to children's presenting diagnosis • Crisis intervention (suicide intervention, self-harm prevention, risk assessments) • Referrals to off-school campus services as needed Full requested funding will support partial staff salaries, including therapists and clinical supervisor, intern stipends and other administrative costs.

Alzheimer's Association - Latino Family Connections

Program Title	Latino Family Connections—Dementia Initiative
Grant Goal	This program will provide culturally and linguistically relevant services to Latino residents dealing with Alzheimer's Disease and Related Dementias (ADRD).
Community Need	According to Alzheimer's Association's 2018 Facts and Figures, an estimated 5.7 million Americans of all ages are living with Alzheimer's dementia in 2018. This number includes an estimated 5.5 million people age 65 and older and approximately 200,000 individuals under age 65 who have younger-onset Alzheimer's, though there is greater uncertainty about the younger-onset estimate. One in 10 people (10 percent) age 65 and older has Alzheimer's dementia. The percentage of people with Alzheimer's dementia increases with age: 3 percent of people age 65-74, 17 percent of people age 75-84, and 32 percent of people age 85 and older have Alzheimer's dementia. Of people who have Alzheimer's dementia, 81 percent are age 75 or older. Two-thirds are women. The estimated number of people age 65 and older with Alzheimer's dementia comes from a study using the latest data from the 2010 U.S. Census and the Chicago Health and Aging Project (CHAP), a population-based study of chronic health conditions of older people. National estimates of the prevalence of all dementias are not available from CHAP, but they are available from other population-based studies including the Aging, Demographics, and Memory Study (ADAMS), a nationally representative sample of older adults. Based on estimates from ADAMS, 14 percent of people age 71 and older in the United States have dementia. Prevalence studies such as CHAP and ADAMS are designed so that everyone in the study is tested for dementia[1]. According to Santa Clara County's public health Alzheimer's ranks 11th as the cause of death in Santa Clara County. [1] In 2017, the Mercury News published an article discussing the "tsunami" which is expected among the Latino population. That news report indicates that Alzheimer's among the Latino population is expected to increase eight times by the year 2060. [2] Clearly, there is a public health crisis for the older population, particularly, Latinos, who have one and a half times the rate of Alzheimer's as whites. Sources: 1. https://www.sccgov.org 2. https://www.mercurynews.com/2017/03/18/alzheimers-tsumani-among-latinos-raises-concerns-over-costs-caregiving/
Agency Description & Address	2290 N. 1st Street, Suite 101, San Jose https://www.alz.org/norcal The Alzheimer's Association works on a global, national, and local level to enhance care and support for all those affected by Alzheimer's and related dementias.
Program Delivery Site(s)	Services will be provided at various community sites including senior centers, housing sites, community centers and churches.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing program staffing, including part-time Family Care Specialist and Community Relations Manager • Improving awareness and understanding of Alzheimer's disease within Latino communities by providing linguistically and culturally appropriate outreach • Linking families and caregivers to services available through the Alzheimer's Association and other related resources, including care consultation services and support groups Full requested funding would support partial staffing and program supplies.

FY20 Healthy Mind Proposal Summary

Bill Wilson Center

Program Title	Child Abuse Therapy Program
Grant Goal	Provide comprehensive treatment and psychotherapy clinical services to Santa Clara County children and youth (2-17 years) who are victims of physical abuse, sexual abuse, sexual exploitation, neglect, abandonment, parental substance abuse, domestic violence, as well as those who are witnesses of community and school violence. The CHAT program serves dependents of the court, children in the child welfare systems (under 18), those emancipating out of the system or their family, and other under-served children.
Community Need	Child abuse is a persistent problem within Santa Clara County and the greater Bay Area, with high economic and social costs. Abused children are 59% more likely to be arrested as juveniles and 77% are likely to need special education. They are likely to need mental health and medical services during childhood with long lasting effects well into adulthood. In a 2018 study, the Child Abuse Prevention Council estimated that the cumulative financial impact to the Santa Clara community for the 1,799 verified child victims in 2017 was $687M--the equivalent amount for putting 6600 kids through college. The Department of Family and Children Services (DFCS) provides the primary intervention programs available for abused, neglected and exploited children. However, the County's mental health system continues to face budget cuts each year and relies on partner agencies, such as Bill Wilson Center, to assist in providing mental health services in a timely manner. The following gaps exist: • Mental Health Services for at-risk youth: The County's mental health services are generally available to a portion of victimized children who are Medi-Cal eligible through "medical necessity" or a limited number of sessions compensated by the County's Victim/Witness Program (VWP). Although many of these children are Medi-Cal eligible and can demonstrate "medical necessity" they are often faced with long waiting lists for services. • Mental Health Services for Victims/Witnesses of Crime: Although the County's Victim/Witness Program provides effective services and advocacy for children who are victims of crime, the compensation for mental health services is limited to 40 counseling sessions within a lifetime, which leaves a gap in services when difficulties surface for the child at various developmental stages, especially when they transition into adolescents, young adulthood or become parents. Additionally, victims must agree to press charges and testify in court in order to receive VWP services – many are reluctant to do so out of fear, pressure from family members, or cultural practices that hinder public/outside involvement in family issues. • Mental Health Services for underserved populations (LGBTQ): Nearly 30% of all youth accessing services at BWC identify as LGBTQ. 88% of these youth were ejected out of their homes due to their sexual orientation, gender identity, gender expression (SOGIE) and many reports being abused at home due to their SOGIE. Source: https://www.sccgov.org/sites/cac/Documents/2017_EconomicsReport_SantaClara%20(1).pdf

FY20 Healthy Mind Proposal Summary

Agency Description & Address	3490 The Alameda, Santa Clara https://www.billwilsoncenter.org/ Since 1973 Bill Wilson Center (BWC) has been providing essential and comprehensive services that address the unmet needs of youth, families, and individuals in our community. The mission of BWC is to support and strengthen the community by serving youth and families through counseling, housing, education and advocacy. BWC's vision is to prevent poverty by building connections for youth and families. Every youth who walks through our doors is helped with building skills and resiliency, with the goal of becoming a healthy, self-sufficient adult.
Program Delivery Site(s)	Services will be provided at the following sites: • Bill Wilson Center, San Jose • Piedmont Hills High School (Eastside Union High School District), San Jose
Services Funded By Grant/How Funds Will Be Spent	Services include: • Psychotherapy Treatment services to youth • Referrals, crime victim compensation services and other information about victim/witness compensation services • Assisting child victims in understanding and preparing to participate in the criminal justice system Full requested funding would support partial salary for staff including therapists.

FY20 Healthy Mind Proposal Summary

Cambrian School District

Program Title	Mental Health Counseling Program
Grant Goal	To continue a Student Services Multi-Tiered System of Supports at Cambrian School District to support the whole child in a social-emotional-behavioral health model. The Student Services department specifically is planning for the 2019-2020 school year to advance efforts around student wellness by intentionally structuring initiatives, funding, and resources to allow for improved coordination, coherence, greater sustainability, and increased outcomes for the whole Cambrian community including students, families, and staff.
Community Need	The program will help address our intervention (Tier II) and intensive (Tier III) level needs for students in our schools by creating a support structure needed for adequate learning accessibility for our students. The number of students with behavioral mental health needs is increasing. More students have been identified with adverse childhood experiences, trauma and unstable households/families which sometimes require immediate intervention and ongoing intervention on a school campus to work directly with students and train staff. Without having the mental health therapists and interns to assist our growing mental health population needs our students would not be able to safely attend school on an immediate and consistent basis which impacts their attendance and long term learning outcomes. It is best practice for districts to have adequate staffing to intervene and have a prevention model of social/emotional/behavioral supports in place.
Agency Description & Address	4115 Jacksol Drive, San Jose https://www.cambriansd.org/ Cambrian School District is elementary school district located in the Cambrian Park area and serves approximately 3,500 students in preschool through 8th grade. All five of the district's traditional schools have been recognized as California Distinguished Schools. Cambrian opened a sixth school in Fall 2016: Steindorf K-8 STEAM Magnet school.
Program Delivery Site(s)	The services will be delivered to all 6 schools in the district, which includes four elementary schools, one middle school and one alternative school.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Individual, group, parent and family counseling sessions • Crisis intervention and case management • Classroom interventions • Consultation to teachers and school administrators • School day and after-school services Full requested funding would support two full-time MFTs, two school psychology inters and two MFT interns as well as professional development.

FY20 Healthy Mind Proposal Summary

Cancer CAREpoint

NEW

Program Title	Counseling for Cancer Patients, Survivors, Family Members, and Caregivers
Grant Goal	This grant will provide counseling sessions to cancer patients, survivors and their family members and caregivers from professionally trained social workers and counselors with Master's degrees.
Community Need	Many cancer patients and their families are at risk for a variety of psychological and emotional issues such as anxiety, stress, and depression which can lead to decreased social and emotional wellness. Up to 25% of cancer survivors (defined as when an individual has finished treatment) experience symptoms of depression and up to 45 % experience anxiety. Many also experience symptoms of PTSD.[1] Research has shown that "cancer survivors are more than twice as likely to have disabling psychological problems compared with adults without cancer, and individuals who have both cancer and other chronic illnesses have a risk of psychological disability that is nearly 6 times higher than that of adults without cancer.[2] Research has shown that psychological interventions such as "psycho-education, coping skills training, counselling, relaxation and psychotherapy" have been shown to "improve mental health and personal well-being" for cancer patients and are "crucial factors to promote successful adjustment to daily environments".[3] Due to improved treatments and increasing number of older adults, the number of cancer survivors will increase (most patients diagnosed with cancer are over age 50). Post-treatment cancer patients continue to have a number of health issues including fatigue, chemo brain and other cognitive issues, depression, anxiety, self-esteem, physical limitations, insurance and employment concerns (list citation). Sources: 1. Neglecting Mental Health in Cancer Treatment, Psychology Today, 02/23/17 2. Cancer survivors in the United States: age, health, and disability. Hewitt M, Rowland JH, Yancik R, J Gerontol A Biol Sci Med Sci. 2003 Jan; 58(1):82-91 3. Psychological treatments to improve quality of life in cancer contexts: A meta-analysis, International Journal of Clinical and Health Psychology Volume 16, Issue 2, May–August 2016, Pages 211-219
Agency Description & Address	2505 Samaritan Dr. Suite 402, San Jose https://www.cancercarepoint.org/ Cancer CAREpoint is the only local organization in the South Bay that provides free, non-medical support services to cancer patients and their families regardless of their cancer type, where they receive medical care, or their insurance status. This support includes counseling, classes in nutrition and movement, educational workshops, support groups for patients and caregivers, a wig bank, survivorship workshops, and access to a variety of integrative healing modalities.
Program Delivery Site(s)	Services will be provided at agency site.
Services Funded By Grant/How Funds Will Be Spent	Services include: • One-hour counseling sessions for cancer patients and their caregivers or cancer patients and their family members Full requested funding would support personnel.

FY20 Healthy Mind Proposal Summary

Child Advocates of Silicon Valley

Program Title	Advocacy Program for Foster Teens
Grant Goal	To support Santa Clara County foster pre-teens/teens ages 11-18 by providing them with a Court Appointed Special Advocate (CASA), who helps ensure youth do not slip through the cracks of overburdened foster care and education systems. CASAs work to ensure their teens receive appropriate educational support and develop healthy self-care habits. CASAs assist children in working toward successful emancipation from the foster care system and help them make important decisions about remaining in the dependency system, attending college, finding a home, and securing a job. The Child Advocates' Teen Program, of which this is part, provides physical, emotional and academic support to abused and neglected youth.
Community Need	There are a variety of health concerns specific to children in the dependency system. For example, many children enter foster care with existing medical conditions, under-treated medical problems and/or have received only sporadic health care. In many cases, even after entering foster care, children do not receive needed health care due to a variety of barriers. According to the American Academy of Pediatrics, of the children entering foster care: [1] • About 50% have chronic physical problems (e.g. asthma, anemia, visual loss, hearing loss, and neurological disorders) • About 10% are medically fragile or complex • Many have a history of prenatal substance exposure and/or premature birth The mental and behavioral health of foster children presents an even greater challenge:[2] • Up to 80% of youth in the foster care system have significant mental health issues compared to 18% to 22% of the general population. • Of the children in foster care, just 23% of those in care for at least 12 months received any mental health services. • According to a national study by the Urban Institute, foster children had higher levels of emotional and behavior problems, more often had physical, learning, or mental health conditions that limited their psychosocial functioning, and were less engaged in school and more likely to have been expelled. Given these statistics, it is not surprising that the American Academy of Pediatrics has declared mental and behavioral health "the largest unmet health need for children and teens in foster care," and advises that, "mental and behavioral health requires the presence of at least one nurturing, responsive caregiver who is stable in the child's or teen's life over time".[3] Although there has recently been an increased focus on the academic needs of foster youth, California received only a "D+" on the 2018 Children's Report Card for providing students in foster care with education support.[4] The state's low marks for educational outcomes for foster children can be seen in Santa Clara County, where in 2017-18 only 10% of foster students in 8th grade met the standards for mathematics, compared to 57% of non-foster students who met the mathematics standards. Only 22% of 8th grade foster students met the standards for English Language Arts, compared to 64% of non-foster students who met the standards.[5] Sources: 1. https://www.aap.org/ 2. http://www.hunter.cuny.edu 3. https://www.aap.org 4. https://bemyadvocate.org/filelibrary 5. https://dq.cde.ca.gov

FY20 Healthy Mind Proposal Summary

Agency Description & Address	509 Valley Way, Building 2, Milpitas https://bemyadvocate.org/ Child Advocates mission is to provide stability and hope to children who have experienced abuse and neglect by being a powerful voice in their lives. To achieve this, the agency recruits, trains and supports volunteer Court Appointed Special Advocates (CASAs) to work one-on-one with foster children. Child Advocates is the only agency in Santa Clara County providing this critical service. Statistics show that the stability and support of a CASA results in better outcomes for foster children– they receive more services while in the dependency system, are more likely to find a safe, permanent home, are less likely to experience multiple home placements, do better in school and spend, on average, 8 months less time in foster care than children without a CASA.

FY20 Healthy Mind Proposal Summary

Counseling and Support Services for Youth (CASSY)

Program Title	Mental Health Support for Youth at Campbell Union School District
Grant Goal	To continue providing a comprehensive mental health program for youth attending five elementary or middle schools in Campbell Union School District (CUSD) during the 2019-20 school year. The program targets schools with the least resources and highest need. Specifically, this grant will support the placement of 3 associate level therapists at three elementary and two middle school campuses in CUSD.
Community Need	The need to provide youth in CUSD with mental health support is urgent: in 2016, nearly a quarter of Santa Clara County youth reported needing mental health support and half of Campbell Union High School District staff felt that depression or other mental health issues were a moderate or severe problem at their school, citing the need for more support in meeting students' social-emotional needs. Youth are particularly at risk for mental health issues, and building resilience early is the key to prevention, yet they must combat myriad barriers to treatment. Consider the following statistics: • In a given year, one in five of young people (13-18) experience mental health issues such as depression or anxiety.[1] • Nearly one in five youth in Santa Clara County admit to seriously considering committing suicide in the last year.[2] • Mental health is the number one reason Santa Clara County youth are hospitalized, at a rate higher than the state average.[3] • Sadly, state-level data suggests that only one-third of children who need help will receive counseling; for teens living in poverty, the number plummets, with only 10% receiving help. [4, 5] The gap in mental health services is particularly apparent in communities served by Campbell Union School District (CUSD). • 29% of CUSD 7th graders reported feeling chronic sadness or hopelessness in the last 12 months, an indicator of depression.[6] • 23% of middle school CUSD staff felt that depression or other mental health issues were a moderate or severe problem at their school; this jumps to71% in CUSD high schools.[7] • Over 50 students from just six Campbell high schools are referred to CASSY for more intensive support due to potential self or interpersonal harm every year. Despite the clear need for support, there are few community-based mental health providers in the San Jose area, forcing families on long car or bus rides, something they often cannot afford or logistically manage. Complicated insurance battles, the cost of private care, and the stigma associated with mental health issues also act as barriers to proper treatment. Stigma is an even larger barrier in the Hispanic/Latino community, which represents nearly half of the CUSD student population (47%). Left untreated, mental health issues have a profound impact on a student's well-being, academic achievement and future prospects. Students with unmet mental health needs are more likely to have lower grades and test scores; experience higher rates of suspension, expulsion, and truancy; and more likely to drop out of school altogether.[1] Too often, the result is a child who become increasingly isolated, who abuses substances, or, in the most tragic cases, commits suicide—the second leading cause of death for youth today.[8] Based on its research, the Institute of Medicine has concluded that mental health and a psychological service are essential for many students to achieve academically, and recommends that such services be considered mainstream, and not optional. Studies show that these services are far more effective

	if they are school-based, and that school-based interventions that support the development of self-control, self-regulation, and positive relationships are linked with positive educational outcomes.[9] Sources: 1. https://www.nami.org/NAMI/media/NAMI-Media/Infographics/Children-MH-Facts-NAMI.pdf 2. https://data.calschls.org/resources/Santa_Clara_County_SEC0911_main.pdf 3. https://www.kidsdata.org/topic/290/hospitaldischarges-diagnosis/bar#fmt=238&loc=2,59&tf=84&pdist=69&ch=573,717,574,575,576,577,578,579,580,581,582&sort=loc 4. https://www.kidsdata.org/topic/783/emotional-mental-help/table#fmt=1198&loc=59&tf=89&sortColumnId=0&sortType=asc 5. https://www.pbis.org/school/school-mental-health/interconnected-systems 6. https://data.calschls.org/resources/Campbell_Union_1314_CHKS.pdf 7. https://data.calschls.org/resources/Campbell_Union_High_1718_CSSS.pdf 8. https://www.kidsdata.org/topic/213/youthsuicide-rate/table#fmt=2311&loc=2,59&tf=93&sortType=asc 9. http://www.ascd.org/publications/educational_leadership/may13/vol70/num08/Teaching_Self-Regulation_Has_Long-Term_Benefits.aspx
Agency Description & Address	Sobrato Center for Nonprofits, Milpitas http://cassybayarea.org/ Counseling and Support Services for Youth (CASSY) is a nonprofit that partners with local public schools to provide comprehensive mental health services to all enrolled students at no charge. We place highly qualified school therapists on school campuses where they provide individual/group therapy, preventative health education, staff and parent consultations, and crisis intervention. Our mission is to de-stigmatize mental health services and make supporting students' social and emotional well-being the norm in our schools. Since 2009, CASSY has grown to provide a mental health safety net to over 50,000 students at 56 public schools in East Palo Alto, Palo Alto, San Jose, Milpitas, Los Gatos, Saratoga, and Campbell. Last year, 97% of students we served stabilized or increased positive functioning in their daily life.
Program Delivery Site(s)	The following five elementary and middle schools in the Campbell Union School District: • Monroe Middle School • Rolling Hills Middle School • Castlemont Elementary • Lynhaven Elementary • Rosemary Elementary
Services Funded By Grant/How Funds Will Be Spent	Services include: • Individual assessment and mental health treatment planning • Individual and Group Counseling • Preventative Mental Health Education • Staff Consultation and Training • Parent Consultation, Training, and Community Outreach • Crisis Intervention and Re-entry Support Full requested funding would support 1.5FTE school-based therapists and partial salary for the site supervisor.

FY20 Healthy Mind Proposal Summary

Cupertino Union School District

Program Title	Cupertino Union School District Counseling Intern Program
Grant Goal	To continue support of the Cupertino Union School District (CUSD) Counseling Intern Program providing individual, group, and family therapy to students and their families. Therapists also provide consultation, crisis intervention, and case management services for each school site. The services are provided to students in both elementary and middle schools who are demonstrating challenges with mental health issues that impact their ability to access their education.
Community Need	Students who are impacted by mental illness are challenged in life functioning. These challenges often impact a student's ability to fully access their education. There is a lack of access to mental health services in the community, and the CUSD Counseling Intern Program provides easily accessible counseling services to youth. The El Camino Hospital 2016 Community Health Assessment documented, "Community feedback indicates that there is a lack of health insurance benefits for those who do not have formal diagnoses and insufficient services for those who do.[1] According the U.S. Department of Health and Human Services, one in five children and adolescents experience a mental health problem during their school years. Examples include stress, anxiety, bullying, family problems, depression, a learning disability, and alcohol and substance abuse. Serious mental health problems, such as self-injurious behaviors and suicide, are on the rise, particularly among youth. Unfortunately, estimates of up to 60% of students do not receive the treatment they need due to stigma and lack of access to services. Of those who do get help, nearly two thirds do so only in school.[2] The 2017 California Healthy Kids Survey indicated that 19% of CUSD middle school aged students reported feelings of sadness and hopelessness for more than two weeks over the course of the school year.[3] This is an increase of 5% from the last time the survey was administered in 2015. Our students are reporting more difficulty in managing feelings of anxiety and depression. The stakes are high if students suffering from mental illness do not receive the therapeutic support they need. The American Academy of Pediatrics states, "The human and economic toll of inadequately addressing these mental health problems is significant. Untreated mental health disorders lead to higher rates of juvenile incarcerations, school dropout, family dysfunction, drug abuse, and unemployment".[4] Schools are able to provide high quality mental health services and are uniquely able to provide individual, classroom, and family intervention for the well-being of students. Sources: 1. https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf 2. https://www.nasponline.org/resources-and-publications/resources/mental-health/school-psychology-and-mental-health/school-based-mental-health-services 3. https://calschls.org/reports-data/dashboard/ 4. http://pediatrics.aappublications.org/content/113/6/1839
Agency Description & Address	10301 Vista Drive, Cupertino https://www.cusdk8.org/ 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

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	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)	All five middle schools in the Cupertino Union School District (Hyde, Cupertino, Miller, Lawson and Kennedy) and as-needed by referral at elementary schools in the school district.
Services Funded By Grant/How Funds Will Be Spent	Services include: • 30-60 minute, weekly Individual, group, and family counseling • Suicide and Self-harm risk assessment as needed • Crisis intervention as needed • Case Management, weekly, approximately 2-3 hours per week • Collaboration with school staff, weekly, approximately 5 hours per week • Social and Emotional Learning Lessons, weekly, as caseload allows Full requested funding would support 1 FTE and 4 part-time Marriage and Family Therapists and a part-time contracted clinical supervisor as well as some administrative costs.

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Jewish Family Services of Silicon Valley

Program Title	To Life! Wellness for Seniors
Grant Goal	Jewish Family Services (JFS) is requesting support to continue to increase access to and expand our existing mental health and social services for approximately 150 lower incomes, socially isolated older adults. The services will be provided onsite Monday through Friday at Chai House Senior Living Community where our agency, JFS SV, opened a branch office in 2017. Increasing access to and expanding our existing mental health/social services will result in earlier diagnosis of mental health and social issues, as well as decreased isolation and institutionalization of Chai House residents. The services will be provided year-round by a skilled social work team, with expertise in gerontology, mental health and case management. We will coordinate care with the San Jose State University nursing team onsite at Chai House. Services will include individual therapy, group counseling, health-related workshops, case management, consultation with the Chai House JASCO management team, and linkages with relevant service providers (medical, psychiatric, social services) as needed; and be available in English, Russian, Spanish and Japanese. These services are especially needed due to the ongoing increase in Section 8 residents with significant mental health diagnoses and financial issues moving into Chai House. Some of the newest of these residents were recently homeless; and present with PTSD, substance abuse, mental illness and related issues. JFS is working with a much more challenging population than had resided in Chai House in the past and believe that this trend will continue considering the ongoing scarcity of affordable senior housing in Silicon Valley.
Community Need	Chai House, a 144-unit senior residence, is located in North Willow Glen, in the 95126 zip code. As described in Santa Clara County City and Small Area/Neighborhood Profiles for 2016, the median household income for North Willow Glen was $66,423 as compared to the rest of Santa Clara County which was $93,854. It is a high-density area, with households occupied by renters at 64% of the residences being multi-unit housing, compared to the Santa Clara County average of 33%. 100% of Chai House residents have low to very low incomes – below the median household income for North Willow Glen - with over 2/3 qualifying for Section 8 housing. Prior to opening a branch office onsite at Chai House in July 2017, the 150 residents had no access to onsite mental health services. In addition, 60% of residents do not drive – and those who do rarely venture more than a three-mile radius. Since July 2017, the social services staff has noted that at least 25% of residents have displayed elements of depression, problems with substance abuse, anxiety and other mental health issues. With each passing month, JFS's case notes reports indicate that the number and severity of residents with significant behavioral health issues – including those requiring psychiatric hospitalization and other interventions – has increased. Despite adding a full-time clinical social worker – or perhaps because of it –many previously undiagnosed conditions such as hoarding, anxiety, schizophrenia, paranoid personality disorder, depression, borderline personality disorder, psychosis, and substance abuse have been discovered. Approximately 30% of the caseload at Chai House suffers from serious behavioral health issues. This finding mirrors the El Camino Hospital 2016 Community Health Needs Assessment (CHNA) showing that behavioral health (including mental health, well-being and substance abuse) was prioritized among top community needs. Source: https://www.sccgov.org/sites/phd/hi/hd/Documents/City%20Profiles/San%20Jose%20Neighborhoods/NorthWillowGlen_neighprofilesPDF5110013.pdf

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Agency Description & Address	14855 Oka Road, Suite 202, Santa Clara https://www.jfssv.org/ Jewish Family Services of Silicon Valley (JFS SV) transforms lives and restores hope. JFS SV serves a multi-ethnic community with social, senior, behavioral health, refugee, and volunteer services. Our ethnically diverse staff speaks nine languages. JFS SV Aging with Dignity Senior Services for 2,000 elders at a variety of life stages focuses on those allowing older adults to remain at home. Project NOAH safety net services provide emergency food, financial assistance, counseling and job search support to over 1,000 low income people each year. JFS SV has provided refugee resettlement, employment and acculturation services to 5000 refugees, immigrants and asylees from all over the world.
Program Delivery Site(s)	Chai House, 814 St. Elizabeth Drive, San Jose
Services Funded By Grant/How Funds Will Be Spent	Services include: • Individual one-hour case management sessions • Individual one-hour therapy sessions • Ninety-minute group therapy sessions • Monthly ninety- minute health-related workshops • Weekly medical consultations with San Jose State Nurses Fully requested funding would support the salaries of staff clinical social workers.

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LifeMoves

Program Title	Behavioral Health Support for Homeless Individuals in Santa Clara County
Grant Goal	To provide behavioral health services to homeless individuals, on-site and in real time, at LifeMoves homeless shelters in Santa Clara County. The objectives of this program are (1) to screen homeless clients for behavioral health issues, and (2) to connect those needing services to on-site services.
Community Need	The El Camino Hospital 2016 Community Health Needs Assessment ("CHNA") ranks behavioral health needs as fourth highest among the 19 health needs to be prioritized within our community. The CHNA reports that 38% of County residents reported poor mental health at least one day in a month, and 60% report being stressed about financial concerns. According to the 2017 Santa Clara County Homeless Census and Survey, 69% of chronically homeless survey respondents reported alcohol or substance use, and 50% reported an emotional or psychiatric health condition.[1] Based on more than three decades of experience, we believe these numbers underestimate the extent of behavioral health issues among the homeless. LifeMove's data and research validates that virtually all homeless individuals in Santa Clara County suffer from trauma.[2] Moreover, due to the fact of their having lost stable housing, we can say with certainty that all of them are under stress related to financial concerns. These financial and housing concerns also impact the overall health and well-being of homeless individuals, as indicated by "Economic Security" and "Housing" being ranked first and third, respectively, in the CHNA's prioritization of health needs. As mentioned above, behavioral health issues can be both a contributing factor to, and a result of, homelessness. Many families who become homeless—especially women and their children—have experienced trauma, including domestic, interpersonal, and community violence and have been victims of physical, emotional/ psychological, and/or sexual abuse.[3] This research coincides with our own data, which indicates that approximately half of all women admitted to our shelters report being survivors of domestic violence. Moreover, homelessness has a severe impact on children, and correlates strongly with development delays and academic achievement gaps, as well as later-life substance abuse, domestic violence and homelessness.[4, 5] Individuals and families who become homeless often experience trauma, as well as PTSD, stress, depression and acute anxiety. If these behavioral health issues are not addressed, homeless individuals will be less likely to regain and maintain housing stability, and less likely to become self-sufficient over the longer term. Sources: 1. https://www.sccgov.org/sites/osh/ContinuumofCare/ReportsandPublications/Pages/HomelessnessCensusandSurvey.aspx 2. https://www.samhsa.gov/homelessness-housing/trauma-informed-care 3. http://nctsn.org/sites/default/files/assets/pdfs/PFA_Families_homelessness.pdf 4. Facts on Trauma and Homeless Children, "How Does Trauma Enter the Lives of Homeless Children" at http://nctsn.org/sites/default/files/assets/pdfs/Facts_on_Trauma_and_Homeless_Children.pdf 5. https://pdfs.semanticscholar.org/fc6f/4fac993bdc02b097df072a13e12371d09ebe.pdf
Agency Description & Address	181 Constitution Drive, Menlo Park https://lifemoves.org/ LifeMoves is the largest and most innovative non-profit committed to breaking the cycle of homelessness for families and individuals in San Mateo and Santa Clara Counties. Since 1987, our mission is to provide interim housing and supportive services for homeless families and individuals to rapidly return to stable housing and long-term self-sufficiency. LifeMoves operates ten shelters from Daly City to San Jose that on a typical night provide food, clothing and shelter

	to approximately 700 individuals, nearly half of whom are minor children. LifeMoves also operates seven other facilities that include permanent supportive housing sites and a drop-in center. Additionally, LifeMoves administers a broad range of "non-site-based" programs such as homeless outreach team in San Mateo County and the "Safe Parking for Families" pilot program in San Jose.

Program Delivery Site(s)	At LifeMoves's five homeless shelters in Santa Clara County:
	• Two shelters for families and single women:
	  ○ Georgia Travis House at 260 Commercial Street, San Jose
	  ○ Villa at 184 South 11th Street, San Jose
	• Two shelters for single adults:
	  ○ Julian Street Inn, 546 W. Julian Street, San Jose
	  ○ Montgomery Street Inn, 358 N. Montgomery Street, San Jose
	• New Haven Inn, 937 Locust St, San Jose

Services Funded By Grant/How Funds Will Be Spent	Services include: • Screen clients for behavioral health issues, referrals to BehavioralMoves program • Provide individual, group and milieu therapy • Bilingual services in Spanish and English, with translation services available in other languages as- needed • Practicum Students in Santa Clara County will provide 800 hours of individual, group and milieu therapy • Train psychologists and therapists on the behavioral health issues that accompany homelessness Full requested funding would support partial salaries for positions including Director and Associate Director of Behavioral Health, consultants and intern stipends, as well administrative costs.

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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 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	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 concerns.[1] 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 hospitalizations.[2] 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" in 2016.[2-4] 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. 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. Sources: 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	Momentum for Mental Health, San Jose https://www.momentumformentalhealth.org/ 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 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.
Program Delivery Site(s)	Services will be provided at the agency site

Services Funded By Grant/How Funds Will Be Spent	Services include:
	• 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:
	  ○ Intensive outpatient program
	  ○ Crisis residential care
	  ○ Supportive housing for women
	Full requested amount funds partial salaries for staff including a psychiatrist, a clinician, a program manager and administrative staff as well as administrative costs.

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Peninsula Healthcare Connection

Program Title	Psychiatric Services - Medication Management
Grant Goal	Provide psychiatric services to homeless and at-risk individuals of Santa Clara County to help manage and stabilize lives through assessment and diagnosis, treatment planning and medication management. The goal is to empower homeless and low-income individuals to become self-sufficient members of the community, and is a vital component to ending homelessness.
Community Need	"Better mental health services would combat not only mental illness, but homelessness as well," according to the National Coalition for the Homeless. Although those dealing with severe mental illness are willing to seek treatment, one of the biggest barriers to receiving care is lack of access. Specifically in Santa Clara County, there is a lack of general and specialty providers. The 2016 Community Health Needs Assessment (CHNA) revealed that access to healthcare for those experiencing homelessness was also cited as a top concern, particularly for behavioral health treatment and treatment for conditions that require rehabilitation and follow-up care. Having a serious mental illness can disrupt a person's ability to carry out essential aspects of daily life. For homeless individuals, mental illness contributes to difficulties maintaining stable relationships, and in gaining and retaining employment and/or housing. A study of people with serious mental illnesses seen by California's public mental health system found that 15% were homeless at least once in a one-year period. Patients with schizophrenia or bipolar disorder are particularly vulnerable. According to the 2017 Santa Clara County Homeless Point-In-Time Census and Survey, there was an estimated 7,394 homeless individuals residing in Santa Clara County. [1] Individuals experiencing chronic homelessness made up 28% of the total homeless population. Among chronically homeless individuals in Santa Clara County, 50% reported an emotional or psychiatric health condition, 69% reported alcohol or substance use, 42% a physical disability, 26% with PTSD and 34% with chronic health conditions. [2] For all of the reasons above—increased homeless populations in Santa Clara County, increased demand for behavioral health treatment and increased risk for those suffering from mental illness to experience homelessness—mental health services in Santa Clara County are heavily impacted. [3] The current system of care can prove challenging to navigate and access and initial access to mental health services can be one of the biggest barriers for individuals to address mental health issues. [4] Sources: 1. 2017 Santa Clara County Homeless Census and Survey https://www.sccgov.org/sites/osh/ContinuumofCare/ReportsandPublications/Documents/2017%20Santa%20Clara%20County%20Homeless%20Census%20and%20Survey%20Report.pdf 2. 2016 Santa Clara County Community Health Needs Assessment https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf 3. National Coalition for the Homeless, Mental Illness and Homelessness, 2009 http://www.nationalhomeless.org/factsheets/Mental_Illness.pdf 4. Mental Illness and Homelessness 2017 https://nationalhomeless.org/wp-content/uploads/2017/06/Mental-Illness-and-Homelessness.pdf
Agency Description & Address	1671 The Alameda ,Suite 306, San Jose http://www.peninsulahcc.org/ 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 residents.
Program Delivery Site(s)	Services will be provided at agency's clinic in Palo Alto
Services Funded By Grant/How Funds Will Be Spent	Services include: • Comprehensive psychiatric care, including assessment, care planning and medication management to all patients requesting or requiring these services • Connection of patients to intensive case management services and therapy as needed, utilizing PHC's comprehensive services and partnerships • Outreach and education to homeless individuals about available services and assistance securing housing Full requested funding would support a psychiatrist, licensed vocational nurse and case manager.

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Respite and Research for Alzheimer's Disease

Program Title	Dementia Specific Day Care
Grant Goal	This program will provide dementia specific adult social day care and caregiver respite and support for individuals diagnosed with Alzheimer's disease and related dementias and their caregivers.
Community Need	Alzheimer's disease in Santa Clara County is reaching epidemic proportions. According to the Alzheimer's Association California Alzheimer's Disease Data Report, the number of persons with Alzheimer's disease increased by 19% from 2008 to 2015. As the Baby Boomer population ages, the number of persons diagnosed with Alzheimer's disease alone will increase exponentially. In 2015, there were 32,988 persons in Santa Clara County living with Alzheimer's disease; by 2030, this number is expected to increase by 78% to 58,568.[1] Projected national estimates mirror this increase; by 2050, the number of persons with Alzheimer's dementia is anticipated to increase by 110%.[2] According to the Journal of American Psychiatry and Alzheimer's Association, those with Alzheimer's disease and related dementias whose cognitive impairments have declined to the point of moderate to severe are at high risk of isolation, declining health, premature institutionalization, and neglect.[3-4] Their needs create barriers beyond the scope of traditional senior centers and recreational activity programs, and many caregivers find themselves saddled with the financial, emotional, and physical burdens of caregiving. Forty-six percent of all caregivers of older adults in the US do so for someone with Alzheimer's disease or another form of dementia. The cost of care ranges from $63,000 per year to $82,000 per year for paid home health care and runs as high as $91,000 annually for a skilled nursing facility.[5] Employed caregivers report a loss of wages and benefits totaling as much as $324,000 per year. The stress of providing dementia care greatly increases caregivers' susceptibility to isolation, disease, and other mental and physical health complications, with over 1 in 3 reporting a health decline due to care responsibilities.[6] Sources: 1. https://bit.ly/2B8UOT7 2. https://bit.ly/2rkySQp 3. https://bit.ly/2Esel5c 4. https://bit.ly/2rkySQp 5. https://bit.ly/2FZe4bp and https://bit.ly/2a5t4Aj 6. https://bit.ly/2rkySQp
Agency Description & Address	2380 Enborg Lane, San Jose Founded in 1984, RRAD operates two collaborative programs: Alzheimer's Activity Center (AAC) and Rosa Elena Childcare Center (RECC). The AAC, a licensed social adult day program supporting persons living with Alzheimer's and dementia, provides respite services in a safe, supportive, dignified environment. The RECC licensed for children 2 years to first grade, is a play- based early childhood learning program. Co-location of these programs ensures daily intergenerational activities, providing our youth and seniors enrichment and support. The AAC is the only dementia specific adult day care program in Santa Clara County, serving up to 90 people daily, 6 days per week, 10.5 hours per day. Last year 77% of the 246 clients served were low to extremely low income.
Program Delivery Site(s)	Services will be provided at the agency site in San Jose.

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Services Funded By Grant/How Funds Will Be Spent	Services include: • Conducting daily small group activities to enhance social interactions • Conducting weekly session of intergenerational activities with pre-school children ages 2-entry level first grade • Providing daily personal care to support good health and hygiene, monitor skin conditions, toileting, showering and podiatry • Providing at least one meal and two snacks, prepared under the guidance and direction of a Registered Nutritionist • Providing caregiver support Full requested funding would support partial staffing of six positions.

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Teen Success, Inc.

Program Title	San Jose Teen Success Program
Grant Goal	Teen Success, Inc. respectfully requests support from El Camino Hospital to provide its research-based, evidence-informed program. The program works with teen mothers to help break the cycle of poverty by supporting them in reaching their educational and life goals. Teen mothers participate in the program for 18 months. During this time, they receive: 1) weekly one-on-one coaching from a Teen Success Advocate that includes case management to mitigate barriers to school completion; educational navigation to support getting on track toward graduation; and coaching to support goal setting, problem solving, skill building and self-empowerment, and 2) a weekly peer learning and support group to build knowledge and skills in the following areas – reproductive health, child development and parenting, and social emotional learning.
Community Need	While teen birth rates have decreased significantly over the past 15 years, there are counties and communities across California where rates remain alarmingly high. For instance, parts of the Mayfair/East San Jose neighborhood, where many program participants reside, have a teen birth rate of 246 teen births per 1,000 females (in the 95116 zip code), as compared to the state average of only 21 teen births per 1,000 females. Other zip codes in the area, such as 95122 and 95111 also have extremely high teen birth rates at 229 births and 187 births per 1,000 females, respectively.[1] Geographic disparities run parallel with significant racial/ethnic and socio-economic disparities. Two out of every three babies born to teens in California are born to Latinas.[2] Poor and low-income teens, who make up approximately 40% of the adolescent population, account for 83% of teens who give birth.[3] Nearly 80% of the young women Teen Success, Inc. serves are Latina, 64% are the child of a teen parent, and 94% are living in poverty. In addition to facing the challenges that come with poverty, such as involvement with the child welfare and correctional systems, teen mothers also face the challenge of completing high school. To remain engaged in school, young mothers must navigate barriers such as shaming from educators, punitive absence and make-up policies, and lack of support for breastfeeding moms. [4] Teen mothers must also avoid having a second child as teenager, which is associated with a much lower likelihood of obtaining a high school diploma.[5] Less than 40% of teen mother's graduate high school and 18% of teen mothers have a second child as a teen.[6] Children of teenage mothers face their own challenges –they are more likely to have lower school achievement and drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.[7] Developmental Assets - Developed and identified by the Search Institute, Developmental Assets are the positive experiences and qualities that influence young people's development. Research shows that having a greater number of developmental assets reduces youths' tendency towards alcohol use, tobacco use, illicit drug use, antisocial behavior, violence, school failure, sexual activity and attempted suicide. Beyond prevention, developmental assets have also been shown to help youth thrive by overcoming adversity, delaying gratification, succeeding in school, valuing diversity, helping others, demonstrating leadership and being physically healthy.[8] Girls Circle – In order to build social-emotional health, self-efficacy, and a growth mindset, the program utilizes the evidenced-based Girls Circle model. Numerous studies have proven the model is effective in increasing educational aspirations and expectations; decreasing recidivism, self-harming behavior and rates of alcohol use, and; increasing self-efficacy, attachment to school, positive body image, and social support.[9] Partnering with Teen Parents - Advocates work with young

	mothers to develop and practice appropriate parent child-interactions that are focused on creating a strong parent-child bond and healthy child development.[10] PowerSource Parenting - an evidence-based parenting education curriculum that is specifically designed for teen parents and focuses on supporting them to develop the skills to be loving, effective parents, raise healthy children, and manage stress and anger, while reducing risk-behaviors such as substance abuse and interpersonal violence.[11] Sources: 1. https://www.sccgov.org 2. https://tinyurl.com/yd89zb3d 3. http://www.seecalifornia.com 4. https://tinyurl.com/glgmx82 5. http://www.scaany.org 6. https://powertodecide.org/ 7. http://www.ncsl.org 8. https://www.healthyteennetwork.org 9. https://www.search-institute.org 10. https://onecirclefoundation.org 11. https://parentsasteachers.org
Agency Description & Address	508 Valley Way, Milpitas https://www.teensuccess.org/ The mission of Teen Success, Inc. is to help underserved teen mothers and their children become educated, self-sufficient, valued members of society. Our vision is that every first-time teen mother and her child in California and Northern Nevada will have the supports and opportunities necessary to prosper. We provide young mothers with the support necessary to achieve the following goals: complete high school; maintain their family size; and, learn how to nurture their child's positive development.
Program Delivery Site(s)	Peer Learning Group sessions take place at Mayfair Community Center: 2039 Kammerer Ave, San Jose and Mexican Heritage Plaza, 1700 Alum Rock Ave, San Jose One-on-One coaching sessions take place at members' homes, at local community centers and libraries, at their school, and local coffee shops and parks. The member decides where the coaching sessions will be held, based on where they feel most comfortable and available transportation.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Teen mothers (members) will each receive 60 hours of one-on-one coaching with an advocate over the course of 18 months • Members will each attend weekly Peer Learning Group sessions that last 2.5 hours for 40 weeks which includes educational navigation with school counselors and parent and life skill development Full requested funding would support partial salaries for the program manager, advocates, child watch providers, supplies, incentives, staff development and training.

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Uplift Family Services

Program Title	Campbell Union Unified School District Counseling - Addiction Prevention Services
Grant Goal	Continue Uplift Family Services delivery of Addiction Prevention Services (APS) at Campbell Union Unified School District. This school-based program helps supports the gaps that are often seen in school districts as it relates to mental health supports. The goal is to decrease the use of all substances, and increase youths' physical, mental, academic, and social functioning, as well as and support parents and teachers as they are challenged with youth behavior issues.
Community Need	The APS team has observed that the current political and social climate has been difficult for many youth attending our local high schools. Twenty-four hour news coverage in print, on the radio and on social media has led many youth feeling unsafe and stressed. Further, some of our youth are concerned about racially, and sexually motivated harassment and crimes, and fear that their parents may be deported due to immigration laws. These concerns have led to an increase in depression, anxiety and fear. Some teens unfortunately turn to drugs and alcohol as a way to cope with these stressful times. The APS team has also observed in the past two years a noticeable increase in the use of marijuana, "vaping" e-cigarettes, and abusing Xanax prescription pills at the Campbell Union High Schools. The legalization of marijuana and its more mainstream visibility in pop culture is also impacting youth's perception of harm. As a 2013 University of Michigan study noted, there is a correlation between increased uses of marijuana among youth as their perception of harm decreases. The growing legalization of marijuana has also sparked the American Academy of Child and Adolescent Psychiatry (AACAP) to strongly oppose the new laws because it is the Academy's belief that "marijuana's deleterious effect on adolescent brain development, cognition, and social functioning may have immediate and long-term implications, including increased risk of motor vehicle accidents, sexual victimization, academic failure, lasting decline in intelligence measures, psychopathology, addiction, and psychosocial and occupational impairment." The aforementioned areas are issues that our current populations of youth are struggling with and we will continue our work with educating students about the harmful impacts of marijuana use and provide needed interventions. Another target group with unmet needs is LGBTQ students. Due to the increased bullying, violence and lack of social support that LGTBQ students may experience, these youth are at greater risk for adverse impacts. According to The Center for Disease Control and Prevention, "LGBT youth are at greater risk for depression, suicide, substance use, and sexual behaviors that can place them at increased risk for HIV and other sexually transmitted diseases (STDs). Nearly one-third (29%) of the youth had attempted suicide at least once in the prior year compared to 6% of heterosexual youth". With the significant increase in suicide attempts, APS wants to work more next year with the Gay Straight Alliance (GSA) groups that are on each of the CUHS campuses. A focused level of education on suicide prevention, drug and alcohol abuse, and healthy coping will be critical in supporting this vulnerable population of youth. Source: https://www.cdc.gov/lgbthealth/youth.htm
Agency Description & Address	251 Llewellyn Avenue, Campbell, CA 95008 https://upliftfs.org/ Uplift Family Services is a statewide non-profit organization. We are proud to be one of California's leading providers of social services that help children with severe emotional, social, and behavioral needs, and their family members. The agency's mission is to do whatever it takes to strengthen and advocate for children, families, adults, and communities to realize their hopes for behavioral health and well-being. Annually, the agency provides services to over 30,000

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	children from birth to 21 years of age, and their families throughout more than 30 counties in California. Our goal is to help children and families access healing and hope towards a brighter future.
Program Delivery Site(s)	Six high schools in the Campbell Union High School District: • Westmont High, Campbell • Prospect High, Saratoga • Leigh High, San Jose • Branham High, San Jose • Del Mar High, San Jose • Boynton High, San Jose
Services Funded By Grant/How Funds Will Be Spent	Services provided: • Assessments, intake and risk management: determine level of care as needed • Classroom workshops (gangs, bullying, suicide prevention, drug and alcohol education, stress/anxiety management) and school assemblies • Targeted Intervention Groups (reduce high risk behavior) • Individual counseling • Year-round access to services for local youth who are Medi-Cal eligible (as needed) • Teacher/staff trainings & workshops • Parents/caregiver meetings and education regarding access • Targeted family case management • Brief Intervention • Unplanned Risk Assessments to access for risk or manage crisis Full requested funding would support two on-site counselors at five schools and administrative costs.

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).

- 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 Other[6] 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/)

- 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

- Increase self-sufficiency amongst vulnerable families and older adults through social work case management
- Reduce incidence of chronic diseases such as heart disease, hypertension and diabetes through culturally relevant programs, screenings and expanded access to medical devices
- Address social determinants of health such as homelessness, housing instability and food insecurity
- Support injury prevention, including falls prevention among older adults
- Provide domestic and intimate partner violence survivor services
- Promote physical activity and healthy lifestyles
- Promote access to medical searches and improve health literacy

FY20 Healthy Community Proposal Summary

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	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. Sources: 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	2500 Grant Road, Mountain View https://www.elcaminohospital.org/services/chinese-health-initiative 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.
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	Services include: • 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 Full requested funding would support partial staffing and program materials for screenings and outreach.

FY20 Healthy Community Proposal Summary

Los Gatos-Saratoga Recreation NEW

Program Title	55 Plus Program
Grant Goal	The goal of this grant is to decrease social isolation amongst older adults through socialization activities and support groups.
Community Need	Social isolation—defined as a lack of meaningful contacts with others—is a significant risk factor for poor health status and increased mortality. Older adults may be especially at risk for social isolation because they are more likely to have experiences—like the loss of friends and loved ones, or the onset of health problems—that increase their need for a strong foundation of robust social relationships.[1] About one-third of U.S. adults age 45 and older report feeling lonely — and, due to an increased number of aging adults, the number is growing. A survey by the AARP Foundation in September 2018, finds that those who have a low income are especially vulnerable. Nearly half of midlife and older adults with annual incomes of less than $25,000 report being lonely. A full 10 million people over the age of 50 live in poverty in the United States. People who are lonely and socially isolated are more likely to have health problems, which can have serious financial implications. Social isolation among midlife and older adults is associated with an estimated $6.7 billion in additional Medicare spending annually. In 2016, there were 30,491 residents living in the Town of Los Gatos and there were 10,161 residents age 55+ and over. Over 33% of residents living in Los Gatos are of senior age.[2] Sources: 1. https://www.aarp.org/content/dam/aarp/ppi/2017/10/medicare-spends-more-on-socially-isolated-older-adults.pdf 2. https://datausa.io/profile/geo/los-gatos-ca/#demographics
Agency Description & Address	208 E. Main Street, Los Gatos http://www.lgsrecreation.org/ The mission of LGS Recreation is to provide fee-based public recreation programs for Los Gatos, Monte Sereno, Saratoga and the Los Gatos mountain communities, as well as to provide fee-based supplemental education programs and child care services for Los Gatos Union School District, Saratoga Union School District and Los Gatos-Saratoga Union High School District.
Program Delivery Site(s)	Services will be provided at the agency site in Los Gatos.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Provide twice weekly group socialization activities • Facilitate widow's support group Full requested funding would support two program facilitators.

FY20 Healthy Community Proposal Summary

Next Door Solutions to Domestic Violence

Program Title	Comprehensive Services for Victims of Domestic Violence
Grant Goal	To provide a continuum of comprehensive intervention and support services that address the unique needs of survivors of domestic violence. This address the key needs of safety, stability and self-sufficiency through comprehensive, bilingual intervention and support services.
Community Need	Domestic violence violates the human rights of women and girls limiting their opportunities, full participation, and advancement in society. It is gender based violence, and requires specific efforts of women's equity, empowerment, and advancement. Domestic/intimate partner violence (DV/IVP) is prevalent in every community, affecting all people regardless of age, socioeconomic status, sexual orientation, gender, race, culture, religion, or nationality. Those directly impacted by DV comprise an isolated and extremely underserved - almost invisible – population in need of a distinctive approach that includes providing support and resources for safe housing and other crisis services, peer counseling, support groups, and self-sufficiency services. Those whose lives are characterized by DV face very unique and difficult obstacles to achieving safety, stability, and greater self-sufficiency. And there are significant impacts to the overall community due to severe financial and economic burden that DV imposes on victims, households, the public sector, private businesses, and society as a whole – it significantly impedes economic growth and development.[1] Per the Centers for Disease Control and Prevention, "intimate partner violence is a preventable health epidemic", with data showing that 1 in 3 women, and 1 in 4 men, have been physically abused by an intimate partner; and that 1 in 4 women and 1 in 7 men have been severely physically abused by an intimate partner in their lifetime. [2] A 2013-14 Santa Clara County Public Health Department report stated: [3] One in ten Santa Clara County adults have ever been threatened with physical violence by an intimate partner, with the percentage higher among females than males (12% vs. 7%) and highest amongst African Americans (17%) followed by White (14%) and Latino (12%). Young adults, 18-24 years, and those 65 years and older are at 3% and 8%, respectively. The 2017 SCC DV Death Review Team report noted that "for the fourth year in a row we saw murder/suicide involving long-married elderly couples."[4]. DV/IPV continues to impact tens of thousands of SCC residents; between 2000 – 2017, there have been 191 DV/IVP related deaths, an average of 11 per year. [4-5] Sources: 1. http://www.stopvaw.org/community_costs_of_domestic_violence 2. https://www.cdc.gov/violenceprevention/nisvs/infographic.html 3. https://www.sccgov.org/sites/phd/hi/hd/Pages/violence.aspx 4. https://www.sccgov.org/sites/da/newsroom/newsreleases/Documents/2018NRDocs/2017%20DVDRT%20Report.pdf 5. https://harderco.com/...work/working-together-promote-healthy-safe-relationships-san
Agency Description & Address	234 E. Gish Road, Suite 200, San Jose http://www.nextdoor.org/ Next Door Solutions to Domestic Violence (NDS), an autonomous nonprofit based in San Jose, is entirely dedicated to addressing the impact of domestic violence – at the individual and community level. Its mission is "to end domestic violence in the moment and for all time" – creating paths for survivors from crisis to safety, stability, and self-sufficiency. Core programs are Shelter & Housing Services, Community & Systems Advocacy, Support Services, and Community Partnerships. Governed by a board of 15 community members, NDS provides a continuum of services to nearly 3,000 adults and children annually. NDS' Theory of Change sets a long-range goal of decreasing the number of women and girls in Santa Clara County who will experience abusive relationships in their lifetime (current baseline 1 in 3).

FY20 Healthy Community Proposal Summary

Program Delivery Site(s)	At NDS' Community Office in San Jose plus additional services are provided at: • Off-site Support Groups • St. Mary's Church, Los Gatos • San Miguel Family Resource Center, Sunnyvale • Palo Alto Medical Foundation, Mountain View (on the San Miguel Elementary grounds) • Amigos de Guadalupe, Center of Justice & Employment, San Jose • SOMOS Mayfair – Family Resource Center, San Jose • Off-Site Self-Sufficiency Services (HomeSafe San Jose and HomeSafe; Santa Clara)
Services Funded By Grant/How Funds Will Be Spent	Services include: • Community & Systems Advocacy sessions: Walk-In Crisis Counseling, Risk Assessment, Safety Planning, Legal Advocacy, Emergency Orders of Protections and Restraining Orders, case management, referrals to pro bono attorneys, access to a Virtual Legal Clinic • Support Group sessions (Spanish and English) • Self-Sufficiency Intensive Case Management: assistance with personal, financial, employment, housing, health/wellness, and educational goals • Bilingual services in Spanish and English with translation services available for other languages as needed Full requested funding would support partial staff salaries, including Self Sufficiency Advocates, Crisis Support Advocates and Support Group Facilitators, and some administrative costs.

FY20 Healthy Community Proposal Summary

Pacific Hearing Connections

Program Title	Hearing aids for lower income children and adult patients
Grant Goal	Pacific Hearing Connection audiologists will diagnose the hearing loss of the individual and either fit hearing aids or make appropriate medical or professional referrals. Our patients, both children and adults, will be selected based on income, using the metric of 400% of the federal poverty level or less as the criteria. Services will entail an initial hearing screening, a diagnostic evaluation for those who fail the screening, hearing aid fitting if appropriate and follow up appointments to adjust the hearing aids as needed. Pacific Hearing Connection's experience suggests that individuals with income levels that would be considered comfortable in other parts of the country struggle to make ends meet here in the Bay Area. As a result, we have observed that this population tends to be underserved and often cannot afford hearing health care.
Community Need	The statistics are alarming. According to the National Institute on Deafness and Other Communication Disorders (NIDCD), 36 million Americans have a hearing loss. This includes 17% of our adult population. The incidence of hearing loss increases with age. Approximately one third of Americans between the ages of 65 and 74 and nearly half of those over age 75 have hearing loss.[1] In 2012, the CDC identified hearing loss as the third most prevalent chronic health condition facing older adults.[2] Unfortunately, only 20% of those individuals who might benefit from treatment actually seek help. On average, hearing aid users wait over 10 years after their initial diagnosis to be fit with hearing aids.[3] Acceptability, benefit, and costs of early screening for hearing disability: A study of potential screening tests and models[4]. For individuals in the Bay Area, this problem is made worse by the cost of living in our area. For example, the cost of living in Mountain View is 115% higher than the national average.[5] Hearing aids are rarely covered by insurance, and for many cases of low income adults and children, the hearing loss goes untreated. It is our intention to, in addition to serving people who live in poverty, serve people who do not qualify for state or federal assistance yet cannot make ends meet due to the cost of living in their chosen community. Untreated hearing loss leads to sadness, depression, isolation and emotional insecurity. It also leads to reduced income.[6] Finally, studies by Frank Lin, M.D. of Johns Hopkins and others indicate a strong association between early cognitive decline and untreated hearing loss.[7] Sources: 1. NIDCD, 2010 https://www.nidcd.nih.gov/health/age--related--hearing--loss 2. https://www.cdc.gov/mmwr/volumes/65/wr/mm6515a2.htm 3. (Davis, A., Smith, P., Ferguson, M., Stephens, D., & Gianopoulos, I. (2007) 4. Health Technology Assessment, 11, 1–294 https://www.ncbi.nlm.nih.gov/pubmed/17927921 5. https://www.areavibes.com/mountain+view-ca/cost-of-living/ 6. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4466103/ 7. https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1558452
Agency Description & Address	496 1st Street, Ste. 120, Los Altos https://www.pacifichearingconnection.org/ It is the mission, duty and purpose of Pacific Hearing Connection to address, educate, coordinate and provide hearing healthcare to underserved populations on a local level. Our target population is low income adults and children who are under-served or under-insured and at risk for hearing loss. Our goal is to provide these services to this population with dignity and respect. Hearing healthcare is defined as diagnostic audiology leading to the appropriate medical intervention to remediate medically correctable hearing loss, and the fitting of hearing aids for hearing loss that is not correctable by medical intervention.
Program Delivery	Los Altos agency and sites in the community such as CSA Mountain View and Sunnyvale

FY20 Healthy Community Proposal Summary

Site(s)	Community Services where screenings were conducted in FY19.
Services Funded By Grant/How Funds Will Be Spent	Services included: • Providing free/reduced/sliding scale hearing healthcare to underserved/unserved and underinsured populations • Providing free/reduced/sliding scale hearing aids to clinics/patients • Offering workshops and educational seminars on health, hearing loss awareness and enhanced positive communication programs • Providing training of and mentoring opportunities for local volunteers interested in promoting the hearing health of patients within established clinics • Establishing programs which generally promote the mental, emotional, physical and spiritual health and wellbeing of the communities wherein the clinics operate to ultimately provide a sense of hope for a better future for the population in and around those communities Full requested funding would support program expenses and cost of goods. Salaries are in-kind.

FY20 Healthy Community Proposal Summary

HEALTHY COMMUNITY

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	South Asians have at least a two-fold increased risk for cardiovascular disease (CVD) and four- to six-fold increased risk for diabetes compared to other ethnic groups and suffer CVD and its risk factors at an earlier age. [1-4]. Coronary artery disease (CAD) is the leading cause of death[5] 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 Asians, additional risk factors have been investigated, albeit inconclusively: [1] 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] Sources: 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. Circulation. 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. Diabetologia. 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. Annals of epidemiology. 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. Journal of the American College of Cardiology. 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. Ethnicity & disease. Winter 2010;20(1):53-57. 6. Klatsky AL, Armstrong MA. Cardiovascular risk factors among Asian Americans living in northern California. American Journal of Public Health. 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. American Journal of Public Health. 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? Phytomedicine: international journal of phytotherapy and phytopharmacology. Sep 11 2013. 10. Azar KM, Jose PO, Kang JB, et al. Culturally-tailored heart health coaching (in press). Journal of Immigrant and Minority Health. 2013.
Agency Description & Address	2480 Grant Road, Mountain View https://southasianheartcenter.org/ 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.
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: • 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.

FY20 Healthy Community Proposal Summary

West Valley Community Services

Program Title	Community Access to Resources and Education (CARE) for Seniors
Grant Goal	This program will increase access to healthcare and social services by providing comprehensive case management for families with children, at-risk youth, older adults, individuals and disabled adults with low-income or fixed-income, and individuals who are homeless or at-risk of becoming homeless.
Community Need	According to the 2017 Asian Health Assessment, 16% of Chinese seniors ages 65 years and older are living under 100% Federal Poverty Level, and a high percentage of them reside in Cupertino. Most of the seniors are spending 85% of their income on rent, leaving them with little money for healthy food, medical, and other personal expenses. Poverty affects Santa Clara County's seniors differently based on different races and ethnicities, where Asian, Hispanic, and Black seniors are more likely to be living below the federal poverty line. There are also significant cultural and linguistic barriers found among seniors accessing services, and an overall lack of services available to meet specific cultural needs. These households are also at a greater risk of evictions, hunger, and developing chronic health conditions. Some of the major challenges that impact seniors living in the West Valley region include: • Lack of transportation: Public transportation in the West Valley region is sparse and bus stops are not close to where the seniors live. This critically impacts seniors without a car, who rely on public transportation, or who are no longer able to drive. • Lack of in-home care and supportive services: Many seniors depend on family, friends, and neighbors for caregiver help. Seniors living in poverty are unable to afford caregivers and are forced to call 911 for non-medical help. • Lack of affordable housing: The affordable housing crisis in Santa Clara County has a disparate impact on seniors living on a fixed income. Rising housing costs place significant stress on the household budgets of seniors living on a fixed income, and undermine the diversity of communities. According to the 2019 Silicon Valley Joint Index report, the average annual earnings in Silicon Valley reached $140,000 in 2018, a level significantly higher than the state ($81,000) and the nation ($68,000). The number of high-income households (earning $150,000 or more) in Silicon Valley and San Francisco rose by 35 percent over the past four years, while 10% Silicon Valley residents lack consistent access to food that is nutritionally adequate. Thirty percent of Silicon Valley households rely on public or private, informal assistance in order to get by.
Agency Description & Address	10104 Vista Drive, Cupertino https://www.wvcommunityservices.org/ West Valley Community Services is a nonprofit provider of community services in Cupertino, Los Gatos, Monte Sereno, Saratoga, and West San Jose. They offer assistance with food, family support, housing assistance, financial assistance, and case management.
Program Delivery Site(s)	Services will be delivered at agency location in Cupertino and CARE mobile services through the Mobile Food Pantry in Los Gatos, Saratoga and West San Jose.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing a comprehensive assessment that evaluates physical and emotional status, strengths and limitations and the ability to live independently • Conducting weekly and monthly check-ins to ensure clients are connected to services and provide necessary resources

	• Providing weekly on-site and mobile food pantry services and food drop offs to homebound seniors or those living in group homes • Providing affordable transportation through the RYDE program • Coordinating services with other local senior program • Delivering education on managing health conditions, healthy diet, and fall prevention Full requested funding would support a case manager and program supplies.

FY20 Healthy Community Proposal Summary

West Valley Community Services

Program Title	Community Access to Care and Resources (CARE)
Grant Goal	This program will increase access to healthcare and social services by providing comprehensive case management for families with children, at-risk youth, older adults, individuals and disabled adults with low-income or fixed-income, and individuals who are homeless or at-risk of becoming homeless.
Community Need	According to the recent U.S. Census Bureau report, more than 330,000 Californians fall below the federal poverty line. In Santa Clara County, 10.9% of the population lives below the poverty line, including 12.6% of children who live in poverty and 8%. According to the 2019 Silicon Valley Joint Index report, the average annual earnings in Silicon Valley reached $140,000 in 2018, a level significantly higher than the state ($81,000) and the nation ($68,000). The number of high-income households (earning $150,000 or more) in Silicon Valley and San Francisco rose by 35 percent over the past four years, while 10% Silicon Valley residents lack consistent access to food that is nutritionally adequate. Thirty-seven percent of our students receive free or reduced-price meals. Thirty percent of Silicon Valley households rely on public or private, informal assistance in order to get by and more than 57 percent of those headed by a Hispanic or Latino householder is not self-sufficient. Even in cities with higher minimum wage ordinances, the only family type that could achieve self-sufficiency would be a dual-income family with no children. In the West Valley low-income individuals and families are facing enormous threats to their safety, health, and successful life. The impacts of the increasing cost of living in Santa Clara County are: lack of affordable housing for low-income families, increase in commute time and transportation costs, income insecurity- high debt ratios and low savings, underpaid workforce with lack of benefits - paid sick leave, vacation and retirement benefits. According to Second Harvest Food Bank, "1 in 4 people are at risk of hunger in Silicon Valley". A recent San Jose State University (SJSU) survey found that approximately half of SJSU students are sometimes skipping meals due to living in poverty. (San Jose State University: SJSU Cares: Get Assistance: Food and Hunger. September 11, 2018).
Agency Description & Address	10104 Vista Drive, Cupertino https://www.wvcommunityservices.org/ West Valley Community Services is a nonprofit provider of community services in Cupertino, Los Gatos, Monte Sereno, Saratoga, and West San Jose. They offer assistance with food, family support, housing assistance, financial assistance, and case management.
Program Delivery Site(s)	Services will be delivered at agency location in Cupertino and CARE mobile services through the Mobile Food Pantry in Los Gatos, Saratoga and West San Jose.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing staffing for a full-time program coordinator and a partial case manager • Providing emergency financial assistance, food pantry access, employment services and financial coaching • Case Manager assistance with application for public benefits • Conducting health education workshops Full requested funding would support partial staffing, including program coordinator and community health specialist, and program supplies.

Financial Summary

Total Board Approved Grant Funding: $3,399,948

Sponsorship funding: $200,000

Placeholder: $100,000

Total: $3,699,948

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 Hospital's Community Benefit grant portfolio is targeted to address the needs in and across each of the three health priority areas through integrated and coordinated funding.

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

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.