AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Ratification of Apprvl. to Submit Grant App; Cross

Action Requested: Other Approval by County Manager to submit grant

Parties to the Agreement: Public Health National Center for Innovations

Term Begins: Jan. 1 2020 **Term Ends:** 12/31/2021 **Grant Contract #:**

Summary:

DHHS with the Community Health Coalition of the Gunnison Valley seeks to apply for a 2 year $150,000 grant for creating alignment across systems and help priority populations better access services in order to improve health.

Fiscal Impact:

Submitted by: Margaret Wacker **Submitter's Email Address:** mwacker@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:
Seeking new grant, if successful we'll need to add to the budget. No concerns, ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 10/15/2019

County Attorney Review: (●) Required ( ) Not Required

Comments:
ok db 10-17-19

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 10/17/2019 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 10/17/2019

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted: 0

Agenda Date: 10/22/2019

Revised April 2015

Cross-sector Innovation Initiative 2019 Call for Proposals

Brief Proposal Questions*

Instruction:

Provide the following information specific to the proposed project. Brief proposals should include the following components and will be reviewed against corresponding criteria listed in the CFP.

* Indicates required

1. Describe the following aspects of your collaboration (500 word limit):*

- Partners, mission/purpose, catalyst for the partnership's establishment, and how long it has existed
- Driver(s)/motivator(s) for the collaboration
- How the collaboration operates, including decision-making, inviting others to join, and engaging the community to identify priority problems and design solutions.
- If your collaboration is engaged in a larger health equity strategy, describe how the proposed project is a part of that.
- Potential partners who could make important contributions to this effort and yet are not engaged in this effort and why that is the case.
- If one of the required sectors currently is not part of the collaboration, describe how and when they will be engaged.

The Community Health Coalition of the Gunnison Valley (CHCGV) presents this application. The Coalition's vision of community health encompasses its socioeconomic determinants as well as "traditional" parameters.

In 2014, a Community Builders' Task Force was formed between local government, nonprofit, and business leaders. Its goal was "achieving a more prosperous and successful future for all of our Valley's communities." The result was the One Valley Prosperity Project (OVPP), a one-year planning process garnering input from 1,200 community members (county population 16,000), including youth, seniors, ranchers, immigrants, business leaders, Western Colorado University students, entrepreneurs, people in poverty and new and long-term residents. The participants articulated a community vision, an understanding of community values and desired future, consolidated data into the comprehensive State of the Valley Report (SoTV), and produced the One Valley Prosperity Strategy (OVPS). The SoTV Report identified that county residents loved their community, yet struggled with serious disparities between the costs of living here and their ability to earn enough for themselves and their families to survive and thrive.

The OVPS identified four foundations of prosperity for all community members:

- **Sustainable Tourism and Recreation**
- **Resilient Economy**
- **Affordable Housing**
- **Community Health and Equity.**

For several years, health and human service organizations and providers had informally met quarterly to share information. The OVPS designated this group to expand and to implement the three Community Health and Equity goals:

- **Meet the basic needs of the community (food, shelter, and safety/security)**
- **Enhance and improve positive youth development opportunities for ages 0-2**
- **Meet the physical, mental, dental, and spiritual needs of all residents**

Named the Community Health Coalition of the Gunnison Valley (CHCGV), three subgroups were formed: Basic Needs, Health and Wellness, and Healthy Youth Development.

The Coalition is guided by a Leadership Team consisting of the Chairpersons of the subgroups, the Executive Director of the Gunnison Valley Regional Housing Authority, the Director of Gunnison County Department of Health and Human Services (HHS), the County Health Officer, the Director of Community Impact of the Community Foundation of the Gunnison Valley, the Chairperson of the Board of the Gunnison Valley Health Foundation, the CEO of the Gunnison Valley Health System (GVH), and the Development Officer of the Health System.

The Basic Needs group focuses on housing, food security, and safety. Its 20+ members include nonprofits such as the Gunnison Country Food Pantry, Gunnison County Sheriff's Department, Hispanic Affairs Project of Western Colorado, Inmigrantes Unidos, Gunnison Valley Health, the Community Foundation, Gunnison HHS, the public library, and faith communities.

The Healthy Youth Development group includes representatives from the County Juvenile Services Department, School District, Gunnison County Substance Abuse Prevention Project (GCSAPP), and the Gunnison Hinsdale Early Childhood Council.

The Health and Wellness group includes Gunnison HHS, the GVH System (EMS, Critical Access Hospital, Home Medical Services, Long Term Care, Assisted Living, Primary Care Clinic, and Health Foundation), the Center for Mental Health, Gunnison Valley Family Physicians, and GCSAPP.

Current decision-making is by consensus of the Leadership Team and membership.

2. Describe what systems alignment would look like for your collaboration, how achieving alignment will ensure the sustainability of the collaboration and future activities, and how the funding would support working towards alignment. Provide a specific goal(s) for systems alignment and a specific measure(s) to indicate progress toward the goal(s) by the end of the funding period. (500 word limit) *

In working towards system alignment, at least 10 different organizations from the Coalition and its subgroups will sign Memorandums of Understanding to ensure future alignment around a concrete set of goals and strategies aimed at mitigating the health problem of access to resources.

Further systems alignment will be achieved through the shared use of the Quality Health Network (QHN) database and potentially the Community Resource Network that QHN is piloting in our region. QHN is the Regional Health Information Organization/ Health Information Exchange Organization which receives and maintains the aggregated health information from Western Colorado. In fact, QHN is already on track to become the common database used between the three sectors - GVH, Gunnison HHS and the Health Coalition. The shared use of the database will allow for more comprehensive measurement around the health problem of access, increased coordination between the three sectors, and an improved ability to identify future health needs.

The funding will enable the Coalition to employ staff to coordinate the activities of its members and assist needy individuals to access the services of its members. The current AmeriCorps State and National Member devotes part of their time (10 hours) to this activity – In effect, this design has served as a pilot for the envisioned position. The Grant from the CSII will enable the expansion of this position. We expect that the credibility of a full-time staff member will attract funding for entities in the coalition so that after three years, the coalition itself can sustain the position.

3. Describe the population health problem the project seeks to address, including disparities or inequities, and how the community identified the problem as a priority. Provide a link to the community health improvement plan (or similar document) where the issue has been articulated. If a link is unavailable, you will be given the opportunity to upload one document in the Supporting Documents section. Provide a specific goal(s) for improved population health and health equity and a specific measure(s) to indicate progress toward the goal(s) by the end of the funding period. (500 word limit) *

The project seeks to address the lack of access to services for individuals and families because of the disparity between the cost of living and population income. 15.4% of our population lives below the Federal Poverty Level of $26,100 for a family of 4, but, according to the Colorado Center on Law and Policy, the self-sufficiency standard for that family in Gunnison County is $63,001. That figure is 117% of the 2017 Median Household Income of $53,480 in Gunnison County. As such, the median household is not financially able to make ends meet.

GVH's 2017 Community Health Needs Assessment (CHNA) names access to care, especially with regard to medical and dental providers, as one of their four "Significant Health Needs." According to the county rankings program by RWJF, Gunnison County ranks 52 out of 60 counties with regard to clinical care. 24% of the County's population is uninsured, compared to just 16 percent for that of the State of Colorado. 14 percent of children under the age of 19 are uninsured (data from 2013).

Gunnison County's Public Health Improvement Plan (PHIP) - as a part of Region 10's West Central Public Health Partnership - highlights "access to health" as one of its five issue statements. The PHIP incorporates a focus around increasing access in its strategies for Healthy Eating Active Living (HEAL), Behavioral Health, and Healthy Housing. Again, the word access used here encompasses more than just health services, but many services and resources that impact one's health, including behavioral health services; safe, healthy, and affordable housing; nutritious, affordable foods; and appropriate transportation.

Typically, "access" has been defined narrowly. But, in Healthy People 2020, the Topics and Objectives section defines" access" as "the timely use of personal health services to achieve the best health outcomes," adding that "access to health care impacts one's overall physical, social, and mental health status and quality of life." The CHCGV embraces this breadth, recognizing the interrelationship of food, shelter, security, safety, along with educational and economic opportunity as foundational to health and well-being.

In just one year, the Health Coalition has achieved much: significant new coordinated suicide prevention efforts, information reaching vulnerable populations via the newly created mobile food pantry, an online health and wellness guide, a campaign to better integrate immigrants into our community, work on a "social safety net" that dovetails with the county's either emergency plans, and more. Our part-time AmeriCorps member coupled with the contribution of time by already-overburdened professionals has given the coalition a glimpse of what more could be possible with the systematic coordination that a full-time staff would provide. The Coalition realizes that the fundamental disparity between community member's income and needs cannot be eliminated in three years. But, by improving access to health care – defined broadly – significant progress can be a reality. Vulnerable people can be connected to the full range of services offered in Gunnison County through better coordination of information and improving connections to meet specific needs.

The Community Health Coalition of the Gunnison Valley requests consideration of the accompanying request to fund the employment of a dedicated staff to enable it to fully fulfil its potential to benefit all the people it serves.

4. Describe the strategies to achieve the population health and health equity goal(s) during the project period, unique contribution of each collaborating organization and the community to the strategies, how the strategies are innovative, and how the strategies will have a greater impact than what could be achieved by working independently. (500 word limit) *

Priority populations: people who struggle to access healthcare services and behavioral health care services. This includes those below the self suffificiency index who are under-inusured, uninsured, non-english speakers, seniors, and those at risk for suicide.

- **Goal 1: Increasing access to social determinant and health services by priority populations.**
  - **Strategy: Hire a Health Specialist who will co-chair the Health Coalition and chair one of the sub-committees. The Health Specialist will be responsible for:**
    - **Connecting individuals in need to services provided by Coalition members.**
    - **Using data and technology to ensure people get connected to resources related to all social determinants, building on our Health and Wellness Guide, potentially in partnership with QHN's Community Resource Netwrok. In addition to using QHN data, they will gather and consolidate local health assessment data from:**
      - **Gunnison Valley Housing Needs Assessment**
      - **GHV's CHNA**
      - **Gunnison County PHIP**
      - **OVPP SoTV Report**

- **Goal 2: Systems alignment of member organizations of the Health Coalition.**
  - **Strategy 1: Hire a Coalition/ Program Coordinator who will serve as the leadership/chair for the Health Coalition and chair one of the sub-committees. The Coordinator will be responsible for:**
    - **Scheduling all coalition meetings, communicating information about the coalition to the larger community including the bi-annual report, and ensuring all grant requirements are met.**
    - **Gathering financial resources and building capacity that allow for the long-term sustainability of the Coalition.**
    - **Formalizing processes and membership of the Coalition, with signed MOUs, formalized decision-making process with reviewing budgets, sets agenda for large group, subcommittees, minutes on website.**
    - **Data sharing through QHN measured by agency participation, agreed on data indicators.**

  - **Strategy 2: Hire a part-time AmeriCorps member who will be responsible for leading the branding of the coalition and submit advertisements.**

Unique contributions of collaborating organizations:

1.

Basic Needs subcommittee represents our social services sector - develops innovative strategies to address needs specific to our community such as: mobile food pantry that shares information about health services, builds social capital via a multilingual "welcome" campaign, new one-stop-shop community volunteer website, Health and Wellness Guide, Faith-based outreach, CREATION OF a social safety net with Emergency Services ("No other county to MY knowledge is doing this" SAYS Gunnison County Emergency Manager Scott Morrill).

2. **Health and Human Services: fiscal management, public health and human services programs will participate in systematic referrals and increased outreach activities.**

3. **Health Care System - QHN, Center for Mental Health, TEWP, Social Determinants of health screenings and referral, and its Hospital Transformation Project.**

Measures:

- **Increased number of individuals accessing services like SNAP, WIC, etc**
- **Increased number of individuals medically insured**
- **Improved health measures, such as Wellness checks, depression screenings**
- **Number and spread of informational resources around access**
- **Number of people connected to services by navigator**
- **Number of volunteers using the website**

The common thread for these goals and measures is that entities in Gunnison Country will no longer work in isolation as they have historically done, thus eliminating duplicate efforts and instead sharing progress both collectively and individually towards these ends.

5. Provide general estimates for the following cost categories: (500 word limit) *

- Personnel
- Other Direct Costs
- Purchased Services (i.e. Consultants/Contractors)
- Indirect Costs (not to exceed 12%)
- In-kind Support

Please refer to the "Budget Preparation Guidelines" (see "Resources" box on the left) for complete information on approved cost categories.

Year 1 Budget

Personnel

Staff	Hourly	Fringe	Total
Health Coalition/Program Coordinator	$24 @ 16hrs/wk = $19,968	$8/hr @ 16hrs/wk = $6,656	$26,624
Health Specialist	$24 @ 16hrs/wk = $19,968	$8/hr @ 16hrs/wk = $6,656	$26,624
Ameri Corp/University Intern	Flat Rate $3,000		
TOTAL			$56,248

Programming/Project Costs

Item	Cost	Total
Food Coalition meetings	6 x $300	$1,800
Food for subgroup meetings	6 x 3 x $30	$540
Branding for Coalition and subgroups (logos, letterhead paper, etc.)	$1,000	$1,000
Monthly Budget for Coalition meeting	$50 x 6 months = $3,00	$300
Advertising	$400/mo. (2 papers) X 12	$4,800
Bi-annual newsletter	$1,000 x 2	$2,000
TOTAL		$10,440

Consultants

Item	Cost	Total
Training Contractors for coalition trainings	2 contractors/educators x $1,500	$3,000
TOTAL		$3,000
Subtotal of Direct Costs		$69,688

Indirect Cost

6%	$4,181
TOTAL	$73,869

Year 2 Budget

Personnel

Staff	Hourly	Fringe	Total
Health Coalition/Program Coordinator	$24 @ 16hrs/wk = $19,968	$8/hr @ 16hrs/wk = $6,656	$26,624
Health Specialist	$24 @ 16hrs/wk = $19,968	$8/hr @ 16hrs/wk = $6,656	$26,624
Ameri Corp/University Intern	Flat Rate $5,000		
TOTAL			$58,248

Programming/Project Costs

Item	Cost	Total
Food Coalition meetings	6 x $400	$2,400
Food for subgroup meetings	6 x 3 x $50	$900
Coalition outreach at events/printing costs	$1,500	$1,500
Monthly Budget for Coalition meeting and sub-committee meetings	$100 x 12 months = $1,200	$1,200

Advertising	$400/mo. (2 papers) X 12	$4,800
Bi-annual newsletter	$1,000 x 2	$2,000
TOTAL		$12,800

Consultants

Item	Cost	Total
Training Contractors for coalition trainings	2 contractors/educators x $1,500	$3,000
TOTAL		$3,000
Subtotal of Direct Costs		$69,688

Indirect Cost

6%	$4,181
TOTAL	$73,869

TOTAL$147,739

6. Provide brief descriptions for each category cost. (500 word limit) *

Please refer to the "Budget Preparation Guidelines" (see "Resources" box on the left) for complete information on approved cost categories.

Personal Services: The Program Coordinator and Health Specialist rates are $24 an hour with $8/hr. fringe benefits, both positions will work 12 months on the grant for 16 hours a week. The Coalition/ Program Coordinator will serve as the leadership/chair for the Health Coalition of the Gunnison Valley, and chair one of the sub-committees. The Coordinator will be responsible for scheduling all coalition meetings, communicating information about the coalition to the larger community including the bi-annual report, and ensure all grant requirements are met. The Health Specialist will co-chair the Health Coalition and chair one of the sub-committees. The Health Specialist will be responsible for linking needy individuals to services provided by Coalition members. The AmeriCorp/University Intern will assist the Coordinator and Health Specialist with running the coalition meetings and will take notes during the meetings. The AmeriCorp/ University Intern will be responsible for leading the branding of the coalition and submit advertisements. All rates are determined by Gunnison County.

Operating Expenses: Funds are requested for marketing materials in order to educate the community on the Health Coalition of the Gunnison Valley and marketing efforts. Price is based on average cost for newspaper ads. The office and meeting supplies are for general operating purposes and are calculated based on other projects of a similar caliber. Food is requested for meetings that occur over the lunch hour; this has been a proven incentive to engage participants over the lunch hour as many of the coalition members are working professionals. Funds are requested for a bi-annual newsletter in order to communicate Coalition efforts and updates to the larger community.

Contractual: Education/training event costs are for specific training needs of the coalition including speaker stipends, and materials.

Indirect Cost: We are requesting a 6% indirect cost because all of our financial processing, reporting and submission is done by our county finance office. The County also pays for our office, desks and work spaces.