

The Foundation Roundtable: Common Grant Application

Cover Sheet

Foundation you are applying to: _____
Legal Name of Applicant Organization: _____
Project Name (if applicable): _____
Funds will pay for: _____
Full Mailing Address: _____
Location(s) if different from above: _____
Executive Director: _____
Phone: _____ Fax: _____
Email: _____ Website: _____
Contact Person & Title: _____ Phone: _____

Tax-exempt Status:(Most foundations require 501(c)(3) status. You must check this requirement before applying.)

501(c)(3) Granted Tax I.D. Number: _____ Other: _____

Type of Request: *Check with individual foundations to determine the types of accepted grant requests.*

General Support Program Support Seed Funding Research

Capital Endowment Multi-Year Other: _____

This Grant Request: \$ _____ Total Project Budget: \$ _____

Grant Period from: _____ To: _____

Total Organizational Budget for Current Year: \$ _____ Fiscal year begins: _____

Summarize the organization's mission statement (two to three sentences):

Summarize your grant request (two to three sentences):

Proposal Authorization

We certify that the information in this application is to the best of our knowledge true and accurate and is submitted with our Board of Directors'/Governing Body's full knowledge and endorsement:

Name & Title of Authorized Board/Governing Body Representative Signature Date

Name & Title of Authorized Board/Governing Body Representative Signature Date

Organization's Background: The Alliance for Living and Dying Well (ALDW) is a collaboration of leaders and agencies in Santa Barbara County committed to creating and sustaining high quality end-of-life health care for community members over 65 years of age. Over the past four years the Alliance has provided over 5,000 community members the opportunity and support to have the kinds of conversations necessary to complete meaningful advance care directives. We have held AHCD Family/Friends events in 62 different community settings (congregations, retirement communities, Housing Authority residences, Latino community centers, and large employers). The Alliance has also provided AHCD Lunch and Learns for a variety of large employers. In addition, the Alliance is providing advance care planning for people over 65 who have a chronic illness such as Alzheimer's, Chronic Obstructive Pulmonary Disease, etc. Through these efforts the Alliance has developed internal expertise in the area of advance care planning and wide-spread relationships with diverse community groups. The Alliance has strong collaborative relationships with the health care professionals within the Alliance members. (See Board of Directors) The Alliance is recognized in Santa Barbara County for its extensive and successful outreach and services related to advance care planning. It is very well positioned to become an Advance Care Planning Center for the Santa Barbara health care system of providers as well as the senior population at large.

1. Need: There are a growing number of articles, both in public media and academic research highlighting the importance of creating an Advance Health Care Directive (AHCD) through conversations with loved ones/ surrogate health care agents,¹ particularly for adults over 65 years of age and even more critical for those seniors with chronic illnesses. Research shows that having an AHCD that is understood by one's family, agent and physician contributes greatly to peace of mind and assurance that one's health care will be consistent with one's values, preferences and quality of life. Currently, 30% of patients arriving at Cottage Hospital over 65 years old have an AHCD.

While public awareness of the importance of having Advance Care Planning (ACP) conversations with family and physicians is increasing, there remains a general reluctance to initiate them. For these reasons, ALDW has provided extensive outreach and education within community groups, as described above. The response to these events has been robust and positive in engaging members in the AHCD conversation and increasing awareness of its importance. The ALDW's community outreach initiative is referred to as "Level I" in a comprehensive Advance Care Planning System.

The Alliance is currently well poised to implement a "Level II" approach to providing Advance Care Planning. Through a survey of our past participants (Level I) we have learned that while many people eagerly began their AHCP conversations and documents, they found they had not yet completed the process. To begin to meet the emerging need to support people in completion of their documents, the Alliance has been holding 2-hour workshops in several community locations led by professional

staff, trained volunteers and notaries who provide one-on-one facilitated guidance for attendees to complete their documents.

This approach of providing intensive *facilitated* conversations between individuals and their loved ones/surrogates, has been cited in recent research as an essential component in completing AHCD documents that assures a high level of surrogate comprehension and understanding of the preferences and values of their loved one, thereby leading to greater consistency between desired health care and eventual treatment provided.² Furthermore, the approach of providing facilitated conversations is particularly critical when a chronic illness is involved. Advance Care Planning that educates individuals and families about the nature of the chronic illness and its anticipated progression, as well as the preferences and values of the individual proves to increase a sense of peace and confidence that one's quality of life and health care wishes will be known and honored, as well as reduces the number of emergency department and intensive care unit visit.³

With the growth of our aging population and increased longevity of life, the number of those persons over 65 with some form and stage of chronic illness will continue to grow. For example in year 2012, 1 in 8 older Americans had dementia, and conservative figures predict a doubling of that ratio every 20 years.⁴ It's essential that these facilitated conversations happen prior to serious onset/development of the chronic illness so that a person's health care preferences and quality of life values are known and honored throughout the progression of the illness.

In addition to the community outreach model described above (Level I), the Alliance implemented a pilot project to begin to respond to the need for facilitated conversations for those persons over 65 years with some form and stage of chronic illness (Level II). In 2013, a physician assistant was hired who then attended the best practices Respecting Choices® ACP First Steps Training Program developed by Gunderson Health Systems in La Crosse, Wisconsin. Using the Respecting Choices® training as a building block, Level II ACP involves having physicians and other health care practitioners refer seniors with a chronic illness to the Alliance's trained facilitator, who guides individuals and surrogates through in-depth conversations. The facilitator serves as a liaison back to the physician or referring party. The Alliance's trained facilitator is also certified to train other facilitators in the Respecting Choices model. This pilot is the Alliance's first foray into Level II of a comprehensive ACP Program, and the funds being requested through this grant application will support (greatly) needed continuation and expansion of Level II, both for seniors over 65 in general, and for those with chronic illness.

The challenge of providing the greatly needed Level II facilitation of conversations is that it takes time and expertise, both of which are generally lacking among the health care professionals.⁵ By referring individuals to trained and skilled ACP facilitators, physicians and other referring parties have the benefit of knowing that their patients are supported in making informed decisions regarding future health care planning when time limitations make lengthy conversations with a physician

nearly impossible. Currently, there is no avenue for health care providers to bill for this important component of quality health care via private insurers or Medicare.

1. Fried, T. R., & Bradley, E. H., Towle, V. R., & Allore, H. (2002). Understanding the treatment preferences of seriously ill patients. *New England Journal of Medicine*, 346 (14), 1061-1066.
2. Schellinger, S., Sidebottom, A., & Briggs, L. (2010). DS-ACP: A care plan that goes beyond directives and proxies. *Oncology Nurse Advisor*. November/December 2010. www.OncologyNurseAdvisor.com
3. Kirchhoff, Karin T., et al. Effect of a Disease-Specific Planning Intervention on Surrogate Understanding of Patient Goals for Future Medical Treatment. *J Am Geriatr Soc*. 2010 July; 58(7):1233-1240. *NIH Public Access*
4. Ferri, C.P. et al. (2005). Global prevalence of dementia: A Delphi: Consensus Study. *Journal of National Institute of Health*, 366(9503): 2112-2117. Report; 2012 Alzheimer's Report "Alzheimer's Facts & Figures" produced by National Office of Alzheimers Association. https://www.alz.org/downloads/facts_figures_2012.pdf
5. Fox, Steven. End-of-Life Wishes: Lack of Communication Persists. *Medscape*. April 01, 2013. <http://www.medscape.com/viewarticle/781764>

2. Goal and Outcomes:

To provide integrated, coordinated, comprehensive and high quality Level II advance care planning services and facilitation to Santa Barbara seniors over 65 years of age, including those with a chronic illness for the purpose of enhancing quality of life and ensuring preferences and values relating to health care are honored and are in keeping with desired treatment.

Strategy: Develop an Advance Care Planning Center for Santa Barbara County that will address the following objectives:

Objective A. Establish and maintain a cross-systems best practices Advance Care Planning services delivery approach by training 40 professional staff within existing health care agencies in the Respecting Choices® model of ACP facilitated delivery, thereby increasing the capacity within the health care providers to deliver standardized high quality ACP facilitation. Providers include Cottage Hospital, Sansum Clinic, Cancer Resource Center, Neighborhood Clinics, Visiting Nurse & Hospice Care, Hospice of Santa Barbara, Assisted Care Hospice, Home Health agencies, Residential Care Facilities for the Elderly, Skilled Nursing facilities and others.

Objective B. Provide facilitated best practices ACP support for 1200 seniors and their surrogates through community workshops at a diversity of community locations. In addition to being staffed by trained professionals (see objective A), 40 volunteers will be trained to increase capacity to provide best practices facilitated ACP conversations in the community workshops. Locations include the hospices, Housing Authority residences, low income senior housing residences, senior centers, Latino senior centers, Center for Successful Aging, Santa Barbara Village, Sansum Clinic, Catholic Charities and congregations.

Objective C. Expand referral sources and system from physicians and other health care providers for the purposes of providing direct best practices Respecting Choices facilitated conversations for: 240 seniors with chronic illnesses and 480 other seniors over 65 years of age.

3. Description of Project: Development of an Advance Care Planning Center, while new, is a logical next step for ALDW's commitment to providing high quality ACP throughout the health care system. The target populations are seniors over 65 years and those with chronic illness. The strategies are described above under each objective. Quarterly trainings for health care providers and volunteers will be held in January, March, September and November. Community Workshops will be held monthly at 10 to 15 different locations. The Referral System will be designed and publicized through the first quarter and fully operational by the second quarter.

5. Evaluation: A. * Number of professional staff completing Respecting Choices training will be counted. 40 anticipated.

- At the training, participants will be asked to estimate the number of ACP conversations they currently facilitate per month. After their training they will be asked to track the number of conversations they facilitate per month within their health care agency. This will enable the Alliance to track the impact of the training on the health care delivery system/culture.
- Participants of the training will be asked to complete a program evaluation of the training sessions.

B. * Number of volunteers completing the R.C. training will be counted. 40 anticipated.

- Number of workshops held will be counted. 150 anticipated.
- Number of workshop participants will be counted. 1200 ant.
- Number of completed AHCD documents will be tracked.
- Number of AHCD documents scanned at Cottage will be tracked.
- Volunteers will complete a program evaluation.

C. * Number of referrals and sources will be tracked.

- Number of facilitated conversations will be tracked . 240/480
- Number of completed documents will be tracked. 200/400
- Referring providers will complete a satisfaction survey.

6. Staff Skills: The Project Manager is a Physician Assistant who has completed the Respecting Choices© Training and is certified to train other facilitators. Through the R.C. training, other agency professionals and volunteers will have the skills requires to facilitate Level II ACP conversations between individuals and their surrogates. The Community Outreach Coordinator, a social worker who has extensive experience in organizing and coordinating workshops and trainings in the community and is also a certified R.C. facilitator. Collaborating organizations are highlighted throughout the proposal.

7. Contingency: ALDW is currently applying for funding from multiple sources, with the objective of securing collaborative funding.

The Foundation Roundtable: Common Grant Application

Board of Directors/Governing Body

Directions: Attach additional sheets if necessary.

Name	City	Affiliation/Profession	Board Position	Yrs. of Service

How often does your governing body meet? _____

The Foundation Roundtable: Common Grant Application

Project Budget

Note: Check with each foundation to see if this form is required.

Organization Name: _____

Name of Project (if different): _____

Budget dates for grant period: _____

INCOME

Possible categories: Government grants, foundation grants, individuals, business support, events, fees for service, etc.

Source	Total Project (\$)	Pending (\$)	Secured (\$)	Notes
TOTAL INCOME				

List the In-Kind (non-cash) contributions: _____

EXPENSES

Possible categories: Salaries, professional fees, rent and utilities, travel, publicity/outreach, events, capital items, etc.

Item	Total Project (\$)	This Request (\$)	Notes
TOTAL EXPENSES			

The Foundation Roundtable: Common Grant Application

Organization Financial Summary

Note: Check with each foundation to see if this form is required.

Organization Name: _____ Fiscal Year Dates: _____

INCOME

Possible categories: Government grants, foundation grants, individuals, business support, events, fees for service, etc.

Source	Prior Year's Actual	Projected Annual Budget (\$)	YTD Actual (\$) as of [/ /]
TOTAL INCOME			

List the In-Kind (non-cash) contributions: _____

EXPENSES

Possible categories: Salaries, professional fees, rent and utilities, travel, publicity/outreach, events, etc.

Item	Prior Year's Actual	Annual Budget (\$)	YTD Actual (\$) as of [/ /]
TOTAL EXPENSE			
NET PROFIT OR LOSS			

Total Capital Expenses			
------------------------	--	--	--

i.e., computers, vehicles, building improvements, etc.:

Notes:

OGDEN UT 84201-0038

In reply refer to: 0441970785
Aug. 04, 2010 LTR 4168C EO
77-0342043 000000 00

00036859
BODC: TE

per call

VISITING NURSE AND HOSPICE CARE OF
SANTA BARBARA FOUNDATION
222 E CANON PERDIDO ST
SANTA BARBARA CA 93101-2283

State
433-9814-8

Employer Identification Number: 77-0342043
Person to Contact: EO Accounts
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your July 28, 2010, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in August 1998.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,



Rita A. Leete
Accounts Management II