Cover Sheet

Foundation you are applying to: St. Francis Foundation

Legal Name of Applicant Organization: Visiting Nurse and Hospice Care of Santa Barbara Foundation

Project Name (if applicable): Alliance for Living and Dying Well: Advance Care Planning Center

Funds will pay for: Core support for the ACP Center

Full Mailing Address: 509 Montecito St. Suite 200, Santa Barbara, CA. 93103

Location(s) if different from above: 2040 APS, Suite 110, Santa Barbara 93105

Executive Director: Richard Keith

Phone: 805-965-5555 Fax: 805-845-8266

Email: Website:

Contact Person & Title: Susan Plummer, Executive Director of the Alliance for Living and Dying W Phone: 805-845-5314

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: 77-0342043 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: $31,000 Total Project Budget: $518,672

Grant Period from: June, 2015 To: May 31, 2015

Total Organizational Budget for Current Year: $554,000 Fiscal year begins: January 1

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

To create and sustain high quality end-of-life care that is coordinated, accessible and compassionate for members of Santa Barbara County. The Alliance for Living and Dying Well believes that two key elements in the provision of high quality end of life care is that individuals' care wishes and preferences are known and honored, and that families feel supported towards wholeness and health throughout their loved one's end of life care. Toward these ends, the Alliance provides extensive and supportive opportunities for community members to have the kinds of conversations necessary to complete a meaningful and accessible Advance Health Care Document.

Summarize your grant request (two to three sentences):

To provide funds to enable increase in staff hours for the purpose of responding to increase demand for services related to Advance Care Planning in the Community. We have active volunteers, yet we greatly need more paid staff to coordinate the 14 monthly community ACP workshops and to provide one-one facilitated ACP conversations for community members referred by physicians, CenCal and Cottage discharge planning, as well as clergy and other community referral sources, including self-referrals.

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:

	Laurie Small, Chair of Alliance Board	3/1/15
Signature	Name & Title of Authorized Board/Governing Body Representative	Date
	Richard Keith, Exec. Dir. VNHCSB Foundation	3/1/15
Signature	Name & Title of Authorized Board/Governing Body Representative	Date

Proposal Narrative

<u>Background</u> 1. Organization's History and Accomplishments: 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 care for community members over 65 years of age. The mission of ALDW recognizes that death, as with all major life transitions, is very important and that it matters that individuals have the kind of end of life care desired. Since 2010 the Alliance has provided 5,000 community members the opportunity and support to have the kinds of conversations necessary to complete meaningful advance care directives. The ALDW has also trained over 300 community members in the processes of completion of AHCDs, who have in turn participated with the ALDW in holding AHCD Family/Friends events in over 65 different community settings (congregations, retirement communities, American Indian Health Services, Housing Authority residences, Latino community centers, and large employers). In addition, ALDW has been providing advance care planning for people over 65 who have a chronic progressive illness such as Alzheimer's, Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, etc. Through these efforts the Alliance has developed internal expertise in the area of advance care planning and widespread relationships with diverse community groups. ALDW is entering its second year as an Advance Care Planning Center, serving individuals and families in a variety of avenues, described below.

2. Current Programs, Constituencies Served and Benefits of Services: ALDW continues to provide AHCD presentations for the kinds of communities listed above as well as private employers. ALDW is currently entering its second year as an Advance Care Planning Center. As a collaboration of the major end-of-life stakeholders and extensive advance care planning expertise and experience, ALDW was well-positioned to provide the important function of being a coordinated, cross-systems referral sources and deliverer of high-quality advance care planning support. ALDW is currently holding 8 monthly community advance care planning workshops at which individuals and families receive education regarding advance care planning as well as one-on-one facilitated ACP conversations with health care professionals and select volunteers trained in the best practices model, Respecting Choices ® for training ACP facilitators. To date, 39 health care professionals and 20 volunteers have completed this training and are serving to staff the monthly community workshops. ALDW continues to provide facilitated advance care planning conversations for seniors over 65 with chronic progressive illnesses primarily through a strong partnership with Sansum Clinic whereby ALDW staff have office hours at Sansum and receive referrals through the physician electronic medical system. Currently, the ALDW staff person's hours are filled two months ahead. Referrals also come to ALDW from the independent physicians and through Cottage Hospital's discharge planning process. The benefits of receiving ALDW services include ensuring that individuals' end of life care values and desires are honored at the time of need and that their families are gifted with knowing, before a crisis, what their loved ones' wishes and treatment preferences are. Research from other like models indicate that undesired/unnecessary medical treatments are reduced when quality ACP is provided.

3. Organization's Relationships: ALDW, as a collaborative, has strong working relationships with the health care professionals within the Alliance members. These include Cottage Hospital, VNHC, Hospice of Santa Barbara, Sarah House of Santa Barbara, Sansum Clinic, physicians, retirement communities and clergy. (See Board of Directors) ALDW is recognized in Santa Barbara County for its extensive and successful outreach and services related to advance care planning for a broad range of community groups. All of ALDW's

efforts are collaborative in nature. Two new partnerships include Cottage Hospital Discharge Planning, whereby the Cottage discharge planning packet, given to every discharged patient, includes a tab "Future Conversations" in which the ALDW marketing materials are included. ALDW is also partnering with CenCal, serving thousands of low income families in Santa Barbara. ALDW's ACP Center is described in both the CenCal provider as well as member newsletters. ALDW will be providing community ACP workshops in the neighborhood clinics and Public Health, two main locations at which CenCal members receive care.

Funding Request : **1. Need/Problem to be addressed:** 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..

While pubic 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 over the past four years, has been providing AHCD education and support that has been very successful in engaging over 5,000 community members to begin these vital conversations. ALDW created a model that holds AHCD events within communities where attendees already feel a sense of belonging and safety (e.g. congregations, retirement homes, Housing Authority residences, and community centers). The Alliance has partnered with over 65 communities to date. While the response to these events has been robust and positive we have learned through recent research and experience that ***facilitated*** ACP conversations are most likely to be completed and implemented at time of need. 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 progressive 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 progressive 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.

The challenge of providing facilitated of ACP conversations is that it takes time and expertise, both of which are generally lacking among physicians and their staff.[5] By referring individuals to trained 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. The ALDW ACP Center is designed to receive and service ACP referrals so that this vital need can be met with high-quality, trained facilitators.

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.pd**
5. **Fox, Steven. End-of-Life Wishes: Lack of Communication Persists. Medscape. April 01, 2013. http://www.medscape.com/viwarticle/781764**

2. Project Goals and outcomes projected: Overall Goal: To provide integrated, coordinated, comprehensive and high quality advance care planning services and facilitation to Santa Barbara seniors over 65 years of age, including those with a chronic progressive illnesses 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, through continuation and expansion of the ALDW **Advance Care Planning Center** for Santa Barbara County that will address the following objectives:

Objective A. Continue to maintain and expand a cross-systems best practices Advance Care Planning services delivery approach by training 30 additional 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. **Objective B.** Provide facilitated best practices ACP support for 1500 seniors and their surrogates through community workshops at a diversity of community locations. In addition to being staffed by trained professionals (see objective A), 30 additional volunteers will be trained to increase capacity to provide best practices facilitated ACP conversations in the community workshops. **Objective C**. Expand referral 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 for 480 other seniors over 65 years of age. Involves on-going physician education and distribution of marketing materials.

3. Project Description: The strategies include training health care professionals and selected volunteers in best practices facilitation skills for the purpose of staffing community wide workshops at a variety of locations where individuals and families will receive high-

quality facilitated conversations regarding development and completion of their AHCDs. The Community workshops will scale up from the current 8 per month to 14 per month at a variety of locations. The ACP Center will also provide cross-systems, coordinated ACP referrals and delivery of ACP services through partnerships with Sansum Clinic, Cottage Hospital, CenCal and the independent physicians, as described above. It will provide acute care follow-up where patients at high risk can complete meaningful AHCDs. In addition to a target group of seniors over 65 years old, the ACP Center will provide ACP facilitated conversations for patients with chronic progressive illnesses. (Please see objectives and outcomes identified above under item number 2.)

General Timeline: **Objective A.** Trainings of health care providers and volunteers will be held quarterly. **Objective B**. Monthly two-hour workshops will be scaled up with the goal of holding 14 per month by the end of the year. **Objective C.** Referral system and marketing materials for the ACP Center will continue to be distributed. Publicity campaign and expansion of referrals from health care providers will continue through the year.

5. Evaluation of Effectiveness: Objective A. * Number of professional staff completing Respecting Choices training will be counted. 30 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. **Objective B.** * Number of volunteers completing the R.C. training will be counted. 30 anticipated. *Number of workshops held will be counted. 170 anticipated. Number of workshop participants will be counted. 1500 ant **. *** Number completed AHCD documents will be tracked. *Number of AHCD documents scanned at Cottage will be tracked. *Volunteers will complete a program evaluation. **Objective C.** * Number of referrals and sources will be tracked. *Number of facilitated conversations will be tracked . 480 *Number of completed documents will be tracked. 240 *Referring health care providers will complete a satisfaction survey.

6. Skills and Relevant Experience of Key Staff: The APC Center will be under the oversight of the Alliance Executive Director, Susan Plummer, MSW, PH.D. She has extensive experience in end of life care as a former hospice director and specifically in the area of Advance Care Planning. Susan Sheard, P.A. will provide the ACP for chronic progressive illnesses and will conduct the Respecting Choices facilitator training for health care professionals and volunteers. She has completed the R.C. Facilitator training in Wisconsin and is certified to train other facilitators. Laura Mancuso, MA.Div, will complete the Respecting Choices Training in Wisconsin this spring. She has taken both the Alliance trainings and is an experienced facilitator of the conversations. She will also assist with the coordination of the workshops. Catherine Swanson, M.Div., is a highly skilled and organized Executive Assistant for the Alliance and will be fielding ACP Center referrals and intakes.

7. Contingency Funding Plan: A grant from the Archstone Foundation is providing 50% of the needed funds for the next year. Funding of this proposal request will provide significant collaborative resources needed to respond to the increase of referrals and the objective of scaling up the workshops. If not funded, then ALDW will continue to seek support for this vital project which will meet a critical need in our community. It will very likely prove to be a viable model for other communities, as well. For 2015, ALDW objective is to encourage Sansum to fund the ALDW staff providing ACP on Sansum location, as this need is growing.

Visiting Nurse & Hospice Care
THERE WHEN YOU NEED US MOST

Resolution of the Board of Directors
VNHC to Act as a Fiscal Agent of the Alliance for Living and Dying Well
December 5, 2013

Whereas, The Alliance of Living and Dying Well ("The Alliance"), an informal program of Santa Barbara nonprofit healthcare agencies, has requested Visiting Nurse & Hospice Care ("VNHC") to become the program's fiscal agent to manage The Alliance income, expenses and associated financial management activities,

Whereas, The Alliance, which is solely responsible for its program funding, authorizes VNHC Foundation to track The Alliance operating grant income and expenses as a restricted fund and authorizes VNHC to draw a stipend for its management services,

Whereas, This relationship increases VNHC's Community Programs and continues to promote community education as well as the overall VNHC health care mission to be a fiscally conservative caretaker of benevolent grants and gifts from our community for the care of other less fortunate,

Whereas, The effective term of this arrangement will be January 1, 2014, through December 31, 2014,

Therefore, Be It Resolved, the VNHC Board of Directors approves the assumption of the role of fiscal agent for The Alliance, provided that all The Alliance expenses and associated administrative costs and liabilities are fully reimbursed by The Alliance to VNHC.

Alliance
for living and dying well

Your Life | Your Decisions | Our Support

The Alliance for Living and Dying Well is a collaborative of leaders and agencies committed to creating and sustaining a high quality of coordinated, seamless and compassionate end-of-life care for our community members. The Alliance core partners are the Archstone Foundation, James S. Bower Foundation, Santa Barbara Foundation, St. Francis Foundation, Cottage Health System, Hospice of Santa Barbara, Sarah House Santa Barbara, Visiting Nurse & Hospice Care and representatives from congregations and retirement communities.

Staff

Susan P. Plummer, MSW, PhD, Executive Director
Susan Sheard, PA, Program Director, Advance Care Planning
Catherine Swanson, MA, Executive Assistant

Board of Directors

Laurie Small Board Chair Alliance for Living and Dying Well	Michael Bordofsky, MD Cottage Health System, Palliative Care Consultants of Santa Barbara	Harvey Bottelsen Board Chair James S. Bower Foundation
Eileen Bunning Past President and CEO Visiting Nurse & Hospice Care	Jon Clark, MBA, MPL President James S. Bower Foundation	Debbie Cloud Executive Director St. Francis Foundation
Rabbi Steve Cohen Senior Rabbi B'nai B'rith Congregation	Babetta Daddino, RN, MSN Director Serenity House Visiting Nurse & Hospice Care	Gabriela Dodson, LCSW Director of Clinical Services Hospice of Santa Barbara
Herb Geary, RN, BSN, MBA, FACHE Vice President Patient Care Services and CNO Cottage Health System	Don Johnson Senior Pastor Montecito Covenant Church	Fred Kass, MD Research & Wellness Programs Director Cancer Center
Mary Ellen Kullman, M.P.H. Vice President Archstone Foundation	Deborah McQuade Executive Director Sarah House Santa Barbara	David Selberg CEO Hospice of Santa Barbara
Lynda Tanner, RN, MSN President and CEO Visiting Nurse & Hospice Care	Eric Trautwein, MD Cottage Health System, Palliative Care Consultants of Santa Barbara	Susan P. Plummer, MSW, PhD Executive Director Alliance for Living and Dying Well

Project Budget

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

Organization Name: Visiting Nurse and Hospice Care of Santa Barbara (fiscal agent for the Alliance for Living and Dying Well

Name of Project (if different): Advance Care Planning Center

Budget dates for grant period: July 1, 2015- June 30, 2015

NOTE - Do not use commas as thousand separators in any of the numerical fields

INCOME

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

Source	Total Project ($)	Pending ($)	Secured ($)	Notes
Archstone Foundation	98000		98000	2nd year funding of 2 yr. grant
Bower Foundation	199750		176250	85% of core support funding
St. Francis Foundation	31000	31000		
Chumash Foundation	75000	75000		
Front Porch Soc. Acct.	30000		30000	for ACP training Videos
Cottage Health Systems foundation	85000			
TOTAL INCOME	518750	106000	304250	

List the In-Kind (non-cash) contributions: $32000 (prof. staff, vol., room use)

EXPENSES

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

Item	Total Project ($)	This Request ($)	Notes
Consultants	335000	26000	10hrs/wk @$50/hr x 52 wks
admin. employees	71000	2000	
rent	11844	0	
utilties	3000		
printing	9000	1500	
materials	45000	1500	
publicity	15000	0	
admin. overhead	28906	0	significant portion goes to VNHCSB as fiscal a
TOTAL EXPENSES	518750	31000	

The Foundation Roundtable: Common Grant Application

Organization Financial Summary

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

Organization Name: Alliance for Living and Dying Well Fiscal Year Dates: January 1, 2015-December 31, 2015

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 [3/1/15]
Bower Foundation	270500	235000	235000
Archstone Foundation	98000	98000	98000
Front Porch/Social Accountability	30000	30000	30000
St. Francis Foundation		31000	
Chumash Foundation		75000	
Cottage Health System Foundation		85000	
TOTAL INCOME	398500	554000	363000

List the In-Kind (non-cash) contributions: $32,000 (volunteers/room use)

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 [3/1/15]
salaries,benefits, consultants	333723	467813	310747
rent	14400	14400	14400
Ofice Supplies/materials	2624	4124	2625
Printing	12700	14200	10000
Postage	500	500	500
Utilities	4000	4000	4000
Tavel	1500	1500	1500
Training	3000	3000	3000
Research		5215	
Marketing/Publicity	28828	28828	6268
Admin	10000	10000	10000
TOTAL EXPENSE	411275	553580	363040
NET PROFIT OR LOSS			

Total Capital Expenses			

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

Notes:

(Income for 2014 included a 13,000 roll over from 2013) YTD Actual under expenses is showing the actual secured income for each expense item.

IRS Department of the Treasury
Internal Revenue Service

CINCINNATI OH 45999-0038

In reply refer to: 0248219434
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VISITING NURSE AND HOSPICE CARE OF
SANTA BARBARA FOUNDATION
509 E MONTECITO ST STE 200
SANTA BARBARA CA 93103-3293

043521

Employer Identification Number: 77-0342043
Person to Contact: Ms. Benson
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Oct. 30, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in August 1993.

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.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

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VISITING NURSE AND HOSPICE CARE OF
SANTA BARBARA FOUNDATION
509 E MONTECITO ST STE 200
SANTA BARBARA CA 93103-3293

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

Sincerely yours,

Richard McKee, Department Manager
Accounts Management Operations