Examples of Work Plans from Actual Proposals

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Example #1

Funder: National Endowment for the Arts (NEA), Access to Artistic Excellence

Submitted by: The Ink People Center for the Arts

Grant request: $35,000

Project Description: Project to continue our work to improve and enhance local arts and cultural groups' ability to realize their artistic and public benefit goals through training and individualized technical assistance and to enrich the cultural fabric of the community by helping visionary artists create solutions for community challenges.

Year	Title/Program	Key Artists	Location	Dates/# perfs	Fees
2006-07	Open Studio Tour	Angie Schwab, 108 artists	Humboldt County	June 3-4, 10-11, & 17-18, 2006; 179 studios; 12,500 visitors	No fees
2006-07	Artists in Residence: Rural Burl Mural Bureau	Duane Flatmo & Kati Texas	Eureka Main Street	July-June; 35 youth at risk; 2 large murals	$1600/mo
2006-07	Galleries (2)	Carl Muecke	Ink People	Monthly exhibits by local artists; 6,000 attendees	No fees
2006-07	Alternative Galleries	Leslie Castellano	17 offices/ businesses	Bi-monthly exhibits; 45,600 attendees	No fees
2006-07	Art School	Donvieve, Alan Sanborn, Annie Reid, Cat McAdams	Ink People	All year; 5+ classes & workshops; 50 students	Range of $1290/mo to $15/hr
2006-07	DreamMaker Program	Libby Maynard	Humboldt County	All year; 41 projects; 333 activities; 165 performances; 85 workshops; 3 lectures; 8 exhibits ; 15 video screenings; 28,500 attendees	$50 to $1,500
2006-07	Holiday Gift Fair	Julie Page	Eureka Municipal Auditorium	December 9-10, 2006; 57 artists; 3,000 attendees	$35-$3,000
2006-07	Artists' Challenge	Fhyre Phoenix	Ink People	December 2-10, 2006; 53 artists; 2,000 attendees	$30-$450
2006-07	MARZ Project	Donvieve, Jerome	Ink People	April-October, 2006; 8 artists; 35 youth at	$40/hr

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Year	Title/Program	Key Artists	Location	Dates/# perfs	Fees
		Bearbower, Eileen McGee		risk; 2 public events with 200 attendees	
2006-07	Open Studio: The Arts Online/Digital Media Zone	Annie Reid, Donvieve, Julian Lang, Rhett Bice, Ruth Boyle	Ink People	All year; 35 artists; 53,000 audience	$30-75/hr
2007-08	Open Studio Tour	Taffy Stockton, 95 artists	Humboldt County	June 2-3, 9-10, 2008; 139 studios; 12,500 visitors	No fees
2007-08	Artists in Residence: Rural Burl Mural Bureau	Kati Texas	Eureka Main Street	July-June 35 youth at risk 2 large murals	$1600/mo
2007-08	Galleries (2)	Carl Muecke & Megan Workman	Ink People	Monthly exhibits by local artists; 6,000 attendees	No fees
2007-08	Alternative Galleries	Leslie Castellano & Jason Valdez	18 offices/businesses in Eureka, Arcata, etc.	Bi-monthly exhibits; 45,600 attendees	No fees
2007-08	Art School	Alan Sanborn, Annie Reid, Cat McAdams, Linda Hartshorn	Ink People	All year; 5+ classes & workshops; 50 students	Range of $1290/mo to $15/hr
2007-08	DreamMaker Program	Libby Maynard	Humboldt County	All year; 45 projects; 348 activities; 156 performances; 71 workshops; 12 exhibits; 9 lectures; 23 video screenings; 30,500 attendees	$50 to $1,500
2007-08	Holiday Gift Fair	Julie Page	Eureka Adorni Center	November 29-30, 2008; 55 artists; 2,000 attendees	$35-$3,000
2007-08	Artists' Challenge	Julie Page	Ink People	December 6-13, 2008; 19 artists; 1,000 attendees	$30-$450
2007-08	MARZ Project	Jerome Bearbower, Eileen McGee, Kyle Stasse	Ink People	April-March; 8 artists; 35 youth at risk; 2 public events with 200 attendees	$40/hr
2007-08	Open Studio: The Arts Online/Digital Media Zone	Annie Reid, Donvieve, Julian Lang, Rhett Bice, Ruth Boyle	Ink People	All year; 35 artists; 53,000 audience	$30-75/hr

Year	Title/Program	Key Artists	Location	Dates/# perfs	Fees
2008-09	Open Studio Tour	Taffy Stockton, 110 artists	Humboldt County	June 6-7, 13-14 2009; 104 studios; 12,500 visitors	No fees
2008-09	Artists in Residence: Rural Burl Mural Bureau, California Arts Council Artist in Schools	Kati Texas, Thao LeKhac	Eureka Main Street, Washington & Alice Birney Elementary Schools	July-June, 35 youth at risk, 2 large murals, Oct 08 – June, 09; 660 students for minimum of 15 sessions each	$1600/mo; $1985/mo
2008-09	Brenda Tuxford Gallery	Megan Workman	Ink People	Monthly exhibits by local artists; 6,000 attendees	No fees
2008-09	Alternative Galleries	Leslie Castellano & Tanya Nordberg	16 offices/ businesses in Eureka, Arcata, etc.	Bi-monthly exhibits; 45,600 attendees	No fees
2008-09	Art Classes	Alan Sanborn, Annie Reid, Cat McAdams, Linda Hartshorn	Ink People	All year; 5+ classes & workshops; 90 students	Range of $1290/mo to $15/hr
2008-09	DreamMaker Program	Libby Maynard	Humboldt County	All year; 52 projects; 351 activities; 98 performances; 63 workshops; 18 exhibits; 9 lectures; 54 video screenings; 30,600 attendees	$50 to $1,500
2008-09	Holiday Gift Fair	Denise Dodd	Eureka Adorni Center	November 28-29, 2009; 60 artists; 4,000 attendees	$35- $3,000
2008-09	Artists' Challenge	Denise Dodd	Ink People	December 5-12, 2009; 54 artists; 2,000 attendees	$30-$450
2008-09	MARZ Project	Jerome Bearbower, Eileen McGee, Kyle Stasse	Ink People	April-March; 8 artists; 45 youth at risk; 12 public events with 1,200 attendees	$40/hr

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Example #2

Funder: Department of Behavioral Health-Contracts Unit, County of Riverside

Submitted by: Family Service Association of Western Riverside County (FSA)

Grant requested: unknown

Project Description: To fund Prevention and Early Intervention (PEI) services through a program called CARE (Community Assistance and Resources for the Elderly) to older adults in three communities of the East Valley Region of San Bernardino County. Services which will focus on assisting seniors before possible mental health issues escalate to higher levels of treatment will be provided in community-based settings (i.e. Senior Centers and Senior Nutrition sites and in the homes to frail or geographically/socially isolated elders) and will include the prevention and early identification of depression, dementia, substance abuse and suicide and other mental health issues due to the aging process, trauma and/or bereavement.

Service Design
Identify your agency's experience with delivering the types of science-based services described in Section C.1, Program Description and how implementing these strategies will assist in accomplishing your goals.

The PEI for Older Adults program designed by FSA (CARE) responds to the San Bernardino County Mental Health Services Act – Community Services and Support document that identifies the need to address disparities in accessing mental health services, the psychosocial impact of trauma and bereavement, stigma, discrimination and suicide risk among older adults.

FSA's proposed CARE project will deliver prevention and early intervention services to 600 older adults residing in the East Valley Region of San Bernardino County. This will be accomplished by utilizing science-based prevention and early intervention practices that FSA is experienced in providing:

- Use of Community Health Educators (Case Managers, LVN, Senior Specialists): Professional staff will work with individuals or groups of people to provide support, education, advocacy, screening and assessment of home environmental issues which may create risk for development of behavioral health problems. Use of these types of professionals to convey health messages has been rigorously evaluated with older adults of all ethnicities, and found to improve participation in screening, preventative health care, decrease utilization of behavioral health treatment, improve overall health, and improve cognitive function (Philis-Tsimikas, Walker, Rivard, Talavera, Reimann, Salmon, Araujo, 2004; Siegel, Berliner, Adams, and Easengarz, 2003, Whitley, 2006)

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- Outreach and Engagement: These are key components of an effective prevention program (SAMHSA, 2006) and involve core strategies such as appropriate service settings, provision of transportation, and delivery of services in a culturally appropriate manner. FSA will use service settings (Senior Centers, Nutrition Sites) which seniors are familiar and comfortable with, as opposed to a "clinical setting". Research indicates that prevention services should integrate older adults into the community to reduce isolation, as well as providing services within the home setting, when appropriate.
- Screening: Screening for behavioral health problems such as depression, substance abuse and suicide is an essential element of early intervention. Screening can facilitate access to behavioral health treatment services earlier in the course of disease. All FSA CARE clients will be educated about the purpose of the screening and have an opportunity to provide active consent (Ell, 2006, Blow, 1998, Nemes, Rao, Zeiler, Munly, Holtz, Hoffman, 2004).

- Education: Information and education in various topics that affect lifestyle (medication management, bereavement, maintaining cognitive health, developing coping skills, information about changes in metabolism of alcohol and other drugs, physical activity, healthy diets, etc.) that are grounded in principles of adult learning and use a variety of teaching tools have proven successful (Carlson, 1995, Ell, 2005; US Department of Health and Human Services, 2004). The needs and characteristics of the older population will be taken into consideration when preparing age and culturally appropriate materials (i.e. using large type print and attractive format).

- Support Groups and Peer Support: Support groups facilitated by trained professionals or trained peers are effective in preventing behavioral health problems. Group interventions have been shown to be effective with older adult populations (SAMHSA, 2006)

- Screening and Assessments: Clinicians and Case Workers will utilize screening and assessment tools that have been normed with older adults (Abeles, 1998). FSA will work closely with DBH to select the specific screening tools to aid in identification of problems such as substance abuse, depression and anxiety, and suicide. Instruments normed with older adults and recommended by SAMHSA, the American Psychological Association and others include:
    1. Alcohol Use Disorders Identification Test (AUDIT)
    2. Beck Depression Inventory
    3. Brief Psychiatric Rating Scale
    4. Sad Personas tool (Suicide)
    5. CAGE
    6. Hamilton Depression Rating Scale
    7. Michigan Alcohol Screening Test – Geriatric Version (MAST-G)
    8. Patient Health Questionnaire (PHQ-9)
    9. The Geriatric Depression Scale (GDS)

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- Therapeutic Approaches: The Early Intervention Services for CARE will include assessment, case management and linkages and referrals, and therapy. Case Management can have an impact on the early identification and treatment of behavioral disorders (Katon, Schoenbaum, Fan, Callahan, Williams, Hunkeler, Harpole, Zhoe, Langston, Unutzer, 2005). The FSA Case Manager, in consultation with Clinicians, will determine the appropriate assessments, with clinical interpretation. Based on assessment results, clients may be referred for Therapy, or intensive Case Management that may include referrals to other needed program or agencies (i.e. healthcare, residential treatment, etc.) The overall goals of therapy including helping older adults find their strengths, build social support networks, and develop home and meaning in their lives (Kurlowicz, 2003). FSA utilizes the Cognitive Behavioral Therapy (CBT) approach that modifies distorted thought processes and helps in the development of coping skills. This form of therapy has shown to be effective in older adults, particularly in treating late-life alcohol abuse (Bartels, et al., 2002; Faison and Steffen, 2001, Ell, 2006). "Because CBT encourages the development of concrete, specific goals and has specific, testable techniques, it is an approach to counseling and psychotherapy that is easily researched. It is the most researched psychotherapeutic approach, and, therefore, the most 'Evidence-Based'." (National Association of Cognitive Behavioral Therapists). CBT's research has shown to be highly effective in the treatment of both depression and anxiety. "For both anxiety and depression, substantial evidence supports the efficacy of problem-specific cognitive-behavioral interventions." (Journal of the American Academy of Child & Adolescent Psychiatry; August 2004; Compton et al). In meta-analysis of many research projects concerning the efficacy of Cognitive Behavioral Therapy for a wide range of psychological issues Butler et al. found large significant effects for depression, generalized anxiety disorder, panic disorder with or without agoraphobia, social phobia, posttraumatic stress disorder, and childhood depressive and anxiety disorders. FSA is committed to learning and growth and strives to keep updated on new research on counseling and therapy treatment.

- Staff Development: Ongoing staff training sessions are held every other Friday from September through June for Clinic staff. These trainings address multiple topics ranging from mandatory reporting and treatment to new, cutting edge and evidence based techniques and practice modalities. FSA will continue to look for additional trainings on evidence based practices including additional training on cognitive-behavioral therapy for therapists to attend. These therapists will then in turn be able to provide trainings to their peers, thus increasing staff knowledge on Cognitive Behavioral Therapy.

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The goal of the CARE program is to facilitate the process of healthy aging for older adults by delivering mental health prevention and early intervention techniques that maintain positive mental health. The project is designed to achieve the stated objectives of the PEI established by DBH:

1. Increase collaboration between senior centers and DBH and community-based organizations
2. Seek and identify older adults in need of prevention and early intervention services
3. Improve access to mental health services for older adults living in remote areas
4. Decrease the number of older adult hospitalizations
5. Increase the services for seniors who are caretakers of children or disabled adults
6. Increase the number of activities and events for seniors
7. Reduce the rate of suicide

The CARE Program will utilize the following prevention and early intervention strategies:

- Universal Prevention Strategies: Universal prevention programs target the general population of older adults with or without specific risk factors for developing substance misuse or mental health problems. For instance, the proposed Older Adult Wellness Services Program and the Older Adult Home Safety Program are universal prevention programs that will provide community-wide support or education to older adults, as directed initiatives to prevent substance misuse, mental illness, and suicide-related morbidity and mortality by reducing risk factors and enhancing protective factors.

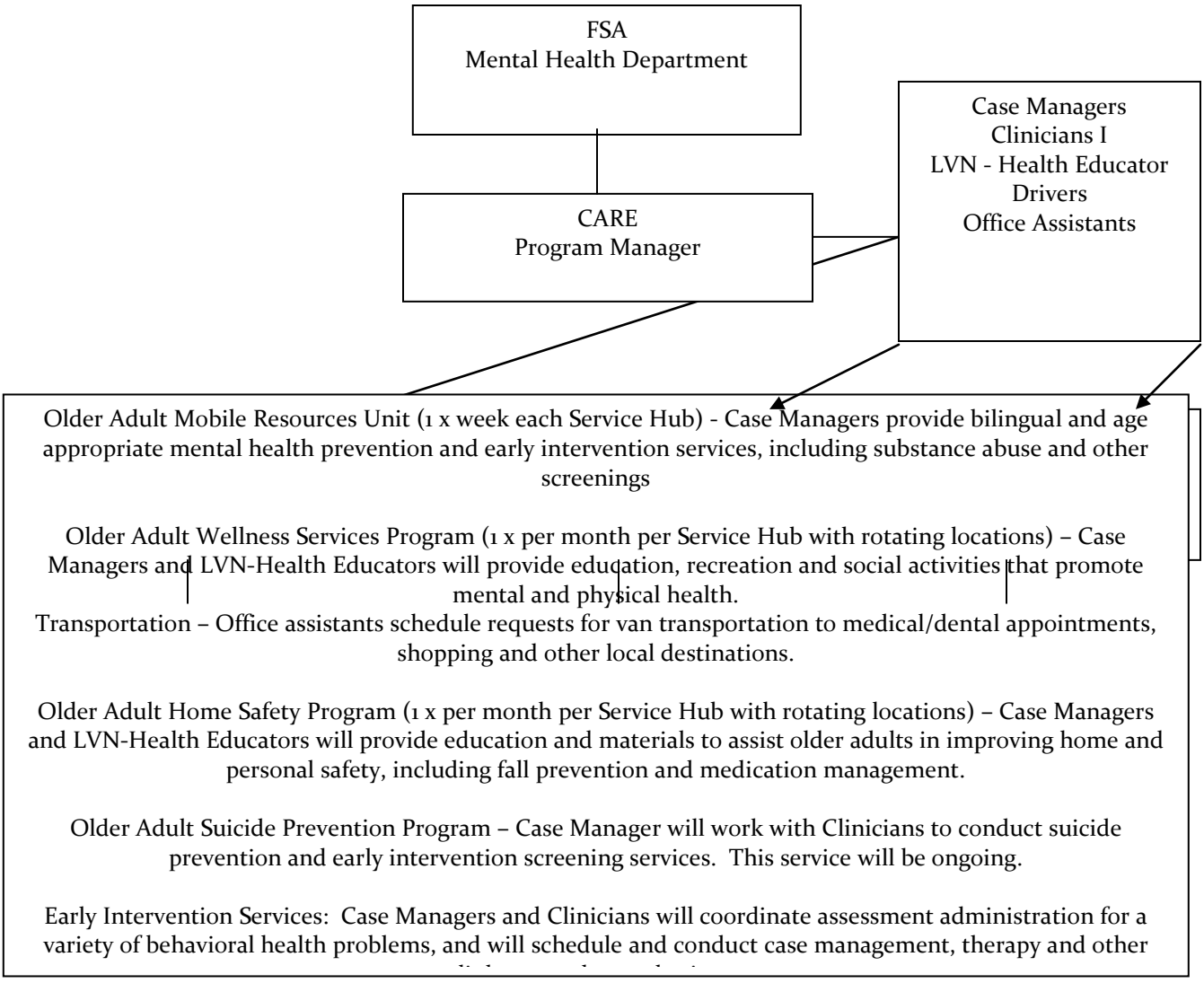
- Selective Prevention Strategies: Target older persons who are at high risk for developing problems with substance use or mental well-being. Targeted individuals are identified on the basis of the nature and number of risk factors to which they may be exposed. Selective prevention programs focus on persons who do not yet display signs of substance abuse or mental illness. However, they may have a higher than average risk for developing these problems, in cases where older adults who have recently lost a spouse, retired, or experienced other significant lifestyle changes that may be associated with medical problems such as a stroke, vision loss, or cognitive impairment. Although these individuals may not currently have mental health or substance use problems, these conditions may predispose them to developing these issues in the future. Selective prevention programs are often designed to prevent the development of problems by specifically addressing the issues or characteristics that place older persons at increased risk. Selective prevention PEI programs include the Older Adult Mobile Resources Unit and Older Adult Suicide Prevention Program.

- Indicated Prevention Strategies: Targets older persons who have a high risk for developing substance use disorders or mental illness. Indicated prevention programs typically focus on persons with detectable symptoms and/or other proximal risk factors for substance abuse, mental illness, or suicide in an effort to prevent chronic and severe problems. For instance, an indicated prevention program may target older adults with depression and/or substance abuse, in an effort to prevent the development of greater impairment or the

expression of suicidal behavior. Finally, indicated prevention programs include depression care management and guideline-based depression treatment as an approach to reducing suicidal ideation among older adults. The PEI Early Intervention Services Activities (Assessment, Therapy, Case Management and Linkages/Consultation) are planned indicated prevention strategies, and are closely linked to the Selective Prevention Strategies programs (Older Adult Mobile Resources Unit and Suicide Prevention Program).

FSA Prevention and Early Intervention Program for Older Adults in San Bernardino County (CARE)

Service Flow Chart



Older Adult Mobile Resources Unit: FSA will purchase a van that will be equipped to provide mobile resources once per week within each Service Hub. The van will be clearly identified with signage such as "CARE Mobile Resource Unit" – Mental Health Info and a Phone Number for the program. This mobile unit will provide quality, up-to-date, bilingual (English/Spanish) mental health information to older adults, caregivers and the community, specifically focused on the prevention and early intervention of mental health problems for elders. Printed materials and educational information will be presented in an easy to read, clear and concise format. Case Managers will rotate the mobile unit among the three hubs on a weekly basis to provide bilingual and age appropriate mental health prevention and early intervention services, including substance abuse and other screenings at both Senior/Community Centers and Nutrition sites, as well as in-home settings for homebound or isolated older adults.

Older Adult Wellness Program: This component of the PEI is designed to provide comprehensive activities such as social events and educational activities that focus on various aspects of physical and mental health. The Case Managers and LVN – Health Educator will design these activities, in collaboration with the Senior Center/Senior Nutrition site to avoid any duplication of existing programs and services, and to identify the activities that will be of the most benefit to older adults, based on the currently available services. For example, if there are no existing exercise programs, FSA will design and implement a program such as walking clubs, strength training, etc. These activities will be scheduled once per month at each of the three Service Hubs, rotating locations when necessary to reach the most seniors. Some examples of education activities include the following Wellness Topics:

1. Sleeping Well As We Age: Insomnia Is Not a Normal Part of Aging
2. Healthy Aging: Keeping Mentally Fit As You Age
3. Substance Abuse and Misuse Among Older Adults
4. Medication Management
5. Recognizing and Overcoming Depression
6. Recognizing and Overcoming Anxiety
7. Coping with Loss and Grief
8. Alzheimer's Disease – Understanding the Most Common Dementing Disorder
9. Caregiving – Maintaining Your Own Well Being
10. Understanding The Warning Signs of Suicide
11. Nutrition and Exercise – Keys to Healthy Aging Behaviors
12. Train Your Brain – Use It or Loose It

An important component of Wellness Services is the provision of transportation. Transportation services will be available to those who do not qualify for other local transportation programs (i.e. Omni-Trans, Dial-A-Ride, etc.) and will be provided in a van with qualified drivers. Seniors will call a centralized number to request transportation services at least 48 hours in advance, which will be scheduled by the Office Assistants. These services will be provided from 8 am to 4 pm, Monday – Friday and will provide door-to-door transportation for services such as medical/dental appointments, shopping and other provisions, and access to meetings or activities with public or private service providers.

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Older Adult Home Safety Program: FSA Case Managers and LVN – Health Educator will design a curriculum on home and personal safety that will be delivered both at the Senior Center / Nutrition Sites in each area of the three Service Hubs, as well as in-home services. Although there will be numerous topics included in the curriculum, FSA will focus on Fall Prevention and Medication Management, which are especially problematic issues among the elderly. There are numerous evidence-based curriculums available for both of these topics. FSA will select a Fall Prevention curriculum that will provide falls and fall-related injury prevention, including a) an approach to selection of interventions consistent with proven prevention strategies; b) an understanding of how to integrate falls prevention programming into existing seniors' health services policies and protocols; and c) knowledge of appropriate evaluation and dissemination techniques. To ensure the potential for synergy in falls prevention along the continuum of services for seniors, FSA will be mindful to selecting curriculum that covers a number of settings – community organizations, home support, health service delivery, long-term care, acute care, rehabilitation and emergency services. Medication Management for the Elderly curriculum is readily available, such as the Hazelden's Integrated Services for Substance Use and Mental Health Problems. While this component is primarily educational in nature, it will also refer clients with high risk factors to the Early Intervention Services Activities (Assessment, Therapy, Case Management and Linkages).

Older Adult Suicide Prevention Program: FSA will provide suicide prevention and early intervention screening services, performed by the Case Managers and Clinicians I. Prevention efforts will focus on education in group settings (universal prevention strategy) and will include an overview of the warning signs of suicide, and the types of assistance that is available to address the warning signs. FSA will select an assessment instrument for screening elders for suicidal ideation, which will be administered by the Case Managers or Clinicians. If the assessment determines that early intervention or treatment is necessary, the client will be referred or Therapy, Case Management and Linkages.

Early Intervention Services: These services will include Assessment, Therapy, Case Management and Linkages and Consultation. Case Managers will be primarily responsible for referring older adults for these services, and for administering any appropriate assessments to determine need for this level of care. Clinicians I will be responsible for the therapy component, conducting counseling in either in-home or Senior Center / Senior Nutrition sites, or at other designated community sites. Counseling sessions will be 50-minutes in duration, will utilize primarily Cognitive Behavioral Therapy, and will be guided by Individual Treatment Plans that are developed with the client and therapist. The LVN – Health Educator may assist in linkages and consultations and Case Management services.

Bilingual and Culturally Competent Services: The growth in diversity has significant implications for service providers as cultural factors are becoming increasingly important in the evaluation and treatment of mental disorders. According to the U.S. Department of Health and Human Services, culture has been found to impact many aspects of mental illness. Clients from specific cultures may express and manifest their symptoms in different ways, and may differ in their styles of coping, their family and community supports, and their willingness to seek and continue with treatment. Moreover, clinicians may also be influenced by their own cultural values, and this may impact diagnosis, treatment, and service delivery decisions. These cultural differences may exacerbate the general problems of access to appropriate mental health services in the community. The mental health treatment setting relies significantly on language, communication, and trust between patients and providers. Therapeutic success may therefore hinge on the clinician's ability to understand a patient's identity, social supports, self-esteem, and perception of stigma. Consequently, mental health service providers must recognize underlying cultural influences in order to effectively meet the mental health needs of each segment of the community.

At FSA, culturally competent treatment programs are founded upon an awareness of and respect for the values, beliefs, traditions, and customs of clients served in the community. Our clinicians are aware of the impact of their own culture on the therapeutic relationship with their clients, and therefore make sure that they consider these factors when planning and delivering the services for children and their families.

The provision of culturally competent services includes not only an understanding of, and sensitivity to the ethnic cultures of clients, but also to a set of morals and values that the current generation of elders possess. For example, there are many culturally determined attempts to manage problems with the family, and not divulge information to "outsiders". The CARE program will reflect a respect for cultural diversity; for example, the inclusion of extended family members in treatment efforts within certain treatment approaches, when appropriate. The program will also take into consideration the daily schedules of the elderly (for example, many elders nap during afternoon hours).

In addition, cultural differences other than ethnicity must be considered. For example, clients who live in rural areas display unique characteristics that present barriers to mental health care. Some individuals do not seek care due to the difficulties of stigma, a lack of understanding about mental illnesses and their treatments, a lack of information about where to go for treatment, and an inability to pay for care. Furthermore, factors such as poverty, geographic isolation, and cultural differences hinder the amount and quality of mental health care available to these individuals. These issues are further complicated by the limited access to and availability of mental health specialists, such as psychiatrists. By addressing these important cultural issues, service utilization is promoted and older adults enrolled in mental health programs linked to community culture will be far less likely to drop out of treatment than families in mainstream programs.

FSA has made great strides in culturally competent services, as reflected in the agency mission statement, policies, procedures, program administration, staffing patterns, position descriptions, personnel performance measures, professional development, pre-service and in-service training activities, service delivery practices, strategies for outreach, telecommunications and information dissemination systems.

At FSA, it is very important that personnel are comfortable in cross-cultural situations and able to address our clients' mental health needs regardless of their race, religion, language, or other cultural influence. FSA offers culturally competent personnel that:

1. Are aware and respectful of the values, beliefs, traditions, customs, and life styles of elders.
2. Are aware of the impact of their own culture and worldviews on their interaction with others in cross-cultural situations.
3. Recognize that cultural differences exist within an ethnic group.
4. Learn about the culture of the clients with whom they work (i.e., family composition, family members' roles, and family support systems).
5. Understands the attitudes about mental health issues, treatment, and help-seeking behaviors within different cultures.
6. Establish rapport and build trust through displays of respect and appropriate social greetings.
7. Use a problem-solving orientation that systematically considers cultural difference.
8. When necessary, use appropriately-trained interpreters and/or cultural brokers.
9. Are committed to developing interventions that are compatible with needs, values, and customs of clients.

FSA also takes great pride in our ability to provide services to a wide range of special populations, including the elderly. We have experience in working with an ethnically and socio-economically diverse group of elders and have a thorough understanding of their unique needs when it comes to the delivery of prevention, early intervention and treatment services. FSA employs bilingual English/Spanish speaking staff and will assure that CARE staff has these capabilities. We can also provide translation services for Vietnamese clients. All printed materials will be available in English/Spanish and will feature large print. Language is not the only potential barrier to providing appropriate mental services. Cultures have different attitudes toward issues of mental health and mental illness that can affect levels of awareness among older adults and also the likelihood that they will seek or even accept assistance. The familiarity and accessibility of service sites can aid in reaching out to older adults. When project staff addresses the mental health needs of culturally diverse elders, they become cross cultural helpers who assist them to deal with thoughts, feelings, and behaviors that might interfere with their mental health.

Example #3

Funder: Grossmont Health Care District

Submitted by: ElderHelp

Grant request: $75,000

Project Description: To fund the ElderHelp Concierge Club to combine high quality care management services with in-home volunteer services and use an innovative fee-based system – membership program that delivers the support systems seniors need at a price they can afford – that will support ElderHelp to both serve more seniors and better sustain the program over time.

Program Services and Performance Plan

1. The Concierge Club will enhance the ability of older adults to independently age in place through a comprehensive and coordinated package of services that is personalized to each member's health and social needs.
   Goal 1: Of those Concierge Club members who feel at risk of losing their ability to age in place a significant number will feel an increased sense of independence and ability to remain in their own homes through participation in the Concierge Club.
   Goal 2: The Concierge Club is cost-effective by delaying and averting nursing home costs and spend-downs on Medi-Cal, saving each member $1,600 annually on home care services, and discounting up to 25% of additional services.
   Goal 3: The Concierge Club will significantly and meaningfully improve the quality of life for members.
   Goal 4: Of Concierge Club members identified with one or more chronic disease, a significant amount will report an increase in knowledge and a reduction in healthcare utilization.
   Goal 5: Of those Concierge Club members determined to be at risk for falls, monthly participation in specified membership activities will contribute to a significant decrease in risk.
   Goal 6: ElderHelp will provide Outreach and Information & Referral to seniors in the Grossmont Healthcare District to increase awareness and accessibility to services.

2. Program efficacy is monitored on a regular basis through numerous avenues. New and ongoing member cases are discussed during monthly care management meetings. These sessions ensure that the target population is being served, that each member's problems have been correctly assessed, and that the identified solutions are appropriate. In addition, each Concierge Club member who receives long-term care management receives monthly and quarterly follow-up to determine whether the member's status has changed, been maintained, or improved as a result of services. For those members receiving volunteer services only, a monthly phone call is made to monitor and track member well being as well as satisfaction in regards to specific services.

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Concierge Club members are asked to complete a Satisfaction Survey on a semi-annual basis. Questionnaires are distributed by mail and inquire as to the member's satisfaction with the services received, volunteers, care managers, frequency of contacts, as well as to determine the likelihood of continuing utilization of services and recommending services to others. Additionally, ElderHelp administers a semi-annual Impact Survey to gauge the influence of the programs and services. If completion of written questionnaires and surveys is inconvenient, members are given the opportunity to respond directly via telephone. Surveys are collected and monitored by the Member Services Manager.

3. The Concierge Club will fulfill the concluding element of the Grossmont Healthcare District's Mission Statement. This drive to "anticipate and recognize the unmet health care needs of the communities we serve, and provide suitable services to satisfy those otherwise unmet needs to the greatest possible extent…" is perfectly positioned for the Concierge Club as it is an innovative solution to the need for providing suitable services. ElderHelp's Concierge Club also provides a creative way to help reduce the health care burden hospitals and long-term care facilities face in caring for the elderly population. The assessment, care management and volunteer services provided through the Concierge Club assure that seniors receive the health and social services they need.

4. Seniors access Concierge Club services in multiple ways:
   - Telephone consultations—members can contact their personal Member Care Manager or the Information & Referral Specialist from the comfort of their own home
   - In-office appointments—scheduled to fit with the member's needs
   - Home visits—for homebound members and members who have limited mobility
   - Community sites—such as senior residences and senior centers already frequented by seniors looking for services and information
   - North Park office—open 5 days a week
   - Lemon Grove office—open twice a week and staffed by an Information & Referral Specialist

5. With over three decades of experience in delivering social services, ElderHelp has learned to utilize a variety of successful outreach methods. These include presentations for civic, charitable, and professional organizations; distribution of collateral materials such as brochures and fliers; print media (i.e., newspapers and magazines); television (i.e., news broadcasts and special features); and person-to-person interactions at locations such as health fairs and conferences. Each quarter a minimum of 6 outreach efforts will be implemented with the goal of providing public information and education services to a minimum of 1,200 East County residents during the 12 month grant period. At these events, potential members and their caregivers and can sign up to receive more information, receive agency newsletters, or become future Concierge Club members.

6. ElderHelp will not need any equipment for this project.

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Example #4

Funder: Unnamed Foundation funding senior health

Submitted by: Little Tokyo Service Center (LTCS), Community Development Corporation

Grant request: $50,000

Project Description: To support the Senior Services Program and its endeavors to serve Japanese and API seniors living in Los Angeles. Three areas of particular need in this senior population are bilingual case management, care giving to delay nursing home care and alleviate isolation, and transportation services.

Method for carrying out the project

There are 3 main components to LTSC's comprehensive Senior Services Program: (1) Case Management, (2) Caregiver Coordinator and (3) Transportation Referral. Three full-time social workers, one MSW level social worker and two BSW level social workers are necessary to achieve the anticipated outcomes. The MSW social worker will manage the overall program for 25% of the time and conduct intake/needs assessment and case management for 75% of the time. One BSW social worker will conduct intake/needs assessment and case management for 100% of the time. The second BSW social worker's time will be divided as follows: caregiver coordination 70% and transportation 30%. Finally one supervisor at LCSW level will supervise the program.

A. **Case Management**: The Case Management portion of this program will consist of three services: information and referral, basic case management and intensive case management. The service the client receives will depend on his or her individual need.

   1. *Information & Referral*

   The bulk of telephone calls LTSC receives are from seniors seeking information and referral. They simply need an answer to a question or a referral. Because many seniors are monolingual or prefer to speak in their native language, it is difficult for them to obtain the information they need. LTSC is able to provide this information in Japanese, Korean and Chinese in addition to English. Many seniors have questions regarding benefits, senior housing and nursing homes. LTSC is able to provide answers for these types of inquiries. For legal issues, rental/financial assistance and medical problems, LTSC is able to provide a referral to an appropriate agency. If the seniors' issues cannot be resolved with information and referral, they receive case management.

2 Basic Case Management

The greatest need among Japanese and API seniors living in Los Angeles County is bilingual case management. Case managers are the seniors' connection to the English-speaking world. Without bilingual case management, many monolingual seniors are unable to respond to a letter from Social Security, resolve a problem with their utilities or access transportation for medical appointments. In other cases, frail seniors become isolated, unable to grocery shop or keep up with housekeeping. Only with bilingual case management can these clients receive assistance they need to prevent a decline in their situation.

For example, an apartment manager called LTSC because she was unable to communicate with one of her elderly Japanese-speaking tenants. She was concerned because her tenant did not leave his apartment very often if ever. LTSC went to the client's apartment and discovered that he was having trouble walking and the friend he relied on for transportation recently passed away. The client did not seek medical attention because he did not have the money or transportation.

LTSC was able assist the client in obtaining Medi-Cal and Supplemental Security Income. Thereafter, LTSC arranged transportation for him to see a Japanese American doctor for his medical needs. LTSC also spoke with his neighbors who agreed to help the client with his grocery shopping and to the apartment manager about moving the client to a lower floor apartment. LTSC provided follow-up care for the next 6 months.

These cases typically only require case management services for a few weeks with weekly client contact and general follow-up thereafter.

3. Intensive Case Management

Many of LTSC's clients require Intensive Case Management because their issues are complex and they are unable to assist themselves. Unlike clients who require basic case management, these clients lack the necessities of living such as food and shelter in addition to their other issues. For example, a 67-year old woman who broke her ribs was referred to LTSC by a hospital. She was to be released after receiving treatment in the hospital however; she spoke no English, had lost her passport, had no money and was homeless. LTSC was able to provide a hotel voucher and food giving her time to find her sister in Japan. LTSC assisted her to obtain a temporary passport, and she was able to move back to Japan to be with her sister.

These cases require more intensive case management because the clients must first be stabilized before LTSC can assist them with their secondary issues. These cases could require case management services lasting longer than one month with almost daily client contact.

B. Caregiver Coordination: The second most requested service is referrals for Japanese-speaking/Japanese-descent in-home caregivers and companionship for frail and/or dementia-affected seniors.

Care giving includes housekeeping, grocery shopping, meal preparation and personal care assistance. The services are provided so that the senior can stay at home and receive care as long as possible to avoid institutionalization or nursing home care. However, Japanese-speaking caregivers are difficult to find and most are only willing to provide services in limited areas that are close to their own residences.

LTSC is currently recruiting caregivers under its Los Angeles County Area Agency on Aging grant. However, the geographic limitations are strict and do not include major portions of Los Angeles, nor do they provide the staff time needed to recruit sufficient caregivers to meet the demand. Additional funds would allow for staff time dedicated to caregiver recruitment in the South Bay, Little Tokyo and San Fernando Valley.

LTSC's recruitment of caregivers will be accomplished by using proven technique such as mass-media, including newspapers, radio stations and television broadcast stations in the Japanese American community, and conducting workshops and attending community meetings.

Care giving recruits will receive 3 trainings prior to placement. Workshops will be coordinated to provide background information on the population they will be helping, including Alzheimer's disease and related illnesses and cultural sensitivity. In addition caregivers will receive instruction on how to effectively provide care, learn about advance healthcare directives, hospice, nursing home and hospital care, CPR and first aid, client confidentiality and how to provide dignity and respect to seniors who may be at the end of life.

C. Transportation Referral Program: Many of LTSC's senior clients request transportation services to medical and government appointments.

For the most part, LTSC is unable to provide the transportation but there are many other city and county agencies that provide these services. Many seniors do not know that these services exist or how to access the service. The Transportation Referral Program manager will research available services and the eligibility requirements for each service. The manager will act as an internal resource for LTSC case managers in addition to providing referrals to callers. The manager will also provide staff training to strengthen LTSC's case management services. If necessary the manager will assist the case manager in arranging the service for the senior client.

Example #5

Funder: Ford Foundation

Submitted by: AED Center for Leadership Development

Grant request: unknown

Project Description: To continue to plan, put into action, and give proof of the remarkable impact that the New Voices National Fellowship program is having on individuals and social justice efforts in the Gulf Coast, and to continue promoting effective leadership, strengthening nonprofits, and engaging people in systemic change that creates opportunities, provides financial support, and offers hope to activists, organizations, and communities demoralized by the negligence of governmental structures, the ineffectiveness of local authorities, and the apathy of the privileged.

Methods / Program Plan

Leadership Development Meetings - Community Gatherings
In the coming fiscal year, we propose to hold two national gatherings, the Winter Conference in January and the Summer Conference in June, in cities yet to be selected. Our costs will include participant airfare, hotel, meals, meeting supplies, faculty honoraria, and a site visit to a local nonprofit that does cutting edge social justice work. A planning committee of Fellows will shape the agenda, with constructive feedback from staff. We will aim to create more structured space and time for exploring tactics that can be used for building nonprofit infrastructure, mobilizing resources, and incorporating the voices of the internally displaced residents in local campaigns. The meetings will also include discussions of issues related to diversity and oppression (gender, race, orientation, disability, etc.).

Online Curriculum
To increase learning attained during the course of the Fellowship, New Voices Fellows form "affinity groups" around topics of interest to them. These groups identify articles and reports for the rest of the community to read and discuss online or through conference calls. We are excited to see new affinity groups emerging, including ones focused on housing, women's issues, and cultural and artistic preservation (cultural rights). In keeping with the Fellows' areas of focus, we aim to increase their knowledge of social movement theory. The curriculum, created by Prime Movers, is entitled Cultivating Social Capital. It provides valuable information about the leadership and choreography of social movements. We would like Fellows to consider these articles as resources for generating insight and exploring collective action.

During the next year, the Fellows will refresh the online curriculum with a new series of readings. There will also be a schedule of quarterly reflections whereby each Fellow is required to post, on the community's list-serv, a commentary on the assigned readings. Fellows from both the new

class (Class of 2008) and the previous one (the Class of 2007) will be invited to share views, personal experiences, and lessons learned related to the topics under discussion. We will create a set of sample reflections to share with the Foundation. Academy for Educational Development

Alumni
As we approach the ten year anniversary of New Voices we propose to celebrate the past and current leadership work of the Fellows of previous cohorts (2000-2006) by hosting an alumni reunion. This will create a powerful opportunity for members of the New Voices social justice community to come together and build a dynamic, organized national network of diverse human rights leaders. By leveraging the various work experiences and geographic locations of our Fellows, the reunion will be an occasion for the Alumni to share information and resources, explore social change strategies, and collaborate on building a strong, broad-based movement for social justice.

Currently, we have a planning committee of two Fellows from each cohort. They are holding conference calls on a monthly basis and aspire, through the reunion, to generate collaborative projects such as new products, events, advocacy, and other joint activities. We have created an alumni survey that will measure Fellows retention in the social justice field, as well as inform us of their career status and major accomplishments since completing the Fellowship. New Voices is also encouraging alumni to join the popular social networking site Facebook, in order to facilitate greater interaction and connectivity. We plan to use this innovative tool for promoting resources and events in the human rights community.

Alumni Allies Program
The current Gulf Coast Fellows have expressed interest in more structured exchange with alumni from previous cohorts. Therefore, we plan to design and launch an Alumni Allies Program. This activity will create a system to engage alumni as active participants in the Fellowship experience. The term “allies” seemed more preferable to us than “mentors” so as not to confuse roles with the more experienced leaders who currently work with the Fellows and who are based in the Gulf Coast region. The alumni will serve as sounding boards, provide insights for maneuvering challenges, help identify resources, and discuss topics of mutual interest. NAME (Class of 2001) will continue to work with us as a consultant in designing and introducing this new support system.

Other Connections
There are some other national fellowship programs with participants and alumni in the Gulf Coast region. They include: Ashoka, Coro, Echoing Green, Eureka Communities, Equal Justice Works, and Public Allies. We plan to connect the Gulf Coast Fellows and alumni with contacts from these initiatives to see whether there are opportunities for synergies and joint work.

Structure and Disbursement of Fellowship Grants
Under this proposal, the structure of the Fellowship will remain essentially the same, with coverage for Fellows' salary and fringe benefits and a professional development account of $1,500. The average salary will be around $XXXXX and the average fringe benefits package around $XXXX. This includes a five percent annual raise in salary and a three percent escalation rate for fringe benefits. In FY 2009, we project issuing the fifth and sixth grant payments for Cohort Eight (the Class of 2007) and the third and fourth disbursements for Cohort Nine (the Class of 2008). The total allocation for fellowships is $XXXX.

Loan Repayment/Financial Assistance Program
In order to assure the likelihood of retention of the Fellows in the social justice sector, New Voices offers financial assistance in repaying student loans and covering other approved expenses such as child care, tuition, retirement contributions, and disability support. Given the high cost of rent in the post-Katrina Gulf Coast region, Fellows may choose instead to apply for a housing allowance. We have budgeted an average of $XXXX per Fellow per year for participation in this financial aid program.

Example #6

Funder: Save-the-Redwoods League

Submitted by: The Ink People Center for the Arts

Grant request: $4,960

Project Description: For the Old Growth Redwoods Are Alive! Project, an education project that engages fourth and fifth grade students in science field classrooms and also encourages them to express the aesthetic value of their knowledge of old growth redwood ecology. Students will discover salmon habitat, our local amphibians and reptiles, the pollination and purposes of ground cover, details about how to measure the size of old growth coastal redwoods, how they get water, use water and create weather and what creatures live in these majestic old growth coastal redwood trees.

Tasks/Activities and Time Line: *What are the specific tasks and activities involved in achieving the project objectives? What is the schedule/timeline the students for completion?*

A. We plan to implement our redwood education project, Old Growth Redwoods Are Alive! during the first two weeks of November of 2007. The project will be implemented in the following five phases: The redwood education team for Old Growth Redwoods Are Alive! will be assembled and we will have our planning input meeting in September 2007.

B. In the classroom: A few days before we go into the field to study various aspects of redwood forest ecology, a forest ecologist will come to the school to present an overview in PowerPoint about old growth redwood forest ecology. As part of that overview, the BLM forest ecologist and our county park ranger will be there with various objects including seeds and branches, tree cross sections and fossilizes redwood. The county park ranger also shares specific information about the grove that they will visit.

C. That same week, the art instructors will come to the school to familiarize the students with the art materials that they will use for their environmental art projects. The artists Donvieve and Michael Guerriero will also be preparing the students to be thinking about the old growth redwood forest as a rare and special place on the earth.

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D. Next, we go into the field. In field classrooms we plan to introduce the students to various aspects of old growth redwood forest ecology. Each field classroom module will be approximately forty minutes. These are the planned project days/modules:

- Field Day One: MODULE ONE - The redwood trees' diameter & height, root systems, water transpiration, leaf structures, bark; MODULE TWO - ground cover as habitat, pollination and photosynthesis, identifying a few common flowering species; MODULE THREE - live birds, their habitat and life cycle.
- Field Day Two: MODULE ONE - water bugs, lifecycle and habitat; MODULE TWO - salmon life cycle and habitats; MODULE THREE - amphibians and reptiles, habitat and life cycle.

F. Environmental art in the classroom: After the field trips, students and art instructors will return to the classroom to create their environmental art projects. On the first day of environmental art lessons, one class will make salmon and redwood forest flags. The other classroom will make masks of their totem object: a tree, a fossil, an animal, a bird or whatever they choose. The instructors will complete the two projects in 3-4 hours each. The next day the instructors switch classrooms to complete another set of art work. Students will exhibit work either at The Ink People Center for the Arts gallery or the Sequoia *Park Zoo, Secrets of the Forest Room.*

Example #7

Funder: Rose Hills Foundation

Submitted by: Shoes That Fit

Grant request: $25,000

Project Description: Proposal to Rose Hills Foundation from Shoes That Fit to fund Back-to-School and Holiday Shoes and Clothing Project, in which 25,000 local schoolchildren in need will be given new items so so that they could attend school in comfort and with dignity.

How Shoes That Fit Works

Since 1992 when our first program helped needy children at Roosevelt Elementary school in Pomona, over 555,000 children nationwide have been given the new items they needed to attend school without having to literally wear their poverty on their feet. We are proud that 91¢ of every dollar donated to Shoes That Fit goes directly to provide new items for the children we serve. Our organization is primarily volunteer run, with a staff of only 5 people.

Here's how we work: a volunteer coordinator at a sponsoring group (business, college, service club, church) chooses a school to help, and with a start-up kit from Shoes That Fit, provides tools to the school to help identify and measure children so that a critical, good fit is ensured. The children's needs are written on an index card, and passed on to members of the sponsoring group. The donors purchase the items that are then given to the volunteer coordinator and delivered to the school for the child. Donors can see that they've made a direct impact on the life of a child, rather than having made a donation to a faceless organization.

> *"I asked our teachers to submit the names of the most needy children in their classrooms, and I fitted the children selected. I was heartbroken when I began to see the condition of the shoes that the children were wearing to school. I found children wearing their little brothers shoes, a few who were wearing their mothers shoes, and one who had stuffed papers on the inside of his shoes because there were holes in the soles. One 5th grade student, whose shoes were in deplorable condition told me that his little sister really needed shoes more than he did and asked me to get shoes for her instead."* –Diana Cliff, Attendance Counselor, 28th Street School, Los Angeles