

Northern California East Bay Grant Application

Your Organization

intro

Welcome!

Kaiser Permanente is a non-profit, integrated health care delivery organization whose mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. Through partnerships with community organizations, government entities, and public agencies, Kaiser Permanente works to address issues that affect overall community health.

In Northern California, our Community Benefit Programs Department provides grant support to organizations that address health disparities and pressing needs in low-income, underserved and at-risk communities. Organizations must meet the basic eligibility requirements, as well as fall within the grantmaking priority areas in order to apply. Please ensure your organization meets these criteria before proceeding with the application.

Basic Information

Organization Name

San Pablo Police Department

Street Address

We require street addresses; however, you may use a P.O. Box in the mailing address field along with a physical street address.

13880 San Pablo Avenue

City	State	Postal Code
San Pablo	CA	94806

Phone	Fax
(xxx) xxx-xxxx (510)215-3135	(xxx) xxx-xxxx (510)215-3135

Organization's E-mail Address

bradleyl@sanpabloca.gov

Organization's Website Address

<https://www.sanpabloca.gov/187/Police-Department>

Organization CEO, Executive Director or President

Please enter the following information for your agency's Executive Director, CEO or President

Prefix	First Name	Last Name
Mr.	Ron	Raman

Title

Chief of Police

Phone

510-215-3170

E-mail

RonR@sanpabloca.gov

Detailed Organization Information**Organization Operating Budget**

operating budget.docx

Organizational funders

Please list 5 top public or private sources of funding and the percentage of your budget they provide funding for your organization or "None" if not applicable.

Major funding source is from general funding with sources to include tax revenue and business license fees.

Year founded

MM/DD/YYYY

4/27/1948

Location of Main Office

13880 San Pablo Avenue San Pablo, CA. 94806

Mission Statement

Limited to 50 words

The San Pablo Police Department is committed to safeguarding our community through Community Policing, Progressive Training, and Technology.

Key Services Provided

List your key services or activities provided by your organization. How are these services and activities benefiting your clients? How will these services or activities help you to achieve measurable outcomes?

300 word limit

The San Pablo Police Department focuses our efforts and resources on the reduction of crime, protection of life, improved quality of life for all through community-based programs, mentoring of our community's youth, and fostering

relationships with each of our community members through policing with integrity, community, and service. These services are measured by crime statistics and community feedback

Demographics of People Served by the Project**Gender Population Served**

If your program will serve all genders listed, please select "All".

All

Age Group Population Served

If your program will serve all ages listed, please only select "All Ages".

All Ages

Target Population Served

Please select all that apply.

Organization Tax Information

Organization's Legal Name

This is the name that appears on your IRS Determination letter or other legal documentation, or Form 990.
City of San Pablo Police

Organization's Tax ID# (EIN or TIN)

xx-xxxxxxx
94-6000423

Tax Status

If your tax status is not one of those listed, you can use a Fiscal Agent that has eligible status and complete the Fiscal Agent information requested later in this form.

Government or Public Agency

Annual Total Organization Budget

15600806

Proof of Tax Exemption

For tax exempt status verification, one of the following documents must be submitted:

- For nonprofit organizations
One of the two supporting documents must be submitted:
 - Copy of current IRS determination letter indicating appropriate tax-exempt status with Tax ID number (preferable), or
 - Copy of the certification from the Office of the State Attorney General where the qualified organization is registered.
- For government/public entities
One of the two supporting documents must be submitted:
 - Notarized letter from the organization's Chief Financial Officer or Certified Public Accounting Firm indicating the government/public agency has been granted tax exemption, or
 - Affirmation letter from the IRS with the Federal Identification Number.

cosp_determination_ltr.pdf

Request on Organization's letterhead

Letter should include the legal name of organization, organization's address, requested amount, project summary and project title.

Request On Organization's Letterhead.doc

Form 990

FOR REQUESTS AT OR ABOVE \$25,000: most recent submitted IRS Form 990

Compliance

Required Compliance Verification

Do any Kaiser Permanente executives, managers, directors, physicians or other employees or their family members:

- Serve as a board member, director, officer, manager, employee or fiduciary agent of your organization; or
- Have a compensation arrangement or financial interest with your organization

No

If yes, please provide the person(s) name and describe the nature of the relationship

Non Discrimination Policy

By selecting YES below, the organization attests that it does NOT discriminate on the basis of race, color, national origin, sex/gender, sexual orientation, age, physical or mental disability, in their programs, services, policies, hiring practices and administration.

Yes

Non Proselytizing (for religious or faith-based organizations)

- Your program or service must be open to the general public and aimed at addressing a community need, and
- Programs and services are provided regardless of an individual's religious affiliation or belief, and
- Individuals are not required to attend or participate in services, classes or sessions where the purpose is to promote, teach or advance a religious doctrine or philosophy

Will any portion of your contribution request be used to further religious doctrine, or for programs for the congregation, members or students or in the support of general operations?

No

Is your organization currently, or has it ever been, a vendor of Kaiser Permanente?

Please describe your interactions with Kaiser Permanente. (150 word limit)

N/A

Board of Directors

Please provide us with your current list of Board of Directors and their affiliations

City of San Pablo board of directors.doc

Audited financial report

FOR REQUESTS AT OR ABOVE \$25,000: Provide us with your most recent audited financial reports

Project Fiscal Agent

Only fill this section out if your project will be funded through a fiscal agent.

Fiscal Agent Organization Name

Fiscal Agent Tax ID# (EIN or TIN)

Fiscal Agent Mailing Address

Street Address, City, State, and Postal Code (9-digit code if known).

Fiscal Agent Contact

Prefix, First Name, Last Name.

Fiscal Agent Contact Title**Fiscal Agent Contact Phone****Fiscal Agent Contact E-mail****Fiscal Agent MOU**

Memorandum of Agreement between your organization and your Fiscal Agent.

Request on Fiscal Agent letterhead

Letter should include the legal name of your Fiscal Agent, Fiscal Agent's address, requested amount, project summary and project title

Basic Project Info

General Project Information

Please provide the following information for the project or program you are proposing

Project Title

West Contra Costa County Regional (San Pablo and Richmond) CORE Outreach Team

Project Summary

Please provide a summary of your proposed project as if you are speaking with a reporter or someone outside of your field. **Do not write in first person.** Please also indicate the location of your project/program.

50 word limit.

This Program targets high-risk, hard-to-reach chronically homeless individuals, youth, and families living outside whom typically don't access services or don't know how to access services. CORE uses a client-centered, "whatever it takes" approach to build rapport, engage consumers into services that aims to get them off the streets and stabilized.

Project Start Date

11/1/2018

Project End Date

11/1/2019

Total Project Budget

60000

Amount of funding you are requesting from Kaiser Permanente for this project

60000

Completed Project Budget Template

Please download the required project budget template from here:

Save to your computer.

Complete.

Upload completed project budget template below.

KP NCAL Grant Budge Template 2013.xls

Project Funders\Partners

Please list other committed or solicited funders or partners for this specific project.

150 word limit.

City of Richmond

Contra Costa Health Services

Kaiser Permanente Involvement in this project or your organization

Please list Kaiser permanente staff that have involvement in your project or your organization.

PLEASE DO NOT LIST BOARD MEMBERS, OR OTHER PERSONS, DISCLOSED ON THE COMPLIANCE PAGE

Primary Project Contact

Please check this box if the primary contact for this proposal is the same as the contact previously provided for the CEO or Executive Director.

No

If the primary contact is not the same as the Executive Director, CEO or President, please complete the following information for the primary contact of this proposal.

Prefix	First Name	Last Name
Mr.	Ron	Raman
Title		
Chief of Police		
Phone	Fax	E-mail
510-215-3170		RonR@sanpabloca.gov

Health Needs

Kaiser Permanente NCAL has identified the following priority funding areas. Please select one identified health need that best describes your project.

Northern California-[2017 - 2019] Access to Care and Coverage

Health Need	Strategy
Community and Family Safety	Improve law enforcement and community relations.
	Increase availability of education, job training and enrichment programs for youth.
	Support programs that promote non-violent

	<p>solutions to conflict and alternatives to punitive responses.</p> <p>Support programs that prevent and address family violence through reducing risk factors, enhancing protective (resilience) factors and linking to appropriate resources.</p> <p>Support targeted gang/offender outreach and case management.</p> <p>Increase the capacity to respond appropriately to individuals and/or communities that have experienced trauma and/or violence.</p> <p>Provide victims of violence with services needed for recovery and resilience.</p> <p>Support integration of health care with community based programs and services that address violence-related issues among patients and the community.</p>
Mental and Behavioral Health	<p>Support opportunities to prevent and reduce the misuse of drugs and alcohol.</p> <p>Provide access to programs, services or environments that evidence suggests improves overall social/emotional wellness.</p> <p>Support opportunities to reduce stigma through education and outreach in school, community and workforce settings.</p> <p>Support the recruitment, hiring and retention of a diverse, culturally competent behavioral health care workforce in the clinical and community based settings.</p> <p>Increase access to training and education for diverse populations currently underrepresented in the behavioral health care workforce.</p> <p>Improve navigation to appropriate care within the health care system and support services in the community.</p> <p>Increase the capacity to respond appropriately to individuals and/or communities that have experienced trauma and/or violence.</p>
Healthy Eating Active Living (HEAL)	<p>Increase access to healthy, affordable foods, including fresh produce, and decrease access to unhealthy food.</p> <p>Increase enrollment in and use of federal food programs.</p> <p>Increase access to physical activity opportunities in the community.</p> <p>Increase access to physical activity opportunities in schools.</p>
Access to Care and Coverage	<p>Support outreach, enrollment, retention and appropriate utilization of health care coverage programs.</p>

Increase access to primary and specialty care.
Improve navigation to obtain access to appropriate care within the health care system.
Promote integration of care between primary and specialty care, including behavioral health care.
Provide support to increase enrollment in public benefit programs (including federal food programs) among vulnerable and low income populations.

Based on the need you selected, select at least one strategy from the list above and explain how your organization will address it.

You may select more than one strategy if relevant.

200 word limit.

Research over the past two decades has documented numerous positive outcomes associated with outreach which includes decreased number of days homeless, improved housing status, decreased psychiatric hospitalization, reduce drug use, and improved health and mental health (Olivet et al., 2010; Buhrich & Teesson, 1996; Bybee et al., 1994; Fisk, 2006; Goering et al., 1997; Rosenblum et al., 2002; Tommasello et al., 1999).

The CORE program lays the groundwork for establishing rapport and forming a trusting relationship with persons living outside. This relationship helps to facilitate the assessment of housing, primary and behavioral health care needs, as well as development of service plans with goals to improve one’s health. CORE teams provide direct access to available shelter beds throughout the system of care, assist individuals in getting State identification cards, facilitate applications for food and disability benefits, transport to medical appointments and access to detox treatment programs. Knowing that those living outside traditionally do not come in for site based services, it is critical to include outreach in our community in order to meet people where they are so that we can support them in getting to where they want to be.

Project Description

Project Description

Project Description

Please describe your proposed project and how it addresses the priority funding area. Imagine you are explaining your project to a reporter or someone outside of your field. Do not write in first person.

400 word limit.

The Coordinated Outreach Referral, Engagement (CORE) program is redefining outreach in Contra Costa County. Launched in 2017, CORE serves as one of three entry points into Contra Costa’s Coordinated Entry System bringing services and resources directly to individuals living outside. Utilizing evidence-based practices in their work, CORE teams employ a social case management model to progressively engage individuals and families sleeping on the streets, in vehicles, and encampments. Each CORE team is comprised of two individuals trained in motivational interviewing, non-violent crisis intervention, CPR, and the administration of Narcan.

The San Pablo/Richmond CORE team will canvas the cities of San Pablo and Richmond to identify, engage, and connect persons experiencing homelessness to healthcare, social services, and housing. Services and support will include but is not limited to delivering basic needs supplies such as socks, hygiene kits, and emergency food and water. CORE teams will complete housing and service assessments in the field (VI-SPDAT), facilitate the completion and submission of Medi-Cal, CalFresh, General Assistance, and/or SSI applications and related documentation for eligible consumers; directly place consumers in shelter beds and warming centers, and connect individuals to Coordinated Assessment Resource (CARE) centers. Additionally, CORE teams will work in close collaboration with Health Care for the Homeless outreach medical staff to deliver medical services to those who need it, including the administration of buprenorphine for persons who want to stay off opiates.

CORE's ultimate goal is to deliver a coordinated approach to effective outreach that is reaching the most in need and building a healthier community.

Client Step-by-Step Experience

If your project provides direct service please describe the program of services you provide from the perspective of a typical or average client; e.g. how do they learn about and enter your program, who interacts with them, what do they do in your program, how often and with what results, how long do they stay engaged with your program.

(300 word limit)

- CORE teams are dispatched daily to identify and connect with consumers living in parks, doorways, and/or encampment areas (or other areas identified by San Pablo and/or Richmond PD).
- CORE teams members introduce themselves, purpose for visit and asks permission to enter the encampment or space speak with person
- Teams offer water, food, and hygiene kits as initial "icebreaker".
- CORE asks individual(s) if they have any other needs. Team share the menu of services that may be available to the consumer
- Complete initial contact form and/or intake assessment as dictated by client interaction
- Set time to return.
- Leave resources (211 and Coordinated Entry Resource cards)
- Return to location within 1-3 days and complete intake or contact sheet if amenable
- Offer services and repeat

Project Workplan

Please download the required project workplan template from here.

Save to your computer.

Complete.

Upload completed project workplan template below.

NCAL_REG_2016_Grant_workplan.doc

Goals & Objectives

Referring to your completed workplan template (see above question), please copy and paste your goals and objectives here. List as bullets like the example below.

- Goal 1:
 - Objective a:
 - Objective b:
 - Objective c:

To Help reduce homelessness and connect individuals with resources to meet their needs of secure housing, basic needs and medical care.

- a. Identity and engage individuals living on the street
- b. Identity and assess the service needs of persons contacted
- c. Direct placement into shelter
- d. Direct linkage to CARE/warming centers

How will you measure the changes you aim to see (i.e., which data will you collect)?

150 word limit

Monthly homeless management information system (HMIS) reports documenting number of reached, number of intakes and VI-SPDATs completed, number of placements in shelters and number of individuals served at CARE Centers who were referred via CORE.

Project Outcomes

Number of People Expected to be Reached or Served by your project:

100

Please briefly describe (3-4 sentences) the outcome(s) you hope to achieve with this grant, including who you plan to reach, how many you plan to reach and the impact you plan to have on those individuals.

150 word limit.

City of San Pablo hopes to reduce homelessness in the city as well as the surrounding area by connecting individuals with resources to meet their needs of secure housing, basic needs and medical care. Outreach efforts will identify individuals living on the street and type of services needed by those individuals. The team will connect these individuals directly with support services to meet their needs.

Communication

Communication**Partners**

List and describe briefly community partners involved with coordinating and/or implementing of your project.

150 word limit.

H3 Homeless Program

C.O.R.E Homeless Outreach

City of Richmond

Contra Costa Health Services

How do you plan to acknowledge Kaiser Permanente support for this project?

100 word limit.

City of San Pablo will acknowledge Kaiser Permanente support through social media campaign, city website, community events, and media press release.