Implementation Plan Progress Report *2020*

Summary of Implementation Plan

As noted in the Community Health Needs Assessment (CHNA) summary, St. David's Foundation (SDF) has identified the following five areas as the priority health needs to be addressed in our hospitals' Implementation Plans:

1. Improved health and well-being of children
2. Improved health and well-being of women
3. Improved health and well-being of older adults
4. Improved health and well-being in rural communities
5. Health clinics to become community hubs for health

Additionally, SDF has identified the need to invest in two areas internally identified as Critical Infrastructure and Innovation. **Critical Infrastructure** refers to the continued support of long-standing non-profit partners that play a pivotal role in our community. While all supported partners serve the populations identified in the CHNA, they may provide a service that falls outside our organization's specific strategic plan. However, they remain mission-critical and a substantial reduction in funding would be detrimental to the health of the community. Investments in **Innovation** recognizes that to be successful, we must allow for new and emergent strategies that grow from partnering with the community.

In addition to providing funding for **direct services**, SDF will invest in **capacity building** to help strengthen the non-profit ecosystem, **research/evaluation** to build evidence concerning promising programs and scale as appropriate, **community engagement** to identify new solutions created by those with lived experience and expertise, and **strategic communications** to grow awareness of the important issues and share resources with our community.

2020 Investments by Type

Strategic Goal Areas	Children	$4.9 M
	Women	$2.3 M
	Older Adults	$6.9 M
	Rural	$1.5 M
	Clinics	$19.8 M
Critical Infrastructure		$16.0 M
Innovation		$4.2 M
Levers of Change	Capacity Building	$6.9 M
	Research and Evaluation	$565 K
	Community Engagement & Strategic Communication	$135 K
**Reallocated for Pandemic Recovery*		$9.9 M
		$67 M

In addition to grantmaking, SDF manages three internally operated programs designed to address community needs. These include the St. David's Dental Program, which utilizes nine mobile clinics to provide free dental care to primarily low-income children in Central Texas. Over $8 M in resources and staff were dedicated to this important program. SDF also manages a scholarship program designed to encourage high school students to enter a medical field and a volunteer program designed to connect younger generations with programs that support older adults.

Evaluation Methodology

To track progress, each strategy includes our monitoring and evaluation framework developed for that area including the intended impact, the lead staff person, and both **service** and **progress indicators**.

For key services provided, grant partners are required to report progress towards goals either quarterly or semi-annually, which are then reviewed by Foundation staff. Total number of clients served by the grant partner is presented here, regardless of the proportion of the project supported by SDF. In 2020, the median grant size was $170,000 and represents 64% of the total project budget on average. Generally, the foundation has two "grant cycles" and after approval, grant terms start January 1st or July 1st of a given year. For the purposes of reporting, the year in the column refers to the project end date, meaning it refers to projects that either covered the calendar year of 2020 or projects that began in the latter half of 2019 and closed in the first half of 2020. Twelve months of funding is always used to allow for comparison of data.

For goals related to progress, the following key was developed to summarize the various data points related to that goal. For progress indicators that are more quantifiable, green indicates an increase in numbers while red represents a decrease. For progress indicators that are related to dates or milestones, green indicates on schedule while red represents a delay or challenges in implementing. Note that a blue check mark is only utilized once an initiative is completed. Since most goals were developed to be accomplished in three years, we don't expect many to be represented in the Year One progress report.

Key:

- ✓ Completed in Year One
- 🟢 In progress, with no challenges and/or data shows an increase
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A Note about the COVID-19 Pandemic

The entirety of the Community Health Needs Assessment and the majority of this Implementation Plan was finalized prior to the pandemic experienced by Central Texas and the nation in the Spring of 2020. Approximately $10 Million of the 2020 budget was reallocated to launch a recovery fund for non-profits in Central Texas. Nearly 200 non-profits were supported with this funding opportunity to provide basic-need related support to those they serve. Additionally, the majority of previously approved grants were transitioned to general operating support to allow greater flexibility to non-profits during this unprecedented public health crisis. While most of our non-profit partners were able to continue services, when the data in our progress report shows a decline, this is largely due to challenges experienced during the pandemic. The two most common reasons for decreases in numbers served is that either SDF funding of these projects decreased temporarily as we focused on more immediate needs, or the non-profit temporary shifted the type of services provided (e.g., behavioral health related therapy) to provide basic-need support. In other areas where we see massive increases, this is an indicator that the demand for these types of services greatly expanded (e.g. case management and telehealth).

1. Improve the health and well-being of **Children**

Theory of Change Statement

Foster the conditions that create positive early experiences for young children, knowing these early experiences are the foundation for later health, social, and economic outcomes.

Lead Staff: Kim M. **Target Population:** Families experiencing poverty with children ages 0-5.

Approaches

1) Inform the public by promoting the science of brain development to guide clinical practice, public policy, and resource decisions.
2) Screen at key intercept points such as pediatric clinics for childhood adversity, relational health, and other related factors.
3) Treat children through a strong therapeutic web that includes specialized treatments that incorporate research on the effects of trauma and adversity, as well as tools to build resiliency, such as parenting supports.
4) Prevent adversity and build resiliency, using avenues such as parent engagement and education campaigns, and engaging children and their communities in their own healing.

Vision of Success

- Families are supported and have the key services they need to remove sources of stress, strengthen core life skills, and foster positive relationships between children and caregivers.
- Communities are connected, with built environments and norms that promote social interaction among community members.
- Stakeholders are informed about the science behind brain development. These stakeholders include practitioners, policy makers, and the general public.

Tracking Progress

Key Services Goals *Indicators*	Planning Year 2019	Year One 2020	Percent Change
Increase access to treatment to address trauma and adversity *Children under 18 receiving services*	5,503	12,292	+123%
Increase practitioners utilizing trauma-informed care best practices *Clinicians trained with trauma-informed care resources*	189	460	+143%
Reduce stress by increasing support available to parents such as home visiting. *Families receiving parent support services*	3,073	2,391	-22%

Progress Indicators	2020 Progress
Increase Brain Story Certifications statewide by 30%	✓
Increase proportion of clinics that include relational health as part of their patient screening	🟠
Increase number of clinics that offer integrated behavioral health	🔴
Establish therapeutic services for rural and hard to reach populations	🔴
Establish universal home visiting models in two counties that achieve national certification	🟢
Increase home visiting slots in Central Texas by 10%	🟢
Increase proportion of local school districts that have incorporated social emotional learning (SEL)	✓

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2. Improve the health and well-being of **Women**

Theory of Change Statement

Ensure women and girls are supported with the resources, respect, and conditions vital for equitable health and well-being.

Lead Staff: Lourdes R.
Target Population: Women experiencing poverty and women of color across the socioeconomic spectrum.

Approaches

1) Establish Central Texas as a women's health and perinatal safe zone. Lead and join in a shared community commitment to protecting women's resources, respect, and conditions regardless of what happens in the broader environment.
2) Center women of color (e.g. listen to them, step back while they drive the agenda, include them at key tables, enable them to tell their own stories, invest in their leadership).
3) Fill gaps in the fragmented safety net women's health system and fund select innovations.

Vision of Success

- Women and girls of color experience birth equity (including but not limited to equitable outcomes in perinatal care, maternal morbidity and mortality, and newborn outcomes).
- Women's health safety net policies and programs are less fragmented, resulting in continuity of access between primary care, sexual and reproductive health care, and perinatal care.
- Women and girls can obtain low barrier family planning and contraceptive care, including the most effective methods, in clinical and community settings.
- Communities are empowered to share their own narratives and stories.
- St. David's Foundation's women's health work aligns with other issues and movements relevant to the health of women and girls (e.g. improving conditions for caregivers, gender-based violence), expanding our intersectional partners and community impact.

Tracking Progress

Key Services Goals *Indicators*	Planning Year 2019	Year One 2020	Percent Change
Increase access to family planning and contraceptive care *People receiving family planning services*	2,465	5,311	+115%
Increase access to comprehensive sexuality education and pregnancy prevention programming for young adults. *Students receiving comprehensive sexuality education*	1,029	1,331	+29%
Increase access to culturally congruent perinatal care *People receiving culturally congruent perinatal support*	114	60	-47%

Progress Indicators	2020 Progress
Increase number of leaders attending SDF Women's Health convenings	✓
Increase number of women of color included in key stakeholder convenings	●
Increase proportion of grant partner organizations led by women of color	●
Completion of a Perinatal Safe Zone engagement plan	●
Increase number of school districts implementing comprehensive sexuality education	●

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3. Improve the health and well-being of **Older Adults**

Theory of Change Statement

Increase support for older adults to live safely and independently in their own community.

Lead Staff: Andrew L.
Target Population: Older adults navigating Medicaid, just over the Medicaid threshold, those living in rural areas, and older adults of color, along with their caregivers.

Approaches

1) Directly fund services and support the health of organizations providing services. This approach includes programmatic and capacity building grants in six key funding areas including (a) Core services for vulnerable homebound older adults; (b) Resources and education for family caregivers; (c) Adult day health centers; (d) Programs that reduce social isolation; (e) Palliative care and end of life planning; and (f) Workforce development of highly skilled geriatric social workers.
2) Bring services to scale in ways beyond grantmaking using the following approaches:
    a. Build evidence for new models by piloting and evaluating innovative services in Central Texas and demonstrating the "double impact" of intergenerational approaches
    b. Lead new payment models and public system improvement by advocating to MCOs and legislators on the cost effectiveness of adopting evidence-based services, advocating for increased appropriations for Medicaid services for older adults, and engaging local organizations to advocate for supportive aging policies.
3) Engage and activate community around aging issues.

Vision of Success

- Older adults remain safe and independent in their homes as they age.
- Older adults have a better end of life experience.
- Central Texas supports older adults and engages them as a vital part of the community.
- Central Texas has an adequate supply of accessible, high quality services for older adults.

Tracking Progress

Key Services Goals *Indicators*	Planning Year 2019	Year One 2020	Percent Change
Increase access to services for older adults to assist them in aging in place *Older adults receiving core services (meals, transportation, home repair)*	12,650	22,067	+74%
Increase access to adult day programs to reduce isolation for older adults and caregiver stress. *Older adults in adult day programs*	1,817	1,585	-13%
Increase confidence and reduce stress by providing resources to family caregivers. *Caregivers receiving training and resources*	2,153	2,149	0%
Increase awareness of importance of end-of-life discussions and documenting plans. *Older adults with advanced directives*	*New Metric*	*Initial Planning*	*NA*

Progress Indicators	2020 Progress
Increase number of Central Texas urban and rural counties with adult day and/or respite care	🟠
Increase number of Central Texas urban and rural counties piloting CAPABLE model	🟠
Participation of CAPABLE model in an external evaluation designed to prove cost effectiveness	🟠
Establishment of a Dignity Fund with local support and national engagement	🟠
Increase number of media stories on issues facing older adults in Central Texas to increase the percentage of older adults with an established Advance Directive	🔴

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4. Improve the health and well-being of **Rural Communities**

Theory of Change Statement

Build community capacity while co-creating and investing in long term place-based solutions.

Lead Staff: Abena A.
Target Population: Non-metro communities, specifically Bastrop, Caldwell, Hays, and eastern Williamson County.

Approaches

1) Engage and empower rural communities to strengthen networks and transform policies, practices, and alignment of resources to address prioritized social determinants of health.
2) Build the capacity of people and places including formal and informal leaders within communities and organizations.
3) Strategically invest in solutions that harness community assets to support innovation, ecosystem building, and other promising rural-relevant approaches that can be scaled.

Vision of Success

- Rural communities have a culture of health that transcends beyond healthcare access.
- Rural residents experience strong social connection and are engaged in thriving cross-sector, community-based networks that promote health and well-being.
- Rural systems undergo change that includes policy, practices, behaviors, and resources to promote health and well-being.
- Rural organizations have a strong infrastructure in place with adequate capacity.
- Rural residents are engaged and empowered by diverse civic leadership to activate and improve community well-being.

Tracking Progress

Key Services Goals *Indicators*
No Key Service Goals for this area. As a relatively new area of investments for the Foundation, the focus will be community engagement and solutions will be co-created with community members.

Progress Indicators	2020 Progress
Establishment of Bastrop County resident advisory groups for two key issues and develop work plans	✓
Increase philanthropic resources to Central Texas rural communities through dissemination of network weaving assessment to local and national rural funders	●
Development of leadership training program co-designed with national & local capacity building organizations	●
Increase capacity of a local nonprofit to serve as a backbone organization for community-led efforts	●
Increase number of proposals from rural communities across all portfolios	●
Release of RFP focused on increasing health literacy in rural communities	●

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5. Health clinics to become **Community Hubs** for health

Theory of Change Statement

Facilitate growth of infrastructure and capacity as clinics transition to serve as community hubs for health.

Lead Staff: Amy E. **Target Population:** Safety-net clinics poised to serve individuals experiencing poverty.

Approaches

1) Provide access to primary care and behavioral health services for the uninsured.
2) Expand capacity of clinics to provide activities, processes, and strategies to improve the care delivery model.
3) Encourage clinics to look outside of their four walls to develop and strengthen community linkages to improve community health and well-being.

Vision of Success

- The uninsured and underinsured have access to high quality care.
- Clinics are prepared to incorporate necessary changes to their care models to be able to succeed in new payment approaches that reward value over volume.
- Patients are satisfied with their experience as they interact with the primary care health system.
- Clinics deliver comprehensive primary care and interact effectively outside the clinic to strengthen community linkages and ultimately improve the health and well-being of patients and the population overall.

Tracking Progress

Key Services Goals *Indicators*	Planning Year 2019	Year One 2020	Percent Change
Increase access to primary care services for the unfunded in Central Texas *Uninsured patients receiving medical care*	25,447	29,955	+18%
Increase integration of care through behavioral health programs in primary care settings. *Patients receiving integrated behavioral health services*	7,172	2,918	-59%
Increase access to dental services for adults experiencing poverty *Adults receiving dental care*	8,581	15,128	+76%
Reduce burden of navigating complex health system through case management services. *Patients receiving care coordination*	380	1,806	+375%
Internal Program Goals (Operated by St. David's Foundation)	2019	2020	% Change
Increase access to free preventive and restorative dental care through school-based program. *Patients receiving dental care on mobile clinics of St. David's Dental Program*	9,343	3,277	-65%
Increase mentorship and pathways for high school students to enter medical field. *Neal Kocurek Scholarships awarded (4-8 years of support per scholarship)*	61	47	-23%

Progress Indicators	2020 Progress
Engagement in external evaluation of care delivery approach required by payment reform to inform evolving philanthropic role	🔴
Development and implementation of a care coordination approach at partner clinics	🟢
Increase proportion of patients receiving care coordination, engagement activities, and medication management at partner sites	🟠
Increase number of partner clinics implementing social determinants of health screening of patients	🔴
Increase number of partner clinics with established relationships to key social services providers	🔴
Increase number of partner clinics with closed loop referral programs in place	🔴

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