

HEALTH COUNCIL ANNUAL WORK PLAN FY11

TABLE OF CONTENTS

A. Table of Contents

2

B. Vision Statement

3 Community Health Improvement Plan

C. Mission Statement

4 Health Council Vision

D. SELF ASSESSMENT SUMMARY

12 Intro and Data

E. Health Council Action Grid

16 Economic Development

20 Family Resiliency

24 Behavioral Health

29 Domestic Violence and Sexual Assault

33 Fitness and Nutrition

Grant County Community Health Council Annual Work Plan FY11

Vision Statement:

Our approach is based on a wellness model that encompasses physical, emotional, intellectual, spiritual, cultural, and economic and community well being. This is based on the Wellness Model (see APPENDIX). We believe that keeping these contributing factors in mind is necessary to thoroughly develop and maintain the health of a community. We also use the mission of public health which is to "fulfill society's interest in assuring conditions in which people can be healthy."

The three core public health functions are: The assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities; The formulation of public policies designed to solve identified local and national health problems and priorities; To assure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services, and evaluation of the effectiveness of that care.

Grant County Community Health Council Mission Statement: To enhance the quality of life in Grant County through assessment of needs, planning and prioritizing, and coordination of efforts to meet those needs.

Summary of Grant County Health Council Assessment:

The Grant County Community Health Council participated in a statewide CSAS survey of all Health Councils to assess council development, internal structures and internal processes. The data from this tool was compared to health councils in our region and across the state so that we could see our development in comparison to other council's development. The CSAS assessment helped our Health Council look at our membership and the perception of our role in community health planning for our County.

Overall the assessment results were positive and we were pleased to see that our process for collaboration and conflict resolution was not a barrier in our council management and development. In regards to membership; the assessment revealed that our council felt that we could benefit by expanding the membership to a few groups that are not represented on the Health Council currently. These groups in order of priority according to the CSAS results were: farming/ranching, youth organizations and women's organizations.

Recently our Health Council Membership Committee met to review and discuss the CSAS membership results and will work on an outreach plan to recruit a new member from a youth organization and farming/ranching. The committee also discussed that in FY2010 they will hold a day long retreat to work on Health Council development activities and strategic planning for improving our internal structure and processes. Many of our Health Council members have served for many terms and the bylaws and council membership will be reviewed and discussed at the upcoming retreat.

A SWOT analysis was conducted at the March 25, 2009 Health Council meeting to assess the Health Councils Opportunities and Barriers for our development (See the following Table 1.1 below). The Health Council had discussions on how we could be utilized in the greatest capacity for community health improvement and the possible barriers to the process.

- The Health Council felt that our strength was in our coordination and assessment of the community health process and that our hindrance to advancing community health improvement is in relation to staffing/funding for our Health Council and also getting Health Council recognition in the community which was also an identified factor as well in the CSAS online survey. One new barrier that was discussed was that emerging issues were seen as an area of opportunity for the council to address for the County and also a barrier as taking time away from current priorities. In our process we focused on the community building opportunities for GCCHC. The five main areas we

identified were: Inform and advocate for Safety Net Coordination, Community Health Improvement social marketing campaign, Plan education and resource events for the community, Foster environment for Children and families to be safe in the community, Advocate for Community Health Improvement policy and Coordinate and Promote Wellness Activities.

TABLE 1.1

	Strengths	Weaknesses/Challenges
<u>Council</u>	<ul style="list-style-type: none"> • Always trying to improve • Good core group • Good community involvement • Diverse membership • Active members • Lots of expertise on the council • Support systems in place • Good collaboration • Skilled, well-informed coordinator • Open to new ideas • Able to discuss/debate ("fight fair") 	<ul style="list-style-type: none"> • Council needs to be better known • Need understanding of mission in relation to DOH contract • Need to bring in more community members • Need more representation from rural areas • Committee system needs to be strengthened • Need more visibility/involvement with County Commissioners
	Opportunities	Barriers/Needs
<u>Environment</u>	<ul style="list-style-type: none"> • Inform and advocate for Safety Net Coordination • Community Health Improvement social marketing campaign • Plan education and resource events for the community • Foster environment for Children and families to be safe in the community • Advocate for Community Health Improvement policy • Coordinate and Promote Wellness Activities 	<ul style="list-style-type: none"> • Finances • Staffing levels • Community readiness • Promotional ability • Competing demands for the attention of the Health Council • Some areas are "New Ground" • Coming to a consensus on issue areas • Working with competing interests in the community

Health Council Annual Work Plan Planning Matrix

A. Council Development

Systems/Capacity Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
<p>1. Planning: The Health Council is recognized as a community health planning and information body or hub.</p>	<p>1. As part of the health council's planning role Health Council will report to County Commission at least once a month at the County Work sessions.</p> <p>2. Increase public awareness of health council profile, CHI Plan and activities, in support of identified priorities by June 2011.</p>	<p>1.1 Conduct formal presentation to County Commission re: Community Health Improvement Profile.</p> <p>1.2 Visit individually with County Commissioners</p> <p>2.1 Develop community health improvement planning social marketing campaign strategy</p> <p>2.2 Implement social marketing strategy</p>	<p>1.1 Contacts with local and state policy makers will be established and on regular basis by June 2011.</p> <p>2.1 Requests for Community Health Profile & Plan to be increased 5% by June 2011.</p> <p>2.2 Frequency of media coverage to be increased by June 2011.</p>
<p>2. Membership: The Health Council has a stable, diverse, and growing membership.</p>	<p>1. Increase representation on health council in layers of geographic representation by June 2011.</p>	<p>1.1 Meet with at least 4 possible health council members from rural areas,</p>	<p>1.1 Health Council Roster will be submitted to County Commission</p> <p>1.2 Addition of 2 health council members</p>

			from rural areas.
<p>3. Internal structures: The health council is sustained and institutionalized with effective structures & practices:</p> <ul style="list-style-type: none"> • Executive Committee • Committee structure • Effective meetings • Member participation 	<p>1. Strengthen committee structure by having a health council retreat to reviewing present committees, clarifying roles, and revising by-laws if necessary by June 30, 2011.</p>	<p>1.1 Conduct review of committee roles, functions, & membership 1.2 Amend by-laws if necessary 1.3 Assign council members to committees as necessary</p>	<p>1.1 Planed Health council retreat date 1.2 Executive Team minutes 1.3 Committee minutes 1.4 Health Council minutes 1.5 CSAS results for 2010 1.6 Changes in by-laws</p>
<p>4. Internal processes: The health council uses productive group processes.</p>	<p>This will be reviewed in FY 2011</p>		

B. Community Assessment

Systems/Capacity Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
<p>1. Community health assessment: The health council is able to assess community health strengths, needs, problems, and resources.</p>	<p>1. Update Community Health Profile by June 15, 2011. 2. Develop mechanism for monthly assessment of changes in access to/availability of health-related</p>	<p>1.1 Update secondary data 1.2 Do review, analysis, & interpretation of data (by Profile working group and then by full Council) 1.3 Write update of Profile</p>	<p>1.1 Community Health Profile data collected for update August 2010 1.2 Plan for Community Health Assessment Survey completed by April 2011.</p>

	<p>services.</p> <p>3. Begin planning for 2011 Community wide Health Assessment Survey by August, 2010.</p>	<p>1.4 Have 4 planning meetings in FY11 for 2011 Community Health Assessment Survey</p>	<p>1.3 Timeline for meetings and activities for Community Health Assessment</p>
<p>2. Monitoring progress: The health council is able to monitor progress in achieving outcomes:</p> <p>Improving community health</p> <p>Improving community systems</p>	<p>1. Have one Health Council strategic planning session 2012</p>	<p>1.1 Schedule GCCHC strategic planning session for community health improvement and systems</p>	<p>1.1 Process for monitoring community health outcomes by June 2011</p> <p>1.1 Process for monitoring changes in health systems by June 2011</p>
<p>3. Emerging issues: The health council has the capacity to respond to emerging issues.</p>	<p>1. Develop & implement mechanism to identify possible emerging health issues (by June 2011)</p>	<p>1.1. Schedule presentations to health council and Steering Committee from county programs, health providers, and community based organizations, environmental groups at monthly health council meetings</p> <p>1.2. Publicize health council meetings through local newspaper, radio station and CATS TV</p> <p>1.3. Develop matrix for identifying</p>	<p>1.1 Health Council and Steering Committee minutes: discussions of emerging issues</p> <p>1.2 Copy of mechanism to Study/investigation of emerging issues</p>

		changes in health and wellness services, and programs started or terminated	
--	--	---	--

C.1 Community Action: Economic Development Coordination & Leadership

Systems/Capacity Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
1. Networks and partnerships are built and/or enhanced.	<p>1. Participate in SWNM Council of Governments and Facilitate Grant Writers Guild for Economic Development-Community Action Team to plan collaborative activities.</p> <p>2. To have a tool for grant resource mapping and information dissemination</p> <p>3. Increase participation and diversity in Grant Writers Guild</p>	<p>1.1 Attend ED CAT meetings</p> <p>1.2 Media Campaign for grant writers guild</p> <p>2.1 Develop tool for grant and resource funding and mapping</p> <p>2.2 Joint grant writing capacity building activity</p> <p>2.3 Outreach campaign and promotion for diversifying Grant Writes Guild</p>	<p>1.1 New linkages between community entities</p> <p>1. 2Grant Writing Joint initiatives established or strengthened</p> <p>2.1 Tool presented to Health Council for resource mapping</p> <p>3.1 Minutes & other documentation of Economic Development and subcommittee meetings and activities</p>
2. Community programs are jointly developed or strengthened.	<p>1.1 Assessment of needs for afterschool childcare and adult care</p>	<p>1.1 Participate on the Community Partnership for Children in FY11</p> <p>1.2 Research funding</p>	<p>1.1 New Afterschool childcare capacity building programs jointly</p>

	1.2 Increase the number of providers that have opportunities to increase and expand their certification levels and quality of care	and resources for trainings for childcare and elder	developed by 2011 1.2 Joint adult care funding initiatives established or strengthened by June 2011
3. Policies are changed and/or constituencies are built for policy changes.	1.1 Work with healthcare systems, families, communities, schools, worksites, and community planners to educate and get them involved in a coordinated Community Resource and Safety Net Structure 1.2 Have process for assessment of Community Resource Mobilization and Forum	1.1 Meet and do presentation to county commissioners and town councils in Grant County. 1.2 Coordinate a Community Resource Management Forum in May 2011 1.3 Participate on the Gila EDA Economic Development Committee, Community Action Agency	1.1 Constituencies established or strengthened 1.2 Advocacy strategies discussed or implemented 1.3 1Date for Community Resource Management Forum
4. Funds are received or leveraged in the community.	1.1 Increase funding for after school childcare and adult care capacity building 1.2 Seek and write grants for Provide funding for Social Resource Development Forum	1. Secure funding for Childcare and Adult care capacity building education and training 2. Secure funding for Social Resource Development Forum	1.1 Two Technical assistance opportunities related to grant proposal activities provided 1.2 Joint applications for funding completed by June 2010 increased by 2%

C. Community Action: *Family Resiliency Coordination & Leadership*

Systems/Capacity Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
<p>1. Networks and partnerships are built and/or enhanced.</p>	<p>1. Convene Family Resiliency Community Action Team to plan collaborative activities.</p> <p>2. SHAC will collaborate with GCCHC this year for improving the knowledge of systems of care breastfeeding, goal setting, social support research.</p> <p>3. The Grant County Systems of Care Wrap Around and Quality Review Services Committee will be coordinated by Health Council and Health Promotion staff for their meetings and activities.</p>	<p>1.1 Community and Regional family resiliency planning sessions</p> <p>1.2 Provide organizational & clerical support to FRCAC and Systems of Care Wrap Around and Quality Review Committee, 2009 and 2010.</p>	<p>1.1 2 identified Shared planning projects by June 2011</p> <p>1.2 New linkages between community entities increased by 5%</p> <p>2.1 Family Resiliency joint initiatives established or strengthened by June 2011</p> <p>3.1 Minutes & other documentation of Family Resiliency and subcommittee meetings and activities</p>

<p>2. Community programs are jointly developed or strengthened.</p>	<ol style="list-style-type: none"> 1. Plan and implement Red Hot Children's Fiesta Community Resource Outreach program by September, 2011. 2. 2 Community Health Fairs for providing community health services, resource and education information. 	<ol style="list-style-type: none"> 1.1 Coordinate planning meetings and find financial resources for Red Hot Children's Fiesta. 2.1 Coordinate and plan Grant County Health Fairs in Silver City and Mimbres in October 2011 and May 2011. 2.1 Obtain funding for Community Health Fairs for FY11. 	<ol style="list-style-type: none"> 1.1 Record of Families attending the Red Hot Children's Fiesta 1.2 Record of Community Family Programs and organizations attending and providing booths at the Red Hot Children's Fiesta Record of attendees and booths at both Grant County Health Fairs
<p>3. Policies are changed and/or constituencies are built for policy changes.</p>	<ol style="list-style-type: none"> 1. Work with healthcare systems, families, communities, schools, worksites, and community planners to educate and get them involved in a coordinated Community prevention, Safety net and resiliency policy and plan efforts 	<ol style="list-style-type: none"> 1. Meet with Office of School Wellness & principals. 2. Develop proposal to present to school board. 3. Present proposal to school board. 4. Meet and do presentation to new county commissioners and town councils in Grant County. 	<ol style="list-style-type: none"> 1.1 Constituencies established or strengthened by June 2011 1.2 Advocacy strategies discussed or implemented by June 2011
<p>4. Funds are received or leveraged in the community.</p>	<ol style="list-style-type: none"> 1.1 Provide family resiliency resource capacity building and resource development for community 	<ol style="list-style-type: none"> 1. Coordinate grant writers guild for grant writing capacity building for family resiliency. 	<p>Technical assistance related to grant proposals provided</p> <p>Endorsements of grant proposals</p>

			considered
--	--	--	------------

C.1 Community Action: Community Safety and Interpersonal Violence Domestic Violence and Sexual Assault Priority Coordination & Leadership

Systems/Capacity Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
<p>1. Networks and partnerships are built and/or enhanced.</p>	<p>1.1 Develop an assessment tool to assess current law enforcement data collection methods (Completed)</p> <p>1.1 Advocate for the adoption by the state for the "State of New Mexico Uniform Domestic Violence Report" which would aid in data collection of DV incidents.</p> <p>1.2 Report system for barriers to data collection, computer systems and who reports the data to support better data collection and reporting methods by county law enforcement agencies.</p> <p>1.3 Support a Safe and healthy community and environment for individuals and families in Grant County</p>	<p>1.1 Continue networking and contact with state DV Coalition and partnered agencies to advocate at state level for adoption of</p> <p>1.2 Attend DV and SA CAT meetings</p> <p>1.3 Coordinate and assist in the planning for law enforcement data collection tool with community partners and key stakeholders and taskforce</p> <p>3 Coordinate a Community safety action team quarterly meetings for Grant County for FY11.</p>	<p>1. Tool presented to Health Council for resource mapping by April 2010 (Completed)</p> <p>1. Progression to adopt "State of New Mexico Uniform Domestic Violence Report" by state or local law enforcement agencies.</p> <p>2. New linkages between community entities by Sept 2010</p> <p>2. Minutes & other documentation of Domestic Violence Taskforce and subcommittee meetings and activities</p> <p>3. Higher rate of reporting to the State Central Repository of Interpersonal Violence by county law enforcement agencies for</p>

			<p>secondary data including weapon usage, substance abuse involved incidents, and arrest percentages in DV incidents.</p>
<p>2. Community programs are jointly developed or strengthened.</p>	<p>Increase participation on the Grant County DV and SA taskforce (Completed 19 new members)</p> <p>2.1 Ongoing efforts to retain and expand Taskforce membership</p> <p>2.2 Develop a unified protocol and notification for crisis intervention to sexual assault incidents for first responders in Grant County.</p> <p>Objective 3.1: Mobilizing citizens to take charge of their own health and safety and attend a community safety fair in 2012</p> <p>Objective 3.2: Applying local data to local injury problems by completing a Grant County safety and injury assessment and then work on activity plan to address the high indicators in our county.</p> <p>Objective 3.2: Creating new partnerships to deal with ongoing injury issues by forming a community safety action team by</p>	<p>Work with Health Promotions staff to work on plan for increasing participation of DV and SA taskforce</p> <p>2.1 Continue outreach to community agencies and network prospects for partners in Taskforce</p> <p>2.2 Support and aid in coordination of first responders to collect information, procedures and protocols to draft a Coordinated Community Response to sexual assault.</p> <p>3.1 Increasing awareness about the dangers associated with misuse of prescription drugs and have a %5 decrease in the amount of calls to poison control from Grant County.</p> <p>3.2 Public awareness of the identified communities injury problems which will be assessed in the community health assessment 2012</p>	<p>New programs jointly developed</p> <p>2.1 Continued participation in Taskforce by a diversified partnership.</p> <p>2.2.1 A drafted unified Coordinated Community Response Policy for Sexual Assault for First Responders in Grant County.</p> <p>2.2.2 CCR for Sexual Assault for First Responders adopted by Grant County agencies (Multi-year project).</p>

	Dec 2011	<p>3.3 Diverse and coordinated Community safety taskforce</p> <p>2.3 Decrease in identified community safety injuries %2 By 2015</p>	
<p>3. Policies are changed and/or constituencies are built for policy changes.</p>	<p>Work with policy makers, healthcare systems, law enforcement, judicial system, and Betty Caponera to work on policy for advocating participation and compliance with DV and SA reporting tool.</p> <p>3.1 Support and advocate for Sexual Assault Nurse Examiner (SANE) unit policies and procedures to be drafted and adopted by the hospital to support new service initiative (Gila Regional Medical Center)</p> <p>3.2 Monitor domestic violence and sexual assault policies, services and procedures for best practices to be implemented and utilized for benefit of the community.</p>	<p>Meet and do presentation to leads of law enforcement agencies, county commissioners and town councils in Grant County</p> <p>3.1 Partner with agencies and hospital to draft SANE Unit Policies & Procedures to include best practices of coordinated community response to sexual assaults.</p> <p>3.2.1 Monitor at monthly Taskforce meetings such services as SANE, Emergency Orders of Protection, and community response to domestic violence and sexual assault from law enforcement, first responders and service providers.</p> <p>3.2.2 Taskforce supports and advocates for</p>	<ul style="list-style-type: none"> • Policy change initiatives backed started • Discussions of policy changes • Constituencies established or strengthened. • Advocacy strategies discussed or implemented <p>3.1 Adoption of coordinated community response SANE unit policies and procedures by hospital.</p> <p>3.2 Coordinated Community Response offers training and/or investigates concerns voiced by our partners.</p> <p>3.3 Report feasibility of DV Court Monitor by May 31, 2011 to taskforce and partners- begin to seek funding if possible.</p>

	<p>3.3 Investigate feasibility of Domestic Violence Court Monitor</p>	<p>community response to partners input on polices, services and implementation of domestic violence and sexual assault concerns voiced by partners. 3.3 With Taskforce and partners investigate possibility of a domestic violence court monitor to oversee cases and court orders (DWI Court Monitor currently in place in County)</p>	
<p>4. Funds are received or leveraged in the community.</p>	<p>Increase funding for law enforcement capacity building for DV and SA data collection</p> <p>1.1 Increases funding for services for sexual assault and domestic violence in the community.</p> <p>1.2 Increases funding for social outreach and education on domestic violence and sexual assault services, warning signs, and community response.</p> <p>Complete application for Safe Communities of America and designation by Dec 2010</p>	<p>1.1 Research possible funding sources for data collection tools and capacity building needs</p> <p>1.2 support efforts to expand funding for social outreach and education services, programs and community response.</p>	<ul style="list-style-type: none"> • Technical assistance related to grant proposals provided • Joint applications for funding • Additional income received • Submitted application to Safe Communities of America with a sight visit scheduled by Jan 2011

C.1 Community Action: Behavioral Health Coordination & Leadership

Systems/Capacity Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
<p>1. Networks and partnerships are built and/or enhanced.</p>	<p>In place Behavioral Health Quality Service Review participation and process by April FY11</p> <p>Maintain diverse membership for Local collaborative Behavioral Health committee of family, consumers and providers and increase membership in Luna and Hidalgo Counties.</p>	<p>Assist Health Promotion in the coordination and leadership for Systems of Care Quality Service Review pilot program for Grant County</p>	<ul style="list-style-type: none"> • At least 4 behavioral health providers working with health council in Systems of Care QSR process • Joint program and permission tool presented to state for review • New linkages between community entities • Minutes & other documentation of Behavioral Health and subcommittee meetings and activities
<p>2. Community programs are jointly developed or strengthened.</p>	<p>Maintain an updated behavioral health website and community resource directory</p> <p>Substance abuse programs are</p>	<p>Provide leadership and coordination for Local collaborative 6 Behavioral Health Committee</p> <p>Continue to work on LC6 website and</p>	<p>New programs jointly developed</p> <p>Completed Behavioral Health website and resource directory on monthly basis</p>

	<p>involved with data collection</p> <p>Planning for Detox services for Grant County is meeting again monthly for FY11.</p> <p>Begin a Prescription drug abuse and safety assessment process for Grant, Luna and Hidalgo counties and then start community action teams to plan and coordinate the assessed issues with prescription drug abuse and safety in FY11.</p>	<p>update with behavioral health resources at local and state level</p> <p>Distribute behavioral health information via email list for county of funding, education and capacity building opportunities</p> <p>Provide coordination and leadership for substance abuse community action teams (DWI, COCC)</p> <p>Participate and assist in coordination of Detox planning for Grant County</p>	<p>Updated monthly LC6 website</p> <p>Programs strengthened through email distribution</p> <p>Plan in place for Detox services for Grant County</p> <p>Rx community action team meeting minutes and plan in place by April FY11</p>
<p>3. Policies are changed and/or constituencies are built for policy changes.</p>	<p>Behavioral Health advocacy strategies for Grant County</p> <p>Policy for increasing behavioral health workforce</p>	<p>Provide coordination and leadership activities for the Behavioral Health legislative subcommittee</p> <p>Attend and participate in state and local process to support policy for increasing behavioral health workforce</p>	<ul style="list-style-type: none"> • Policy change initiatives backed started • Discussions of policy changes • Constituencies established or strengthened. • Advocacy strategies discussed or implemented
<p>4. Funds are received or leveraged in the community.</p>	<p>Increase funding opportunities for local substance abuse and behavioral health programs</p>	<p>Provide assistance with behavioral health and substance abuse data and grant writing capacity building</p>	<ul style="list-style-type: none"> • Technical assistance related to grant proposals provided • Joint applications for funding • Additional income received

C.1 Community Action: *Fitness and Nutrition Coordination & Leadership*

Systems/Capacity Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
<p>1. Networks and partnerships are built and/or enhanced.</p>	<p>A coordinated Fitness and Nutrition Plan for Grant County for FY11.</p>	<p>Provide Coordination and Leadership for Fitness and Nutrition community planning activities</p>	<p>New linkages between community entities</p> <p>Minutes & other documentation of Fitness and Nutrition and subcommittee meetings and activities</p>
<p>2. Community programs are jointly developed or strengthened.</p>	<p>Community key stakeholders participate in new fitness and nutrition initiatives for Grant County</p> <p>Increase access to, and availability of, locally produced foods</p>	<p>Provide meeting management for Fitness and Nutrition the Community Action Team</p> <p>Work with local growers and community key stakeholders to increase the number of local farmers that sell produce to Grant county</p>	<p>Documentation of application for at least one new program jointly developed</p> <p>At least one Joint initiative is established or strengthened for increasing availability of locally produced foods</p>
<p>3. Policies are changed and/or constituencies are built for policy changes.</p>	<p>Work with healthcare systems, families, communities, schools, worksites, and community planners to educate and advocate for a coordinated Community fitness and nutrition plan</p> <p>Increase access to</p>	<p>Plan and coordinate a presentation to county commissioners and town councils in Grant County of Community plan</p>	<ul style="list-style-type: none"> • Policy change initiatives backed started • Discussions of policy changes • Constituencies established or strengthened. • Advocacy strategies discussed or implemented

	safe environments for individuals and families that lead to active and healthy lifestyles		
4. Funds are received or leveraged in the community.	Increase funding for fitness and nutrition advocacy/policy efforts	4. Assist the community coalitions in seeking funding for Community Gardens	<ul style="list-style-type: none"> • Technical assistance related to grant proposals provided • Joint applications for funding • Additional income received