

FUNDING APPLICATION

GENERAL INFORMATION

Organization Information

Legal Name: Epilepsy Foundation Central & South Texas		Federal Tax ID#: 76-0415338		Are you a 501(3)(c) charity? Yes	
Address: 8601 Village Drive, Suite 220		City: San Antonio		State: TX	
				Zip Code: 78217	
Website: www.EFCST.org			Fax: (210) 653-5353		

Head Of Organization

Name: Sindi Rosales		Title: CEO	
E-Mail Address: Sindi@EFCST.org		Phone: (210) 653-5353	

Application Contact

Name: Amber Sizer	Title: Development Officer	E-Mail Address: Development@EFCST.org	Phone: (210) 653-5353
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Previous funding received from The Gordon Hartman Family Foundation		
Year	Funding \$	
2009	\$7,500	
2011	\$10,000	
2018	\$10,000	
Total	\$27,500	
Has the organization applied to the Gordon Hartman Family Foundation in the past and been declined? Yes 2019 and 2014		
Grant Amount Requested \$:	Total Project Budget \$:	Organization's Annual budget \$:
\$25,000	\$44,100	\$1,344,451
Mission Statement: The mission of the Epilepsy Foundation Central & South Texas is to lead the fight to overcome the challenges of living with epilepsy and to accelerate therapies to stop seizures, find cures, and save lives.		
PROJECT INFORMATION		
Program / Project Title: Epilepsy Care Coordinator at The MAC		
PROJECT TIMELINE		
Start Date	End Date	
01/04/2021	12/31/2021	
Program / Project Description: Problem Statement Every four minutes, someone in the U.S. is diagnosed with epilepsy. As the sole social service provider for people with epilepsy in our community, the need for Epilepsy Foundation Central & South Texas's (EFCST) services has never been greater. Epilepsy is the fourth most common neurological disorder; it is estimated that 1 in 26 people will develop epilepsy in their lifetime. 53% of adults with uncontrolled epilepsy live in poverty, with annual family incomes under \$25,000. These startling statistics demonstrate the need to support this disenfranchised population. For over 27 years, EFCST has provided direct medical care and social services for uninsured individuals with epilepsy at or below 200% of the federal poverty level. The following needs are consistently identified: o Access to Specialized Epilepsy Care- 30% of patients surveyed did not have a physician to treat their epilepsy and relied on the Emergency Room for epilepsy care. The EFCST Seizure Clinic Program is the only community-wide primary epilepsy provider for Bexar County residents that do not qualify for county indigent care. o Health Inequity- Gaps in knowledge about epilepsy, available care, medication resources, and socioeconomic conditions based on the social determinants of health are the most common contributing factors to health inequity for this epilepsy population. o Awareness- Awareness regarding available services in the community is frequently the first barrier to accessing services. A limited number of care coordinators familiar with the intricacies of epilepsy exist to guide medical and non-medical services through the process. This position will align with the Multi-Assistance Center's (MAC) Epilepsy Care Coordinator role to assess psychosocial and medical needs for a coordinated plan of care.		

Due to COVID-19, these barriers have increased as we have experienced a surge in calls for assistance due to loss of health benefits and increased seizure activity. Having a dedicated Epilepsy Care Coordinator to walk clients through the complexities of options and resources is essential and ensures that every client need is addressed.

As a proud, soon to be MACer (MAC member organization) of Gordon Hartman's MAC Campus, EFCST respectfully requests a \$25,000 grant to hire an Epilepsy Care Coordinator. The Care Coordinator will receive extensive training at EFCST's main office in San Antonio until The MAC is ready for MACer occupancy. The Care Coordinator will support EFCST's Social Services Coordinator, who navigates services for approximately 1,800 adults annually in EFCST's 79-county service area. Funding will maximize the role's outputs by piloting the responsibilities and outcomes to ensure consistent, equitable care and coordination.

High-level role objectives include coordination of medical and non-medical services, social determinants of health (SDoH) identification and solutions, and collective impact collaboration to expand community resource networks. For many people with epilepsy, stress is a significant seizure trigger. The SDoH surveys will identify severe stressors to help the Care Coordinator identify and provide resources to eliminate them.

Role Design

The Epilepsy Care Coordinator will support the synergies between the medical home, navigation system, and community support services offered at the MAC. With an intentional focus on equity, the Care Coordinator will help connect individuals to medical services for immediate stabilization while also addressing non-medical needs such as societal, psychosocial, cognitive, and educational aspects of living with epilepsy.

Key navigation priorities will center on:

A. Medical Services - Integration & Coordination

- o Coordination of Clinic services, including medical home (Primary Care Physician) assignment, diagnostics (Lab work, MRIs, EEGs), Mental Health services, and Medication Assistance Program (MAP) referrals.

B. Non-Medical Services - Complementary & Holistic

- o Social Determinants of Health - (SDoH) focused on health benefits, housing, and financial stability resources.
- o Advocacy (schools, employers, legal assistance, community services).

Target Population

Demographic estimates for EFCST's 79-county service area consists of a predominantly Hispanic population at 54%, followed by Anglo at 36%, and African American at 7%. 53% of adults with uncontrolled epilepsy live in poverty with annual family incomes under \$25,000. The age distribution includes children under 18 at 10%, adults 18 to 64 at 85%, and 65 and over at 5%. The percent of uninsured adults in the service area is 19.7%. In FY20, EFCST provided services for nearly 17,000 individuals with 115,729 medical and non-medical resources in Central and South Texas.

Goals and Objectives

The Epilepsy Care Coordinator will help to impact the following:

Goal 1: Reinforce a Person-Family-Centered Approach - Provide comprehensive and coordinated navigation through a person-family-centered, equitable approach with collaboration by all parties.

Objective 1.1: Improve service delivery and integration by establishing and implementing ancillary/support services protocols.

Goal 2: Advance Collective Impact for Social Change - Collaboration will be at the heart of the Care Coordinator to achieve social change for a more collaborative referral and intake process.

Objective 2.1: Enhanced coordination between the Care Coordinator and EFCST's Social Services Coordinator.

Goal 3: Leverage data to influence Social Determinants of Health (SDoH) - Integrated and complementary medical and non-medical services to positively impact the SDoH.

Objective 3.1: Access EFCST's Electronic Health Record (EHR) to track SDoH factors like health insurance coverage, medication assistance enrollments, and other related metrics for continuous improvements.

Timeline

Goals & Implementation Date Range:

A. Person-Family-Centered Approach:

January 2021 - Hiring of Care Coordinator/Onboarding

February 2021 - Protocols and work plan developed

March 2021 - Shadow existing EFCST Social Services Coordinator

April - December 2021 - Implementation of the work plan

December 2021 - Report on outcomes, # of patients screened, # of patients referred for services, etc.

B. Advance Collective Impact Synergies

January - March 2021 - Collective impact planning with other MACers and existing collaborators

April - June 2021 - Identify/secure additional collaborators for referrals/service coordination

July - November 2021 - Data analysis and tracking

December 2021 - Outcomes reporting, i.e., # screened, self-management goals met

C. Leverage Data to Influence SDoH

January 2021 - Ongoing - SDoH screenings and service implementation based on results

December 2021 - Outcomes reporting, # of patients screened, etc.

Spring 2022 - Care Coordinator transitions to the MAC

Budget

EFCST's fiscal year is from 9/1/20 - 8/31/21

The \$25,000 requested will support the following:

- a. Salaries, Wages, & Benefits: \$37,500 (planned) - \$18,700 (requested) (49%)
- b. Equipment - \$2,200 (100%)
- c. General Office Supplies - \$1,100 (100%)
- d. The MAC Occupancy Fee - \$3,000 (100%)
- e. The MAC Deposit - \$300 (0%) - Optional

Evaluation Plan:

The Epilepsy Care Coordinator will track progress weekly to ensure outcomes are being met. Reports are reviewed monthly by EFCST's senior leadership team. EFCST uses a client relationship management system to track cases and referral status and to generate reports on program outputs and outcomes. The following qualitative and quantitative measures will be tracked:

A. Qualitative Data - will consist of speaking/surveying clients to obtain depth on program experiences, interpretation of statistical findings, and program evaluation and improvement opportunities.

o Process indicators: Create an assessment document to ensure consistent questions. Collect data by interviewing/surveying local sources. This data will be measured by developing the intake forms within 60 days of the program initiation.

o Plan for tracking process and outcome indicators: Updates at monthly staff/program meetings. This data will be evaluated through satisfaction surveys and anecdotal responses/interviews.

B. Quantitative Data - will consist of measuring enrollment and attendance in program services. Metrics will include the number and types of most commonly accessed resources, demographic data, and variables impacting care access. This data will be measured by weekly reporting of open and closed cases.

Anticipated Outcomes:

1. 80% of clients will receive social determinants of health assessment telephonically and virtually.
2. 80% of clients will demonstrate increased knowledge of EFCST programs and support services.
3. 65% of clients will show improved quality of life due to EFCST resources and ongoing support.

Plans to sustain project beyond the term of this request:

The Epilepsy Care Coordinator position is vital to the epilepsy community, and its sustainability is without question. Not maintaining this vital role is not an option! People with epilepsy and their families depend on EFCST for life-saving programs and services. As shared by a community partner, "...I will never be able to express my gratitude enough for the medical service you have provided to a young man with epilepsy who didn't know where to go. Thank you for being the lifeline for this young man!"

EFCST's sustainability is represented by its commitment to the people that come through its doors. Cassandra represents one of EFCST's most successful triumphs and EFCST's unwavering commitment and dedication to pursuing the maximum quality of life for each and every individual it serves. Cassandra suffered from severe, intractable epilepsy. Despite the multiple medications that were supposed to give her relief, she continued with unrelenting seizures. Cassandra's very humble family was not confident that they were "allowed" to question the doctors that were treating her, so they had minimal participation regarding her treatment plan. Cassandra's mother finally decided it was time for her 16-year-old daughter to visit an epilepsy specialist. At her first appointment in the Epilepsy Foundation's epilepsy clinic, Cassandra did not speak, her facial gestures were faint, and she had little response to verbal commands. Over the course of 6 months, the doctor made several changes to her treatment plan, and - Cassandra emerged! She woke up! She gained seizure control, began attending school, and the beautiful young girl who did not speak found her voice and began her life. Cassandra attended her high school prom, took college classes, was married, and now has a beautiful daughter of her own. At the age of 12, doctors told her mother that she would never be able to take care of herself. After years of seeing her daughter suffer, her mom found her voice, fought for her daughter, and won. Mom says, "She doesn't have an easy life, but she now has her best life."

EFCST has built a sterling reputation of service to the community by persevering through changing social and economic environments by putting its clients' needs first. EFCST's recent experience of not only maintaining, but of actually thriving through the pandemic demonstrates EFCST's strength, leadership, resiliency, ability to cope under significant duress, and ability to identify and respond to unfathomable challenges.

Program and operations funding will be garnished through direct support from corporations and businesses, individual giving, and fundraising events. EFCST's CEO and Board are committed to strengthening fundraising capability through web-based professional development programs and technology resources. EFCST will seek grant funding from funders whose priorities are health, wellness, and quality of life. EFCST will continue diversifying its funding streams through collaborative partnerships.

EFCST is confident that through a robust fundraising plan along with an organizational culture of commitment to the epilepsy community and fulfilling its mission, EFCST will sustain, expand, and scale programs and services to effectively serve the epilepsy community for the long-term.

Line item Budget:

Line Item Description	Total Project Funds Allocation	Gordon Hartman Funds Allocation
Salaries, Wages, & Benefits	\$37,500	\$18,700
Equipment	\$2,200	\$2,200
General Office Supplies	\$1,100	\$1,100
The MAC Occupancy Fee	\$3,000	\$3,000
The MAC Deposit	\$300	\$0
TOTAL:	\$44,100	\$25,000

BOARD OF DIRECTORS

LIST OF BOARD DIRECTORS

Name & Office Held	Corporate Affiliation
Sindi J. Rosales, Chief Executive Officer	Epilepsy Foundation Central & South Texas

Christine Gorddard, President	Greenwich Biosciences
Jeffrey Jung, Vice President	Brain Sentinel
Robyn Lewis, Treasurer	Maxwell Locke & Ritter
Tracy Biltz, Secretary	Wildrose Avenue Consulting
Blake Anderson, Board Member	LivaNova
Sara "Lizzy" Aranibar, Board Member	Chasqui Spine & Orthopedics
Francesca Barajas, Board Member	Visionworks
Patrice Calomeni, Board Member	Retired
Leanna M. Dando, Board Member	Self Employed
Michael Girouard, Past President	ASR Systems, Inc.
Janine Hornbeak, Board Member	CHRISTUS Santa Rosa
Travis Meyer, Board Member	Summit Consulting International
Carl "Tex" Morgan, Board Member	FundRocket LLC
Jane Morrison, Board Member	UCB, Inc.
Joe S. Ochoa, Board Member	Martin Marietta
Alison Packard, Board Member	The Packard Law Firm
Marc Salvato, Board Member	Texas Senate
Traci A. Smith, Board Member	Pure Storage
Scott Verstuyft, Board Member	UCB, Inc.
Harry Wright Jr., Board Member	Valero Energy Corporation