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Foundation for Community Health
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  Sharon, CT 06069
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The Foundation for Community Health was initially funded with the
net assets of the sale and conversion of Sharon Hospital and is a sup-
porting organization of the Berkshire Taconic Community Foundation.

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& Gertrude O'Sullivan
My second year as the Executive Director of The Foundation for Community Health was as challenging as the first. Armed with data from our newly completed needs assessment, the Board and I began 2005 with the daunting task of translating our priorities, ideas and knowledge into action. Our mission, from the beginning, has been to improve the health of the residents of the greater Harlem Valley and the northern Litchfield Hills.

The community needs assessment clearly indicated three areas requiring major improvement if the healthcare needs of our community members are to be met. They are mental health, oral health and access to services. Although we set aside some funds for unrelated but valuable projects, we decided to focus the majority of our resources on creating and enhancing services in these three areas.

Our first step was to devise an effective strategy aimed at countering longstanding and often systemic obstacles to the delivery of good healthcare in these areas. This strategy would then determine the kinds of grants we would give, and thus serve as a guideline for prospective grantees coming to us for funding. The strategy also had to reflect our stated goals: 1) engagement of the community at all levels; 2) proactive grantmaking (one that identifies issues and sets priorities,) and 3) focus on programs that emphasize prevention, access and collaboration.

The strategy also needed to include specific objectives and feedback so that the Foundation could monitor its own progress and performance.

Once the strategy was drafted, we developed a process for informing the potential applicants about the Foundation’s funding opportunities. Last summer, the Foundation held a series of informational meetings with legislators and potential grantees, developed a website and sent out press releases and directed mailings.

Once the application process for funding began, the Foundation offered technical assistance to potential grantees in writing their proposals. Applicants were encouraged to call with questions, and answers with general application were shared with all known applicants. Not surprisingly, the Foundation learned almost as much from this dialog with grantees as grantees did from the Foundation, even modifying some of its forms as a result.

Lastly, the Foundation had to create a standardized process for reviewing and selecting the final grantees and awards, one which would guarantee fair and equitable treatment for all applicants. In addition to individual scoring and written reviews, this process included both an analysis of how each application would fit within the Foundation’s strategy, and an assessment of the Foundation’s risk in investing in a particular agency or program.

The results of this long year of creative “firsts” for the Foundation are reflected in the Grantmaking Strategy found on page five of this report, followed by a description of each of the grants made in 2005.

When and how will we know if the Foundation’s strategy is effective? All grantees funded by the Foundation are required to submit regular reports on the progress of their respective programs. These reports include updates on activities as well as progress toward larger outcomes and goals. Each applicant had to answer...
Our Values

• Respect
  We believe that every human being has equal worth.

• Advocacy
  We are committed to identifying underlying causes of the many societal disparities that affect the health and well-being of our communities and advocating for changes that can have a positive impact.

• Accountability
  We understand our obligation to be accountable for our decisions, actions and our stewardship of the charitable funds entrusted to us.

• Excellence & Efficiency
  We strive for excellence and efficiency in assessing the needs of the community, in creating opportunities to respond to these needs, and in enabling effective collaborations between consumers, providers, and donors.

The question: “How will you know that you have made progress toward, or have achieved your goals and objectives?” These answers needed to be measurable, and were required as part of the evaluation component of the grant application.

In the short run, the Foundation knows that individuals have, and will benefit from such programs as the regional FCH Prescription Assistance Program, and the various transportation services it funds in the three counties. The Foundation had previously funded most of these programs, and ongoing periodic reports have demonstrated their value to the individuals accessing them. Long term the Foundation needs to find ways to improve the overall system of transportation.

The evaluation of the individual Foundation-funded programs will, by design, take time. Their individual “successes” will then feed into the Foundation’s assessment of its overall strategy. Prevention programs like the school-based domestic violence and substance abuse education sessions, as well as the parenting education workshops, offer youth and families opportunities to increase their knowledge and learn new skills. The establishment of an Eastern Dutchess County Children’s Mobile Crisis team and its companion teen screening program for depression and suicide should, if successfully carried out, also identify and connect needy youth and families with appropriate services earlier and more efficiently. Lastly, some Foundation grants support organizational capacity building, stimulate collaborations, and offer cross-discipline training for healthcare providers to improve programs at a systems level. All of these programs have identified short, intermediate, and long-term objectives in their plan.

In brief, the Foundation is committed to monitoring our progress and responding to changing conditions with new strategies. As a result, we will continue to grow in our ability to understand and respond effectively to the “root causes” of issues affecting our priority areas.

Looking forward to working together toward building a healthier community.

Sincerely,

Nancy L. Heaton
Executive Director
FY 2005 – FY 2007
Grantmaking Strategy
The Foundation’s grantmaking strategy gives priority to prevention and early intervention efforts, increasing access to services, and building effective collaborations across all areas of funding. The Foundation designed its three-year plan for grantmaking to focus on the three priority areas identified by its needs assessment process. These areas are mental health, oral health, and access to services.

Mental Health
Grantmaking in the area of mental health focuses on building collaborations, supporting organizational infrastructure and capacity building, providing educational and training opportunities to mental health and substance abuse service providers, and supporting prevention and early intervention programs.

Oral Health
Grantmaking in the area of oral health focuses on further assessing the status of oral health in our communities, increasing access to care, and raising community awareness of the vital role of oral health in one’s overall health and productivity.

Access to Services
Grantmaking in the area of access seeks opportunities to increase the ability of organizations to reach out to those in need, as well as supporting efforts that make it easier for those in need to access health-related services (e.g., expanding transportation, increasing awareness of services, reducing language barriers, etc.).

Other Funding
The Foundation manages and administers a number of ‘donor restricted’ funds which are established by an individual(s) to support a specific purpose or program. The Foundation has also set aside funds for ongoing needs assessments and to be able to respond to “New Opportunities” which may be outside our current priority areas but are of interest and concern to our communities.

Foundation for Community Health
Awarded $516,094 in Grants
During Its First Full Year of Operation

The Board of Directors of the Foundation for Community Health approved over $516,094 in grants during Fiscal Year 2005. This translated into the 22 grants to 18 different local organizations featured in this report.
The needs assessment conducted by the Foundation for Community Health identified a tremendous need for mental health services in the towns it serves. This was confirmed through consultations with local community leaders, health and human service providers, and consumers. The needs assessment also indicated that substance abuse and addiction were critical issues confronting our communities. In the language of providers in these two fields, the term behavioral health encompasses both mental health and substance abuse. The Foundation believes that in order to best move toward sustained positive change in this area, it needs to focus on efforts which promote prevention, increase access and support collaboration. To that end, the Foundation has and will continue to collaborate with current local providers of community-based mental health and substance abuse services to enhance their ability to provide effective behavioral health services in our communities.

**Capacity Building/Convening/Training**

**Astor Home for Children, Inc.**  
Dover, NY  
*Mobile Crisis* $64,797  
To fund mental health mobile crisis, screening and outreach services for children and families in Northeastern Dutchess County.

**Housatonic Youth Service Bureau, Inc.**  
Falls Village, CT  
*Capacity Building* $65,000  
To support various aspects of its strategic plan to strengthen the organization’s ability to carry out its mission to assist youth in their positive growth and development.

**Mental Health Association of Dutchess County, Inc., Poughkeepsie, NY**  
*Community Collaborative* $62,000  
To develop a community-based mental health collaborative in Eastern Dutchess County that will share information, referrals and educational opportunities.

**Northwest Center for Family Service and Mental Health, Inc., Lakeville, CT**  
*Capacity Building/Performance Enhancement* $65,000  
For capacity building efforts that include updating policies and procedures (e.g. Performance Improvement Plan), integrating these with new technology and working toward a successful reaccreditation process.

**Two Award Categories:**  
- Capacity Building/Convening/Training  
- Prevention & Early Intervention
**GRANTEES**

**Prevention/Early Intervention**

McCall Foundation, Inc.  
Torrington, CT

**Insights Program**  
$14,937
To support a substance abuse prevention program entitled “Insights” targeting students of the Region 1 School District.

Mental Health Association of Dutchess County, Inc., Poughkeepsie, NY

**Parenting Skills Development**  
$12,000
To conduct two research-based parenting programs entitled “Managing Defiant Behavior” and “Parenting the Explosive Child” in Eastern Dutchess County.

Women’s Support Services, Inc.  
Sharon, CT

**School-based Violence Prevention Education Program**  
$10,000
To sustain an ongoing highly regarded school-based violence prevention program in the six towns of the Region 1 school district. This program teaches children effective ways to deal with conflict and anger and promotes self-esteem and assertiveness.

United Way of Northwest Connecticut  
Torrington, CT

**Behavioral Health Community Impact Collaborative**  
$5,200
To support a collaborative community impact initiative focused on improving the capacity of local mental health providers. (The Foundation also provided $4,800 toward a consultant facilitator used in the process of developing the collaborative proposal.)

---

(L-R): Donna Campbell, President and CEO, and Priscilla McCord, Development Director, of The Northwest Center for Family Service and Mental Health, host an open house at their new location in New Milford.

Housatonic Youth Service Bureau (L-R): Cynthia Bianchi, Director and Tamala Tragakis, Executive Office Manager
In its assessment of needs, the Foundation for Community Health found that access was the issue that impacted all other identified health needs. The factors affecting access to health services can vary from person to person, but, aggregately, the major barrier to accessing services in the Foundation’s service area was transportation. The other barriers to accessing care included lack of knowledge of resources and services, the costs of services and an inability to pay for them and language and cultural issues from the growing Spanish speaking population. It was clear that grant making in this area would require creativity and collaboration and the Foundation plans to be a catalyst for such activities. We will seek opportunities to reach out to those in need, as well as supporting efforts that will make it easier to access health related services. Examples include expanding direct transportation, supporting efforts to improve the awareness of existing services and reducing language barriers.

**Increase Access to Services**

**Hospice, Inc.**  
Poughkeepsie, NY

**Hospice Access**  
$23,655

To initiate a community awareness campaign about Hospice and to educate both consumers and providers in the end-of-life decision making.

**Salisbury Visiting Nurse Association, Inc., Salisbury, CT**

**Hospice Startup**  
$25,000

To offset some of the costs of becoming a certified Medicare Hospice provider in order to ensure access to Hospice services in the towns located in the uppermost northwest corner of Connecticut.

**St. Francis Home Care, Inc.**  
Poughkeepsie, NY

**Helping the Elderly Live with Pride**  
$25,000

To fund outreach efforts to identify isolated seniors in Eastern Dutchess County to provide home-based nursing and support services as well as a connection to a variety of community-based social activities and services.
Hugh Curry, Mary Ann Curry, Dave Kibler (driver) and James Hoag arrive at their destination in Hudson, NY after riding on the Healthcare Consortium wheelchair-accessible minibus. All three are residents of the Copake-Copake Falls area of Columbia County.

**Grantees**

**Transportation Services**

Columbia County HealthCare Consortium, Inc., Hudson, NY

**Ancram/Copake Community Shuttle** $9,936

To fund a weekly transportation service for the elderly and the disabled living in Ancram and Copake enabling them to live healthier and longer in their homes.

Geer Adult Day Care Center
Geer Foundation, Inc., Canaan, CT

**Transportation Enhancement Program** $25,500

To support additional hours of transportation for non-emergency medical appointments for those who do not have a car and particularly for the elderly and the disabled and to convene meetings of all local transportation providers to better coordinate planning and services.

North East Community Council, Inc.
Millerton, NY

**Transportation for Amenia Program** $19,156

To operate a van for transporting the elderly in the Amenia/Wassaic area to medical and social functions.

St. Francis Home Care, Inc.
Poughkeepsie, NY

**Home Health Aide Transportation** $7,000

To support a vehicle for a Home Health Aide operating in Eastern Rural Dutchess County.

HealthWise Fair

**HealthWise 2005** $1,000

To assist with the organization and implementation of the screening fair for residents of the tri-state area.

(L-R): Linda Rashba, RN MS, Saint Francis Hospital HomeCare Administrator, Dana Pavelock, Director of Operations, Saint Francis HomeCare Services, Inc. and Pat Scully, Home Health Aide.
A review of pre-existing data identified a lack of dental providers and services for people on Medicaid, with no insurance, or with limited financial resources in the Foundation’s service area. The lack of services available to children in particular was highlighted by an extensive study previously conducted by the CT Health Foundation in Connecticut. In a Provider Survey performed by the Foundation, dental care was listed as the second most “critical” + “high” need for the elderly, the third for children and the fourth for adults. The Foundation’s community interviews and focus groups with both the elderly and the Spanish-speaking supported these findings. Due to the complexity of the issue, the Foundation decided to conduct additional studies and evaluations in order to determine its best role in addressing the oral health needs of its communities.

Dr. Chester Douglass, D.M.D., M.P.H., P.H.D. Professor and Chairman in the Department of Oral Health Policy and Epidemiology, Harvard School of Dental Medicine and Chief of Dentistry and Oral Surgery for the Cambridge Health Alliance, at one of the 3rd grade dental screenings.
Grantees

- Oral health means much more than healthy teeth;
- Oral health is integral to general health;
- Safe and effective disease prevention measures exist that everyone can adopt to improve oral health and prevent disease, even so, there are profound disparities in the oral health of Americans;
- General health risk factors, such as tobacco use and poor dietary practices, also affect oral and craniofacial health.

Prescription Assistance Fund
The Foundation supported its Prescription Assistance Program which originated from the directives of several donor advised funds to help pay for medical expenses of those in need. The specific purpose is to assist individuals and families with paying for their prescription costs and priority is given to those with the most significant needs. Applicants should apply at the appropriate office depending on their residence. The funding requests are capped at $250 per month per person.

Columbia County Healthcare Consortium, Inc., Hudson, NY
$2,700
To fund the FCH Prescription Assistance Fund.

Dutchess County Community Action Agency, Inc., Dover, NY
$27,000
To fund the FCH Prescription Assistance Fund.

Northwestern CT Council of Governments, Warren, CT
$32,300
To fund the FCH Prescription Assistance Fund.

Medical Education Fund
The Medical Education Fund at the Foundation for Community Health was created from the pooling of donor restricted funds previously held by the former Sharon Hospital. These funds were specifically donated to pay for a variety of medical education programs. According to guidelines set by the CT Attorney General’s office, these funds are not intended to supplant educational programs and opportunities currently supported by the current Essent Health Care/Sharon Hospital, but rather to augment them in order to improve the health of the community it serves. With this in mind, the Foundation created a Medical Education Committee with Foundation Board members as well as members from the local medical association. They have completed the initial research and development for a working plan that would utilize the funds in educating the medical community.

An Ancram area resident gets help with information about accessing prescriptions from Vicky McGlynn, Community Health Coordinator for Columbia County Healthcare Consortium.
Sue Stanton Memorial Fund

The C. Sue Stanton Memorial Fund was established with donations from her family and friends after she passed away in the year 2000 following a battle with cancer. She was a well loved and respected pediatric nurse at Sharon Hospital and a life-long resident of northwestern Connecticut. The Fund was eventually transferred over to the Foundation for Community Health for administration and application. Extensive research by the Foundation identified the appropriate and most beneficial use of these funds to be car seats for children riding in ambulances. The inflatable pediatric car seats were selected and purchased and then presented to sixteen EMS Squads in New York and Connecticut at a ceremony organized by the Foundation and held at Sharon Hospital. Ms. Stanton's family and friends were present. The C. Sue Stanton Memorial Fund held $4,663.
## Financial Reports

### Statement of Financial Position December 31

<table>
<thead>
<tr>
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<th>2005</th>
<th>2004</th>
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<tbody>
<tr>
<td><strong>Assets</strong></td>
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<tr>
<td>Cash</td>
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<td>BTCF Balanced Pool</td>
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<td>Prepaid Expense</td>
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<td>Property and Equipment, Net</td>
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<td>Accounts Receivable</td>
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<td><strong>Total Assets</strong></td>
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<td><strong>$16,761,041</strong></td>
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<tr>
<td><strong>Liabilities &amp; Net Assets</strong></td>
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<tr>
<td>Grants Payable</td>
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<td>Expenses Payable</td>
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<td>Net Assets (Fund Balance)</td>
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<td><strong>Total Liabilities &amp; Net Assets</strong></td>
<td><strong>$19,904,061</strong></td>
<td><strong>$16,761,041</strong></td>
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</tbody>
</table>

### Statement of Financial Activities December 31

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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
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<tr>
<td>Revenue from Trusts(^1)</td>
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<td>$291,426</td>
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<tr>
<td>Contributions and Additions(^2)</td>
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<td>$1,763,228</td>
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<td>Total Investment Earnings</td>
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<td><strong>Total Revenue</strong></td>
<td><strong>$3,936,411</strong></td>
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<td><strong>Expense</strong></td>
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<tr>
<td>Grant Awards</td>
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<td>Program Development</td>
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<td>Operating Expenses</td>
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<td>Investment &amp; Financial Services Fee</td>
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<td><strong>Total Expenses</strong></td>
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<td><strong>Net of Revenue and Expense</strong></td>
<td><strong>$3,032,256</strong></td>
<td><strong>$3,474,112</strong></td>
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Unaudited report for year ending Dec. 31, 2005

\(^1\) The Foundation receives regular income from approximately $6.5 million held in trust by other fiduciaries.
\(^2\) Contributions and Additions includes the final transfer of over $2.3 million from the escrow account created by the sale of the former Sharon Hospital to Essent Healthcare. The release of these funds was triggered by the completion of all transactions related to the sale.
Our Vision
The Foundation for Community Health is a leader and catalyst for health promotion, disease prevention, and universal access to services that contribute to the overall health and well being of our communities. The Foundation’s commitment and actions are a model for other philanthropic organizations.