



Sunflower Foundation Update: Where We Left Off

As a reminder, the board approved the following action items at its December board meeting.

1. The board requested Sunflower Foundation (SF) develop an interim grantmaking strategy that aligns with the Kansas Prescription Drug and Opioid Advisory Committee (KPDOAC) state strategic plan priorities as well as data compiled from the committee's landscape analysis document, KDHE data and vulnerability assessment, and other relevant data sources.
2. The board requested SF develop an overview of what a KFA responsive funding approach might look like.
3. The board requested SF begin work to develop a yearlong comprehensive statewide needs assessment that builds on existing data and information while taking a deeper dive into the needs across the state and across disciplines.

Partner Meetings

In addition to developing the requested documents for the January meeting, SF met with the Kansas Department of Health and Environment (KDHE), Kansas Department of Aging and Disability Services (KDADS), Kansas Department of Corrections (KDOC), Kansas Insurance Department (KID), and the KPDOAC. Staff engaged these groups to learn of any current updates from each and to obtain input for what a needs assessment might include. This information is included in the draft framework which is available for the board's review. SF also attended the KPDOAC needs assessment process to gather additional information to bring back to the board.

Kansas Fights Addiction – Interim Funding Strategy Proposal

Setting the Stage

At the KFA board meeting in December, members requested SF staff develop a draft interim funding strategy to guide investment of KFA dollars over the next 12 months. This interim funding opportunity is possible given the wealth of information and data that has already been collected and compiled by the Kansas Prescription Drug and Opioid Advisory Committee (KPDOAC). So, while most states are just now launching projects to assess SUD related needs and identify gaps pertinent to their opioid settlement work, Kansas already has a wealth of information available through the KPDOAC's recently completed state strategic plan and assessment. This plan provides a plethora of recommendations for the KFA board to begin funding as part of its interim funding strategy. Additionally, the focus areas and strategies included in the KPDOAC state plan already align with the strategies outlined in the Abatement Strategies List from the distributor's settlement, Johns Hopkins principles for the use of opioid litigation funds, guidance from Shatterproof on effective use of opioid settlement dollars, Centers for Disease Control and Prevention (CDC) best practices, and many other national guidance resources.

This interim funding strategy fulfills the board's desire to provide KFA funds to communities sooner rather than later. Additionally, this approach allows the board needed time to collect more extensive information about the needs, gaps and opportunities for innovation through a much more in-depth needs assessment. Results from this assessment, combined with what is already known about addiction in Kansas, will inform KFA's long-term funding strategy to identify innovative and promising practices that could make the biggest impact in Kansas over the next 18-20 years.

Interim Funding Strategy-A Closer Look

As a reminder, this interim funding strategy is developed around the six core focus areas and recommended strategies outlined in the recently completed KPDOAC state plan. The six core focus areas include:

1. Treatment and Recovery
2. Linkages to Care
3. Harm Reduction
4. Prevention
5. Providers and Health Systems
6. Public Safety

SF staff recommend the board support development of two separate RFPs distributed on a staggered rollout plan. This staggered approach allows the KFA board to ensure a smooth rollout of funds as processes and systems are tested for the first time. This soft launch also allows staff the time needed for proper follow-up with potential applicants as this first initial funding offer is sure to spark interest across the state.

Using a staggered approach, **the first RFP released would be more treatment focused and include strategies to support the following three core focus areas- Treatment and Recovery, Linkages to Care, and Harm Reduction. The second RFP would be more prevention focused and include strategies to support the following three core focus areas- Prevention, Providers and Health Systems, and Public Safety.**

While organizations that meet all RFP eligibility requirements will be invited to apply, **SF recommends the board give priority to applicants servicing counties with high vulnerability per the 2022 Kansas County Opioid Mortality Vulnerability Assessment released by the Kansas Department of Health and Environment (KDHE). Priority would also be given to applications that demonstrate more innovative ways to deliver and support the strategies outlined in the two RFPs.**

SF recommends the board allow eligible organizations to apply for both RFPs as well as select multiple focus areas and strategies to address. This increases the opportunity to build synergy and innovation and greatly streamlines SFs ability to manage the funded projects.

Overview- RFP Number One

The first RFP will focus on the three core focus areas described below. The strategies under each focus area are those recommended in the KPDOAC state plan. The bolded strategies are those that were ranked as high priority by the various stakeholder groups that reviewed the plan. Applicants will be asked to identify the specific focus areas and corresponding strategies for which they wish to apply. Applicants may choose to apply for only one focus area and one strategy, or they may select multiple focus areas and multiple strategies. The applicant's proposed workplan and budget should adequately reflect the scope of their proposal.

Treatment and Recovery

Under Treatment and Recovery, SF recommends the KFA board provide funding to support the strategies below:

1. **Expand access to treatment for those who are uninsured/underinsured**
2. **Expand peer recovery services**
3. **Expand MAT/MOUD services**
4. **Expand recovery housing**
5. **Facilitate integration of mental health and SUD services**
6. **Naloxone distribution in treatment centers and criminal justice settings**
7. **Expand telehealth services for SUD treatment services, including MAT/MOUD**
8. Coordinate a continuity of care model for justice-involved populations (jail-based SUD treatment and effective re-entry programs)
9. Target treatment and recovery resources to high impact, low-capacity geographical areas (rural/frontier)

Harm Reduction

Under Harm Reduction, SF recommends the KFA board provide funding to support the strategies below:

1. **Targeted naloxone distribution**
2. **Expand social detoxification services**
3. Expand access to HIV and HCV/HBV testing and treatment (e.g., PrEP)
4. Condom distribution/safe sex education among IV drug users

Linkages to Care

Under Linkages to Care, SF recommends the KFA board provide funding to support the strategies below:

1. **Expand and coordinate overdose/behavioral health outreach teams**
2. **Post-overdose linkage to care policies in hospitals/Emergency Departments**
3. **Community health worker (CHW)/peer navigation for those with SUD**

4. Implement SUD screening and referral processes (e.g., SBIRT)
5. Implement/expand referral management systems (e.g., Integrated Referral and Intake System)

Of note, developing and implementing a statewide treatment navigation system is a strategy which ranked high in Linkages to Care. Support for this strategy may need to be postponed until the board's comprehensive needs assessment is complete. It is anticipated that the findings from this assessment will be important in guiding the development of this strategy. Once the assessment is complete, the board could consider releasing a separate RFP focused solely on this strategy. Additionally, several recommended strategies under Harm Reduction are currently considered drug paraphernalia, thus illegal in Kansas and are not listed.

Overview- RFP Number Two

The second RFP will focus on the three core focus areas described below. The strategies under each focus area are those recommended in the KPDOAC state plan. The bolded strategies are those that were ranked as high priority by the various stakeholder groups that reviewed the plan. Applicants will be asked to identify the specific focus areas and corresponding strategies for which they wish to apply. Applicants may choose to apply for only one focus area and one strategy, or they may select multiple focus areas and multiple strategies. The applicant's proposed workplan and budget should adequately reflect the scope of their proposal.

Prevention

Under Prevention, SF recommends the KFA board provide funding to support the strategies below:

1. **Universal primary prevention strategies that increase protective factors and address overall health and wellness include SUD/suicide**
2. **Expand public awareness of drug overdose epidemic and state/local resources**
3. **Expand implementation of school-based programming**
4. Expand state and local polysubstance use prevention initiatives
5. Expand medication disposal interventions
6. Community-level strategic planning
7. Youth-led prevention activities

Providers and Health Systems

Under Providers and Health Systems, SF recommends the KFA board provide funding to support the strategies below:

1. **Facilitate patient's continuity of care by increasing service integration between health care disciplines, effective care coordination, and referrals management**
2. **Expand telehealth services for SUD treatment services, including MAT/MOUD**
3. **Expand implementation of CDC opioid prescribing guidelines within Kansas health systems**
4. Expand provider and preprofessional education opportunities (e.g., trainings on SUD prevention/treatment, screening processes, controlled substances prescribing, medication disposal programs, wraparound services, clinical support tools)
5. Implement clinical quality improvement initiatives directed toward more effective pain management, standard of care for controlled substances prescribing and dispensing, and/or risk reduction
6. Training and provision of trauma-informed care
7. Screen for fentanyl in routine clinical toxicology testing

8. Expand implementation of best practices for treating women of childbearing age, including safe and effective pain management, pregnancy testing, preconception counseling, and contraception access (including long-acting reversible contraception)
9. Expand utilization of the prescription drug monitoring program, K-TRACS
10. Increase the number of DATA 2000-waivered providers and expand utilization of existing waivers to treat MAT/MOUD patients
11. Identify and disseminate best practices for prescribing psychotropic medication (e.g., anxiolytics, psychostimulants)
12. Neonatal abstinence syndrome/neonatal opioid withdrawal syndrome education and resources

Public Safety and First Responders

Under Public Safety and First Responders, SF recommends the KFA board provide funding to support the strategies below:

1. **Expand law enforcement and first responder access to naloxone and associated resources, including education and policy resources**
2. **Enhance efforts to reduce the illicit drug supply/interdiction**
3. **Enhance public safety collaboration with community-based organizations**
4. Expand mental/behavioral health and drug courts
5. Expand diversion programs as an alternative to incarceration for nonviolent drug offenders
6. Expand implementation of Crisis Intervention Teams (CIT)
7. Increase capacity of law enforcement and first responders to effectively respond to individuals with SUD
8. Implement standardized SUD screening, treatment, and care coordination and continuity services into the criminal justice system
9. Expand first responder/public safety onboarding and data entry using the Overdose Detection Mapping Application Program (ODMAP)

As mentioned, the core focus areas selected for inclusion in the two RFPs were not only identified in the KPDOAC state plan but have been central in conversations with key partners. Focusing on the highest priority areas gives the board a chance to be intentional about addressing the state's most immediate needs while also allowing the board and SF to "test" the processes we have in place to support the release and funding of RFPs. We anticipate a high volume of applications in a short period of time that will require substantial review and vetting. Learnings from fielding the first RFP will be used to guide release of the second RFP.

Developing the RFPs-The Nuts and Bolts

RFP Applications and Communication

The grant applications to support the two RFPs will be built in SF's online grant management system (Fluxx) which allows applicants to complete applications online. SF will distribute the RFPs via its own website, the Attorney General's website and will share the announcement with key partner networks across the state. **SF proposes the board release the first RFP in early spring and provide ample time (6-7 weeks) for potential applicants to review the RFP and develop a proposal.** SF staff will provide two Zoom sessions to discuss the RFP and field questions from those interested in applying. More Zoom sessions can be added if demand is high. These Zoom sessions will be recorded and made available on the SF website. SF staff will field questions via email and phone from prospective applicants and will develop and regularly update an FAQ page that will be available on the SF website.

In addition to the standard information available in an RFP, SF proposes the board include the grant application questions in conjunction with the RFP. This allows potential applicants to begin working on application responses prior to accessing and uploading their work to SFs online system. In our experience, applicants find it easier to prepare their applications in Word and then cut and paste their final responses into SFs online grant management system (Fluxx). Having access to the application questions also allows potential applicants a better sense of what is needed to apply for KFA funding before formally engaging in the online grant system.

Grant Review and Approval

Grant reviews will be managed via the same online system (Fluxx) described above. **To streamline the review process, SF staff proposes to organize and conduct the initial review of applications and score all grant proposals using a scoring rubric developed for the two proposed RFPs.** This due diligence process will also involve reviewing each proposed application/workplan and ensuring it aligns with the capacity of the applicant organization to support the work, reviewing the financial health of the applicant, staffing needs, etc. SF staff will then present to the KFA board their funding recommendations and rationale for each RFP. It is important to note that the KFA board has the sole authority to reject or approve any application submitted as part of the RFP process, including those applications that are not included in SFs initial recommendations.

Applications the board approves for funding will be processed by SF. This will include developing a letter of agreement that outlines a specific scope of work, payment and reporting schedules, and any necessary language required of the settlement agreements and state legislation. **Given this is an interim funding strategy, SF recommends the grant period for each grant be 12 months.** SF will be flexible with grantees that need more time to complete their funded projects should extenuating circumstances arise. Grant payments are expected to be made to grantees electronically.

Recommendations to the Board

SF staff recommends the board consider the following:

1. Instruct SF staff to develop and release two separate RFPs as outlined in this proposal. The first RFP will focus on Treatment and Recovery, Linkages to Care and Harm Reduction strategies. The second RFP will focus on Prevention, Providers and Health Systems and Public Safety strategies. RFPs will be released using a staggered approach beginning this spring.

KEY Resources Used to Develop the Draft Interim Funding Strategy Proposal

Key Data and Information

1. Landscape analysis document and data included (utilize any updated data if applicable)
2. KPDOAC needs assessment and state planning documents (*strategies for each focus area already prioritized*) State plan includes input from the following:
 - a. Over 50 different state and local organizations in Kansas on the KPDOAC
 - b. 825 public comment survey responses
 - c. 285 stakeholders with expertise or experience in SUD field
 - d. 20 key informant interviews
 - e. Over 27 hours of subject matter expert sub-committee meetings divided by area of expertise
 - f. Kansas epidemiologists, data experts, and evaluators in SUD field
3. KDHE Vulnerability Assessment
 - a. Identifies counties at highest risk, could be given priority
4. Information/Needs Identified from meetings with KDHE, KDADS, KDOC, and KPDOAC
 - a. Access to treatment – cost, waitlists, geography, transitional periods, lack of awareness
 - b. Transition periods/opportunities for intervention and linkage to care
 - i. Release from incarceration, discharge from treatment, post overdose, early screening/identification, etc.
 - ii. Timely access to services, costs, transportation, housing, etc.
 - c. Social detox – SOR now unable to fund this service as SAMHSA has removed it from their list of allowable activities for State Opioid Response grant funding which KDADS and the providers were not aware of until very recently which has caused an immediate gap in the system.
 - d. SUD workforce and care integration
 - e. Naloxone availability
 - f. Housing and other basic needs such as employment, food, and transportation (especially during times of transition)
 - g. Workforce
 - h. Policy
5. Other key inputs
 - a. KFA board member expertise
 - b. Other Relevant state plans and reports
 - c. Governor’s Behavioral Health Services Planning Committee (GBHSPC) and subcommittee annual reports
 - d. Data shared by Midwest High Intensity Drug Trafficking Areas (HIDTA) at the Opioid Conference- they mentioned seeing overdose hotspots occurring near Quik Trip gas stations, homeless shelters, and motels (more detailed information in landscape analysis document).

KPDOAC Needs Assessment- Prioritized Strategies by Focus Area

The strategies in the tables below were prioritized for each focus area (strategies are in rank order by priority) within the KPDOAC needs assessment. Of note, the focus areas and strategies selected align with the strategies outlined in the Abatement Strategies List from the distributor’s settlement, Johns Hopkins principles for the use of opioid litigation funds, guidance from Shatterproof on effective use of opioid settlement dollars, Centers for Disease Control and Prevention (CDC) best practices, and many other national guidance resources.

The KPDOAC needs assessment began with a public comment survey and a partner survey of those with expertise or experience with SUD.

The survey had 265 respondents from 77 Kansas counties. Respondents were from the following sectors (listed from highest respondents to lowest in that sector): Healthcare (48.63%), Other Orgs involved in reducing substance use (Treatment Providers) (23.53%), Other (16.47%), Youth (14.51%), State, Local, or Tribal Government (14.12%), First Responders (10.59%), Parents (10.2%), Schools (9.8%), Business (7.06%), Youth-Serving Organizations (7.06%), Civic or Volunteer Groups (3.14%), Religious or Fraternal Organizations (2.75%). It is important to note that most of the partner survey respondents received were from the healthcare sector so the level of expertise in prioritizing all categories may be skewed.

The KPDOAC needs assessment also included subcommittee meetings with subject matter experts (SME) within each focus area. During these subcommittee meetings the SMEs also ranked each strategy by priority.

Below is the full list of strategies by priority and ranking from the professional/partner survey, SME subcommittee rankings (low, medium, or high priority), the SME estimated level of impact of implementing the strategy, and if the strategy was also indicated as a public comment survey theme and/or recommendation identified in the key informant interviews. Priority areas that could be considered for respective RFP development are included below, for full details see strategic plan draft document.

Treatment and Recovery Strategy in Partner Survey Rank Order of Priority	SME Ranking	SME Level of Impact	Public Comment &/or Interview
1. Expand access to SUD treatment services for those who are uninsured/underinsured	High	Moderate	X
2. Facilitate integration of mental health and SUD services	Medium	Moderate/High	X
3. Expand peer recovery/support services (certified peer mentors)	High	Moderate	X
4. Expand medication assisted treatment/medications for opioid use disorder (MAT/MOUD)	High	Moderate	X
5. Coordinate a continuity of care model for justice-involved populations (jail-based SUD treatment and effective re-entry programs)	Medium	Moderate	X
6. Expand access to recovery housing	High	Moderate	X
7. Target treatment and recovery resources to high impact, low-capacity geographical areas (rural/frontier)	Medium	Moderate	X
8. Expand medically managed withdrawal services	High	Moderate/Low	X
9. Naloxone distribution in treatment centers and criminal justice settings	High	High	X

10. Expand telehealth services for SUD treatment services, including MAT/MOUD	High	Moderate	
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Harm Reduction Strategy in Survey Rank Order of Priority	SME Ranking	SME Level of Impact	Public Comment &/or Interview
1. Targeted naloxone distribution	High	Moderate /High	X
2. Expand social detoxification programs	Medium	Moderate	X
3. Fentanyl test strips*	High	Moderate	X
4. Programs for sterile syringe exchange and other injection supplies*	High	*	X
5. Supervised consumption and wraparound services*	High	*	X
6. Expand access to HIV and HCV/HBV testing and treatment (e.g., PrEP)	Medium	Moderate /Low	
7. Condom distribution/safe sex education among IV drug users	Low	Low	
8. Safe smoking supplies*	Low/ Medium	Moderate	

*Requires legislative change.

Linkages to Care Strategy in Survey Rank Order of Priority	SME Ranking	SME Level of Impact	Public Comment &/or Interview
1. Expand and coordinate overdose/behavioral health outreach teams	High	High	X
2. Develop and implement a statewide treatment navigation system	Medium / High	Moderate	X
3. Post-overdose linkage to care policies in hospitals/EDs	High	Moderate/ High	
4. Implement SUD screening and referral processes (e.g., SBIRT)	Medium	High	X
5. Community health worker (CHW)/peer navigation for those with SUD	High	High	
6. Implement/expand referral management systems (e.g., Integrated Referral and Intake System)	Medium	Low/ Moderate	

Prevention Strategy in Survey Rank Order of Priority	SME Ranking	SME Level of Impact	Public Comment &/or Interview
1. Universal primary prevention strategies that increase protective factors and address overall health and wellness including SUD/suicide prevention/resilience/mental health	High	Moderate/ High	X
2. Expand public awareness of the drug overdose epidemic and state/local resources	High	Moderate	X

3. Expand implementation of school-based programming	High	Moderate	X
4. Expand state and local polysubstance use prevention initiatives	High	Moderate	
5. Expand medication disposal interventions	Medium	Moderate	X
6. Community-level strategic planning	Medium	Moderate	
7. Youth-led prevention activities	High	Moderate	

Providers and Health Systems Strategy in Survey Rank Order of Priority	SME Ranking	SME Level of Impact	Public Comment &/or Interview
1. Facilitate patients' continuity of care by increasing service integration between health care disciplines, effective care coordination, and referrals management	High	High	
2. Expand provider and preprofessional education opportunities (e.g., trainings on SUD prevention/treatment, screening processes, controlled substances prescribing, medication disposal programs, wraparound services, clinical support tools)	Medium	Moderate	X
3. Implement clinical quality improvement initiatives directed toward more effective pain management, standard of care for controlled substances prescribing and dispensing, and/or risk reduction	Medium	High	X
4. Training and provision of trauma-informed care	Medium	Moderate	X
5. Screen for fentanyl in routine clinical toxicology testing	Medium	Low	
6. Expand implementation of best practices for treating women of childbearing age, including safe and effective pain management, pregnancy testing, preconception counseling, and contraception access (including long-acting reversible contraception)	Medium	Moderate/ Low	
7. Expand telehealth services for SUD treatment services, including MAT/MOUD	High	High	
8. Expand utilization of the prescription drug monitoring program, K-TRACS	Medium	Moderate/ Low	
9. Increase the number of DATA 2000-waivered providers and expand utilization of existing waivers to treat MAT/MOUD patients	Medium	Moderate	X
10. Expand implementation of CDC opioid prescribing guidelines within Kansas health systems	High	Moderate	
11. Identify and disseminate best practices for prescribing psychotropic medication (e.g., anxiolytics, psychostimulants)	Medium	High	
12. Neonatal abstinence syndrome/neonatal opioid withdrawal syndrome education and resources	Low/ Medium	Low	

Public Safety Strategy in Partner Survey Rank Order of Priority	SME Ranking	SME Level of Impact	Public Comment &/or Interview
1. Expand mental/behavioral health and drug courts	Low**	Low**	X
2. Expand diversion programs as an alternative to incarceration for nonviolent drug offenders	Low**	**	X
3. Expand law enforcement and first responder access to naloxone and associated resources, including education and policy resources	High	Moderate/High	X
4. Expand implementation of Crisis Intervention Teams (CIT)	High	Moderate/High	
5. Increase capacity of law enforcement and first responders to effectively respond to individuals with SUD	Medium	Moderate	
6. Implement standardized SUD screening, treatment, and care coordination and continuity services into the criminal justice system	Low**	**	X
7. Enhance efforts to reduce the illicit drug supply/interdiction	High	High	X
8. Enhance public safety collaboration with community-based organizations	High	Moderate	X
9. Expand first responder/public safety onboarding and data entry using the Overdose Detection Mapping Application Program (ODMAP)	Medium	Low	

***These items were either not discussed or may have been ranked as a low priority due to the sub-committee being comprised of only law enforcement personnel without expertise in strategies in the courts, jails, prisons, and corrections.*

High Risk Counties- KDHE's 2022 Opioid Mortality Vulnerability Assessment

In September of 2022 KDHE released the new Kansas County Opioid Mortality Vulnerability Assessment. This assessment ranks counties that are most at-risk or with the highest vulnerability across a variety of indicators that are related to social vulnerability and opioid overdose. The report found that the counties with the highest vulnerability are:

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|---------------|-----------------|
| 1. Labette | 12. Montgomery |
| 2. Sedgwick | 13. Reno |
| 3. Allen | 14. Leavenworth |
| 4. Harper | 15. Shawnee |
| 5. Crawford | 16. Linn |
| 6. Brown | 17. Douglas |
| 7. Wilson | 18. Cowley |
| 8. Saline | 19. Sumner |
| 9. Woodson | 20. Bourbon |
| 10. Neosho | 21. Atchison |
| 11. Greenwood | |

Key Questions for the Board to Consider Prior to the Release of RFP's

Prior to the formal release of the board's first RFP, the board will need to consider the following questions and other considerations associated with the grant making process.

1. **Approve budget.** Identify general parameters for total funding award amount and total by each of the six priority areas: (Review proposed budget)
 - a. Consider setting an annual budget
 - i. SF has prepared sample budgets based on an even spend over length of settlement payments
 - b. Based on annual budget, the board can determine funding by each of the six priority areas
 - i. Treatment & Recovery
 - ii. Linkages to care
 - iii. Prevention
 - iv. Harm Reduction
 - v. Providers and health systems
 - vi. Public safety
 - c. **Approve ceiling amounts based on budget, for individual grants in each of the six priority areas (Do we want a "not to exceed" amount for applicants applying for grants under the six priority areas?)**
 - i. Begin with "not to exceed" amount for the following three priority areas
 1. Treatment and Recovery grants
 2. Harm Reduction grants
 3. Linkages to Care grants
 - ii. Consider aligning ceiling amount with size of catchment area?
 1. City/County, Regional or Statewide?
 2. By population?
2. **Approve standard evaluation metrics for grants**
 - a. **Overall metrics (metrics all grantees will report on)**
 - i. **What specific indicators do we want to track?**
 1. Numbers served; types of services provided. . .
 2. Indicators related to the SMART goals the applicant identified in their application. . .
 3. **What information will be required for KFA annual reporting that we will need to gather from grantees?**
 4. **Others?**
 - b. **Individual grantee metrics**
 - i. For example, the RFP will require the applicant to identify SMART goals/objectives that can be measured, we could utilize these proposed SMART objectives/goals as unique reporting indicators for each grant.
 1. All grantees would report on the same general indicators within the application and also on their uniquely identified SMART goals.
3. **Reporting requirements (including budgetary)**

- a. Financial and progress reports will generally be required at 6-month intervals with final reporting due upon completion of the grant period. Grant payments will generally be provided following receipt of required reports. Letters of agreement for each grant will outline grantee responsibilities and denote the payment and reporting schedule. Grant payments and grant reporting will be done electronically.
4. **SF to develop reporting dashboard**
- a. Initial dashboard would include data that can be shared publicly such as
 - i. Number of grants made
 - ii. Amount of funding awarded by priority area
 - iii. Organizations/locations funded
 - b. A more detailed dashboard could be created following the first round of grantee reporting to assist with board annual reports.

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