

FY22.23-Q4 FRHD Community Health Contract Grant Impact Report

Organization Information

Legal Name

Michelle's Place Cancer Resource Center

Program Name/Title

Cancer Assistance Program

Target Population - Age

	Percent of program participants	Total Number of Participants
Children (infants to 12)		
Young Adults (13-17)		
Adults (18-60)	80	131
Seniors (60+)	20	33
We do not collect this data (indicate with 100%)*		

Target Population not collected - Age

N/A

Target Population - Gender

	Percent of program participants	Total Number of Participants
Female	98	160
Male	2	4
Non-binary		
Unknown*		

*Target Population - Gender

N/A

Target Population - Income Level

	Percent of program participants	Total Number of Participants
Extremely Low-Income Limits, ceiling of \$32,100		
Very Low (50%) Income Limits, ceiling of \$53,500		
Low (80%) Income Limits, ceiling of \$85,600		

	Percent of program participants	Total Number of Participants
Higher Than Listed Limits		
We do not collect this data (indicate with 100%)*	100	164

*Target Population - Income Level

Our Fallbrook, Bonsall and Rainbow residents complete an intake form for services, but do not have to fill-out income verification information unless applying for financial assistance. We have one client apply for financial assistance.

Total number of residents that benefited (participant/client) from this program this quarter.

164

Program/Services Description - Social Determinants of Health

Healthcare Access & Quality (Access to Health Care, Access to Primary Care, Health Literacy)

Program/Services Description - FRHD Community Needs Assessment

Mental Health (Social Support - Youth or Families)

Mental Health (Screenings, Prevention)

Health (Mobility)

Health (Healthy Food/Nutrition)

Program Objectives

Within one year, Michelle's Place will provide 375 resources to cancer patients within the FRHD. These resources will include wigs, prosthesis, hats, scarves, support groups, financial assistance, transportation, one on one support, etc.

Within one year, Michelle's Place will host 12 support groups/programs at the Fallbrook Wellness Center . Within one year, Michelle's Place will facilitate 20 free breast exams and breast screenings to women who qualify.

Program Outcomes/Measurables

As previously reported, having Maria dedicated to the Fallbrook location has made significant strides in increasing awareness for the location, increased attendance at events and support groups and made the community at large, more aware of the resources available.

She hosted 17 events at the Fallbrook office this quarter. Our goal was to host 12 support groups/programs at the Center this year. We far exceeded that goal. Maria hosted a total of 24 support groups/programs this year.

The Center provided 230 services to 164 clients in Fallbrook, Bonsall and Rainbow.

In this grant year we provided 541 services. Our goal was 375. We far exceeded our goal.

On April 14 Michelle's Place participated in the mobile breast screening event at the Fallbrook Family clinic where they facilitated over 25 breast screenings. Michelle's Place met the goal of facilitating 20 screening mammograms.

FRHD Grant Support Acknowledgment

Social Media Postings

Signage at Service Sites

Print Materials to Service Recipients

Website Display

FRHD Grant Support Acknowledgment

Maria has done a great job reaching out to the community about the programs and services available at Michelle's Place because of the support of the FRHD. She has utilized the new marketing materials, ensured the FRHD logo is utilized on all fliers and promotional pieces and highlights programs with pictures and hashtags on social media.

Contact Information

Contact Name

Kim Gerrish

Title

Executive Director

Primary Contact Phone

9516995455

Email Address

kim@michellesplace.org

Organization Mailing Address

41669 Winchester Rd
Temecula, CA, 92590

Organization Physical Address

41669 Winchester Rd
Temecula, CA, 92590

Please provide an example of how the District's grant funding was acknowledged.



Cancer Support Circle
'No one should face cancer alone'

FALLBROOK REGIONAL HEALTH DISTRICT
COMMUNITY HEALTH & WELLNESS
CENTER
1636 E MISSION RD FALLBROOK, CA 92028

JOIN US FOR CARD MAKING
Presented by Jackie Smih



Join us for creating, refreshments, and sharing your story with others.

We are open to anyone affected by cancer, including the caregivers and family members of a loved one with a diagnosis.

Wednesday, July 12th
at 10 am

Made possible through the support of Fallbrook Regional Health District



RSVP TO JEVANS@MICHELLESPLACE.ORG
OR CALL 951-699-3455

Program Budget



22_23 FRHD CHC Program B...xlsx

Impact Story



Jackie S client story Fallbroo... .pdf

Opportunities & Challenges

We are so thrilled with the growth of the Fallbrook location. With Maria leading the way at the Center, we are certain growth will continue.

My client story

Jackie Smith <jackielsmith@roadrunner.com>
To: Maria Mertzelt <maria@michellesplace.org>

Thu, Apr 20, 2023 at 11:16 AM

Maria - as I said I'm not sure how to put this info, but see if this suits.

J x

My cancer journey started when I felt a lump and eventually (I should not have waited!) went to my doctor. This was in September 2020. After many tests, I was given a confirmed diagnosis of Ductal Carcinoma In Situ (DCIS). At first, it was thought that the tumor was very small, and that a lumpectomy followed by radiation would probably be sufficient, but that chemo might also be needed. I was offered a mastectomy if I chose and was told that I could even choose to have a double mastectomy, even though there was no sign of cancer in both sides. I was asked to decide about things I knew very little about and I had no idea where to go for help. Should I have a lumpectomy or mastectomy? Should I have a single or double mastectomy? Reconstruction? What kind of reconstruction? Implants? Silicone or saline? I had no idea. I felt so overwhelmed. While I now know about Michelle's Place, I didn't back then. Just to have been able to have talked to people who had been through something similar, even though they can't offer medical advice, would have felt so good, as I knew absolutely nothing. But I didn't know about Michelle's Place then, and as this was in late 2020 during the height of Covid lockdowns I had to face everything alone as no-one was even allowed into the doctor's offices with me. Every visit, new information came at me thick and fast but after hearing the word "cancer" it's really hard to follow what anyone says next. So although my doctors were great, I felt very, very alone, in spite of having a very loving and supportive family. After my last MRI-guided biopsy, they found that what they had thought was a little tumor was actually a a much bigger tumor and lumpectomy was no longer an option; it had to be a mastectomy.

I opted to have latissimus dorsi flap reconstruction done at the same time as my unilateral Mastectomy, and for me, this was a good decision. My recovery from this did feel slow, but I am very happy to say that it all went very well. My best news was that they removed all of the cancer and I didn't need chemo, nor even radiation, and am so very thankful. That was my late 2020 Christmas present and it was the best! I went through the uncomfortable expander stage for many, many months (my reconstruction surgery was delayed for six additional months because of the general Covid situation, supply issues, and some medical insurance issues, which set everything back). I was having a hard time emotionally with my new lopsided look, which left me feeling very vulnerable and frankly faulty. It was hard

to sleep on a boob that felt like concrete (expander life). My former favorite striped clothing only exacerbated the wonky look, and the hormone-blocking anti-cancer medicine also made me feel much crankier than I was before (and still does!) so it was a particularly trying time. While I was delighted that the cancer was gone, especially without chemo, I also battled feeling frustrated at the limitations and look of my new body.

It was at around this time that I heard about Michelle's Place. I contacted them rather hesitantly, not knowing what to expect, and from the minute someone answered the phone, everyone there was so wonderful and supportive. I was given a prosthetic insert to help me look more even (during the long wait for reconstruction) and it made such a huge difference to my body image concerns. Totally changed me (and I returned it to Michelle's Place when I no longer had need of it, to help others who might benefit). I received regular phone calls from Michelle's Place volunteers/staff, checking in on me, and I felt so supported. I wish I had known I could have had those calls in the early stages when I had so many questions and didn't know who to turn to. I slowly started attending activities, and felt the love and support coming from others who have gone through similar, and it has made me feel so much better. The events were all in Temecula at that time, which with traffic from Fallbrook was a little off putting so I didn't attend as many activities as I'd have done had they been closer, though a couple were virtual which was good.

When I heard that they were opening a Fallbrook office, I was delighted. I have attended, and continue to attend, many classes there, including art/craft classes, support groups, lifestyle skills, the new walking group, and today I head to my first yoga session, all in Fallbrook. Each time I attend activities, I enjoy seeing familiar faces, and getting to meet new people who have stories to share, advice to offer, and sometimes just support to give each other. It's great. I still attend some activities in Temecula, too. I love that I can go to either location and get support as needed, but being local is the best!

I've just started to volunteer at Michelle's Place in Fallbrook, with a desire to help others learn about how great it is to have local people to talk to, and who understand, as well as to offer practical help with wigs, prosthetic boobs, etc.

I tell all my friends about Michelle's Place and the good it does, as I hope others can learn of the program and get all the support possible if they need it. Thank you Michelle's Place!

FRHD CHC GRANT BUDGET INSTRUCTIONS

This file has a number of pre-formatted pages. Those sections for auto calculations and set formats are shaded in grey and should not be altered. Please keep a copy of this document as it will be used as part of the grant reporting process

There are five tabs to this file:

- 1 Instructions
- 2 Program Budget Form
- 3 Revenue Sources
- 4 Budget Narrative
- 5 Budget Reporting Form

1 Instructions:

- > All Yellow sections are to be filled out by the applicant. Grey sections will auto calculate and should not be edited by the applicant. All pages are formatted to print portrait, on 1

2 Program Budget Form:

- > PROGRAM COST: This section should reflect the true and total costs of the program.

APPLYING ORGANIZATION: This is the applicant agency's investment in their program.

- > This is the value of the resources the agency will contribute to the program's cost. These may include funds from fundraising events, private donors, in-kind goods and services, and volunteer efforts.

- > OTHER FUNDERS: These are funds or resources provided from contracts, grants and partnerships that are used to support the program's operations.

- > REQUESTED FROM FRHD: This is the funding request you are putting forward to the District.

- > The line item names may not fully align with your budget. Please edit those items to align with your budget. Explain those items on your Budget Narrative Form as necessary.

A INDIRECT EXPENSES:

This section is for expenses that are part of indirect operations of the program, necessary which may not be part of the direct service provision expenses (Administration, facility expenses, general liability ins., etc.). Please refer back to the training materials for clarification of these expenses. The District will not consider funding more than 25% of these expenses

B PERSONNEL EXPENSES - PROGRAM SPECIFIC:

As stated, this section is for staffing expenses that are directly related to the provision of the services/program. Please list each position title separately, unless there are multiple of the same title then use (x3) as an indicator. For example, if funding salaries for four separate Drivers, you would indicate as, Driver (x4) and the expense amount would be the cost of all four Drivers. Please include a single line items for general staffing expenses such as personnel expenses (Payroll taxes, WC, etc). Benefits (health, retirement, etc) should be listed on a separate line.

C DIRECT PROGRAM EXPENSES:

This section is for supplies, items and or specific expenses related to the provision of the services/program. This may include phone, rent, prining, program related insurance (e.g., vehicle), trainings and cetifications.

3 Revenue Sources

Please list all sources of revenue the agency recieves by category. This Form has two > sections, one for Agency Funding and one for Project Funding. Please fill out both sides of the table. Amounts do not need to be exact; however, we ask for best estimates.

4 Budget Narrative

There are headers that align with the Budget Form. These items should be explained (narrative) if they are unusual or have a specific project impact. Explanations regarding > utliity expenses are generally understood, but expenses relating to trianing or for a specilayty insurance could be expressed here.

5 Budget Reporting Form

This form will be used for those grantees who are awarded contracts. This form would be > submitted with the quarterly Impact Report and should demonstrate that funds were allocated according to the submitted proposal budget.

FRHD CHC GRANT BUDGET FORM

Agency Name: **Michelle's Place Cancer Resource Center** PROGRAM NAME: **Cancer Support Services**

Not all line items will correspond with your program budget. If the item does not fully align either leave it blank or group it in the best category possible. However, be sure your program budget is fully itemized.

1) A	INDIRECT EXPENSES:	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
A1	Administrative Support	8,100.00	7,128.00		972.00
A2	General Insurance (not program specific)				
A3	Accounting & audit expenses				
A4	Consultant/Contractor Fees				
A5	Physical Assets (Rent, Facility Costs)				
A6	Utilities				
A7	IT & Internet				
A8	Marketing & Communications	4,500.00	2,275.00		2,225.00
A9	Office Supplies	2,200.00	1,000.00		1,200.00
A10	Training & Education				
A11	Other: specify				
TOTAL INDIRECT EXPENSE		14,800.00	10,403.00	-	4,397.00

B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
B1	5 Patient Navigators	173,838.00	75,508.00	69,386.00	28,944.00
B2	Program Manager	58,000.00	47,757.00	2,703.00	7,540.00
B3	Salary (list position)				
B4	Salary (list position)				
B5	Payroll Expenses (WC, taxes)	13,910.00	13,910.00		
B6	Benefits				
B7	Other: specify				
TOTAL PERSONNEL EXPENSE		245,748.00	137,175.00	72,089.00	36,484.00

C	DIRECT PROGRAM EXPENSES	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
C1	Equipment				
C2	Program/Project Supplies	6,000.00	325.00	1,925.00	3,250.00
C3	Printing/Duplicating	4,400.00	3,075.00	750.00	575.00
C4	Travel/Mileage (CHW & Medical Transport)	9,500.00	500.00	8,500.00	500.00
C5	Program Specific Insurance				
C6	Temporary Financial Assistance	78,500.00	31,500.00	45,000.00	2,000.00
C7	Postage	1,700.00	1,500.00		200.00
C8					
C9					
C10					
C11					
C12					
C13					
C14					
C15					
TOTAL OTHER EXPENSES		100,100.00	36,900.00	56,175.00	6,525.00

D	TOTAL ALL EXPENSES	PROGRAM COST	% REQUESTED FROM FRHD
		\$ 360,648.00	13%

2) FUNDING SOURCES

E	FUNDS FOR PROGRAM		
E1	APPLYING ORGANIZATION	X	184,478.00
E2	OTHER FUNDERS	Y	128,264.00
E3	REQUESTED FROM FRHD	Z	47,406.00
TOTAL FUNDING SOURCES			\$ 360,148.00

NOTE: THIS AMOUNT SHOULD BE EQUAL TO YOUR PROJECT COST.

3) % OF AGENCY BUDGET

F	CALCULATE % of Total Agency budget that this Program represents.	\$ 1,029,836.00	\$ 360,648.00	35%
		AGENCY BUDGET**	PROGRAM COST	% of AGENCY BUDGET

** Agency budget is your agency's entire budget for the year. Fill in the amount.

Agency Name: **Michelle's Place Cancer Resource Center**

Program Name: **Cancer Support Services**

Total Organization Budget (Current Fiscal Year) **\$ 1,029,836.00**

Total Project Budget (Current Fiscal Year) **\$ 360,648.00**

Organization Sources of Revenue
(Total Organization Budget)

Sources of Funding
(This Project Request)

Source of funds	\$ Amount	Percent of Total	One-time funding? (Yes/No)	\$ Amount	Percent of Total	One-time funding? (Yes/No)
Federal						
State						
City/County*	26700	2.5	yes	26700	7.4	no
Other Govt.						
Proposed FRHD	47406	4.6	yes	47406	31	yes
Fees for Service						
Grants (non-gov't)	275,200	26.7	yes	98232	9.5	yes
General Donations	300000	29.1	no	150000	41.6	yes
Other Internal						
Organizational Fundraising	375636	36.5	yes	37662	10.4	yes
Other (list):						
Scholarships	4894	0.4	no			
Total	\$1,029,836.00	9980%		\$360,000.00	9990%	

* City/County

If the organization currently receives funding from any Cities or Counties, please list the jurisdiction and contract amount below.

City of Temecula - \$5,000, City of Murrieta/Riverside CDBG - \$10,000, City Council Members - \$500. Riverside County Transportation Commission - \$31,496, 3rd District Supervisor, CID funds \$5,000.

FRHD CHC GRANT BUDGET REPORTING FORM

Agency Name: **Michelle's Place Cancer Resource Center** PROGRAM NAME: **Cancer Support Services**

Not all line items will correspond with your program budget. If the item does not fully align either leave it blank or group it in the best category possible. However, be sure your program budget is fully itemized.

1)	A	INDIRECT EXPENSES:	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
	A1	Administrative Support	\$ 8,100.00	\$ 972.00	\$ 243.00	\$ 243.00	\$ 243.00	\$ 243.00
	A2	General Insurance (not program specific)	\$ -	\$ -				
	A3	Accounting & audit expenses	\$ -	\$ -				
	A4	Consultant/Contractor Fees	\$ -	\$ -				
	A5	Physical Assets (Rent, Facility Costs)	\$ -	\$ -				
	A6	Utilities	\$ -	\$ -				
	A7	IT & Internet	\$ -	\$ -				
	A8	Marketing & Communications	\$ 4,500.00	\$ 2,225.00			\$ 1,794.33	\$ 1,422.00
	A9	Office Supplies	\$ 2,200.00	\$ 1,200.00			\$ 240.00	\$ 900.00
	A10	Training & Education	\$ -	\$ -				
	A11	Other: specify	\$ -	\$ -				
TOTAL INDIRECT EXPENSE			\$14,800.00	\$4,397.00	\$243.00	\$243.00	\$2,277.33	\$2,565.00
	B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
	B1	5 Patient Navigators	\$ 173,838.00	\$ 28,944.00	\$ 7,236.00	\$ 7,236.00	\$ 7,236.00	\$ 7,236.00
	B2	Program Manager	\$ 58,000.00	\$ 7,540.00	\$ 1,885.00	\$ 1,885.00	\$ 1,885.00	\$ 1,885.00
	B3	Salary (list position)	\$ -	\$ -				
	B4	Salary (list position)	\$ -	\$ -				
	B5	Payroll Expenses (WC, taxes)	\$ 13,910.00	\$ -				
	B6	Benefits	\$ -	\$ -				
	B7	Other: specify	\$ -	\$ -				
TOTAL PERSONNEL EXPENSE			\$245,748.00	\$36,484.00	\$9,121.00	\$9,121.00	\$9,121.00	\$9,121.00
	C	DIRECT PROGRAM EXPENSES	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
	C1	Equipment	\$ -	\$ -				
	C2	Program/Project Supplies	\$ 6,000.00	\$ 3,250.00	\$ 150.00	\$ 40.75	\$ 1,504.55	\$ 1,915.00
	C3	Printing/Duplicating	\$ 4,400.00	\$ 575.00	\$ 234.87		\$ 237.07	\$ 122.00
	C4	Travel/Mileage (CHW & Medical Transport)	\$ 9,500.00	\$ 500.00	\$ 58.93		\$ 115.64	\$ 115.00
	C5	Program Specific Insurance	\$ -	\$ -				
	C6	Temporary Financial Assistance	\$ 78,500.00	\$ 2,000.00		\$ 150.00		\$ 750.00
	C7	Postage	\$ 1,700.00	\$ 200.00				\$ 200.00
	C8	0	\$ -	\$ -				
	C9	0	\$ -	\$ -				
	C10	0	\$ -	\$ -				
	C11	0	\$ -	\$ -				
	C12	0	\$ -	\$ -				
	C13	0	\$ -	\$ -				
	C14	0	\$ -	\$ -				
	C15	0	\$ -	\$ -				
TOTAL OTHER EXPENSES			\$100,100.00	\$6,525.00	\$443.80	\$190.75	\$1,857.26	\$3,102.00
			W	Z				
D	TOTALS		PROGRAM COST	FRHD Funds Expended				
			\$360,648.00	\$47,406.14				