



Organization Information

Legal Name

Palomar Family Counseling Service

Program Name/Title

Healthy Bodies, Healthy Minds

Contact Information

Contact Name

David Drazenovich

Title

Director of Development & Communications

Primary Contact Phone

760-741-2660

Email Address

ddrazenovich@pfcs.agency

Organization Mailing Address

1002 E. Grand Avenue
Escondido, CA, 92025

Organization Physical Address

120 W. Hawthorne
Fallbrook, CA, 92028

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

142

Target Population - Age

	Percent of program participants	Total Number of Participants
Children (infants to 12)	76	109
Young Adults (13-17)	9	16
Adults (18-60)	14	18
Seniors (60+)	1	2
We do not collect this data (indicate with 100%)*		

Target Population not collected - Age

NA

Target Population - Gender

	Percent of program participants	Total Number of Participants
Female	52	83
Male	46	77
Non-binary	2	2
Unknown*		

*Target Population - Gender

NA

Target Population - Income Level

	Percent of program participants	Total Number of Participants
Extremely Low-Income Limits, ceiling of \$32,100	20	29
Very Low (50%) Income Limits, ceiling of \$53,500	49	69
Low (80%) Income Limits, ceiling of \$85,600	27	37
Higher Than Listed Limits	4	6
We do not collect this data (indicate with 100%)*		

*Target Population - Income Level

NA

Program/Services Description - Social Determinants of Health

Education Access & Quality (Early Childhood Education and Development, Enrollment in Higher Education, High School Graduation, Language and Literacy)

Social & Community Context (Civic Participation, Discrimination, Incarceration, Social Cohesion)

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)

Program Objectives

Objective 1: Children and Youth Provide school-based, office-based or telehealth counseling services to 80 referred children and youth between July 1, 2022 and June 30, 2023 individually or in small after school groups, in order to improve behavioral, emotional, and/or social functioning.

Objective 2: Adults Provide office based or telehealth counseling to 15 self-referred adults between July 1, 2022 and June 30, 2023 in order to improve mental, behavioral, emotional, and/or social functioning.

Objective 3: Wellness Groups Pilot 4 community-based wellness groups to 10 self-referred adults and 15 self-referred children and teens in order to increase the number of individuals who show resilience to challenges and stress, take part in healthy behaviors and develop foundational mental health skills needed now and for their future.

Objective 4: Satisfaction Provide effective counseling services that meet the needs of 120 area residents, in order to create an environment where the full potential for health and well-being can be met.

Program Outcomes/Measurables

Measure 1a. 17 new children began receiving individual counseling this quarter, for a total of 51 children seen to date. 19 children completed therapy, 1 show significant improvement, 5 discharged after lack of family follow-through, 13 completed therapy at a local middle school, 6 showed only minimal improvement after less than 5 sessions due to the reassignment of the therapist to a new school site, 7 showed significant improvement.

Measure 1b. 27 children are being seen at the Boys & Girls club this quarter in groups designed to improved children's ability to address anger, anxiety, behavior problems, and social issues. These groups continue into next quarter. A total of 54 children have been served in group services to date.

Measure 2: Three adults started therapy and three adults completed therapy. The two completing 11 to 16 sessions of therapy showed moderate to significant improvement. The other abandoned therapy, showing only minimal improvement. A total of 14 adults have been seen to date this year.

Measure 3: One new Wellness group was offered in late January for 3 sessions. Although only a few individuals participated, the group experience was rated very highly. 100% would recommend wellness groups. Two new groups will be piloted in May.

Measure 4: Of the surveys returned 100% rated their satisfaction as Very Satisfied (highest rating). The Net Promoter Score for HBHM was 100 (100% gave the highest rating on a 10 point scale as to whether they would recommend PFCS to a family member or friend).

FRHD Grant Support Acknowledgment

Social Media Postings

Print Materials to Service Recipients

Website Display

Other

FRHD Grant Support Acknowledgment

The support of FRHD has been featured in 6 social media posts, in promotional flyers. One group was held at the Wellness Center.

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



The Next Normal The Other S... .pdf

Program Budget



FY 22-23 HBHM Program Bu... .xlsx

Impact Story



HBHM Q3 2023 Impact & Suc... .pdf

Opportunities & Challenges

A couple of challenges working with the school district, but we were successful in connecting at a new elementary school where there is significant need, particularly among Spanish speaking children and families.

THE NEXT NORMAL

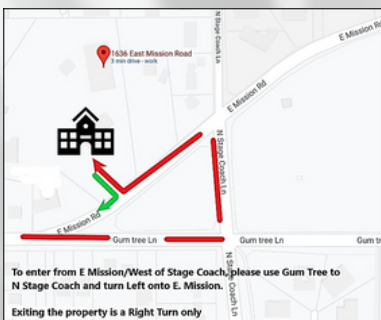
The Other Side of the
COVID-19 Pandemic

A FREE 3 PART SERIES FOR ADULTS TO DISCUSS
THE IMPACT THE PANDEMIC HAS HAD ON OUR
LIVES & WAYS TO MOVE FORWARD.

Wednesdays:
12:00 pm - 1:15 pm
January 18th, 25th, & February 1st

Fallbrook Regional Health District
Community Health & Wellness Center
1636 E. Mission Road, Fallbrook CA

Call or text 760.466.8845 to register.



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:	Palomar Family Counseling Service, Inc	PROGRAM NAME:	Healthy Bodies Healthy Minds
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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	Building Repair and Maintenance	7,400.00	7,000.00		400.00
A2	Telecommunications	1,080.00	1,080.00		
A3	Utilities	830.00	830.00		
A4	Professional Services (Audit)	1,000.00	1,000.00		
A5	Training & Education	800.00	500.00	150.00	150.00
A6	Insurance	1,850.00	1,850.00		
A7	Office Supplies	1,000.00	700.00		300.00
A8					
A9					
A10					
A11					
TOTAL INDIRECT EXPENSE		13,960.00	12,960.00	150.00	850.00

B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
B1	Salary (Program Manager)	28,248.00	14,124.00		14,124.00
B2	Salary (Licensed Eligible Therapist)	41,600.00	-	20,800.00	20,800.00
B3					
B4	Salary (Therapist - Intern)	36,608.00	36,608.00		
B5	Salary (Administrative Aide)	3,744.00	2,744.00	1,000.00	
B6	Salary (Dir. Development & Comm)	3,500.00	3,500.00		
B7	Salary (Senior Accountant)	1,875.00	1,875.00		
B8	Salary (Executive Director)	2,255.00	2,255.00		
B9	Payroll Expenses (WC, taxes)	16,496.44	8,554.68	3,051.64	4,890.12
B10	Benefits	9,426.68	4,888.96	1,744.08	2,793.64
TOTAL PERSONNEL EXPENSE		143,753.12	74,549.64	26,595.72	42,607.76

C	DIRECT PROGRAM EXPENSES	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
C1	Educational Supplies & Materials	1,165.00	415.00	150.00	600.00
C2	Printing/Duplicating	1,107.00	500.00	104.76	502.24
C3	Travel (Mileage)	400.00	200.00		200.00
C4	Advertising, Fingerprinting, TB Tests	240.00			240.00
C5					
C6					
C7					
C8					
C9					
C10					
C11					
C12					
C13					
C14					
C15					
TOTAL OTHER EXPENSES		2,912.00	1,115.00	254.76	1,542.24

D	TOTAL ALL EXPENSES	PROGRAM COST	% REQUESTED FROM FRHD
		\$ 160,625.12	28%

2) FUNDING SOURCES

E	FUNDS FOR PROGRAM	
E1	APPLYING ORGANIZATION	X 88,624.64
E2	OTHER FUNDERS	Y 27,000.48
E3	REQUESTED FROM FRHD	Z 45,000.00
TOTAL FUNDING SOURCES		\$ 160,625.12

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

3) % OF AGENCY BUDGET

F	CALCULATE % of Total Agency budget that this Program represents.	AGENCY BUDGET**	PROGRAM COST	% of AGENCY BUDGET
		\$ 4,588,254.00	\$ 160,625.12	4%

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

Agency Name:	Palomar Family Counseling Service, Inc
Program Name:	Healthy Bodies Healthy Minds
Total Organization Budget (Current Fiscal Year)	\$ 4,588,254.00
Total Project Budget (Current Fiscal Year)	\$ 160,625.12

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)
San Diego County	3,221,454	70.21%	no			
Foundations and Corporations	84,071	1.83%	no			
City, School District Contracts	606,885	13.23%	no	\$17,000	10.6%	no
CARES Act Relief Funds	26,843	0.59%	no	\$52,017	32.4%	no
Client Fees	572,374	12.47%	no			
FRHD	59,810	1.30%	no			
Proposed FRHD		0.00%	no	\$45,000	28.0%	no
General Donations	11,483	0.25%	no	\$10,000	6.2%	
Other (list): Inkind (PFCS)		0.00%	no	\$36,608	22.8%	no
Interest & Other	4,768	0.10%	no			
Training Fund	566	0.01%	no			
Total	\$4,588,254.00	100%		\$160,625.00	100%	

* City/County

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

County of San Diego: 3,281,264 City of Escondido: 40,000 City of Vista: 15,000 Valley Center Schools 149,500 Oceanside Schools: 333,675 (*) Contract not yet secured; negotiations in progress

FRHD CHC GRANT BUDGET REPORTING FORM

Agency Name: **Palomar Family Counseling Service, Inc** PROGRAM NAME: **Healthy Bodies Healthy Minds**

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	Building Repair and Maintenance	\$ 7,400.00	\$ 400.00				
	A2	Telecommunications	\$ 1,080.00	\$ -				
	A3	Utilities	\$ 830.00	\$ -				
	A4	Professional Services (Audit)	\$ 1,000.00	\$ -				
	A5	Training & Education	\$ 800.00	\$ 150.00				
	A6	Insurance	\$ 1,850.00	\$ -				
	A7	Office Supplies	\$ 1,000.00	\$ 300.00	\$ 36.18			
	A8		\$ -	\$ -				
	A9		\$ -	\$ -				
	A10		\$ -	\$ -				
	A11		\$ -	\$ -				
		TOTAL INDIRECT EXPENSE	\$13,960.00	\$850.00	\$36.18	\$0.00	\$0.00	\$0.00
	B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
	B1	Salary (Program Manager)	\$ 28,248.00	\$ 14,124.00	\$ 2,652.70	\$ 2,565.03	\$ 2,941.62	
	B2	Salary (Licensed Eligible Therapist)	\$ 41,600.00	\$ 20,800.00	\$ 3,250.00	\$ 8,575.00	\$ 9,250.00	
	B3		\$ -	\$ -				
	B4	Salary (Therapist - Intern)	\$ 36,608.00	\$ -				
	B5	Salary (Administrative Aide)						
	B6	Salary (Dir. Development & Comm)						
	B7	Salary (Senior Accountant)						
	B8	Salary (Executive Director)	\$ 3,744.00	\$ -				
	B9	Payroll Expenses (WC, taxes)	\$ 16,496.44	\$ 4,890.12	\$ 638.68	\$ 1,047.48	\$ 1,178.37	
	B10	Benefits	\$ 9,426.68	\$ 2,793.64	\$ 879.81	\$ 1,365.60	\$ 1,540.18	
		TOTAL PERSONNEL EXPENSE	\$136,123.12	\$42,607.76	\$7,421.19	\$13,553.11	\$14,910.17	\$0.00
	C	DIRECT PROGRAM EXPENSES	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
	C1	Educational Supplies & Materials	\$ 1,165.00	\$ 600.00		\$ 488.77		
	C2	Printing/Duplicating	\$ 1,107.00	\$ 502.24	\$ 282.17	\$ 172.55	\$ 28.03	
	C3	Travel (Mileage)	\$ 400.00	\$ 200.00	\$ 77.00	\$ 24.75	\$ 47.85	
	C4	Advertising, Fingerprinting, TB Tests	\$ 240.00	\$ 240.00				
	C5		\$ -	\$ -				
	C6		\$ -	\$ -				
	C7		\$ -	\$ -				
	C8		\$ -	\$ -				
	C9		\$ -	\$ -				
	C10		\$ -	\$ -				
	C11		\$ -	\$ -				
	C12		\$ -	\$ -				
	C13		\$ -	\$ -				
	C14		\$ -	\$ -				
	C15		\$ -	\$ -				
		TOTAL OTHER EXPENSES	\$2,912.00	\$1,542.24	\$359.17	\$686.07	\$75.88	\$0.00

W Z

D	TOTALS	PROGRAM COST	FRHD Funds Expended
		\$160,625.12	\$37,041.77



pfcs

Palomar Family Counseling Service, Inc.

Healthy Bodies, Healthy Minds

Success Stories: Quarter 3 April 2023

MEETING THE DEMAND FOR SPANISH LANGUAGE SERVICES

The demand for therapy in Spanish among many area residents – both children and adults – continues to outpace available resources. PFCS was able to meet this demand at a local elementary school this quarter by reassigning therapist Sam Mendoza. He has been able to fill a gap at that elementary school and will continue to serve and support those families through the end of the school year. Sam is also able to offer Spanish language therapy to adults at our office in Fallbrook and through telehealth.

OVERCOMING ANXIETY TO ACHIEVE COLLEGE SUCCESS

A young adult who was experiencing extreme anxiety that was threatening to keep her from completing her college program received weekly counseling sessions. She reported that this helped her to reduce her anxiety and develop coping skills. The counselor was also able to help her apply for accommodations with the Disability Services office at her school. The accommodations allowed her greater flexibility in the classroom and in testing. She recently reported that she was able to complete her program.

MOVING FORWARD AFTER DIVORCE

A resident sought counseling when his long-term marriage suddenly ended. He requested counseling at a time when the depression and grief seemed debilitating, and he had no idea what to do next. With the help of his therapist, he was able to work through his grief, discover renewed energy and confidence, and create a plan for himself as he moves forward. He reported that he didn't know what he would have done had he not had this local resource.
