# **Organization Information**

#### **Legal Name**

Michelle's Place Cancer Resource Center

#### **DBA** (if Applicable)

NA

# **Program Name/Title**

Mental Health for Cancer Patients

#### **Brief Program Description**

Mental Health for cancer patients provides much needed one on one counseling for cancer patients and their families who are in need of qualified mental health resources stemming from their cancer diagnosis. This program is available for private sessions for the patient and family members.

# **Funding Amount Awarded**

27234

# **Target Population - Age**

	Percent of program participants	Estimated number of participants
Children (infants to 12)		
Young Adults (13-17)		
Adults (18-60)	100	2
Seniors (60+)		
We do not collect this data (indicate with 100%)*		

# **Target Population not collected - Age**

NA

#### **Target Population - Gender**

	Percent of program participants
Female	100
Male	0
Non-binary	0
Unknown*	

# \*Target Population - Gender

NA

#### **Target Population - Income Level**

	Percent of program participants
Extremely Low-Income Limits, ceiling of \$32,100	0

	Percent of program participants
Very Low (50%) Income Limits, ceiling of \$53,500	
Low (80%) Income Limits, ceiling of \$85,600	100
Higher Than Listed Limits	0
We do not collect this data (indicate with 100%)*	0

#### \*Target Population - Income Level

NA

Actual number of residents that directly benefited (participant/client) from this program during this quarter.

2

#### **Program/Services Description - Social Determinants of Health**

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

# **Program Goal & Objectives**

The program goal is to provide at least 20 families dealing with cancer with mental health resources to help them in their cancer journey.

#### **Program Outcomes & Measurables**

We have introduced the program to our clients and started education and outreach about the program. We anticipate growing the program in the next quarter. 1. Provide 20 families in the FRHD with one on one counseling services within 12 months. We provided two families with eight total sessions this quarter.

#### **Anticipated Acknowledgment**

Social Media Postings Signage at Service Sites Print Materials to Service Recipients

Website Display

#### **Terms and Conditions**

Accepted

#### **Authorized Signature**

Kingerish

# **Contact Information**

#### **Contact Name**

Kim Gerrish

#### Title

**Executive Director** 

#### **Primary Contact Phone**

951-699-5455

#### **Email Address**

kim@michellesplace.org

# **Writing Instructions:**

What language(s) does this program accommodate:

English

# **Acknowledgment of District Support**



Fallbrook VBJ Sept 2023.pdf

# **Impact Story**



# **Program Budget**



23\_24 FRHD CHC Mental He... .xlsx