

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

### Organization Information

#### Legal Name

Palomar Family Counseling Service

#### Program Name/Title

Healthy Bodies, Healthy Minds

### Target Population - Age

	Percent of program participants	Total Number of Participants
Children (infants to 12)	67	28
Young Adults (13-17)	7	3
Adults (18-60)	26	11
Seniors (60+)		
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	46	23
Male	54	19
Non-binary		
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	8
Very Low (50%) Income Limits, ceiling of \$53,500	49	21
Low (80%) Income Limits, ceiling of \$85,600	27	11

	Percent of program participants	Total Number of Participants
Higher Than Listed Limits	4	2
We do not collect this data (indicate with 100%)*		

### \*Target Population - Income Level

na

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

42

### 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

1 (a): Two youth started therapy this quarter. Fourteen completed 5 or more sessions. Length of time in therapy ranged from 6 sessions to 22. 21% showed significant improvement, 57% showed moderate improvement, 21% showed minimal improvement.

**1 (b):** Twenty-seven children participated in at least 5 group sessions designed to improve their ability to address anger, anxiety, behavior and children's

issues. Three students were expelled, the remaining 24 completed. 38% showed significant improvement, 29% moderate improvement, 25% minimal improvement, and 8% showed no improvement.

**2:** Six adults started therapy this quarter. At the end of the quarter, 14 had completed 5 or more sessions of individual, couples, or family therapy. Length of time in treatment ranged from 5 sessions to 17 sessions. 86% demonstrated improvement in mental health function, (42% showed significant improvement, 33% moderate improvement, 33% some improvement.)

**3 (Wellness groups)** Two new Wellness Groups were offered this quarter – Setting Boundaries and Connecting Matters. Both groups were well received and 100% of participants would recommend wellness groups. Setting Boundaries is being repeated and extended to six weeks.

**4 (Satisfaction)** One satisfaction survey was returned by an adult client who completed therapy early in this quarter. Satisfaction was rated at the highest level and the client highly recommends PFCS to friends and family.

### **FRHD Grant Support Acknowledgment**

Social Media Postings

Print Materials to Service Recipients

Website Display

### **FRHD Grant Support Acknowledgment**

FHRD was acknowledged in new flyers developed and distributed, 9 Social Media posts, and 3 blogs on the website.

## Contact Information

### Contact Name

David Drazenovich

### Title

Director of Development & Communications

### Primary Contact Phone

760-466-8887

### Email Address

ddrazenovich@pfcs.agency

## Organization Mailing Address

1002 E. Grand Avenue  
Escondido, CA, 92025

## Organization Physical Address

120 W. Hawthorne  
Fallbrook, CA, 92083

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



Community Connections.pdf

## Program Budget



Q4 FY 22-23 HBHM Program....xlsx

## Impact Story



HBHM Q4 2023 Impact & Su... .pdf

## Opportunities & Challenges

The opportunity to develop a wellness group for preteen girls with body image issues was presented this quarter. We initiated the group to begin early this summer.



pfcs

Palomar Family Counseling Service, Inc.

## Healthy Bodies, Healthy Minds

Success Stories: Quarter 4 - June 2023

### TRAUMA THERAPY OFFERED AFTER NURSERY SHOOTING

PFCS offered therapy, in person or by telephone, to several members of the community who were impacted by the plant nursery shooting that had recently happened in Fallbrook. Therapy was offered in English or Spanish.

Two community members pursued ongoing counseling. All who received services reported feeling very grateful that support was available to them at no cost as they struggled with symptoms of trauma and anxiety in the aftermath of this violent incident. One person reported he was so grateful to have someone help guide him through the painful journey of healing from this situation that so disrupted his life. He reports finding much more peace and a stronger sense of calm.

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### CHESS AS A VEHICLE FOR THERAPY FOR A YOUNG BOY

This quarter, our counselor was placed at Maie Ellis Elementary school, where he was referred a student named V. V had was often getting into trouble, had a long history of attention seeking behavior, impulse control and struggled with self-esteem. He presented as a very lost little boy. In their time together he asked our counselor to show him how to play chess. V fell in love with the game.

Every time he would come into the counseling office, he would want to play; practicing different moves, asking about strategies. He got to the point where he would legitimately beat the PFCS counselor. While they were playing, he would tell the counselor about his struggles at home, at school and his internal struggles. V would open up about his insecurities and how he felt about himself. In their time together, he would practice his decision-making skills and how to gain a moment of pause to be better able to control his impulses. His mom and grandmother told our counselor how much playing chess meant to V and how it was a new bonding opportunity with his stepdad. Learning how to play a game became a bridge to help a boy find his way.

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# Connecting Matters

A new group for people who want more connections in their life.

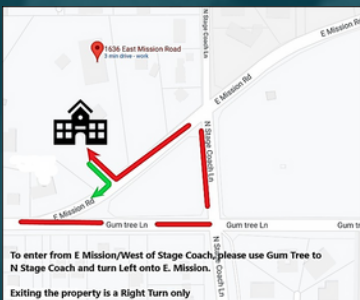
Every day connections are more important than we ever believed. They help us learn better, work better, parent better. When we experience tough times, they help us heal. With each connection, we develop a healthier, stronger community.

Join Patti Christensen, LCSW for an informal, drop-in support group designed to create more connections in your life.

Connecting matters. You matter.

Wednesdays  
May 10, 17, & 24  
11:30 a.m. - 12:45 p.m.  
**To register call: 760-466-8871**  
or just drop in!

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





## FRHD CHC GRANT BUDGET INSTRUCTIONS

This file has a number of pre-formated 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 operats of the program, necessary which may not be part of the direct service provision expenses (Adminsitration, 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 personell 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:	<b>Palomar Family Counseling Service, Inc</b>	PROGRAM NAME:	<b>Healthy Bodies Healthy Minds</b>
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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					
<b>TOTAL INDIRECT EXPENSE</b>		<b>13,960.00</b>	<b>12,960.00</b>	<b>150.00</b>	<b>850.00</b>

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
<b>TOTAL PERSONNEL EXPENSE</b>		<b>143,753.12</b>	<b>74,549.64</b>	<b>26,595.72</b>	<b>42,607.76</b>

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					
<b>TOTAL OTHER EXPENSES</b>		<b>2,912.00</b>	<b>1,115.00</b>	<b>254.76</b>	<b>1,542.24</b>

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

**2) FUNDING SOURCES**

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

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
		<b>\$ 4,588,254.00</b>	<b>\$ 160,625.12</b>	<b>4%</b>

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

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

**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			
<b>Total</b>	<b>\$4,588,254.00</b>	<b>100%</b>		<b>\$160,625.00</b>	<b>100%</b>	

\* 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)	<b>A</b>	<b>INDIRECT EXPENSES:</b>	<b>PROGRAM COST</b>	<b>REQUESTED FROM FRHD</b>	<b>AMOUNT USED Q1</b>	<b>AMOUNT USED Q2</b>	<b>AMOUNT USED Q3</b>	<b>AMOUNT USED Q4</b>
	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				\$ 149.99
	A6	Insurance	\$ 1,850.00	\$ -				
	A7	Office Supplies	\$ 1,000.00	\$ 300.00	\$ 36.18			\$ 255.39
	A8		\$ -	\$ -				
	A9		\$ -	\$ -				
	A10		\$ -	\$ -				
	A11		\$ -	\$ -				
		<b>TOTAL INDIRECT EXPENSE</b>	<b>\$13,960.00</b>	<b>\$850.00</b>	<b>\$36.18</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$405.38</b>
	<b>B</b>	<b>PERSONNEL EXPENSES - PROGRAM SPECIFIC</b>	<b>PROGRAM COST</b>	<b>REQUESTED FROM FRHD</b>	<b>AMOUNT USED Q1</b>	<b>AMOUNT USED Q2</b>	<b>AMOUNT USED Q3</b>	<b>AMOUNT USED Q4</b>
	B1	Salary (Program Manager)	\$ 28,248.00	\$ 14,124.00	\$ 2,652.70	\$ 2,565.03	\$ 2,941.62	\$ 2,154.87
	B2	Salary (Licensed Eligible Therapist)	\$ 41,600.00	\$ 20,800.00	\$ 3,250.00	\$ 8,575.00	\$ 9,250.00	\$ 8,354.00
	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	\$ 857.03
	B10	Benefits	\$ 9,426.68	\$ 2,793.64	\$ 879.81	\$ 1,365.60	\$ 1,540.18	\$ 1,180.67
		<b>TOTAL PERSONNEL EXPENSE</b>	<b>\$136,123.12</b>	<b>\$42,607.76</b>	<b>\$7,421.19</b>	<b>\$13,553.11</b>	<b>\$14,910.17</b>	<b>\$12,546.57</b>
	<b>C</b>	<b>DIRECT PROGRAM EXPENSES</b>	<b>PROGRAM COST</b>	<b>REQUESTED FROM FRHD</b>	<b>AMOUNT USED Q1</b>	<b>AMOUNT USED Q2</b>	<b>AMOUNT USED Q3</b>	<b>AMOUNT USED Q4</b>
	C1	Educational Supplies & Materials	\$ 1,165.00	\$ 600.00		\$ 488.77		\$ 117.49
	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	\$ 131.45
	C4	Advertising, Fingerprinting, TB Tests	\$ 240.00	\$ 240.00				
	C5		\$ -	\$ -				
	C6		\$ -	\$ -				
	C7		\$ -	\$ -				
	C8		\$ -	\$ -				
	C9		\$ -	\$ -				
	C10		\$ -	\$ -				
	C11		\$ -	\$ -				
	C12		\$ -	\$ -				
	C13		\$ -	\$ -				
	C14		\$ -	\$ -				
	C15		\$ -	\$ -				
		<b>TOTAL OTHER EXPENSES</b>	<b>\$2,912.00</b>	<b>\$1,542.24</b>	<b>\$359.17</b>	<b>\$686.07</b>	<b>\$75.88</b>	<b>\$248.94</b>

W Z

<b>D</b>	<b>TOTALS</b>	<b>PROGRAM COST</b>	<b>FRHD Funds Expended</b>
		<b>\$160,625.12</b>	<b>\$50,242.66</b>