Organization Information

Legal Name

Michelle's Place Cancer Resource Center

DBA (if Applicable)

na

Program Name/Title

Health Education and Outreach

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)	0	0
Young Adults (13-17)	0	0
Adults (18-60)	51	8
Seniors (60+)	49	6
We do not collect this data (indicate with 100%)*		

Target Population not collected - Age

N/A

Target Population - Gender

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

*Target Population - Gender

N/A

Target Population - Income Level

	Percent of program participants
Extremely Low-Income Limits, ceiling of \$32,100	0
Very Low (50%) Income Limits, ceiling of \$53,500	0
Low (80%) Income Limits, ceiling of \$85,600	100
Higher Than Listed Limits	0
We do not collect this data (indicate with 100%)*	

*Target Population - Income Level

N/A

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

14

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.

The program objective is to provide 20 families in the FRHD with one on one counseling services within 12 months

Program Outcomes & Measurables

This program has had a great impact. Families are receiving care and support. This quarter we have provided 14 people with one on one support services. We have exceeded our objectives in this program.

Anticipated Acknowledgment

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

Website Display

Terms and Conditions

Accepted

Authorized Signature

4 June

2

Contact Information

Contact Name

Kim Gerrish

Title

Executive Director

Primary Contact Phone

9516995455

Email Address

kim@michellesplace.org

Writing Instructions:

What language(s) does this program accommodate:

English

Spanish

Acknowledgment of District Support







Michelle's Place Cancer Support Circle invites you to join us to share your experience, ask questions, to give and receive support of friends and people from your community, that share in similar experiences.

> Meeting in Building C the THIRD Thursday of EACH month

For more information please visit www.MichellesPlace.org

Made possible through
Fallbrook Regional
HEALTH DISTRICT

HEALTH DISTRICT www.fallbrookhealth.org

1636 East Mission Rd. Fallbrook, CA 92028

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www.fallbrookhealth.org

1636 East Mission Rd. Fallbrook, CA 92028

Impact Story



Fallbrook Reporting March 2... .pdf

Impact Story



Fallbrook Reporting March 2... .pdf

Program Budget



23_24 FRHD CHC Mental He....xlsx

Michelle's Place Cancer Support Circle



Cancer Support Groups Available



Michelle's Place Cancer Support Circle invites you to join us to share your experience, ask questions, to give and receive support of friends and people from your community, that share in similar experiences.

Meeting in Building C - the THIRD Thursday of EACH month

For more information please visit www.MichellesPlace.org

Made possible through

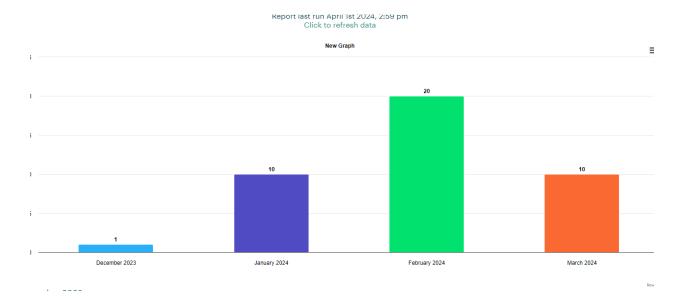


www.fallbrookhealth.org

1636 East Mission Rd. Fallbrook, CA 92028

Fallbrook Reporting March 2024

Class attendance: 10



Services Provided:

11 services for North San Diego Clients

		Program	Services Provided at Intake:	Comfort Kits Provided	
allbrook	4.00	Patient Navigation			
allbrook	60.00	Behavioral Health			
allbrook	60.00	Behavioral Health			
allbrook	60.00	Behavioral Health			
allbrook	4.00	Patient Navigation	Hat Chemo Caps Blanket Other Comfort Item		
allbrook	20.00	Patient Navigation			
allbrook	15.00	Behavioral Health			
allbrook	30.00	Community Health Worker			
allbrook	3.00	Encouragement Callers			
allbrook	24.00	Patient Navigation			
allbrook	6.00	Patient Navigation			
al al al al al	Ilbrook Ilbrook Ilbrook Ilbrook Ilbrook Ilbrook Ilbrook Ilbrook	Ilbrook	Ilbrook 60.00 Behavioral Health Ilbrook 60.00 Behavioral Health Ilbrook 60.00 Behavioral Health Ilbrook 4.00 Patient Navigation Ilbrook 15.00 Behavioral Health Ilbrook 30.00 Community Health Worker Ilbrook 3.00 Encouragement Callers Ilbrook 24.00 Patient Navigation	Ilbrook 60.00 Behavioral Health Ilbrook 60.00 Behavioral Health Ilbrook 60.00 Behavioral Health Ilbrook 4.00 Patient Navigation Hat Chemo Caps Blanket Other Comformal Ilbrook 20.00 Patient Navigation Ilbrook 15.00 Behavioral Health Ilbrook 30.00 Community Health Worker Ilbrook 3.00 Encouragement Callers Ilbrook 24.00 Patient Navigation	

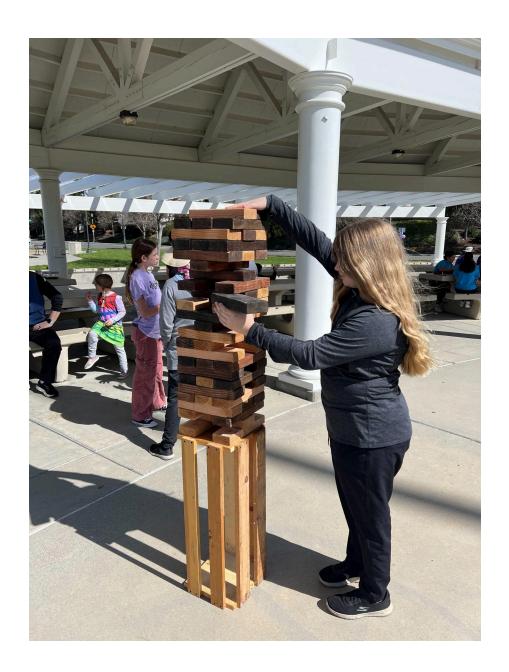
Total for March 2024

21 services

Client testimonial after Family Fun Day in the Park with Easter Basket Giveaway:

"Thank you thank you for the Easter basket for Emma. That made my day as her mom. It really helps alleviate the cost of things while I'm not working. Thank you. You're truly a gem. You're what Michelle's place represents which is love and kindness. You truly care for each of us who come in. Thank you "









FRHD CHC GRANT BUDGET REPORTING FORM

Michelle's Place Cancer PROGRAM NAME: | Mental Health for Cancer Patients Name: Resource Center

The main categories align with the budget submitted with your application. Aggregate totals are all that should be reported under each heading.

1)	Α	INDIRECT EXPENSES:	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
_		TOTAL INDIRECT EXPENSE	\$14,800.00	\$4,672.00	\$1,168.00	\$2,900.00	\$332.00	
	В	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
<u>-</u>		TOTAL PERSONNEL EXPENSE	\$128,215.00	\$18,662.00	\$1,866.00	\$6,000.00	\$6,000.00	
Ī	С	DIRECT PROGRAM EXPENSES	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
		TOTAL OTHER EXPENSES	\$20,600.00	\$3,900.00	\$1,900.00	\$825.00	\$862.00	
_								
	D	TOTALS	PROGRAM COST	FRHD Funds Awarded	Total Amount Q1	Total Amount Q2	Total Amount Q3	Total Amount Q4

\$27,234.00

\$4,934.00

\$9,725.00

\$7,194.00

\$0.00

Total funds expended to date: \$21,853.00

\$163,615.00