



## **James Irvine Foundation Regranting Funds RFP 2020.1**

### **Stage 3 Full Application**

1. **Name of the Organization.** Loma Linda University Children's Hospital Foundation
2. **Name of program/project.** Behavioral Health Services
3. **Name, phone number and email address of contact person for the Stage 3 Full Application.**
  1. Alexandra Clark, 909-558-8142, [aclark@llu.edu](mailto:aclark@llu.edu)
  2. Brett Walls, 909-558-7496, [bwalls@llu.edu](mailto:bwalls@llu.edu)
4. **State organization's Mission Statement** – To continue the healing ministry of Christ, focusing on the physical, mental, emotional, and spiritual needs of children and their families. Through valued professionals, staff, community partners, and friends we seek to enhance the lives of our community's children by delivering on the promise of a healthier future today.
5. **When was the organization founded?** 1992
6. **How many board members are currently seated?** 36
7. **How frequently does the board meet?** Three times per year
8. **How are the minutes of the board meetings maintained?** The minutes are maintained electronically and then stored on an internal shared location to be accessible by many.
9. **What are the practices and protocol for the financial documents of the organizations?**
10. **How many persons will be directly impacted?**

We will be able to provide 600 sessions at \$100 per session. Many of these sessions will be repeat sessions and by anticipating at least 60% of the sessions will be repeat sessions, and an average of six sessions this will accommodate at least 60 unique individuals. Many of the sessions will be family sessions and have more than one participant, thereby conservatively doubling the number of unique individuals to 120. Using the same principal, the remaining 40% or 240 sessions would expect to serve 440 unique individuals, bringing the total to 560 unique individuals served within the 600 sessions.

**11. Provide Estimates for the direct impact in each of the below:**

- **Number of youth (0-18 years old)** = Our entire patient population falls under this age range
- **Number of adults (18-54 years old)** = For family therapy this would depend on how many parents want to participate with their child but will be offered for children we are serving.
- **Number of seniors (55+ years old)** = if the child's guardian is of this age range then they would be invited to the family therapy session.
- **Number of persons at poverty or below** = Almost all, if not exclusively all, fall into this category.

**12. How many persons will be indirectly impacted?**

The child/teen's entire family will be impacted by adding this critical resource to the youth of the Coachella Valley. In addition, it can be inferred from other research in the discipline that close friend groups of children who participate in therapy are more likely to seek support when needed. Improvement in a child/teen's mental health improves their ability to learn more effectively at school and decreases their likelihood of dropout and criminal behaviors which impacts our teachers, other students in their classrooms, and society at large.

**13. Provide an Executive Summary of the program (not to exceed 50 words).**

Loma Linda University Children's Health Indio clinic in seeks to provide behavioral health services to the underserved immigrant population of the Coachella Valley. A large number of those we serve are part of this population and would benefit from culturally-sensitive behavioral health services.

**14. Identify the funding goal(s) as listed in the RFP this proposal will impact.**

Behavioral Health Services for undocumented, mixed immigrant status families, and immigrant children and families.

**15. Describe the population(s) that will benefit from your proposal using locally appropriate cites statistics as available. When possible, use comparable statistics from several sources to bolster your case for unmet need.**

Founded in 1993 to meet the unique healthcare needs of children, Loma Linda University Children's Hospital Foundation has sought to serve the 1.2 million children in the San Bernardino, Riverside, Inyo, and Mono Counties. We treat over 90,000 children annually throughout our healthcare system.

Our newest addition to this system is the Loma Linda University Children's Health Indio clinic located in downtown Indio. After a comprehensive feasibility study, we identified a tremendous need for healthcare services in the Coachella Valley and built the clinic amongst the highest concentration of children in this region. Many of the children in this area are underserved and come from low income household that are often uninsured or underinsured. We responded to this

need by providing top-quality pediatric healthcare services, including many specialties, and recently added dental services.

Among this population we have seen many immigrant children who make up a large portion of the uninsured patients in our clinic. It is our experience that asking the parents questions about immigrant status only frightens them and often causes them to avoid medical care for their children. It is a top priority to serve this population without generating fear and ensure they have the care they need.

A service focus for us is behavioral health for this very population. We seek to help the entire family regardless if they are undocumented, from a mixed immigrant status family, or simply immigrants.

**16. Describe the unmet need for the population you are proposing to serve.**

To provide culturally sensitive and competent behavioral health services to undocumented, mixed immigrant status families, and immigrant children and families. Many of these families do not have access to behavioral health for themselves or their children.

Additionally, this population may have language barriers and cultural preconceived ideas about behavioral health, thereby creating a huge need for compassionate and culturally-appropriate care for unique challenges they face.

**17. Provide a detailed plan which includes concise objectives and also the methodology to be utilized in focusing the proposed project on the unmet need and/or expansion/improvement of existing services. What population(s) will benefit from the program/project?**

To provide culturally sensitive and competent behavioral health services to undocumented, mixed immigrant status families, and immigrant children and families. Licensed Marriage and Family therapists or Licensed Professional Clinical Counselors will offer a variety of modalities to help with conditions like depression, addiction, suicide-ideation, and trauma. By identifying children who have experienced trauma our entire team can provide trauma-informed care throughout the other elements of the child's healthcare making the most effective environment for the child's health and resilience.

The community benefit and expected outcome of this type of service is a reduction in more serious behavioral health conditions that require hospitalization; a complicated risk for this population as hospitalization could impact the family in drastic and stressful ways regarding their immigration status.

**18. Provide a detailed timeline of how the program will roll out in the 12 months of the grant year.**

As soon as the funds are received, we can begin to pay for the services of a therapist within our network to begin providing sessions in our Indio clinic or through telemedicine services. Because this targeted immigrant population is already a sizable percentage of our existing patients, we would immediately begin recommending therapy when appropriate or when it is requested or inquired about from community members outside our patient population.

We also plan to simultaneously contribute marketing expertise from our marketing department to let the community know about the addition of these behavioral health services. Intentional

targeted marketing will be deployed to reach the highest number of the immigrant population without the appearance of singling out this group. The skill and sensitivity required to serve this group must be done in such a way as to not produce the opposite of our objective and inadvertently further marginalize the immigrant population.

**19. Describe how the program is furthering the improved information, resources and services to the targeted population and community.**

The Hispanic community in general have a hesitation embedded into their culture about behavioral or mental health care. Combined with the already existing stigmatization that mental health and mental health care have in general, this makes these services an incredible opportunity to improve information, resources, and services for the entire community, including the targeting population.

**20. Identify the partners and/or collaborators and describe responsibilities of each for this program (if applicable).** Within the Loma Linda University Health System we have a School of Behavioral Health, our Behavioral Health Institute, and the Behavioral Medical Center serving a vastly diverse community with comprehensive care that includes inpatient and outpatient solutions to behavioral health

Because Loma Linda University Children's Health believes in the mission of this grant, we will contribute in-kind funding for services to promote this opportunity to the target population. We will be partnering with our Loma Linda University Institute for Community Partnerships to disseminate information and promote the service and will do so at no additional charge to the grant.

**21. Describe the Qualitative evaluation tools to be used AND describe your data collection process.**

Pre assessments will determine the best course of treatment, along with periodic assessments to ensure the efficacy of the treatment and enable the care provider to make course corrections as needed. Post assessments will provide valuable insight on the success of the treatment with patient satisfaction and quantitative qualities such as length of treatment that may benefit others in the future with similar needs. Follow-up care is also part of best-practice comprehensive care to assess the long-term effect of treatment and hopefully identify further treatment at an early stage before more serious care is required. This care is typically done at 3- and 6-month intervals.

**22. Describe the Quantitative Evaluation to be used and your data collection process.**

Intake documentation is comprehensive, covering non-invasive high-level demographics and specific details of their behavioral health needs, e.g. age, address, and symptoms. This information can then be quantified and analyzed to identify trends and unique needs of this population. Analysis of this information can also quantify the efficacy of the program in terms of meeting the need in the community with this population or whether targeted outreach and partner agency collaborations would be beneficial.

**23. Will the evaluation process require the expertise of an outside expert or consultant? If so, how will these services be secured?**

We will not require expertise of an outside expert or consultant as we are experienced in fulfilling the reporting requirements in the grants process and perform this function in a variety of other areas today.

**24. Describe the evaluator's scope of work.**

The scope of work by the evaluator will include the compiling of quantitative and qualitative data for the purpose of analyzing, identifying trends, and report production.

**25. What are the expectations regarding the chosen evaluation processes and had the applicant organization used them before.**

Our expectations are to discover the degree of efficacy this program is having on the individuals, the common needs of the population or unique characteristics, and possibly discern the impact of the program for the larger community. The evaluation processes are best-practices and are not only used in our organization but throughout the behavioral health and medical industry.

**26. With what frequency will data be collected and reported?**

Different data sets will be collected at different times throughout the funding year or as the data becomes available. For example, some types of data are collected with every visit. However, a comprehensive review of the qualitative and quantitative data will take place for the final report required by this funding opportunity.

**27. How much total are you requesting from RAP Foundation?**

\$60,000

**28. What is your total organization's operating budget?**

We are applying through our supporting organization, Loma Linda University Children's Hospital Foundation, with a budget of \$1.368 million. It is important to note that this foundation exists for the sole purpose of supporting the Children's Hospital and collaborative programs such as the Indio clinic. The overall Loma Linda University Children's Hospital (LLUCH) budget as represented in the expenses on our most recent and publicly available 990 is \$457,824,749. The LLUCH contribution to the Indio clinic is represented withing the larger amount but is not the sole contributor to the Indio clinic, as the San Bernardino based SACHS clinic also contributes to the operations of the Indio Clinic.

**29. What is your total program budget?**

\$80,000 total for this program, which includes promotion of this service beyond the program grant funding.

**30. Provide a narrative that describes the program budget including submitting a corrected/revised program budget.**

The funds will be used to provide direct services to the underserved population of undocumented, mixed immigrant status families, and immigrant children and families. There is no administrative or overhead accounted for in this budget.

**31. Provide supporting materials you think supports your proposal.**

The appropriate supporting documentation was provided during the LOI process.

**32. Provide updated information regarding your board of directors, bylaws, financials and/or other governing documents. Attach updated documents.**

The documentation provided during the LOI process remains to be the most current.

**33. Describe how your organization is adapting to the COVID-19 public health crisis to provide proposed program.**

Our organization has developed robust telehealth solutions, including video visits, for our patients to continue to serve their health needs during this Covid-19 crisis. In addition, our behavioral health team has increased their ability to do virtual counseling sessions. Our communications team has rolled out public service announcements to share with families how to continue to access care during this time and has created a forward-facing patient education website to keep families informed, which can be found at <https://lluch.org/>. There has been a large investment in cost of equipment as well as training costs to ensure that we are optimizing the health and wellness of our patients during this unprecedented time.

**34. If awarded less than requested, can you still provide a program? If so, do you need to revise or modify proposed program? Describe modification, changes, or revisions.**

It is not likely that we would be able to make a meaningful impact to the target population with a lesser amount. However, it is and has been our vision to expand our services to include behavioral health services to the patients we serve. The timing of this plan is not completely predictable, but we are confident that this is a much-needed service and it would positively impact the entire community.