



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
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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 of board meetings are recorded by a recording assistant, and are then reviewed by the Chair and Secretary of the Board, as well as the Director of the Foundation before full execution and distribution to the board members. They are maintained electronically and 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?

The financials of the Foundation are supported and prepared by the Accounting and Finance department of Loma Linda University Health following all GAAP and regulatory requirements as part of our fiscal financial and reporting responsibilities under 501 c (3) organizations. The Foundation has a Finance Committee comprised of both internal positions and external volunteer leaders from the finance industry. The Finance Committee meets quarterly to review and approve financial statements and budgets. Through the support of the organization's finance department,

the Foundation files a 990 annually and is included in the organizational audited financial statements.

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 appointment sessions. By approximating that at least 60% of the total 600 sessions (360 sessions) will be repeat appointment sessions, with an average of six sessions per patient, 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 (one child and one parent/guardian). Using the same principal, the remaining 40% or 240 sessions would single appointment sessions, and we expect to serve 240 unique individuals, with an additional 240 parents/guardians in attendance. This segment of appointments would reach 480 unique individuals, bringing the total to a minimum of 600 unique individuals, and up to 900 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, and we anticipate serving 300 unique individuals.
- **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; depending on the age of the parents/guardian, we conservatively anticipate that a minimum of 300 unique individuals, and up to 600 unique individuals will be served.
- **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. Please see bullet point 2, above.
- **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 services offered through this program will have a direct and indirect impact on the patient's family unit and more indirectly on their social unit. With a median household size of 3.1 in the City of Indio, we can infer that each person exposed to the proposed behavioral health services will be impacted. In addition, it can be inferred from research in this 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. In the Coachella Valley, using documented statistical sources, nearly one of every three residents is under the age of 18 years. The Coachella Valley area, and more specifically the City of Indio is one of the fastest growing cities in the eastern Riverside County with an average age of 37.3 years, a predominately Hispanic population and a low rate of college graduation. Bear in mind that these statistics reflect documented residents that responded to the 2017 US Census. The purpose of this grant is to respond to the undocumented, mixed immigrant status families, immigrant families and their children's behavioral needs. This population faces even greater marginalization from healthcare through fear and disparities in education, transportation and access to healthcare. Lack of a high school diploma rises as high as 67.3% for immigrant, non-citizens. The limited opportunities for education leads to a plethora of additional challenges and immigrants in this region are often employed in low-income industries, and are likely to face limited economic mobility as a result.

Among low income individuals with behavioral health issues, Hispanic families are among the lowest race/ethnicity to use available services. Access to mental health services is lacking for many Americans, especially for members of racial and ethnic minority populations. While only 6.6% of Hispanic individuals did not reach out for services because they believe it would not help, more than one out of every two Hispanic individuals did not reach out for services because of cost, and one in three did not seek services because of structural barriers and prejudice/discrimination.

Through our newest pediatric outpatient clinic, the Loma Linda University Children's Health Indio Outpatient Clinic, which is located in downtown Indio, we are able to minimize several of these barriers to seeking mental health services. 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.

Our clinic is located in the heart of the City of Indio, close to local bus routes which helps to support some of the structural access to healthcare. The behavioral health services proposed in this grant application are free of charge to the target population. Our history in the Inland Empire region and services offered in the Coachella Valley demonstrate our cultural competency and sensitivity towards the challenges of fear of discrimination and prejudice.

Among our patient population in Indio, 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.

29% of local adults in the Coachella Valley have been diagnosed with one or more mental health disorders, and one in three adults have had an emotional, mental or behavioral problem in the past year that concerned them. However, only half of these individuals are getting treatment by a primary care provider, a mental health professional or taking medication. This translates into more than 18,000 Coachella Valley residents needing mental health services and not having access to them. This is in part due to the lack of mental health professionals in the region, especially those who will accept the uninsured and under-insured populations. These figures are only amplified when considering a population of undocumented residents – the target of this work. Because of their status, their needs are often underrepresented by traditional statistical analysis methods.

In particular, children are especially vulnerable to the negative health consequences as a result of unaddressed adverse childhood events (ACEs). In the Coachella Valley more than 36,500 children have experienced more than one ACE, and more than 4,500 of these have experienced four or more ACEs, putting them at a higher probability of chronic health conditions, risky health behaviors and early death. Nearly one in every five children ages three and up, experience mental health issues, most commonly from ACEs including situations such as, the child's parents are divorced or separated; anyone in the household experiencing depression, mental illness, or attempted suicide during child's lifetime; anyone in the household going to jail or prison during child's lifetime; anyone in the household who has been a problem drinker, alcoholic, or use street drugs in the child's lifetime.

With the current services being offered through our Indio Outpatient Clinic, we are advantageously positioned to begin offering mental health services to our patient population. Our clinical staff is able to provide trauma-informed care, and able to identify likely cases of trauma amongst our pediatric population. This unique skillset within our clinical team, coupled with the target population of our clinic will allow us to most naturally offer our services to the very communities in the Coachella Valley that desperately need mental health services – marginalized, low-income, undocumented families for whom mental health services are inaccessible due to either cultural or financial barriers.

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?

The goal of this program is to provide accessible behavioral health services to undocumented, mixed immigrant status families, and immigrant children and families. Using the results-based accountability approach to this program, we will aim to improve the lives of our target population through the promotion and delivery of services. The metrics tracked (number of children and families served) will demonstrate the success of our program (improved access to behavioral health services). The collection of our qualitative and quantitative data will point to success indicators related to the improvement of lives for our target population.

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. Where appropriate and requested, translation services will be offered to the patient and family also.

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.

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.

Once 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. The choice of modality (in person or through telemedicine) would be dependent on the status of the current COVID-19 public health crisis, and the ability for patients to visit in person with the licensed therapist.

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.

Month 1

- Development of a strategic planning document for behavioral health services offered.
- Identify and retain services of appropriately licensed therapist for services
- Identify space for confidential mental health meetings with families

- Determine and implement desired mental health consultation
- Development of promotional plan materials and collateral
- Promotion of program through Community Partnership programs
- Continue to reach out to access resources to improve cultural competency

Month 2

- Continue promotion of program, adjust messaging as necessary
- Review and adjustment of strategic plan, as necessary
- Schedule behavioral health services for patients/families with therapist
- Administer pre-assessments
- Evaluate program rollout against expectations, adjust approach as appropriate
- Refine model of supporting LCSW to work effectively with non-English speaking families
- Organize on-site library to be more accessible to staff (approved resources)
- Provide materials/brochures bilingually on-site for frequently asked questions/situations

Month 3

- Continue evaluation of program promotion and approach
- Continue behavioral health services for patients/families with therapist
- Identify additional community resources beyond current mental health provider for high-need children and parents
- Continue promotion of program, adjust messaging as necessary
- Review and adjustment of strategic plan, as necessary
- Administer pre-assessments

Months 4-6

- Continue promotion of program, adjust messaging as necessary
- Continue behavioral health services for patients/families with therapist
- Administer pre-assessments
- Administer post-assessments as appropriate
- Continue evaluation of program promotion and approach
- Review and adjustment of strategic plan, as necessary
- Initiate evaluation of data for efficacy of program
- Identify additional funding opportunities to support continuation of behavioral health program

Months 6-9

- Continue promotion of program, adjust messaging as necessary
- Continue behavioral health services for patients/families with therapist
- Administer pre-assessments
- Administer post-assessments as appropriate
- Continue evaluation of program promotion and approach
- Review and adjustment of strategic plan, as necessary
- Initiate evaluation of data for efficacy of program

Months 9-12

- Evaluate opportunities for continuation of program post-funding period
- Continue behavioral health services for patients/families with therapist
- Administer pre-assessments
- Administer post-assessments as appropriate
- Continue and conclude evaluation of data for efficacy of program
- Review and adjustment of strategic plan, as necessary

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.

With our target population in mind, the promotion of information and resources regarding the expansion of our current services into behavioral health are to be word of mouth. With more than 3,600 pediatric patients registered at the Indio Clinic, there is ample opportunity to share and explain this new service line. This is especially important with a population that has already experienced limited successful access to mental health services, and may not “trust” printed materials promoting these services. By explaining these services and its access during pediatric appointments, especially when there are indications for need observed by clinicians, we anticipate a higher success rate of comfort and confidence by families seeking behavioral healthcare. Funds will be used to develop and provide simple bilingual brochures and related collateral related to frequently asked questions and common behavioral health situations that families can take and process in their own personal space and time.

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.

Loma Linda University Children's Hospital Foundation believes deeply in results-based accountability. As both an educational and research-focused healthcare organization, the results-based accountability approach to healthcare speaks to our core. That said, this grant is focused on a sensitive subject: the behavioral health of the target beneficiary population. For us, it is important to maintain the confidentiality of the care we provide. As a result, we plan to report the number of community members served, number of visits, method of visit (video visit or in-person visit) along with additional appropriate metrics, as discussed elsewhere in our proposal. Summarized reports regarding the top needs for therapy services can also be explored for reporting purposes to the fund. We will collaborate with the RAP Foundation/James Irvine Foundation to produce as much data about this service as we are able while not compromising the HIPAA regulations of those we serve.

We invite specific metric reports that are required or preferred by the funding organization to be clearly identified prior to funding, to ensure that our organization can comply.

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 within 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.

With respect to the funding organizations, the budget of \$100 per therapy session is justified. This is the cost of Licensed Clinical Social Worker, plus benefits (38% rate). This also includes all costs of the necessary telecommunications required to be connected with a family for video visits as well as the cost of translation services, where needed. Please note that depending on the status of the current COVID-19 public health crisis, behavioral health services may continue to be provided via video visits in place of the preferred delivery method of in-person visits. When we are at a time at which patient, patient family and the healthcare provider can safely implement in-person visits, then we will do so.

31. Provide supporting materials you think supports your proposal.

The appropriate supporting documentation was provided during the LOI process.

Relating to the financial sustainability of this project; Loma Linda University Children's Hospital Foundation is a financially strong organization with nearly 30 years of experience in connecting with other foundations for the care of children and families in a variety of contexts. As the awareness and need for behavioral health services rises in our social consciousness, our Foundation team will continue to prospect for additional funding opportunities to support this program beyond the one-year term with the James Irvine Foundation. With the data collected

and the success indicators tracked through our results-based accountability approach, our goal will of course, be to demonstrate that by removing barriers to behavioral healthcare (cost, access, sense of prejudice), we will be able to positively impact the lives of children and their families, who are currently suffering in silence with mental health issue.

Regarding the fiscal health of the LLUCH Foundation, our investments are maintained in a conservative fiscal portfolio to ensure longevity and the ability to survive financial crises. It's a multi-part plan that includes investments in real estate as well as traditional market-based financial instruments, each designed to ensure stability.

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.

With the funding request already decreasing from the initial grant application of \$90,000 to its current \$60,000 total it is not likely that we would be able to make a meaningful impact to the target population with a lesser amount. Our internal evaluation of the services described reveals that there is a significant need in the Coachella Valley for mental health services for youth. Our existing clinic provides a secure and accessible location for services and has a natural audience ready for care and services. To decrease the current ask amount would be to devalue the need for services that could be offered through the Loma Linda University Children's Health Outpatient Clinic in Indio.

However, it is and remains our vision to expand our services to include behavioral health services to the patients we serve through our Indio Pediatric Outpatient Clinic. The timing of implementing this project without the funding from the RAP Foundation/James Irvine Foundation would be dependent on securing alternative philanthropic funding in a funding environment that is highly competitive at this time. We would not be able to predict when funding would be secured. We remain confident though that this is a much-needed service for the youth of the Coachella Valley, and would bring positive impacts throughout the community.