

**The LGBT Sanctuary Palm Springs, Inc.  
RAP Renewal Application**

**How often does the applicant organization's board of directors meet?**

Sanctuary Palm Springs' board meets monthly. Since April, board meetings have been held virtually.

**Mission statement of applicant organization.**

Sanctuary Palm Springs' mission is to support the residential, emotional, vocational, and educational needs of LGBTQ youth ages 18-21 as they transition from foster care to adulthood.

**How many directors/board members are currently seated? 9**

**How are the minutes of the board of directors' meetings maintained?**

Minutes are maintained electronically and hard copies are kept in a file in our office.

**When was the applicant organization founded? 2015**

**On what date do you expect to start your program? (mm/dd/yy): 08/01/20**

**On what date do you expect your program to be completed? 08/01/21**

**Please provide an Executive Summary (50 words or less) of your proposed program for which you are requesting funding. If nothing has changed, you may copy and paste your original executive summary here:**

Sanctuary entered into a contractual relationship with Dr. Jill Hingston to provide weekly individual therapy to our residents in May of 2019. This relationship with Dr. Hingston has proved to be extremely beneficial to our residents so we intend to continue to contract with her for the foreseeable future.

**Identify the funding goal(s) this proposal will impact and indicate any changes from your prior proposal.**

Sanctuary residents continue to receive primary healthcare through our collaboration with Desert AIDS Project (DAP). However, due to the sudden death of DAP's psychiatrist last year, along with the departure of several of their clinical social workers and other behavioral health staff, DAP no longer had the capacity to provide behavioral health services for SPS residents. Because consistent therapeutic services are critical to foster youth due to their extensive histories of trauma, abuse and/or neglect, SPS was forced to seek behavioral health services through another provider, in this case, with Dr. Jill Hingston (LMFT, PhD). Our goal is to continue to provide weekly individual therapy sessions in order to help our residents identify and address traumas they have experienced and to develop the resilience necessary for them to move beyond those traumas so they are better equipped to sustain employment, pursue their academic goals, and learn the skills they will need to live safely and independently once they

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leave our program.

We originally intended to shift our collaboration for this program away from DAP (for the reasons stated above) and to enter into a new collaborative relationship with the LGBT Community Center of the Desert, where Dr. Hingston serves as Director of Behavioral Health Services. The original plan was for Dr. Hingston to provide therapy to Sanctuary residents and/or supervise other clinicians from the Center who would provide therapeutic services for our residents. However, due to the COVID-19 pandemic, the Center, like many organizations, has had to close many of its programs. So while we will continue to work closely with the Center, the pandemic has dictated that we continue to contract with Dr. Hingston through her independent private practice. Dr. Hingston meets with each resident once a week at our Transitional Housing Program.

**Restate, in original wording from the initial grant request, all objectives targeted toward the unmet need. For each objective, discuss implementation successes and challenges during the initial grant period.**

Objectives: The objectives for SPS residents who receive behavioral health care, medical care and job placement services at DAP are to maximize their overall psychological well-being, quality of life, and self-fulfillment; to assist them to achieve long-term comfort with their gender identity and expression; and to promote success in relationships, education, and work.

Implementation Successes: As stated in our six-month progress report, SPS's Case Manager met with each SPS resident on a weekly basis and conducted monthly progress assessments. Seven SPS clients have been enrolled in care at DAP; all 7 established care with a DAP primary care physician. Three of seven in need established care with psychiatrists at DAP; three of seven in need established care with psychotherapists. As a result of this collaboration, SPS residents, many of whom are transgender who have never been offered competent health care before, are now able to engage with healthcare providers who understand their specific healthcare-related needs. SPS residents also participated in sexual health group education sessions with DAP's trans-navigator who served as a positive role model for navigating access to needed care, promoted sexual health knowledge and behaviors, as well as providing support for the emotional experiences of SPS residents who are undergoing gender transition. SPS residents also received job placement assistance enabling them to participate in the workforce.

Challenges: SPS residents initially experienced challenges obtaining behavioral health care sessions in DAP's Department of Behavioral Health as frequently as indicated. More frequent sessions were arranged with an outside provider, initially. However, scheduling challenges were addressed at DAP, resulting in behavioral health care provided on a priority basis to SPS residents in need. An overall external challenge is fluctuation in the number of residents at SPS which may affect data tracking, due to the youth themselves or placements from Department of Children's Services.

**Thinking back on the unmet need as defined in the initial grant request - after implementation what has changed? When possible use comparable statistics or expert opinions from several sources to illustrate current unmet need.**

Since our initial grant request, recent studies show a continuing significant need for physical health care, mental health care and job placement assistance for youth transitioning from foster care.

The most recent report from the Annie E Casey Foundation, which specializes in tracking and analyzing data for children and youth in foster care shows that in California, 31% of all children and youth in foster care are ages 18 and older as compared to 22% nation-wide. Over 60% transition from foster care with no permanent connections. Only 20% receive job placement or vocational assistance.

<https://www.aecf.org/m/resourcedoc/california-fosteringyouthtransitions-2018.pdf>. Older and former foster youth experience a higher prevalence of some current and lifetime mental health problems than young people without foster care involvement (Kang-Yi & Adams, "Youth with Behavioral Health Disorders Aging Out of Foster Care: A Systematic Review and Implications for Policy, Research, and Practice." J. Behav. Health Serv. Res. 2017).

A recent study showed that by age 21, youth in California who have transitioned from foster care are "faring poorly compared to their age peers across many measures of well-being, including their educational attainment, employment, economic self-sufficiency, physical and mental health "(Courtney, M. E., et. al. "Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of Youth at age 21," University of Chicago, 2018). Disparities in access to mental health care continue to adversely impact youth transitioning from foster care. According to this same study, only "22 percent of the youth reported receiving psychological or emotional counseling, about 12 percent reported they were prescribed medication for their emotions, and about 7 percent reported receiving treatment for an alcohol or substance abuse problems." The study reported that the most prevalent behavioral health disorders were major depression, social phobia, antisocial personality disorder, psychotic thinking, alcohol dependence/abuse, and substance dependence/abuse.

**Do any of the implementation objectives (discussed in Section 1b) need to be adjusted or eliminated? Do new implementation objective(s) need to be added? If so, discuss the rationale behind these decisions. And, if the adjustment involves an evidence-based intervention, please name it/them and provide your reasoning. If no adjustments are required please restate all implementation objectives (as presented in the initial grant request) that will continue during the continuation grant period.**

Based on assessments of need and recent research, we propose to enhance behavioral health objectives (in addition to those stated above) for SPS residents by providing weekly time-limited therapy using a 12 session curriculum: *The Self Esteem Book*, which incorporates Cognitive Behavioral Therapy trauma-informed evidence-based curriculum and treatment interventions to build and heal damaged self-esteem and teach life skills and coping tools. Evaluation measurable outcomes will be identified by improvement of scores on a pre-post PHQ-9 (Patient Health Questionnaire measuring depression), QOLI (Quality of Life Inventory), and Self-Esteem Inventory.

**Provide a narrative that describes the basis for the budget (for example, full/part-time staffing, outside professional services, etc.). You MUST include a line item for Evaluation expense and amount which should not exceed 10-15% of total budget**

**Project Budget Narrative:**

**Personnel:**

- SPS Executive Director: .02 FTE: \$1,640. Provides direct supervision to the Program Director and administrative oversight to the entire organization.
- SPS Program Director: .1 FTE: \$6,900. Provides direct supervision of SPS Case Manager.
- SPS Case Manager: 2 FTE \$8,320. Responsible for providing initial and ongoing clinical assessments of SPS residents and serving as a health care liaison to DAP.
- Dr. Jill Hingston: \$120 per hour times 6 (number of Sanctuary residents) hours per week times 52 weeks: \$37,440.
- Evaluation Expense: @.10 of grant request: \$1,875 To implement and analyze surveys of SPS residents.

**Grant funding may be requested for up to two additional years, in one-year increments (a new performance grant application will be required for each year, up to a total of 3 years). How many months of continuation funding is being requested? 12**

**How much in total are you requesting from RAP Foundation? \$18,750.**

**Will other grantors be approached to fund the continuation of the program? If so, how much money is being or will be sought from other funders?**

Sanctuary currently has several grant proposals pending and/or has received funding from a variety of foundations. These include the Goodwin Family Trust (\$15,000 pending), the Grace Helen Spearman Foundation (\$10,000 awarded), the Western Wind Foundation (\$5,000 awarded), the Riverside County COVID-relief fund (\$10,000 pending), Bighorn Cares (\$20,000 pending), and Aquent (\$10,000 awarded).

**Describe plans for ensuring financial sustainability for the program after the RAP Foundation grant award period. Please also discuss plans for maintaining other critical elements such as staffing or program space. Please include any information regarding "billable" services, such as MediCal/Medicare.**

2019 was, by far, our most successful fundraising year since our creation in 2015. Our annual "Holiday Socks" fundraiser, which has typically netted the agency approximately \$25,000 in previous year, took in a net of nearly \$160,000 in 2019. Our Eat Well/Do Good campaign with several local restaurants exceeded projections in 2019, and our Guardian Angels program for individual donors who contribute at least \$1200 per year continues to thrive. We anticipated being able to raise similar levels of funds through these and other events in 2020. However, due to the current COVID-19 pandemic, we, like all other organizations, have had to cancel many fundraising events, probably for the remainder of 2020. Even so, due to our successes in 2019 we are financially

**Commented [L2]: You MUST include a line item for Evaluation expense and amount which should not exceed 10-15% of total budget. PLEASE refer to the Budget template in the online portal and shown starting on page 11. Provide initial estimated costs for each of the summary line items that apply. You MUST attach a copy of this file to your application.**

**Commented [L3]: Helpful Tip: Grant seekers may wish to discuss strategies such as continuation grants, new fundraising, and revenue generated from the program, etc. Please include any sustainability plan for your overall organization, if available. You should include a description of any 'billable' services that will help to sustain the project/program.**

stronger than we've ever been. We also received just over \$64,000 in relief funds through the federal CARES Act in response to our ongoing need for funding (\$56,000 from the Payroll Protection Program and \$8000 in discretionary emergency relief). Because Dr. Hingston sees our residents through her private practice we are not able to bill Medial (IEHP) for her invaluable services. Should the RAP Foundation approve this renewal at the level requested, the funds we have already received from the foundations listed above (\$25,000 so far), along with the \$8000 discretionary will ensure that we nearly meet our funding goals for this initiative. We are confident that we will receive funding from our pending proposals as well, allowing us to fully fund our efforts to provide high-quality, consistent therapeutic services for our residents.

**Please attach completed budget worksheet** Attached

**Attach copies of all Letters of Support (minimum 2) (PDF format). Make sure they are specific to the MHI 2018.1 RFP and/or project/service.**

**Commented [L4]:** Will ask Rob who? We discussed Dr. Gover too as new to DAP

**Attach copies of Memorandums of Understanding (MOU) and/or Letters from partners demonstrating their support and role (PDF format).**  
N/A

**Attach copies of any award letters or other funding commitments (PDF format).**

**Commented [L5]:** Rob – have any for SPS that is relevant?

**Attach any other supplemental materials you feel support your proposal (PDF format).** N/A

**Attach list of potential partners & collaborators for this program/service(s) (if applicable) (PDF format).** N/A

**Attach Evaluator Scope of Work.** N/A

**Please attach your most recent Form 990**  
**Please attach your current financial statements (balance sheet AND revenues/expense), including Audit, Review or Compilation letters - if you do not have an Audit, Review or Compilation, your Treasure must provide a letter explaining why not and certifying the financials provided.** Our 2019 990 is still being prepared by the accounting firm MMGC, but our recently completed independent financial audit report for 2019 (prepared by Lund & Guttry) is attached.

**Commented [L6]:** Rob – please send 990 and current audit.