2023 S.L. Gimbel Foundation Fund Grant Application

Internal Use Only:
Grant_____

Organization / Agency Information

1)Organization/Agency Name: Milan Puskar Health Right		
2)Physical Address: 341 Spruce Street, Morgantown, WV 26505 ***City/State/Zip***		
3)Mailing Address: P.O. Box 1519, Morgantown, WV 26507 ***City/State/Zip***		
4)CEO or Director: Laura Jones	***Title:*** Executive Director	
5)Phone: (304) 292-8234	***6)Fax:***(304) 284-0133	***7)Email:*** ljones@mphealthright.org
8)Contact Person: Shamus Cleveland	***Title:*** Assistant Director	
9)Phone:(304) 292-8234 x110	***10)Fax:***(304) 284-0133	***11)Email:*** scleveland@mphealthright.org
12)Web Site Address:www.mphealthright.org		***13)Tax ID:*** 31-1118673

Program / Grant Information

Interest Area: □Animal Protection □Education □Environment □Health □Human Dignity

14)Program/Project Name: Harm Reduction Outreach Program			***15)Amount of Grant Requested:*** $174,152
16)Total Organization Budget: 2050740	***17)Per 990, Percentage of <u>Program Service Expenses</u> (Column B/ Column A x 100):*** 92%	***18)Per 990, Percentage of <u>Management & General Expenses Only</u> (Column C / Column A x 100):*** 7%	***19)Per 990, Percentage of <u>Management & General Expenses and Fundraising</u> (Column C+D / Column A x 100):*** 8%

20)Purpose of Grant Request (one sentence): The purpose of this grant is to maintain and expand our harm reduction program through outreach and education.
21)Program Start Date (Month and Year): October 2023 ***22)Program End Date (Month and Year):*** September 2024
23)Gimbel Grants Received: List Year(s) and Award Amount(s)

Signatures

24)Board President / Chair: (Print name and Title) Bruce McClymonds, Board President ***Signature:*** *Bruce McClymonds* ***Date:*** 7/31/23
25)Executive Director/President: (Print name and Title) Laura Jones, Executive Director ***Signature:*** *Laura Jones* ***Date:*** 7/31/23

2023 S.L. Gimbel Foundation Fund APPLICATION
Narrative

Please provide the following information by answering **ALL** questions (I to IV), **12 Font, One Inch Margins, Times New Roman.** Use the format below (I to IV). **Type the question**. Type your complete answers to the question directly below the question. Please do not delete instructions. Please be thorough, clear, specific, and concise.

I. Organization Background

A) What are the history, mission, and purpose of your organization?

Milan Puskar Health Right (MPHR) has been a driving force for free and accessible health care in north-central West Virginia for thirty-nine years. In the 1980s two nurses and several residents from West Virginia University's Medical School made visits to a local soup kitchen and realized several adults did not have access to health care except through local emergency rooms. With the support of community leaders, Morgantown Health Right was established in 1984, beginning as a "treat and street" facility. Now, MPHR includes full-service primary care, specialty medical care, an on-site pharmacy, mental health services, dental health education, and vision care at no cost to uninsured or underinsured low-income North Central West Virginia residents. MPHR has a unique capacity for working with people with low-reading levels, low-health literacy, homelessness, and difficulty navigating the regular healthcare system. Health Right promotes health through direct service, education, and advocacy. MPHR requires medical and counseling patients to be at or below 250% of the Federal Poverty Level in order to receive services.

MPHR provides services to anyone who is eighteen years old or older, regardless of income, insurance status, race, gender, ethnicity, sexual orientation, age, physical ability, gender identity, HIV status, and language. Basic non-judgmental health care is a right, not a privilege. MPHR provides compassionate care that starts with the patient's expressed needs and advocates for them individually and collectively at the local, state, and national levels to ensure the best possible outcomes.

As West Virginia battles the opioid addiction crisis and the recent increase of positive HIV individuals in the state, primarily among intravenous drug users in our area. MPHR realized that harm reduction programs are needed for people who use drugs (PWUD) and the communities they impact. MPHR created the LIGHT (Living in Good Health Together) Project, a harm reduction syringe access program, in 2015 to address north-central West Virginia's need for a Harm Reduction Program (HRP)

and a place for PWUD to find associated healthcare services. The LIGHT Project operates through an on-site syringe services program (SSP) at our free clinic and is open to anyone who is a resident of West Virginia.

B) How long has the organization been providing programs and services to the community?
MPHR has been providing services to clients in north-central WV since 1984. These services include primary care, opioid use disorder, dental/vision referrals, and recovery treatment. On August 19, 2015, MPHR began the first free comprehensive syringe exchange program in the state of West Virginia.

C) What are some of your past organizational accomplishments (last three years)?
The LIGHT Project has existed for eight years, and the entire program is optimized. Data collection, supply preparation, and client interactions are all effective and efficient. Stakeholders involved in the project are informed about updates and challenges on a monthly basis. The policies and procedures are clear and concise. Since we are a free clinic and we offer a wide range of services (mental health, MAT, primary care, wound care, etc.), our greatest strength is our ability to get participants into other forms of treatment if they need it. The LIGHT Project continues to refer clients to treatment when they are ready. According to our data, in the past three and a half years, 770 people have accepted a referral to treatment, and around 300 clients are open to receiving more information.
Recent accomplishments include our continuation to offer SSP services while navigating the restrictions of the new legislative laws and continued push-back from the community. Despite the current HIV outbreak among PUWD, the West Virginia state legislature knowingly passed a bill that would hold syringe exchange programs to more stringent requirements. Starting January 1, 2022, all SSPs were to require a one-to-one exchange, present an ID, and all secondary exchange was to be eliminated.
In early 2019, there were increasing cases of positive HIV infections in highly populated areas of West Virginia, mostly in the Kanawha region. CDC epidemiologists credited this outbreak to the lack of clean syringes in the community due to intravenous drug use. The concern amongst the community was that this outbreak would spread to other parts of the state that had a high risk for PWUD such as Morgantown, WV. Because MPHR had already implemented the LIGHT Project years prior, the first SSP in the state, it became a main priority to limit the spread of positive HIV cases in our community. To limit the spread of HIV the LIGHT Project operated on a need-based exchange as well as allowing secondary exchanges. This not only decreased the rates of syringe reuse but also gave better opportunities for individuals in rural communities to have access to clean materials.
Our LIGHT program has also operated at a high level throughout the COVID-19 pandemic, as well as through the surge of overdoses we have had in our communities. In the past years, we have also done a good job of balancing the COVID-19 public health emergency with our services to vulnerable people with consistency and integrity. We did not leave anyone behind because one public health emergency was more important than another.

D) What are your key programs and activities?
The largest program that the LIGHT Project entails is the on-site syringe service program. MPHR hosts the LIGHT Project three days out of the week. During this time, clients can return their used syringes and obtain clean equipment on a one-to-one basis. They must either present a valid WV state license or if they are a returning client, they can use their LIGHT Project ID given to them at intake. At the LIGHT Project clients can receive clean syringe access kits, naloxone, HIV/Hepatitis C (HCV) testing, wound care, addiction treatment referrals, opportunities to primary care, mental health counseling, peer support, social service referrals, and most importantly a non-judgmental, safe space to discuss drug use and convey their needs.
One of our key programs is to create public health outreach and develop strategic community engagement opportunities that educate priority populations about COVID-19, influenza, HIV, Viral

Hepatitis prevention, treatment, and services. Outside of disease prevention, our main focus is making sure that these areas have access to naloxone training and fentanyl test strips. This is done by visiting places where there is a high population of vulnerable individuals such as food pantries, local libraries, and other public service organizations.
As the program grows, MPHR realizes that there is an increasing need for harm reduction services in these more remote, neighboring counties. Through various grants and local support, we have been able to purchase a van that would allow us to set up a mobile syringe exchange in more remote areas. With budget and staff changes, the mobile syringe program has not been up and running. This new funding could help combat those obstacles. We would like to reimplement the use of the van to schedule syringe pick-up stations in rural areas that don't have access to proper syringe disposal sites.

E) Describe the communities you serve. Include populations, geographic locations served, and relevant statistics.

The counties that MPHR serves most include: Monongalia, Marion, Preston, Taylor, and Upshur counties. Our population ranges from individuals who are 18-75 that may be uninsured or Medicaid/Medicare recipients. This project will mainly cover participants that are 18-40 years old and are at risk for contracting a viral infection due to substance use. At MPHR clients can receive primary care, obtain treatment for opioid use disorder, visit the recovery center, or partake in the harm reduction program at no cost to them. Within this population, MPHR accommodates our services to meet the needs of minority groups such as BIPOC, LGBTQ+, and Hispanic individuals. The idea of focusing our efforts on bringing our services to more rural areas of the state is because we are the only harm reduction program in north-central West Virginia. By focusing outreach in the surrounding counties, our hope is that it will create opportunities for these individuals to obtain the services they currently need or in the future down the line by creating rapport.
Because of the continuing concern of increasing amounts of positive HIV/HCV within the population of PWUD, MPHR focuses a part of its harm reduction efforts on testing and treatment for HIV/HCV. According to the Monongalia County Health Department (MCHD), in the past five years, the county has seen: 4 acute HCV and 619 chronic HCV cases; the MCHD and MPHR believe those numbers are under-reported. Through self-reporting, 4 of our primary care clients are positive for HIV, 235 have HCV, and 16 have HBV. The LIGHT Project provides free testing for HCV and HIV for clients. One of the goals of the LIGHT Project is to increase the number of clients being screened for HCV and HIV. In the past eight years, over 800 participants have been screened for HCV and have been screened for HIV through the LIGHT Project.

II. Project Information:

A) <u>Statement of Need</u>

1. Specify the community need(s) you want to address and are seeking funds for.

West Virginia is the only state that is one hundred percent contained in the Appalachian Mountains. The region including West Virginia, Kentucky, Ohio and Tennessee continue to be hardest hit by the opioid epidemic. The region is characterized by mountainous terrain, little access to reliable transportation, difficulty accessing health care, lack of jobs and subsequent poverty and increased stress. The state also ranks among the unhealthiest for both physical and mental health in the country and vies with Mississippi and Louisiana for the unhealthiest states.

WV has the highest rate of overdose deaths in the country, despite efforts to get naloxone into the hands of people who use drugs. WV has 57 overdose deaths for every 100,000 people. The actual life expectancy in WV is a full 4 years below the nationwide life expectancy of 78.5 years.
It is estimated that more than 8 percent of the population in WV has opioid use disorder or other illicit drug addiction. In the last few years, methamphetamine, fentanyl and now xylazine have been the top

three drugs found in the syringes that come through West Virginia's participating harm reduction programs.

West Virginia also is seeing increased rates of Hepatitis A, B and C as well as HIV and endocarditis along with multiple wound care issues including MRSA. There has also been a steady increase in sexually transmitted infections (STI) which have been attributed to drug use. Morgantown, WV, home of West Virginia University has an all-time high in STI's at 507.5/100,000 people. HIV cases in some counties in WV have exploded to 148 cases in one county which typically sees less than 6 cases per year. Counties that have never reported a case of HIV are now seeing cases. One major concern is that there are too many areas in WV where harm reduction is unavailable which encourages needle-sharing and the subsequent transmission of various infectious diseases including HIV. Without robust testing for HIV across the state, outbreaks can occur without the awareness of PWUDs or public health officials.

Morgantown, WV is in the north central area of the state. The north central area of WV may not have been hit as hard initially during the opioid crisis, but certainly is now struggling with high rates of addiction, a lack of speedy access to treatment and the need for harm reduction programs to reach out and develop rapport, encourage safety and reduce the potential harms of drug use.

Milan Puskar Health Right's goal since 2015 is to provide the best comprehensive harm reduction services within the guidelines of the state's restrictive harm reduction laws. In 2021, the state passed a harm reduction law that goes against the best practices recommended by the Centers for Disease Control and the World Health Organization. We were required, in order to operate, some form of identification and documentation that each person is living in WV as well as cease our secondary exchange where participants took supplies and syringes to people who could not attend the program in person. COVID also took a toll on our participants, and we are proud to say that figured out creative ways to adapt our program and continued harm reduction through the entirety of the pandemic.

B) <u>Project Description</u>

1. Describe your project. How does your project meet the community need?

Milan Puskar Health Right (MPHR) seeks to maintain and expand the harm reduction program known as the LIGHT Project (Living In Good Health Together). The LIGHT Project has been in existence for eight years and was one of the first of its kind in the State of WV. The focus of the program is to provide support and harm reduction tools and strategies to assist people in reducing the harm related to drug use. Reducing or eliminating the sharing of needles and other potentially contaminated equipment, providing screenings for Hep-C and HIV and referrals to treatment, providing wound care and/or primary care, the prescribing of PrEP to prevent HIV, safe injection training and naloxone training as well as other educational materials and referrals to drug treatment when desired are all components of this program.

2. What is unique and innovative about this project?

MPHR is uniquely poised to provide this service in our community due to the clinic Board of Directors' and employee's commitment to non-judgmental health care for the last thirty-nine years. When harm reduction was first proposed to the Board, there was unanimous agreement that this was a gap in the local health care system that we could fulfill. Little did we know the challenges we would face regarding stigma in the community as well as running a medical clinic and a harm reduction clinic in the same facility and surviving the COVID 19 pandemic. However, in true MPHR fashion, we came together and created safe ways to provide both health care and harm reduction without a COVID outbreak among our employees or the need to completely cease operation during this time.

Our project request would cover time for both a registered nurse and a nurse practitioner to provide services to our participants at the harm reduction clinics. Their role would be to provide wound care,

prescribe PrEP to those who are interested in reducing their risk of HIV and providing immunizations for Hep A and B, pneumonia, flu and COVID vaccinations as well as building rapport to encourage participants to come in for primary health care. Our current LIGHT Project is managed by a person with lived experience who is in need of assistance with a variety of issues from coordinating volunteers to working with participants on recovery plans. For these issues, we would like to hire a second certified peer support specialist. Having this staffing in place would assist us in expanding back into a neighboring county to provide mobile harm reduction services.

We would also like to request funds for whatever allowable supplies we could purchase through the Gimbel Foundation. This could include, if allowed, syringes, other supplies, alcohol swabs, wound care supplies, naloxone (both injectable and Narcan), educational brochures and materials and HIV and Hep C screening tests.

C) Project Goal, Objective, Activities and Expected Outcome

1. **Note: Objective, Outcome and Evaluation must all be based on the SAME QUANTIFIABLE CRITERIA (for example, "number served, or acres improved"). This quantifiable criteria should refer to the grant amount you are requesting from the Gimbel Foundation only and not the total program.**

State ONE GOAL, ONE OBJECTIVE, ONE OUTCOME. USE NUMBERS AND DO NOT USE PERCENTAGES.

2. **State ONE project goal. The Goal should be an aspirational statement, a broad statement of purpose for the project.**
3. **State One Objective**. The Objective should be specific, measurable, verifiable, action-oriented, realistic, and time-specific statement intended to guide your organization's activities toward achieving the goal. **Specify the activities** you will undertake to meet the objective and number of participants for each activity.
4. **State One Outcome.** An outcome is the individual, organizational or community-level change that can reasonably occur during the grant period as a result of the proposed activities or services. What is the key anticipated outcome of the project and impact on participants? State in a quantifiable and verifiable term.
5. **Evaluation:** How will progress towards the objective (per above) be tracked and outcome measured?
   Provide specific information on how many individuals will be evaluated (should be the same number as in the objective), how you will collect relevant data and statistics that meet your objective and validate your expected outcome, in a quantifiable manner, as you describe your evaluation process.

BELOW IS AN EXAMPLE OF GOAL, OBJECTIVE, OUTCOME AND EVALUATION: Objective, Outcome and Evaluation should align and should be written in a linear format, using actual numbers, and data that are quantifiable and verifiable. Do not use percentages)

STATE THE GOAL, OBJECTIVES, AND OUTCOME

GOAL: House all homeless youth ages 18-24 in Mariposa County who are physically, mentally and legally able to work within 24 hours and help them become sufficient in 90 days.

OBJECTIVE: House up to 145 homeless youth referred or who contact us within 24 hours.

ACTIVITIES:

1. For each of 145 youth identified, develop a case management file.
2. Create a 90 day sufficiency action plan for each of the 145 youth.

3. Input weekly progress reports for each of the 145 youth.
OUTCOME: We expect to provide rapid rehousing to over 145 homeless youth in 2020.
EVALUATION: Using Build Futures' Salesforce data base client management and tracking system, generate reports on the number of clients served and housed. Track our role in housing 145 youth. Account for additional successes or lower numbers of youth in the program.

WRITE YOUR RESPONSES HERE AND Use the following format for your goal, objective, respective activities and expected outcome:
GOAL: Reduce overdose deaths in adults ages 18-40 through community harm reduction outreach and education in north central West Virginia.
OBJECTIVE: By June 30, 2024, 250 new unduplicated participants ages 18-40 in the 5-county catchment area, will receive harm reduction education, syringe access direct services, and referrals to treatment through the community outreach program.
ACTIVITIES:

1. Provide harm reduction education to 2,000 community members through outreach, anti-stigma training, Narcan training, family planning, and wound care.
2. Proved access to referrals to treatment for the 250 new clients.
3. Distribute 5,000 Narcan kits to the community.
4. Develop and distribute a statewide anti-stigma campaign video aimed at the misconceptions of harm reduction.
5. Provide 250 HIV and HepC screenings to clients during outreach.

OUTCOME: The overall outcome will be reduced transmission of disease and a decrease in overdose deaths among the 250 new participants in north central West Virginia.
EVALUATION: To evaluate the progress of this program, our Evaluation Team will track effectiveness, acceptability, and feasibility over a 12-month period through our harm reduction tracking database. We will continue to collect data including participants' current drug use (e.g., buprenorphine, opioids, stimulants, benzodiazepines) and self-reported data on socio-economic demographics, housing status, recent drug use, treatment history, and overdose history on a monthly basis for the 250 clients. During the entirety of the program, data will track client visits, the number of syringes/works given out, and the number of referrals.

Program success will be measured by the number of clients served, the number of Hepatitis C screenings, the number of HIV screenings, the number of new harm reduction volunteers trained, number of harm reduction community engagements held, referrals to treatment, referrals to recovery, mobile unit blood draws, naloxone trainings held, Narcan given out, wound care kits given out, the number of members who join the LIGHT Advocacy Group, LGBTQ+ and minority communities reached in north-central WV, and patient retention.

D) Timeline

Provide a timeline for implementing the project. The start date and end date should be the same dates on the cover page. Start date should be 3 months after the submission date.
The program start date is: October 1, 2023
The program end date is: September 30, 2024
Include timeframes for specific activities, as appropriate.

During this 12- month program, our Harm Reduction Project Coordinator, Morgan Wood, as well as the Evaluation Team, will keep track of all activities and make sure everything we say will be implemented to the best of our abilities. The timeline is as follows:

Time Period	Major Activities

Prior to Project	● Evaluation Team will update survey for LIGHT participants ● Leadership Team will hire a new Clinic Coordinator (RN) ● Evaluation Team will make sure LIGHT data is up to date in the Harm Reduction database
Month 1-3	● Hire new Peer Recovery Support Specialist ● Hire new Medical Assistant for outreach ● Evaluation and Data analysis training for Evaluation Team ● Get new staff familiar with the LIGHT Project and the Harm Reduction database ● Narcan training for both participants and community members ● Develop workplan for LIGHT Project evaluation process ● Develop agency wound care kits and materials to be shared with clients and other groups as requested. ● Develop culturally competent strategies to engage the population of focus. ● Attend webinars to increase staff competency on working with the following populations; people with SUD, LGBTQ, BIPOC, people and sex workers. ● Attend public events and health fairs to engage people who use drugs, LGBTQ population, and people who are experiencing homelessness ● Develop internal Logic Model for the LIGHT Project ● Provide syringe cleanup in the community (monthly or as needed)
Month 4-6	● Provide monthly reports for the LIGHT Project to our Leadership Team and funders ● Recruit individuals in recovery to be part of the evaluation process ● Conduct 6-month surveys to harm reduction participants ● Quarterly updates on LIGHT Project to board of directors ● Provide syringe cleanup in the community (monthly or as needed) ● Begin anti-stigma campaign
Month 7-9	● Provide monthly reports for the LIGHT Project to our Leadership Team and funders ● Begin key informant interviews with Harm Reduction participants ● Continue quarterly updates on LIGHT Project to board ● Provide referrals to clients to services based on assessments

	● Provide syringe cleanup in the community (monthly or as needed) ● Create anti-stigma video for social media
Month 10-12	● Provide monthly reports for the LIGHT Project to Leadership Team and funders ● Continue quarterly updates on LIGHT Project to our board ● Evaluation Team will report program evaluation to board of directors, Gimbel, donors, and public ● Develop sustainability plan with the Evaluation Team and board of directors based on program evaluation findings ● Conduct 12-month survey to Harm Reduction participants ● Complete key informant interviews with LIGHT Project participants ● Provide syringe cleanup in the community (monthly or as needed)
After Project	● Continue to gather data and improve data collection efficiency ● Continue to seek funds (grants, fundraisers, donations) for program sustainability

E) <u>Target Population</u>

1. Who will this grant serve?

Adults ages 18-40 in north central West Virginia (mainly the counties of Monongalia, Marion, Preston, Taylor, and Upshur). This includes people who are using drugs (chaotic and recreational users), LGBTQ community, and people experiencing homelessness.

2. How many people will be impacted? Provide a breakdown: Number of Children, Youth, Adults, Seniors, Animals.

250 adults (ages 18-40)

F) <u>Projects in the Community</u>

1. How does this program relate to other existing programs in the community?

There are currently no other programs in north central West Virginia that participate in harm reduction. Because harm reduction is so closely related to healthcare, MPHR collaborates with other health-oriented agencies such as health departments, behavioral health departments, the hospitals, the housing agencies, and the recovery community.

2. Who are your community partners (if any)?

MPHR receives input and collaborates with various institutions, agencies, and individuals in our region, state, and nationally. At the beginning of the LIGHT Project, a Community Advisory Panel consisting of 11 individuals and agencies including: social service professionals, medical professionals, law enforcement, and syringe access clients was created. Also, the Monongalia County Health Department (MCHD) has worked with MPHR throughout the process and supported the continued expansion of the LIGHT Project and has been a vital partner throughout the project. The Morgantown Police Department also supports MPHR in its mission to provide care for the area's most

vulnerable citizens. Officers participate in community stakeholder meetings and a wrap-around services multidisciplinary team. The First Presbyterian Church and the Spruce Street United Methodist Church both support the LIGHT Project and have helped with the success of the program.
Other partners include the Preston County Health Department and the Upshur/Buckhannon Health Department. Our monthly mobile syringe access program has been visiting these sites since 2017 and we look to increase our services depending on the need. Preston County, which is one of our most rural counties in our catchment area, is open to having our outreach team provide harm reduction services at their site. This is dependent upon the Preston County Commission approval. Activities include, but are not limited to Hepatitis C and HIV testing, educational information related to harm reduction techniques, free syringes and other supplies necessary for safe injection, referrals to substance abuse treatment, recovery coach support, and case management support to assist enrollments in HUD, Medicaid, SNAP, and other available benefits. We also continue to partner with the Marion County Health Department and offer technical assistance whenever it's needed.
The LIGHT Project partners with AmeriCares and Direct Relief. Both organizations support free and charitable clinics as well as harm reduction programs. MPHR also receives support for supplies and mobile unit travel from the Comer Foundation, NASDAT, and state pass-through funding from SAMHSA.

3. Who else in the community is providing this service or has a similar project?

Health Right is the only harm reduction program in north-central West Virginia.

4. How are you utilizing volunteers?

There are approximately 15 consistent volunteers that assist with the LIGHT Project. Some of them are Peer Recovery Specialists, medical, nursing, or social work students, and current drug users. Much of the development of the program has come from suggestions from the users themselves. The recently formed Mountain Harm Reduction Coalition allows former and current users the ability to share their knowledge and experience and concerns related to drug use. This is important because it helps us focus our resources on what programs and harm reduction techniques are most needed at the time. When traveling to rural areas for the mobile unit, one of our certified Peer Recovery Coaches travels with them to offer recovery support. We incorporate people who use drugs and their ideas and concerns through discussion, involving people in the delivery of services and advocacy and through other forms of feedback such as interviews and surveys. Volunteers go through a training period that is conducted by our Harm Reduction Coordinator on a monthly basis.

G) Use of Grant Funds

How will you use the grant funds? This answer should align with the specific activities previously outlined in C) Project Goal, Objectives, Activities and Expected Outcomes

Funding from this grant will be used to support our outreach program Registered Nurse and Medical Assistant, whose job is to create public health outreach and develop strategic community engagement opportunities that educate priority populations about harm reduction, HIV, Viral Hepatitis prevention, treatment, and services. They will travel to five counties in MPHR's catchment area (Monongalia, Marion, Preston, Taylor, and Upshur counties) and promote harm reduction, overdose prevention, wound care, and provide education.

Funding will also help support our LIGHT Project harm reduction program which is open three days a week at our main office clinic. Supplies such as syringes, cookers, pipes, sterile water, alcohol wipes, PPE, and signage will be utilized through this grant. Funds will also help cover a Peer Recovery Support Specialist who will be in charge of providing onsite education and awareness of overdose prevention, HIV, and viral hepatitis.

A portion of this grant will also help fund our Data Manager, who is in charge of collecting and housing all statistics and reporting information. The Data Manager will play a large role in the program evaluation.

III. Project Future

A) Sustainability

Explain how you will support this program after the grant performance period. Include plans for fundraising or increasing financial support designated for the program.

The LIGHT harm reduction program was the first in West Virginia, and the need has not diminished. Local churches, donors, and agencies also support MPHR's efforts to reduce harm and opioid use in the community. The MPHR board has a Strategic Funding Committee which continuously analyzes MPHR's financial future and growth. Part of sustaining growth for MPHR, including the Peer Support Services, is supporting a Grants Manager position. For the past year, MPHR's Grants Manager has expanded the grant portfolio, increased donor engagement, and developed new promotion materials. The position is increasing revenue which will support continued operations, personnel costs, and programs. The Grants Manager also allows the Executive Director to engage donors, speak at events, and increase the community's awareness about MPHR. MPHR has a good relationship with West Virginia University and the Health Department, and we will continue to develop these partnerships and keep improving data collection and analysis with them.

IV. Governance, Executive Leadership and Key Personnel/Staff Qualifications

A) Governance

1. Describe your board of directors and the role it plays in the organization.

The Board uses strategic planning to determine goals and objectives which are then implemented as feasible with program staff. Data is provided to monitor existing programs and services, and programs are strengthened through new collaborations and strategic board membership. The Volunteer Medical Director is an ex-officio member of the board and advises the clinic staff. Other board members share their expertise and provide advice and leadership knowledge that helps strengthen our organization. This includes medical, dental, financial, fundraising, marketing, and legal advice.

2. What committees exist within your board of directors?

Executive Committee: The Executive Committee consists of the officers, the immediate past Chairperson, the Medical Director, and one additional member of the Board of Directors appointed by the Chairperson of the Corporation. This committee meets quarterly or more often as needed. Medical Policy Committee: The Medical Policy Committee is comprised of the medical director, volunteer medical providers, MPHR clinical staff, and a minimum of two Board members. The Medical Policy Committee meets quarterly or more often as needed. Finance Committee: Meets quarterly and is made up of the Board President, Treasurer, Executive Director, and Accountant. Strategic Planning Committee: Meets quarterly and is currently made up of 5 board members, the Executive Director, and Grants Manager. Fundraising Committee: Meets every 6 months and is currently made up of 5 board members.

3. How does the board of directors make decisions?

The Executive Committee of the Board meets quarterly to regularly review the budget, along with Health Right's Executive Director and Accountant. Using Robert's Rules of Order, the budget is first discussed between the Executive Director, Accountant, and Grants Manager (usually monthly or bi-monthly). It is then brought to the Executive Committee where it is approved. Finally, the budget is taken to the entire board where it is approved or sent back for revisions. The Board of Directors supports the executive director in organizational planning, development of new programming, and maintenance of existing programs. Different staff members participate in board meetings or committee meetings as necessary to assist with planning and implementation. The Board engages in strategic

discussions and planning on a regular basis based on the needs of the agency. The Board uses strategic planning to determine goals and objectives, which are then implemented as feasible with program staff. Data is provided to monitor existing programs and
services, which are strengthened through new collaborations and strategic board membership. Board members share their expertise with mental health and medical programs. Recently, the Board developed and approved a 5-year strategic plan that addresses strategies, program services, outcome measures, and sustainability. Consistent board participation has been a strong point in the development and success of MPHR's programs.

B) Management

1. **Describe the qualifications of key personnel/staff responsible for the project.**

This grant will involve multiple key personnel. Key staff that will be funded through this grant will be the Clinical Coordinator (0.25 FTE) who is a Registered Nurse that will supervise the harm reduction program. They will also be available on days when the LIGHT project needle exchange is going on. This grant will also cover a new Medical Assistant (1.0 FTE) that will not only be part of the harm reduction program, but also be part of the outreach portion of the project. They will help with wound care, Hep C and HIV screens. The Peer Recovery Support Specialist (1.0 FTE) will be responsible for the recruitment of participants to the LIGHT Project. They will also be involved in training and mentoring of new harm reduction communities and organizations, as well as Naloxone trainings. This position will coordinate the development of the LIGHT Project Advocacy Group as well. They will also act as a liaison between current users and the LIGHT Project staff. The Data Manager (0.10 FTE) has 15 years of experience working in data collection and reporting. This person will act as the main staff in charge of making sure the data is entered correctly and the grant reports are turned in on time.

Key staff that are not funded through this grant include the Harm Reduction Coordinator, who is responsible for the overall coordination of the LIGHT Project at the MPHR clinic and mobile van unit. This includes training and mentoring of new harm reduction communities and organizations, as well as Naloxone and wound care trainings. They will supervise all LIGHT Project staff and volunteers that are involved with the program. In addition, they will work directly with the Monongalia County Health Department and with other partners involved with the project. The Executive Director of MPHR provides guidance and supervision over the entire program. They have almost 40 years of experience in the medical field and over 20 years at MPHR. The Assistant Director will also help on this project, having 15 years of experience as a Program Evaluator, Grants Manager, and is currently the Evaluation Team Leader. The newly hired Nurse Practitioner will also play a role in the success of this program. They are a licensed Psychiatric Mental Health Nurse Practitioner with experience in developing a harm reduction program at a medical clinic in West Virginia.

2. **What is the CEO/Executive Director's salary?** $87,487

2023 S.L. Gimbel Foundation APPLICATION

V. Project Budget and Narrative (Do not delete these instructions on your completed form and use this form).

A) **Budget Table**: Provide a detailed line-item budget for your **entire** program by completing the table below. Note that if funded, this is the budget that you will have to refer to in the Evaluation (Final) Report.

A breakdown of specific line item requests and attendant costs should include:

1) Line item requests for materials, supplies, equipment and others:
    a. Identify and list the type of materials, supplies, equipment, etc.
    b. Specify the unit cost, number of units, and total cost
    c. Use a formula/equation as applicable. (i.e. 40 books @ $100 each = $4000)
2) Line item requests for staff compensation, benefits: **Do not use FTE percentages**.
    a. Identify the position; for each position request, **specify the hourly rate and the number of hours** (i.e. $20/hr x 20 hours/week x 20 weeks = $8,000)
    b. For benefits, provide the formula and calculation (i.e. $8,000 x 25% = $2,000)
3) Line items on Salaries/Personnel included in budget (contribution or in-kind) but NOT requested from the Gimbel Foundation must be broken down per number 2) above: Provide rate of pay per hour and number of hours.
4) The Gimbel Foundation **does not fund indirect costs.**

Line Item Request	Line Item Explanation	Support From Your Agency	Support From Other Funders	Requested Amount From Gimbel	Line Item Total of Project
Medicine	Narcan $600/month x 12 months	0	$5000	0	$5,000
Medical Supplies	Harm reduction supplies (syringes, cookers, foil, etc..) $6000/month x 12 months	0	$30,000	$42,000	$72,000
Office Supplies	Monthly office supplies @ ~$83.33/month x 12 months	0	$1,000	0	$1,000

Phones	Cell phone plan $50/months x 12 months	0	$600	0	$600
Printing and Reproduction	Monthly printing costs for brochures ~$83.33/month x 12 months	0	$1,000	0	$1,000
Equipment	2 laptop and software. $1000 each	0	0	$2,000	$2,000
Mileage	$100/week for gas for outreach	0	0	$5,200	$5,200
Peer Recovery Support Specialist	$15/hour x 40 hours/week x 52 weeks	0	0	$31,200	$31,200
Medical Assistant	$15/hour x 40 hours/week x 52 weeks	0	0	$31,200	$31,200

Registered Nurse/Clinical Coordinator	$28.85/hour x 10 hours/week x 52 weeks	0	0	$15,000	$15,000
Data Manager	$18/hour x 4 hours/week x 52 weeks	0	0	$3,744	$3,744
Fringe Benefits	$81,144x7.65%	0	0	$6,208	$6,208
TOTALS:			$37,600	$136,552	$174,152

B) **Narrative:** The budget narrative is the justification of "how" and/or "why" a line item helps to meet the program deliverables. Provide a description for each line item. Each line item must have a narrative. Explain how the line item relates to the program. If you are requesting funds to pay for staff, list the specific duties of each position. See attached SAMPLE Program Budget and Budget Narrative

1. Medicine:
   Narcan will be used to give to participants of the LIGHT Project as well as when the outreach team provides Narcan training to the community. This will help prevent opioid overdose deaths.
   $600/month x 12 months=$5,000
2. Medical Supplies:
   Harm Reduction materials such as syringes, cookers, foil, etc., that are given to clients during the SSP.
   $6000/month x 12 months= $72,000
3. Office Supplies:
   Direct Office Supplies will allow the Peer Support Specialist, Medical Assistant, Registered Nurse, and Data Manager to have office supplies and data collection materials.
   ~$83.33/month x 12 months= $1,000
4. Phones:
   A cell phone plan will allow for communication between staff and clients when providing outreach services.
   $50/month x 12 months= $600
5. Printing and Reproduction:
   Brochures are given out to clients when they come into the clinic and informational cards about Narcan, HIV, and HCV are available to participants at the LIGHT Project.
   ~$83.33/month x 12 months= $1,000
6. Equipment:
   Two laptops and Microsoft software are needed for new employees (Peer Recovery Support Specialist and Medical Assistant) for data collection and intake forms.
   $1000 each= $2,000
7. Mileage:

This would cover gas costs for the van during the outreach programs by the Medical Assistant and Peer Recovery Support Specialist.
$100/week= $5,200

8. Peer Recovery Support Specialist:
   This would cover the entire salary of a new Peer Recovery Support Specialist. The new PRSS will be a necessary component for the LIGHT Project for participants to utilize. They will also be a supportive member of the outreach team.
   $15/hour x 40 hours/week x 52 weeks= $31,200
9. Medical Assistant:
   This would cover the entire salary of the new Medical Assistant. The Medical Assistant would accompany the Registered Nurse during outreach programs to provide education, promote harm reduction, overdose prevention, and HIV/HCV prevention.
   $15/hour x 40 hours/week x 52 weeks= $31,200
10. Registered Nurse/Clinical Coordinator:
    This would cover partial costs of the RN's salary. The Registered Nurse will develop a public health outreach plan and strategic community engagement opportunities for education about harm reduction, HIV/Hepatitis infections, and services linked to the clinic. The RN is also required to oversee the LIGHT Project.
    $28.85/hour x 10 hours/week x 52 weeks= $15,000
11. Data Manager:
    This would cover partial costs of an already existing Data Manager's salary. This position would continue to provide statistics for the LIGHT Project and outreach programs. They would also partake in intake forms for clients who are coming to the clinic.
    $18/hour x 4 hours/week x 52 weeks= $3,744
12. Fringe Benefits:
    This would cover the costs of Fringe taxes placed on the staff's salary.
    Peer Recovery Support Specialist: $31,200 X 7.65% = $2,387
    Medical Assistant: $31,200 x 7.65% = $2,387
    Registered Nurse/Clinical Coordinator: $15,000 x 7.65% = $1,148
    Data Manager: $3,744 x 7.65% = $286

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VI. Sources of Funding: Please list your current sources of funding and amounts.

Secured/Awarded

Name of Funder: Foundation, Corporation, Government, Individual Donors, Other (specify)	Amount
Foundation	$442,827
Corporation	0
Government	$1,127,876
Individual Donors	$32,000
United Way	$116,000
Fundraising	$114,000

Pending

Name of Funder: Foundation, Corporation, Government, Individual Donors, Other (specify)	Amount	Decision Date
Gimbel	$136,552	11/30/23
Bowers Foundation	$15,000	8/15/23
Yield Grant	$1,000,000	9/30/23

Diversity of Funding Sources: A financially healthy organization should have a diverse mix of funding sources. Complete those categories that apply to your organization using figures from your most recent fiscal year.

Funding Source	Amount	% of Total Revenue	Funding Source	Amount	% of Total Revenue
Contributions	$36,776	2%	Interest	$4,667	0%
Fundraising/Special Events	$36,516	2%	Medicaid Reimbursement	$44,748	3%
Corp/Foundation Grants	$582,838	33%			
Government Grants	$1,047,118	60%			

Notes:

S.L. Gimbel Foundation APPLICATION

VII. Financial Analysis

Agency Name: Milan Puskar Health Right, Inc
Most Current Fiscal Year (Dates): From 7/1/21 **To:** 6/30/22

This section presents an overview of an applicant organization's financial health and will be reviewed along with the grant proposal. Provide all the information requested on your **entire organization.** Include any notes that may explain any extraordinary circumstances. Information should be taken from your most recent 990 and audit. **Double check your figures**!

Form 990, Part IX: Statement of Functional Expenses

1) Transfer the totals for each of the columns, Line 25- Total functional expenses (page 10)

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
$2,775,302	$2,556,123	$218,741	$438

2) Calculate the percentages of Columns B, C, and D, over A (per totals above)

- Program services (B) – A general rule is that at least 75% of total expenses should be used to support programs
- Management & general administration (C) – A general rule is that no more than 15% of total expenses should be used for management & general expenses
- Fundraising (D) – A general rule is that no more than 10% of total expenses should be used for fundraising

	(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
	Columns B / A x 100	Columns C / A x 100	Columns D / A x 100	
Must equal 100%	92%	7%	1%	

3) Calculate the difference between your CURRENT year budget for management & general expenses and your previous management & general expenses per your 990 (Column C)

Percentage of Organization's Current Total Budget used for Administration	Column C, Management & general expenses per 990 above	**Differential**
9%	7%	+2%

If the differential is above (+) or below (-) **10%**, provide an explanation:

Quick Ratio: Measures the level of liquidity and measures only current assets that can be quickly turned to cash. A generally standard Quick Ratio equals 1 or more.

Cash	**+ Accounts Receivables**	**/Current Liabilities**	**= Quick Ratio**
$850,655	$94,064	$92,941	10.2

Excess or Deficit for the Year:

Excess or (Deficit) Most recent fiscal year end	**Excess or (Deficit) Prior fiscal year end**
(123957)	$611455

Notes:

In FY2021, we received ARPA funds from the City of Morgantown to purchase a new facility and move. The ARPA funds hit the income statement in FY21, thus our net income for that year was $611,455.

VIII. EMAIL TWO PDF files to Gimbel@iegives.org

A. One PDF file of the following, #1 to #5 **B. Second PDF file of the following, #6 & #7**

# 1	Completed Grant Application Form (cover sheet, narrative), budget page and budget narrative (see sample) and sources of funding, financial analysis page	# 6	A copy of your most recent year-end financial statements (audited if available)
# 2	Your current operating budget and the previous year's actual expenses (see sample Budget Comparison)	# 7	A copy of your most recent 990. **Please make sure that the Form 990 you submit is no more than two (2) years old.**
# 3	Part IX **only** of the 990 form, Statement of Functional Expenses (one page). **Please make sure that the Form 990 you submit is no more than two (2) years old.**		
# 4	For past grantees, a copy of your most recent final report.		
# 5	A copy of your current 501(c)(3) letter from the IRS		

SAMPLE Budget Comparison

	Actuals Most Recently Completed Year	Budget Projections Current Year	Variance
Income	**2023___**	**2024____**	
Individual Contributions	-	146000	-
Corporate Contributions	-	0	-
Foundation Grants	-	593827	-
Government Contributions	-	1127876	-
Other Earned Income	-	60000	-
Other Unearned Income	-	0	-
Interest & Dividend Income	-	8000	-
Total Income	-	**1935703**	-
Expenditures			
Personnel			
Salary CEO/Executive Director	87,487	89236	1749
Staff Salary (total)	1,306,737	1237337	-69400
Payroll Taxes	103852	104969	1117
Insurance - Workers' Comp	2,082	1800	-282
Insurance - Health	65,687	83486	17799
Payroll Services	4582	4820	238

Retirement	0	0	0
Total Personnel	**1570427**	**1521648**	**-48779**
General Program/Administrative			
Bank/Investment Fee	745	750	5
Publications	581	500	-81
Conferences & Meetings	3353	2750	-603
Mileage	19684	17750	-1937
Audit & Accounting	15000	10000	-5000
Program Consultants	0	0	0
Insurance Expense	18876	25200	6324
Telephone Expense - Land Lines	9838	10140	302
DSL & Internet	8827	5940	-2887
Website	0	0	0
Office Supplies	12951	10750	-2201
Postage & Delivery	1718	2025	307
Printing & Copying	4124	4000	-124
Miscellaneous	384616	320095	-64521

Total General Program/Administrative	**480313**	**409900**	**-70413**
Total Expenditures	**2050740**	**1931548**	**-119192**
Revenue Less Expense	**-**	**4155**	**-**

SAMPLE Project Budget and Budget Narrative

Line Item Request	Line Item Explanation	Support From Your Agency	Support From Other Funders	Requested Amount From TCF	Line Item Total of Project
Personnel: Project Coordinator	10 hours/week x $20/hour x 40 weeks = $8,000			$ 8,000	$ 8,000
Meetings	10 meetings x $200/meeting for food and drinks = $2,000		$1,000	$ 1,000	$ 2,000
Training and Education: Honoraria-trainers	10 trainers x $200/trainer = $2,000			$ 2,000	$ 2,000
Materials and Supplies	$40/student x 40 students = $1,600	$ 600		$ 1,000	$ 1,600
Workbooks	$30 each x 40 students = $1,200	$ 200		$ 1,000	$ 1,200
Facility Cost	$300/meeting x 10 meetings = $3,000			$ 3,000	$ 3,000
Grant awards		$5,000	$5,000	$10,000	$20,000
Youth Recognition Event: Food	$10/person x 100 people = $1,000			$ 1,000	$ 1,000
TOTALS:		$5,800	$ 6,000	$27,000	$38,800

Budget Narrative:

1. Personnel: Project Coordinator
   Coordinate all activities of the Youth Program such as setting meeting schedules, contacting students, preparing materials for meetings, scheduling trainers, etc.

10hrs/week x $20/hr. x 40 weeks = $8,000

2. Meetings: 10 meetings x $200/meeting for food, drinks, snacks. There are 40 students per meeting. Cost per student is $5 x 40 students = $2,000
3. Training and Education: Honoraria for 10 trainers/presenters x $200/trainer = $2,000.
4. Materials & Supplies - paper, binders, pens, etc. for meetings, activities, events. 40 students x $40 per student = $1,600.
5. Workbooks: Leadership training workbooks costs $30 each x 40 students = $1,200
6. Facility cost – Room cost at a nonprofit agency is $100/hour x 3 hours per meeting x 10 meetings = $3,000
7. Grantmaking – Grant awards to nonprofit youth agencies. Maximum $2500/agency x 8 = $20,000
8. Youth Recognition Event – end of the year event for students and grantees. 100 attendees x $10/person = $1,000

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ... X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1032374.	881021.	151353.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	53737.	45937.	7800.	
9 Other employee benefits	89193.	76765.	12428.	
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	10000.		10000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1387341.	1387341.		
12 Advertising and promotion				
13 Office expenses	4325.		3887.	438.
14 Information technology				
15 Royalties				
16 Occupancy	128735.	102414.	26321.	
17 Travel	13385.	13385.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35167.	31630.	3537.	
23 Insurance	17076.	13661.	3415.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	3969.	3969.		
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	2775302.	2556123.	218741.	438.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

IRS

Exempt Organizations Select Check Exempt Organizations Select Check Home

Organizations Eligible to Receive Tax-Deductible Charitable Contributions (Pub. 78 data) - Search Results

The following list includes tax-exempt organizations that are eligible to receive tax-deductible charitable contributions. Click on the "Deductibility Status" column for an explanation of limitations on the deductibility of contributions made to different types of tax-exempt organizations.

Results are sorted by EIN. To sort results by another category, click on the icon next to the column heading for that category. Clicking on that icon a second time will reverse the sort order. Click on a column heading for an explanation of information in that column.

1-1 of 1 results Results Per Page 25 OK « Prev | 1-1 | Next »

EIN	Legal Name **(Doing Business As)**	City	State	Country	Deductibility Status
31-1118673	Milan Puskar Health Right Inc.	Morgantown	WV	United States	PC

« Prev | 1-1 | Next »

Return to Search

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: February 1, 1990

Person to Contact:
Sarah Varnum
Telephone Number:
513-684-3957
Refer Reply to:
EP/EO
EIN:
31-1118673

Morgantown Health Right, Inc.
P.O. Box 1519
Morgantown, WV 26507-1519

Dear Sir or Madam:

This is in response to your request for a letter confirming your exempt status and Employer's Identification Number (EIN).

Our records show that we issued a determination letter dated January 30, 1985, which recognized your organization as exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. You are classified as a publicly supported organization, and not a private foundation, because you are described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Code. Donors may deduct contributions to you as provided in section 170 of the Code.

Our determination letter issued January 30, 1985, is still in effect.

If you have any questions concerning this matter, you may contact us at the address or telephone number shown in the heading of this letter.

This is an affirmation letter.

Sincerely yours,

Harold M. Browning
District Director