HUMAN SERVICES GRANTS PROGRAM (HSGP)

FY 2020-21 PROGRAM STATUS REPORT

Agency: Family Service of Santa Monica (FSSM)

Program: Community Mental Health

###### FY 2020-21 SUBMISSION CALENDAR



###### SECTION I: PROGRAM ACCOMPLISHMENTS, CHALLENGES, AND CHANGES

During this fiscal year, Family Service of Santa Monica (FSSM) has continued to provide high quality mental health services to the community, despite various challenges related to the COVID-19 pandemic. Our agency has been operating under modified conditions since March 2020 and will continue to be cautious for the safety of our staff and the community as we transition to in-person services. We continue to focus on being visible and accessible within the community, despite limitations that prevent in-person contact. As in previous years, the prevalence of trauma continues to be a constant occurrence among our community members, if not more so now during the past year. Financial disparities and the lack of access to affordable housing have also continued to escalate in the community. FSSM continues to witness the challenges in society at large and remains focused on serving our community.

FSSM has continued to seek out opportunities to outreach and interact with our community. This ability continues to be significantly impacted by the COVID-19 pandemic. With many physical locations still closed and most local community events being held virtually, we continue to engage with our community via virtual platforms. Much of our service delivery continues to be conducted via HIPAA-compliant on-line platforms. Telehealth has continued to be more challenging for both our clients and clinicians; some of these challenges include reliable internet, access to devices, and engaging in relational work through a method that is not traditionally relational. We have also continued to observe higher levels of stress and burnout amongst our clients and clinicians; this has increased during the most recent months when students returned to on-campus activities. Despite this, our clients and clinicians have continued to be flexible and creative in navigating these challenges to meet various needs and ensure that services remain accessible and of high quality. Service delivery with our younger clients has required increased creativity on the part of our clinicians in order to keep children engaged and participating each week.

During this fiscal year, our formal community outreach efforts were limited to the Virginia Avenue Park (VAP) Food Pantry (Fall 2020) and a few virtual events. In April 2021, FSSM staff participated in the virtual Santa Monica Arts and Literacy Festival, leading a DIY Stressball activity with approximately 30 viewers in attendance.

Despite the on-going challenges associated with operating during a pandemic, FSSM was quite successful in our ability to provide Reflective Parenting Program (RPP) groups for the community. In January 2021, 6 RPP groups began their 10-week curriculum. An additional group began in March 2021. All 7 groups were held via Zoom and completed during this reporting period, with a total of 55 group participants. Groups were held in Spanish and English, both for parents of teens and school-aged children. Four of the groups were funded by SMMUSD, 1 group was funded by QueensCare (agency-based), and 2 groups were part of the School-Based Mental Health program funded by the City.

We have also continued with our work under the Innovations-II grant, funded by LACDMH, in partnership with the Westside Infant-Family Network (WIN). In January and February 2021, our staff provided informal consultation to school administrators within SMMUSD. In March 2021, the McKinley ES Site Coordinator facilitated a workshop for McKinley staff and teachers titled, Management in Distance Learning. This was held via Zoom with approximately 30 attendees. In April 2021, the John Muir ES Site Coordinator and the School-Based Supervisor facilitated Social-Emotional Learning (SEL) workshops. Workshops were held via Zoom and on-campus. Workshops focused on supporting parents through the transition from distance learning to returning to school. There was a total of 143 attendees, who were all parents of students who attend McKinley ES or John Muir ES. In May 2021, site coordinators facilitated a workshop for students from John Muir ES, McKinley ES, and Edison Language Academy. The workshop was provided via Zoom and focused on supporting 5th grade students in their transition to middle school. Seventeen students were in attendance. In June 2021, staff facilitated an SEL workshop at McKinley ES, with 24 students in attendance. The SAMOHI Site Coordinator also facilitated an SEL workshop, with a total of 6 students in attendance.

FSSM continues to maintain its partnership with Santa Monica College (SMC) through the Pico Partnership program. A full-time FSSM Field Clinician has continued to maintain a positive relationship with staff in the Pico Partnership program. FSSM only received 2 referrals for mental health services during this fiscal year, 1 of which resulted in on-going services with FSSM. FSSM led 2 workshops for SMC Pico Partnership students, with a total 24 students between the Fall and Spring workshops. All students reported a positive experience after participating. Despite some changes in our partnership, FSSM and Pico Partnership will continue to collaborate in providing support to the SMC community.

The FSSM Clinical Director has continued to attend scheduled meetings with the Youth Resource Team (YRT) and Middle School Support Team (MSST). The YRT continues to meet twice a month, and the MSST has increased their meetings from once a month to twice a month. Our Clinical Director has been able to provide support and collaborate with YRT and MSST staff in providing linkage to mental health services. It is expected that the Intake Coordinator will assume this responsibility once hired and settled in the position.

FSSM continues to ensure that our staff and interns experience various opportunities for training and development. This includes bi-monthly trainings, and opportunities to be certified in various Evidence-Based Practices (EBPs). During this fiscal year, staff and interns received training focused on suicide prevention, trauma, and the roles of local agencies including the Los Angeles County Department of Child and Family Services (DCFS) and the Los Angeles County Psychiatric Mobile Response Team (PMRT). We were able to offer training in the Managing and Adapting Practices (MAP) EBP to our MSW and MFT student interns. This training was held in November and December 2020; at the time of this report all candidates are awaiting certification results. Finally, as mentioned in the previous reporting period, 3 staff completed their RPP Level-2 training.

###### SECTION II: ASSESSMENT, EVALUATION AND PARTICIPANT INVOLVEMENT

Our Intake and Referral Program is evaluated in terms of outputs and trends. This is done by tracking each phone call for demographic information that includes (but is not limited to): geographic location, income level, age, reason for calling, presence of risk factors (e.g., substance abuse, exposure to violence, recent crisis, and suicidality), and the need for additional referrals. These statistics are compiled and reported regularly to the agency’s administration, as well as the Los Angeles County Department of Mental Health (LACDMH).

During this fiscal year, FSSM conducted a total of 272 telephone intakes, of which 122 were identified as Santa Monica Participants. Of those 272 telephone intakes, 172 callers (68 SM Participants) reported experiencing past and/or present trauma at the time of intake. FSSM continues to prioritize our efforts to provide trauma-informed care to our community as trauma has been an increasingly common experience and has shown to have a significant impact across all aspects of an individual’s functioning. We continue to implement treatment models, including EBPs (MAP, TF-CBT, CPP), that serve to address trauma.

Our current Mental Health Counseling program continues to utilize standardized measures for assessing baseline needs and current functioning. Clients, ages 12-18 years old, complete a Youth Outcome Questionnaire-Self Report (YOQ-SR) at the start of treatment, the end of treatment, and at 6-month intervals during treatment. Caregivers of clients, ages 4-17 years old, complete a Youth Outcome Questionnaire (YOQ) at the start of treatment, the end of treatment, and at 6-month intervals during treatment. Clients, ages 19 years old and older, complete an Outcome Questionnaire (OQ) at the start of treatment, at the end of treatment, and at 6-month intervals during treatment. We continue to utilize a computer scoring program, the OQ Analyst, to score these measures and provide additional data analysis. In addition to these questionnaires, we continue to take into consideration the collaborative therapist-client relationship in the development of treatment plans and exploration of progress. Treatment plans, specific objectives, and overall progress are reviewed at 90-day intervals throughout treatment as on-going assessment of needs, functioning, and progress.

For those clients who are receiving treatment under an EBP model, additional outcome measures are also administered as supplemental measurements. Each supplemental measure is specifically matched with each EBP and helps to evaluate client outcomes on a more focused level. For example, TF-CBT and Seeking Safety require the use of the UCLA PTSD Trauma Reaction Index, while Interpersonal Psychotherapy (IPT) requires the use of the Patient Health Questionnaire (PHQ-9). Like the OQ, YOQ-SR, and YOQ, these more specific measures are administered at the start of the EBP model, at the end of the EBP model, and at 6-month intervals during treatment under the EBP model.

As mentioned in previous reports, FSSM continues to utilize the Child and Adolescent Needs and Strengths Assessment (CANS) and Pediatric Symptom Checklist (PSC) for all clients receiving services under LACDMH funding. The CANS is administered collaboratively between the therapist, client, family, and/or identified supports, for clients ages 6 to 21 years old. The PSC is a Likert scale questionnaire administered to the caregiver of clients ages 3 to 19 years old. In November 2020, the CANS was also expanded to include clients in the 0-5 years old population. Additionally, FSSM utilizes the Needs Evaluation Tool (NET) for all clients who are 22 years old and older. Implementation of these measures occurs within the first 30 days of admission, at the end of treatment, and upon 6-month intervals throughout treatment. The CANS and NET are intended to coincide with the provision of Intensive Clinical Care services (ICC) and/or Targeted Case Management services (TCM), which supplement general mental health services.

As previously mentioned, our partnership with the Westside Infant Family Network (WIN) continues to remain strong as part of our involvement in the Innovation-II Grant, a LACDMH-funded grant. This grant serves to expand trauma-informed care throughout the community and the general service area. While this grant is entering its last year, this collaboration continues to provide FSSM with opportunities to share trauma-informed trainings with the community, and further leverage our other programs.

FSSM has also continued to benefit from small privately funded grants that allow us to maintain our ability to provide mental health support to individuals, who may otherwise go unserved as a result of financial hardship and/or the absence of adequate health insurance. During this fiscal year, these grants have provided additional financial support for the agency and allowed us to continue to serve the community despite spending down our LACDMH contract in some funding areas. The QueensCare grant has continued to provide support for low fee individual clients, the majority of whom reside outside of the local Santa Monica area. The funders have also recognized the impact of our current climate on parents/caregivers and have funded several RPP groups during the past fiscal year. The RAR grant, which was awarded to FSSM for the 4th consecutive year during the previous reporting period, has continued to allow us to lower our fees, below our established fee scale for adult clients. FSSM was also awarded the TraceLink grant and HOAG Foundation grant, both of which have directly enabled us to continue to provide services to clients when we reached capacity with our LACDMH funding in March 2020.

FSSM continues with on-going collaborative partnerships, including the Cradle to Career (C2C) Committee and its Behavioral Health and Vulnerable Youth and Families subcommittees, the Youth Resource Team (YRT), the Middle School Support Team (MSST), the Childcare and Early Education Taskforce (CCEETF) and its Steering Committee, Venice Family Clinic (VFC)/SAMOHI Wellness Center, the Westside Mental Health Network, the Westside Anti-Violence Authority Coordinating Council, and the DMH Service Area 5 Leadership Team (SALT). Additionally, FSSM continues to collaborate with LACDMH Specialized Foster Care (LACDMH-SFC), LACDMH ACCESS, and local DCFS offices.

###### SECTION III: BOARD INVOLVEMENT

The Board meets quarterly. In addition to regularly scheduled Board Meetings there are committee meetings including, Education, Program and Outcomes Finance, Governance, Development, Audit and Investment. For the reporting period January-June 2021, the Board met on April 21, 2021 and on June 16, 2021. 17 members attended the April meeting, and 16 members attended the June meeting. The remaining meetings for 2021 will be on September 22, 2021 and December 8, 2021.

The Board is overseeing the Strategic Plan ensuring that goals and standards are being met. Vista hired a Director of Government and Strategic Affairs that has already been instrumental in orchestrating relationships with local government officials and spearheading legislative changes.

During this period, the Board has participated in a Feed-A-Family campaign to assist clients across all programs as well as an online campaign in which the donations supported programs. A capital campaign for the Glorya Kaufman Performing Arts center is in the planning stages and will be main fundraising focus this year.

Currently none of our board members live, work, or reside in Santa Monica, but several do business or have clients within Santa Monica as well as the immediate surrounding communities of the Palisades, Venice, Marina Del Rey, and West Los Angeles, many of whom support events and organizations in the Santa Monica Community as well as the greater Los Angeles County.

Currently the Board consists of 26 members, 1 of which is a consumer member and 1 constituent member. We have 1 vacant Board Member seat. Vista has a nominating committee and nominating process that will be followed. In addition to this, there are plans to add a few honorary board seats from the government sector to address our needs in the area of government affairs. When we attempt to identify new members, we have a major goal of diversity and inclusion, both in terms of ethnicity, gender, and skillset.

###### SECTION IV: STAFFING PATTERN

During the latter part of this fiscal year, FSSM again experienced significant staff turnover. In March 2021, our Intake Coordinator resigned; the Clinical Director has assumed oversight and will coordinate all intakes until the position is filled. In April 2021 and May 2021, the Manager of Community Outreach, a Field-Based Clinician, and a Supervisor resigned from their positions. The School-Based Supervisor transitioned to Manager of School-Based Services; this allows her to provide clinical supervision to staff and interns, in addition to administrative oversight. In June 2021, a Field-Based Clinician resigned from her position following an unexpected leave of absence. Another Field-Based Clinician has also been out on unexpected medical leave since that time; she is expected to return in August 2021. In June 2021, a(Field-Based Clinician, two School Site Coordinators, and a Program Director resigned from their positions; they are expected to leave the agency during the next reporting period. A new Program Director has been identified and will join FSSM in September 2021. A School Site Coordinator will transfer from her current position and assume the role of Field-Based Clinician; this will go into effect early in the next reporting period. Finally, a part-time Field-Based Clinician has decided not to return following her maternity leave. Due to significant changes in our LACDMH contract, our budget does not allow us to fill all these vacancies. Looking ahead into the new fiscal year and reporting period, we expect to fill the Intake Coordinator vacancy, Program Director vacancy, all 3 School Site Coordinator vacancies, and the part-time Field-Based Clinician position. During this time, our remaining MFT interns are providing support to our clients. We have also been working to provide warm handoffs to other community agencies for any existing clients and clients who are currently on our assignment list. Despite these staffing challenges, we will continue to prioritize services for our Santa Monica community.

FSSM continues to welcome MSW student interns and MFT student interns each year. Our interns are volunteers and are placed at FSSM as part of their graduate program requirements. Each intern provides approximately 10 hours of direct service to clients each week, with a total of approximately 20 hours dedicated to FSSM each week. All interns are supervised on a weekly basis, one hour individually or triadically and 2 hours in group supervision, by an FSSM licensed staff. As expected, our 7 MSW interns completed their fieldwork placement in June 2021. We are expecting 7 new interns during the next reporting period, 1 of whom has a PPSC credential. Additionally, 2 MFT interns started their fieldwork placement at FSSM in May 2021. Our current MFT interns are expected to complete their fieldwork placement early during the next reporting period. We are also expecting 1 more MFT intern to start their fieldwork placement with the new MSW interns.

**SECTION V: SPECIAL FUNDING CONDITIONS**

Standard Funding Conditions:

1) FSSM continues to participate in the City’s effort to develop an outcomes measurement system to better track Human Services (HSD) program demographics and outcomes. In March 2021, FSSM and the City met briefly to review the format for our Program Plan and Outcome reporting. As previously mentioned, the agency maintains tracking logs that identifies and monitors various demographic information and outcomes.

2) FSSM continues to be proactive in its adherence to COVID-19 safety protocols. We have remained closed to the public since March 2020, with modified business hours. We continue to limit the number of staff/interns who are permitted on-site at any given time. At this time, we are gradually encouraging our staff/interns to make appointments to come into the office to complete administrative tasks. A small number of our staff have chosen to meet with specific clients in the field. All safety precautions are taken to protect the community and themselves. Most of our services, including groups and our staff-related meetings, continue to be held via Zoom or Microsoft Teams. Sanitizing products and PPE are readily available to all staff/interns. Face masks are mandatory for anyone who is on-site. We continue to utilize our locked mailbox provide no-contact accessibility. FSSM will continue to adhere to local, county, state, and federal guidelines with respect to operations during the COVID-19 pandemic. We anticipate a gradual return to in-person operations through the next reporting period.

3) At FSSM, attention to racial equity, diversity, and cultural competency has historically been a priority, and will continue to be so indefinitely. We recognize the variety of disparities among the community we serve and understand the significant role that race, particularly systemic racism, plays in these inequities. Our leadership team at FSSM, and at our parent agency, Vista Del Mar, participate in on-going workshops, trainings, and discussions that focus on addressing inequities and promoting diversity. FSSM has incorporated this priority into its infrastructure and agency culture through the development of a Cultural Climate Committee and Affinity Groups. This committee and these groups serve to provide our staff and interns with a space to explore the intersection of race, diversity, and culture with our roles as clinicians, as well as how these aspects impact our clients and the clinical work we do with them. Additionally, we focus on incorporating a culturally competent perspective in the trainings we provide throughout the year. We also hold the expectation that our staff and interns are individually responsible for seeking knowledge and exposure to issues of racial inequity, diversity, and cultural competency outside of their time with FSSM.

The current VDM Board of Directors is comprised of 11 women and 15 men, of whom 22 are Caucasian, 1 African American, 2 Hispanic/Latino and 1 person of Middle Eastern decent.

Our Executive Management Team currently consists of 14 members – 11 women and 3 men of whom 10 are of Caucasian lineage, 1 person of Hispanic origin and 3 African-American.

The supervisory staff of the CMH program is comprised of 4 women; 1 African-American, 1 Asian-American, 1 Hispanic/Latino and 1 of Caucasian heritage.

4) FSSM tracks and monitors for housing instability during our intake and assessment process. Individual clinicians provide support to clients, as needed, with respect to housing resources and linkages. Additionally, our Clinical Director disseminates resources and information to our staff and interns regarding housing opportunities.

Youth and Families Agencies:

1) FSSM continues to actively participate in Santa Monica Cradle to Career (SMC2C) meetings and initiatives. Our Early Childhood Well-Being Program (ECWP) staff regularly attend and/or host the Resource Network Meeting, and the Early Childhood Task Force (ECTF) and its Steering Committee.

2) FSSM continues to collaborate with the City and various community partners in order to provide coordinated care to the community in the aftermath of a crisis. While we have been able to prioritize community members who are impacted by COVID-19, we have not offered any Brief Intervention services through the agency during this reporting period.

Mental Health Programs:

1) During this fiscal year, we have served a total of 217 Santa Monica Participants in our Community Mental Health Program. One hundred ninety-one of these participants were served under LACDMH funding; this includes clients who have Medi-Cal and those who do not. The remaining 26 participants were served as Private Pay clients, 12 of whom participated in a privately funded grant that allowed for a significantly reduced fee. We did not provide services to anyone under Health Families funding or private insurance during this reporting period.

**SECTION VI: DEMOGRAPHICS**

The following tables track data on program participant needs and the inter-agency relationships utilized to address them. Please provide this information as completely and accurately as possible for participants entering your program.

|  |  |  |
| --- | --- | --- |
| **ASSESSMENT OF ADDITIONAL SERVICE NEEDS**  **(Santa Monica Participants)** | **FY 20-21**  **Number Responding “Yes”**  **at Mid-year** | **FY 20-21**  **Number Responding “Yes”**  **at Year-end** |
| 1. “Do you or anyone in your household have unmet employment needs?” | 30 | 52 |
| 1. ”Have you missed or been late on a home rental or mortgage payment within the last 12 months?” | 17 | 30 |
| 1. “Do you or anyone in your household have an unmet childcare/afterschool need?” | 7 | 16 |

|  |  |  |
| --- | --- | --- |
| **INCOMING PARTICIPANT REFERRALS**  **(Santa Monica Participants)** | **FY 20-21**  **Number**  **at Mid-year** | **FY 20-21**  **Number**  **at Year-end** |
| Participants referred by another agency | 22 | 44 |
| **Please list the top 3 referring agencies** |  |  |
| * 1. **VFC** | 11 | 14 |
| * 1. **Online** | 4 | 11 |
| * 1. **DMH** | 3 | 8 |

**SECTION VII: PROGRAM SERVICES AND OUTCOMES**

Provide a status report on the program activity levels and outcomes for Santa Monica program participants as indicated in Section III of your Program Plan. Examples have been provided for your reference; please insert rows as needed to align with your Program Plan. For outcome achievement not documented in a report, please provide narrative explanation and/or documentation of how outcome data is captured.

| **OUTPUTS AS SHOWN IN PROGRAM PLAN** | **OUTPUT STATUS REPORT**  (Actual number of unduplicated persons who received/participated in the output during the reporting period) | **OUTCOMES AS SHOWN IN PROGRAM PLAN** | **OUTCOME STATUS REPORT**  (Actual number and percentage of unduplicated participants who achieved the outcome during the reporting period) |
| --- | --- | --- | --- |
| Community Mental Health services including, psychotherapy, assertive case management linkages, and parenting engagement and support for child, young adult (TAY), single parent and adults with trauma. Parent Education Groups  Intakes | 65 clients will be served for four or more sessions.  Mid-Year: The agency has served a total of 119 unduplicated Santa Monica Participant (SMPP)clients.  Year-End: The agency has served a total of 217 unduplicated Santa Monica Participant (SMPP) clients.  10 parents/caregivers in 1 group  Mid-Year: Four RPP groups have been conducted in the community mental health program during this reporting period, for a total of 20 parents/caregivers completing the group. At the time of this report, 1 of the 4 groups is on-going through February 2021; this group currently has 10 caregivers in attendance. Of the 4 groups, 3 have been privately funded by small grants.  Year-End: One RPP group has been conducted during this reporting period in the community mental health program, with 13 attendees completing the group.  100 children, youth, and/or adults  Mid-Year: FSSM conducted 162 telephone intakes, of which 71 were Santa Monica Participants.  Year-End: FSSM conducted a total of 272 telephone intakes, of which 122 were Santa Monica Participants. | Of the clients who completed a minimum of 6 months of treatment, the following with occur: a) For children ages 4-17, 75% of YOQ (parent) measures will demonstrate improvement in the child’s social, emotional, school, or vocational functioning, as measured by any decrease in the total score over a 6-month interval of treatment.  b) For youth ages 12-18, 70% of YOQ-SR (self-report) measures will demonstrate improvement in their social, emotional, school, or vocational functioning, as measured by any decrease in the total score over a 6-month interval of treatment.  c) For adults ages 19 and older, 70% of the OQ (self-report) measures will demonstrate improvement in their social, emotional, school, or vocational functioning, as measured by a decrease in the total score over a 6-month interval of treatment.  d) 90% of YRT involved youth and their families referred to FSSM will begin mental health services and a minimum of 80% will contribute beyond the first 4 sessions. | a) Mid-Year: For children ages 4-17, 50% of YOQ (parent) measures indicated improvement in the child’s social, emotional, school, or vocational functioning, as measured by a decrease in total score during a 6-month treatment period. Year-End: For children ages 4-17, 64% of YOQ (parent) measures indicated improvement in the child’s social, emotional, school, or vocational functioning, as measured by a decrease in total score during a 6-month treatment interview.  b) Mid-Year: For youth ages 12-18, 62% of YOQ-SR (self-report) measures demonstrated improvement in social, emotional, school, or vocational functioning, as measured by a decrease in total score during a 6-month treatment period.  Year-End: For youth ages 12-18, 50% of YOQ-SR (self-report) measure demonstrated improvement in social, emotional, school, or vocational functioning, as measured by a decrease in total score during a 6-month treatment period.  c) Mid-Year: For adults ages 19 and older, 62% of OQ (self-report) measures demonstrated improvement in social, emotional, school, or vocational functioning as indicated by a decrease in the total score over a 6-month duration during treatment.  Year-End: For adults ages 19 and older, 64% of OQ (self-report) measures demonstrated improvement in social, emotional, school, or vocational functioning as indicated by a decrease in the total score over a 6-month duration during treatment.  d) Mid-Year: Of the 3 clients/families referred to FSSM from MSST/YRT, 1 family was connected to ECWP for case management services. The other 2 clients (parent/child) were referred to FSSM for mental health services, are still pending. FSSM has repeatedly reached out to these individuals to initiate services. The child has not responded to any efforts to contact them. The parent has requested to wait until child initiates services.  Year-End: Of the 2 pending clients mentioned in the previous reporting period, neither client responded to efforts to initiate services; their requests were closed. There were no referrals from MSST/YRT during this reporting period. |
| 90% of the parents/caregivers who complete this series will report an increased ability to manage their child’s/children’s challenging behaviors.  85% of people who completed a telephone intake will be seen in therapy at FSSM or referred to an appropriate alternative resource. | Mid-Year: All parents (100%) who completed their RPP groups reported overall satisfaction with the group and an improved ability to manage their child’s/children’s challenging behaviors.  Year-End: All parents/caregivers (100%) who completed their RPP group reported overall satisfaction with the group and an improved ability to manage their child’s/children’s challenging behaviors.  Mid-Year: Of the 71 telephone intakes for Santa Monica Participants, 67 (94%) received therapy at FSSM, or were provided referrals to an alternative resource. Of 4 Participants who did not receive services, 1 requested to wait indefinitely due to personal reasons, 3 of which 2 are siblings were unresponsive to subsequent efforts to obtain information.  Year-end: Of the 51 telephone intakes for Santa Monica Participants from this reporting period, 18 (35%) received therapy at FSSM, or were provided referrals to an alternative resource. Twenty-one (41%) never responded to follow-up, indicated they were no longer interested, or have yet to provide us with required documentation. All remaining 12 participants have been offered referrals but have declined and asked to continue waiting. It is also important to note that all participants have been offered referrals. At year-end, a total of 70% of Santa Monica Participants who completed phone intakes, received therapy at FSSM. |

###### VARIANCE REPORT:

###### Mid-year:

###### During this reporting period, FSSM has significantly surpassed its program participant, Santa Monica Participant, and Intake target outputs. The agency noticed a significant influx of referrals in coincidence with the return to school and distance learning scenarios. FSSM has been fortunate enough to meet the needs of the majority requests and remain accessible to the community. We do anticipate that these actual output numbers will decrease upon resolution of the pandemic.

###### It is notable that all 3 outcome measure (YOQ, YOQ-SR, OQ) percentages fell below their identified targets, with the YOQ percentages falling 15% below the expected target. As mentioned throughout this report, the agency has noticed a significant increase in stress in our clients and families that appears to coincide with the current pandemic and state of civil unrest. While there can be any number of explanations for this discrepancy, it may be most easily explained by linking the current climate and levels of stress to the overall functioning of our community. The pandemic and state of civil unrest are not experiences that are easily resolved via mental health treatment in a matter of 6 months, particularly when they persist as an almost constant. We may also speculate that the discrepancy in scores is connected to a lower tolerance for mild levels of misbehavior, mood disturbance, academic challenges, etc., that may influence a parent/caregiver’s perception of functioning and influence their ratings. FSSM will continue to monitor for this pattern and support our staff and community in accessing resources that supplement service delivery to account for various environmental stressors.

###### Year-end:

Like the mid-year reporting period, all 3 outcome measures (YOQ, YOQ-SR, OQ) percentages fell below their identified targets. During this reporting period, the YOQ-SR percentage fell 20 % below the expected target. As mentioned previously, the COVID-19 pandemic and its on-going consequences continue to have marked impact on our community. The most likely explanation for this discrepancy is the return to in-person learning, as the YOQ-SR is a self-report for clients ages 12-17. Additionally, for several of these clients the 6-month treatment milestone during which outcomes are administered coincided very closely with the return to in-person learning. As we continue to navigate operations and clinical work during the pandemic and its aftereffects, we will continue to monitor any pattern of discrepancy between targets and actual outcomes as data to inform us of areas of needed support for our community.

During this reporting period, FSSM experienced significant challenges associated with staffing and contract allocations. These variables have significantly impacted our ability to initiate services for our individual callers and meet the 85% target with respect to receiving therapy after intake. The maximization of our DMH allocations in March 2021 and operating significantly under-staffed since May 2021 have made a notable impact on our ability to meet this target. We anticipate that this pattern may continue into the new fiscal year as we will continue to operate with a notably smaller-sized staff and have less DMH funding allocated to us. More specifically, the funding challenges will directly impact our ability to serve clients who are returning to services after previous treatment that lasted more than 6 months in duration. Additionally, due to budgetary limitations we are not able to fill all the full-time field-based clinician vacancies and will be relying on student interns for service delivery.

**SECTION VII: PROPERTY MANAGEMENT**

N/A

**By submitting this report to the Housing and Human Services Division, I certify that this report is true, complete and accurate to the best of my knowledge and that all disbursements have been made in compliance with the conditions of the Grantee Agreement and for the purposes indicated.**