HUMAN SERVICES GRANTS PROGRAM (HSGP)

FY 2020-21 PROGRAM STATUS REPORT

Agency: Venice Family Clinic

Program: SAMOHI Wellness Center

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

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| **SELECT** |
|  |
| X |



**Instructions:**

* This document should be used by HSGP grantees to report on mid-year and year-end outcomes and accomplishments.
* All reports submitted to the City are considered public record. Please note that staff will use the information provided in the mid-year and year-end reports to provide Council and the public with summary reports of agency performance highlighting key outcomes, successes, findings and concerns.
* Some programs or agencies may be subject to additional or different reporting requirements per the program’s Exhibit A, Special Funding Conditions, of your executed Grant Agreement with the City.
* It is important, when preparing this report, to be familiar with the program’s Exhibit B, Program Plan, of your executed Grant Agreement with the City.
* Please insert responses in the spaces provided for Sections I-VII for both the Mid-Year and Year-End Program Status Reports.
* A separate Program Status Report must be prepared for each Program Plan specified in your contract.
* To submit your completed report to the City, upload the file to your agency’s SharePoint folder. A link to your agency’s SharePoint folder as well as instructions on how to use the site will be emailed to your staff separately.

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

Provide a brief summary of your program accomplishments, challenges, and changes that occurred during the reporting period. Please also provide information or observations related to population or service trends.

**SAMOHI Medical Care (Venice Family Clinic):**

Like many organizations and individuals around the world, we at Venice Family Clinic have felt a strong sense of relief as we begin to emerge from one of the most difficult periods in recent memory. Most staff and a growing number of our patients have received the vaccine, allowing us to resume more in-person services. Until recently, the continued decline of local case rates has allowed us to focus on patients whose health needs have been delayed or care deferred due to the pandemic. Understandably, some patients have been hesitant to come see us at our clinic sites, but this means they have fallen behind in crucial routine and specialized services that require being seen in person. However, as cases begin to climb and new variants emerge we will continue to respond in appropriate and nimble ways to ensure patient and staff safety.

As indicated in prior reports, in response to COVID-19 we rapidly expanded our telemedicine infrastructure, transitioning a high volume of visits to phone or video. After reaching as high as 71% during the winter’s severe COVID-19 surge, telehealth currently accounts for under half of all visits. We have focused on vaccinating as many patients as possible with the COVID vaccines in the latter half of this year, and made a concerted effort to reach our teenage patients once the vaccines were approved for use in twelve and above. We are focusing on neighborhoods both within and outside of our usual service area to be sure we reach areas most impacted by COVID that have lower vaccine rates. We have also done a number of one-time vaccine events that we plan to continue offering as needed. With these efforts, we have administered over 14,500 doses to patients and community members thus far, and more patients have received vaccines elsewhere in Los Angeles. We believe that at this point, those that remain unvaccinated are more hesitant and will likely require additional outreach and health education. To that end, we are shifting gears to focus more resources on outreach efforts so we ensure everyone eligible for the vaccine has the information they need to make an informed choice and access the vaccine.

As discussed in detail in our mid-year report and FY21-22 Program Plan, beginning in March 2020 the COVID-19 pandemic upended Venice Family Clinic’s typical operations. Santa Monica High School, and all on-site services offered there, was required to close. Our provider usually at SAMOHI continued to provide care to students throughout, either in person at our open clinical sites or, if less urgent, virtually. She has been and will continue to engage in active outreach to SAMOHI students, particularly those that need ongoing care. The school recently reopened in April 2021 for the remainder of the school year, and we resumed limited in-person services once a week on campus. After the summer break we plan to be back to our two-day-a-week schedule, assuming that CDC and local County guidelines allow it. We will continue to do outreach to students to update them on any changes. We will also continue STD testing and birth control counseling as needed over the phone or in person at our other clinical sites as well as on campus. Lastly, we have been and will continue to offer access to the COVID vaccine to students now that anyone ages twelve and up are eligible to receive it.

**Mental Health Services at Olympic High School (Illuminating SOL Therapy):**

During this reporting period, Illuminating SOL Therapy, Inc. (ISTI) came in as a service provider for a second year to provide the school community with behavioral health services and support. Liz Cruz from Illuminating SOL Therapy provided the following updates.

 Accomplishments during this reporting period by Illuminating SOL Therapy, Inc. is its continued support to Olympic High campus during a difficult year due to the current pandemic, COVID-19 and shortage of staff as a result of budget cuts in the previous academic year. Illuminating SOL Therapy, Inc., played a key role in supporting the school milieu while also providing behavioral health services. Illuminating SOL Therapy, Inc. was able to obtain referrals that led to direct services: case management and mental health services. This was a significant accomplishment given that in the previous reporting period strategic efforts were made in outreach and engagement to students and parents that led to no direct services being provided. Services were made available via virtual platform and/or by phone, with students overall, being engaged and forthcoming during sessions. Students disclosed the following: “weekly check-ins were very helpful”, “I enjoyed getting help into calling my teacher so I could get feedback on stuff”, “it was nice to have someone to talk to….to have someone who just made themselves available”, “knowing that if I needed anything, I could call you”. For Illuminating SOL Therapy, Inc. receiving such feedback is what this service is all about, illuminating the importance of connection and authenticity. The students at Olympic High already have challenges to manage day-to-day; however, the students served by Illuminating SOL Therapy, Inc. were able to obtain support, connection, and much needed resources through the client support funds. Parents expressed immense gratitude in being able to access these funds that provided financial relief during a critical time for their families.

Another accomplishment is the many accolades and appreciation expressed by the school principal to Illuminating SOL Therapy, Inc, including providing a shout-out during the senior commencement in June. The principal shared how supported he felt during the school year, not only from Illuminating SOL Therapy, Inc. but also from the other service providers in helping him and his staff get through this difficult and unique school year. The principal appreciated the weekly check-ins, the monthly provider team meetings, the monthly attendance of the student support team meetings, and always be available to address any needs that surfaced during the week. Illuminating SOL therapy, Inc. stayed consistently connected with the school to ensure the school was getting the support needed, as this unprecedented year continued to unfold especially with the staff shortage. Illuminating SOL supported the school milieu from coordinating meetings as mentioned above, to outreaching to parents and students, to setting up student and/or parent meetings with principal and/or teachers, and making home visits. This was significant given the challenges in the previous reporting period with connecting with students and their families.

One of the efforts this reporting period in promoting socio-emotional wellness was the initiation of the College and Career Success Skills elective class, utilizing the C.A.R.E. (communicators, analytical thinkers, responsible individuals, ethical citizens, scholars) approach along with embedding soft skills in the curriculum: problem-solving, leadership, self-motivation, team work, flexibility, communication, decisiveness, and responsibility. This course was developed to help promote connection, motivation, and address any barriers and/or challenges students were encountering during this difficult time pursuing their academic endeavors.  The elective class included our service providers to help promote self-care and problem solving techniques along with tips on effective communication. As reported in the previous reporting period, many students were not receptive to groups and although efforts were made again to do groups and to do brief classroom workshops, the response and interest from students were minimal.  Therefore, the elective class, College and Career Skills, was one method to outreach and engage students.

Challenges presented during this reporting period, was the continuation of the global pandemic, and its impact on the students and the school. Many students as well as parents were hesitant to return back to in-person sessions due to fears related to COVID-19. Therefore, all services continued to be provided via phone or a virtual platform. Efforts were made by other service providers to provide groups; however, that did not pan-out, as students were not interested in having virtual groups. Teachers attempted to make additional student referrals for behavioral health service; however, many students declined or were difficult to engage and/or connect too. The 3 referrals that did not pan-out for Illuminating SOL Therapy, Inc, did not pan-out due to students expressing already having a difficult time managing their home and school responsibilities; therefore, did not want to add another service to their already overwhelming schedule. Given this feedback, Illuminating SOL Therapy, Inc. checked-in periodically with students to assess if they were open to accessing services. And, the principal requested to keep periodic connection with the students should they need support during the semester.

Overall, Illuminating SOL Therapy Inc. continues to be vital in the Olympic High school community, being a support to the school principal, teachers, and other school staff, parents and above all, students. Although there were less hours for this academic year for Illuminating SOL Therapy, Inc., the integrity of the service delivery remained intact and invaluable. Illuminating SOL Therapy, Inc. continues to leave in imprint each year, which speaks to the commitment, passion, knowledge, and value Illuminating SOL Therapy, Inc. brings to Olympic High school community.

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

Briefly describe or list any program assessment or evaluation efforts during the reporting period and summarize the results achieved. Specifically highlight any program participant involvement in these efforts.

Please highlight any new efforts to collaborate with other service providers and/or leverage services. Please include the agency name(s) and service(s) provided.

**SAMOHI Medical Care (Venice Family Clinic)**:

The Director of Program Management and Director of Behavioral Health continued to attend virtual Cradle to Career meetings in the fall and spring. They also met with a number of partners (SMMUSD and representatives from the City of Santa Monica HSGP program), to discuss referral systems, and separately with SMMUSD’s Mental Health Coordinator to develop a workflow for students seen at VFC who may be in need of mental health or substance use services. In addition, the team developed materials to be distributed with the rest of the back-to-school paperwork students received at the beginning of the school year. We also sent representatives—either the Director of Program Management or another Program Manager, to the Community Schools Advisory Council meetings this year.

**Mental Health Services at Olympic High** **School (from Liz Cruz, Illuminating SOL Therapy)**:

Illuminating SOL Therapy also used the Youth Outcome Questionnaire (Y-OQ-SR 2.0), a tool utilized to assess a student’s psychosocial distress in specific areas that include intrapersonal distress, somatic symptoms, interpersonal relationships, social problems, behavioral dysfunction, and critical items to students. The higher the score, the more distress the student has; therefore, Illuminating SOL Therapy, via its therapeutic services will sought to decrease students’ distress by decreasing their initial score by 10 at end of year reporting period. Scores are provided below.

During this reporting period, Illuminating SOL Therapy, Inc. administered beginning and end-of-treatment Youth Outcome Questionnaire (Y-OQ-SR 2.0) to one student who accessed mental health services:

Student Beginning Y-OQ-SR 2.0 Termination Y-OQ-SR 2.0 10-point difference

Student #1 28 -1 Yes

Students who accessed case management services and mental health services were surveyed at the end-of-treatment on the usefulness of case management services and in summary, these were the responses, which were shared earlier in the report: “it was nice to have someone who made themselves available”, “I was able to get a lot of stuff done, I enjoyed getting calling my teachers so I could get feedback on my stuff”, “you always asked how I was doing and if I needed anything, which I appreciated”, “very helpful knowing that I had someone available to me”, and another student shared how she felt understood and found the services to be very helpful and enjoyable. Overall, students appeared to have engaged more this reporting period, increasing their overall academic performance and successfully completing the semester, earning credits towards graduation.

Parents were also asked about their feedback on services and shared appreciation that their child was getting weekly calls, helpful school information and resources and above all getting weekly check-ins. Parents who received the client support funds, were beyond grateful in receiving such support as many disclosed the severity of how COVID-19 has impacted their finances to sustain their household. Parents shared often being hesitant to receive support; however, due to the amicable and attuned approach Illuminating SOL Therapy, Inc. provided, parents were receptive and open to receive supportive services.

Illuminating SOL Therapy, Inc. continued to coordinate and facilitate the monthly service provider meetings and remained accessible to the principal and teachers when support was needed for students and/or parents. As previously mentioned, the pandemic's impact on student engagement was noticed by the school and service providers; however, the school principal appreciated the support he received from the service provider team this school year, and praised all the efforts made during this and previous reporting period.

Collaborative efforts made during this reporting period were also with other service providers: Providence Saint John’s, CLARE MATRIX, Santa Monica Malibu Unified School District (SMMUSD) staff and interns, Olympic High Principal and teachers, Santa Monica High Personalized Project Based Learning Pathway, SMMUSD Community Liaison, Social & Emotional Wellness Initiative (SEWI), and Partnership Program at Santa Monica College. In the last collaborative team meeting for the school year, all of the providers acknowledged and pointed out how much they appreciated Illuminating SOL Therapy Inc.’s role that included coordination and facilitation of meetings, providing resources, and always be available, when needed.

Illuminating SOL Therapy, Inc. was very effective and diligent in their usage of time while at Olympic High in spite of the pandemic. Illuminating SOL Therapy, Inc. prides itself in being able to provide holistic, culturally and linguistically attuned services, while also using her interpersonal relationships with community partners to support the school and above all the students.

###### SECTION III: BOARD INVOLVEMENT

Please indicate:

* Number of Board meetings conducted during the reporting period
* Average Board member attendance
* Board development activities conducted during the reporting period
* Significant policy directions or actions taken by the Board during the reporting period
* Number of board members who reside and/or work in Santa Monica
* Board vacancies and plans to fill those vacancies, if applicable

During the July 1, 2020 – June 30, 2021 reporting period, the Venice Family Clinic **Board of Directors** met on the following dates:

|  |  |  |
| --- | --- | --- |
|  **Date** | **Attendance**(xx/xx board members) | **Attendance rate** (xx%) |
| July 22, 2020 | 17 of 22 | 77% |
| August 18, 2020 | 19 of 22 | 86% |
| September 12, 2020 | 13 of 22 | 59% |
| October 22, 2020 | 19 of 22 | 86% |
| November 17, 2020 | 19 of 21 | 90% |
| December 12, 2020 | 19 of 21(1 member on leave) | 90% |
| January 19, 2021 | 19 of 21(1 member on leave) | 90% |
| February 25, 2021 | 18 of 21 | 86% |
| March 20, 2021 | 17 of 21 | 81% |
| April 20, 2021 | 18 of 21 | 86% |
| May 4, 2021 (special session for HRSA site visit discussion) | 19 of 21 | 90% |
| May 25, 2021 | 20 of 21 | 95% |
| June 26, 2021 | 17 of 21 | 81% |

The average attendance per Board meeting was 18/21 members (86%). Please note all meetings during this time period were held virtually, via Zoom, due to the pandemic.

The current Bylaws stipulate that the size of the Board of Directors be “not less than nine nor more than 25” and that “the Board shall be divided into two classes, Consumer Directors and Non-Consumer Directors.” Consumer members must be current and regular patients of Venice Family Clinic, or be the parent or legal guardian of a regular Venice Family Clinic patient(s), and must comprise a majority of the Board. The Bylaws further stipulate that “no more than one-half (50%) of the Non-Consumer Directors may be individuals who derive more than ten percent (10%) of their annual income from the health care industry.”

Key policy actions or directions taken by the Board of Directors during this reporting period include the following:

* Approval of the merger with South Bay Family Health Center
* Approval of renting a warehouse/office space in Inglewood.
* Approval of the Patient Satisfaction Survey Report.
* Approval to extend the current Venice Family Clinic Strategic Plan one year, until December 31, 2021.
* Approval of Board Committee Chairs and Members.
* Approval of various policies and procedures (including Venice Family Clinic Fiscal & Accounting Policies and Procedures Manual; the revised Sliding Fee Scale Policy; updated Chargemaster; updated HRSA Scope of Project; Incident Management Policy; Complaints & Grievances Policy; Peer Review Policy; Personnel Policies; and updated Standards of Conduct Policies).
* Approval of the updated Venice Family Clinic-UCLA Affiliation Agreement.
* Approval of the draft 2019-2020 FY audited financial statements.
* Approval of various action items for Venice Family Clinic’s Children First Early Head Start Program.
* Review of 2020 UDS report submission.
* Review of 2021 Board Self-Evaluation.
* Preparation for HRSA Operational Site Visit (May 2021).

During the July 1, 2020 – June 30, 2021 reporting period, the Venice Family Clinic **Board Development Committee** met on the following dates:

* July 13, 2020
* September 14, 2020
* November 2, 2020
* December 7, 2020
* January 11, 2021
* February 8, 2021
* March 24, 2021
* April 28, 2021
* June 7, 2021

The Board Development Committee is tasked with Board governance, including periodically reviewing the Clinic’s governing documents; identifying and recruiting new members of each of Venice Family Clinic’s three Boards; Board training and education; and ongoing evaluation of current members to ensure all are in good standing. Elections are held at the annual meeting in June, although members are also elected from time to time at other monthly Board meetings as appropriate.

The committee’s work during the reporting period included the following:

* Revised and distributed a Board Skills Survey and reviewed the summary results, which were shared with the Board at one of their monthly meetings.
* Interviewed, vetted, and recommended for election two Foundation Board member nominees.
* Hosted a Board Orientation for the new Clinic Board members elected in June 2020.
* Began work on a plan to increase Board diversity.
* Reviewed and proposed changes to the Venice Family Clinic Bylaws that were subsequently approved by the entire Board
* Clinic Board Compliance Review FY20-21
* Board Self-Evaluation Report
* Interviewed potential new Board members and recommended election of nominees for the FY21-22 year

As per the Venice Family Clinic Board Bylaws, “A vacancy or vacancies in the Board shall exist at the expiration of a Director’s term, or on the occurrence of a death, resignation or removal of any director.” New members serve an initial one-year term, and, if re-elected, serve two-year terms thereafter. Member terms are staggered so that not all come up for renewal at the same time. The Board Development Committee meets regularly and works to identify and vet prospective new members, both Consumer and Non-Consumer.

As of June 30, 2021, there were 21 members of the Venice Family Clinic Board of Directors. Three of our consumer board members, and five board members total, reside in Santa Monica. All 21 members have strong affiliations with an organization in Santa Monica, i.e. Venice Family Clinic, by virtue of serving on our board.

###### SECTION IV: STAFFING PATTERN

Have there been any staffing changes during the reporting period (i.e., staff vacancies, staff recruitment, changes in FTE)? Please describe. If staff vacancies exist, please provide an anticipated hiring date and explain how caseloads and work have been distributed to ensure service levels are maintained.

In April 2020, the Director of Program Management took over the roles and responsibilities of Program Manager for Pediatrics and Teen Services from an employee who left Venice Family Clinic in March 2020 to pursue other career opportunities. She continued in this role throughout the reporting period. VFC’s Program Manager, Dental and Integrative Medicine will be adding Pediatrics and Teen Services to her portfolio starting in the new fiscal year. In addition, VFC’s Chief Medical Officer announced she was stepping down as CMO effective June 30, 2021. Two of VFC’s Associate Medical Directors will take on her duties until a replacement has been found.

Please indicate how volunteers or paid or unpaid interns were used during the reporting period. Provide the total number of volunteers or interns and hours provided. If interns were used, please indicate their program level (e.g. undergraduate, masters).

No residents or volunteers participated in providing care during the reporting period.

**SECTION V: SPECIAL FUNDING CONDITIONS**

Provide a status report on how the agency is meeting its funding conditions listed in Exhibit A of your Grant Agreement, clearly addressing each individual funding condition in bullet point format.

1) Participate in the City’s efforts to develop an Outcomes Measurement System.

Venice Family Clinic did not receive any request for further participation in the development of this system during the reporting period.

2) Detail steps taken to provide services in adherence to the safety protocols related to the COVID-19 pandemic, including modifications to service delivery, physical infrastructure and safety equipment and protocols to protect participants and staff.

The primary shift in adherence to safety protocols for our SAMOHI project was to completely shut down our onsite clinic when the school closed. We continue to serve students through telehealth (phone and video) whenever possible, and in-person medical services when needed. All services provided by Illuminating SOL Therapy remain via telehealth at this time. When our patients do need an in-person appointment, the following safety measures are in place:

* We take each person’s temperature before they enter and screen them for COVID-19 symptoms.
* We have a separate area for people who have symptoms of COVID-19.
* We have increased how often we clean common areas.
* Everyone wears masks at all times.
* Hand sanitizer is readily available and frequently used.
* We maintain 6 feet apart whenever we can in our waiting rooms and patient rooms.
* Toys and magazines have been removed from common areas.

3) Operationalizing racial equity, diversity, and cultural competency. Discuss how your City-funded program may be reflecting these values through personnel practices, staff and board training, program design and/or outreach and engagement strategies. Provide aggregate demographics of Board members (agency-wide), executive management (agency-wide), and supervisory staff (City-funded programs) including race, ethnicity, and gender.

In our mid-year report, we described the anti-racism work our agency is undertaking. At this time we have completed trainings for all staff and are launching a series of peer-led discussion groups. This fall, we will form eight Action Planning Groups, informed by the training and discussion groups, with the goal of implementing plans for organizational changes that address structural racism.

**Demographics:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Board of Directors** | **Senior/Executive Management** | **Supervisory** **Staff** |
| **Race and Ethnicity** | Asian or Pacific Islander | 0 | 2 | 6 |
| African-American | 1 | 0 | 8 |
| White | 17 | 3 | 26 |
| Latinx | 3 | 1 | 25 |
| Multiple Race/Ethnicity | 0 | 0 | 0 |
| Other/Refuse to State | 0 | 0 | 1 |
| **TOTAL** | **21** | **7** | **66** |
| **Gender** | Male | 9 | 1 | 15 |
| Female | 11 | 6 | 51 |
| Transgender | 1 | 0 | 0 |
| Not Reported | 0 | 0 | 0 |
| **TOTAL** | **21** | **7** | **66** |
| **Age** | Under 30 | 2 | 0 | 0 |
| 31-61 | 8 | 5 | 58 |
| 62+ | 11 | 2 | 8 |
| **TOTAL** | **21** | **7** | **66** |

Youth & Families Agencies:

1) Actively participate in appropriate Santa Monica Cradle To Career (smC2C) collective impact meetings and initiatives, which may include but are not limited to: smC2C work groups, Child and Youth Resource Teams (CYRT), Early Childhood Task Force, Education Collaborative, and Behavioral Health Work Group.

Venice Family Clinic participates in the above groups as appropriate. A representative from Illuminating SOL Therapy was attending the Early Childhood Task Force meetings as a part of CYRT, but this is unrelated to their work at Olympic High School and has been put on hold due to the pandemic.

2) Work with the City and the youth and families network of care to provide coordinated support to individuals and families that might require agency expertise in the aftermath of a serious community crisis. A community crisis may include a traumatic event or emergency condition that creates distress, hardship, fear or grief and has a special significance to the community.

Venice Family Clinic would play a role in coordinated support in the community should a serious community crisis take place. In this moment of serious community crisis, we remain a source of care for youth and families who may need additional mental health support during this time.

**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.

Venice Family Clinic does not collect the data requested below.

|  |  |  |
| --- | --- | --- |
| **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?”
 |  |  |
| 1. ”Have you missed or been late on a home rental or mortgage payment within the last 12 months?”
 |  |  |
| 1. “Do you or anyone in your household have an unmet childcare/afterschool need?”
 |  |  |

|  |  |  |
| --- | --- | --- |
| **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 |  |  |
|  **Please list the top 3 referring agencies** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**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) |
| --- | --- | --- | --- |
| Delivery of primary health care services to 280 students. | During the reporting period we provided care to 261 students. | 50% of all students will receive STD testing. | 10% (27/261) of all students received STD testing. |
| 95% of students identified as having positive STD test results will be given treatment options and linked back to the on-campus clinic for follow up. | 100% (1/1) of students identified as having positive STD test results were given treatment options and linked back to the on campus clinic for follow up.  |
| 90% of students will adopt a method of birth control, including abstinence. | 15% (38/261) of students adopted a method of birth control, including abstinence. |
| Case Management and Mental Health Services (Olympic HS) for 20 clients | 18 Clients | 100% of students with an unmet identified mental health need will receive one and one support with LCSW provider by meeting on a minimum of once every two weeks and will display improvement specific to the identified need(s) as measured by the Milestones of Recovery Scale (MORS). *[Please note the Youth Outcomes Questionnaire is being used instead]* | Five clients were seen for behavioral health services. Eighteen referrals were made during the reporting period. |

###### VARIANCE REPORT:

###### Mid-year: Please identify specific outputs or outcomes not on track for being met by year-end. Provide an explanation of the barriers the program is experiencing and the steps the staff is taking to mitigate the situation.

###### Year-end: Please provide an explanation for each output or outcome for which achievement is above or below 10% of the projected target.

**SAMOHI Medical Care (Venice Family Clinic):**

Despite everything—Santa Monica High School being closed, the chaos and the stress that our patients and their families faced this last year, and many other challenges—we came very close to meeting our goal for the total number of students cared for, off by only 19 unique individuals. Yet because our care was primarily delivered remotely, we fell short of our other goals, for STD testing and adoption of a birth control method. We anticipate these challenges to continue during the pandemic, as our capacity to provide our normal services to this population remains limited, particularly if the Delta variant or other barriers unknown at this time impact schools’ ability to reopen fully.

STD testing: We have not seen as many of our patients in-person, as described in our last report and throughout this one. Therefore we provided STD testing to only 10% of those we cared for, rather than 50%.

Birth Control: Again, given the limitations of virtual visits, we have seen this number dip for our student patients. As described in our mid-year report, this may also be a documentation issue. If the purpose of the visit is not explicitly for family planning, but rather, for example, COVID symptoms, the provider may be focused on other issues and not documenting birth control method. In addition, partly due to the pandemic we’ve begun following extended use practices, where instead of issuing a monthly prescription, say, we could provide a full year’s worth in one visit, negating the need for further visits.

**Mental Health Services at Olympic High School (Illuminating SOL Therapy):**

Though not quite reaching the goal, Illuminating SOL Therapy did reach 18 students out of the goal of 20, coming close. The challenges faced are already discussed in Section I. Students were not all that receptive to services in spite of numerous efforts. For example, a staff member from SOL was in frequent communication with the school principal, who took it upon himself to reach out to students and parents with minimal success.

**SECTION VII: PROPERTY MANAGEMENT**

If this program has entered into a lease agreement with the City of Santa Monica, please provide a status report of facility improvements and routine maintenance performed during the reporting period.

Not applicable.

**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.**