HUMAN SERVICES GRANTS PROGRAM (HSGP)

FY 2020-21 PROGRAM STATUS REPORT

**GRANTEE PROGRAM STATUS REPORT**

Agency: **WISE & Healthy Aging**

Program: **Care Management**

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| **REPORTS** | **REPORT PERIOD** | **DEADLINE** |  |
| Mid-Year **Program** and **Fiscal** Reports | 7/1/20 – 12/31/20 | February 1, 2021 |  |
| Year-End **Program** and **Fiscal** Reports | 7/1/20 – 6/30/21 | August 2, 2021 | X |

###### 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.

***Accomplishments –***

* The Care Management Program provided **comprehensive case management services to a total of ­­­­280 Santa Monica older adult and adults with disabilities.** The vast majority **(75%)** were low-income residents who lacked significant support from friends or family and needed assistance connecting with resources and benefits to promote their safety and independence in the community. Common resources included Medi-Cal, In-Home Supportive Services, CalFresh, housing subsidies such as the HOME Program, Section 8, and POD, deep cleaning and decluttering services, transportation services, Meals on Wheels referrals, private caregiving, mental health services, and medical oversight and coordination. The Care Management Program successfully provided continuation of all services telephonically during the COVID-19 stay-at-home order and continues to provide comprehensive services in the context of current restrictions imposed by the pandemic.
* The Care Management Program engaged by phone with **1,244** **callers from Santa Monica and elsewhere in Los Angeles County** to provide them with information and referrals related to resources, benefits, and programs available to older adults.
* **In May 2021,** with **100% of Care Management staff and 81% client vaccination rates**, the Care Management Program resumed in-home visits to clients in Santa Monica and surrounding communities to visually gauge client wellness, needs, and ease the burden of isolation beset by months of stay-at-home orders.
* **The Senior Housing Task Force (SHTF),** in collaboration with the City of Santa Monica Housing Authority, Code Enforcement, Rent Control, City Attorney’s Office and Legal Aid Foundation of Los Angeles, has had a profound impact on helping seniors who are risk of eviction remain in their homes. These clients are the most resistant to traditional case management and require intensive collaborative services to address their complex needs. Since July 1, 2020, WISE & Healthy Aging has provided services to a total of **18** **older adult and adults with disabilities** experiencing issues related to cluttering, mental health, and other issues putting them at imminent risk of eviction. Of those**, all clients accepted wraparound case management services and participated in our comprehensive assessment and care planning process**.
* The **Critical Response Service (CRS)** collaboration with the Santa Monica Police Department, Santa Monica Fire Department, and Adult Protective Services continued to expand outreach to high risk seniors in the community. During the program period, Care Management outreached to **­­­16** CRS individuals,**13** of whom were open to receiving referrals and resources from our Care Management Department.
* There continues to be excellent cross-communication between the Care Management Program and other WISE & Healthy Aging programs and services, including the Adult Day Service Center (ADSC), Peer Counseling, transportation services, Oasis/Club WISE, and WISE Diner (especially with added nutrition support with home delivery of meals), and MODE Transportation Services (to/from medical appointments, including for vaccination appointments).
* WISE HomeCare, a collaboration with 24Hr HomeCare, provides clients and other residents of the community with quality coordination and oversight of individual caregiving at home. The managing director of 24Hr HomeCare is in frequent communication with the Care Management staff to coordinate new referrals and address any barriers to service or concerns regarding the client.

**Challenges/Changes –**

* The ongoing COVID-19 pandemic created significant challenges and changes to the way the Care Management program provided services to clients during the program period. The agency implemented policies to safely see clients in a socially-distanced manner without entering their homes for the purpose of coordinating services that could not take place by phone and ensuring the wellbeing of our most at-risk clients. Although Care Coordinators resumed in person visits at the end of the fiscal year, much work continues to be conducted by phone, which can be challenging, especially for clients who are hard of hearing and are experiencing cognitive decline. Clients have expressed increased anxiety, loneliness, and isolation due to restrictions imposed by the pandemic – Care Coordinators continue to connect clients with remote mental health services and social care programs. Obtaining food and prescriptions is an ongoing challenge to many of our clients and we continue to provide grocery shopping, donated food drop-offs, and prescription pick-ups on a weekly basis.
* As rent and cost of living increases in Santa Monica, more older adult residents present to Care Management services with financial insecurity, including unmanageable rent increases. Collaboration with SHTF, Rent Control Board, Housing Authority, Legal Aid Foundation of Los Angeles, and the City Attorney’s Office has been crucial to addressing these concerns as have Santa Monica’s HOME Voucher, POD Programs, and opening of a new senior below market housing building. Emergency Flex Funds provided by the City of Santa Monica have also proved vital in paying overdue rent and keeping seniors housed while WISE & Healthy Aging pursues long-term, sustainable solutions.
* Assisting clients with affordable caregiving in the home has posed a significant challenge recently. When a client is on Medi-Cal or close to being Medi-Cal eligible, we will work with them to apply for and navigate the bureaucracy of the In-Home Supportive Services program (IHSS). Even once they are on IHSS, it is often difficult for our clients to find reliable caregivers who will work for them. Many of our clients are low-income yet not eligible for Medi-Cal and hiring a caregiver that they can afford on an ongoing basis is often an impossible task. Funding provided by the County of LA and Providence St. John’s has provided opportunities to help in short-term payment of caregiving services or equipment for clients necessary for their safety. That being said, the funding is limited and Care Management has to be selective in administering funds to ensure that the program can continue to assist clients in urgent situations throughout the year. Care Management staff will continue to become well-versed in new program and benefit opportunities for clients to ensure all possible resources are leveraged.
* Clients present to the Care Management Program in crisis and with a complex web of needs, many that take a long time to address. As a result, it can be difficult to close client cases in the Care Management Program. Simultaneously, the Program continues to receive many referrals that necessitate care management involvement – **81 new referrals** were received in this reporting period. The Care Management Program triages all referrals in order to prioritize those most in need. As a result, those who may not be in imminent crisis have to wait to be enrolled, slowing the Program’s ability to put in preventative measures to keep clients from reaching the point of crisis. We expect this trend to grow as more and more baby boomers age and reach the point of needing Care Management services. In FY 21/22 a fifth Care Manager position will be added using funds from the Peer Counseling program that will be divided between the Care Management and Club WISE programs.

###### 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.

The Care Management Program has a well-developed evaluation practice in place. The Clinical Supervisor conducts internal program evaluation utilizing several methods including: bi-weekly one-on-one supervision meetings with each Care Coordinator and Social Work intern, direct observation of program activities on a daily basis, weekly review of client assessments and care plans, and monthly team supervision meetings. Audits of randomly selected client files and case notes, staff productivity evaluations and annual staff performance appraisals are other ways the agency evaluates the delivery and effectiveness of services provided. Currently, the Executive Vice President along with the Elder Abuse/Ombudsmen/Care Management and Vice President of Program Administration, regularly review progress of contract requirements.

In April 2021, the Los Angeles County WDACS (Workforce Development, Aging and Community Services) engaged in a desk audit. As of this status report, the written summary of findings is pending (no major concerns were verbally shared at the conclusion of the desk audit).

Clients provide satisfaction feedback by telephone and mail in a formal client survey done annually as well as on an as-needed basis.

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.

The Care Management Program continues to collaborate effectively with local agencies serving older adults and adults with disabilities, including Adult Protective Services, Legal Aid Foundation, CCSM, Meals on Wheels, UCLA Medical Center, and Providence St. John’s. Care Management has formed close working relationships with the Salvation Army and St. Joseph Center to connect clients with weekly deliveries of donated food boxes. Care Coordinators have submitted multiple grant applications to MAPS Charities COVID-19 Emergency Fund, all of which have been approved and enable clients to meet their essential needs, such as rent, utilities, and food. An emergency fund was also secured from SCAN Health Plan in support of essentials for clients. Additionally, Care Management clients have been assisted with grocery deliveries and shopping by WISE staff members.

###### SECTION III: BOARD INVOLVEMENT

Please indicate:

* Number of Board meetings conducted during the reporting period: 5
* Average Board member attendance: 20
* Board development activities conducted during the reporting period: Continued Board education related to WISE & Heathy Aging’s programs and issues facing older adults, especially the organization and other community resources available for seniors during the pandemic.
* Significant policy directions or actions taken by the Board during the reporting period: The Board approved an full 12-month FY2020-21 operational budget in fall 2020 (a preliminary 4-month FY2020-21 operational budget was approved in May 2020 while awaiting funding confirmations from various government contracts); an independent financial audit was contracted for, conducted and completed by SingerLewak in the fall with no findings.
* Number of board members who reside and/or work in Santa Monica: 9
* Board vacancies and plans to fill those vacancies, if applicable: No vacancies; 2021 slate of officers were approved at the Board’s December 2020 Board meeting with Paul Watkins as Chair, Iao Katagiri as 1st Vice Chair, Michelle Meisels as 2nd Vice Chair, Kathy Fergen as Treasurer, and Scott Kaiser as Secretary. Iao Katagiri and Barbara Browning were elected to return to the Board. Linda Procci completed her 9 consecutive years on the Board, as did Paul Kanan (though he will take a hiatus year in 2021 and return in 2022). Cathy Repola completed her one-year Community Director term (will take a hiatus year and return in 2022). Ida Danzey, Janie Yuguchi Gates, and Nat Trives were elected for their second consecutive one-year terms as Community Directors.

###### 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 mid-September, 2020, the Care Management Program manager resigned from WISE & Healthy Aging. Her departure allowed the organization the opportunity to evaluate the structure of the program and establish a different staffing pattern to better support the social worker staff (care coordinators) and Care Management clients. Instead of recruiting for one professional to head the Care Management Program, two positions were created – a part-time clinical supervisor and a full-time head over program operations.

In November 2020, The prior co-director of WISE & Healthy Aging’s Peer Counseling Program who has over 20 years of clinical experience, accepted the clinical supervisor position in November, 2020. Until the other position was filled, the Vice President of Community-Based Services completed the job duties relative to the Care Management Program.

In April 2021, the Vice President of Program Administration was hired and joined the Care Management Program. At the end of May 2021, the clinical supervisor retired, and the Executive Vice President stepped in to provide clinical oversight while the organization recruited to fill the vacant position. With the vacancy, it was decided to make the part-time clinical supervisor position a full-time manager position as the Care Management Program would be taking on the oversight of the individual counseling provided by volunteer Peer Counselors with the new fiscal year. To date, the organization is still considering candidates to fill the clinical position.

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).

During the reporting period, 10 social work interns and volunteers supported client engagement in the Care Management Program. In addition, a volunteer RN assisted in providing Zoom-based caregiver education classes and telephone caregiver counseling. Finally, a volunteer driver assisted with food box and grocery deliveries. Together, these individuals contributed **2,177.5­ hours of volunteer activity**.

**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 to better track human services program demographics and outcomes. Participation may include, but is not limited to: meeting with City staff, consultants, and; providing information regarding current data systems, technology infrastructure, policies and procedures, needs, opportunities, and concerns; incorporating the City into existing consent for release of information forms; signing and adhering to the City’s data management Agency Agreement; and contributing data to a centralized data management system. Aggregated or de-identified information may be requested for the purposes of analyzing data being collected.*

WISE & Healthy Aging has and continues to participate as needed with this effort.

1. *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.*

WISE & Healthy Aging follows local and state public health and CDC guidelines on proper safety measures; e.g., wearing of face covering/shields, wearing of gloves when needed, maintaining of distancing of at least 6 ft, and promoting hand washing as often as possible. For those who are working at the main office, PPEs are provided for all staff. In addition, specific designation of walking flow (direction) to minimize contact with others as well as propping open of all interior doors facilitate ease of getting around. Additional wall-mounted air purification machines have been strategically installed throughout the work place, as well as installation of sanitizing wipes (dispensers) and sanitizing liquid dispensers in support of staff. Restrooms have been designated for specific use by staff. Regular office work space cleaning continues. The Ken Edwards Center remains closed to the public until it is safe to reopen.

When staff interact with clients, it is either virtually (phone call, Facetime or Zoom) or in-person. When in-person interaction occurs, staff maintains the proper distancing, wearing the proper PPE items (also have face mask and shield and glove for clients to use if needed).

1. *Describe how your organization operationalizes 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.*

WISE & Healthy Aging is an equal opportunity employer, and its recruitment process looks to maintain an employee base and Board that are diverse and competent. At the Board level, of the 21 Board Directors, 10 are women. There are five (5) Asians, two (2) African-Americans, with 12 Board Directors aged 60 or older. Nine (9) work in healthcare, five (5) are retired, and the remaining are professionals in finance, senior services and business (law).

At the executive management level, the CEO is Asian and a woman. The CFO is African-American. The three (3) vice presidents are women (one over the age of 60). One of the vice presidents is one-third Native American, and another is African-American.

At the supervisory level for the Program, the two positions are held by women, one African-American.

1. *Agency will assist eligible participants in submitting applications to applicable Santa Monica Housing programs, including but not limited to: Section 8 and Below Market Housing (BMH) Waitlists, Preserving Our Diversity (POD), and Continuum of Care (CoC) programs.*

Those seniors who may be eligible are screened through the Care Management Program. And if eligible, assistance is provided in completion and submission of applications.

**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.*

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| **ASSESSMENT OF ADDITIONAL SERVICE NEEDS**  **(Santa Monica Participants)** | **FY2020-21**  **Number Responding “Yes”**  **at Mid-year** | **FY2020-21**  **Number Responding “Yes”**  **at Year-end** |
| 1. “Do you or anyone in your household have unmet employment needs?” | 12 | 17 |
| 1. ”Have you missed or been late on a home rental or mortgage payment within the last 12 months?” | 19 | 22 |
| 1. “Do you or anyone in your household have an unmet childcare/afterschool need?” | 0 | 0 |

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| --- | --- | --- |
| **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 | 30 | 76 |
| **Please list the top 3 referring agencies** |  |  |
| * 1. **City of Santa Monica / Santa Monica Housing Authority / Santa Monica Police Dept / Santa Monica Fire Dept** | 25 | 40 |
| * 1. **UCLA Medical Center (tie)** | 5 | 12 |
| * 1. **Legal Aid Foundation of Los Angeles (tie)** | N/A | 12 |
| * 1. **Adult Protective Services (tie)** | N/A | 12 |

**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) |
| --- | --- | --- | --- |
| **Care Management Services**  280 unduplicated  Santa Monica residents at year-end will have received Care Management services (including Senior Issues Task Force-referred clients) | Mid-Year: **245** unduplicated Santa Monica Residents received Care Management services  Year-End: **280**  unduplicated Santa Monica Residents received Care Management services | **Outcome 1:** At **mid-year**, 150 out of 200 (75%) Santa Monica clients will have received a minimum of 3 contacts with a care coordinator;  At **year-end**, 210 out of 280 (75%) Santa Monica clients will have received a minimum of 6 contacts with a care coordinator  **Outcome 2:** At **mid-year**, 120 out of200 (60%) Santa Monica residents will be connected to a community resource agency program, or public benefit they did not have prior to care management intervention;  At **year-end**, 168 out of 280 (60%) Santa Monica residents will  be connected to a community resource or agency program they did not have prior to care management intervention | Outcome 1: At mid-year, 171 out of 245 (70%) Santa Monica clients had a minimum of 3 contacts with a care coordinator. At **year-end**, 201 out of 280 (71%) Santa Monica clients received a minimum of 6 contacts with a care coordinator  **Outcome 2:** At **mid-year**, 156 out of 245 (64%) Santa Monica residents were connected to a community resource agency program, or a public benefit they did not have prior to care management intervention;  At **year-end**, 172 out of 280 (61%) Santa Monica residents were connected to a community resource or agency program they did not have prior to care management intervention |

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| --- | --- | --- | --- |
| **Critical Response**  **Services (CRS)**  30 unduplicated Santa Monica  residents will be assisted through phone consultation,  home visit and/or in person by the CRS team; 14 at mid-year. | At **mid-year**, **16** unduplicated Santa Monica clients were assisted.  At **year-end**, **32** unduplicated Santa Monica clients were assisted. | **Outcome 3:**  At **mid-year,** 7 out of 14  (50%) CRS referrals declining in-home assessments will agree to be connected to a needed service via phone linkage/coordination by the CRS;    At **year-end**, 15 out of 30 (50%) CRS referrals declining in-home assessments will agree to be connected to a needed City of Santa Monica service(s). | **Outcome 3:**  At **mid-year,** 8 out of 16  (50%) CRS referrals declining in-home assessments agreed to be connected to a needed service via phone linkage/coordination by the CRS (2 of the 16 were still in process of completing the connection process);    At **year-end**, 13 out of 32 (41%) CRS referrals declining in-home assessments agreed to be connected to a needed City of Santa Monica service(s). |

###### 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.*

It is customary at mid-year to have a higher number of clients/participants (245 actual instead of 140 (half) of the 280 projected by year-end). This is due to clients who, at June 30, 2020, still have ongoing active Care Management needs that did not warrant closure in the prior fiscal year. The “carry-over” of these client cases accounts for the larger number. In the second half of the fiscal year, some of the 245 clients will have their needs met, and thus their case/care plan will be closed, and there will be new clients who will be serviced.

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

None

**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.*

WISE & Healthy Aging leases the second and third floor space in the Ken Edwards Center. Routine carpet cleaning and weekday custodial services are maintained.  Space used on the first floor to run the City- funded programs of LA Oasis/Club WISE, WISE Diner and Transportation & Mobility Services are handled via permit approvals as set up by the City of Santa Monica. The KEC was closed to the public starting in mid March 2020 due to COVID-19, and remained closed to the general public at June 30, 2021, the end of this reporting period. Staff continued to work on-site throughout the pandemic, and the Adult Day Service Center began having clients on-site (2nd floor) in June 2021 following clearance by Community Care Licensing (CCL).

**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.**

***Electronically submitted/uploaded by Grace Cheng Braun, President and CEO***

***of WISE & Healthy Aging on Monday, August 2, 2021.***