HUMAN SERVICES GRANTS PROGRAM (HSGP)

FY 2020-21 PROGRAM STATUS REPORT

**GRANTEE PROGRAM STATUS REPORT**

Agency: **WISE & Healthy Aging**

Program: **Senior Peer Counseling**

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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.

During the FY 2020-21 period, WISE & Healthy Aging’s Senior Peer Counseling Program continued to deliver its core services for its clients by telephone or video conferencing (Zoom) due to continuing COVID-19 public health guidance.

The Peer Counseling Program continued to focus on maintaining uninterrupted services during this reporting period, while focusing particular effort on helping clients cope with the impact of the pandemic, especially social isolation, associated relationship difficulties encountered, and the development of skills and accessing basic resources to manage the broad challenges clients face in their lives. Towards this last goal, the Peer Counseling Program has endeavored to connect clients to WISE & Healthy Aging’s other program services and community resources to help individuals maintain their ability to safely cope with the challenges they face in their lives.

**Accomplishments –**

* Volunteer Peer Counselors provided individual and group counseling from their home by telephone and videoconference. Since the Ken Edwards Center has not re-opened its in-person Peer Counseling services, some Peer Counselors met with clients outside of WISE & Healthy Aging’s main office during the latter part of this reporting period. To date, these in-person services have been episodic and contingent on both client and counselor being vaccinated for COVID-19.
* Program supervision and training continued to be provided remotely, with individual and group supervision of counselors conducted by telephone and video conference. Peer Counselors also scheduled individual consultations for their cases while the Program Director contacted Peer Counselors as needed to review program service questions. A particular focus in supervision and training was on how to access resources for clients in the agency and community. As needed, referrals for service to different care providers were completed to supplement and coordinate Peer Counseling services.
* Program administration was accomplished through email and postal updates to Peer Counselors, telephone calls and videoconferencing with executive leadership, and accessing relevant content and program databases through remote log-in to the agency’s server. Client chart notes were also delivered to the agency by Peer Counselors for filing in client charts.

Peer Counselors distinguished themselves by continuously adapting throughout this year to these dramatic changes in service conditions, and most continued to work with their clients during this period.

* In a survey conducted this past spring, Peer Counselors overwhelmingly reported that they felt valued and satisfied by their volunteer work, rated supervision as very responsive to their counseling needs, and expressed a preference to combine remote and in-person services when the agency re-opens to in-person counseling services.
* New areas of service were developed, some of the groups have grown, and some Peer Counselors sought out additional opportunities to serve existing and new clients. For example, at the request of Care Management, several Peer Counselors have agreed to provide a weekly phone check-in with especially lonely and isolated care management clients.
* A majority of volunteer Peer Counselors overcame videoconferencing technical challenges with clients and counselors reporting broad support and enhanced morale due to use of video conferencing for counseling, supervision, and training. 100% of clients surveyed reported at year-end that they were learning to cope better with problems in their lives and agreed or strongly agreed that they felt less isolated as a result of peer counseling support.
* Although some clients discontinued working with the program, mostly due to the barriers they experienced with counseling by phone (e.g., hearing deficits, unreliable phone service, lack of interest in continuing services by phone), the vast majority of clients have continued with counseling.

***Challenges & Changes –***

Despite the advances, the scope of Peer Counseling services was reduced in the following areas:

* Completing effective intakes for new clients has been severely limited due to the pandemic. As a result, new admissions declined relative to previous reporting periods. Telephone assessments alone are tedious and incomplete given the issues and needs being assessed (e.g., whether a prospective client would benefit from Peer Counseling or requires a higher level of care) along with the limitations of a phone assessment (establishing effective rapport, a prospective client’s hearing deficits and/or phone problems, not seeing a client to assess their level of functioning).
* Although Peer Counseling was not able to serve some referrals due to needs exceeding the scope of practice, these individuals were referred to outside agencies and resources for more appropriate levels of mental health care.
* Emergency matters also occurred more frequently during this period than in the past, likely due to the increased stress on clients that were already struggling with life circumstances as well as Peer Counselor concerns regarding their clients’ problems. Peer Counselors did an exceptionally good job of working with the Program Director to address these concerns as they emerged; however, these crises often consumed significant time to triage and to find appropriate solutions.
* Unfortunately, a handful of Peer Counselors have had to take leaves of absence due to illness. Also, some Peer Counselors have scaled back volunteer work due to health challenges, impacting the carrying capacity of the current cohort of our Peer Counselors.
* An ongoing challenge to the program is helping Peer Counselors succinctly and effectively present client needs and developing plans for helping clients manage increasingly complex challenges in the current circumstances of the pandemic. Some Peer Counselors would also benefit from further expansion of their ability to work with a broader population of clients and modalities, and efforts have been made to provide appropriate training and supervision to address this need.

Future trainings and supervision will continue to address counseling skills and program practices, although the reduction in Program Director hours limits the scope and timing of this effort.

* The Collecting to Decluttering (“C2D”) Workshop was not offered during this report period and will not be offered again until WISE & Healthy Aging reopens to in-person services. That decision was based on the conclusion that the workshop’s methods could not be effectively rendered through a teleconference or videoconference format. Nevertheless, the support group for C2D graduates has continued during this period.
* Due to the public health restrictions, no new Peer Counselors were recruited or trained during this report period.
* The funding reduction from the City’s Community Grants Program to the Peer Counseling was significant, causing a reduction in hours of staffing support. The organization has begun looking how to perhaps “mainstream” the support group services in the Peer Counseling Program under the Oasis/Club WISE program, thus creating more visibility and possibly less stigma for seniors seeking counseling support.

With the reduction in program director time (from 32 to 24 hours/week), allotted to administering the program and supervising the Peer Counselors. This reduction coincided with one of the Program co-directors moving into a part-time clinical supervision position to the Care Management Program, and the remaining co-director assuming program director job duties for Peer Counseling. Efforts were made to maximize the program’s ability to deliver its core services safely and effectively within these limits.

* With the continued financial challenges in maintaining Peer Counseling services as a distinct “program,” the organization sought feedback from volunteer Peer Counselors on their needs and needs of their clients, and in the latter part of this reporting period, with City approval, began work to transition the one-on-one counseling services (still provided by trained volunteer Peer Counselors) under the oversight of the Care Management Program, especially as the organization is seeing more overlap of service needs. The Peer Counseling support group efforts would transition under Club WISE, thus increasing visibility of these peer-led support groups and opportunities to add other peer-led groups with the 800-plus Club WISE membership. The transition is to occur in July and August 2021.

**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.

Regular, ongoing supervision meetings occur with the clinical heads of the Program with the volunteer Peer Counselors. These sessions moved to conference call and/or Zoom mode. The Peer Counselors’ case notes are reviewed by the clinicians, and one-on-one calls to go over clients’ situations are scheduled based on the discussions at supervision meetings and review of case notes. Clients were surveyed at the six-month and 12-month periods (results in the Outputs/Outcomes section).

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.

During this program period, no new collaborations were initiated with service providers given the circumstances that the Program was operating under.

###### 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.

The Program was overseen by two part-time clinicians, serving as co-directors. When a new position for a part-time Clinical Supervisor became available in the organization’s Care Management Program, one of the co-directors in the Peer Counseling Program applied, and assumed the new position in November 2020. With this individual in Care Management, it supported the facilitation of case management services for Peer Counseling clients who were in need of more added support. With this vacancy, the other co-director took on the hours that were vacated and assumed the role of sole director.

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 this reporting period, there were 31 volunteer Peer Counselors who contributed a total of 3,267 hours.

**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 when in-person, staff do not enter into client’s residences. 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.

Over this reporting period, one of the two co-directors in the Peer Counseling Program was female..

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)** | **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?” | 0 | 0 |
| 1. ”Have you missed or been late on a home rental or mortgage payment within the last 12 months?” | 0 | 0 |
| 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 | None. No new referrals due to COVID-19 | None. No new referrals due to COVID-19 |
| **Please list the top 3 referring agencies** |  |  |
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**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) |
| --- | --- | --- | --- |
| 75 Santa Monica residents will have received individual and/or group counseling by year-end (50 at mid-year) | **At mid-year:** 67 Santa Monica residents received individual and/or group counseling services.  **At year-end:** 69 Santa Monica residents received individual and/or group counseling services. | **Outcome #1:**  **Mid-year:** 75% of surveyed responses from Santa Monica residents who participated in individual or group counseling will agree or strongly agree that they are learning to cope better with problems in their lives.  **Year-end:** 75% of surveyed responses from Santa Monica residents who participated in individual or group counseling will agree or strongly agree that they are learning to cope better with problems in their lives. | **Outcome #1:**  **Mid-year:** 94% of surveyed responses from Santa Monica residents who participated in individual or group counseling agreed or strongly agreed that they are learning to cope better with problems in their lives.  **Year-end:** 100% of surveyed responses from Santa Monica residents who participated in individual or group counseling agreed or strongly agreed that they are learning to cope better with problems in their lives. |
| Outcome 2: **Mid-year:** 75% of surveyed responses from Santa Monica residents who participated in individual or group counseling will agree or strongly agree that they are feeling less isolated as a result of their experience in peer counseling.  **Year-end:** 75% of surveyed responses from Santa Monica residents who participated in individual or group counseling will agree or strongly agree that they are feeling less isolated as a result of their experience in peer counseling. | **Outcome #2:**  **Mid-year:** 83% of surveyed responses from Santa Monica residents who participated in individual or group counseling agreed or strongly agreed that they felt less isolated as a result of their experience in peer counseling.  **Year-end:** 100% of surveyed responses from Santa Monica residents who participated in individual or group counseling agreed or strongly agreed that they felt less isolated as a result of their experience in peer counseling. |

###### 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.*

Not applicable

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

Outcome 1 & 2: the 100% response (against a target of 75%) with either “Agree” or “Strongly Agree” as ratings by those clients who responded (35) to the year-end confidential survey speaks to the high quality of service and value provided by the Program and benefit received by clients, despite the less-than-ideal conditions that client and peer counselors were operating under due to the pandemic.

**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.***