HUMAN SERVICES GRANTS PROGRAM (HSGP)

FY 2021-22 PROGRAM STATUS REPORT

**Agency: Family Service of Santa Monica, a division of Vista Del Mar**

**Program:** **Community Mental Health**

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###### FY 2021-22 SUBMISSION CALENDAR

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

During this fiscal year, Family Service of Santa Monica (FSSM) has continued to navigate the effects of the on-going COVID-19 pandemic and the unstable socio-political climate to provide high quality mental health services to the community. FSSM has continued to operate under modified conditions and has gradually increased accessibility to in-person services. The agency and each program continue to prioritize visibility and accessibility within the community. As always, FSSM is keenly aware and attentive to the prevalence of trauma in the community and how this has been further exacerbated during the last 2 years. FSSM continues to witness the challenges in society at large and remains focused on serving our community.

During the latter half of this fiscal year, FSSM returned to participating in in-person community events. In April, FSSM staff attended the Santa Monica Arts and Literacy Festival. We hosted a table and engaged with community members about our services. We provided a child-friendly art activity (Coping Caterpillars) and facilitated brief conversations about the common stressors attendees have been experiencing. The City estimated approximately 2000 attendees, with FSSM interacting with approximately 250 attendees. In May, FSSM was actively involved in the local Mental Health Awareness Month events, including Kidical Mass and the Virginia Avenue Park (VAP) movie night. FSSM hosted tables at both events, providing brochures and sharing information about our services. We estimate contact with approximately 70 attendees between both events. FSSM also had a presence at the 30th annual Juneteenth festival at Virginia Avenue Park on June 18, 2022 as a speaker of Racial Trauma in in school settings.

FSSM was also able to offer 3 Reflective Parenting Project (RPP) groups, one of which is currently on-going and expected to end shortly after the end of this reporting period. This group is conducted in Spanish, for caregivers of teens, under the CMH Program Plan. Currently there are 5 participants, all of whom are Santa Monica Participants. The other two groups, provided under the SBS Program Plan, served caregivers of school-aged children, conducted in Spanish, and caregivers of teens, conducted in English. A total of 17 Santa Monica Participants, between the two groups, completed the 10-week curriculum. Additionally, the 3 staff who were in the process of earning Level 2 certification during the previous reporting period, have completed their certification.

As stated in previous program reports, FSSM continues to facilitate most of our service delivery via HIPAA-compliant on-line (telehealth) platforms. More recently, we have gradually increased our accessibility for in-person services, which has been well received by clinicians and the community. Our clinicians continue to be flexible and creative to meet the needs of our community, remain accessible, and deliver high quality services.

FSSM sustained its partnership with Santa Monica College (SMC) through the Pico Partnership program. While there is no longer a full-time Field Clinician assigned to the program, referrals remain a priority. We will also continue to provide 1 student workshop each semester. There were no referrals during this fiscal year, likely a result of the limited on-campus operations at SMC.

 FSSM provides continuous training and development to staff and interns. This includes monthly trainings, and opportunities to obtain certification in various Evidence-Based Practices (EBPs). In October 2021, we trained a total of 11 staff and interns in Managing Adapting Practices (MAP). At the time of this report, all portfolios have been submitted with 3 clinicians earning their certification; the remaining 8 are pending review by the certifying agency. FSSM also facilitates monthly racial justice meetings for staff and interns; led by our Program Director, these meetings focus on reflective work and increased awareness of how social and racial constructs intersect with our work in the community.

###### 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 194 telephone intakes, of which 77 were identified as Santa Monica Participants. Of those 194 telephone intakes, 144 callers (71 SM Participants) reported experiencing past and/or present trauma at the time of intake. FSSM continues to prioritize our efforts to integrate trauma-informed care since trauma has been an increasingly common experience and is known to have a significant impact across all aspects of an individual’s functioning.  We continue to implement treatment models, including EBPs (MAP, CPP), that serve to address trauma.

The 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, MAP requires the use of the UCLA PTSD Trauma Reaction Index, Eyberg Child Behavior Inventory (ECBI), Patient Health Questionnaire (PHQ-9), or Revised Children’s Anxiety and Depression Scale (RCADS); 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 the 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 0 to 21 years old. The PSC is a Likert scale questionnaire administered to the caregiver of clients ages 3 to 19 years old. 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.

  During the past 3 years, we’ve had a strong partnership with the Westside Infant Family Network (WIN) as part of our involvement in the Innovation-II Grant, a LACDMH-funded grant. This grant served to expand trauma-informed care throughout the community and the general service area. This grant expired during this reporting period on June 20, 2022.

  FSSM has 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 due to financial hardship and/or the absence of adequate health insurance. During this fiscal year, we continued to benefit from the RAR grant. The RAR grant allows us to lower our fees, below our established scale, and increases access to services for adults who would otherwise not be able to access mental health services. Late during this reporting period, FSSM was notified that we were again awarded this grant. This will be our 5th consecutive year receiving this grant, and will continue to supplement our service provision for adult clients and expand accessibility to our services. As previously mentioned, a grant from the Adams-Mastrovich foundation has allowed us to supplement our RPP groups.

  FSSM continues with on-going collaborative partnerships, including the Cradle to Career (C2C) Committee, the Youth Resource Team (YRT), the Middle School Support Team (MSST), the Early Childhood Taskforce (ECTF) and its Steering Committee, Venice Family Clinic (VFC)/SAMOHI Wellness Center, the Westside Mental Health Network, 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

Vista Del Mar is governed by a volunteer Board of Directors. Board Members are elected for three-year terms and are eligible to serve for two consecutive terms. Once they reach this term limit of six years, Members are required to take at least one year off from the Board before reapplying.

Board Members owe fiduciary duty to the agency and are legally and morally responsible for ensuring the fulfillment of its mission. The full Board meets five to six times per year, and Board Committees meet on alternate months to assure ongoing monitoring of all programs, services and contracts. Primary Board responsibilities include guiding, approving and monitoring the agency’s direction, policies, and strategic plan; overseeing the executive office, including the hiring and firing of the CEO; providing financial oversight and approving the annual budget; and helping ensure financial stability. In addition, to regularly scheduled Board Meetings there are committee meetings including, Education, Program and Outcomes Finance, Governance, Development, Audit and Investment.

During FY21-22, the VDM Board of Directors has met 5 times (August 17, 2021, September 22, 2021, and December 8, 2021, March 16th and June 15th, 2022). The Board meets quarterly (not including a special meeting of the Board for Budget and Capital Project approvals). The average member attendance was about 65-75%.

Three new members have joined the VDM Board of Directors. Walter Njboke and Keith Terasaki were elected on August 17 and Lisa Vidal on December 8. Each new member brings diversity in culture and business acumen from various walks of life all with the desire to realize the vision and fulfill the mission of the agency. The Board consists of 13 men and 12 women, 75% of whom are white, with the remaining members being African American, Asian, Hispanic, Middle Eastern and Puerto Rican.

Though no board members currently live or work in Santa Monica, several members have ties to the area via business or have clients within Santa Monica and the immediate surrounding communities of the Palisades, Venice, Marina Del Rey, and West Los Angeles.

Board members successfully participated in a new fundraising campaign via a digital platform. New program initiatives are being discussed, including the expansion of our Foster Family Agency, the introduction of a new Electronic Health System, as well as becoming a provider for the Office of Refugee Resettlement program.

There are currently 2 vacant positions. 1 potential new member has been identified whose appointment is to be voted on at the next meeting. The Nominating committee is looking to fill the last vacancy with someone that has completed our Leadership Advisory Board program.

The Executive management Team currently consists of 13 members – 11 women and 2 men of whom 7 are white, 2 people of Hispanic origin and 4 African Americans.

The Supervisory staff of the Community Mental Health Program is comprised of 2 women; the Program Director who identifies as South Asian and the Clinical Director who identifies as Asian American.

###### SECTION IV: STAFFING PATTERN

During the latter part of this fiscal year, FSSM’s staffing pattern has somewhat stabilized. The CMH program is currently fully staffed. The agency recently filled a vacant Clinical Supervisor position; this position will provide supervision to staff who assigned to various grant programs across the agency.

During the recent months, FSSM has experienced the usual transition of MSW student interns and MFT student interns. We recently welcomed 2 MFT student interns as 2 existing MFT student interns left the agency. While our 6 MSW student interns left the agency in May 2022, we welcomed a new MSW student intern. Additionally, we are expecting 8 MSW student interns and 1 MFT student intern to join us in September 2022. All our student interns are unpaid volunteers and provide approximately 10 hours of direct clinical care each week, with a total of 18-22 hours each week dedicated to FSSM.

**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. While we have not attended any formal consultation meetings, we are prepared and willing to share demographic data as requested by the City. As previously mentioned, the agency maintains tracking logs that identifies and monitors various demographic information and outcomes.

2) For most of this fiscal year, we operated under a hybrid model, with our physical location offering limited access for the public; this allowed for some in-person sessions at the agency. Any groups and staff meetings continue to be conducted via telehealth. Individual services are provided in-person based on specific requests; most of our services continue to be provided via telehealth as requested by clients. School-based services are provided in-person. Sanitizing products and PPE are readily available to all staff/interns to ensure the sustainability of in-person services and in continuing the trauma-informed lens that targets vulnerable individuals. Current practices mandate that facemasks are always required. We continue to utilize our locked mailbox to maintain access for the community and support on-going service delivery. FSSM will continue to adhere to local, county, state, and federal guidelines with respect to operations during the COVID-19 pandemic.

3) FSSM tracks and monitors for housing instability during our intake and assessment process. During this fiscal year, FSSM has not served any individuals who have identified as homeless. Individual clinicians provide support to clients, as needed, with respect to housing resources and linkages. Additionally, our Clinical Director disseminate resources and information to our staff and interns regarding housing opportunities.

**Youth & 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, the Early Childhood Task Force (ECTF) and its Steering Committee. Our Clinical Director attends the Youth Resource (YRT) and Middle School Support Team (MSST) meetings monthly and provides linkage support as needed to ensure community members receive appropriate mental health services.

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.

**Youth Mental Health Programs:**

1) During this fiscal year, we conducted a total of 194 telephone intake screenings. Of the 194, 77 were identified as Santa Monica Participants. 49 out of the 77 were then assigned and opened for services at FSSM or linked to an outside provider. FSSM staff and interns saw a total of 118 Santa Monica Participants during this fiscal year. Of those 118, 104 clients had Medi-Cal, 3 clients were uninsured and met criteria to be seen under non-Medi-Cal DMH funding, and 11 were private pay clients. Zero clients seen under private insurance or Healthy Families. It should be noted that FSSM is not in-network with any private insurance providers.

**SECTION VI: SERVICE NEEDS AND REFERRALS**

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 2021-22**  **Number Responding “Yes”**  **at Mid-year** | **FY 2021-22**  **Number Responding “Yes”**  **at Year-end** |
| 1. “Do you or anyone in your household have unmet employment needs?” | 13 | 21 |
| 1. ”Have you missed or been late on a home rental or mortgage payment within the last 12 months?” | 10 | 18 |
| 1. “Do you or anyone in your household have an unmet childcare/afterschool need?” | 6 | 12 |

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| --- | --- | --- |
| **INCOMING PARTICIPANT REFERRALS**  **(Santa Monica Participants)** | **FY 2021-22**  **Number**  **at Mid-year** | **FY 2021-22**  **Number**  **at Year-end** |
| Participants referred by another agency | 13 | 17 |
| **Please list the top 3 referring agencies** |  |  |
| * 1. SRTS (DMH Access Hotline) | 4 | 8 |
| * 1. DMH-Specialized Foster Care (DMH-SFC) | 3 | 4 |
| * 1. Santa Monica-Malibu Unified School District SAI (SMMUSD SAI) | 2 | 5 |

**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 VII 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.

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Service Category/ Program Goal** | **Activity Type** | **Activity Description** | **Annual Target\*** | **Documentation**  **Method** | **Mid-Year**  **Status Report** | **Year-End**  **Status Report** |
| 1 | ***Improve Community Mental Health*** | Output | Participants will receive four or more therapy sessions. | 158 SMPP | Case File | 65 SMPP | 118 SMPP |
| Outcome | Improvement as demonstrated by a decrease in total score of the YOQ, YOQ-SR, and/or OQ; administered at 6-month intervals. | 70%, or 111 of 158 SMPP | Pre- and Post- measures | **YOQ:** 55%, or 18 (of 33 SMPP eligible for 6-month interval measures completed by caregivers for clients who are ages 4-17).  **YOQ-SR:** 50%, or 7 (of 14 SMPP eligible for 6-month interval measures completed by clients who are ages 12-18).  **OQ:** 50%, or 4 (of 8 SMPP eligible for 6-month interval measures completed by clients who are ages 19 and up). | **YOQ:** 55%, or 34 (of 62 SMPP eligible for 6-month interval measures completed by caregivers for clients who are ages 4-17).  **YOQ-SR:** 34%, or 11 (of 32 SMPP eligible for 6-month interval measures completed by clients who are ages 12-18).  **OQ:** 43%, or 9 (of 21 SMPP eligible for 6-month interval measures completed by clients who are ages 19 and up). |
| 2 | ***Parent Education*** | Output | Participant parents/caregivers will attend a 10-week Reflecting Parenting Project (RPP) group. | 12 SMPP, 1 group | Case File | 0 | 0 |
| Outcome | Increased ability to manage child’s challenging behaviors. | 90%, or 11 of 12 SMPP parents/caregivers | Self-report | 0 | 0 |
| 3 | ***Evaluate Community Need*** | Output | Participant receives a telephone intake screening. | 100 SMPP | Intake List Tracker | 38 SMPP | 77 SMPP |
| Outcome | Participant is linked to services. | 85%, or 85 SMPP | Case file, Intake List Tracker | 82% or 31 SMPP | 64% or 49 SMPP |

###### VARIANCE REPORT:

###### Mid-year: The CMH program at FSSM did not conduct any Parent Education activities during this reporting period due to staffing issues that impacted the availability of RPP-trained staff. We are sending 3 staff to Level-1 training and anticipate at least 2 groups during the next reporting period in order to fulfill our target outputs and outcomes. Additionally, we are experiencing a noticeable decrease in requests for services, thus impacting the Improve Community Mental Health Output and Evaluate Community Need Output. We suspect this may be a result of disinterest in telehealth services, as well as other COVID-19 related circumstances. We are continuing to conduct outreach with our various community partners via monthly meetings.

Note: “Of *x* eligible for 6-month interval measures” in reference to the Improve Community Mental Health Outcome refers to clients who meet the age criteria for that measure and who entered services at a time that would make them eligible for 6-month measures. While we provided 4 or more sessions to 65 SMPP, several of those SMPP entered services at a time that would not make them yet eligible for 6-month measures.

**Year-end:** The CMH program outcomes (Improve Community Mental Health) are significantly below the expected targets for the year-end reporting period. In reviewing the data, we noticed that several scores increased during a 6-month interval, which is common for our clients. This can be best explained by the impact of the current socio-political climate and COVID-19, and/or the likelihood that they were under-reporting when completing the baseline measure upon admission to our program. This is a common occurrence that appears to be related to the level of comfort and trust that develops throughout the treatment process.

The CMH program at FSSM is currently conducting a Parent Education group, using the RPP model. We experienced challenges associated with staffing and certification, which impacted our ability to conduct a Parent Education group earlier in the year. The group is expected to end during mid-August 2022; it currently has 5 SMPP. Outcomes will be described in the next status report.

The number of SMPP served (118) is lower than the projected target (158), likely due to the on-going COVID-19 pandemic. The pandemic has significantly impacted operations at physical health sites, local educational institutions, etc., thus the impacted referral sources lessened the number of individuals screened or accessing services. Additionally, participants may have been reluctant to engage in therapy services via telehealth.

Additionally, fewer participants were linked to services than anticipated, as they did not turn in the needed forms to complete the intake process and be assigned a therapist, who could then link them to services.

**SECTION VIII: 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.

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.**