HUMAN SERVICES GRANTS PROGRAM (HSGP)

FY 2021-22 PROGRAM STATUS REPORT

Family Service of Santa Monica

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Early Childhood Wellbeing Project

Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**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.

The Early Childhood Wellbeing Project (ECWP) exhibited accomplishments through piloting new endeavors and transgressed various challenges that persisted or were newly encountered during this reporting period. The ECWP continued to be a source of ongoing support for numerous families, receiving additional referrals during the last 6 months. This reporting period was no exception from previous three reporting periods in confronting the perpetual impact of the current global pandemic, COVID-19, a public health crisis, although it transformed into different kinds of challenges with changes in restrictions. Family Service of Santa Monica (FSSM) and the ECWP provided services in a hybrid model, creating opportunities to connect with clients and family in-person. Depending on health of clinicians and clients, CDC guidelines, county, national, and state restrictions, as well as agency protocol; mental health and group services were provided via a HIPAA compliant, virtual telehealth platform. Discretion was used at a growing rate to determine if in-person services were safe and appropriate. This helped to mitigate barriers created by technology such as \_families’ lack of access to technology (computer, WiFi, etc.), the struggle for 0 to 5 youth to sit still, limited interactions to complete screenings, and difficulty engaging and building rapport with youth that were less comfortable or focused on the telehealth platform.

This reporting period witnessed continued ability to provide consistent in-person sessions, on a case-by-case basis, in accordance with COVID-19 CDC health guidelines, in social-distanced, spacious, outdoor, well-ventilated areas. Areas such as parks and outside the FSSM office location were often sought for such sessions. The families engaged in these sessions found this setting more fitting for their needs, as some younger or highly active youth responded well to this format.

While the pandemic continues to pose financial strain on some families. Some families continued to endure unemployment, others were out of work due to injuries, COVID-19 cases within the family, or to care for a minor child that needed to quarantine due to an outbreak at school. There were numerous challenges for working parents who did not receive sick days during the pandemic, resulting in a loss of income if needing to quarantine for themselves or their children.

The ECWP mitigated financial strain experienced by clients by offering flex funds to pay for basic needs, aiding with applications for financial assistance, referrals to community food resources, and providing Baby2Baby items. While the unpaid rent incurred by some families due to pandemic-related job was significant, with support of the ECWP they were able to navigate the complicated application process to access the COVID-19 rent relief in Los Angeles County which provided financial relief. The ECWP team received two additional deliveries from Baby2Baby that included clothes, shoes, books, teething bibs, pacifiers, as well as some of the most frequently requested items such as diapers, pull-ups, wipes, and toiletries. Affordable childcare was a concern for many families, so Connections for Children (CFC) was a valuable resource for subsidizing childcare. The ECWP was able to support families in navigating the application process and serve as a communication liaison between families, CFC, and childcare providers.

Families continue to seek affordable housing, a resource that the ECWP team is limited in providing immediate access. The ECWP team arranged a meeting with Community Corporation of Santa Monica to acquire and disseminate accurate information about the process to attain affordable housing.

The ECWP team continued to withstand various transitions in leadership within Family Service of Santa Monica. Both ECWP staff resigned in March and April of this reporting period so services were paused until the new ECWP Coordinator was hired in June. The program and basic needs were supervised by the Program Director during this time, and the project continued seamlessly upon the new hire’s arrival. Despite these changes, the ECWP team has continued to work cohesively building upon the foundation of the program that was established prior to staff turnover.

The clinically informed standpoint from which the ECWP services are rendered is a continued accomplishment. The ECWP maintains consistency with a comprehensive clinical intake. The ECWP coordinator will enroll in training to be certified in Child-Parent Psychotherapy (CPP), an 18-month dyadic trauma-based evidence-based practice (EBP).

The ECWP continues to provide services through a trauma-informed, reflective, and holistic model of service that includes assertive clinical case management, parent education, dyadic therapy, community engagement within a family unit, and policy and advocacy efforts. Cumulatively, the ECWP served 15 families this reporting period, which included 17 youth that were enrolled in the ECWP. In addition to the 17 enrolled youth, the ECWP services positively impacted a total of 31 family members surrounding the target child. The table below demonstrates how many family members *in addition to* the target child benefit from the comprehensive family-centered model of the ECWP.

|  |  |
| --- | --- |
| **Age Range of Family Member** | **Number Served** |
| 0-5 years | 3 |
| 6-11 years | 5 |
| 12-17 years | 6 |
| 18-24 years | 2 |
| 25-34 years | 5 |
| 35-44 years | 9 |
| 65-74 years | 1 |
| Total: | 31 |

The ECWP team continued the successful provision of virtual parenting groups. The ECWP capitalized on strengthened community partnerships from the previous reporting period. The EWCP continued collaborative meetings with the Executive Directors of the organizations Love, Dad and Early Engagement to discuss the creation of a fathers’ group. The ECWP is forging a new partnership with the Fundamentals of Fatherhood program to further enhance our engagement and support for fathers, expecting fathers, and father figures.

Families with children enrolled in ECWP shared positive feedback about the support received during this reporting period. Caregivers and school personnel alike noted the improvement in behavior of youth receiving mental health services from the ECWP. Other parents expressed gratitude for the program’s assistance during this difficult time, sharing that the family was happy because their children received needed support as result of their enrollment. Caregivers expressed an interest in additional opportunities to interact with other families in the future such as an open in-person play group for 0 to 5 youth once a month if COVID-19 permits. The mission of the YRT model, as it emerged from the Cradle to Career initiative, is fostered by the direct services provided by the ECWP during the ongoing pandemic, ensuring a support network that serves as a safety net for the Santa Monica 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.

Early developmental progress was assessed using the Ages and Stages Questionnaire 3 (ASQ3) and the Ages and Stages Socio-Emotional Questionnaire (ASQSE) measure this reporting period. The ASQ3 assists in evaluating progress or deficiencies in a variety of developmental areas based on the child’s age, while the ASQSE includes questions that further assess socio-emotional development and mental health. The ECWP continues to adhere to incorporating the ASQ questionnaires in the comprehensive clinical intake process for the program regardless of the initial reason for the referral. This is an effective way to assess early development and the need for early intervention or prevention resources to support developmental progress. The restrictions related to COVID-19 that persisted during the previous reporting period resulted in a virtual administration of the ICARE and ASQ by the ECWP. The FRS was able to coordinate in-person intake appointments for one client at the discretion of the clinician and caregiver when it was permitted by agency protocol, as well as CDC recommendations on a national, state, and county level. This allowed a more interactive approach that eliminated the technology barrier, permitting the FRS to complete the initial assessment as they did pre-pandemic.

The ECWP has supported families navigating the early learning system in other capacities. The ECWP team has supported families in advocating for access to tuition assistance when there are extenuating circumstances that may limit their eligibility. The ECWP team has supported various families navigate Westside Regional Center referral and evaluation process. The FRS supported a family completing regional center application, resulting in an appointment being scheduled.

The Trauma Symptom Checklist for Young Children (TSCYC) screening is an outcome measure completed with parents that are receiving Child Parent Psychotherapy (CPP) with their child between the ages of 0 and 5. While the TSYC was not administered during the last 6 months, due to clients receiving CPP being under the age limit, the screening assesses trauma behaviors and trauma triggers in children. The Youth Outcome Questionnaire (YOQ) is also utilized for youth 4 and older participating in dyadic therapy, as well as those receiving CPP. This comprehensive instrument gathers parents’ perceptions of a child’s symptoms and behaviors. It measures intrapersonal distress, somatic symptoms, interpersonal relation concerns, social problems, behavioral dysfunction, in addition to critical items that may require clinical follow-up. The YOQ was administered by the ECWP at clinically appropriate intervals via telephone or telehealth to monitor client progress in therapy, age permitting.

In an ongoing effort to streamline services and meet client needs, the ECWP continued to consult and maintain collaborative communication with the other two CYRT programs (MSST and YRT), now housed within St. Joseph’s Center and overseen by one program manager. The ECWP team has sought support from the MSST and YRT program manager for families seeking holiday resources and below market housing. The FSSM Clinical Director continues to serve as a liaison to the regularly scheduled MSST and YRT meeting, by relaying information to the ECWP team, as needed. The ECWP team provides updates to the new MSST/YRT program manager and case managers about the referral process, program availability and eligibility to keep these programs informed. Although the program manager is not always available for the monthly Resource Network Meeting, she receives monthly e-mails with announcements from the meetings. Additionally, the ECWP team has maintained communication with contacts at Connections for Children (CFC) to facilitate new referrals for childcare subsidies, as well as subsidy renewals. This has allowed the ECWP to be a conduit for communication about the CFC referral process and answer questions about subsidy renewals, as well.

The Resource Network members include the following:

|  |  |  |
| --- | --- | --- |
| America’s Job Center of California | The Growing Place | Santa Monica-Malibu Unified School District |
| Boys and Girls Club of Santa Monica | Hospitality Training Academy | Sing and Speak 4 Kids |
| Chrysalis | Legal Aid Foundation of Los Angeles | Sojourn |
| City of Santa Monica | Providence St. Johns’ Child & Family Development Center | St. Joseph’s Center |
| Claris Health | Pico Branch Library/Santa Monica Public Library | UCLA Pediatric Gastroenterology & TPN, OB/GYN Clinic |
| Clare Matrix | Virginia Avenue Park | Venice Family Clinic |
| Connections for Children | Safe Place for Youth | Westside Anti-Violence Authority |
| Community Corporation of Santa Monica | Santa Monica Police Department | Women, Infants, and Children |
| Westside Infant-Family Network | Westside Regional Center | Love, Dad |
| Early Engagement |  |  |

The Resource Network Meeting continues to provide a monthly opportunity to discuss upcoming events, resources, and various early childhood needs exhibited in the community. The ECWP team continued to coordinate monthly virtual meetings with at least one presentation from an outside agency since June 2021, as there is a break in meeting July to September each year. This reporting period included a presentation from the ED of Early Engagement regarding father involvement in early childhood. The ECWP team also presented relevant information from the Annual Zero to Three Conference to share details about effective interventions, research findings and the impact of COVID-19 on early development. The ECWP team has noticed consistent participation from providers in the meetings and an expression of gratitude for the useful information distributed about events and resources in the announcements shared via e-mail each month.

The following events illuminate the ECWP participation in community engagement and professional development opportunities:

**Ongoing Community-Based Partnership Meetings and Workgroups**

Bi-Monthly: Child Parent Psychotherapy Group

Monthly: Early Childhood Task Force (ECTF) Meetings

Monthly: ECTF Steering Committee Meetings

Monthly: ECWP Resource Network Meetings

Monthly: CES for Families: Regional Coordinators Meetings

Quarterly: Cradle to Career Meetings

Quarterly: Building Blocks to Kindergarten Meetings

**Community Engagements**

Southern California Chapter of the California Chapter of the California Association for the Education of Young Children (SCC-CAAEYC) Collaborative Meeting 12/2

**Professional Development Trainings**

Restorative Justice Train the Trainer – 6/28, 7/11, 7/18, 7/25 (will continue to September)

CPP Booster: 12/2, 12/3, 12/9, 12/10

DMH-UCLA Early Childhood Fellowship: 9/24, 10/1-10/2, 11/5-11/6, 12/3-12/4 (bi-monthly until June 2022)

Ending Racism Together-Liberation for All: 9/20-9/24

FASD: 10/21 (part 1) 10/28, 11/16 (part 2)

Infant Toddler Mental Health Consultation Fall Conference 2021: 11/17

Promoting Resilience in Families with Preschool-Aged Children: Findings from a Randomized Trial of the

FOCUS for Early Childhood (FOCUS-EC) Program: 10/20

Trauma Informed Strategies for Working with Individuals With ID/DD/ASD for Clinical Staff: 11/15

Zero to Three Annual Conference: 10/25-10/29

###### 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, 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.

###### SECTION IV: STAFFING PATTERN

The ECWP team started this reporting period with two positions – the ECWP Coordinator and the Family Resource Specialist, under the supervision of the Program Director. The ECWP Coordinator resigned on March 4, 2022, and the Family Resource Specialist resigned shortly after on April 26, 2022. A new ECWP Coordinator was hired on June 6, 2022, so there was only 5 weeks where the program was not providing services at its typical capacity. The Resource Family Specialist is still vacant and FSSM is actively searching to fill the position.

**SECTION V: SPECIAL 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 continue to be 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. FSSM continues to be proactive in its adherence to COVID-19 safety protocols.  In March 2020, we quickly adjusted our formal operations, closed our physical location to the public, and limited individual traffic through the agency.  We have continued to operate under similar conditions.  We have limited the number of staff/interns who are permitted on-site at any given time and encouraged remote operations.   All our services, including groups and our staff-related meetings, are held via Zoom or Microsoft Teams.  In response to a spike in documented COVID-19 cases in December 2021, we closed our physical location completely for two weeks during the winter holidays.   Sanitizing products and PPE are readily available to all staff/interns.  Face masks are mandatory for anyone who is on-site.  Additionally, we have installed a locked mailbox in front of our building to increase accessibility to the community; this serves as a no-contact method for clients to drop-off documents associated with service delivery.  FSSM will continue to adhere to local, county, state, and federal guidelines with respect to operations during the COVID-19 pandemic.  When guidelines and protocols have permitted, sessions occur outdoors, in well-ventilated areas or in an indoor space, distant from other staff or clients. Prior to sessions, temperature checks are completed, and preliminary questions were asked of clients and caregivers to ensure individuals were healthy at the time of the sessions. Masks were worn by clinicians, caregivers, and client at all times both indoors and outdoors. Client and caregivers are provided with hand sanitizer on arrival. Any items used during the session are thoroughly sanitized and set aside for a substantial amount of time prior to use in another session.

3. At FSSM, attention to racial equity, diversity, and cultural competency has historically been a priority, and will continue to be so indefinitely.  We recognize the variety of disparities among the community we serve and understand the significant role that race, particularly systemic racism, plays in these inequities.  Our leadership team at FSSM, and at our parent agency, Vista Del Mar, participate in on-going workshops, trainings, and discussions that focus on addressing inequities and promoting diversity. The program director at FSSM is the Chair of the Diversity, Equity,Inclusion, Justice and Belonging Committee at Vista Del Mar. FSSM has incorporated this priority into its infrastructure and agency culture through the development of a monthly meeting on Racial Justice and Social Oppression.  These groups serve to provide our staff and interns with a space to explore the intersection of race, diversity, and culture with our roles as clinicians, as well as how these aspects impact our clients and the clinical work we do with them.  Additionally, we focus on incorporating a cultural humility and responsiveness perspective in the trainings we provide throughout the year.  FSSM holds the expectation that staff and interns are individually responsible for seeking knowledge and exposure to issues of racial inequity, diversity, and cultural competency outside of their time with the agency. The ECWP team has been intentional about raising the voices of the diverse families served in the program at various meetings to bring these perspectives to the attention of stakeholders in the community. The ECWP Program Coordinator attended a training on”Fostering Crucial Conversations about Race with Children and Families“, which provided knowledge of cognitive dissonance, structural racism, and the effects of historical and racial trauma and impact on children and families. This training taught participants strategies for engaging in crucial conversations related to race while working with children and caregivers. The ECWP is intentional about infiltrating cultural responsiveness into a culturally-grounded framework that informs the services provided in the community.

The Board consists of 13 men and 12 women, 75% are white, with the remaining members being African American, Asian, Hispanic, Middle Eastern and Puerto Rican.

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

The supervisory staff of the ECWP program is comprised of 2 women; One who identifies as South Asian and the other who identifies as Afro-Latina.

4. The ECWP tracks and monitors for housing instability during the assessment process. In addition, the well-established working relationships the ECWP has with housing service providers, allows for up-to-date information to be shared to the ECWP families, provide appropriate referrals and warm handoffs to city housing programs and/or services. During this reporting period, the City offered housing rental relief to its residents due to the implications of COVID-19, which in turn, allowed the ECWP to refer families to this invaluable and much needed resource. Additionally, our Clinical Directors disseminates resources and information to the staff regarding housing opportunities.  The ECWP initiated discussions with a contact from Community Corporation of Santa Monica about coordinating a virtual workshop about housing that is complimented by a social-emotional learning or psycho-education aspect to support caregivers in preparing to achieve goals, such as acquiring stable and affordable housing. Community Corporation of Santa Monica provided updated information about the affordable housing list and eligibility criteria that can be distributed to community partners, colleagues, and eventually inform a pending workshop for the ECWP families that are interested.

**Youth & Families Agencies:**

1. ECWP actively participates in the Santa Monica Cradle to Career Initiative. The Clinical Director attends the monthly meetings for the Youth Resource Team (YRT) and the Middle School Support Team (MSST), along with other service planning are meetings related to community mental health. The ECWP also actively engages in collective impact groups and meetings that include Early Childhood Task Force and its Steering Committee, the Building Blocks Campaign, and provider meetings related to youth and families. The ECWP attends C2C meetings, providing program updates and current trends as needed. The ECWP Program Coordinator has assumed the role of Co-Chair within the ECTF and Steering Committee, providing an opportunity to have direct contact with presenters and City Council members regarding trends in needs among the enrolled ECWP families. This reporting period, ECWP presented at the Early Childhood Task Force meeting in November, providing information on the clinical impact of COVID-19 on youth, as witnessed by the ECWP and clinicians at FSSM.

2. FSSM continues to work collaboratively with the City of Santa Monica and the youth and families network of care team to provide coordinated supports to individuals and families to provide brief crisis support and linkage when a serious community crisis arises. In previous years, we have worked collaboratively with our city analyst in coordinating efforts with other mental health providers to address the immediate needs that arise and are prepared to provide services in both English and Spanish, when needed.

**Mental Health Programs:**

1. During this reporting period, we had a total of 13 Medi-Cal/DMH funding, 3 private insurance, and 1 had no insurance.

**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.

|  |  |  |
| --- | --- | --- |
| **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?” | 3 | 4 |
| 1. ”Have you missed or been late on a home rental or mortgage payment within the last 12 months?” | 5 | 9 |
| 1. “Do you or anyone in your household have an unmet childcare/afterschool need?” | 1 | 2 |

|  |  |  |
| --- | --- | --- |
| **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 | 1 | 3 |
| **Please list the top 3 referring agencies** |  |  |
| * 1. **Family Service of Santa Monica** | 1 | 5 |
| * 1. **Santa Monica High School** | 1 | 1 |
| * 1. **YRT** | 0 | 2 |

**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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Service Category/ Program Goal** | **Activity Type** | **Activity Description** | **Annual Target\*** | **Documentation**  **Method** | **Mid-Year**  **Status Report** | **Year-End**  **Status Report** |
| 1 | Assertive Clinical Case Management | Output | Participant receives assertive clinical case management. | 22 SMPP | Case File | 17 | 32 |
| Outcome | Participant linked to 1 or more services. | 18 SMPP | Case File | 15 | 30 |
| 2 | Increase Economic Stability | Output | Participant identifies unmet economic stability need in care plan. | No annual target projected. Please document, at mid-year and year-end, the number of clients with economic stability as an identified need and apply this to the outcome. | Case File | 5 | 7 |
| Outcome | Participant attained one or more of the following: new or improved employment, government benefits. | 80% of output total increased economic stability.  Provide a breakdown of economic stability gained (i.e. SNAP, unemployment benefits, SSI, employment) | Case File | 2 (40%) via SNAP and Chrysalis Employment Services | 3 (42%) via SNAP and Chrysalis Employment Services |
| 3 | Maintain Housing Stability | Output | Participant identifies housing as an unmet need in care plan. | No annual target projected. Please document, at mid-year and year-end, the number of clients with housing stability as an identified need and apply this to the outcome. | Case File | 4 | 7 |
| Outcome | Participant attained one or more of the following: housing voucher, permanent housing, temporary housing. | 40% of output total increased housing stability.  Provide a breakdown of housing gained (i.e. voucher, permanent, temporary) | Self-Report on Follow-Up | 2 (50%) via LA County Rent Relief, St. Joseph’s Center rent assistance | 4 (57% via COVID rent relief and city of Santa Monica, LA County Rent Relief, St. Joseph’s Center rent assistance) |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Service Category/ Program Goal** | **Activity Type** | **Activity Description** | **Annual Target\*** | **Documentation**  **Method** | **Mid-Year**  **Status Report** | **Year-End**  **Status Report** |
| 4 | Improved Mental Health | Output | Participant identifies unmet mental health need in care plan. | 6 SMPP | Case File | 4 | 5 |
| Outcome | Participant engaged in consistent mental health treatment. | 70% of program participants with an identified mental health need will be actively engaged with a mental health provider.  \*Active engagement defined as at least one meeting every two weeks. | Documentation of mental health services from mental health provider. | 4 (100%) | 5 |
| 5 | Access to Substance Use Resources | Output | Participant identifies unmet substance use need in care plan. | No annual target projected. Please document, at mid-year and year-end, the number of clients with substance use resources as an identified need and apply this to the outcome. | Case File | 0 | 0 |
| Outcome | Participant attained resources to address substance use need. | 80% of output total linked to substance use resources. | Case File | 0 | 0 |
| 6 | Improved Legal Status | Output | Participant’s family identifies an unmet legal need in care plan. | No annual target projected. Please document, at mid-year and year-end, the number of clients with an identified legal need and apply this to the outcome. | Case File | 2 | 5 |
| Outcome | Participant’s family is connected to legal support service. | 80% of output total in this service category connected to legal services and resolve legal challenge. | Case File | 2 (100%) via financial support for DACA renewal, divorce and domestic violence legal consultation | 5(100% via financial support for DACA renewal, divorce and domestic violence legal consultation and legal aid) |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Service Category/ Program Goal** | **Activity Type** | **Activity Description** | **Annual Target\*** | **Documentation**  **Method** | **Mid-Year**  **Status Report** | **Year-End**  **Status Report** |
| 7 | Parent Engagement, Education, and Support Groups | Output | Parents/caregivers will participate in parent education and/or parent support groups. | 15 Parents/Caregivers | Case File | 19 | 31 |
| Outcome | Parents/caregivers will report an increased ability to improve self-reflective functioning to improve the relationship with their child and better manage the child’s behaviors. | 70% of the parents who complete this service will self-report an increased ability to improve self-reflective functioning to improve the relationship with their child and better manage the child’s behaviors. | Case File and/or Documentation of Group Enrollment | 18 (95%) | 28 (90%) |
| 8 | Early Intervention | Output | Participants are screened for developmental delays or concerns. | 22 SMPP | ASQ Conference Forms | 15 | 15 |
| Outcome | Participants with identified or suspected concerns are referred to outside services, as appropriate, and/or supported with an individualized internal program plan. | 100% of output total with an identified or suspected concerns are referred to outside services and/or supported with an individualized internal program plan. | ASQ Conference Forms and Internal Program Plan | 1 (100%) referred to Westside Regional Center | 1 |

**\*SMPP = Unduplicated Santa Monica Program Participants**

|  |
| --- |
| **Referrals** |
| ECWP will report the following at mid-year and by year-end:  1. Number of total referrals received during each reporting period  4  2. Number of referrals on the wait list at end date of reporting period  **0**  3. Number of participants who are new referrals in this reporting period **2**  4. Number of participants who graduated from program  4  5. Number of referrals to outside agencies **27** |

###### VARIANCE REPORT:

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

Only 3 of the7 participant families seeking to address an unmet economic stability need successfully stabilized their economic situation through connection to resources. Others were unable to do so because of health barriers, the need to care for a child with developmental needs, and barriers related to COVID-19. Some of these barriers were not addressed after mid-year report due to change in staff and other urgent needs that were prioritized..

ECWP surpassed annual target in housing stability because new ECWP Coordinator prioritized identifying participants were at risk of losing their housing due to past due rent. Families were connected to the COVID rent relief program in California and were granted flex funds from the city of Santa Monica. ECWP coordinator is working with families to establish a stable housing plan.

ECWP is dedicated to ensuring participants and their families have access to quality mental health. During intake caregivers and participants are assessed in order to identify if individuals would benefit from mental health services. Families that express interest in mental health services or individuals who are identified that would benefit from mental health services are referred to FSSM or other agencies in our network.

Post staffing changes 3 families have identified a need to be connected to legal aid help. Families have been provided information about resources for legal aid assistance, there is no updates on progress from families regarding the legal aid. Families are given the opportunity to participate in psychoeducation during their sessions with their case manager in ECWP. All families have participated in psychoeducation pertaining to healthy early childhood development.

###### 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.

The ECWP has 17 of the projected 22 participants, meaning the program is on track to meet this outcome by year-end. This is also true of the number of participants receiving assertive clinical case management, linked to case management resources, having an unmet mental health need addressed through active engagement with a mental health provider, that have completed the ASQ screenings. The ECWP anticipates additional referrals that will utilize case management and mental health services. The additional reporting period will allow time to continue administering ASQ screenings.

Only 2 of the 5 participant families seeking to address an unmet economic stability need successfully stabilized their economic situation through connection to resources. Others were unable to do so because of health barriers, the need to care for a child with developmental needs, and barriers related to COVID-19. Some of these barriers may be mitigated in the next reporting period to achieve an 80% outcome.

Regarding the early intervention output, one of the 17 enrolled youth was not screened, while another was partially screened. One of these clients was not screened due to enrollment of an expectant mother in the program prior to the child’s birth. Another client completed one of the two ASQ screenings and was unable to schedule the second screening prior to the conclusion of the reporting period. Furthermore, another client completed the ASQ screenings with another provider and the ECWP has yet to obtain these results. Additionally, there are enrolled clients whose caregiver expressed concerns that the child has not advanced, or the child is barely meeting milestones, which has resulted in the ASQ screenings being administered multiple times to determine if additional referrals for developmental support are needed.

**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.**