HUMAN SERVICES GRANTS PROGRAM (HSGP)

FY 2021-22 PROGRAM STATUS REPORT

PSJ Child and Family Development Center

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

Child Development Project

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

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

The Child and Family Development Center’s (CFDC) Child Development Project (CDP) is a school/community-based early intervention program which utilizes a multimodal approach to target at-risk children in need of mental health services. CDP provides a range of innovative, culturally sensitive, and linguistically responsive mental health services that includes individual, group, and family counseling. Additional services are parent training and support, teacher outreach and consultation, case management advocacy, and community outreach. Priority is given to children whose families are economically indigentto ensure the program targets children that may traditionally be unable to access other services.

The Child Development Project’s (CDP) philosophy is to foster healthy self-esteem, decrease conduct and hyperactivity problems, increase motivation and engagement with others, and build positive coping and pro-social behaviors that enable the children and their families to succeed at home, at school and in the community. As such, CDP focuses on the whole child and recognizes and utilizes the individual strengths of each child, family member, and community collaborator.

During the school year, the program provides services to emotionally vulnerable Elementary aged students enrolled at Will Rogers Learning Community.

**Program Accomplishments include:**

**Client Engagement:**

• CDP therapists provided therapy services to thirty-three (33) students at year-end.

• CDP utilizes short-term curriculum-based group treatment models, resulting in a total of five (5) therapy groups at year-end.

• Twenty-four (24) children participated in group therapy. Nine (9) children were seen in individual/family therapy.

**Mental Health Promotion and Outreach Efforts**

* CDP clinicians provided a series of five (5) in-class workshops focused on Promoting Kindness for all 4th grade classrooms.
* CDP clinician utilized UCLA’s FOCUS curriculum, which provides children tools that enhance feelings identification, regulation, and positive coping tools to utilize when they become dysregulated. Lead clinician conducted seven (7) classroom FOCUS lessons.
* CDP clinician provided six (6) whole-class workshops across Kindergarten classrooms focused on emotion idenfitication and regulation skills.
* CDP clinician provided two (2) whole-class workshops to 2nd graders focused on introducing and utilizng the Feelings Thermometer and Emotion Identification in order to promote communicating feelings and needs.
* CDP clinician provided four (4) workshops to WRLC students attending CREST club. Workshops focused on promoting self-compassion skills, promoting kindness, and encouraging positive self-talk.
* CDP lead clinician Provided client-centered consultation services to teachers throughtout the year regarding impact of trauma on emotional and behvioral presentation in the classroom, reinforcing coping skills, peer skills, and interpersonal functioning of students.
* To increase outreach and awareness of services provided, CDP lead clinician provided teachers (whose students were group participants) with weekly email updates regarding group content and process for each respective group.
* CDP staff made outreach calls to parents of group participants to inform them of their child’s progress in group, as well as to encourage parents to reinforce interventions and skills learned in group.
* CDP lead clinician gave a presentation about the CDP program services at the ELAC parent meetings to generate referrals.
* CDP clinician provided case management and linkage to community resources, and crisis consultation on an as needed basis.
* Outreach and consultation with school personnel, including teachers and administrators took place regularly for a total of 278 hours of outreach and 31 hours of consultation to school personnel.

**C/YDP Summer Activities for 2021:**

* CDP provided a Triple P parenting group via Telehealth in Spanish.
* CDP Provided a Triple P Parenting group via Telehealth in English.
* CDP clinicians continued to meet with their individual/family therapy clients throughout the summer months, via Telehealth and in person, whenever possible. Eight individual/family therapy clients were seen throughout the summer.
* CDP Clinicians provided in-person therapeutic arts and crafts summer programming at Police Activities League focused on creating art that reinforces positive coping.
* CDP provided weekly in-person outreach at Virginia Avenue Park throughout the summer months until the program closed due to COVID cases.

**Significant Program Challenges include:**

* Due to the ongoing impact of COVID-19, we’ve had entire classrooms go into quarantine, which at times has impacted service delivery. For example, we had several instances where group process was disrupted due to multiple participants being in quarantine.

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

The Child Development Project (CDP) seeks to achieve the following: Foster healthy self-esteem, decrease conduct and hyperactivity problems, increase motivation and engagement to others, and build positive coping and pro-social behaviors that enable the children and their families to succeed at home, at school and in the community

These objectives are measured by administering the Strength and Difficulties Questionnaire (SDQ) at the start of services and a post-questionnaire at the completion of services. The Strengths and Difficulties Questionnaire (Goodman, 1997) is a 25-item measure of youth psychopathology that yields a total score and five subscale scores: **emotion problems, conduct problems, hyperactivity, peer problems and prosocial**. The SDQ is well researched and helps us learn more about the impact of our services across these 5 scales. SDQ’s are completed by teachers for group participants, and by parents for Individual therapy clients.

The CDP team meets bi-monthly to discuss program coordination and implementation to ensure program objectives are being met, and that clients are able to maximize participation in various program components.

**Collaboration and Consultation with other Service Providers:**

* CDP clinician effectively collaborated with CREST staff to provide several workshops to the CREST afterschool program. These were well received by participants.
* CDP Clinician effectively collaborated with SMMUSD Social Work intern to ensure client linkage to appropriate group therapy services takes place.
* CDP clinician participated in SST meetings where she effectively collaborated with school personnel including school administrators, school nurse, and school psychologist, in helping to identify and support students struggling with behavioral and emotional problems which are negatively impacting them academically.
* CDP clinician provided client centered consultation services to teachers who wanted to learn more about how to best support students negatively impacted by the ongoing pandemic.
* CDP lead clinician consulted, collaborated and provided school Vice Principal with regular updates regarding service delivery, and to assure mental health services are being utilized.
* CDP lead clinician also actively collaborated and consulted with teachers regarding students who were struggling emotionally or behaviorally in the classroom and provided input regarding useful in-class interventions for teachers to try to support student’s socio-emotional well-being during Distance Learning.
* CDP clinician consulted and collaborated with the Will Rogers bilingual Community Liaison who serves the school and who is familiar with the Will Rogers community and its specific needs, to assess parent needs.
* CDP lead clinician met monthly with CREST staff to ensure effective collaboration and coordination across programs.
* CDP Coordinator attended the weekly Youth Resource Team 2.0 meeting hosted by Virginia Ave Park. This meeting includes SMPD, Probation, JVS, DMH, and PAL. Although the meeting targets older youth, these youth at times have younger siblings who attend Will Rogers. Coordinator regularly collaborates with partners and assisted the group by addressing the possible mental health needs of the youth identified by the team.
* CDP lead staff collaborated with community providers and attended the School-based Mental Health Providers meeting, and the CDP Coordinator attended the Santa Monica School Based Mental Health Coordinator’s meeting.

###### SECTION III: BOARD INVOLVEMENT

Board met on July 28, October 27, November 17th, January 26th, May 25th and July 27th. Average Board attendance is 95%. Board Development Activities include: In person Board event held to honor the late Chair, welcome new members and to thank outgoing members. 11 Board Members work and/or reside in Santa Monica, and there is 1 current Board vacancy with no immediate plans to fill. Significant policy directions or actions taken by the Board during this reporting period include the below items:

* Approved appointments for new Board Chair
* Approved medical staff appointments and reappointments
* Approved election of Board Officers; Special Advisors
* Approved the Revised 2022 Operating Budget.
* Approval of Quality and Patient Safety Committee Summary
* Approval of Various policies and procedures
* Approval of Peer Reviews

###### SECTION IV: STAFFING PATTERN

We welcomed a new MSW-level site coordinatorto the CDP program in August 2021. In addition, we also had a Psychology Doctoral intern providing services at Will Rogers this past year.

**SECTION V: SPECIAL FUNDING CONDITIONS**

* Agency will participate in the City’s efforts to develop an outcomes measurement system to better track human services program demographics and outcomes.
* CYDP Clinicians have successfully transitioned a majority (over 95%) of their services to in-person services. All group therapy and individual therapy services are provided in person, and the majority of parent collateral sessions, with the exception of few who prefer to meet via Telehealth are conducted in person. All Classroom workshops have been conducted in person.
* Agency will support eligible clients in submitting applications to applicable relief and housing sustainability programs.

Youth and Families Agencies:

* Agency leadership actively participates in Santa Monica C2C meetings, and YDP staff actively participate in bi-weekly YRT and MSST meetings.
* Agency will work with the City and the youth and family network of care to provide coordinated support to individuals and families that might require agency expertise in the aftermath of a serious community crisis.

School-Based Mental health Programs:

* The CDP program provides services 12 months per year and documents summer activities conducted in the community.
* Agency will document intake and report the number of eligible Santa Monica participants that have Medi-Cal/DMH Funding, private insurance, or no insurance:

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| --- | --- | --- | --- |
| Medi-Cal | Private insurance | No Insurance | Not Reported |
| 19 | 13 | 1 |  |

* CDP maintains a staffing pattern that includes bilingual/bicultural licensed clinicians as well as bilingual/bicultural Master’s level Interns.
* CDP staff meet with CREST staff to provide them with updates regarding program services and assure effective collaboration between providers 1x/month. Although referrals from CREST were not received at year-end, ongoing consultation and support related to identifying children potentially in need of services occurs regularly. In addition, some children in treatment with us also participate in CREST.
* A Year-End review meeting was held with school administrator to discuss the number of students served, sevice trends, services provided over this past year, and discussion related to future needs.

**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?” | 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 2021-22**  **Number**  **at Mid-year** | **FY 2021-22**  **Number**  **at Year-end** |
| Participants referred by another agency |  |  |
| **Please list the top 3 referring agencies** |  |  |
| * 1. All referrals came through the school |  | 33 |
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**SECTION VII: PROGRAM SERVICES AND OUTCOMES**

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|  | **Service Category/ Program Goal** | **Activity Type** | **Activity Description** | **Annual Target\*** | **Documentation**  **Method** |
| 1 | Improve mental health | Output 1  Output 2 | Participant receives individual therapy  Participant receives group therapy | 10 SMPP  22 SMPP | At year-end 9 participants received Individual therapy, and 24 participants received Group therapy. |
| Outcome 1 | Participants will decrease overall Difficulties Score on the 5 Subscales of the Strength and Difficulties Questionnaire | 65% (21 SMPP) | See efficacy graph below |
| 2 | Improve school climate | Output | Provide mental health consultation to school personnel | 30 | At year-end, 31mental health consultations hours were provided to school personnel. |

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| Document number of youth served per site, as well as those referred, but who did not receive services | At year-end:  43 referred  33 served | 100% of youth served in the program will be captured, as well as number of those referred but not served. | At year-end, breakdown of 10 referrals that did not pan out:  2 withdrew from group services  2 did not meet criterial for services  2 preferred and received services via parent clinic  1 referred to Regional Center for services  1 dropped out of Individual therapy services  2 referred to private insurance provider |

**Program Outcome Results**

The graph includes only those children whose teacher and/or parent completed both the pre-treatment and post-treatment SDQ measure. For each child, SDQ results yielded a distinct 5 subscale scores: **Emotional Symptoms, Conduct Problems, Hyperactivity, Peer Problem, and Pro-social scale**s. In each subscale, children were categorized as falling in the “*Normal”, “Borderline”, or “Abnormal*” classification ranges depending on the severity reported on their SDQ questionnaire.

Unsurprisingly, CDP clients struggled across most subscales, as children are entering treatment more symptomatic as COVID has had an especially devastating impact on children.  *In addition, it is our opinion that a target of 65% is too high* *for clinical populations*, and is likely an unrealistic goal, especially in light of the devastating impact COVID-19 has and continues to have on young children and families.

Improvement for CDP Children

The graph below shows results (completed by teacher or parent) for children who fell in the clinical ranges of “Borderline” and “Abnormal” classification at the beginning of treatment (pre) in each of the five subscales as indicated by their SDQ. The percentages indicate the number of children that moved to a lower classification range (i.e. from Abnormal range to Borderline Range, from Abnormal range to Normal range or from Borderline range to Normal range) from the beginning of treatment (pre) to the end of treatment (post).  Notably, our outcome measures are *significantly*lower than in previous years. The impact of the pandemic has added significant stress on children and families, since we are targeting and reporting on children who are at or below the clinical ranges of the SDQ, it’s not surprising that they are not progressing as quickly as others who are more socially and emotionally well resourced. In addition, the data at end of year, also includes/captures kids who are still in treatment with us, so will hopefully continue to progress with continued treatment.

###### VARIANCE REPORT:

###### Year-End: N/A

**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.**