HUMAN SERVICES GRANTS PROGRAM (HSGP)

FY 2021-22 PROGRAM STATUS REPORT

Agency: Venice Family Clinic

Program: Primary Health

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| **SELECT** |
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###### 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.

During the reporting period of January 1, 2022 to June 30, 2022, Venice Family Clinic continued to ensure the availability of comprehensive primary and behavioral health care through in-person and virtual visits. We also ensured that people who postponed or deferred care due to the pandemic or who were due for a visit were scheduled for care.

The Omicron surge continued as the primary obstacle faced during the beginning of the period, causing scheduling and staffing challenges within all programs. Yet we also saw that surge decrease and shifts made to accommodate a different COVID environment. We continued to hold regular on-site vaccine clinics and pop-up events at least five days a week, and we continued to have walk-in slots available for vaccines as well. Lastly, we continued our partnership with the Los Angeles Unified School District to offer vaccine events at local schools. As of July 8, we have distributed over 38,338 vaccines in total.

Though our COVID-related activities slowed down in this period and we continued to work to increase the number of in-person visits, we continued to invest in our telehealth infrastructure and processes. Telehealth appointments have proven to be a successful strategy for increasing and maintaining treatment for patients, and they allow us to see patients who may not have been able to come into the clinic in person before.

In this period, we also welcomed our new Chief Medical Officer Dr. Anjali Mahoney, who started on March 1; we relaunched our Acupuncture and Speech Therapy services, as well as our CenteringPregnancy™ sessions; we substantially boosted our services in the South Bay, notably in our homeless health care program; our second mobile clinic was launched, allowing us to reach more patients experiencing homelessness; our Community Connection initiative began, which will integrate medical, mental health care, and early childhood wraparound services and build social capital in the neighborhoods the Clinic serves; and our longtime CEO and Executive Director, Elizabeth Benson Forer, announced she will retire at the end of 2022. A Board search committee was formed to find our next CEO.

In addition, our mobile clinic work in Santa Monica was profiled in an April article in the Los Angeles Times. To read this and learn more about this program and the patients it serves, click here: <https://www.latimes.com/california/story/2022-04-09/lopez-column-primary-care-medicine-homeless-outreach-venice-clinic>

###### 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.

Our Clinic evaluation processes continually measure, monitor, and improve the excellence of patient care and organizational operations. During the last year, our Quality Improvement Team looked closely at the Clinic rates for colorectal cancer screening, pediatric immunizations, cervical cancer screening, diabetic foot exams, and depression screening. Despite ongoing challenges from the pandemic, we have seen some notable successes. At our Irma Colen Health Center site, we are at target for colon cancer screening with a 66% screening rate for adults 50-75 years of age, and this site is also on track for pediatric immunizations with 69% of children two years of age having received their immunizations. Another success is that our Robert Levine Health Center site is at target for depression screening, with 76% of patients age twelve and older screened for depression. Our ultimate goal is to provide care that is safe, effective, patient-oriented, timely, efficient, and equitable, and we continue to assess, revisit, and learn new ways to better serve our patients.

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.

We notably expanded our homeless service reach to the South Bay region. Our priorities were to launch a street medicine team in the South Bay region and identify a homeless service partner to co-locate services. Our street medicine team participated in a pilot and partnered with People Assisting the Homeless (PATH) as they agreed to host our team to canvas hotspots in the region for the purpose of trust building, and to get a better understanding of the service delivery model of the area. We also identified a partner to provide co-located services with (Harbor Interfaith Services) at the Tiny Home Village in the city of Torrance.

###### SECTION III: BOARD INVOLVEMENT

Please indicate:

* Number of Board meetings conducted during the reporting period
* Average Board member attendance
* Board development activities conducted during the reporting period
* Significant policy directions or actions taken by the Board during the reporting period
* Number of board members who reside and/or work in Santa Monica
* Board vacancies and plans to fill those vacancies, if applicable

During the January 1, 2022 – June 30, 2022 reporting period, the Venice Family Clinic Board of Directors met on the following dates:

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| --- | --- | --- |
|  **Date** | **Attendance**(xx/xx board members) | **Attendance rate** (xx%) |
| January 10, 2022 | 18 of 20 | 90% |
| January 18, 2022 | 15 of 20  | 75% |
| February 17, 2022 | 17 of 20 | 85% |
| March 19, 2022 | 19 of 20 | 95% |
| April 19, 2022 | 17 of 20 | 85% |
| May 24, 2022 | 18 of 20 | 90% |
| June 25, 2022 | 16 of 20 | 80% |

###### The average attendance per Board meeting was 17/20 members (86%). Please note all meetings during this time period were held virtually, via Zoom, due to the pandemic.

###### The current Bylaws stipulate that the size of the Board of Directors be “not less than nine nor more than 25” and that “the Board shall be divided into two classes, Consumer Directors and Non-Consumer Directors.” Consumer members must be current and regular patients of Venice Family Clinic, or be the parent or legal guardian of a regular Venice Family Clinic patient(s), and must comprise a majority of the Board. The Bylaws further stipulate that “no more than one-half (50%) of the Non-Consumer Directors may be individuals who derive more than ten percent (10%) of their annual income from the health care industry.”

###### Board development activities during this reporting period include the following:

###### Training for all Board members on Children First Early Head Start Federal requirements.

###### Detailed explanation of the Clinic’s annual budgeting process.

###### Sharing of explicit goals and ongoing work related to merger with South Bay Family Health Care.

###### Efforts to recruit and identify new Board members.

###### Key policy actions or directions taken by the Board of Directors during this reporting period include the following:

###### Approval to change Project Director designee for the HRSA Optimizing Virtual Care Grant from Shulie Eisen, Associate Director of Institutional Giving to Meghan Powers, Quality Improvement Director as Ms. Powers will actually be overseeing the grant.

###### Approvals of Children First Early Head Start program diapering, hand washing and feeding policies.

###### Approval of revised fundraising policies.

###### Approval of Sharon Gelfand as Co-Chair of Public Policy Committee.

###### Approval of renewal of the Clinic’s line of credit with Comerica Bank.

###### Approval of revised credentialing policies.

###### Approval of new grant application for Children First Early Head Start Technical Assistance and Training plan and budget for 2022-2023.

###### Approval of nonfederal waiver share submission as part of submission for new grant for Children First Early Head Start Program.

###### Approval of updated Sliding Fee Schedule and Sliding Fee Policy.

###### Approval of updated Petty Cash Policy.

###### Approval of election of Ellen Gordon to the Foundation Board.

###### Approval of 990 Tax Returns for the Clinic and the Foundation.

###### Approval of Children First Early Head Start Medical Policy.

###### Approval of Children First Early Head Start HRSA funds application for the Crenshaw building.

###### Approval of Extension of Current Quality Improvement policies.

###### Notification of upcoming Peer Review Policy changes.

###### Election to Board of Directors of six existing Board members to a new term of two years. Election of new Board member JoAnn Bourne to the Board for a one-year term. Election of Board officer.

###### Approved extension of annual operating budget until the July 2022 Board meeting.

###### Approval of Risk Management priorities.

###### Approval to name the Clinic’s Diabetes Program the Mayer B. Davidson Diabetes Program after founder, Mayer B. Davidson.

###### As per the Venice Family Clinic Board Bylaws, “A vacancy or vacancies in the Board shall exist at the expiration of a Director’s term, or on the occurrence of a death, resignation or removal of any director.” New members serve an initial one-year term, and, if re-elected, serve two-year terms thereafter. Member terms are staggered so that not all come up for renewal at the same time. The Board Development Committee meets regularly and works to identify and vet prospective new members, both Consumer and Non-Consumer.

###### As of June 30, 2022 there were 20 members of the Venice Family Clinic Board of Directors, six of whom (three consumer and three non-consumer) reside in Santa Monica. All 20 members have strong affiliations with an organization in Santa Monica, i.e. Venice Family Clinic, by virtue of serving on our board. Since the maximum allowable numbers of members is 25, we have up to five open slots on the Board at the present time. Our current priority is recruiting additional consumer members who are patients at our sites in Inglewood, Carson, Gardena and Redondo Beach. We also will seek additional non-consumer members who reside in these geographic areas.

###### 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.

Venice Family Clinic’s Primary Health grant budget lists each of the roles needed to keep our efforts running smoothly. Here is a basic summary of key staffing changes:

• Our new Chief Medical Officer, Dr. Anjali Mahoney, started on March 1st.

• Dental/Medical/Vision: Dr. Jaspreet Kaur was named our new Dental Director.

As stated in prior reports, we continue to struggle with hiring and have been short-staffed in many front-line roles for months, largely due to COVID.

Please indicate how volunteers or paid or unpaid interns were used during the reporting period. Provide the total number of volunteers or interns and hours provided. If interns were used, please indicate their program level (e.g. undergraduate, masters).

During the reporting period, Venice Family Clinic utilized 283 volunteers as both volunteers and interns. Interns come to us from both undergraduate and graduate backgrounds. As before, during the reporting period we utilized far fewer volunteers than we would report pre-COVID. There are simply fewer opportunities for volunteers in a remote-work environment.

**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.**

Venice Family Clinic did not receive any request for further participation in the development of this system during the reporting period.

**2) 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.**

As previously reported, we transitioned a high volume of appointments to virtual visits (phone or video). The total has varied depending on the number of local cases of COVID-19, up to 70% of visits during various COVID-19 surges. We do this to keep people safe at home, off buses and out of our waiting room, whenever it is possible for the patient and their needs. We continue to modify certain services such as dental and vision but have been able to reinstate many services that were on hold, including Acupuncture and Speech Therapy which were relaunched in January. When our patients come for in-person appointments, the following safety measures are in place:

* We take each person’s temperature before they enter and screen them for COVID-19 symptoms.
* We have a separate area for people who have symptoms of COVID-19.
* We have increased how often we clean common areas.
* Everyone wears masks at all times.
* Hand sanitizer is readily available and frequently used.
* We maintain 6 feet apart whenever we can in our waiting rooms and patient rooms.
* Toys and magazines have been removed from common areas.

**3) Operationalizing 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.**

In our previous reports, we described the anti-racism work our agency is undertaking. At this time we have completed trainings for all staff and have launched a series of peer-led discussion groups. This fall, we formed eight Action Planning Groups, informed by the training and discussion groups, with the goal of implementing plans for organizational changes that address structural racism.

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|  |  | **Board of Directors** | **Senior/Executive Management** | **Program Managers/ Supervisors** |
| **Race and Ethnicity** | Asian or Pacific Islander | 0 | 2 | 8 |
| African-American | 1 | 0 | 7 |
| White | 17 | 4 | 23 |
| Latinx | 2 | 1 | 36 |
| Multiple Race/Ethnicity | 0 | 0 | 0 |
| Other/Refuse to State | 0 | 0 | 2 |
| **TOTAL** | **20** | **7** | **76** |
| **Gender** | Male | 9 | 1 | 16 |
| Female | 10 | 6 | 57 |
| Transgender | 1 | 0 | 0 |
| Not Reported | 0 | 0 | 3 |
| **TOTAL** | **20** | **7** | **76** |
| **Age** | Under 30 | 2 | 0 | 0 |
| 31-61 | 7 | 5 | 72 |
| 62+ | 11 | 2 | 4 |
| **TOTAL** | **20** | **7** | **76** |

**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.

Venice Family Clinic does not collect the data requested below in our primary care 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?”
 |  |  |
| 1. ”Have you missed or been late on a home rental or mortgage payment within the last 12 months?”
 |  |  |
| 1. “Do you or anyone in your household have an unmet childcare/afterschool need?”
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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** |  |  |
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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 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.

| **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) |
| --- | --- | --- | --- |
| Provide quality, primary health care services to 4,100 low-income residents of Santa Monica. | 3, 703 low-income residents of Santa Monica were provided primary care services. | Venice Family Clinic will rely on several preventive care outcome measures to show our success:1. Colorectal cancer screening rate for adults 51-74 at 55%.2. Cervical cancer screening rate for women 24-64 at 75%.3. Depression screening for all patients 12 and older at 70%.4. Well-child visits for children ages 3-6 at 81%. | 1. Colorectal cancer screening rate for adults 51-74 is currently at 48%.2. Cervical cancer screening rate for women 24-64 is currently at 61%. 3. Depression screening for all patients 12 and older is currently at 59%.4. Well-child visits for children ages 3-6 is currently at 88%. |

###### 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.

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

As noted in our mid-year report, VFC has a strong history of achieving the goals outlined in this grant. However, COVID-19 continued to impact all programs and outcomes in this time period, and this is evident in our reports.

We have seen our quality outcomes slide in most areas to some extent. Although in-person visits increased substantially since January, many patient’s visits continue to be deferred due to the pandemic, and those that we measure for this grant are no different. There are two measures in this grant that are both below target by 10% or more. Our plan to address these is as follows:

*Cervical Cancer:* We are targeting cervical cancer screening as a clinic-wide quality improvement measure, seeking to improve our performance to our pre-pandemic screening rate of 75%. We will continue to use our population management systems to perform outreach to people in need of this screening and will reach out via phone, text, patient portal, and letter to bring these patients in for care.

*Depression Screening:* COVID continues to have a significant impact on our depression screening for all patients, in part because we do not always have the workflow in place to screen patients seen via video or phone. As operations continue to stabilize, we will increase screening efforts during both in-person and virtual visits.

**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.**