HUMAN SERVICES GRANTS PROGRAM (HSGP)

FY 2021-22 PROGRAM STATUS REPORT

Agency: Venice Family Clinic

Program: SAMOHI

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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>

**SAMOHI Medical Care (Venice Family Clinic):**

Beginning in March 2020 the COVID-19 pandemic upended Venice Family Clinic’s typical operations. Santa Monica High School, and all on-site services offered there, was required to close. Our provider usually at SAMOHI continued to provide care to students throughout, either in person at our open clinical sites or, if less urgent, virtually via telehealth. They has been and will continue to engage in active outreach to SAMOHI students, particularly those that need ongoing care.

The school reopened in April 2021 and we resumed limited in-person services once a week on campus for the remainder of the school year. After SAMOHI’s 2021 summer break, VFC resumed its regular schedule of in-person services on campus twice a week. This includes STD testing and birth control counseling as needed in person (both on campus as well as at our other clinical sites) and over the phone. We continue to do outreach to students to update them on any changes that might be required due to COVID. We also have been and will continue to offer access to COVID vaccines and provide information on vaccines to students who are eligible to receive them.

We successfully provided care to 285 Santa Monica high school youth this year. However, we still continue to see fewer students directly on campus than we did in prior years. As mentioned in our previous report, our staff and SAMOHI’s nurse partially attributed this to our clinic location in the school, as it was located next to the nurses’ office where students who are experiencing COVID symptoms may go. Our hope was to move our provider’s space so students would feel more comfortable visiting for the non-COVID related services we offer. We are pleased to report that during this period, we worked with the school and moved the space to across the hall. We have seen some month-to-month improvement in the number of visits to the clinic, and we hope that this new space will continue to have a positive impact.

Another challenge we faced in this period was the high turnover of the SAMOHI nursing staff, making it difficult to coordinate care for students. VFC faced this problem in the first half of the year as well. As before, VFC staff continued to work with new nursing staff to ensure students properly receive their referrals and school permissions to attend VFC appointments. In addition, we were unfortunately unable to send a Health Educator to campus once a week to discuss reproductive health and nutrition in classes as hoped. We are looking to start this again in the next school year.

**Mental Health Services at Olympic High School (Illuminating SOL Therapy)**

During this reporting period, Illuminating SOL Therapy, Inc. (ISTI) came in as a service provider for a third year to provide the Olympic High School community with behavioral health services and support. Staff from Illuminating SOL Therapy provided the following updates.

**Accomplishments**

During this reporting period, Illuminating SOL Therapy was able to accomplish the following in supporting the school milieu:

* Provided mental health and case management services to eight Olympic High students.
* Engaged in monthly clinical consults with school staff, MSW interns, and school providers.
* Coordinated and facilitated 6 monthly provider team meetings, which helped with being up-to-date with providers caseloads, groups, and other service and school related items.
* Participated in 4 SST (Student Success Team) meetings, providing information and updates regarding mental health services.
* Utilized all the allocated Client Support Funds for 7 students in need.
* Triaged mental health student referrals to appropriate agencies and followed-up on referrals to ensure linkage.
* Created a resource guide for Olympic High School staff and service providers on post-high school opportunities (i.e. Vocational Programs, Community College, and Employment Services) and served a resource to school-community when needing additional resources.
* Developed and helped execute an outreach plan to outreach to approximately 15 twelfth-grade Olympic High school students who were at-risk of not graduating, ensured they received the support needed to meet requirements to graduate by June 2022.
* Served as a student support, coordinating and/or participating in meetings with teachers and/or principal to approximately 12 students.
* Coordinated and set-up warm hand-off meetings with agencies to ensure student either connected and/or enrolled with the following agencies: JVS–LA WorkSource Youth Employment Program, Santa Monica College, Santa Monica College Pico Partnership Program, Virginia Avenue Park, Saint Joseph Youth Resource Team (YRT), and Occupational Therapy Training Program.
* Onboarded new staff members from CLARE MATRIX along with new provider, Insight Psychotherapy Group, to provide information regarding Olympic High and on-site student services and other pertinent information.

**Challenges**

During this reporting period, challenges that presented itself was ensuring precautionary measures were always taken regarding COVID-19, as it impacted service providers, school staff, and students. Illuminating SOL ensured all providers were up-to-date with protocols and procedures when providing service delivery to students. In addition, given the ten hours a week, Illuminating SOL Therapy, Inc. ensured she prioritized student care and was careful not to exceed hours to be able to complete the school year and support the school milieu.

**Changes**

Changes encountered during this reporting period is ensuring Illuminating SOL Therapy, Inc. was ready for any possible changes that would impact service delivery due to COVID-19 still being an ongoing concern within school and school district. In addition, Illuminating SOL Therapy, Inc. continued facilitating virtual meetings, as appropriate and when needed, with school-community and/or providers. In addition, the principal of the school resigned from his position, making it his last school year as principal. Therefore, Illuminating SOL Therapy, Inc. had discussions and meetings to prepare for upcoming year, including meeting with the new principal.

###### 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.

We did not engage in any program assessment or evaluation efforts during the reporting period.

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.

**SAMOHI Medical Care (Venice Family Clinic):**

SAMOHI and VFC continued to work together to try to increase the number of students who receive VFC’s services on campus. In addition to working with the nurses’ office, VFC continued work with the Community Schools Advisory Council to conduct student outreach throughout the year.

**Mental Health Services at Olympic High School (from Liz Cruz, Illuminating SOL Therapy):**

During this reporting period, the following results were achieved:

* 6 of the 8 students on Illuminating SOL Therapy, Inc.’s caseload graduated early or as scheduled.
* 8 students being serviced reported feeling supported and were able to get their needs meet via the 1:1 meetings, client support funds provided, and/or other supportive services.
* 3 students gained employment through the JVS-LA Youth Employment Program.
* 5 students met with SMC counselor at least once to discuss enrollment and student programs and supports.

Illuminating SOL Therapy also used the Youth Outcome Questionnaire (Y-OQ-SR 2.0), a tool utilized to assess a student’s psychosocial distress in specific areas that include intrapersonal distress, somatic symptoms, interpersonal relationships, social problems, behavioral dysfunction, and critical items to students. The higher the score, the more distress the student has; therefore, Illuminating SOL Therapy, via its therapeutic services sought to decrease students’ distress by decreasing their initial score by 10 at end of year reporting period. Scores are provided below.

During this reporting period, Illuminating SOL Therapy, Inc. administered beginning and end-of-treatment Youth Outcome Questionnaire (Y-OQ-SR 2.0) to two students who accessed mental health services:

Student Beginning Y-OQ-SR 2.0 Termination Y-OQ-SR 2.0

Student #1 13 8

Student #2 32 37

Note: Student #2 was referred to and linked to an outside agency for continuity of care after termination.

CLARE MATRIX had new staff onboard during this reporting period, which helped the school community with specific substance use referrals and provide recovery speaker groups. In addition, Insight Psychotherapy Group, was also an addition to the provider team, providing uninterrupted services at the end of the school year and into the summer session. Overall, Illuminating SOL Therapy Inc. has been able to successfully collaborate with the school-community, students, and providers, ensuring that mental health services and supports were accessible throughout the school year.

###### 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:

|  |  |  |
| --- | --- | --- |
|  **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.

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

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).

No residents or volunteers participated in providing care during the reporting period.

**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.**

Our SAMOHI and Illuminating SOL Therapy programs continue to serve students through both telehealth (phone and video) and in-person appointments. As previously reported, we transitioned a high volume of appointments to virtual visits (phone or video). When patients attend in-person appointments, the SAMOHI clinic follows the same safety measures as other VFC sites. This includes the following:

* 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.

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

**Youth & Families Agencies:**

**1) Actively participate in appropriate Santa Monica Cradle To Career (smC2C) collective impact meetings and initiatives, which may include but are not limited to: smC2C work groups, Child and Youth Resource Teams (CYRT), Early Childhood Task Force, Education Collaborative, and Behavioral Health Work Group.**

Venice Family Clinic participates in the above groups as appropriate. Illuminating SOL Therapy was attending the Early Childhood Task Force meetings as a part of CYRT, but this is unrelated to their work at Olympic High School and has been put on hold due to the pandemic.

**2) Work with the City and the youth and families network of care to provide coordinated support to individuals and families that might require agency expertise in the aftermath of a serious community crisis. A community crisis may include a traumatic event or emergency condition that creates distress, hardship, fear or grief and has a special significance to the community.**

Venice Family Clinic would play a role in coordinated support in the community should a serious community crisis take place. In this moment of serious community crisis, we remain a source of care for youth and families who may need additional mental health support during this time.

**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.

|  |  |  |
| --- | --- | --- |
| **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?”
 |  |  |

|  |  |  |
| --- | --- | --- |
| **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** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**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) |
| --- | --- | --- | --- |
| Delivery of primary health care services to 290 students. | By June, we provided care to 285 students. | 50% of all students will receive STD testing. | 72% of all students received STD testing. |
| 95% of students identified as having positive STD test results will be given treatment options and linked back to the on-campus clinic for follow-up. | 100% of positive screens were given treatment options and linked back to the on-campus clinic for follow-up.  |
| 90% of students will adopt a method of birth control, including abstinence. | 73% of students adopted a method of birth control, including abstinence. |
| Case Management and Mental Health Services (Olympic HS) for 10 students. | 8 students were provided care. | 100% of students with an unmet identified mental health need will receive one on one support with LCSW provider by meeting on a minimum of once every two weeks and will display improvement specific to the identified need(s) as measured by the Milestones of Recovery Scale (MORS). *[Please note the Youth Outcomes Questionnaire (YOQ) is being used instead]* | 100% (8 students) were seen for behavioral health services during the reporting period. 8 students received case management and 2 students received mental health services (i.e., therapy). Of the 2 who received therapy, 1 showed improvement on the YOQ. |

###### 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.

**SAMOHI Medical Care (Venice Family Clinic):**

*Students received STD testing:* Remarkably, despite the impact COVID-19 continued to have on the clinic and school system this year, we were still able to exceed our year-end goal for the percentage of students seen that received STD testing. 72% received testing, surpassing our goal of 50%. This is a testament to the dedication of our team, particularly Dr. Loeza, for ensuring that access to services continued for students despite the challenges faced. It also indicates that students continued to look to us as a trusted source of sexual and reproductive health care. We are hopeful this trend will continue into the new fiscal year.

*Students adopted a method of birth control, including abstinence*: We believe this number (73%) is low because this may be a systems/documentation issue on the part of our providers seeing teens right now. If the purpose of the visit is not explicitly for family planning, but rather, for example, COVID symptoms, the provider may be focused on other issues and not documenting birth control method at the end of each visit. In addition, partly due to the pandemic we’ve begun following extended use practices, where instead of issuing a monthly prescription, say, we could provide a full year’s worth in one visit, negating the need for further visits. We will delve more deeply into this data point to identify strategies for increasing documentation, and have reminders the providers of the importance of noting it whenever they see a teenager for care.

**Mental Health Services at Olympic High School (Illuminating SOL Therapy):** Illuminating SOL Therapy, Inc.'s goal was to service 10 youth; however, this goal fell short by 2 students. Olympic High's population this school year was 50 students and we had a total of 7 providers, including Illuminating SOL Therapy, Inc. to service the school community. Therefore, mental health referrals were disseminated to appropriate providers of students who either self-referred or were referred by school staff. Illuminating SOL Therapy, Inc. ensured referrals were equally distributed to providers, as appropriate, and in doing so, fell short by 2 referrals for this fiscal year. In addition, Illuminating SOL Therapy, Inc. also had to be vigilant of weekly hours to be able to support the school milieu, which is an important role, given the shortage of school staff at Olympic High.

Of the 8 students served, only 2 received therapy and were given the YOQ at beginning and end of treatment. Of the two students, one demonstrated improvement by 5. The student who did not show improvement had a life change event. They were graduating and were linked to another agency for ongoing treatment.

**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.

NA

**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.**