HUMAN SERVICES GRANTS PROGRAM (HSGP)

FY 2022-23 PROGRAM STATUS REPORT

PSJ Child and Family Development Center

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

Child Development Project

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

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

**Program Accomplishments include:**

**Client Engagement:**

• CDP therapists provided therapy services to twenty-nine (29) students at year-end.

• CDP utilizes short-term curriculum-based group treatment models, resulting in a total of two (4) therapy groups at year-end.

• Nine (9) children participated in individual and family therapy. Nineteen (19) children were seen in group therapy.

**Mental Health Promotion and Outreach Efforts**

* The CDP clinician provided a series of six (6) in-class workshops this year. Four were focused on building problem solving and conflict resolution skills amongst peers. One was focused on building and reinforcing kindness amongst students, and one was a whole classroom workshop focused on supporting 5th graders in their upcoming transition to middle school.
* CDP clinician provided a workshop to children who attend CREST on the topic of positive thinking and promoting positive self-talk.
* CDP program staff provided culturally affirming arts and crafts activities at the Cinco De Mayo event. The event was well received and several referrals for services were generated after the event.
* The CDP lead clinician gave a presentation about the CDP program services at the ELAC and PTSA parent meetings to generate referrals.
* The CDP lead clinician provided short-term crisis-oriented support to students struggling with a myriad of challenges including school refusal, grief and loss, as well as a home fire.
* The CDP clinician provided client centered teacher consultations as requested throughout the school year on topics related to trauma, anxiety, and depression.
* 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 clinicians made regular 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 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 187 hours of outreach and 75 hours of client and student-centered consultation services to school personnel.

**CDP Summer Activities for 2022:**

* 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.
* CDP Clinicians provided in-person therapeutic arts and crafts summer programming at Police Activities League focused on creating art that reinforces positive coping.

**Significant Program Challenges include:**

* All new administration and new teaching staff have created a learning curve for all as they adjusted to their new school.
* Space on campus has been very limited. We lost our primary office space due to the influx of John Muir students and navigating one office space amongst several mental health providers has been challenging at times.
* Will Rogers absorbed 150 new students this year, and so the need for mental health services was especially great. Another agency was supposed to provide a full-time clinician on campus. Unfortunately, that position never materialized, which created an over-reliance on our lead clinician to meet the overwhelming mental health needs on that campus.

###### 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 a pre-questionnaire at the start of services and a post-questionnaire at the completion of services. SDQ’s are completed by teachers for group participants, and by parents for Individual therapy clients. At year-end, 29 completed pre and post SDQ’s were collected for analysis.

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 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 effectively collaborated with the new Will Rogers school psychologist and administrators to help triage student referrals as they came in. She was often tasked with being the lead to triage referrals and mental health needs across their campus.
* CDP clinician provided client centered consultation services to teachers about a myriad of topics including ADHD/Executive functioning, Trauma symptoms and creating trauma informed classrooms.
* The CDP lead clinician led a monthly service provider meeting where she consulted, collaborated, and provided school administrators and District interns with regular updates regarding service delivery, and to ensure mental health services are being accessed and utilized.
* The 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.
* The 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.
* The CDP lead clinician met monthly with CREST staff to ensure effective collaboration and coordination across programs.
* The 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.
* The 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 January 25th, March 29th, and May 24th. Average Board attendance is 95%.

Board Development Activities include Journey of Magnet Excellence, Networks of Excellence, and a Clinical Spotlight on the Pediatric Otolaryngology in the community. 11 Board Members work and/or reside in Santa Monica, there are no current vacancies. Significant policy directions or actions taken by the Board during this reporting period include the below:

* Approved revised strategic plan.
* Approved on assumption, the revised 2023 Operating Budget
* Approval of Various policies and procedures
* Approval of Peer Reviews
* Approval of medical staff appointments and reappointments
* Approval of Quality and Patient Safety Committee summary

###### SECTION IV: STAFFING PATTERN

We have one lead clinician at Will Rogers who is bilingual and bicultural. In addition, we have a psychology practicum student with dedicated hours at Will Rogers.

**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 all 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.
* 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   |
| 20 |  9 |  |    |

* CDP maintains a staffing pattern that includes bilingual/bicultural clinicians as well as bilingual/bicultural Master level Interns.
* CDP staff met with CREST staff to provide them with updates regarding program services and to ensure effective collaboration between providers 1x/month. Although referrals from CREST were not received this year, ongoing consultation and support related to identifying children potentially in need of services occurred. In addition, some children in treatment with us also participate in CREST.
* A year-end review meeting was held with the school principal where we discussed the number of students served, services provided, observed service trends, needs, and more.

**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 2022-23****Number Responding “Yes”****at Mid-year** | **FY 2022-23****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?”
 | 1 | 1 |
| 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 2022-22****Number****at Mid-year** | **FY 2023-22****Number****at Year-end** |
| Participants referred by another agency |  |  |
|  **Please list the top 3 referring agencies** |  |  |
| * 1. All referrals came through the school
 | 17 | 29 |
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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 1Output 2 | Participant receives individual therapyParticipant receives group therapy  | 10 SMPP22 SMPP | At year-end 9 participants received Individual therapy. At year-end 20 participants received Group therapy. |
| Outcome 1 | Participants will decrease overall Difficulties Score on the 5 Subscales of the Strength and Difficulties Questionnaire | 65% (29 SMPP)  | See Efficacy Graph below  |
| 2 | Improve school climate | Output | Provide mental health consultation to school personnel |  29 | At year end 75 client-centered mental health consultations were provided to school personnel. |

**Other CDP Data**

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| Document number of children, as well as those referred, but who did not receive services   | At year-end 35 referred, 29 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 the 6 referrals that did not pan out: 1 did not meet criteria for services.2 parent declined services.1 was on a waitlist for group, but the group did not come to fruition.1 moved to a different school.1 was already receiving services elsewhere. |

**Program Outcomes Results**:

The graph below reflects the outcomes for those children whose teacher/and or parent completed the pre-treatment and post-treatment Strength and Difficulties Questionnaire (SDQ). For each child, SDQ results yield a distinct 5 subscale score: **Emotional Symptoms, Conduct Problems, Hyperactivity, Peer Problem, and Pro-Social scales.** In each subscale, children are categorizes as falling in the “Normal”, “Borderline”, or “Abnormal” classification ranges depending on the severity reported on their SDQ.

**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 SDQ subscales. The percentage indicate the number of children that moved to a lower classification range from the beginning of treatment (pretreatment) to the end of treatment. CDP met or exceeded its target on 3 out of 5 measures and most notably the children’s “overall stress score” improved, post treatment. Lastly, the data collected at end of the school year, also includes/captures children who are still in treatment and will hopefully continue to further progress in 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.**