HUMAN SERVICES GRANTS PROGRAM (HSGP)

FY 2022-23 PROGRAM STATUS REPORT

Agency: Providence Saint John’s Child and Family Development Center \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth Development Project

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

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###### FY 2022-23 SUBMISSION CALENDAR



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

**Program Accomplishments include:**

**Client Engagement:**

* At year-end, YDP therapists provided therapy services to ninety-two (92) clients, six (6) MSST/YRT clients.
* The YDP program utilizes short-term curriculum and process-based group therapy treatment models along with longer-term process group models, resulting in a total of seven (7) groups this academic year.
* Forty-one (41) youth participated in group therapy. Fifty-one (51) clients were seen in individual/family therapy.

**Mental Health Promotion and Outreach Efforts**

* YDP clinicians developed and provided a series of in-class workshops focused on helping students build positive coping skills that promote better mental health and overall functioning.
* YDP clinicians provided mental health outreach and consultation services at the ELAC monolingual Spanish speaking parenting group.
* YDP clinician provided a presentation to Santa Monica Special Needs Network on what parents can do to reduce child risk for abuse and also provided self-care techniques to parents.
* YDP clinician presented on the topic of parental self-care and reducing the risk for childhood sexual abuse.
* YDP clinician provided a workshop to LMS school credentialed staff on the topic of Increasing satisfaction and well-being.
* YDP Program Coordinator and YDP staff presented on “Depression and Signs of Suicidality in adolescence” at JAMS, Lincoln, and Olympic High schools. This training was a part of the initiative requiring teachers and administrators to better recognize these signs and symptoms in their students.
* YDP clinicians and interns sent weekly emails to teachers who have students participating in our group services. The intention is to help teachers have a better understanding of our program services, and to reinforce the interventions we are implementing in group, in the classroom setting.
* YDP clinicians attended Back to School Nights as well as Open House, where outreach and promotion of our program services was provided to students and parents. The outreach opportunities have been fruitful and have translated into clients served.
* Outreach and consultation with stakeholders in the community, school personnel, including teachers and counselors take place regularly to assure each youth’s needs are met. At year-end, clinicians provided 74consultations and provided over 350 outreach hours.
* The following is a breakdown of YDP students served by school site as well as type of service received by school site:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | John Adams | Lincoln | Olympic/OCLC | SAMOHI | College and/or working |
| Number of unduplicated  Students served | 36 | 36 | 13 | 4 | 3 |
| Type of Service received | 20 Group  16 Individual | 13 Group  23 Individual | 8 Group  5 Individual | 4 Individual | 3 Individual |

**YDP Summer Activities for 2022;**

* YDP clinicians provided a 10-week Positive Parenting Program (Triple P) in Spanish via Telehealth, which was well received by the community.
* YDP provided a 10-week Triple P group in English via Telehealth, which was well received.
* YDP clinicians provided weekly in-person therapeutic Arts and Crafts programming at the Police Activities League. Each week we helped kids to create art that helped to promote both physiological and emotional regulation.
* YDP provided weekly in-person outreach at Virginia Avenue Park throughout the summer months.
* YDP clinicians continued to meet with their individual/family therapy clients throughout the summer months.

**Significant Program Challenges include:**

* At Olympic High School, student attendance is an ongoing issue and at times impacts service delivery. In addition, since OHS moved to the SMC campus, space for therapy services has at times been a challenge to obtain.

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

YDP seeks to achieve the following objectives: To foster resiliency, to foster a belief in the future, and to foster a clear and positive identity. These objectives are measured by administering a pre-questionnaire at the start of services and a post-questionnaire at the completion of services. Sixty completed pre-and post- questionnaires were administered and collected.

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

**Program Evaluation**

**Internal Systems of Evaluations**:

YDP continued to make use of several internal mechanisms to review the impact of the program. The YDP team met bi-monthly to discuss coordination and implementation of services and are diligently working to ensure youth and family mental health needs are being met. In addition, Chart Reviews are conducted to assess client progress, and YDP staff attend an Annual Program Evaluation Retreat with the Executive Director and the Outpatient Director. At the retreat, program outcomes are reviewed along with client and community needs.

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

* YDP LMS lead clinician effectively collaborated with the 6th, 7th and 8th grade school counseling team as well as with the District SEL Coordinator to provide in-class presentations LMS students, which was focused on helping promote positive coping skills.
* YDP clinician provided client-centered consultation services to multiple teachers this year around: trauma symptoms, ADHD/Executive Functioning interventions, symptoms of depression, and de-escalation techniques.
* YDP Coordinator effectively collaborated with two teachers to provide a Coping with Transitions workshop to incoming 6th graders.
* YDP LMS clinician collaborated with school principal to coordinate school breakfast to promote community, connection, and positive mental health.
* YDP Coordinator effectively collaborated JAMS counseling team to provide in class presentation regarding YDP program services, and to specifically recruit for therapy groups.
* YDP lead clinicians effectively collaborated with JAMS, Olympic and Lincoln staff in enhancing their knowledge around the impact of mental health on overall socio-emotional and academic functioning, which not only assisted in better coordination of services for open clients, but also resulted in referrals to our program.
* YDP clinicians attended monthly school counselor meetings at John Adams Middle and Lincoln Middle School, where they collaborated and consulted with counselors about services provided on campus, as well as updated them on progress of youth in treatment.
* YDP clinicians regularly participated in SST meetings where they collaborated with school personnel including school counselors, school nurse, school psychologist, assistant principals, and teachers, in helping to better identify students in need of mental health support and to better access their educational needs.
* YDP clinicians attended the bi-weekly Youth Resource Team (YRT 2.0) and Middle School Support Team meetings (MSST). This meeting includes SMPD, Probation, PYFC, JVS, DMH, and PAL. Coordinator and staff effectively collaborate with partners and assisted the group by addressing the mental health needs of the youth identified by the team.
* YDP clinicians continued to demonstrate strength in collaborating with community providers and attended the quarterly School-Based Mental Health Providers meeting, and the YDP Coordinator attended the Santa Monica Mental Health Coordinator’s meeting.
* YDP clinicians attend and table at various community-based celebrations including the Greens Festival at Virginia Ave Park, and the Cinco De Mayo celebration at Will Rogers elementary school. Clinicians promote the importance of mental health and well-being and help to facilitate referrals for services.

###### 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

Not Applicable

**SECTION V: SPECIAL FUNDING CONDITIONS**

Standard 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.
* YDP Clinicians have successfully transitioned a majority (over 95%) of their services to in-person services. All group therapy services are provided in person, and the majority of Individual Therapy services are in person, with the exception of few clients who preferred and requested to continue via Telehealth services. Classroom workshops and staff trainings have all been conducted in person.
* Agency will support eligible clients in submitting applications to applicable relief and housing sustainability programs as needed.

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 YDP 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:

|  |  |  |  |
| --- | --- | --- | --- |
| Medi-Cal | Private insurance | No Insurance | Not Reported |
| 62 | 13 | 2 | 15 |

* YDP maintains a staffing pattern that includes bilingual/bicultural licensed clinicians as well as bilingual/bicultural master’s level Interns.
* YDP does not meet with CREST staff, CDP staff does, and it is documented in the CDP year-end report.
* A Year-end review meeting was held with school principals or relevant administrators to discuss number of youths served, program accomplishments and feedback about future needs.

**SECTION VI: SERVICE NEEDS AND REFERRALS**

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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 | 1 |
| 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 2022-23**  **Number**  **at Mid-year** | **FY 2022-23**  **Number**  **at Year-end** |
| Participants referred by another agency |  |  |
| **Please list the top 3 referring agencies** |  |  |
| * 1. **MSST/YRT (St. Joseph)** | 6 | 6 |
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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 | Improved mental health | Output  Output | Participant receives individual therapy.  Participant receives group therapy. | 25 SMPP  60 SMPP | At year-end 51 participants received Individual therapy services. At year-end 41 participants received group therapy services. |
| Outcome  Outcome  Outcome | Participant increases self-esteem.  Participant decreases depression.  Participant increases sense of mattering. | 65% (55 SMPP)  65% (55 SMPP)  65% (55 SMPP) | 42% of participants improved their self-esteem.  42.3% of participants decreased their depressive symptoms.  35% of participants increased their sense of mattering. |
| 2 | Improved mental health | Output | YRT/MSST Participant receives group or individual therapy | 10 SMPP (duplicated in 85 total participants) | At year-end, 6 YRT/MSST youths were served. |
| 3 | Improved school climate | Output | Provide mental health consultation to school personnel and stakeholders in the community. | 60 consultations | At year-end 74 mental health consultations were provided to school personnel and stakeholders in the community. |

**Other YDP Data**

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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:   * 36 youth were served at JAMS * 36 were served at Lincoln * 13 served Olympic High, * 4 served at SAMOHI  3 were college aged |
| 100% of youth served in the program will be captured per site, as well as number of those referred but not served. | At year-end:  JAMS: 43 were referred; 5 not served.   * 2 Parents did not follow up with services, even with repeated attempts at engaging them in the process of connecting their child to services. * 3 students identified for group did not attend group regularly, so were not counted.   LMS: 40 referred; 4 not served.   * 2 parents declined services. * 1 began therapy at another agency. * 1 no follow through from the parent despite attempts.   Olympic/OCLC: 21 referred; 8 were not served   * 4 student declined services. * 1 did not follow though after multiple attempts to engage them in services.  3 Were referred out to our clinic or another District provider. |

###### VARIANCE REPORT:

###### Year-End: 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.

Since we are targeting and reporting on adolescents who are at or below the clinical ranges of the outcome measures, it’s not surprising that they are not progressing as quickly as others who are more socially and emotionally well resourced

**Program Outcome Results**

This year, YDP clients improved below the desired outcome, as clients are entering treatment more symptomatic than ever.  *In addition, it is our opinion that a target of 65% is too high* *for a clinical population*, and is likely an unrealistic goal, especially considering the devastating impact COVID-19 has had on adolescents and their families.

Improvement for YDP clients

Notably, our outcome measures are *significantly*lower than in all our previous years, in fact, this is *the first* *year* we did not meet or exceed our target outcome measures.  The impact of ongoing multiple stressors as well as the recent pandemic has added significant stress on adolescents and families. In addition, the data at year-end, also includes/captures clients who are still in treatment with us, so will hopefully continue to progress with continued treatment.

**SECTION VIII: PROPERTY MANAGEMENT**

Not Applicable.

**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.**