HUMAN SERVICES GRANTS PROGRAM (HSGP)

FY 2022-23 PROGRAM STATUS REPORT

Agency: \_\_Venice Family Clinic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: \_\_\_\_Primary Health\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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###### FY 2022-23 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.

Between January 1, 2023, and June 30, 2023, Venice Family Clinic continued to ensure the availability of comprehensive primary and behavioral health care through in-person and virtual visits, and we continued the remarkable growth we accomplished in the first half of this grant period.

One of the overall challenges that Venice Family Clinic has faced this grant year is staffing, and we have persistently strived to resolve staffing issues so we can better meet our patients' needs. More information on how we are addressing this challenge can be read below in the Staffing Pattern section.

Notably, our services for people experiencing homelessness also continued to expand during this time. In the spring, we launched a third mobile unit and have also officially expanded our street outreach efforts in the South Bay region. To support this, we added another clinician to our homeless health care team.

In May, we were honored to host U.S. Health and Human Services (HHS) Secretary Xavier Becerra and Regional Director Jeffrey Reynoso at our Venice clinic site. In addition to touring the facility, these leaders heard from three patients about how the Clinic’s services made a positive impact on their lives. Many programs at the Clinic receive funding from agencies within HHS – primary care, substance use treatment and harm reduction, Early Head Start, Homeless Services and Street Medicine, and health insurance enrollment. The Secretary also held a press conference and praised Venice Family Clinic multiple times, which you [can read about here](https://smdp.com/2023/06/01/hhs-secretary-xavier-becerra-visits-venice-family-clinic/).

Lastly, Venice Family Clinic remains committed to ensuring the provision of COVID-19 care, safety practices, and the availability of both in-person and virtual appointments. We continue to hold regular on-site vaccine clinics and pop-up events, have walk-in slots available for vaccines, and continue our test-to-treat therapeutic services as well.

###### 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. Our quality improvement work continues with assessment of our Clinic rates for colorectal cancer screening, pediatric immunizations, cervical cancer screening, diabetic foot exams, and depression screening. In this grant year, we also completed our process of merging electronic health record systems with our clinic sites in the South Bay. This project was integral to ensuring the continuity of care and reporting across our organization.

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.

In this grant period, our efforts to collaborate with other service providers and leverage services continued through our efforts to partner with other service providers and grow our street medicine program in the South Bay.

###### SECTION III: BOARD INVOLVEMENT

Please indicate:

* **Number of Board meetings conducted during the reporting period**

There were six Board meetings during the reporting period.

* **Average Board member attendance**

Average Board member attendance was 71.3%.

* **Board development activities conducted during the reporting period**

The Board Development Committee met five times during the reporting period. This Committee is tasked with Board governance, including periodically reviewing the Clinic’s governing documents; identifying and recruiting new members of each of Venice Family Clinic’s three Boards; Board training and education; and ongoing evaluation of current members to ensure all are in good standing. Elections are held at the annual meeting in June, although members are also elected from time to time at other monthly Board meetings. Note that Venice Family Clinic’s CEO retired in December 2022 so the search for new consumer board members was put on hold for the last few months of 2022. Starting in January 2023, with a new CEO on board, our recruitment of new consumer board members focused on increasing diversity on the Board and locating patients who live or use sites located in the South Bay. We sent flyers to our sites asking patients to indicate if they are interested in Clinic Board membership. Site managers, particularly those in the South Bay, are alerted and asked to help identify patients who may be interested. As of July 2023, we have 21 Clinic Board members.

The Committee’s work during the reporting period included the following:

--Conducted a self-evaluation via survey and presented a report to the Board in February 2023.

--Recommended a new member for the Foundation Board for a successful vote in the March 2023 Board meeting.

--Interviewed, vetted, and recommended for election two patient Clinic Board candidates who were successfully voted to the Board.

--Voted to expand the scope of the CEO Evaluation Committee to include leadership development and committee chair succession planning, and to rename it “CEO Evaluation and Leadership Development Committee”. The Board approved and voted for this in March 2023.

--Reviewed Clinic and Foundation Board rosters to ensure that expiring memberships were renewed in the June 2023 Board meeting.

* **Significant policy directions or actions taken by the Board during the reporting period**

--Strategic Planning – Report to inform new leadership as it prepares to generate the Clinic’s next five-year strategic plan.

--Payment of a retention bonus to eligible employees under the guidelines set forth by the State of California.

--HRSA Compliance: Finance – Sliding Fee Schedule and Policy.

--HRSA Compliance: Behavioral Health Child Development – Annual Enrollment Training for Early Head Start.

--HRSA Compliance: Behavioral Health Child Development – Establish an Evidence-Based COVID-19 Mitigation policy.

--Behavioral Health and Child Development - FY 2023 Head Start Funding Increase ACF-PI-HS-23-02.

--Medical Practice - Shift quality management plan to be renewed on a calendar year schedule and extend current plan through December 2023.

--UCLA Venice Family Clinic Affiliation Agreement – Second Amendment.

--HRSA Compliance: Operations - Patient Eligibility Policy.

--Fiscal Policy Procedure: Capital Project Policy.

--Letter of Credit to purchase 612 Parking lot.

--Revise Clinic Bylaws Description and name of the CEO Evaluation Committee.

--HRSA Compliance: Finance - Venice Family Clinic FY 2022 Tax Return.

--HRSA Compliance: Finance - Venice Family Clinic Foundation FY 2022 Tax Returns.

--Resource Development – New Name 604 Rose Building: Chuck Lorre Rose Avenue Health and Wellness Center.

--Finance Committee - Approval of 2023-2024 FY Operating Budget.

--Behavioral Health and Child Development - Budget Carryover for 09CH010748 for year ended 12/31/22. Total of $2,677,558.

--Behavioral Health and Child Development - Low Cost Extension for 09CH00393-003 to 5/31/24. $2,326,382.

--Behavioral Health and Child Development - Budget for 09CH010748-04-C3 for Year ended 12-31-22. Total of $50,530.

* **Number of board members who reside and/or work in Santa Monica -** 3
* **Board vacancies and plans to fill those vacancies, if applicable –** Not applicable

###### 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 Care grant budget lists each of the roles needed to keep our efforts running smoothly. Here are some key staffing changes between January 1, 2023, and June 30, 2023:

• Finance/Development/Communications: These departments were enhanced with new support staff to ensure more efficient audits, fiscal operations, and fundraising success through a variety of hires.

• Operations/Program Management/HR/QI: In April, we hired a new Administrative Assistant for Operations, as well as a new Senior Director of Clinical Operations.

• Dental/Medical/Vision: In March, we hired a new Director of Nursing, filling a role that had been vacant for some time.

• Outreach, Health Education, and Health Insurance Enrollment: Our Health Insurance Enrollment team grew with the hire of temporary support to provide patient screening and scheduling for health insurance enrollment applications. We also hired a new Health Insurance Program Assistant in April.

As mentioned earlier, one of the overall challenges that Venice Family Clinic has faced this grant year is staffing. For open positions, we are recruiting broadly and prioritizing hiring at sites where the majority of our patients experiencing homelessness seek services. We have recently added float clinician positions to cover for leaves, vacancies, and call-outs. We have also launched same-day clinic for urgent and walk-in concerns (often the case for people experiencing homelessness) and recently hired staff to be able to expand this. Additionally, we are partnering with UCLA to have dually appointed clinicians interested in community settings, who are partially employed by UCLA and partly employed at Venice Family Clinic.

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).

Between July 1, 2022 and June 30, 2023, 346 volunteers and interns contributed 9,738 service hours to Venice Family Clinic. 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-19. 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 track human services program demographics and outcomes. Participation may include, but is not limited to: meeting with City staff, consultants, and; providing information regarding current data systems, technology infrastructure, policies and procedures, needs, opportunities, and concerns; incorporating the City into existing consent for release of information forms; signing and adhering to a City data management agreement; and contributing data to a centralized data management system. Aggregated or de-identified information may be requested for the purposes of analyzing data being collected.**

Venice Family Clinic is open for further discussion on this topic, but we have done nothing more in this reporting period than collect the same data and follow the same processes we have throughout the entire grant term. We did not receive this specific funding condition until the contract was fully executed in January 2023. Please let us know if any adjustments are needed to our typical data tracking approaches.

**2) Detail steps taken to provide services in response to needs emerging from the COVID-19 pandemic, including the safe reopening of facilities and any modifications to service delivery and program facilities to ensure compliance with current public health guidance.**

As mentioned in our mid-year report, Venice Family Clinic has embraced a test-to-treat model, which funds our clinicians and pharmacy staff. Together these team members ensure that patients have timely access to therapeutics. We know that having access to therapeutics is especially important for people who remain unvaccinated as well as for those who have been vaccinated. Beyond this, the same safety measures described in past reports remain in place, such as temperature screening, masking, hand sanitizer availability, and increased cleaning of common areas.

**3) Agency will assist eligible participants in submitting applications to applicable relief and housing sustainability programs, including local, state, and federal rental assistance programs, including but not limited to: Housing Choice Voucher (HCV) and Below Market Housing (BMH) Waitlists, Preserving Our Diversity (POD), Continuum of Care (CoC), and HOME voucher programs.**

Venice Family Clinic’s Resource Case Managers are the designated person who would support participants in submitting these applications, and referrals are made as appropriate.

**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 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?”
 |  |  |
| 1. ”Have you missed or been late on a home rental or mortgage payment within the last 12 months?”
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| 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 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** |  |  |
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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.

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| **Service Category/ Program Goal** | **Activity Type** | **Activity Description** | **Annual Target\***  | **Documentation****Method** | **Mid-Year** **Status Report** | **Year-End** **Status Report** |
| Improve access to quality, primaryhealth care services for low-income residents of Santa Monica. | Output | Participant receives high-quality primary health care services.  | 4,100 SMPP | Electronic Health Record | 2,713 SMPP | 3,874 SMPP |
| Outcome | Participants receive various preventive/primary care as clinically indicated, including colorectal cancer screening for adults ages 51-74.  | 55% SMPP | Electronic Health Record | 46% SMPP | 41.3% SMPP |
| Outcome | Participants receive various preventive/primary care as clinically indicated, including cervical cancer screening for women ages 24-64. | 75% SMPP  | Electronic Health Record | 61% SMPP | 59% SMPP |
| Outcome | Participants receive various preventive/primary care as clinically indicated, including depression screening for patients 12 and older. | 70% SMPP | Electronic Health Record | 69% SMPP | 69% SMPP |
| Outcome | Participants receive various preventive/primary care as clinically indicated, including well-child visits for children ages 3-6.  | 81% SMPP | Electronic Health Record | 93% SMPP | 88% SMPP |

###### 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.

While Venice Family Clinic has a strong history of achieving the goals outlined in this grant, COVID-19 does continue to impact all our programs and outcomes. This is evident in our reports and outcomes in the following measures as they continue to rebound from COVID-19:

*Colorectal Cancer Screening:* Some measures we are taking to reach pre-COVID-19 rates for colorectal cancer screenings include mailing fecal immunochemical test (FIT) kits to patients who are due for this screening, and sending reminders to patients who have not returned their FIT kit. We are also planning to pilot a flu/FIT program this year. This is a model where patients who are due for screening are given a FIT kit when receiving their flu shot.

*Cervical Cancer Screening*: We are targeting cervical cancer screening as a clinic-wide quality improvement measure. 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.

As mentioned in our mid-year report, we have implemented patient reminders for those due for cervical cancer screening who have an upcoming appointment. We have also revised our scheduling guidelines to ensure that patients can schedule a pap with any family practice provider thereby expanding access (mostly for South Bay sites who were having paps done by only by certain clinicians). Care teams continue to identify patients due (via decision support alerts) when they are seen for an appointment, and clinicians attempt to complete same day if possible. Additionally, we are planning to pilot offering patient incentives, such as gift cards, to encourage more people to receive this screening.

**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.

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.**