HUMAN SERVICES GRANTS PROGRAM (HSGP)

FY 2022-23 PROGRAM STATUS REPORT

WISE & Healthy Aging

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

Care Management Program

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

|  |
| --- |
| **SELECT** |
|  |
| **x** |

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



**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.**

**Accomplishments**

Over this 12-month reporting period, the Care Management Program (CM) fielded **812** Information & Referral calls from Santa Monica residents with 74.7% of the requests focused on information related to housing, food, and financial insecurities as well as government programs and/ or benefits. These Santa Monica callers were comprised of potential clients, family, friends, neighbors, or various community agencies seeking information, resources, or referrals.

During this reporting period, the CM staff have been seeing clients in their home and in the office, visits include providing routine phone contact.  **303** new Santa Monica residents received case consultation and onboarding intake for CM services. Although only **230 (76%)** of these clients agreed to receive comprehensive case management services, every client received some form of guidance, information and/ or resources requested. Of the clients accepting care management services, **70%** identified as female and **30%** identified as male. Approximately two third of these clients (**73%)** identified as being low income, 62% reported having a disability (physical, mental, or cognitive) with over **122** clients noted a physical disability. **Over a third of the clients (42.2%) were self-referred**.

Clients needed care coordination and assistance with the following:

* Ninety-six percent (**96%)** needed assistance with **medical oversight and coordination and obtain benefits** as Supplemental Social Security (SSI) & In Home Supportive Services (IHSS).
* Fifty-one percent (**51%)** needed assistance to **combat food insecurity**- such as help with applications to enroll in CalFresh (food stamps), Meals on Wheels (home delivered meals) and WISE Diner (congregate meals)
* Fifty-seven percent (**57%)** needed assistance with **obtaining housing subsidies.**
* Other essential supports to assist with living in their home safely and independently included services such as Adult Day Center assistance, transportation, legal and financial, home maker, personal assistance, and mental health supports, just to name a few.

WISE CM has a seamless referral system, where Care Coordinators and Peer Counselors cross refer clients when there is a need. Peer Counseling, consisting of both one-on-one Individual counseling and Support Group, continues to be essential CM services. There are multiple benefits to this important bridge in that it provides added emotional support and engagement of otherwise isolated older adults. When a peer counselor identifies signs of a cognitive, functional and/or social change in the client, the peer counselor can refer a client over to a care coordinator to seek additional guidance and resources. As Peer Counseling client continue to "age in place," and is identified as needing additional supportive services, this client is connected to a Care Coordinator in a timely manner to attend to their changing needs and thus maintains their dignity, safety and accessing of resources in the community. This "No Wrong Door" approach is viewed as a best practice in serving older adults - a preventative approach in potentially diverting or avoiding experiencing a life crisis such as housing, legal, medical, nutrition, and/or financial hardships.

During this past reporting year, **86** unduplicated Santa Monica clients received services in Peer Counseling of which **20** received individual one-on-one counseling. Additionally, **90** clients were active one or multiple Peer Counseling support groups (duplicated count, i.e., including clients participating in more than one group). An additional **11** Santa Monica clients were screened for Peer Counseling and were referred to other appropriate counseling agencies due to their more urgent/extensive/critical mental health needs.

In addition, the Peer Counseling program continued their successful groups expanded this past fiscal year:

* All the Peer Counseling Support Groups remained active, including:
* two Caregiver Support Groups (online)
* two Bereavement Groups (one online and one in person)
* one Women’s Group (online)
* one Men’s Group (online)
* one From Collecting to Decluttering (C2D) Support Group (online)

As a result of the feedback gathered from the clients and community members, the Peer Counseling program also expanded this past fiscal year by providing:

* Four new additional groups were developed in this period:
* A 6-week Stress Management Workshop was created in September.
* New Bereavement Group (in person) started in Spring.
* New Wellness Group (in person) started in March.
* New Men’s Group (in person) started in June.
* The successful 15-week (C2D) Workshop resulted in:
* one workshop completed in July,
* one workshop completed in December and
* one workshop which started in April will be completed in August.

Furthermore, there continues to be an effective and efficient cross-communication and referral process between the Care Management Program and other WISE & Healthy Aging programs and services, including the Peer Counseling, Adult Day Center (ADC), transportation services (MODE), Matter of Balance course, Club WISE, WISE Diner, Ombudsman and Elder Abuse Prevention Programs as well as with our referrals to onsite weekly in-person consultation appointment with:1) Disability Community Resource Center (DCRC), 2) Center for Health Care Rights and/or 3) bi-weekly AARP Tax Aid program (during tax season).

The CM staff has continued being an active member of the Santa Monica Task Force for Seniors & People with Disabilities (hereafter referred to as “Task Force”), collaborating with the City of Santa Monica Housing Authority, Community Corp of Santa Monica, Code Enforcement, Rent Control, City Attorney's Office, Santa Monica Fire Department Community Response Unit, and community partners including and Legal Aid Foundation Los Angeles, St. Joseph Center, and Disability Community Resource Center (DCRC). This collaborative network has had a profound impact supporting the most vulnerable older adults and adults with disabilities who have extensive and complex need to maintain living in the community and prevent eviction or homelessness. Consistently, these Task Force clients are the most resistant to traditional CM and community programs, requiring intensive collaborative services to address their complex issues. During this reporting period, WISE & Healthy Aging received a total of **48** older adults and adults with disabilities referrals (referred by Task Force collaborative members) experiencing issues related to cluttering, mental health, cognitive limitations, chronic medical conditions, and other situations putting them at imminent risk of eviction. Of those referred, **39** clients accepted wraparound case management services and participated in the comprehensive assessment and care planning process.

As a result of the successful pilot collaborative between WISE and the Santa Monica Fire Department Community Response Unit (CRU), we are looking at possible opportunities to continue this partnership as a program that operates by working in close collaboration and assisting high touch vulnerable older adult clients flagged for excessive use of non-medical 911 calls. The pilot provided immediate hands-on support services to identified fragile community members with multiple complicated needs who may benefit from care management support. Because many of these identified clients were also flagged as being at risk of falls, WISE & Healthy Aging, with City of SM support, was able to restart “A Matter of Balance course” for these potential participants provided at no cost.

Similarly, the VP of In-Home Services has been corresponding with several members of the Santa Monica Police Department and discussing opportunities to work together. In January, the Crime Prevention officer presented at WISE and in January and March, the President & CEO and VP also had discussions with the Chief, the sergeant overseeing the community Chaplains and with several key chaplains. In February and March, the VP presented in all three Police Department Roll Calls addressing bridging services to serve identified community members.

WISE provided **20** Santa Monica clients supplemental support for Adult Protective Services Integrated Case Services (APS ICS) program clients who need assistance meeting activities of daily living (ADL) and or instrumental activities of daily living (IADL) and care needs, avoid isolation, obtain/maintain adequate nutrition, obtain/maintain financial stability, caregiving, health care, and maintain adequate housing through short term rental assistance. These referrals were generated directly by APS social workers.

**Challenges/Changes -**

Although the COVID-19 pandemic and its evolving variants has significantly decreased, evidence of its challenging effects still linger such that some clients continue to fear being exposed, resulting in them staying isolated in their home, not socializing, experiencing loneliness, isolation and showing high levels of depression and anxiety. When appropriate, the CM program supports these clients who agree to the services by providing Peer Counseling in home counseling and or zoom Peer Counseling sessions. Care Coordinators continue to engage, encourage, and connect clients to also access remote mental health services, and social programs.

Many Santa Monica older adult residents continue to experience financial and housing insecurity, and our CM team continues to pursue solutions including the vital collaboration with Task Force members such as Housing Authority, and Legal Aid Foundation, for example, to address these concerns by offering the Santa Monica's HOME Voucher, POD Program and Emergency Flex Funds generously provided by the City of Santa Monica. The care coordinators continually monitor when new programs are introduced, to help a client benefit from these opportunities and ensure all possible resources are leveraged.

Assisting clients with reliable and consistent caregiving in the home continues to pose a significant challenge resulting from several obstacles including: 1) the continued pandemic impact resulting in significant shortage of hired caregivers; 2) often many hired caregivers are not willing to commute to and work in the City of Santa Monica; and 3) specific client profile who live alone, have cognitive and/ or mental health impairment, and have limited or no support system. Some of these clients decline additional essential lifesaving supports and perceive their situation as less dire than the expert professionals who have assessed them and or routinely engaged with them. Staff continue to seek creative solutions to meet the needs of these clients.

WISE & Healthy Aging is also reviewing and evaluating more effective and efficient internal data systems to replace its current one which has several limitations in capturing all the data correctly without having additional spreadsheets to capture full data.

###### 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.**

This April, the Los Angeles County Aging and Disability Department provided a stellar report during a desk audit with no findings and no recommendations noted.

The Care Management Program has a well-developed evaluation practice in place. The Vice President of In-Home Services oversees and supervises the Case Management Programs continuous efforts to conduct internal program evaluation. These efforts utilize several methods including bi-weekly one-on-one supervision meetings with each Care Coordinator and Social Work intern, direct observation of program activities daily, weekly review of client assessments and care plans, and bi-weekly team supervision meetings. Audits of randomly selected client files and case notes, staff productivity evaluations and annual staff performance appraisals are other ways the agency evaluates the delivery and effectiveness of services provided. The Care Management Program leadership continuously explore ways to improve and standardize aspects of care management engagement not only in terms of its documentation but also as it relates to client interaction. Care plans are developed, documented, and executed, all with input from the client. Currently, the President & CEO, and Vice President of In-Home Services, regularly review progress of contract requirements.

As a result of the feedback gathered from the clients and community members, the Peer Counseling program also expanded this past fiscal year by providing:

* Four new additional groups were developed in this period:
* A 6-week Stress Management Workshop was created in September.
* New Bereavement Group (in person) started towards of Spring.
* New Wellness Group (in person) started in March.
* New Men’s Group (in person) started in June.

Client Satisfaction Survey

1. A Care Management Service "Client Satisfaction Survey" is done annually. The survey was conducted by end of Spring of 2023. Clients were asked to provide satisfaction feedback by mail in a formal survey.
   * When asked about their level of satisfaction related to staff’s “Professionalism & Courtesy,” “Knowledge of Community Services,” and “Overall Quality of Service & Attention to working with you” the responses were all significantly positive with over **83%** reporting “Very Satisfied” and between 5-8% additional clients stating “Fairly Satisfied.”
   * There were also similar favorable responses when asked “Have the services you've been provided, helped you remain as independent as possible in your own home?” **84%** stated “A Great Deal,” and additional 13% “Agreed they helped somewhat.”
   * When asked about “Have the services you've been provided affected your overall satisfaction with your life?” **98.6%** responded positively with satisfaction.

Here is just a sample of recent testimonials from Care Management clients:

* + “Very thankful for all the years of great support she has received from all the Care Management team and staff at WHA. Everyone is extremely professional.”
  + “My Care Manager has had a big impact on my well-being. She has helped with housing, IHSS, ACCESS transportation and worked with City social services, St. Joseph Center, Legal Aid and referrals, etc. - I appreciate her advocacy more than words can say. “
  + “Very satisfied with her services in paving the way for her to get her Cal Fresh, which has made it easier on my monthly grocery budget. “
  + “My Care Manager’s skills. patience, kindness, and expertise helped a great deal.”
  + “The Care Manager was great! Not only very knowledgeable and kind but very pro-active, did very useful follow-up to keep me on track, came up with ideas that were very specific to me and helpful. Really great! Thank you! “
  + “She is always helping me and gives me a good advice when I need help! I have a deep sense of gratitude for her.”

1. Similarly, a Peer Counseling "Client Satisfaction Survey " is done annually. The survey was also conducted by end of Spring of 2023. Clients were asked to provide satisfaction feedback by mail in a formal survey.

One-on-One Peer counseling members survey results showed the following:

* When asked “As a result of my time with Peer Counseling, I feel better understood” **92%** of the Support Group members respond positively by stating they “Strongly Agree” or “Agree.”
* When asked if “The Peer Counseling Program has helped me learn to better cope with problems in my life” **83%** responded “Strongly Agree” or “Agree.”
* When asked “I feel less socially isolated because of my experience with Peer Counseling” **75%** gave favorable response by stating they “Strongly Agree” or “Agree.”

Here is just a sample of recent testimonials from Peer Counseling One-on-One clients:

* + “I have been able to establish a more effective and active conversation (listening and sharing) practices.”
  + “Regarding coping better with problems: I'm practicing sharing ideas openly.”
  + “Regarding feeling less socially isolated: I've developed a better sense of participation.”
  + “Strongly agree feeling less socially isolated because of my experience with Peer counseling, very helpful.”

Support Group members survey results showed the following:

* When asked “As a result of my time with Peer Counseling, I feel better understood” **92%** of the Support Group members respond positively by stating they “Strongly Agree” or “Agree.”
* When asked if “The Peer Counseling Program has helped me learn to better cope with problems in my life” **81%** responded “Strongly Agree” or “Agree.”
* When asked “I feel less socially isolated because of my experience with Peer Counseling” **86.5%** gave favorable response by stating they “Strongly Agree” or “Agree.”

Here is just a sample of recent testimonials from Peer Counseling Support Group clients:

* + “I joined the support group in 2019 when my dad, who has advanced Alzheimer's came to live with us. Caring for him has been an enormous challenge. Attending the support group has really helped. Thank you for the service.”
  + “I feel my life is easier when I put in practice what I've learned in my support group.”
  + “Regarding feeling less socially isolated: I'm working on that feeling, now I have the tools to put into practice and I'm planning to continue participating in the support group at WISE.”
  + “I appreciate the chance to be honest about the difficulties dealing with Alzheimer’s as a caregiver.”
  + “My Life has changed for the better. Thank you for all the help received and for the support given to me.”

**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.**

The CM continues to collaborate effectively with local agencies serving older adults and adults with disabilities, including but not limited to Center for Health Care Rights, Disability Community Resource Center, AARP Tax Aid, Adult Protective Services, Legal Aid Foundation of LA, SM Fire Department CRU team, Santa Monica Housing Authority, local Faith based organizations, Home Health Agencies, Hoarding Task Force at the Department of Mental Health, Community Corp of Santa Monica, Meals on Wheels, Santa Monica UCLA Medical Center, Providence St. John's Health Center, and SCAN Health Plan including its SCAN Independence at Home program.

###### SECTION III: BOARD INVOLVEMENT

**Please indicate:**

* **Number of Board meetings conducted during the reporting period**: 4
* **Average number of members of Board in attendance at Board meetings**: 16
* **Board development activities conducted during the reporting period:** None
* **Significant policy directions or actions taken by the Board during the reporting period:** Molly Davies, LCSW, President and CEO started in that role on July 1, 2022. The Board approved a new operating budget for FY2022-23 (July 1 – June 30). Approved an updated new employee handbook for 2023.
* **Number of board members who reside and/or work in Santa Monica:** 10
* **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.**

During this reporting period there have been no staff changes, recruitment, or vacancies. There are **6** Care Coordinators in the Care Management Program during this reporting period.

**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).**

This past August, two first year Geriatric Social Work Education Consortium (GSWEC) interns were brought onboard from USC Suzanne Dworak-Peck School of Social Work and one Spanish speaking student from CSU, Long Beach. Both students are studying to obtain their master’s degree in social work. The student internship hours are 16 hours per week for the duration of the academic year. During this report period **940** intern volunteer hours were provided. The interns assist with intake support for information and referral calls and each intern is supervised while taking on a minimum of two active clients. The interns also participate in the bi-weekly care management team supervision meeting and regularly provided in-service trainings.

During the reporting period, there were **23** Peer Counseling volunteers providing **20** Santa Monica clients support through one-on-one Peer Counseling and **90** Santa Monica Clients (duplicated count) support thorough facilitating a Peer Counseling Support Groups.

* There have been nine support groups: one C2D support group, one Women’s Group, one Men’s Group, two Caregiver Support Groups, and three Bereavement Groups, and one Wellness Support Group.
* There have been four workshops: three C2D Workshop, and one Stress Management Workshop
* Together, all these Peer Counseling volunteers contributed a minimum of **1760** hours of volunteer activity for this 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 to better 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 the City’s data management Agency 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.*

* WISE & Healthy Aging has and continues to participate as needed with this effort.

1. *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.*

* WISE & Healthy Aging follows local and state public health and CDC guidelines on proper safety measures, e.g., wearing of face covering, wearing of gloves when needed, maintaining of distancing of at least 6 ft, and promoting hand washing as often as possible, and engaging in COVID testing when prescribed.
* Over 95% of WISE & Healthy Aging staff are vaccinated. Those who are not have received medical and/or religious exemptions. During the first half of this reporting period only fully vaccinated members, with proof of vaccination, have been allowed to visit WISE locations. Unless dining, members must always wear face coverings and practice social distancing.
* During the first half of the reporting period all staff, regardless of vaccination status, working at the main office, must wear face coverings when client facing. Clients and staff were asked to self-attest for COVID symptoms.
* Wall-mounted air purification machines have been strategically installed throughout the workplace, as well as installation of sanitizing wipes (dispensers) and sanitizing liquid dispensers in support of staff and clients. To mitigate public availability, restrooms have keypads for use by members only. Regular office workspace cleaning continues.
* All services are being provided in-person and virtually, for those who are not ready to be in person. When staff interact with clients virtually it may be via phone call, Facetime or Zoom. When services are in-person, staff maintain the proper distance, wearing the proper personal protective equipment as needed.
* Beginning in April 2023 all visitors to WISE locations were permitted regardless of vaccination status. Masking was discontinued for clients and staff in all programs except for the Adult Day Center where masking and COVID precautions are more stringent due to being a licensed facility.
* All clients and staff are encouraged but not required to mask.
* All clients and staff are encouraged and required to stay home if they self-attest to having COVID symptoms.
* Public health protocols are monitored, and any changes are adhered to.

1. *Agency will assist eligible participants in submitting applications to applicable Santa Monica Housing programs, including but not limited to: Section 8 and Below Market Housing (BMH) Waitlists, Preserving Our Diversity (POD), and Continuum of Care (CoC) programs.*

The CM team are highly sought after to assist with all of the above-mentioned applications on behalf of older adults and adults with disabilities on their case load and are referred clients who need this assistance from all of the other WISE departments and other referral sources who may identify clients with this need. Those persons who may be eligible are screened through the Care Management Program. And if eligible, assistance is provided in completion and submission of applications.

**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.

|  |  |  |
| --- | --- | --- |
| **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?” | 13 | 17 |
| 1. ”Have you missed or been late on a home rental or mortgage payment within the last 12 months?” | 23 | 39 |
| 1. “Do you or anyone in your household have an unmet childcare/afterschool need?” | 0 | 1 |

|  |  |  |
| --- | --- | --- |
| **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 | 161 | 173 |
| **Please list the top 3 referring agencies** |  |  |
| * 1. **Senior & People with Disabilities Task Force members** | 37 | 48 |
| * 1. **UCLA** | 14 | 39 Hospitals |
| * 1. **APS, Meals on Wheels, and SM Fire Dept** | 13 each | 20 APS & 20 MOW\* |

\*Year end numbers don’t include SM Fire Department numbers.

**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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Service Category/ Program Goal** | **Activity Type** | **Activity Description** | **Annual Target\*** | **Documentation**  **Method** | **Mid-Year**  **Status Report** | **Year-End**  **Status Report** |
| 1 | Deliver Information & Referral Services to Santa Monica residents | Output | Santa Monica residents will receive information & referral services. | N/A | Call management database | 273 | **812** |
| 2 | Deliver Care Management Services to qualifying Santa Monica residents | Output | Clients to receive case management services via social worker | 280 SMPP | Case Notes, Clinical Assessments | 190 | **303** |
| Outcome | Clients will be connected to a community resource or agency program or public benefit they did not have prior to care management intervention | 168 SMPP | Case Notes, Clinical Assessments, Client Database | 161 | **230** |
| 3 | Assist Santa Monica residents referred by members of the City’s Senior Housing Task Force | Output | Clients to receive intensive case management assistance to avert impacts of food/home/safety insecurity | 35 SMPP | Task Force Case Notes | 26 | **48** |
| Outcome | Clients received social worker intervention and connection to resources to avert personal and community hazards and/or impacts to safe living | 30 SMPP | Task Force Case Notes, Clinical Assessments, Client Database | 26 | **39** |
| 4 | Provide peer counseling (1:1 and group counseling) support services | Output | Clients will receive 1:1 peer-to-peer counseling support or support groups | 60 SMPP | Assessment Notes | 59 | **86** |
| Outcome | 80% of survey responses from clients (Santa Monica residents) receiving peer counseling services will agree or strongly agree that they feel less isolated due to the counseling support provided to them | 80% SMPP | Survey (at year-end) | Survey (at year-end) | **75%** of Individual  and **86.5%** of Group |
| Outcome | 80% of survey responses from clients (Santa Monica residents) receiving peer counseling services will agree or strongly agree they are learning to cope better with issues in their lives due to counseling support provided to them. | 80% SMPP | Survey (at year-end) | Survey (at year-end) | **83%** of Individual and **81%** of Group |

###### VARIANCE REPORT:

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

**Outcome #2:** The CM team overserved in this category. Clients presented with multiple needs and a high demand for service and the team met that need.

**Outcome #3:** The increase in referrals from task force members may have been due to the pilot with Santa Monica Fire Department.

**Outcome #4:** There was a greater need for mental health support and our peer counseling program responded by adding three new support groups and an additional workshop which increased this outcome.

**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.***

A new Ken Edwards Center lease agreement was executed on July 1, 2022. The organization hired pest control monthly at Ken Edwards Center. Additionally, repairs were conducted for the broken insta-heat in the Adult Day Center (2nd floor) bathroom to provide hot water. The building continues to require out-sourced cleaning for bio-hazard human waste in the elevators and stairwells. The elevators continue to be in frequent disrepair, causing disruption to service, requiring multiple calls for maintenance and some clients struggling to climb stairs.

WISE & Healthy Aging continues to engage in building upgrades including painting of interior spaces. Plumbing maintenance of toilets and sinks on all floors was conducted during this period.

**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.**