HUMAN SERVICES GRANTS PROGRAM (HSGP)

FY 2023-24 PROGRAM STATUS REPORT

**Agency:** Wise & Healthy Aging

**Program**: Care Management Program (CMP)

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###### FY 2023-24 SUBMISSION CALENDAR

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| **REPORTS** | **REPORT PERIOD** | **REPORT DEADLINE** |
| Mid-Year Program and | 7/1/2023 - 12/31/2023 | Monday, February 5, 2024 |
| Fiscal Status Reports |
| Year-End Program and | 7/1/2023 - 6/30/2024 | Monday, August 5, 2024 |
| Fiscal Status Reports |

Instructions:

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.

Please be concise. For example, do NOT copy and paste repetitive content from your Mid-Year to your Year-End. In most cases, a complete program status report will be no more than 8-10 pages in length.

When preparing your report, please be sure to refer to your current Program Plan (Exhibit A), Program Budget (Exhibit B) and Special Funding Conditions (Exhibit C), of your executed Grant Agreement with the City.

To submit your completed report to the City, upload the file to your agency’s SharePoint folder **as a Word document** and notify your grant analyst once you have done so.

Please contact your grants analyst or [humanservices@santamonica.gov](mailto:humanservices@santamonica.gov) for any issue with accessing your agency’s SharePoint folder.

**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 reporting period, the Care Management Program (CM) fielded **998** Information & Referral (I&R) calls from Santa Monica residents with **84.5%** of the requests focused on information related to housing, food, transportation, financial insecurities as well as government benefits. Twenty five percent requested information specific to WISE programs. These Santa Monica callers were comprised of potential clients, family, friends, neighbors, or various community agencies seeking information, resources, or referrals.

**300** Santa Monica residents received comprehensive care management services. 78% of these clients were low income, 61% identified having a disability and over 24% were from Pico Neighborhood. During this reporting period, the CM staff have been seeing clients in their home and in the office, and appointments over the phone.

For clients contacting the I&R line, individuals needed care coordination and assistance with the following:

* Over fifty percent (452 applications) needed assistance with **medical oversight and coordination and obtained benefits such** as Medicare, MediCal, Supplemental Social Security (SSI) & In Home Supportive Services (IHSS).
* Twenty percent 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)
* Twenty-two percent needed assistance with **obtaining housing subsidies** as Section 8 and the City’s Preserving Our Diversity (POD) program.
* Other essential supports to assist with **supporting living in their home safely and independently** included services such as Adult Day Center assistance, transportation, legal and financial, personal assistance care, and mental health supports, just to name a few.
* **831** applications or program resources were provided to our SMPP clients.

**300** Santa Monica members served through the Care Management Program. The Adult Day Center (ADC) served **48** Santa Monica clients with cognitive impairment to support them living safely in the community during the reporting period, of which **25** received financial assistance. The ADC continued to provide a safe environment with cognitive stimulation and socialization. During the second half of the fiscal year, the ADC continued its collaboration with USC’s Occupational Therapy program, where interns spend a 9-week rotation with clients, learning about the adult day program while providing enrichment programming and assisting with assessments. An intergenerational collaboration was developed with the UCLA Gluck School of Music, which featured numerous musical performances from students. Other highlights include a health discussion with a nurse from the Los Angeles County Department of Health, a partnership with UCLA’s Quills to Connect letter writing club, the addition of two lecturers sharing their knowledge in music and the civil rights movement, respectively, and the continued partnership with Music Mends Minds, who provided a biweekly “musical support group” drum circle.

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), Matter of Balance course, The Club, WISE Diner, Ombudsman and Elder Abuse Prevention Programs as well as with our referrals to onsite weekly in-person consultation appointments with:1) Disability Community Resource Center (DCRC), 2) Center for Health Care Rights and 3) AARP Tax Aid program. 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. For example, as Peer Counseling clients continue to "age in place," and if they are identified by the Peer Counselor as needing additional supportive services due tosigns of a cognitive, functional and/or social change, this client is connected to a Care Coordinator. Similarly, Care Coordinators refer to the Peer Counseling program when a client identifies a mental health issue that is appropriate for the peer counseling services.

During this reporting period, **90** unduplicated Santa Monica clients received services in Peer Counseling of which **22** received individual one-on-one counseling while **77** clients were active in Peer Counseling support groups. An additional **12** 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.

A total of **12** groups and one workshop occurred during the fiscal year: **3** Caregiver support groups (2 virtual and 1 in person); **4** Bereavement groups (2 in person, 1 virtual, 1 social/lunch group); **2** Women's Groups (1 virtual and 1 in person); **2** Men's Group (1 virtual and 1 in person); **1** Collecting to Declutter Support Group (Virtual). The successful 15-week C2D Workshop resulted in **2** Collecting to Declutter Workshop (Apr-Aug 2023) & (Jan-May 2024).

The CM staff has continued being an active member of the City of Santa Monica’s Senior & Disability Task Force (“Task Force”) collaborating with the City of Santa Monica Housing Authority, Code Enforcement, Rent Control, City Attorney's Office, Santa Monica Fire Department, Community Corporation of Santa Monica, St. Joseph Center, Legal Aid Foundation Los Angeles, 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/or prevent homeless requiring intensive collaborative approach to address their complex issues. During this reporting period, WISE & Healthy Aging received a total of **58** older adults and adults with disabilities referred by the Task Force collaborative. These participants experienced issues related to cluttering, mental health, cognitive limitations, chronic medical conditions, and other situations putting them at imminent risk of eviction. Of those referred, all received connections to needed resources and 32of them accepted wraparound case management services and participated in the assessment and care planning process.

During this reporting period, CM and PC team participated in several training courses including Fall Prevention, Motivational Interviewing, Cognitive Behavioral Therapy approach, SM “Are Your Ready for Earthquake,” SM Housing Workshop, **Disaster Preparedness for Organizations that Serve and Support People with Disabilities and Older Adults**, CPR training, Clare Matrix in-service, Medication Management, Abuse in Late Life, Age Sensitivity training called “Trading Ages” and Mandated Elder Abuse Reporting training.

**Challenges/Changes -**

Many Santa Monica older adult residents continue to experience financial insecurity, and our CM team continues to pursue solutions including the vital collaboration with the City’s Senior & Disability Task Force (“Task Force”) members such as Santa Monica Housing Authority, and Legal Aid Foundation of LA to address these concerns by connecting participants to housing and other emergency assistance. 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.

Several clients including those in CM, ADC, and Peer Counseling continue to express safety concerns when visiting the Ken Edwards Center. In 2022, WISE & Healthy Aging took a proactive step towards enhancing the safety of its premises by hiring a full-time security guard. The guard is responsible for maintaining interior building security and providing exterior visibility, ensuring that staff, members, and visitors feel secure and protected. WISE actively works with the Police Department on matters of public safety and is working with a new security company to more proactively address safety concerns in and around the facility.

The ADC faced challenges with the elevators in the Ken Edwards Center. One of the two elevators has been in disrepair since July 13, 2023. Periodically, the second elevator has broken down during hours of operation, which resulted in ADC staff needing to use special evacuation equipment to move clients with limited mobility to the first floor safely. These moments caused disruption and distress to clients, families, and staff.

The Lead Care Manager left in February and the position is now being restructured to create a Care Management Director position to provide clinical supervision to the program. Five Peer Counselors retired, and more Peer Counseling inquiries are requesting for in-person groups versus zoom groups (most are currently taking place in person). Two additional care coordinators left the agency this year but have since been filled.

Wise & Healthy Aging is continuing to review and evaluate more effective and efficient internal client data management system to replace its current system which has several limitations in capturing all the needed data elements correctly without requiring additional spreadsheets.

###### SECTION II: COLLABORATION EFFORTS

Please highlight any new efforts to collaborate with other service providers and/or leverage services, if applicable. 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, local Faith based organizations, Home Health Agencies, Hoarding Task Force at the Department of Mental Health, Community Corporation of Santa Monica, Meals on Wheels West, Santa Monica UCLA Medical Center, Providence St. John's Health Center, and SCAN Health Plan including its SCAN Independence at Home program.

During this reporting period, WISE and the SM Fire Department (SMFD) partnered together on the Homelessness Diversion/Prevention program that assists high touch vulnerable older adults flagged for excessive use of non-medical 911 calls. The program provides immediate hands-on support services to identify 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 supported these clients by permitting them to join the “A Matter of Balance course” at no cost. WISE was also awarded funding from St. John’s Health Center Foundation to extend the SMFD program and adding community education events (i.e., falls prevention, medication management, emergency preparedness) starting in 2024.

As described in the “Accomplishments” section, the ADC enjoyed several collaborations with various organizations. The UCLA Gluck Fellows held concerts performed by students. Also from UCLA, the Quills to Connect club established an intergenerational letter writing program with our clients and came to visit in May. Our partnership continued with the Calvary Christian School, who sent a bus to pick up several of our clients and visit their campus in March. Our partnership with Music Mends Minds continues with biweekly drum circles. Our partnership with USC’s Occupational Therapy program also continues with additional students already lined up for fall internships.

###### SECTION III: STAFFING PATTERN

If applicable, please describe how staffing changes during the report period have impacted service delivery, caseload, and redistribution of work among other staff to ensure service levels are maintained. please also describe recruitment efforts and an anticipated hire date.

During this reporting period there have been some staff vacancies in the Care Management program. There were three Care Coordinators vacancies which were all filled during the fiscal year. In the ADC, the Director resigned in October and in November the former Assistant Director was promoted to Director position. An Activity Leader also resigned from the ADC, and was not filled given the general census of the ADC that position was no longer needed. Note: the ADC staff are not reflected in the CMP budget because they are not City funded nor are they used as match.

Please indicate how volunteers or interns were used during the reporting period. Provide the total number of volunteers or interns. If interns were used, please indicate their program level (e.g., undergraduate, masters).

WISE had three interns, one in ADC and two in CM. One second year Spanish Geriatric Social Work Education Consortium (GSWEC) interns was brought onboard from USC Suzanne Dworak-Peck School of Social Work and one Spanish speaking student from CSU, Long Beach Geriatric Master Program.  Both students studied to obtain their master’s degree in social work. The third intern was a one first year UCLA Master student in School of Social Work. The student internship hours are 16 hours per week for the duration of the academic year. During this report period **1,139** intern volunteer hours were provided. The interns assist with intake support for information and referral calls and take on a small case load. Interns cofacilitated the new Women’s Group, Caregiver Support Group and the “From Collecting to Decluttering” (C2D) Workshop.

Six ADC dedicated volunteers served a total of **1,751** hours during the reporting period. In August, one second year, SU Dominguez Hills masters-level social work intern, fluent in Spanish and English, joined the ADC team. She completed **268** hours of service during the reporting period. Additionally, from September until November two first year, doctorate-level occupational therapy interns from USC, each completed **72** hours of service.

During the reporting period, there were **19** Peer Counseling volunteers providing clients support through one-on-one counseling as well as support group facilitation. Together these Peer Counseling volunteers contributed **1,932** hours of volunteer activity for this reporting period.

**SECTION IV: GRIEVANCES & GOOD NEIGHBOR AGREEMENT (GNA)**

*Please provide the total number of grievances recorded by your program during the reporting period. Discuss trends in the number and types of grievances and any action taken to address common or recurring issues.*

There was a total of one grievance recorded by CM during this reporting period. There was no trend noted. Clients’ needs were outside the scope of work at WISE and thus they were provided proper referrals. ADC did not receive any grievances in this reporting period.

*Please detail any additional changes or issues regarding your agency’s GNA (if applicable).*

N/A, there were no issues or changes regarding our GNA during the fiscal year.

**SECTION V: SPECIAL FUNDING CONDITIONS**

*Provide a status report on how the agency is meeting its funding conditions listed in Exhibit C of your Grant Agreement for the current fiscal year, clearly addressing each individual funding condition in bullet point format*.

The WISE case managers assist clients will the completion of housing applications, vouchers, and all the noted programs in Exhibit C.

###### SECTION VI: BOARD INVOLVEMENT (COMPLETE AT YEAR-END ONLY)

Please indicate:

* Number of Board meetings conducted during the reporting period:

There were four Board meetings during this reporting period.

* Board vacancies and plans to fill those vacancies, if applicable:

There are no Board vacancies. Recruitment for Board Directors is ongoing to ensure the Board composition is meeting the needs of the agency at any given time.

* Significant policy actions or development activities taken by the Board during the program year:

At the end of January 2024, the Board, President and CEO, and leadership team began working on a nine-month strategic planning process that will conclude in fall/winter 2024.

**SECTION VII: PROGRAM PARTICIPANT INVOLVEMENT (COMPLETE AT YEAR-END ONLY)**

Share examples of how feedback from program participants was incorporated into program design during the program year.

ADC Satisfaction Survey: The ADC conducted two surveys annually requesting feedback from program participants. The feedback has been overwhelmingly positive. One request that has come from several families and participants is for more art programs, specifically fine art programs and guest artists. The ADC has since incorporated more art into our programming. Additionally, the ADC plans to implement a new art program geared towards early and mid-stage memory loss participants, called ArtWISE, which will feature an afternoon of study and practice of art mediums, art movements, and styles.

The Care Management "Client Satisfaction Survey" is done annually. The survey was conducted by the end of Spring of 2024. Clients were asked to provide satisfaction feedback by mail in a formal survey. Here are some highlights from the Survey:

* + When asked about their level of satisfaction related to “Have the services you’ve been provided, helped you remain as independent as possible in your own home?” the responses were all significantly positive with 85% reporting “Yes, they helped a great deal.”
* When asked about their level of satisfaction related to “Have the services you’ve been provided affected your overall satisfaction with your life?” the responses were all significantly positive with 85% reporting “Yes, I am more satisfied.”

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

* “She saved my life. She was very helpful, if it wasn't for her I would've been on the street. I am very grateful to her and your office. There are a lot of people like me that can use your help. Please keep up the great job that you are doing.”
* “[She] was most proactive in helping me feel secure financial help legally and with peer counseling. Excelling attitude.”
* “[She] is the most kind and helpful professional care manager I could possibly imagine. She has helped me to be independent and healthy, thank you! “

The Peer Counseling "Client Satisfaction Survey" is done annually. The survey was conducted by the end of Spring of 2024. Clients were asked to provide satisfaction feedback by mail in a formal survey. One-on-One Peer counseling members survey and Support Group members survey results showed:

* When asked “I feel less socially isolated because of my experience with Peer Counseling” 90% gave favorable response by stating they “Strongly Agree” or “Agree” with this statement.

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

* “It means a lot to me to share my situation with my peers. I have benefitted greatly from [her] help! I feel less isolated, I don’t get out by myself too much and I need this in-person contact.”
* “Being with people who are experiencing similar behaviors and relationships with their significant others is very helpful. We all, as well as (our facilitator) share resources and coping ideas with one another. I am now walking somewhat regularly with another group member - good for both of us. One or two others have connected outside the group as well. Overall, a very positive experience!! Well running groups are an excellent source of support, thanks for providing this.”
* “Love this opportunity to learn with a group who are also interested in learning to accept. I have learned how to better cope with the problems in my life as I am learning to accept the life that is presented before me. I feel less socially isolated as it is very helpful to speak with others in similar situations.”
* “I strongly agree that I feel less socially isolated; I have been able to make friends and socialize with others.”

**SECTION VIII: SUCCESS STORIES (COMPLETE AT YEAR-END ONLY)**

Please include no more than three success stories that illustrate the impact of your program on individual participants or households. When doing so, please take care to avoid any personally identifiable information that could compromise the privacy of any program participant. Please also note that staff will use the information provided to update Council and the public on agency performance.

* A low-income married male in his late 60’s resides with his family and has been a client at WISE since 2017, first starting in our early-stage memory loss program. His dementia has advanced through the years and has been increasingly difficult to care for at home. He was provided financial assistance through the CM program to support his ADC participation. His wife has been participating in our Caregiver Support Group, gaining comfort and advice from the other participants, many of whom also have family members attending the ADC. Earlier in the year she expressed her increasingly difficulty caring for her husband, especially struggling with bathing, dressing, and feeding him. He often became angry with her. The CM team was able to increase his support to allow him to come to the program 5 days a week, thus providing the wife with much needed respite. The ADC team helped shower him twice a week (or more, if needed) at the bathing facility on site. The wife, his family caregiver, benefited greatly from the additional respite, allowing her to care for her own medical needs, and rest at home knowing he is safe and at the ADC. This ADC client loves to dance and socialize with the other members, and always has a smile on his face when she picks him up.
* Adult Protective Services referred a single male in his 80’s who lives in a studio and suffered a fall that led to being moved to a skilled nursing facility for Rehab. The client left the rehab facility against medical advice. Several agencies (Meals on Wheels West, UCLA, Accent Home Health) were concerned with the client’s well-being given his hoarding challenges as well as his being bedbound without any support at home. The client received assistance from CM staff with decluttering services which resulted in clearing pathways in his home, and items safely stacked on newly purchased shelving units. The client’s sleeping arrangements were also a concern (history of slipping off his bed a few times due to bed being broken) and were addressed by purchasing him a new bed to prevent continuous fall/slipping incidents from the bed. CM helped him to receive the PASC registry to interview potential In Home Supportive Services (IHSS) caregivers. Additionally, Care Management also provided support in completing his Section 8 recertification to stabilize his housing needs. This client was then connected to his health plan’s new Enhanced Care Management program (ECM) where personal care caregiving shifts were provided while he searched for a caregiver through IHSS.
* A self-referred single disabled male in his late 60s who lives alone was experiencing financial hardship. The client needed a stove and refrigerator and applied a year prior on his own to the Property Assessed Clean Energy (PACE) program to get a new stove and refrigerator, but PACE still did not address his need. He reached out to WISE, and a CM staff helped improve his ability to feed himself and provide stability living at home by applying for Weatherization Program and replacing his broken fridge and stove. He also had no working heater in the winter months and a broken window. CM program provided him with blankets, bedding and a window shade to help block the cold air from entering in. Furthermore, he had high gas bills and to reduce the financial burden, CM staff also assisted with applying for LIHEAP for utility assistance. The client was happy and grateful for all the items and support provided and can finally eat healthier food because his caregiver will be able to cook meals on the new stove.

**By submitting this report to the 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**