

# **Proposal Snapshot**

Project: Inglewood Crenshaw Children & Family Center: Every Child, from Cradle to Career Agency: Venice Family Clinic

## **Executive Summary**

Venice Family Clinic is requesting \$1 million from Everychild to help fund the final-phase, capstone renovation of the 2<sup>nd</sup> floor of their newly purchased 16,037 square foot building, the Crenshaw Children and Family Center (the Center) located in southeast Inglewood. Venice Family Clinic delivers comprehensive, fully integrated neighborhood-based care with compassion, dignity, and respect. According to the Child Opportunity Index, children in southeast Inglewood and its surrounding neighborhoods live in some of the lowest resourced areas in the nation. Center physicians, therapists, and staff will work as multidisciplinary Family Care Teams synchronizing care across programs, delivering seamless care including health and mental health, prenatal, pediatrics, and doula services--with childcare and early education, job training and internships, fresh food, and more. The model will ensure that all children, youth and families have what they need to overcome extraordinary odds, without being derailed by crises, housing and transportation issues. It also mitigates staff burnout: clinicians can focus on delivering great care, while multiple teams provide comprehensive support.

Venice Family Clinic, founded in 1970 to combat healthcare disparities in the Venice community due to redlining, poverty, and other inequities. Over 45,000 children, youth, and adults facing poverty and complex challenges from the Westside through Inglewood and the South Bay are served by their team of more than 560 staff and 1,200 volunteers at 23 sites, including clinics, Early Head Start programs, mobile clinics, and school-based clinic and mental health programs from Carson to Santa Monica.

# **Capital or Program**

This is a capital project. Venice is requesting \$1M to fund the final 25% of the total 2nd floor renovation cost. The remaining funding for the 2<sup>nd</sup> floor is comprised of foundation funding and a guarantee to use reserves for any gap. The Center's 1<sup>st</sup> floor has been funded with \$4M from the federal government.

# **Children/Youth Served**

The Crenshaw Children and Family Center will co-locate their center-based Early Head Start, Community Connection services, and health and mental health care as well as expand free and low-cost primary and specialty care to 2,000 children and youth 0-24 and an additional 2,000 unduplicated pregnant parents, caregivers and other adults.

### **I.** Agency Information:

In 1969, people living in Venice had been dealing with generations of underinvestment that left them with little access to jobs, transportation, city services or even basic health care. Dr. Philip Rossman and Dr. Mayer B. Davidson joined community activists to establish a free clinic that would *provide quality health care to people in need*. By 1970, volunteer doctors, clinicians and neighbors worked nights and weekends caring for families, veterans and adults without insurance or ability to pay. Today, 45,000 people facing poverty trust Venice Family Clinic to provide quality, whole-person and whole-family care from the Westside to Inglewood and the South Bay. Our 23 sites form an integrated system of clinics, mobile clinics, school-based programs, and Early Head Start centers where people get what they need to live healthier lives in the face of negative odds dictated more by zip code and poverty than grit or ability. Our staff work with expertise and confidence, knowing that our coordinated care and support services mean patients won't fall through the cracks of otherwise siloed service systems.

We've worked with our patients to build a different kind of care—one focused on lifetime physical, emotional, and social wellbeing and tailored to each person and neighborhood. Our care is comprehensive: primary and specialty health care, mental health care, dental, and vision care, including prenatal and well-baby, ObGyn, triage, lab and pharmacy, as well as diabetes, cancer and chronic disease treatment and prevention. Our resource case managers help with housing, transportation and special needs, so families living paycheck to paycheck don't fall into crisis when emergencies arise, and our health educators get children and families involved with free fresh food markets and nutrition, health and cooking classes. Our mental health team supports patients with prenatal and postpartum therapy; individual, couples, family and group therapy; domestic violence intervention; youth LGBTQ+ wellbeing groups; as well as treatment and support for substance use disorders, chronic illnesses, STIs and HIV. Students get on-campus care at Carson High School, York School in Hawthorne, Culver City Middle/High School, and SaMoHi, which lowers barriers (and stigmas) for teens seeking care.

We've built our care on innovation and partnership, resulting in decades of "firsts": in 1985, we were among the first clinics to provide health care tailored for people struggling with homelessness. Since 2015, we've partnered with Safe Place for Youth to bring health care to homeless youth. In 2020, we designed our first mobile clinic, which, along with our Street Medicine curriculum, have become models for UCLA and health care systems nationwide. In 1994, we were awarded one of the first Early Head Start (EHS) contracts in the nation, bringing early care and education to young families. In 2022, our Community Connection initiative gave all pregnant people and parents with babies and toddlers access to new doula care, child-parent Infant Mental Health therapy, and multidisciplinary Family Care Teams to coordinate care for young families going through complex health, mental health, and family challenges. Last year, partnered with York School to care for students in Hawthorne School District, allcove<sup>TM</sup> Beach Cities to bring mental health care to low-income youth, and Midnight Mission's Homelight program to bring EHS care to moms and kids sheltering there.

In addition to our 41,218 registered patients, thousands more come to us for EHS childcare and supports, HIV/STI and substance use care at our Common Ground and SUMMIT programs, and free fresh food at our weekly markets. One third (13,537) of our registered patients are children and youth 0-24 years; 97% of patients live below 200% federal poverty line, 45% face food insecurity; 11% experience homelessness; 88% identify as either Latine (56%), White (21%) or Black (11%); 36% speak Spanish as their primary language.

### **II.** Project Description

### A. Summary

Capital support from the Everychild Foundation (January-December 2025) will allow us to complete final-phase renovation of our recently purchased 16,037 sq. ft. building in southeast Inglewood to create the Inglewood Crenshaw Children and Family Center. When the project is complete, 2,000 unduplicated children and youth 0-24 yrs. and 2,000 pregnant parents, adults and caregivers will have 'one-stop' access to the comprehensive educational, health, job and life resources they need to support their children's wellbeing, including health and mental health care, Early Head Start, and Community Connection innovations along with new, enhanced supports. Because co-location doesn't guarantee coordination, Center physicians, therapists, and staff will work as multidisciplinary Family Care Teams, synchronizing care seamlessly across programs for better outcomes. Thanks to a generous planning grant in 2020, parents, community members and experts joined the Clinic to design breakthrough ways to help children and families succeed. The Community Connection and this model were born, bringing new doula care, childparent Infant Mental Health therapy and care-coordinating Family Care Teams, with plans to expand playgroups and add job training for youth and parents when we had space to do so. Ultimately, we envisioned bringing all care under one roof to support children from cradle to career. It's time to bring that vision to fruition for Inglewood and surrounding communities where decades of underinvestment have left families with limited resources and few options.

### B. Critical Unmet Need

New research from across the fields of economics, health, and early childhood correlates childhood morbidities, family instability and poverty to neighborhood disparity, reinforced by generations of inequity disproportionally affecting Latine and Black children. Kids living in places with critically low access to early education, health care, good schools or safe housing and streets, grow up with parents and communities under constant stress. Children have fewer doors to success and suffer measurable impacts to brain development and lifetime vulnerability to disease starting at birth. Areas of Inglewood, Lennox, Hawthorne and Carson surrounding the Center score "low" or "very low" in overall Child Opportunity. Across these zip codes, where 97% of residents identify as Hispanic and/or Black, median household incomes range between \$35,223-\$66,111; 83% of residents have no designated health care provider; and 94% of children under three have no access to center-based early education. According to *crimedata.org*, areas near the Center also experience violent crime at rates higher than 93% of zip codes in the US, causing profound harm: last fall, two toddlers in our Early Head Start lost parents to violence.

Researchers urge cities to build accessible resources in neighborhoods with the greatest inequities, yet there are few models to lead the way. At the Center, we'll build that model, working alongside families to push back at the root causes eroding children's potential for success by expanding and seamlessly integrating educational, health, job and life resources under one roof. Our Community Connection innovations already show promise: last year, 59 pregnant parents paired with doulas for healthier births. Our multidisciplinary Family Care teams coordinated ongoing care for 161 families and increased cross-referrals from pediatrics to EHS by 36% (we'd predicted 10%), and hundreds of children and parents worked with Infant Mental Health therapists in their own homes to build healthy, attuned relationships for better futures. Here's how one child and family began to change their future with our integrated care—with the Center, we can do much more to ensure children and their families overcome remarkable odds:

Several months pregnant with Beto<sup>1</sup>, Ana was relieved to find prenatal care at the Clinic, where staff spoke fluent Spanish. She worked with Dr. A to ensure she and the baby were healthy, but continued having nightmares, flashbacks and panic attacks, overcome by fear for her baby. Dr. A brought her concerns to the Family Care Team, and our Early Head Start (EHS) and Infant Mental Health (IMH) teams jumped in to help. Although Ana felt uncomfortable with therapy, she was open to weekly home visiting from EHS. Prenatal home visitor L brought food and baby items and helped Ana prepare for birth. L also helped her secure a TPS Visa and work permit (eligible to people from select countries facing armed conflict and humanitarian disasters). When Beto was born, Ana was relieved—but increasingly anxious about his baby eczema.

When Beto itched or cried, Ana's panic attacks increased, and she began washing Beto compulsively. Eczema spread across his body—so much so he'd later need to be hospitalized. Anguished, Ana let Dr. A and L know she was willing to try IMH therapy, and all three teams joined in supporting Beto and Ana. When therapist D visited weekly, Ana began to learn to coregulate with Beto, calming them both. She also began to share what had happened to her: she had her first baby at 12 at the hands of an abusive stepfather. She escaped, yet lived through more abuse before meeting Beto's father. Pregnant, she fled civil war to join him in the US. Along the way she was lost for days in the jungle, witnessing dead bodies while she hid from gangs. As they processed her trauma, Ana saw how her own strength had carried them through. With growing confidence, she nurtured Beto as his eczema faded. Ana felt empowered to ask her landlord to exterminate bedbugs and remove infested carpeting. By this April, Beto was a thriving toddler who loved to paint and draw with his mom. Ana saw a better future for him; she'd continue therapy, learn English and find a job. But without trusted childcare, Ana couldn't work or go to school, and without a better job for Beto's dad, the family had to move out of state.

Once the Center opens, fewer families will have to move abruptly, end treatment, or delay care to cobble together appointments across the city. Children, youth and parents will have one-stop health, specialty care and mental health care. Parents can work, confident their babies and toddlers are safe, fed and learning with full-day, on-site EHS care and play-based early education. Youth and parents can build community at special workshops, free fresh food markets and wellness groups, and build skills and leadership through job training, internships and mentoring—all while staff coordinate across departments in real-time, preventing later crises. And kids like Beto can grow up nested in supports for themselves and their families, from birth through adolescence, and on into adulthood to create a future of their own design.

### C. Description of Project

1. Activities to be Undertaken (January – December 2025)

2<sup>nd</sup> floor construction: Reception areas; 12 pediatric & adult exam rooms, 3 mental health therapy rooms, 2 team rooms, lab and blood draw areas, 5 restrooms; Playgroup Room; Community Room for workshops, family baby showers, special events and more:

•	Design/plan check approved by City of Inglewood	March 2024 - Dec. 2024
•	Construction bidding	Nov. 2024 – Dec. 2024
•	Construction: 2 <sup>nd</sup> floor	Jan. 2025 – Sept. 2025
•	HRSA, CMS, State of California licensing/approval	Oct. 2025 – Nov. 2025
•	Installation of furniture and equipment	Oct. 2025 – Nov. 2025
•	Hire team for Center launch	Oct. 2025 – Dec. 2025

<sup>&</sup>lt;sup>1</sup> These are real patients, working with the Clinic between 2023-2024; names have been changed to protect family privacy.

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**2. How Will Grant Funds Be Used:** Second floor construction & furnishings including finishes, cabinetry, furniture, and equipment.

### D. Goal and Objectives – What Will be Achieved?

When fully operational, the Center will provide "one stop" care and services Monday-Friday, with evening hours several days each week, and special services and events on weekends.

- Prenatal, well-baby, pediatric, youth, Ob Gyn, and primary and specialty health care to 2,000 children and youth 0-24 years, and an additional 2,000 unduplicated pregnant parents, caregivers, and adults (4,000 total) through 13,650 clinical visits (10% *increase in overall Clinic capacity* "OCC").
- Mental Health Care, including infant mental health, individual, group, couples, and **DV counseling** for 350 unduplicated children, youth and parents/adults (6% OCC).
- Center-Based Early Head Start (8pm-4pm, M-F), including meals, playgroups, parent education for kids 0-3 yrs. for an additional 108 children, plus prenatal home-visitation for pregnant parents (14.5% increase of center-based care of overall EHS capacity).
- Multidisciplanry Family Care Teams, where pediatrician, child psychologist, IMH therapy supervisor, nutritionist, family advocate, health educators, home visitors and program managers meet monthly to coordinate care for families at highest risk.
- Enhanced Supports including doula care for healthier births and fewer racial and ethnic disparities in birth outcomes; housing and transportation support; expanded play groups; health education and cooking workshops; substance use treatment and prevention; and insurance enrollment to ensure children are covered, even for hospital stays, for over 550 children, youth and adults, in total (5%-20% OCC, depending on program).
- Free Food Markets, where families can find nutritious options to promote child health and prevent diabetes and obesity (50,000 lbs. of food; 5% OOC).
- **Job training, internships and mentoring** for youth, parents, caregivers and adults (15 computer stations + LAUSD instruction), with job and college application support to help build economic stability; we are currently developing plans for piloting doula training.
- A new outdoor playground and specially designed areas where babies and toddlers enrolled in EHS can find joy and friendship while playing in safe greenspace.

### E. Evaluation

Our QI team evaluates patient health status, satisfaction, and impact, as well as Clinic performance with our management information system, population health software, and patient surveys. At the Center, we'll also highlight doula usage and birth outcomes; child development benchmarks; parental depression; job training/mentorship usage/placement.

### F. Replication

To inform policymakers and organizations seeking solutions for their constituencies, we will present the model, as well as outcomes and data for children and families using the Center at local, state, and national conferences including Zero To Three and Early Head Start.

### **G.** Recognition

We will name the 2<sup>nd</sup> floor reception area for the Everychild Foundation.



# Inglewood Crenshaw Children & Family Center Cradle-to-Career Care

11161 Crenshaw Blvd., Inglewood, CA 90303



# EARLY HEAD START

Birth Support & Lactation

DOULA

Center-based Early Education (8am-4pm)

**Nutritious Meals** 

**Prenatal Homevisiting** 

Housing & Basic Needs Support

**Health Screening** 

Special Needs & IEP

Preschool Placement
Policy Council

FOOD MARKETS

+ HEALTH ED

Monthly Free Fresh Food Markets
Health & Nutrition
Cooking Classes

Cooking Classes
Vaccine Clinics
Community Building

YOUTH + ADULTS

College & Job
Application Support
LAUSD ESL & Job

Training

Intership & Mentoring
Doula Training
(planned)

Leadership

\*All photos depict real Venice Family Clinic children & families