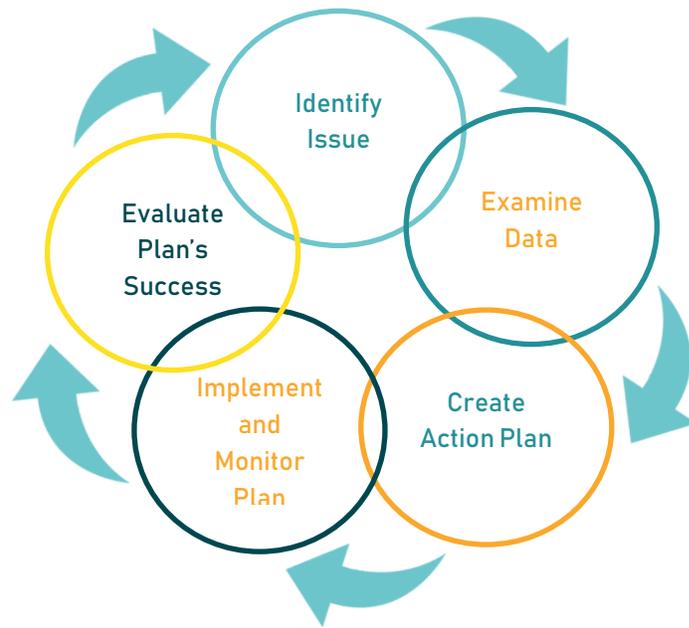




# Families First

OF PALM BEACH COUNTY



## ANNUAL PERFORMANCE QUALITY IMPROVEMENT REPORT FY 2020-2021

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## 2020 – 2021 ANNUAL PQI REPORT EXECUTIVE SUMMARY

As the pandemic continued to keep the world on its toes, Families First continued to move forward, providing the best possible care to our clients. Funders' reports continued to demonstrate the fantastic work that staff was doing with clients through the hybrid of in-person and virtual settings, indicating 100% of benchmarks being met or exceeded in all our programs. Most programs have moved back to providing some in-person services. Without a clear end to the pandemic, staff works in very safe ways, following agency and CDC guidelines when being in the field. Overall performance was exceptional as staff developed new ways to engage clients and families in services.

The agency continues to update and maintain the performance quality improvement plan through quarterly data-gathering, reviewing, and analyzing. Trends in different areas are studied and discussed to ensure we are not missing any risks or detrimental changes in our services. The agency was able to maintain staff and all its programs during this challenging year.

Families First's served 910 families representing approximately 2,624 individuals. Families First's amazing staff continues to improve the quality of life across the board for our clients in FY 2020-2021.

### **Challenges and Success During COVID-19:**

This year has proven how strong our staff and clients really are. The COVID crisis arrived, and our staff did not let it stop them. Families First continued to work diligently with our clients and their families to provide therapeutic, case management, and basic need services. Although our families were in desperate need due to challenges with transportation, lack of employment, or had serious health issues, the agency was able to raise funds above and beyond our regular fundraising and grant writing to be able to assist them. We were faced with assisting many of our families that did not qualify for assistance or were still waiting for stimulus checks to arrive. Although state regulations should have prevented anyone's utilities from being turned off or evictions from starting, many of our families faced these challenges.

We continued providing therapeutic, case management, and outreach services using telehealth platforms. Families First staff used this technology to keep in close contact with our clients to make sure children were safe and parents were coping with stressful conditions in a healthy manner. We have moved to a hybrid model of telehealth, office, home, and community-based services based on client needs. Throughout this past year, the agency has met or exceeded all outcomes and goals in all programs.

Leadership continues to emphasize self-care to staff and has provided team-building activities across all six programs to assist them with burnout and increase morale. Above all, the agency continues strict protocols to keep staff and clients safe, including providing PPEs. Until the COVID infection rate stays down, staff is not being brought back to the offices full-time. As is true throughout the community, vaccination can be a difficult issue to address. The agency has seen an increase in the number of staff choosing to be vaccinated and our goal is to have at least 80% before returning to the offices. We continue to provide education regarding the vaccine's benefits and attempt to dispel rumors that are untrue and harmful. At this time, the agency mandates that all new hires must be either vaccinated or vaccinated within three months of hire.

Typically, during December, our organization receives many gifts of toys and gift cards to provide to our clients and their families. Due to COVID, many communities and businesses that donate were not able to because they couldn't collect as they usually do. The wonderful news is that we had new, and more donors send in monetary gifts that allowed staff to shop for toys and cover the gap for our families. Everyone received a gift for every child in the house. Families who needed additional assistance for basic needs, received that assistance at a time that has been very difficult for many.

## WORKFORCE STABILITY

### Employee Assistance Utilization Report

The number of reported EAP contacts for FY 2020-2021 was 26 (15 pre-existing, seven new cases, and four handled by phone). The seven new EAP cases were all employees. Seven of the nine cases utilized outpatient services, and two utilized intensive outpatient services. Five of the employees reported the source of information regarding EAP services came from agency literature, and two indicated “other.” All seven employees were self-referred. There were no identified performance problems noted at initial contact, nor documentation that employees reached out for EAP services resulting from supervisor recommendations. There were three types of problems identified: depression/anxiety, family, and relationship. Nineteen cases were closed, and none were referred to other agencies. Staff are told about the services at their initial orientation. All staff are reminded (newsletter, staff meetings, etc.) that these EAP services are available yearly.

### Position Vacancy Rates

New positions – .5

The average vacancy rate is 6 weeks

Longest time to fill a position took, in weeks:

BHS – 6

CF – 5

HF – 5

Admin – 16

For Administration, four months is not an unusually long time to fill as the hiring criteria required a full understanding of many different processes, including a full understanding of how funder allocations are done and the ability to run and understand the agency accounting software.

### Length of Employment for Separations

Overall tenure of employment separating from the agency ranged from nine months to six years one month

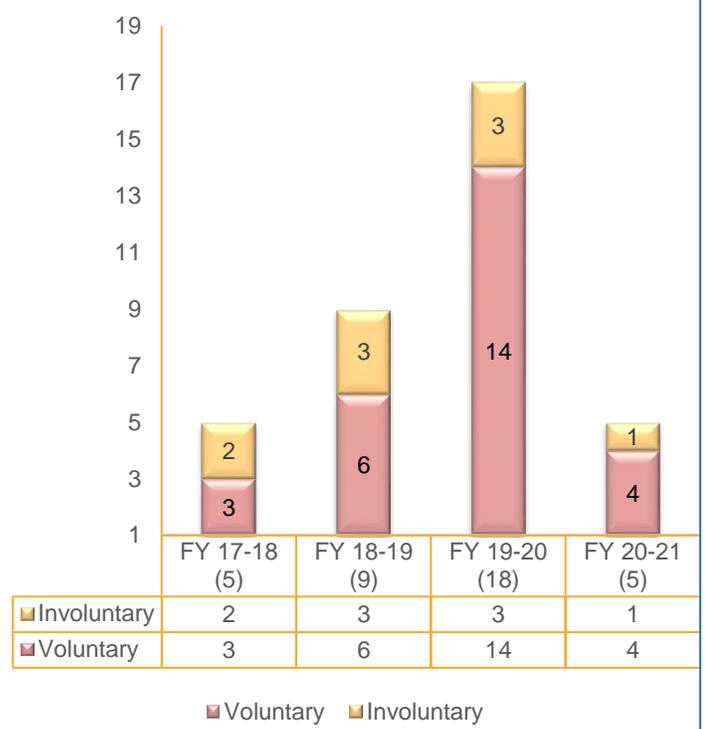
The average length of tenure – 2.9 years; the mean is 1 year 10 months.

New Hires	FY 17–18 (17)	FY 18-19 (14)	FY 19-20 (20)	FY 20-21 (5.5)
Behavioral Health Services	5	2	6	.5
Bridges to Success	0	1	1	0
Child First	1	3	3	1
Healthy Families	10	7	4	3
Kin Support	0	0	0	0
TOPWA	1	1	2	0
Administration	0	0	4	1

### Employee Separations 2017-2021



### Separations Voluntary/Involuntary 2017 - 2021



## STAFF MORALE

- Staff participated in a combined Thanksgiving and Holiday party virtually. The staff committee that hosted the event did a wonderful job of making it festive and enjoyable. There were gift bags for everyone, best decorated face mask, and games. It was a wonderful ending to a challenging year.
- All staff meetings were held virtually and included opportunities to touch base with each other and check in on how staff were coping with the pandemic. In the second quarter, the agency updated its return-to-work and travel policies, and at this time the offices were not reopened for all staff to come back. The all staff meetings became a critical way for everyone to stay connected.
- Staff expressed their appreciation for how leadership created the agency COVID-19 policies by accounting for staff needs. Staff were able to work flexible schedules to accommodate their own families' needs as child care and virtual learning presented definite challenges for those with young children.
- The staff satisfaction survey for 2021 was sent out in May. The results came back with extremely positive feedback.
- Even during these difficult times, Healthy Families staff were able to get together for a day of fun at the beach. Staff raved about the retreat and how wonderful it was to be able to be together again. TOPWA staff was approved to go out for a birthday celebration and also expressed how great it was to be able to spend time together.
- Leadership surveyed staff about their concerns since the pandemic hit. Some feedback concerned the lack of physical activity, poor nutrition, mental health issues, and the long-term impact of all of these.
- Staff received an \$85 gift card from the Helping the Helpers grant given to local nonprofits to support the work staff has been doing throughout the pandemic. All the staff were surprised and extremely grateful for the gift.

- Child First celebrated two staff outdoor baby showers and one outdoor wedding shower. Safety protocols such as masks and social distancing were enforced but did not diminish the fun of the shower games! Staff enjoyed celebrating and being together during these events as they have not had the opportunity too often these last two years

## TRAINING

Training this year has been difficult and confined to primarily virtual training due to the continuation of COVID. Specific programs completed funder required training plans and agency-recommended training specific to staff's service and training needs. Staff are continually encouraged to research available educational opportunities that will aid in their professional development. During all staff meetings, time was spent on different training topics and focused heavily on checking in and making sure everyone was practicing self-care during this highly stressful period. Staff needs and offering the opportunity for everyone to connect were focused on through virtual platforms.

Several programs have specific training required by funders. Those trainings were provided virtually again this year. Staff were able to complete the required training virtually.

Annual trainings for Families First at all staff meetings included:

- ❖ Racial Equity and Inclusion was focused on this year. National trainer Dr. Rosemarie Allen conducted a two hour training titled "Ensuring Racial Equity in Our Work with Families. The agency is participating in Advancing the Mission, which is a community-wide initiative to help nonprofits operationalize and institutionalize racial equity within our organization. Through this project, we will be assessing Families First and its progress on implementing equity and inclusiveness in all aspects of our agency.
- ❖ Presentation by the Employee Assistance agency educating staff on what is available to them and how to access it in times of need
- ❖ Review of agency Disaster Plan and Hurricane Preparedness
- ❖ Education regarding the agency's Performance Quality Improvement protocols
- ❖ Review of incident reporting and how to complete the report
- ❖ Continuous COVID-19 safety procedures when working outside of the office and if meeting in person with clients.

## STAFF AND CLIENT INCIDENTS

### Staff Incidents

Reported Staff Incidents	FY 18-19 (7)	FY 19-20 (7)	FY 20-21 (6)
Injury on job	3	3	1
Car accidents	2	0	1
Lost property	2	2	2
Other	0	2 (Lost business credit card; Exposure to communicable disease)	2 (Exposure to COVID; Missing Chart)

## Client Incidents

Thirty-eight client incidents were reported during fiscal year 2020 - 2021. The table below represents total number of client incidents and number of unduplicated clients served by program.

Program	FY 18-19 (32)	FY 19-20 (58)	FY 20-21 (38)
Behavioral Health Services (BHS)	7	11	7
Bridges to Success (BTS)	1	2	0
Child First (CF)	4	18	8
Healthy Families (HF)	16	17	9
Kin Support (KS)	2	3	9
TOPWA	2	7	5

- ❖ There were 20 reported incidents of child abuse/neglect.
- ❖ Eight incidents were reported for risk to self and others.
- ❖ Six incidents were reported for aggressive/abusive behavior, including one for domestic violence.
- ❖ One incident was for a law violation
- ❖ Behavioral Health Services (BHS), Child First (CF), and Healthy Families (HF) incident reports had consistently increased since 2017-2018, but all three decreased in this year. Behavioral Health incidents decreased by 27%, Child First by 56%, and Healthy Families by 47%.
- ❖ The three “other” incidents included a client death, a runaway teenager, and 1 DCF Hotline call which was by a mother that didn’t feel like she could care for her children.

## STAFF AND CLIENT GRIEVANCES

There were no staff or client grievances filed this year.

## RISK MANAGEMENT

1. COVID-19 Impact on agency staff, clients, and service delivery.

### Resolution:

- a. COVID-19 Return to Office – Home Visitation Work, and COVID Exposure Policy and Guidelines were reviewed and updated by the Human Resources Committee. They agreed to change the policy to reflect “close contact” as defined by the CDC.
- b. COVID-19 protocols are continually updated as new information is available from the CDC. The staff has been regularly updated. Specifically, staff has been advised what they need to do when returning from being out of town. Julie continues to stay in communication with the HR attorney to keep FF processes up to date.
- c. COVID-19 positive clients and staff information is being collected aggregately and will be used for assessing potential risk.
- d. The agency has most staff still working remotely. The determination to have staff return to the offices will be made depending on how the COVID-19 delta variant continues to spread and the vaccination numbers among

staff. For those staff doubled up in offices, there will be protocol in place before they return. Currently, staff is still staggering when they come in. Staff is required to continue to ask the CDC questions of clients before they meet with them.

e. Staff is being reminded that they must continue to take universal precautions regarding COVID-19 safety. Staff must ask if the client has any symptoms of illness, not just COVID-19 symptoms.

2. The Forest Hill office continues to be a concern as CHS is not doing regular and proper maintenance on the building. CHS was considering replacing the carpeting in the Forest Hill offices. They are very old, worn, and dirty. Their condition may be contributing to the overall health of the employees. Several complain of congestion and itchy eyes. Instead, they decided to clean them again. We will monitor for any further adverse effects on staff. They have agreed to take care of the weeds on the patio and the pigeons in the roof. They have closed off some areas that the pigeons were accessing the building, but now it appears they are coming through the drainage areas.

Resolution:

- a. Ms. Swindler continues to communicate with Angela/CHS regarding the many issues affecting Families First staff and anyone visiting the building. For the most part CHS has responded. There are still issues with no one downstairs at the reception desk and FF staff has to let people in from upstairs. FF staff is accepting deliveries for CHS. Ms. Swindler continues to request for different parts of the building to be inspected, including the very old carpet. CHS has decided to not change it at this time despite the complaints by staff. CHS has also decided not to upgrade the AC filters to see if that will stop the congestion and itchy eyes. This will be an ongoing issue that will have to be continually addressed until the building is sold or FF moves.

3. Executive Committee of the board is discussing securing access to an attorney who specializes in subpoenas to assist with client-related legal matters and to assist when subpoenas are issued to the agency and/or staff pertaining to clients. Additional assistance is needed for prepping staff for court if required.

Resolution:

- a. There are three board members with litigation experience. Leadership will meet with them to determine best options.

4. Due to COVID, CHS staff is working remotely, so there is rarely someone at the front desk on the first floor. Without walking down the stairs, FF staff cannot see who is coming and going downstairs. There are also very few FF staff members in the building at any given time, making it difficult for reception staff to monitor who is expected.

Resolution:

- a. In response to staff issues regarding safety in the office, leadership wrote a grant to purchase a new camera security system and panic buttons available at the front desk and both ends of the building. Always Secure Alarm Protection installed cameras and panic buttons for additional security protection. The crime prevention practitioners of the Palm Beach County Sheriff's Office's Crime Prevention Unit recommended the plan. The systems were paid for through a Lost Tree Foundation grant. Once installed, these devices will provide additional safety for staff working in the office.

5. Need to determine if staying with current off-site storage company or move to new one.

Resolution:

- a. Contracting for off-site storage of closed client files was finally completed. Determined that staying with the same company we have been using will work as the ownership has changed hands. The new owners are working on a Business Associate Agreement to ensure our files are stored HIPAA compliance protection. All programs are boxing up files that have been kept onsite for two years after a client is closed in keeping with our policies and procedures. There will be a single pick-up of all files from the Forest Hill office.

6. Current policies for managing lost computers are not up-to-date and inadequate and staff need to be provided education on how to handle agency equipment assigned to them.

Resolution:

- a. Bob Bell, Integrated Data Technologies (IDT) IT director, reviewed the current procedures for processing missing computers.
- b. Two computers went missing in the last six months. Staff is informed of their responsibility for all agency equipment assigned to them during their initial orientation. An upgrade of security measures was discussed and determined that all computers must have Bit Locker. This step will minimize a breach when computers are lost or stolen. There needs to be a yearly update on how to handle equipment and reporting something lost or stolen. When there is a case of theft, a police report will be done immediately in the geographic area that it happened.
- c. It has been recommended that policies include client record regulation and maintenance procedures.
- d. Program directors are advised to spot-check staff equipment for condition as an added level of protection. IDT will work with administration and a consultant in the development of suggested policies and procedures.

Clients COVID Positive for COVID 2020-2021 (self-report)

- ❖ BHS - 28
- ❖ BTS - 8
- ❖ CF - 13
- ❖ HF - 106
- ❖ KS - 28
- ❖ TOPWA - 3

## STAFF AND CLIENT SATISFACTION

### Staff Satisfaction Survey

Staff satisfaction surveys were sent on May 5, 2021, with two subsequent email reminders. The survey closed June 7, 2021. There were 52 responses, representing 77% of the staff; 70% is considered a reasonable response rate. This response rate was a slight decrease from last year. The survey was sent out electronically again as staff indicated it was very easy to access and complete. Changes were made to reflect the agency’s work in equity, diversity, and inclusion, and staff’s response to COVID. Overall job satisfaction is very high. There were no disagree or strongly disagree responses. Being satisfied with the benefits offered by the agency and know who to talk to about them had the highest decrease from FY 19-20 to FY 20-21, which is being addressed by the Executive Leadership Team through a redesign of the new employee onboarding process.



**The purpose of the survey was to:**

- ✓ Measure staff perceptions of their work environment
- ✓ Identify job satisfaction levels
- ✓ Provide a forum for any feedback they would like to provide

**The survey gathered information from five employee satisfaction areas:**

- ❖ Orientation, Engagement, and Training
- ❖ Performance Management and Supervision
- ❖ Compensation and Benefits
- ❖ Communication and Leadership
- ❖ Organizational Culture
- ❖ Diversity and Inclusion
- ❖ COVID and Health Safety
- ❖ Other Aspects of Your Experience

**The most positive responses (Strongly Agree and Agree):**

1. COVID and Health and Safety had the highest ratings across the board: 81%
2. Performance Management and Supervision had several very high ratings. The highest – *My supervisor’s behavior reflects our agency’s values*: 71%
3. Diversity and Inclusion’s ratings were high overall ranging from 90% - 98%

**Three scores negatively decreased from FY19-20 to FY 20-21 (Strongly Agree and Agree):**

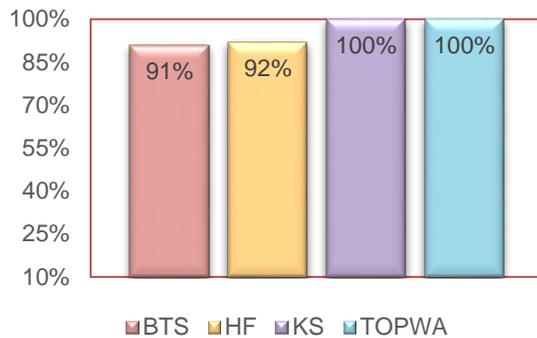
1. Compensation and Benefits: *I am satisfied with my salary* – 57% vs. 54% = decrease of 6%
2. Compensation and Benefits: *I receive enough paid time off and can use the time each year* - 88% vs. 81% = decrease of 8%
3. Compensation and Benefits: *I am satisfied with the benefits offered by the agency and know who to talk to them about* - 94% vs. 85% = decrease of 10%

## Client Satisfaction

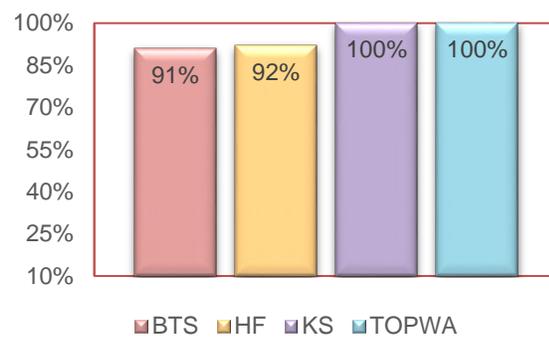
Due to many complications brought about due to the pandemic, programs struggled to get client satisfaction surveys completed this year. Behavioral Health Services staff was not able to complete the client satisfaction survey this year. They do paper surveys by hand, and COVID made it very difficult to do them. For this next year, they will move to online surveys. Surveys will be sent out within a week of discharge as opposed to yearly. If too much time passes between the discharge and survey, clients are less likely to respond.

Child First staff was only able to secure one response from their clients. The surveys are not mailed to the clients but given to the caregiver at the last session. Ideally, they complete them and return to the clinician at that time. But, if the client prefers, they are instructed to return them by mail. All surveys are designed to be anonymous.

### Clients are satisfied with their services



### Clients are treated with respect



## BRIDGES TO SUCCESS

The client satisfaction survey was sent out late in early October. There were 18 surveys started and 11 submitted for a 61% submission rate. Questions covered services quality and satisfaction that home visits were helpful and productive.

Question	Rating (Very Good)
The services that you and your family receive	91%
You and your family have been treated with respect and consideration	100%
Your family has been involved in making decisions about your goals and services	100%
Your home visits with staff are helpful and productive	91%
Staff is knowledgeable and sensitive about homelessness and housing issues	91%
Staff's sensitivity to your ethnic and cultural background while providing services to you	91%
The overall quality of service you receive	91%

Areas of Life Improvement Since Beginning of Program	# of responses
My ability to solve problems	7
My ability to cope with problems and stress	7
Being able to take care of my children	7
My housing stability	9
My housing independence/creating a plan to move into my own home	9
My employment situation	4
Clients interest in attending workshops	# of responses
How to effectively search for housing	2
Credit Repair	6
Parenting	1
Emotional support/counseling	7
Financial management and budgeting	3
Job readiness and job placement	4

### General Comments regarding involvement in Bridges to Success

- I love the program it really help my family and I very much appreciate and thank you.
- Family First has been nothing but amazing to me and my family. Ms. Takela has been extraordinary to our every need. Anything that me and my family needs to know, information is well provided.
- Truly grateful for everything, very blessed for the opportunity to take care of my daughter without the stress of homelessness.
- They have allow my family to grow independently and achieve our family goals.
- You guy need to better not to put folks out in Pahokee and Belle Glade. There is no jobs out there. And it put a financial strain traveling to work.

## HEALTHY FAMILIES

Healthy Families Satisfaction Surveys reported here are one year behind. The survey results are not returned to Healthy Families staff until the following March.

A Family Specialist satisfaction survey was sent from Healthy Families Florida in April 2020. There were 29 families surveyed and 13 responses for a 45% return rate. Of those who responded, 92.3% said that their overall satisfaction with the in-home family counseling services received was very good.

Question	Rating (Very Good)
The family specialist treats me with courtesy and respect	92.3%
The family specialist has helped me cope with problems and stress	84.6%
I have benefitted from the services provided by the family specialist	92.3%
Your home visits with staff are helpful and productive	83.3%
Overall, I am satisfied with the in-home family counseling services that I received	92.3%

### Comments: How has the family specialist helped you and your family

- How to accept things for what they are, and control what I can with myself and not others.
- She's helped me cope with the daily stress of caring for my ill mom, my daughter, little brother and still going to school.
- She has helped me realize that a stable bedtime is not only good for the kids, but for me as well. Healthy and happy mommy means healthy happy kids.
- She has taught me ways to cope with my anxiety. I am very thankful she came into my life considering I have a lot of underlying issues to be worked out.
- My family specialist really helped me come out of my dark place. Her ability to understand where I was coming from and, showed me how to handle my situation was not only amazing, but very heartfelt.
- She is a great specialist. I can tell she genuinely cares about me as a human being and that I am not just another case. She makes me comfortable in confiding in her.
- I really want to put there that she rocks!! And I would recommend her to anyone!

A satisfaction survey was sent from Healthy Families Florida in October 2020 to all open families. A total of 241 families were surveyed, and 147 responded for a 61% return rate. Of those who responded, 100% (Strongly Agree and Agree) stated that they were satisfied with the services they have received.

Question	Rating (Strongly Agree)
My home visitor treats me with courtesy and respect	92.4%
My home visitor understands and respect my culture	88.2%
My home visitor talks to me in a language I understand or has an interpreter to help	87.4%
My home visitor helps me with my goals	86.1%
The materials my home visitor gives me respect my culture	84.7%
My home visitor tells me about services in my area	82.6%
<b>Concerns: Is there anything we can do to improve our program?</b>	
<p>For more visits and help with bills. (Translated)            Having more bilingual people that know about our culture like my home visitor. She helps us a lot. (Translated)            A supervisor that takes their time to address me with care and who speaks my language.            Offer more opportunities for young parents and that's it!            More programs for single, more housing availability for single mothers.</p>	
<b>General Satisfaction: Is there anything we can do to improve our program?</b>	
<p>I have had a very good experience and I think this is a very good program that helps us learn and improve the care of our children. (Translated)            My social worker is very kind and has helped me a lot. Thanks to her my son will learn how to go to school so the first time he goes it will not be difficult for him. (Translated)            My worker is very kind, in all these years I have learned so much with her support. (Translated)            My worker is a very special person for me because in my good and bad time, she has always been there to give me a word of encouragement to continue forward. (Translated)            During the time that I have been receiving the program, I feel happy with my performance as a mother because my worker has been able to do it super excellent. (Translated)            My worker was very helpful to me and my growing family, she was able to assist me find community resources that I never thought existed. Thank you.</p>	

## KIN SUPPORT PROGRAM

The client satisfaction survey was distributed in May. There were 36 surveys sent and 16 respondents for a 44% return rate.

- ❖ 100% of clients indicated that they are satisfied with Kin Support services
- ❖ 100% of clients indicate that they are treated with respect and consideration
- ❖ 100% of clients felt they were provided with information that helped them make decisions in the best interest of their families.
- ❖ 94% of clients indicated they are satisfied with how involved they are in making decisions about their goals and services

When asked which words describe their family support worker, the four words noted the most of 21 choices:

- ❖ Supportive
- ❖ Understanding
- ❖ Helpful
- ❖ Truthful

When asked which areas of their lives have been improved since beginning in the program, the most noted were:

- ❖ Ability to cope with problems and stress
- ❖ Taking care of their children
- ❖ Ability to solve problems
- ❖ Their support system

#### Comments included:

- I don't know what I would have done without you guys in my life, thank you for helping me.
- All is calm and quiet not as the permanent guardianship was granted.
- My family support worker was a God send during a very difficult time. She is a blessing to me.
- I am grateful for the support and encouragement I received. Glad you are there!
- For me, Families First has been a blessing. I'm very appreciative of you all.
- I am very grateful for the support and appreciate all they do. They are all very special to me. All are very good to me and my family.
- I'm very very crazy about my family support worker. She's a keeper, so keep her I this program until I'm finished! Keep her keep her!
- Kin Support project is an awesome program. They go above and beyond for my family. They are always there for me whenever I need anything, even if it is just to talk and listen.

#### TOPWA

Client satisfaction surveys were collected in August 2021. Fifteen were distributed and there was a 100% return rate. Of the fifteen:

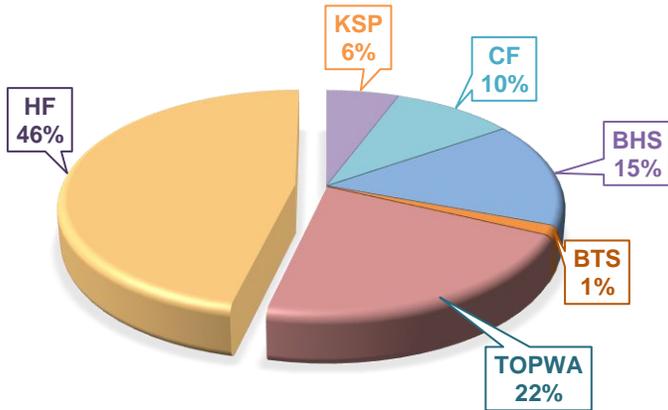
- ❖ 11 indicated that they were very satisfied with the services they received
- ❖ 3 indicated that they were somewhat satisfied
- ❖ 1 one did not respond

TOPWA's contract states that satisfaction surveys are sent in a designated month to the women enrolled during that month. All women enrolled in the month of August were surveyed.

# PROGRAM STATISTICS FY 2020-2021

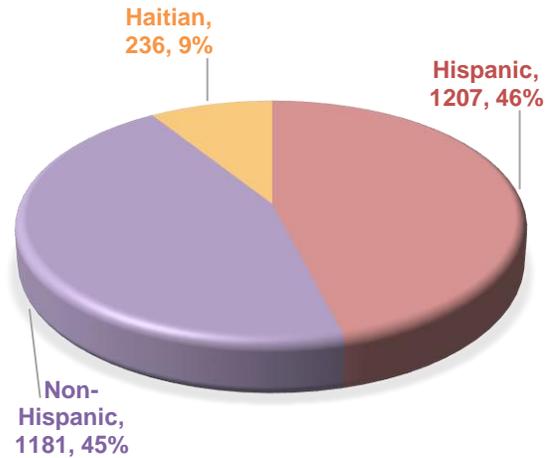
## OVERALL AGENCY DEMOGRAPHICS

Families Served by Program  
FY 2020-2021



N = 910

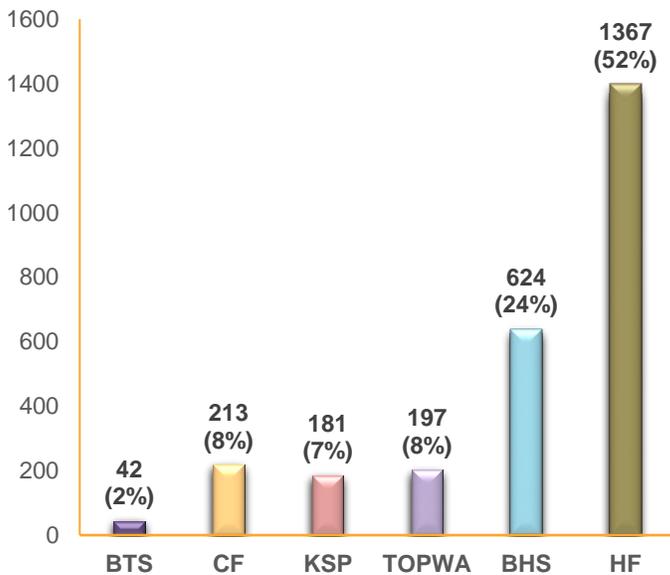
Cultural Make-up Of Families



N = 2624

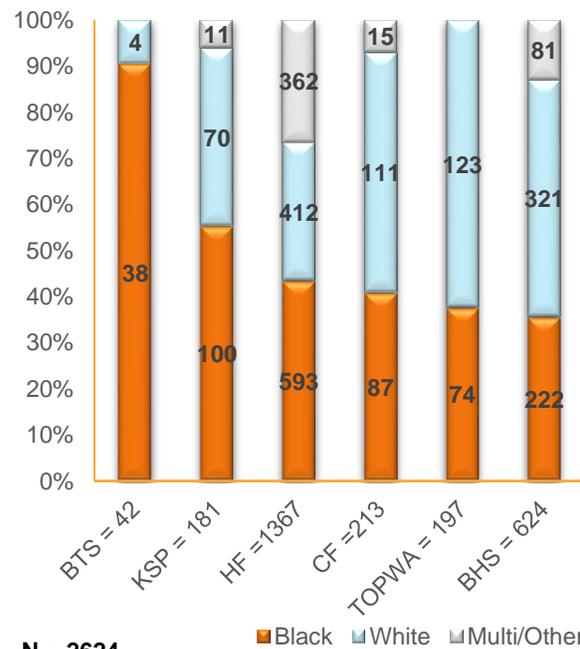
\*Demographic data for the collection of Haitian cultural information was not available in the first quarter of Healthy Families. This number under-represents the total Haitian population served by Families First PBC.

Individuals/Family Members Served By Program



N = 2624

Client And Family Race

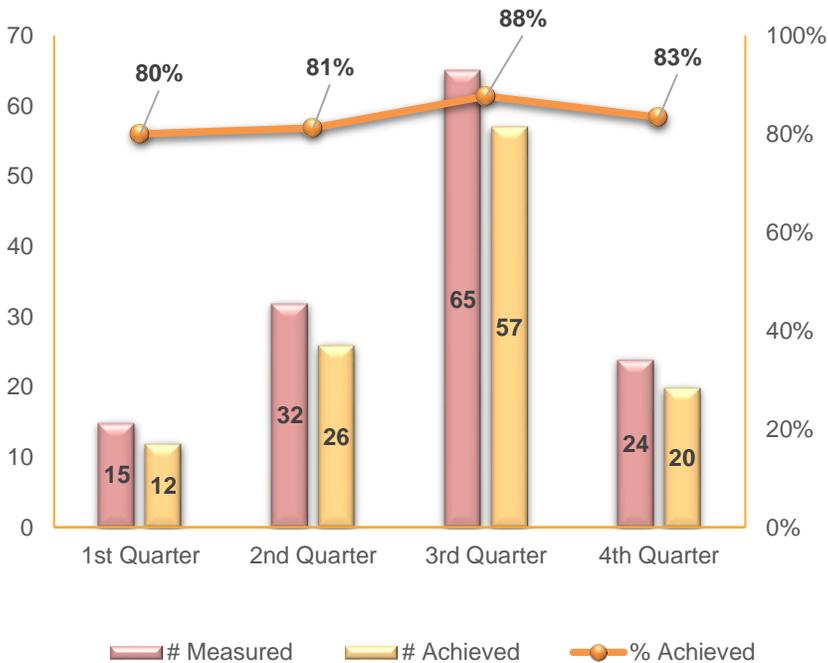


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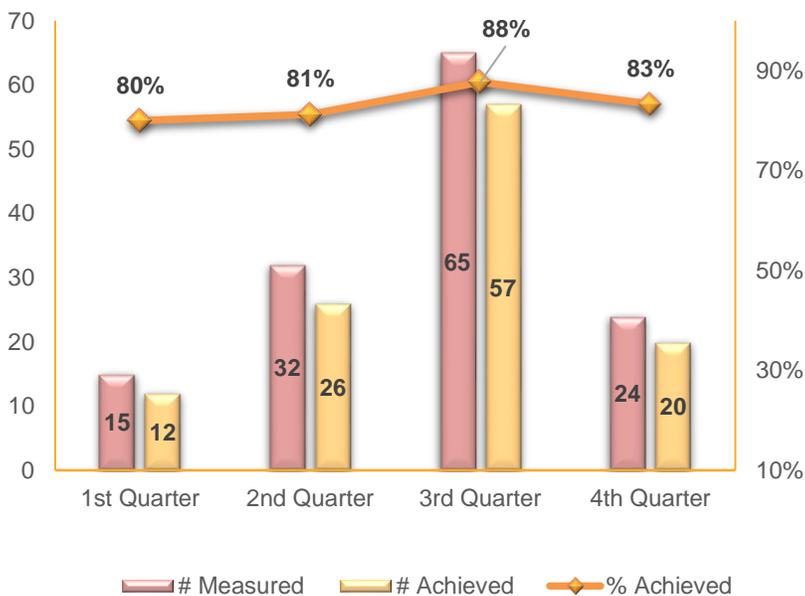
## 2020-2021 BEHAVIORAL HEALTH SERVICES

**All outcomes for this fiscal year were met and exceeded**

**80% of clients will experience a reduction in mental health**



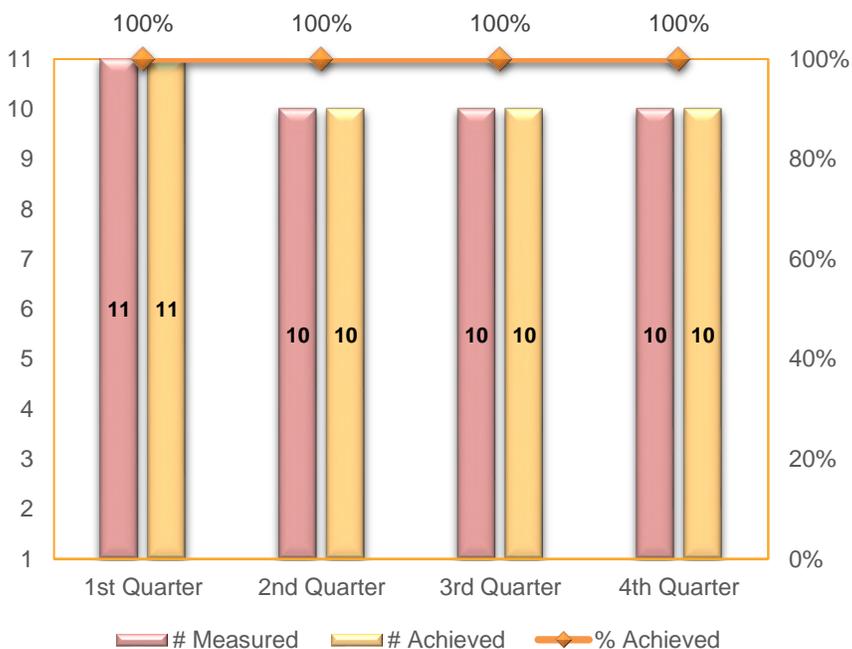
**80% of clients will experience stability of placement in home**



- BHS staff had a challenging time working with the ever-present pandemic.
- There were clients who did not remain in treatment or report their outcomes before exiting. Staff is considering other ways to collect the data.
- The lead therapist for the Glades area resigned in November and it was very difficult finding a qualified replacement.
- At the end of the year, the results from all six of the schools in which staff is currently co-located was very good. The therapists provided services primarily in-person and some through telehealth.
- The principals continue to express how satisfied they are with the BHS therapists. A total of 161 new clients were opened this school year.

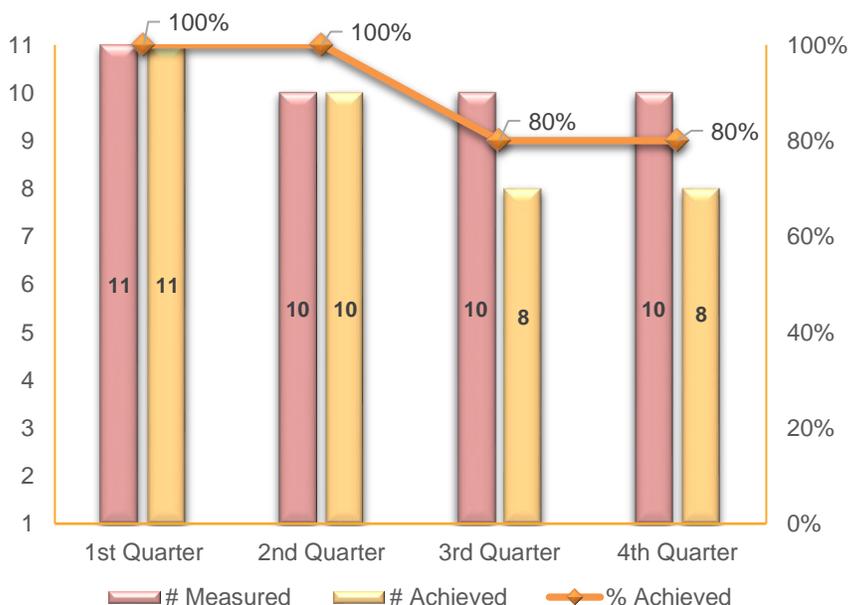
All outcomes for this fiscal year were met and exceeded

80% Of Families Will Maintain Housing Within The Program Or Exit To Safe, Affordable Permanent Housing

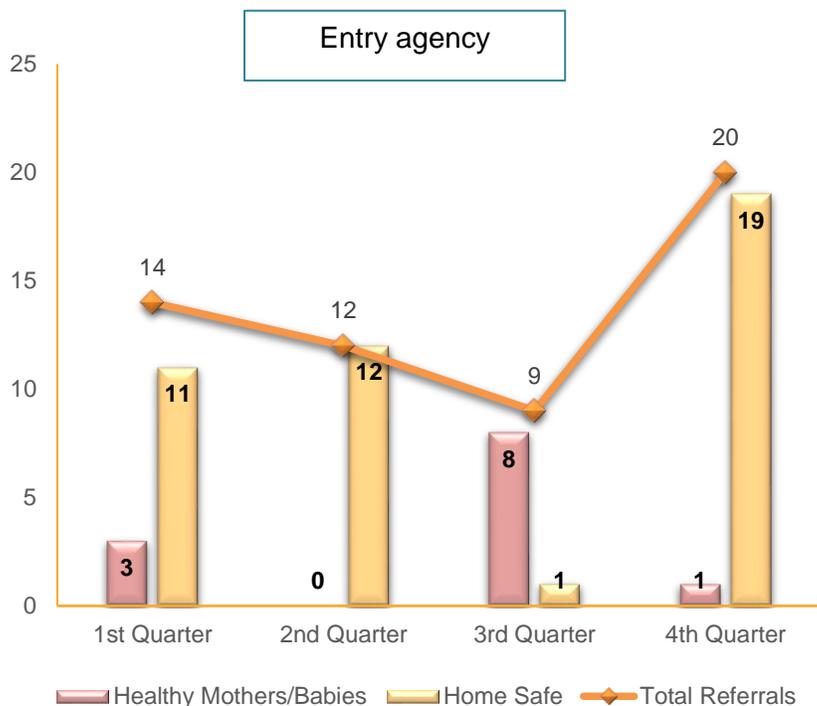
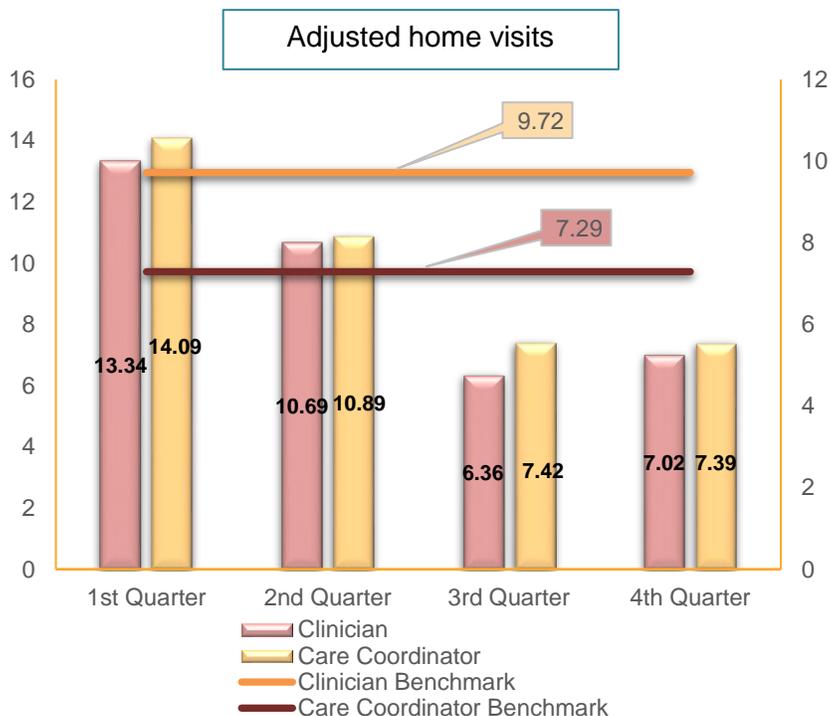


- Despite the rising rental rates, staff was able to assist two families move into safe and independent housing. Both of those units were quickly filled by new families.
- There were several Section 8 HUD housing vouchers awarded, but besides the two families that left, no more were able to make the transition, because the assistance received from HUD was not enough to cover the increasing gap in rents.
- A rising concern for staff is the complexity of issues families referred to BTS have – mental health, substance use, and criminal histories are all higher making clients difficult to serve at times. Referrals are made to community partners and counseling services are available from our Behavioral Health Services teams.
- Staff continues to utilize the virtual platform with clients.

80% Of Families Will Maintain Or Increase Their Income Including Wages And/OR Benefits



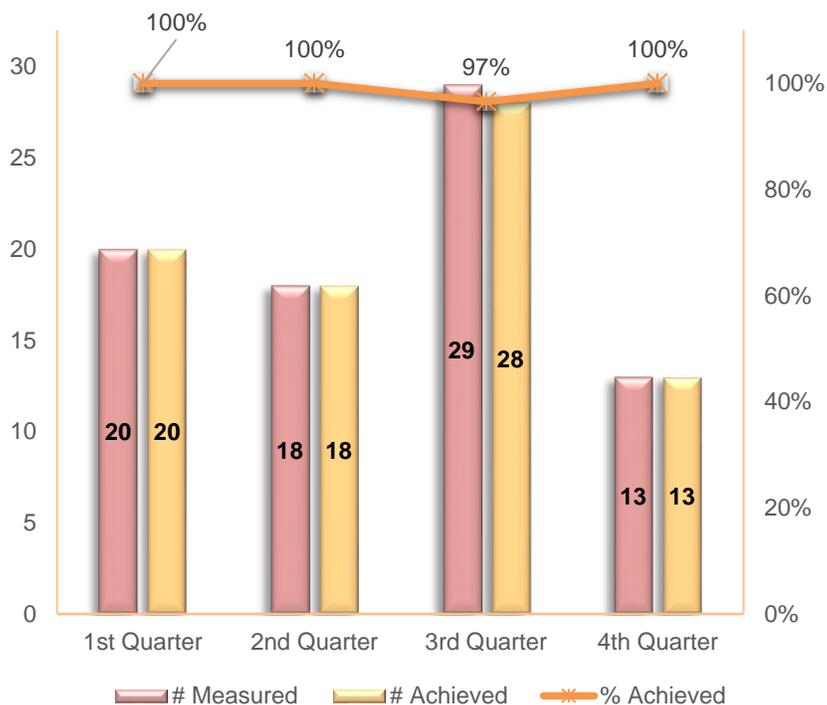
All outcomes for this fiscal year were met and exceeded



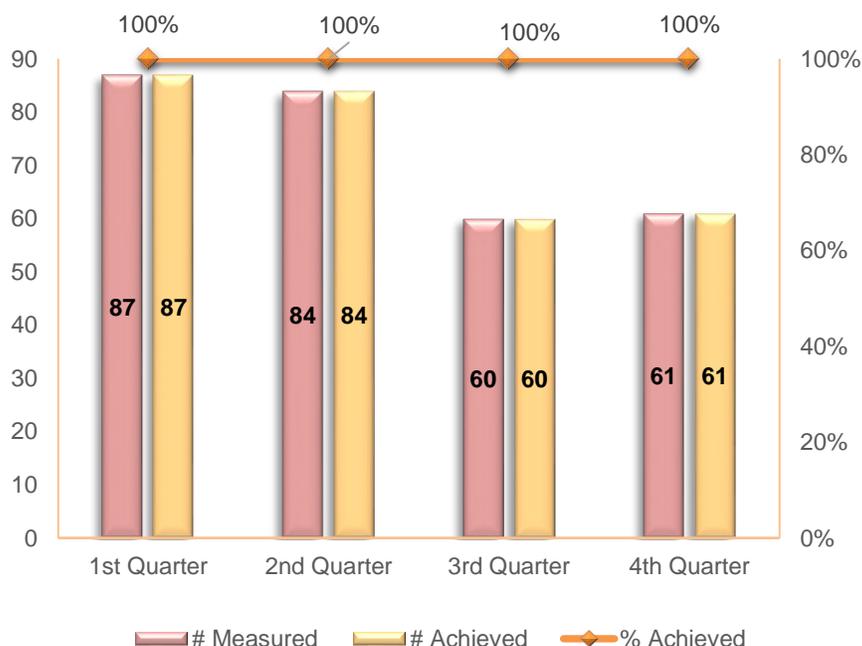
- First quarter high client engagement as evidenced by the adjusted home visits.
- Staff continued to work through telehealth but were able to resume home visiting with six families in the second quarter.
- Because staff cannot engage clients in person, the Early Care Observations at day care centers could not be conducted. Staff worked with parents to make sure they were assessing the parent-child relationship in more than one way, including securing release of information to interview the directors or teachers about the child's behavior and development.
- As has been true since the pandemic started in 2020, many clients struggle financially, especially those who are undocumented and did not receive stimulus money or tax refunds.
- Two families that staff work with had family members in the home contract COVID and one staff member was seriously affected when she contracted it as well. In anticipation of resuming home visits soon, supervisors are working on how to proceed as safely as possible. Visits occur outside, in libraries, in the CF office and in homes when determined safe and appropriate.
- The drop in adjusted home visits for the third and fourth quarters was due to staff turnover. One of the Creole-speaking clinicians resigned after maternity leave and no Creole-speaking clients were accepted into services. A new Spanish-speaking therapist was hired and trained in the fourth quarter. She began seeing clients late in that quarter.

All outcomes for this fiscal year were met and exceeded

85% of target children will be up-to-date with immunizations at 24 months



90% of target children enrolled six months or more are linked to a medical provider

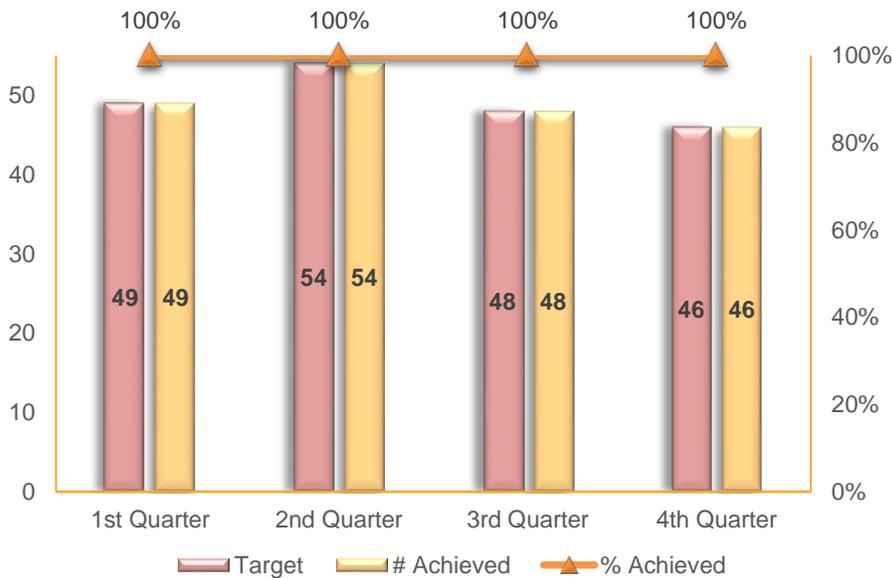


- Transition to new one-step pilot; adjusting to new data system and how to track data differently.
- Families continue to engage in virtual home visits, with a 94% home visit completion rate.
- Maintained over 80% capacity.
- Delivered gifts and financial assistance in December. Significant financial assistance for families to pay bills from the COVID Response fund.
- Virtual Quality Assurance site visit showcased the program exceeding project outcomes, performance measures, and home visit completions.
- HF leadership continues to discuss a timeline and plan for returning to in-person visits with The Ounce/HFF.

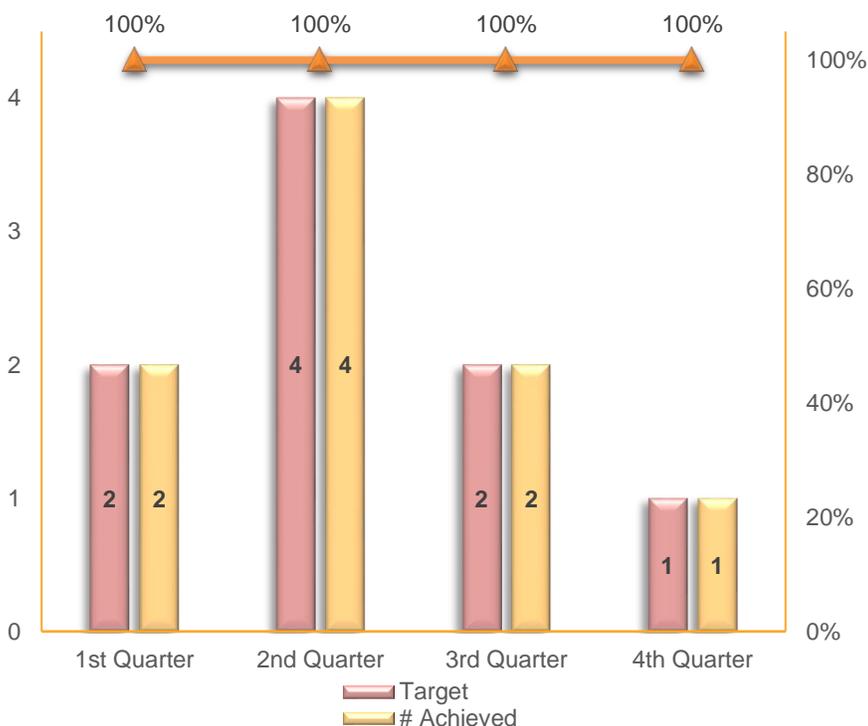
## 2020-2021 TARGETED OUTREACH TO PREGNANT WOMEN

**All outcomes for this fiscal year were met and exceeded**

**95% of pregnant women will be linked with a medical payer source to receive prenatal care**



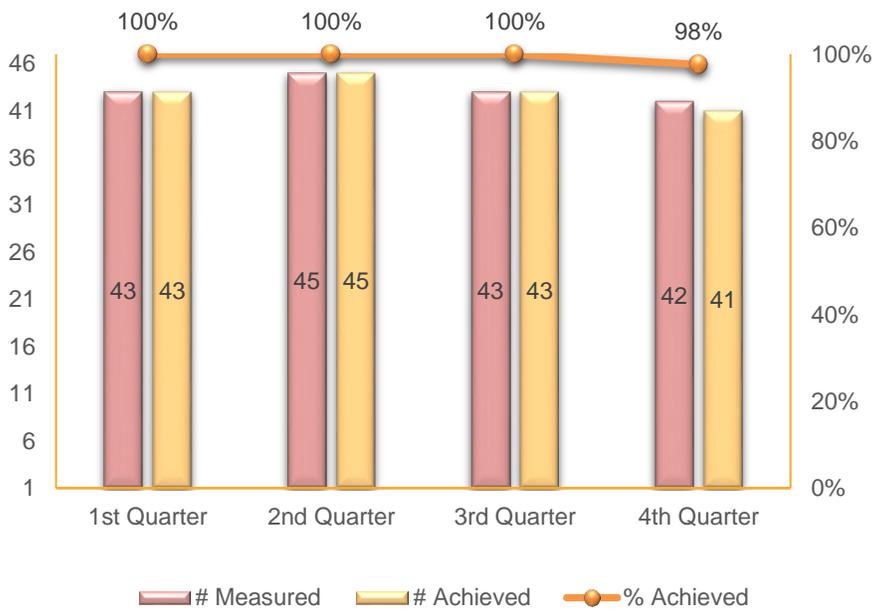
**100% of babies born to HIV+ mothers will test negative for**



- TOPWA staff faced challenges in conducting outreach during the pandemic but practiced all possible safety protocols.
- Staff continued providing HIV and pregnancy testing and enrolled pregnant women into services.
- TOPWA conducted HIV testing outreach events in several parts of the county including the Belle Glade area.
- Despite the challenges facing staff with the spike in COVID-positive rates, they maintained a 100% rate in linking clients to services and babies born HIV-free.
- Two “Drive Through Baby Showers” were held providing pregnant moms with baskets full of essential items for the baby and vouchers for car seats.
- Staff partnered with substance abuse providers to educate their clients regarding HIV and provide HIV testing.

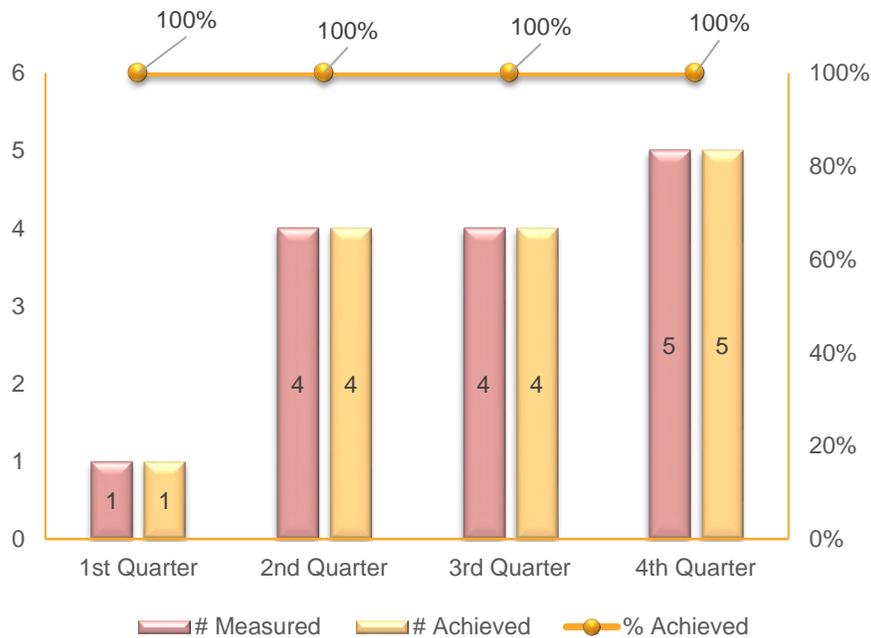
All outcomes for this fiscal year were met and exceeded

84% families will remain stable/not removed/placed in foster



# Measured # Achieved % Achieved

75% of family goals will be achieved at closure



# Measured # Achieved % Achieved

- Staff delivered family care baskets for the kinship families and delivered during the holidays.
- Support groups for relative caregivers continued via Zoom. Topics include rental assistance through the County and stress reduction activities such as “ocean breathing” and progressive muscle relaxation videos.
- Physical check-ins with the families have been conducted in the cases that the families are not comfortable with virtual platforms. Visits were conducted outside in order to practice safety precautions.
- Legal Aid society continues to provide education through the Advocacy Project including topics such as current school issues and resource navigation.
- KSP staff maintain outreach efforts with local agencies such as Adopt-A-Family, American Association of Caregiving Youth, Achievement Centers for Children and Families, Big Brothers Big Sisters of PBC, Dr. Mary McLeod Bethune Elementary, Palm Beach Prep Charger Academy, PBC School District, and Dept. of Juvenile Justice. Staff continues to find creative ways to overcome the challenges in reaching this specialized relative caregiver population.

## YEAR-END STRATEGIC PLAN REPORT

During this second year of COVID, the following shows progress made on the strategic plan.

**Goal 1:** Recruit community members with specific expertise to participate in various committees – Human Resources, Program, Audit, Technology, and Development. New members were voted on to the board and have already been active in committees. Everything has still been virtual.

**Goal 2:** Maintain Foundation Board to include individuals who can increase donors for the organization. A new member was put on the board and is active in the Legacy Committee. While some functions were attended, it was not possible to hold the planned giving center of influence events. This will be targeted to make progress in the next year.

**Goal 3:** Expand and enhance funding sources. Solid progress was made in this goal. A group made up of staff and one board member participated in the Six Sigma Yellow Belt class and did a project focused on increasing the major donor pool. It is in the process of being implemented in the next fiscal year.

**Goal 4:** Enhance public awareness to increase giving and support to the organization. Increased work was done in social media to build the agency's presence in the Facebook, Instagram, Twitter, and LinkedIn platforms. The number of followers has steadily grown over the year.

**Goal 5:** Improve organizational competence, structure, performance, and increased accountability. Of the 14 strategies set in this goal, all but two have been completed. One is regarding the creation of a succession plan and the clean-up/organization of the network drives. Both are in-process and are anticipated to be finished in the next fiscal year.

**Goal 6:** Develop a legacy-building vision for Families First services, consistent with the mission of the organization. Progress was made in the diversification of funding sources to include six new foundation funding sources. Staff continues to work on strategic planning analysis focused on program enhancement, expansion, and innovation as well as strategic planning analysis focused on organizational development and structural changes needed to support current and expansion services. Over this last year there has been significant changes made to the leadership staffing structure. It is anticipated that the agency will engage with a consultant to begin the strategic planning process.

## STRATEGIC PLAN 2019-2023 UPDATES

STRATEGIC PLAN  
March 1, 2019 – February 28, 2023  
FAMILIES FIRST OF PALM BEACH COUNTY

### MISSION

The mission of Families First of Palm Beach County is to advance the well-being of children and families through high-quality programs in prevention, early intervention, child development, behavioral health, education, and advocacy.

### VISION

A leader in providing outstanding programs and services for families so children grow up in safe and loving homes that lead to stronger families and stronger communities.

### VALUES

**Respect** – Families First will maintain respect for the worth and dignity of all persons served, staff and collaborators.

**Integrity** – Families First will maintain steadfast adherence to ethical principles and practices in working with clients, colleagues, and the community.

**Quality** – Families First will maintain the highest standards of quality of service and utilize a continuous quality improvement System to meet changing family and community needs.

**Commitment** – Families First will remain dedicated to fulfilling the mission of the organization.

GOAL	STRATEGY	DUE DATE	WHO IS RESPONSIBLE	DATE COMPLETED	STATUS
<b>Goal 1: Maintain a board committee structure that is representative of the community and continues to follow best practices in Nonprofit and Board Governance.</b>	A. Recruit community members with specific expertise to participate in various committees such as Human Resources, Program, Audit, Technology, and Development.	February 2023	Board and CEO	In-process	Barbara James was vetted approved as a new board member, and she has joined the development committee represents the health field. Alex Dobin was approved as a board member at Sept. board meeting. He is joining the HR and Finance committees.
<b>Goal 2: Maintain foundation board activities to include connection with individuals who can increase donors for the organization.</b>	A. Increase Planned Giving Committee to a minimum of 15 members.	February 2020	Foundation Board, CEO, Director of Development	In-process	Kristoffer Doura was invited to join the board and was approved at the August Foundation Board meeting. He will join the Legacy Giving Committee.

GOAL	STRATEGY	DUE DATE	WHO IS RESPONSIBLE	DATE COMPLETED	STATUS
	B. Conduct two planned giving center of influence events.	Annually	Foundation Board, CEO, Director of Development	In-process	None completed in 20-21 due to COVID.
	C. Quarterly attendance by foundation members and director of development at Planned Giving Council meetings.	Annually	Families First Board of Directors, Foundation Board, CEO, Director of Development	In-process	Dominic Macri, Brian Mangines, and Samantha Whiteman attend planned giving meetings, American Fundraising Professionals, legacy giving seminars, Palm Beach Estate Planning Council events, and GBREPC/Boca Estate Council meeting. Meetings were attended primarily virtually.
<b>Goal 3: Expand and enhance funding sources.</b>	A. Increase corporate gifts for the annual luncheon by 3% each year and for the poker, brewery, and any other fundraising events each year by 5%.	February yearly (2020, 2021, 2022, 2023)	Board of Directors, Foundation Board, Director of Development, Development Committee, and Business Development Committee.	October 2019; November 2019	14 <sup>th</sup> Annual Luncheon raised \$23,287 more than 13 <sup>th</sup> annual event. Because it was online, expenses were lower. Community Denim Day brought in \$5,800 and 18 company partners who are raising funds for Child Abuse Prevention Month. Honda Classic Birdies for Children exceeded its goal, raising \$11,222.42.
	B. Expand funding partnerships with country clubs in gated communities to three presentations bi-annually for a total of six by end of strategic plan cycle.	February 2021; February 2023	Board of Directors, Foundation Board, Director of Development, CEO, Planned Giving Committee, Solutions for Nonprofits.	In-process	Ibis and gated communities in general did not post their grant applications due to COVID and not being able to fundraise. The Legacy committee would like to wait until 2022 to hold events when they can be in person.
	C. Increase income received from grants awarded by family foundations annually by 5% through research and connections.	February yearly (2020, 2021, 2022, 2023)	CEO, Director of Development, Solutions for Nonprofits.	In-process	Grants received January – December 2020 - \$800,490; 23% increase over last year.
	D. Based on direct mail campaign gifts and research, build a plan to connect to annual donors.	February yearly (2020, 2021, 2022, 2023)	CEO, Director of Development, Development Committee,	In-process	The development team did a Six Sigma project on increasing major donor pool with current and new donors. A tracking system is being developed to capture progress. The

GOAL	STRATEGY	DUE DATE	WHO IS RESPONSIBLE	DATE COMPLETED	STATUS
			Solutions for Nonprofits.		project was completed in March 2021. The next step is to create a plan to increase board participation and cultivate major donors specified in the project outline. The June Board Connections Contest was implemented. Four board members participated, making connections with five individuals. The summer direct mailer focused on the annual luncheon. Mailers were sent out to all donors from the past three years. Board members were asked to make connections for new possible luncheon sponsors.
<b>Goal 4: Enhance public awareness to increase giving and support to the organization.</b>	A. Annually increase the average donation and donor base that comes through the web site and increase utilization of social media by 5% each year.	February yearly (2020, 2021, 2022, 2023)	CEO, Director of Development, Board of Directors, Foundation Board, Development Committee, Solutions for Nonprofits.	In-process	Donations continue to increase due to social media and an increase in video usage, visual graphics, and strategically tagging board members and other community stakeholders. Donations continue to increase due to social media outreach for Denim Day. Social Media posts are shared several times a week. Canva has been incorporated to add to the professionalism of posts and to encourage donations.
	B. Expand social media utilization current trends and patterns in the communications field.	February 2023	CEO, Director of Development, Solutions for Nonprofits.	In-process	Staff continued to use all media platforms, especially to market 14 <sup>th</sup> Annual Luncheon. The need for holiday gifts for clients and FF gaining new donors were highlighted. The number of followers has increased across all social media platforms and there is growth in board members sharing social media posts. Continued use of all media platforms, especially to market Denim Day. # of followers continue

GOAL	STRATEGY	DUE DATE	WHO IS RESPONSIBLE	DATE COMPLETED	STATUS
					<p>to increase across all social media platforms. Staff and Board have been encouraged to share, comment and like posts to increase Families First awareness. They receive weekly/monthly reminders. A strategy was implemented to market the luncheon. Each week posts highlighted sponsors and speakers. Board Birthdays and program highlights were also included. Employees and board members are encouraged to share on all platforms.</p>
	<p>C. Promote reputational areas of Families First such as COA accreditation and educate donors in order to increase their support of the organization.</p>	<p>February 2023</p>	<p>CEO, Director of Development, Solutions for Nonprofits.</p>		<p>FF and Julie/CEO were nominated for Hats Off Awards by Nonprofits First. Nomination was promoted on social media. All programs are being highlighted to educate viewers of FF services. Also highlighted donations of food, holiday gifts, UW Meals of Hope, Leadership PBC, and others. Highlights of each program and stories on the website, in print and social media continue. Program accomplishments, community engagement events/initiatives, grant check presentations, and all other organizational highlights continue to be shared on social media, website, and in print. All platforms continue to showcase Families First in a positive light to increase our reputation in the community.</p>
	<p>D. Position board and agency leadership expertise to be available to and sought as resources for newspapers and community papers to</p>	<p>February 2023</p>	<p>CEO, Director of Development, Solutions for Nonprofits, Executive</p>		<p>Agency continues to position itself in planned giving, tax credits, Child Welfare League, the national office of ending homelessness, and Legislative priorities setting locally.</p>

GOAL	STRATEGY	DUE DATE	WHO IS RESPONSIBLE	DATE COMPLETED	STATUS
	increase awareness of the agency.		Leadership Team, Both Boards.		
<b>Goal 5: Improve organizational competence, structure, performance, and increased accountability.</b>	A. Receive Nonprofits First Reaccreditation in Excellence.	December 2019	CEO, Executive Leadership Team, Director of Quality Assurance.	November 2019	Upload of required documents, site-visit, and follow-up steps have been completed. Anticipate final notification in late November 2019. <b>Reaccredited in November 2019. Completed</b>
	B. Submit the Self-Study to COA for Reaccreditation.	October 2019	CEO, Executive Leadership Team, Program Service Committee, Director of Quality Assurance, Board of Directors.	October 2019	<b>Completed</b>
	C. Achieve national reaccreditation from the Council on Accreditation for Children and Families.	March 2020	CEO, Executive Leadership Team, Program Service Committee, Director of Quality Assurance, Board of Directors, Staff.	March 2020	<b>Full reaccreditation awarded in March 2020.</b>
	D. Review and update currently approved succession plan to address key personnel, i.e., CEO, Deputy Director, Director of Finance, Program Directors, and Director of Development.	February 2020	CEO, Executive Leadership Team, Board of Directors, Human Resources Committee.	In-process	CEO worked on a succession timeline and presented it to the HR Committee. Developed new organizational chart and presented to Human Resources committee which included succession planning.
	E. Conduct a feasibility study for the purchasing of a building for Families First.	February 2021	CEO, Executive Leadership Team, Board of Directors, Facilities Committee.	March 2019	Services for the rendering of new Families First office building donated. Facilities committee has been meeting to determine ongoing renting vs. owning a building. Met with the Loan and Property Committee of the Diocese of the Episcopal Church to present a usage plan regarding a collaborative with Holy Redeemer for their property.

GOAL	STRATEGY	DUE DATE	WHO IS RESPONSIBLE	DATE COMPLETED	STATUS
	F. Explore utilizing a phone application for emergency alerts to be used by direct service workers in the field.	August 2019	CEO, Executive Leadership Team, Director of Finance and Administration, I.T. Committee.	January 2021	Dir of Finance upgraded staff phones and explored apps/features that allow staff to have access to safety information while in the field. The new iPhones were distributed starting 10/12/2020.
	G. Explore utilizing Microsoft's MileIQ app for reporting accurate mileage by workers in the field.	August 2019	CEO, Executive Leadership Team, Director of Finance and Administration, I.T. Committee.	December 2019	Two licenses have been downloaded and are being tested. <b>Determined not appropriate for agency.</b>
	H. Purchase/replace computers for programs not funded by CSC at the five-year old mark.	January 2020	CEO, Director of Finance and Administration, I.T. Committee.	March 2020	<b>Lost Tree Foundation grant approved for purchase of 20 computers. A Continuous Quality Improvement grant approved purchase of four additional computers.</b>
	I. Migrate from Microsoft 365 E2 subscription to an E3 or E5 depending on cost effectiveness.	May 2019	CEO, Director of Finance and Administration, I.T. Committee	June 2019	<b>Completed in June 2019.</b>
	J. Renew 3-year laptop tracking license subscription.	December 2019	CEO, Dir. of Finance & Admin., I.T. Committee.	December 2020	Multi-year subscription was re-evaluated in October 2020. and license subscription renewed in December.
	K. Continue to clean up the network drives and map for agency's maximum efficiency.	August 2019	CEO, Dir. Of Finance & Admin., Director of Quality Assurance, I.T. Committee.	In-process	This has been ongoing and was anticipated to be complete in 2020. This goal has been postponed until the end of the fiscal year due to pressing priorities. However, there has been ongoing work to ensure its completion. Ongoing clean up progress made.
	L. Purchase and configure new on premises server to take the place of the one now in service.	September 2019	CEO, Director of Finance and Administration, I.T. Committee	March 2021	New server ordered and partial installed in 2020 so staff have remote access. A target was set to complete when all staff returned to offices post COVID-19. A third server was approved so that the server integration to office-based,

GOAL	STRATEGY	DUE DATE	WHO IS RESPONSIBLE	DATE COMPLETED	STATUS
					remote-based access for all staff could be completed. Money was secured to implement new server and installation was completed in March 2021
	M. Configure RDS server on Azure for access by ELT in event of emergencies.	September 2019	CEO, Director of Finance and Administration, I.T. Committee	April, 2020	Completed in 3 <sup>rd</sup> quarter FY 19-20.
	N. Upgrade current computers (if cost effective) to Windows 10.	December 2020	CEO, Director of Finance and Administration, I.T. Committee	March 2020	Project completed in March 2020.
<b>Goal 6: Develop a legacy building vision for Families First services, consistent with the mission of the organization. Final recommendations to be reported to the ELT and Board of Directors.</b>	A. Review and clarify the agency's vision, mission, and values. Evaluate program services currently offered to determine viability, appropriateness of population being served, and continued need.	January 2021	CEO, Executive Leadership Team, Program Service Committee	June 2021	Ten staff and two board members attended Lean Six Sigma Yellow Belt training, which gave us the tools to do a complete evaluation of the overall functioning of the organization administratively and programmatically. Two teams of (four staff in one and two staff and one board member in the other) enrolled in the Six Sigma Green Belt class. Projects selected to work on were updating DD job description and increase major gifts/legacy gifts. After completion of the two projects, staff will use this model to conduct future analysis on opportunities for growth and improvements. A new logo, mission, vision, and value statements were developed and approved by Board in 3 <sup>rd</sup> Q 20-21
	B. Conduct a strategic planning analysis focused on program enhancement, expansion, and innovation.	January 2022	CEO, Executive Leadership Team, Program Service Committee.		One Six Sigma Green Belt project worked on increasing major gifts/legacy gifts. Staff will use this model to conduct future analysis on opportunities for growth and improvements.

GOAL	STRATEGY	DUE DATE	WHO IS RESPONSIBLE	DATE COMPLETED	STATUS
					Both Six Sigma Green Belt teams presented and completed projects to Bob Seemer/class trainer. Based on the results of these projects, a UWPBC Continuous Improvement grant was written and approved to hire a consultant.
	C. Conduct a strategic planning analysis focused on organizational development and structural changes needed to support current and expansion services.	January 2022	CEO, Executive Leadership Team, Program Service Committee.		The Six Sigma Green Belt teams selected to work on updating DD job description and increase major gifts/legacy gifts. Based on the work of one team, restructuring decisions were made that included a new organizational chart to match the agency restructuring. Job descriptions were approved by the board and staff advertised and interviewed potential new staff.
	D. Continue to seek credentialing in Medicaid and/or private insurance plans for behavioral health services.	Annually	CEO, Executive Leadership Team, Program Service Committee, Human Resources Committee.	July, 2020	An amendment to billing Sunshine for Medicaid reimbursement was submitted and approved. Agency received a contract approval from Sunshine Health.
	E. Define new diversified funding sources to support potential new legacy building vision and growth.	January 2023	CEO, Clinical Director, Director of Finance, Behavioral Services Data Coordinator.		Agency was approved by the Fredrick A. DeLuca Foundation, a new funding source, for two grants to support infant mental health services expansion and sustainability for Kin Support Project. Agency also received five new foundation support grants for programs in the amount of \$470,000, and three new grants for programs in the amount of \$134,503.