



## Performance Quality Improvement

1<sup>st</sup> Quarter Meeting, FY21-22

March 16, 2022

8:30 a.m. – 12:30 p.m.

### Meeting Report

#### In Attendance:

Julie Swindler  
Stephanie Drennan

Renee Constantino  
Alexander Guanarita

Sharonda Crawford  
Melissa Wijngaarde

#### Absent:

#### I. CEO, Finance, and Operations Updates

##### ❖ Update for quarter

***The agency's beloved Roxanna Childs, former Deputy Director passed away on December 11, 2021. The board and staff are invited to participate in a celebration of her life in January, 2022. The board of directors recognized a moment of silence in honor of her and all that she did and meant to Families First's clients, staff, board members, and the whole community. The agency also purchased a bench in Roxanna Childs memory to give to her partner, Wendy Tippett.***

#### CEO

- Nonprofits First was awarded re-accreditation for 2022 and the certificate was presented to the board by Todd L'Herrou, Director of Accreditation.
- To promote staff getting the COVID-19 vaccinations, the board approved offering incentives to include one day off and random gift certificate drawings. Every staff receiving the vaccination will get one day off and there will be six gift certificate drawings. The agency has implemented a policy that all new-hires will be required to be vaccinated within 90 days of hire or produce a state approved exemption. The board of directors have not adopted a mandatory vaccination policy at this time for existing staff.
- The executive committee is discussing the possibility of adding a new board member, Ms. Victoria Nowlan. She has expertise in legislative issues and opportunities.
- Mr. Ronny Nunez has taken a leave of absence from the board.
- Families First behavioral health services rated very high as a referral source and provider of high-quality services in the Girls Coordinating Council survey.
- A core team of seven staff and one board member has been developed to work on the Advancing the Mission project. Mr. Byrnes Guillaume will be the board representative. All levels of employees are represented in the core team.
- The Foundation and Operations Board approved the creation of an Emeritus Board. First nominations are Michael Gauger and Joel Dowley.

## **Finance**

- Paycheck Protection Program loan forgiveness was approved by the Small Business Administration and First Horizon Bank. The letters of approval were sent to Templeton and Company for the audit.
- Iberia Bank notified the agency about a possible unauthorized check in the amount of \$9,863.14. The bank noticed the check number was not correct and were able to stop payment before any damage was done.
- Iberia Bank recommended implementing Positive Pay and the Finance Committee agreed with approval of the full board of directors.
- Iberia Bank is providing training on the new Positive Pay procedures that will help decrease fraud attempts.
- The Audit Committee met with representatives of Templeton & Company on 12/31/2021 to review the annual audit draft for fiscal year ending in 9/30/2021. The report rendered an unmodified opinion, concluding that the financial statements were presented fairly. It was noted that it was an excellent audit.

## **Operations**

- Executive Leadership is meeting to review and update the new staff and board onboarding and orientation process. Creating a video library for some of the training is being discussed, so Learning Management Systems will be explored.
- At the end of this quarter, Children's Home Society has not sold the building. The Belle Glade office property is being assessed for value and it is not clear if it will go back on the market.
- Ms. Swindler continues to follow-up with the Episcopal Diocese in Miami regarding the Holy Redeemer Church in Palm Springs and the agency's interest in purchasing the land.

## **Grants**

- 4 grants written in this quarter totaling \$188,269
- 1 grant was a new request
- 1 grant award notification is still outstanding
- 2 have been awarded for \$62,000, with 5 grant notifications coming in that were carried over from the 4<sup>th</sup> quarter amounting to \$300,800. 1 request was declined this quarter which was carried over from the 4<sup>th</sup> quarter.
- The Scaife Family Foundation recommended a \$25,000 grant, instead of the \$10,000 requested in support of operations. This grant will be used to help purchase an agency-wide data system.
- The Deluca Foundation has approved funding for the Kin Support Project for the next two years, support for the purchase of developmental toys for staff to use during their work with children, and funds for transportation, emergency rent and utilities payments.
- A contract has been secured with Linda Salzman to write grants in January. The contract will be paid from the Grow funds provided by Nonprofits First.
- The agency received 69% of grants written in 2021, which is an excellent percentage.
- Ibis Charities did a site visit to the Forest Hill office on 10/25/21 and expressed their pleasure with the Kin Support Project.
- Through funds from the Town of Palm Beach United Way and a donor's donation, 103 families were assisted during Thanksgiving.

## **II. Development Department**

- Children's Day Annual Luncheon was held virtually on October 1<sup>st</sup>. It was very successful bringing in over \$86,000. Keynote speaker was Tony Hoffman, who was excellent.
- Committee worked on holiday donations and gifts for the children served by the agency.

- Social media presence is increasing.
- The agency submitted an application to participate in the Great Charity Challenge, and it has been chosen as one of the featured charities. The agency could win up to \$100,000.
- Agency is also preparing for the Honda Classic also being held in the 2<sup>nd</sup> quarter. Agency will receive 5% of all donations made through the Honda Classic.
- The department sent out 1,000 letters for the end-of-year campaign. Some responses and donations have started to come in.
- The department did a presentation to the operations board regarding social media and the importance of having both boards interact with the agency's posts. The Development Associate asked that they like and share posts as early as possible for maximum early interaction. Currently staff receive an email with links to the four social media websites the agency is posting on and have been asked to like, comment, and share as soon as they receive the email.
- The Annual Donors Appreciation Meeting is scheduled to be in-person, but due to the rise in the COVID infection rates again, it was determined that it should be postponed until March 31<sup>st</sup>.
- A Corporate Committee which consists of board members from the Foundation Board has been established to reach out to local CEOs and their staff members to encourage more involvement with Families First.

### III. **Workforce Stability**

The agency was able to fill the two new Clinical Director positions this quarter. They will start on January 1, 2022.

#### ❖ Attrition

- Separations – 6
  - CF – 1, voluntary - tenure 4 years, 2 months
  - BHS – 1; voluntary - tenure 3 years, 2 months
  - KS – 2; both voluntary - tenure 11 years, 2 months; 17 years and 11 months
  - IMH – 1; terminated – 1 year, 5 months
  - Administration – 1; retired – 23 years, 10 months
- New Hires – 4
  - CF – 1, position filled immediately
  - KS – 1, position filled immediately
  - BHS – 2 positions both filled immediately
- Transfers between positions or departments –
  - BHS to Admin – one position

#### ❖ Staff Morale

- All staff were trained in virtual CPR training.
- The agency held an in-person Thanksgiving party on 11/11/21. Staff were asked to bring their own lunch and the agency provided drinks and desert. Both the Foundation and Operations boards were invited with several members attending.
- Staff were provided with some scholarships to attend the “Heal the Healer” workshop. It is in a webinar format and can be completed as staff want to schedule. They have 30 days to complete the series.
- The agency held a virtual holiday party on 12/15/21. The holiday committee did a great job of putting together fun games. Board members were invited and a couple attended.

- Healthy Family staff went on a retreat to Drive Shack and expressed their appreciation for the opportunity to be together and have fun. Staff continues to have an 89% program capacity rate, which is excellent.

#### IV. Safety and Security

##### ❖ Client Incidents – 11

- BHS – 1
- BTS - 0
- CF – 2
- HF – 6
- KS – 2
- TOPWA – 0

##### ❖ Type:

- Risk for harm to self or others: 2
- Child abuse/neglect: 4
- Call to hotline/DCF – 1 (client about to be homeless, staff recommended self-report to DCF, client received hotel vouchers)
- Aggressive/abusive behavior – 3
- Sexual harassment/battery/assault - 1

##### ❖ Staff Incidents – 0

##### ❖ Client Incidents 1<sup>st</sup> Quarter by Year

Program	2019/2020 (14)	2020/2021 (8)	2021/2022 (11)
BHS	4	0	1
BTS	0	0	0
CF	3	4	2
HF	2	3	6
KS	1	0	2
TOPWA	4	1	0

Type	2019/2020	2020/2021	2021/2022
Risk for harm self/others	5	4	2
Aggressive/Abusive Behavior/Assault	4	0	3
Accident/Injury	0	0	0
DCF/Hotline	3	0	1
Child Abuse/Neglect	1	4	4
Death	1	0	0
Legal/Law Violation	0	0	0
Medical emergency	0	0	0
Sexual harassment/battery/assault	0	0	1

❖ COVID Positive Clients for the quarter – 62

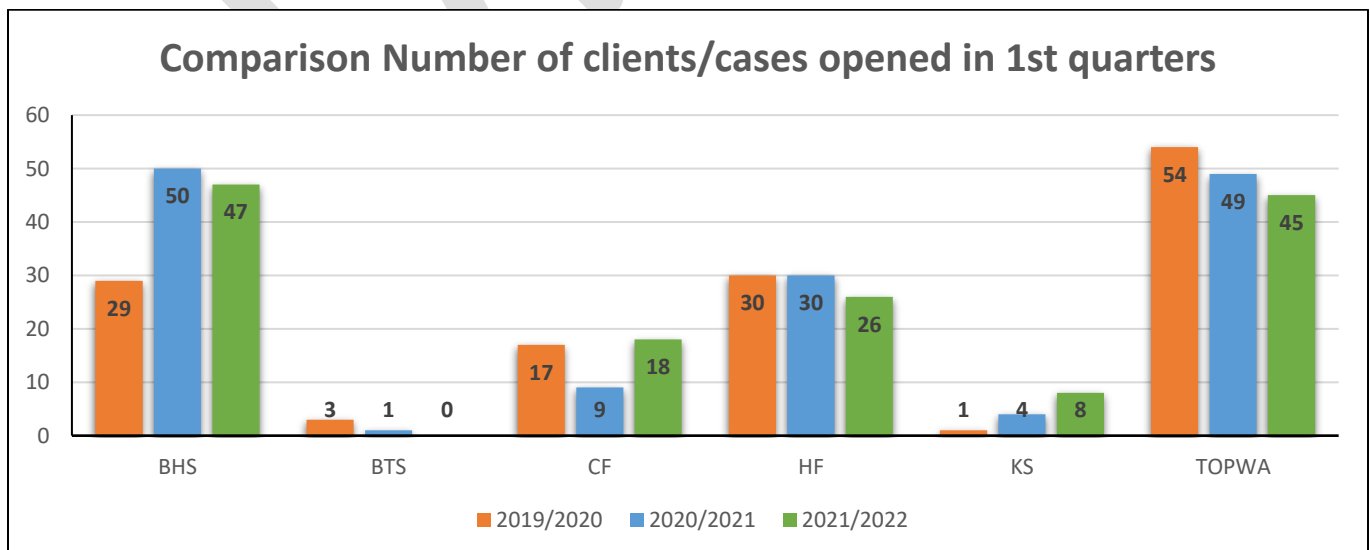
- BHS - 4
- BTS - 9
- CF – 16
- HF - 28
- KS - 5
- TOPWA - 0

❖ Staff testing positive for COVID-19 for the quarter – 7  
70% of staff reported vaccinated

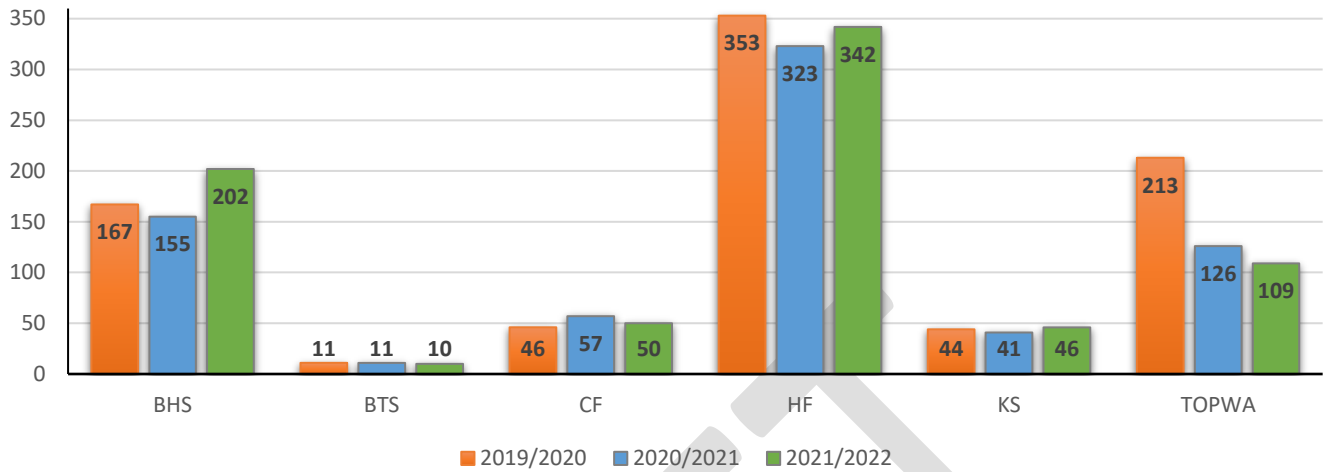
❖ Risk Management Concerns

- CHS continues to allow the Forest Hill office to decline. When they are showing the building, they do not contact Ms. Swindler as has been requested several times. They have allowed visitors to go into locked offices, or even walk into open ones.
- As the numbers of COVID infection continues to decline, ELT has been discussing how to reopen the office. An initial return to work date of 1/1/2022 is being considered. Some organizations are doing a rotation of a percentage of staff and continuing in a hybrid model. Some staff will continue to come to the office as they have since the beginning of the pandemic. FF is using the hybrid model and also ensuring that staff sharing offices are not in at the same time.
- Looking toward moving, ELT will continue to consider if we keep the Wellington office or combine it with the main office.
- When returning to the offices, some staff are concerned about those who have chosen to not get vaccinated. Appropriate spacing will be continued once staff return to the office to provide some security to those vaccinated.
- Some staff are feeling isolated while working virtually and would like to be around other staff again. This will be part of the return to the office discussions.
- Cyber security has become a priority. Some staff have attended the CSC cyber security training and a webinar hosted by Bank of America. Will bring this for discussion in the ELT meetings. Discussed making this a part of the yearly training calendar.

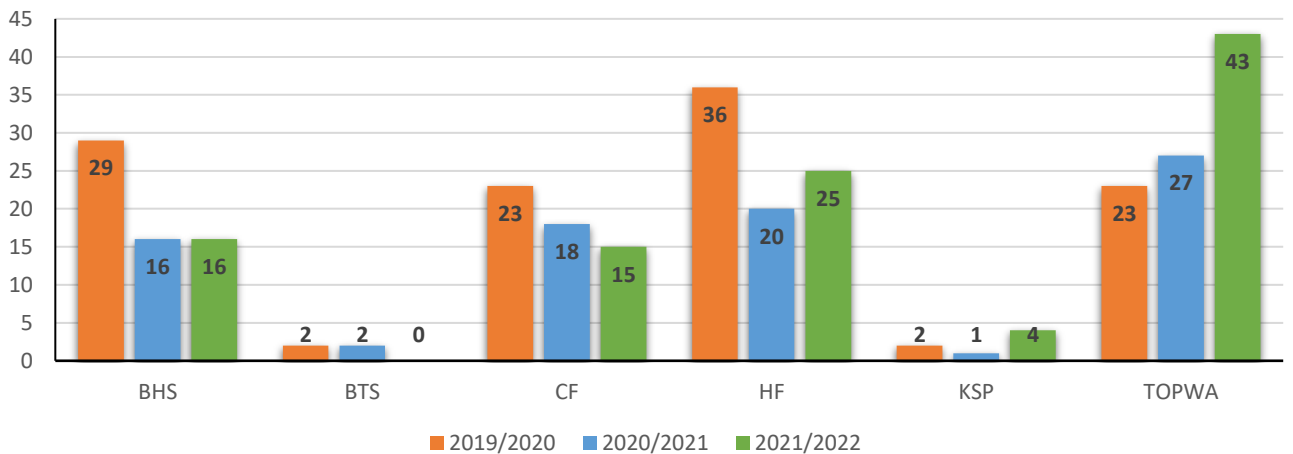
V. Client service numbers



**Comparison numbers of clients served in 1st quarters**



**Comparison number closed in 1st quarter**



**VI. Program updates; additional agenda items**

- Update on data analysis plans – working on getting an analysis of our computer needs and how to best integrate with our existing databases. Have a proposal from Inciter, a national firm specializing in analysis.
- Cyber security training – CSC sent out a survey to determine training needs and will offer to pay \$15 per staff member covered under their contract. Robert K. is connecting us with the same provider they use to cover the rest of our staff not covered under CSC and to be at the same rate.
- New office blueprint – Alex discussed needs of individual programs and is drawing up new office blueprint
- Specific assistance dollars – need to make sure we are spending the dollars given by different funders/donors. Needs to be spent by September. Still a considerable amount of money to be spent – rent, utilities, food, formula. Another \$25,000 for emergency assistance to be spent by December. Basic needs for clients.

## VII. Quarterly Program Report Updates

### ❖ Monitoring, Site Visit, and Report Updates:

1. BTS and KSP Monitoring by FAA, 10/5-8/2021
2. TOPWA Site Visit by Health Department – 12/19/2021 (report not received at close of quarter)

### ❖ Quarterly Data Reports:

3. BHS
4. BTS
5. CF
6. Healthy Families
7. Kin Support
8. TOPWA

DRAFT

## Agency Monitoring Report

### Modified I

**Date of Desk Monitoring: October 5-8, 2021**

<b>Agency:</b> Children's Case Management Organization, Inc. dba Families First of Palm Beach County			
<b>Lead Program Monitor:</b> Sharon Nangle, Grant Compliance Specialist II			
<b>Team Monitors:</b> Roger Nielsen, Grant Compliance Specialist II			
<b>Fiscal Monitor:</b> Gabriel Donadio, Financial Analyst I			
Contracts: <b>Contract 1:</b> Kin Support <b>Contract 2:</b> Bridges to Success	Contract Amount: <b>Kin Support</b> =\$62,500 <b>Bridges to Success</b> =\$48,000 Total=\$110,500	Contracted amount is 2.9% of Total Budget	
Agency Overall Budget: \$5,583,182	Funded # of Families: <b>Kin Support:</b> 42  <b>Bridges to Success:</b> 10	Clients Served: <b>Kin Support:</b> 36 families  <b>Bridges to Success:</b> 11 families	<b>Contract Year:</b> <b>Kin Support:</b> Year 3 of 3 <b>Bridges to Success:</b> Year 3 of 3
Program Area Funded: Contract 1: FAA: Economic Stability/Poverty Contract 2: FAA: Homelessness			

#### **Purpose of Site Visit:**

The purpose of the desk audit was to conduct a review of Program Operations, Service Delivery, and Fiscal Management; and to ensure the Agency's compliance with the terms of the contract, State, Federal and Local regulations

#### **Program Summary:**

Families First of Palm Beach County, hereinafter referred to as the Agency, addresses the unique needs of families and their children by offering diverse programs. Program areas include: outreach and assistance to high-risk pregnant women, which includes interventions and parenting, case management, supportive counseling to families who are at higher risk for the child welfare system, and coordination of services to families who are homeless or at risk of being homeless. The Agency has contracted with the Department of Community Services to provide the following:

#### **Kin Support:**

The Kin Support Project provides case management, supportive counseling, referral and linkage to services for caregivers who are taking care of related children. Services are provided at the



Agency's headquarters. The majority of caregivers are grandparents who are taking care of young children who have been placed in their custody. These children may have been placed in the caregiver's home due to parental death, incarceration, drug addiction, or other circumstances. The main criterion for access to Kin Support services is that a caregiver must be taking care of a relative's child. The program works closely with the Legal Aid Society of Palm Beach County to identify legal needs and issues of caregivers who are taking care of these children. Most caregivers are elderly grandparent(s).

**Bridges to Success:**

The Bridges to Success Program is designed to provide scattered site permanent supportive housing in the western communities of Royal Palm Beach, Belle Glade and Pahokee for families. The program works with landlords to secure available apartment homes throughout the above communities. Families are referred through the Lewis Center and are placed based on the scores obtained from the Service Prioritization Decision Assistance Tool (SPDAT). Eligibility for this program is based on homelessness and where families or individuals have a diagnosis of mental or physical illness, a history of substance abuse or being HIV positive. Based on these scores, clients are prioritized and placed with the most appropriate supports. The program uses the Housing First approach to place clients who are facing homelessness, as quickly as possible. Case management and supportive services are optional and not a requirement for placement. There were currently ten (10) units located in Belle Glade, Pahokee and Royal Palm Beach. Rental units range from \$1,100-\$1,300 per month.

## Agency Monitoring Report Program Operations

The results of this report were obtained through review of client records, external audit reports, personnel records, policies and procedures manuals, discussions with program and management staff, and previous years monitoring report.

### **Governing Board:**

The Agency is governed by a Board of Directors. According to the Agency By-Laws, the Board is required to have a minimum of five (5) members. There were eighteen (18) Board Members at the time of the site visit, according to the Board of Directors Roster. The Board Demographics included the following: 53% were White, 23% were Hispanic, 18% were Black and five % identified themselves as “other.” Fifty-two percent (52%) of the Board Members were male, and forty-eight percent (48%) were female.

Board Meetings were required to be held on a monthly basis, according to Agency By-Laws. A quorum is defined in the By-Laws as consisting of a majority of Board Members. Board Minutes for the following months were provided by the Agency for review: October 27, 2020; November 17, 2020; December 22 2020; January 26, 2021; February 23, 2021; March 23, 2021; April 27, 2021; May 25, 2021; June 22, 2021, August 24, 2021, and September 28, 2021. The Board did not meet in the month of July, 2021. The Agency met the requirements of their By-laws.

The Board Minutes included financial reporting by the Treasurer. The Agency maintained a roster of the Board of Directors, with titles, addresses, phone numbers and a copy of the Board By-Laws.

There were no noted concerns in the minutes reviewed.

### **Policies and Procedures:**

The Agency had an Operations Manual, which described Agency-wide policies and procedures.

The Agency was certified by Nonprofits First at the level of Excellence in Nonprofit Management. This certification was for the period 2021- 2022.

The Agency provided a Certificate of Liability for General Liability, Automobile Liability, Umbrella Liability and Professional Liability, which expires on May 1, 2022. The Agency also provided a Certificate of Liability for Worker’s Compensation, which expires on March 11, 2022.

The Bridges to Success Program was monitored by the Department of Community Services HUD staff on September 14, 2020, according to a monitoring letter dated June 16; 2021. This was an onsite monitoring review. According to this monitoring letter, there were no program or fiscal findings.

### **Human Resources:**

- Three (3) direct staff files were reviewed for compliance with FAA standards and Agency policies.
- Three (3) of three (3) personnel files contained an annual performance review.
- Three (3) of three (3) personnel files contained current Level II background screening.
- Three (3) of three (3) personnel files contained evidence that staff had required credentials/certification for their position.
- Three (3) of three (3) personnel files contained Five (5) out of five (5) files contained updated Level II background screening.
- Three (3) of three (3) personnel files contained evidence of staff participation in Racial Equity, Trauma Informed Care Training which also included ACES training, and Cultural Competency which was included in training offered by the Center for Equity and Excellence.

The Agency provided documentation that their employee turnover rate of 7.5% for the period October 1, 2020 through to September 30, 2021.

### **Facilities:**

The Agency maintains three separate facilities. The West Palm Beach facility is for administration and programmatic staff who provide direct services to clients. The other two facilities, in Belle Glade and Wellington, house programmatic staff who provide direct services to clients. Agency staff currently do not provide services to clients in their offices. All services are provided through home visits, by phone, or virtually.

Fire inspections were submitted for the three separate locations, as per the following:

- 1.) 12300 South Shore Blvd., Wellington (February 1, 2021).
- 2.) 3333 Forest Hill Blvd., West Palm Beach (February 23, 2021).
- 3.) 500 Northwest Avenue L, Belle Glade (May 24, 2021).

No violations were observed at any of the above locations.

### **Recordkeeping and Reporting:**

Client files from each of the two (2) contracted programs were reviewed. The results of this review are found below:

#### **Kin Support**

Six (6) client files from the Kin Support Program were reviewed with the following results:

- Six (6) of six (6) client files contained the client's identifying information, including demographics.
- Six (6) of six (6) case files had Intake documents which included a Psychosocial Assessment.

- Six (6) of six (6) case files had a Consent for Treatment and Services Authorization for Release of Confidential Information signed and dated by the client.
- Six (6) of six (6) case files had a Client Action Plan reviewed and updated in accordance with Agency policies.
- Six (6) of six (6) case files had regularly dated progress notes.
- Two (2) of six (6) client files contained a Closure or Termination Report. The remaining four (4) clients were still receiving services.

### **Bridges to Success:**

The following were results based on the review of six (6) client records:

- Six (6) of six (6) case records contained a HRC referral.
- Six (6) of six (6) case records contained Verification of Disability and Certification of Homelessness.
- All six (6) files were organized in a comprehensive manner and kept in a secure area.
- Six (6) of six (6) case records contained a Client Demographic form.
- Six (6) of six (6) case records contained a signed Informed Consent for Services and an Authorization for Disclosure of Information.
- Six (6) of six (6) case records contained a Bridges to Success Intake Form.
- Six (6) of six (6) case records contained a Housing Development Plan which was reviewed Quarterly as required by Agency policy.
- Six (6) of six (6) case records contained a Housing Plan with goals for achieving permanent housing and other needs as expressed by the client.
- Six (6) of six (6) case records had regularly dated progress notes.
- One (1) of six (6) client files was closed and contained a closing report, outlining services provided to the client and the reason for termination. The client was able to secure a section 8 voucher for permanent housing.

### **Tracking**

The Agency reported they are in the process of developing an internal database like Web Author in order to more effectively track their clients. In the interim, client level data is entered in the County Client Management Information System (CMIS).

### **Communication:**

The Agency has a “Communications with Funder Policy” that was revised during the monitoring review to comply with the requirements of the FAA Contract. The Agency provided an Incident Reporting Form to notify of the resignation of the Kin Support, Program Director.

### **Ongoing Internal Monitoring**

The Agency's Operational and Program Policies and Procedures was updated within the last five years and reflected Agency practices.

## Agency Monitoring Report Service Delivery

### **Kin Support**

The Agency agreed to provide services to forty-two (42) families through the Kin Support Program and to provide the following services:

- Conduct Bio-psychosocial assessments with all client families.
- Work closely with family members, and utilizing an approved family action plan to develop and sustain positive family goals and behaviors.
- Activities can include home visits, supervision/ case staffing, collateral and telephone contacts, workshops, support group services, office visits, face to face contacts with clients, and documentation of client services
- Provide emergency assistance such as rent and utilities to address financial needs and assist with legal, health, educational, emotional/ behavioral, housing employment and related social needs.
- Facilitation of support groups for relative caregivers.
- Advocate for and assist with accessing, navigating and utilizing various support services and systems.
- Furnish advocacy and assistance with navigation in various systems.
- Promotion of education and skills development.
- Work in collaboration with other service providers and community partners to assist families in alleviating poverty and promoting financial stability in the community.
- Eligibility for Economic Stability and Poverty Programs must be income based; have income documented.
- All new clients must meet 100% of FPL requirement.
- All clients seen prior to October 1, 2019, over 200% of FPL are grandfathered in.

Six (6) client files were reviewed with the following results:

- Six (6) of six (6) client files contained a Bio-psychosocial assessment.
- Six (6) of six (6) client files contained a Family Action Plan.
- Six (6) of six (6) client files contained evidence that clients received monthly services such as home visits, supervision/case management, collateral and telephone contacts, workshops, support group services, office visits, face to face contacts with clients, and documentation of client services.
- Four (4) of six (6) clients were provided with emergency assistance including assistance with r paying for water bills, referral to DCF to apply for benefits, and therapy. Two (2) clients did not require emergency assistance.

- Six (6) of six (6) clients attended support groups for relative caregivers.
- Five (5) of six (6) clients were assisted with accessing, navigating and utilizing various support services and systems. One (1) client did not require such assistance.
- Five (5) of six (6) clients were provided with support for education and skills development for their family members. One (1) client did not need such assistance
- Five (5) of six (6) client files contained documentation that the Agency worked collaboratively with other service providers and community partners to assist the client in alleviating poverty and promoting financial stability.
- Six (6) of six (6) client files contained documentation of client income.
- Five (5) of six (6) clients had an income which was below 100% of the FPL guideline.
- One (1) client was enrolled in the program in 2019, and had an income level that was at 150% of the FPL. However, since this client was enrolled in 2019, the FPL standard for was 200% of the FPL.

### **Bridges to Success**

The Agency agreed to serve ten (10) families through the Bridges to Success program and to provide the following services:

- The Agency shall offer referrals and linkages based on case plans and client's needs. For example but not limited to:
  - case planning and support
  - basic needs
  - housekeeping skills
  - parent education
  - money management skills
  - sustain housing placement
- The Agency shall provide services to chronically homeless individuals with a disability, as defined by HUD. These services are conducted daily, based on the family's need, and can take place in their home, at school, place of employment or anywhere in the community that is appropriate and convenient for the client.
- The Agency shall perform monthly home visits.
- The Agency shall develop a Housing Development Plan with family and reviews, utilizing the F-SPDAT to establish action steps/goals, set benchmarks for remaining housed. F-SPDAT reviews are at intake, move-in, 30 days, 90 days, 180 days, 270 days, 365 days, as well as when there are changes in life circumstances.
- The Agency shall offer access to groups regarding daily living, nutrition, and building a social network.

Six (6) client files were reviewed with the following results:

- Six (6) of six (6) client files contained evidence that clients were referred through a coordinated referral process through the Lewis Center.
- Six (6) of six (6) client files contained evidence that clients had lease agreements with landlords in Belle Glade and Royal Palm Beach.
- Six (6) of six (6) client files contained evidence of Certification of Homelessness and Verification of Disability.
- Six (6) of six (6) client contained evidence of a Housing Development Plan. Housing Plans were individualized according to client needs and goals. Plans were reviewed quarterly according to agency policy.
- Six (6) of six (6) client files contained notes that the case manager was actively involved with the client and responsive to their needs.
- Six (6) of six (6) client files contained evidence of F-SPDAT assessments at intake and move-in. All other SPDATS (i.e. 30 day 90 day etc.) were completed and stored in CMIS (Client Track).
- Six (6) of six (6) client files contained case notes. The case manager documented client progress in meeting their goals. Goals ranged from improving basic life skills, increased access to medical and/or psychiatric services, money management, nutrition, employment skills, clearing credit reports etc.



## Agency Monitoring Report

### Fiscal

#### **Summary:**

#### **Service Overview/Unit Definition:**

*Kin Support Project* – A unit of service is defined as one hour of staff time, which can include case management and counseling support such as home visits, supervision/case staffing, collateral and telephone contacts, workshops, support group services, office visits, face-to-face contacts with clients, and documentation of client services.

The unit cost is \$96.00

*Bridges to Success* – A unit of service is defined as one week of shelter for a family. This includes all services that may be provided to the family by the agency.

The unit cost is \$100.00

#### **Records Reviewed:**

*Independent Audit* - The most recent independent audit was performed by Templeton and Company, Certified Public Accountants September 30th, 2020. There were no material or significant deficiencies noted in the report.

*General Ledger* – A detailed general ledger for FAA related transactions for the programs was provided for the months of October through August 2021. Revenue for both programs are in agreement with County records.

The Kin Support program had a deficit of \$1,009.98. The expenses in the amount of \$59,155.26 exceeded revenues of \$58,145.28. The financial make up is currently 100% personnel related.

The Bridges to Success program had a net revenue of \$1,576.21. Revenue in the amount of \$46,900.00 exceeded expenses of \$45,323.79. The financial makeup of this program is 30% personnel related and 70% operating.

The agency provided timesheet and payroll registers for the months of January – March 2021. All timesheets were signed by both employee and supervisor and agreed with the employee's payroll register. There were no discrepancies found.

Transactions from the Bridges to Success program were reviewed to ensure expenses were allowable as per the agency's budget submitted to The County.

Note: Upon reviewing the general ledger for Kin Support there were a handful of expenses that were not allowed under the preapproved FAA budget. Agency was notified and immediately removed the charges and allocated to a different funding source. Also agency has provided FY21 closeout documentation and all funding was used and adequately expensed.

Billing Documentation –

**Kin Support Project:**

<b>Client Name</b>	<b>Date</b>	<b>Mins Billed</b>	<b>Status</b>
MP19-470	2/24/21	8	Ok
MP20-475	2/25/21	11	Ok
MP20-476	2/16/21	57	Ok
LF20-477	2/2/21	4	Ok
LF20-480	3/1/21	100	Ok
MP19-470	3/5/21	3	Ok
MP20-475	3/24/21	48	Ok
MP20-476	2/26/21	29	Ok
LF20-477	2/10/21	30	Ok
LF20-480	3/4/21	2	Ok

Verified by viewing Client Files on site. Inside the client files there is a tab called “Case Progress Notes” where inside they document start and end times for each activity performed and which staff member performed them. The staff member also signs their name for each activity/session described.

There were no issues with these samples.

## Bridges to Success:

<b>Client ID</b>	<b>Unit</b>	<b>Term of Sub-Lease</b>	<b>Weeks Billed</b>	<b>Status</b>
E.N.	1500	1/21/2021 thru 1/20/2022	2/5/2021 thru 2/26/2021	Ok
J.R.	308-108	11/16/2020 thru 11/15/2021	2/5/2021 thru 2/26/2021	Ok
L.W.	8965-307	11/25/2020 thru 11/24/2021	2/5/2021 thru 2/26/2021	Ok
N.F.	114-308	11/20/2020 thru 11/19/2021	2/5/2021 thru 2/26/2021	Ok
N.P.	652	8/19/2020 thru 8/18/2021	2/5/2021 thru 2/26/2021	Ok

Verified by viewing client files. Inside the client files were sub-lease agreements which showed the term of the lease and the name of the sub-lessee.

No discrepancies found.

**Report Finished**

## Summary of Results

An analysis of the Nine (9) Management systems revealed that all of the nine (9) systems were in compliance.

Is an Improvement Partnership Agreement required?

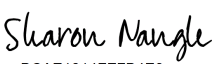
Yes       No

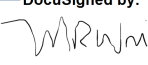
Is follow-up required?

Yes       No

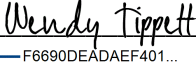
Date of Follow-up:   N/A

**Agency Monitoring Report Approvals**

Grant Compliance Specialist II  DocuSigned by: Sharon Nangle Date: 12/6/2021  
BCAE1814FE7B4E8...

Contract Manager  DocuSigned by: MRWm Date: 12/6/2021  
E09212A7E6CB41F...

Fiscal Manager  DocuSigned by: Thomas Eaton Date: 12/6/2021  
B9475D9E749E4E9...

Program Manager  DocuSigned by: Wendy Tippett Date: 12/6/2021  
F6690DEADAEF401...

**BEHAVIORAL HEALTH SERVICES**  
First Quarter Report, October 2021 - December 2021

Date: January 2022

PROGRAMMATIC CAPACITY & DELIVERABLES									
CAPACITY	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE
# of clients enrolled & carried over	155		186		186		186		
# of clients opened - Adult 1st box Child 2nd box	3	44							3 44
# of clients served	202		186		186		186		
# of clients closed - Adult 1st box Child 2nd box	0	16							16
# targeted to be served	135								
PROGRAMMATIC OUTCOMES									
	QTR 1		QTR 2		QTR 3		QTR 4		YEAR AVG
OUTCOME INDICATORS	#measured	#achieved	#measured	#achieved	#measured	#achieved	#measured	#achieved	
80% reduction in mental health symptoms	16	12							
Percentage achieved	75%		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
80% stability of placement	16	16							
Percentage achieved	100%		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
80% stability in school	16	15							
Percentage achieved	94%		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Challenges impacting outcomes	Of the 16 clients who were discharged this quarter, all of them remained stable in their homes and all except for one remained stable in school (one left school without informing the therapist of their plan to re-enter another school). Four students were discharged after only two months in treatment and outcomes with respect to a reduction in their behavioral health symptoms could not be adequately measured.								

HOUSEHOLD COMPOSITION	QTR 1	QTR 2	QTR 3	QTR 4	TO DATE
Types of household (unduplicated)					
Single Parent	21				21
Married Couple	25				25
Cohabiting couple	0				0
# of Children	108				108
# of Adults	94				94
<b>PROGRAM OVERVIEW</b>					
<b>ACCOMPLISHMENTS &amp; CHALLENGES Current Quarter</b>	<b>COMMENTS</b>				
# of files audited	0				0
Most notable key accomplishment(s)	<p>In this quarter, we hired a new Clinical Director and she was scheduled to start at the end of December. Our co-located therapist who works in two of the schools that are assigned to us by the school district returned on 11/29/2021 and re-engaged with the students and staff of the schools. The transition was smooth and the students experienced a warm hand-off from the therapists who had been covering. One our most notable accomplishments this past quarter was then feedback that we received from the school district regarding the work that we provide in the schools. All of the principles of the schools in which we work have reported extremely positive outcomes with respect to the services being provided.</p>				
Most notable challenge(s)	<p>A challenge in the program comes by way of auditing charts. With the majority of the staff in BHS being Co located in schools, and with the absence of a clinical director, no charts could be audited in the last quarter. Many of the staff are also working remotely due to the pandemic and this has also resulted in some of the charts not being audited in a timely manner. A priority in the upcoming quarter will be to come up with an alternative procedure which will allow us to audit charts in a modified manner. This would mean that many of our documents will need to be uploaded into an electronic system which would allow clinicians and staff to review charts electronically and remotely.</p>				
<b>ANECDOTAL STORY TO SHARE</b>					
<p>Therapeutic services continue to be provided to uninsured and under-insured children and adults. We had a lot of families that, due to the pandemic and losing their jobs or part of their income, struggled to put food on the table and secure PPE to keep safe. Many were not able to provide gifts to their children/youth during the holidays. The agency provided most of our clients with some holiday gifts for their children. A success story that showcases the highly dedicated teams we have working with our clients is a 17-year-old referred to the agency after being arrested for possession of an illegal substance. Given that the youth had no prior history with law enforcement, he was not incarcerated, and the only recommendation was that he receive counseling. The youth engaged in treatment and remains engaged to this date. We met with the mother in late November, and she praised the therapist for all the work he has done with her son and for the time spent counseling him. She also reported how much progress her son has made in the short time he has been in treatment. He has a strong desire to finish school and even considers going on to college.</p>					

**BRIDGES TO SUCCESS**

First Quarter Report: October 2021 - December 2021

Date: January 2022

PROGRAMMATIC CAPACITY & DELIVERABLES									
CAPACITY	QTR 1		QTR 2		QTR 3		QTR 4		YEAR END
# of families carried over	10		10		10		10		
# of families opened	0								0
# of families served	10		10		10		10		
# of families closed	0								0
# families targeted to be served	10								
CLIENTS & HOUSING UNITS (new per quarter)	QTR 1		QTR 2		QTR 3		QTR 4		YEAR END
# of Families	10								10
# of Children/dependents	16								16
# of Adults	18								18
Single	9								
Married	0								
Co-habituating	1								
COMMENTS									
PROGRAMMATIC OUTCOMES									
	QTR 1		QTR 2		QTR 3		QTR 4		
Outcome Indicators	#measured	#achieved	#measured	#achieved	#measured	#achieved	#measured	#achieved	YEAR AVG
80% of 10 families will maintain housing within the program or exit to safe, affordable permanent housing.	10	10							
Outcome #1 % Achieved	100%		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
80% of 10 families will maintain or increase their income including wages and/or benefits.	10	5							
Outcome #2 % Achieved	50%		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Challenges impacting outcomes	Of the ten families that we house and record outcomes for five of those families lost income due to lowered wages and hours at their place of employment, decreased social security benefits, or a once minor child aging out of disability eligibility.								



PROGRAM OVERVIEW					
FILE AUDITS	QTR 1	QTR 2	QTR 3	QTR 4	YEAR END
# of files audited	0				0
ACCOMPLISHMENTS & CHALLENGES	COMMENTS (current quarter)				
Most notable key accomplishment(s)	The agency provided resources and assistance in their search for new employment. Because some struggled to provide food for their families, Families First continued to provide gift cards to local grocery stores so they could purchase food, cleaning supplies, and other essentials. CARES Act monies were available again and clients could receive assistance with utilities. Engaging and cultivating landlords is an ongoing process. All landlord relationships have been maintained, ensuring secure, safe, and stable housing for all of our clients. The landlords have been extremely helpful in being flexible with month-to-month leases when staff could not do on-site inspections of all units, which is required by our federal HUD funding. We conducted the yearly client satisfaction survey and it consistently reported their satisfaction with the services received, the quality of those services, and that they are treated with respect and consideration. The lowest rating in the survey this past year was 91%, and the highest was 100%.				
Most notable challenge(s)	Clients suffered reduced hours at work or completely lost their jobs, as has been the case since the beginning of COVID-19. No clients were able to move out as the Section 8 voucher amounts have not been increased; therefore, clients cannot find appropriate housing based on the astronomic rise in rents. If something is affordable, it is not necessarily safe or appropriate for our families. We continue to work with clients in their goals to gain independent living.				
ANECDOTAL STORY TO SHARE					
<p>NP is a mother of one 14-year-old son and two daughters, 11 and 8 that she shares with her partner. Her family entered the program in November 2019 and came to BTS through the county's homeless coordinated entry system. They moved into an apartment in Belle Glade. She and her partner experienced many setbacks that included legal complications, constant conflict with the landlord, and the inability to find employment. They struggled to adjust to being in the program and their new living situation. Finding work was challenging due to their criminal history. After moving in, the family had many run-ins with the neighbors and the landlord. They struggled with the program rules and missed required meetings regularly. The program coordinator did several unannounced visits to try to meet with them. The landlord's conflict got to the point that he threatened eviction. With concerns mounting, staff started to question if BTS was the right program for them but realized that requiring them to leave would mean they would go back to homelessness. Staff created a plan with the family that included moving them to a new apartment in Pahokee and a notice to cure (improvement plan). The notice to cure required that they adhere to all program rules immediately. Moving them occurred during COVID and was very stressful. Part of the plan was to develop a positive relationship with their new neighbors and landlord. If they could not comply, staff would have no choice but to discharge them from the program.</p> <p>The move has been extremely successful, and the family has done a complete turnaround. After a year in Pahokee, they have built great relationships with the new landlord and neighbors and have worked hard to meet their housing development plan goals. Staff supported NP in her endeavor to become a certified nursing assistant by providing financial resources for her training and testing fees. The program coordinator worked with them, assisting in resume writing, interview coaching, and providing job opportunity information. In late 2021, after two years of coaching and encouragement, both NP and her partner secured jobs and have maintained their employment for over four months. This family has overcome many struggles and continues to move forward in their journey to be self-sufficient and independent.</p>					

**CHILD FIRST**

First Quarter Report, October 2021 - December, 2021

Date: January 2022

PROGRAMMATIC CAPACITY & DELIVERABLES									
REFERRALS, ENROLLMENTS & DISCHARGES	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE
# of Clients enrolled and carried over	28		35		0		0		
# of clients carried over who were NOT enrolled, but enrolled in the 1st Qtr.	5								
# of Clients referred, accepted & enrolled from HomeSafe	17								17
# of Clients referred, accepted & enrolled from HMHB	0								0
# of enrolled Clients served	50								
# of Enrolled Clients discharged in quarter	15								15
Referrals that were accepted & discharged (never enrolled) <i>*see comments for reasons</i>	HomeSafe	6							HomeSafe 6
	HMHB	5							HMHB 5
# of Rejected Referrals	Capacity	1							Capacity 1
	Language	1							Language 1
COMMENTS									
<p><i>* Referrals accepted &amp; discharged reasons:</i>                      HomeSafe: Another target client identified: 1; Declined Services - Does not consent: 5;                      HMHB: Declined Services - Participant discontinued services: 1; Moved out of service area: 1; Unable to locate - service was not initiated: 1; Unable to locate - service was initiated: 2</p>									
BENCHMARKS AT DISCHARGE	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE AVG
SNIFF (Service Needs Inventory for Families) Needs Identified & Met - Clients opened 4+ months Benchmark: 80%	100.0%								25.0%
% of discharged Clients that Met Tx Goals/Completed Svcs (# of discharged clients / %)  (All discharged clients in the period enrolled for 60+ days & had at least 4 home visits by the clinician.)	7	100.0%							
Family Improvement (benchmark 75%) <i>* See Comments</i>									
COMMENTS									
<p>For contract year 10/1/20 thru 09/30/21:                      # of families that presented w/problems in 1+ areas at baseline: 25                      Percent improvement at discharge: 96%</p>									
CLOSURES LENGTH OF SERVICE	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE
# of Clients open for 60+ days and closed in the quarter	7								7
Clients open 60+ days - Average Length of Service - Months	10.3								10.3
COMMENTS									

HOUSEHOLD COMPOSITION					
Types of household/Families (unduplicated)	QTR 1	QTR 2	QTR 3	QTR 4	TO DATE
Single Parent (widow/divorce/separated/never married)	50				
Married Couple	0				
Cohabiting couple	0				
# of Adults	74				
# of Children	89				
PROGRAM OVERVIEW					
FILE AUDITS	QTR 1	QTR 2	QTR 3	QTR 4	YEAR END
# of files audited (Benchmark: 25% of census per quarter)	0- in person peer review postponed until 1/18/22 due to COVID variant				0
ACCOMPLISHMENTS & CHALLENGES Current Quarter	COMMENTS (current quarter)				
Most notable key accomplishment(s)	High fidelity to the model with an overall score of 94%. Our strengths this quarter include exceeding our benchmark of Adjusted Home Visits achieving a score of 89.9% (Adjusted Direct Contacts due to COVID), data completed on time with a score of 97.4%, data submitted complete at 100%, and baseline assessments scoring at the benchmark of 80%.				
Most notable challenge(s)	With the Omicron variant COVID 19- 4 out of 10 staff sick or with sick children or both this quarter, many clients were sick and we began the quarter home-visiting but returned to full virtual by December. The two other Child First programs were down staff so we took all over-flow of referrals from the south and north teams. We accepted 29 referrals of which, 13 were out of our zip code area On boarding of two new clinicians meant number of clients able to be served were down until they completed their required trainings.				
ANECDOTAL STORY TO SHARE					
<p>This family was referred to the Child First program through the child’s daycare, due to reports of constant behavioral concerns. During the clinical intake, the mom shared that she was initially avoidant of and rejected the child when he was a toddler due to relationship discord concerns, including her depression. Mom reported that she did not understand the child’s behaviors and reactions in the daycare setting. She shared that the child was reported to be aggressive to both peers and staff and that he had been expelled by two other daycare centers. Mom reported that she separated from the child’s father due to domestic violence and lack of support. Mom stated that the child did not take the separation well and would frequently withdraw from her. Mom reported feelings of disconnect with the child and felt he had a stronger attachment to his father. Mom shared that she believed there was an incident that occurred at daycare with a staff member being aggressive towards the child, which initiated his defiance towards authority figures. Upon referral, the child showed symptoms of verbal and physical aggression towards others in response to frustration or limit setting, actively defying adults, hitting and kicking peers at least once per week, and physically and verbally frightening peers.</p> <p>Initially, the mom was resistant to telehealth services. As the therapeutic rapport grew, and through fun activities and consistent meetings, the mother began to view telehealth as a safe and fun opportunity to discuss feelings and emotions together through the use of play. The team began to notice that spontaneous play increased, the child’s negative behaviors reduced significantly in the daycare and home setting, the mom’s affection and compassion towards the child increased, and she looked forward to being a part of treatment. Mom reported that her son enjoyed spending time with her now and that he was more vocal about his emotions and wanted to share his feelings. The mom and son were involved with Child First for nine months, and their relationship significantly improved. When the family closed with all treatment goals met, they were visibly more connected, relaxed, and fun-loving. The improvements in the security of the relationship had a profound effect on the child’s mood, behavior, and overall development.</p>					

## HEALTHY FAMILIES PROGRAM

First Quarter Report, October 2021 - December 2021

Date: January 2022

PROGRAMMATIC CAPACITY & DELIVERABLES										
CAPACITY	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE	
# of clients carried over <b>Adult 1st Child 2nd</b>	316	621	317	29	317	0	317	0	Adult	Child
# of clients opened <b>Adult 1st Child 2nd</b>	26	49							26	49
# of clients served <b>Adult 1st Child 2nd</b>	342	670	317	29	317	0	317	0	1293	699
# of clients closed <b>Adult 1st Target Child 2nd</b>	25	20							25	20
Capacity - Contracted for 350										
PROGRAMMATIC OUTCOMES										
	QTR 1		QTR 2		QTR 3		QTR 4		YEAR AVG	
OUTCOME INDICATORS (open cases)	#measured	#achieved	#measured	#achieved	#measured	#achieved	#measured	#achieved		
1. 85% of target children will be up-to-date with immunizations at 24 months of age	13	12								
Outcome 1 Percent Achieved	92%		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
2. 85% of target children will be up-to-date with well-child checks at 24 months of age.	13	12								
Outcome 3 Percent Achieved	92%		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
3. 90% of target children enrolled six months or longer will be linked to a medical provider	72	72								
Outcome 2 Percent Achieved	100%		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Challenges impacting outcomes	None at this time, all outcomes were met.									
HOUSEHOLD COMPOSITION										
Types of household/Families (unduplicated)	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE	
Single Parent (widow/divorce/separated/never married)	192								192	
Married Couple	63								63	
Cohabiting couple	78								78	
# of Adults	345		0		0		0		345	
# of Children	667		0		0		0		667	

<b>FAMILY RETENTION Closure Reasons</b>	<b>QTR 1</b>	<b>QTR 2</b>	<b>QTR 3</b>	<b>QTR 4</b>	<b>TO DATE</b>
# Completed HFF	6				6
# Not Interested/declined services	8				8
# MOOSA	2				2
# Lost Contact/to follow-up	1				1
#Target Child Miscarried	3				3
#Other	0				0
<b>PROGRAM OVERVIEW</b>					
<b>FILE AUDITS</b>	<b>QTR 1</b>	<b>QTR 2</b>	<b>QTR 3</b>	<b>QTR 4</b>	<b>TO DATE</b>
# of FSW files audited (Individual Family Records IFRs/charts)	116				116
<b>ACCOMPLISHMENTS &amp; CHALLENGES Current Quarter</b>	<b>COMMENTS (current quarter)</b>				
Most notable key accomplishment(s)	The staff keeps flexible hours that include nights and weekends to accommodate families' schedules. To avoid cancellations and rescheduling, supervisors provide coverage if a staff member cannot make a scheduled home visit. Even while working remotely and seeing participants virtually, we can still complete face-to-face drop by's and check-ins for our participants. Doing this helps to provide consistency of services for our families.				
Most notable challenge(s)	Our Healthy Families participants struggle with mental health, DV, housing (affordable housing/low-income housing), limited community resources for rent, utility assistance, basic needs, limited natural supports, and transportation. Our participants struggle with hardships due to the Covid-19 pandemic, but we continue to support them and provide as many resources as possible to ease their fears and anxieties. The new strand of COVID that hit this quarter has caused the number of positive cases to rise quickly. We encourage them to take advantage of the free testing sites available. Many families are engaging in virtual home visits, as evidenced by our 91% home visit completion rate this quarter, and provide positive feedback about the quality of care they are receiving. We continue to maintain over 85 % capacity.				
<b>ANECDOTAL STORY TO SHARE</b>					
The client enrolled with Healthy Families as a first-time mother. She has been an active participant since January 2018. When the client came into the program, her challenges were being unemployed, feeling depressed, and not having family or friends for support. At the start of services, the client received information and linked with many community resources to benefit the family's needs. When she started participating in the program, she shared with the family support worker about her expectations for herself. She stated she wanted to obtain a full-time job and learn English. She shared with the family support worker that she would like to learn about child development to raise a strong independent child. She strives to become a great mother and provider to her children every day. Since her time with Healthy Families, she has built a professional relationship with her family support worker. She learned various teaching methods and understood the importance of having positive child interaction with her baby. The client stated that the extra resources, information, and goal setting had helped her tremendously to achieve goals and help her meet her family's needs. The client also obtained assistance from the family specialist to assist her with tools to deal with life. The family support worker has provided the client with information about discipline, self-regulation, and toilet training. The family support worker also completed the Finding the Goal Within curriculum to help the client with self-esteem past wounds and become her own coach. The Growing Great Families curriculum was used to help the client with toxic stress, make effective plans, and spend time with family. While in the program, she learned to develop and achieve goals. The main goal she achieved was obtaining a full-time job. She also learned the resources available to her and has been able to get connected as needed. She shared with her family support worker that she plans to obtain her residency and has collected the information needed to start the process. She has also gained confidence and is proud of her many accomplishments.					

## KIN SUPPORT PROGRAM

First Quarter Report, October 2021 - December 2021

Date: January 2022

PROGRAMMATIC CAPACITY & DELIVERABLES									
CAPACITY	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE
# of enrolled families carried over	38		42		42		42		
# of families opened	8								8
# of families served	46		42		42		42		
# of families closed	4								4
# targeted to be served									
NUMBERS SERVED (unduplicated)	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE
# of Children	91								91
# of Adults	43								43
PROGRAM REFERRALS	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE
# of referrals screened eligible for an assessment	8								8
# of referrals screened ineligible for assessment	0								0
# of referrals screened and placed on waiting list	0								0
# of referrals provided with education and information regarding community resources and services	45								45
PROGRAMMATIC OUTCOMES									
Outcome Indicators	QTR 1		QTR 2		QTR 3		QTR 4		YEAR AVG.
	#measured	#achieved	#measured	#achieved	#measured	#achieved	#measured	#achieved	
1) 84% of 50 kinship families will remain stable (not removed /placed in foster care) during the contract year.	46	45							
Outcome 1 Percent Achieved	98%		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
80% of 50 kinship families will receive social work/supportive counseling to address mental health and social service needs.	46	46							
Outcome 2 Percent Achieved	100%		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
80% of 20 relative caregivers will receive support group services	17	17							
Outcome 3 Percent Achieved	100%		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
90% of 50 families will be successfully linked to supportive services.	46	46							
Outcome 4 Percent Achieved	100%		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Challenges impacting outcomes	With one family, the kinship arrangement disrupted resulting in the relative children's placement at a homeless shelter. FSC continues to work closely with caregiver in securing stable housing.								

PROGRAM OVERVIEW					
FILE AUDITS	QTR 1	QTR 2	QTR 3	QTR 4	TO DATE
# of files audited	0				0
Comments	Change in program director and one other staff member this quarter. File review will be resumed in 2nd quarter.				
<b>ACCOMPLISHMENTS &amp; CHALLENGES</b> Current Quarter	<b>COMMENTS (current quarter)</b>				
Most notable key accomplishment(s)	<p>On December 1, 2021, Kin Support team held a group where participants provided a video recording to say 'Thank you' to the Deluca Foundation for their donation to caregivers in the month of November.</p> <p>In the month of November gift bags from different foundations were provided to kinship caregivers.</p> <p>During this quarter, referrals resulted in the opening of 8 new kinship families. This number of openings were the same from previous quarter.</p> <p>The FAA grant under Behavioral Health Services for the program was finalized with the County.</p> <p>Due to COVID concerns, Kin Support staff continue to facilitate virtual support groups via zoom once a month.</p>				
Most notable challenge(s)	<p>KSP staff has expressed challenges to the departure of the program director who was with the agency for nearly 18 years. KSP staff expressed pressure in finding ways to maintain program stability along with meeting the requirements of their caseloads during the time of this transition.</p> <p>Due to the ongoing pandemic staff continues to use precautionary measures by meeting with caregivers and children either virtually or in open areas.</p>				
<b>ANECDOTAL STORY TO SHARE</b>					
<p>Mrs. R is a paternal grandmother (age 74), who opened services with Kin support in 2020. She is raising her two grandsons, Mario and Joshua. Grandsons' biological parents have been unable to care for them due to various barriers. Mrs. R obtained legal custody of both grandsons through the court and the involvement of Childnet. The Kin Support Program has linked the family with school supplies and holiday gift assistance. The family was also gifted with donations for holiday meal assistance in November and December. Mrs. R struggled to pay the water bill, which was increasing over time and had difficulty catching up with payments. Families First assisted the family by financially bringing their bill up to date. Since then, the family has resumed paying their utility bill regularly without any delays. During the first months of the pandemic, the family needed household items such as food and toiletries. The Kin Support program provided them with gift cards from Walmart. Mrs. R has also been receiving supportive counseling where she is learning to improve and strengthen her coping and parenting skills in raising her grandchildren. The Family Service Coordinator (FSC) also engages the children through sports, homework assignments, and is involved in their academic progress. Through this rapport, it appears that both children enjoy the interactions with KSP staff. Mrs. R expressed gratitude for the supportive visits from the FSC and verbalized feeling well taken care of in all areas, including emotionally and financially.</p>					

## TOPWA PROGRAM

First Quarter Report, October 2021 - December 2021

Date: January 2022

PROGRAMMATIC CAPACITY & DELIVERABLES									
CAPACITY	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE
# of pregnant women enrolled carried over (in program 10 months of previous year)	64		66		66		66		
# of clients opened	45								45
# of clients served	109		66		66		66		
# of clients closed	43								43
# targeted to be served									
REQUIRED TARGETS	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE
45 Assessments (pregnant women) per quarter	45								45
60 HIV Tests (all childbearing age) per quarter	67								67
60 Pregnancy Tests (all) per quarter	126								126
60 Outreach Sessions (all) per quarter	254								254
PROGRAMMATIC OUTCOMES									
Outcome Indicators	QTR 1		QTR 2		QTR 3		QTR 4		YEAR AVG.
	#measured	#achieved	#measured	#achieved	#measured	#achieved	#measured	#achieved	
180 of 180, or 100%, of at risk pregnant women will be linked with needed medical care and/or essential community resources from October 1, 2020 to	45	45							
Outcome 1 Percent Achieved	100%		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
133 of 140, or 95%, of pregnant women will be linked with a medical payer source to receive prenatal care from October 1, 2020 to September 30, 2021.	32	32							
Outcome 2 Percent Achieved	100%		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
100% of babies born to HIV+ mothers will test negative for HIV.	2	2							
Outcome 3 Percent Achieved	100%		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Challenges impacting outcomes	The team continued to work together with regard to identifying strategies that will assist the program with meeting deliverables while navigating services throughout the COVID-19 pandemic.								
PROGRAM OVERVIEW									
FILE AUDITS	QTR 1		QTR 2		QTR 3		QTR 4		YEAR END
# of files audited including peer reviews	45								45



ACCOMPLISHMENTS & CHALLENGES Current Quarter	COMMENTS (current quarter)
Most notable key accomplishment(s)	TOPWA staff conducted their fifth outreach and educational presentation with Wayside House (substance treatment provider for women) on October 14th, 2021. Staff offered & provided HIV testing to program participants. The agency & staff have continued to stay aware of the COVID Delta variant as well as the need to continue practicing safety protocols & utilizing PPE. As of 10/31/2021, Program Director, Denise Chin, departed the agency and is no longer with Families First. Melissa Wijngaarde, LCSW was hired as the new Maternal and Infant Mental Health Director who will oversee TOPWA. TOPWA staff conducted their first outreach and HIV/STD education presentation with the Wayside House Outpatient Program on November 18th, 2021. Staff offered HIV testing to the outpatient participants. TOPWA Outreach Workers, Nadine Dessaint, Maura Andres, and Jocelyne Dillard participated in a “World AIDS Day” event on 12/1/2021 at YAYA Family Business in Belle Glade, FL. Staff conducted HIV testing, raffles, and distributed educational materials.
Most notable challenge(s)	Staff continue to face challenges in conducting outreach during a pandemic. Another barrier identified by staff is the challenge of accessing housing resources & affordable housing for some clients.
<b>ANECDOTAL STORY TO SHARE</b>	
In May 2021, a TOPWA outreach worker offered services to a 29-year-old pregnant woman in Belle Glade. At the initial visit client, was 26 weeks pregnant and a recent refuge from Haiti to the United States with her boyfriend and three-year-old daughter. During the home visit, the outreach worker learned that the family was undocumented and unable to work. They were living with a cousin in a one-bedroom apartment. The outreach worker provided follow-up services regarding medical coverage, Healthy Mothers, Healthy babies, Lutheran Services for childcare, and immigration. The outreach worker helped the client navigate her medical care and social services. TOPWA staff also assisted the client with applying for Temporary Protective Services and Work Authorization from Haiti to work in the United States. She helped the client to access Medicaid for her children and herself. Through the TOPWA Program, mom was able to apply for food stamps and was connected to WIC for nutritional assistance. The client gave birth to a healthy baby girl and received her legal paperwork with INS for herself and her family. The client and boyfriend are now working full-time and living in a one-bedroom apartment. The client’s oldest child is now four years old and is enrolled full-time at PEPPi Head Start and thriving. The client’s goal is to receive her cosmetology certificate to open up a beauty salon in Belle Glade.	