



Performance Quality Improvement

2nd Quarter Meeting, FY21-22

May 18, 2022

8:30 a.m. – 12:30 p.m.

Meeting Report

In Attendance:

Julie Swindler
Renee Constantino
Alexander Guanarita

Andres Torrens
Sharonda Crawford
Peter Thate

Diana Cardona
Stephanie Drennan
Melissa Wijngaarde

Absent:

I. CEO, Finance, and Operations Updates

❖ Updates for quarter

CEO

- In January, the Executive Leadership Team and board member Raul Mercader had the first meeting of a series to create a new orientation process for new employees. Linda Salzman, a consultant, working with the agency, manages the project.
- Town of Palm Beach United Way site visit was conducted on February 24th in advance of the new year's allocations. It was conducted virtually, with Barbara McQuinn giving a governance overview and Michael Floyd the finance overview.
- A memorial bench gift in honor of Roxanna Childs, a long-time employee, and Deputy Director, has been purchased and will be given to Roxanna's family.
- The annual meeting and celebration date was changed to March 31st and was held in person at the 3333 Forest Hill offices conference room.
- The Foundation Board of Directors approved the creation of Emeritus Board Members. Michael Gauger and Joel Dowley will be the first two members.

Finance

- A check for \$5,000 was received from Shirley Schwartz to provide transportation and utility services to Glades clients.
- The Great Charity Challenge was held on February 5th. The agency placed 9th and netted \$50,000.
- Staff was briefed on the performance of the agency's endowment fund by the Community Foundation PB/M Counties. Despite inflation, the stock market over-performed. Morgan Stanley is projecting a 4.6 growth this year and 3.7 next year.

- 401-K Update - recommendation has been made to move the plan from John Hancock and Definity to Voya and AimPoint Pension, who will charge lower fees to the employees and agency. Voya is a third-party administrator.
- Linda Salzman has been contracted for grant writing. Eight grants need to be written.

Operations

- Staff is researching databases that will be suitable for the whole agency. Renee has been meeting with Perry Boreman of Webauthor. Perry presented the program to the ELT during an ELT meeting. Perry provided the security upgrades that have been made to Webauthor as well. Staff is looking at the existing databases to see if they can be used for the whole agency.
- Executive leadership explored office space needs in light of the sale of the Forest Hill office. Alex was able to draft a blueprint of how the space could be configured. That blueprint considers most staff working remotely because they are in the field. It would have fewer closed offices and more spaces for staff to drop in, do what they need to do, and then leave again. Once we determine how many staff will be working in the office and how many will be a hybrid, we will finalize the plans.
- When moving offices, leadership will review the landline phones and determine if it is necessary to keep all of them or just for specific roles/offices. The majority of staff use their cell phones. Maybe consider a smaller set-up that still has a landline for general public calls.

Grants

- 15 grants written in this quarter totaling \$262,900
- 0 grants were new requests
- 13 grant award notifications are still outstanding
- 1 2021 grant not refunded in 2022
- 2 have been awarded for \$10,000, with 1 grant notification coming in that was carried over from the 1st quarter, amounting to \$11,500. There were no requests declined this quarter which were carried over from the 1st quarter.

II. Development Department

- Samantha Whiteman tendered her resignation, effective February 4th.
- Community Denim Day is scheduled for April 29th. Board members will be reaching out to their businesses and contacts to join. The committee decided to change it to wear blue day because most organizations allow for denim these days. A \$50 gift card was drawn for the most unusual blue outfit.
- The Legacy Giving committee met in January to discuss how to get local corporations and CEOs more involved with Families First. The committee is working on hosting a CEO dinner to introduce Families First and to secure future engagement.
- FF came in 2nd with donations in the Honda Classic, making the agency eligible for a tent at the Honda Classic event on February 25th.
- The Annual Children's Day Luncheon will be held at the Kravis Center on November 4, 2022. The committee will invite last year's speaker back again as he was good and the event was over Zoom.

III. Workforce Stability

❖ Attrition

- Separations – 3
 - CF – 1; voluntary - tenure 6 years, 5 months
 - BHS– 1; voluntary - tenure 2 years, 1 month
 - Development – 1; 9 years, 10 months

- New Hires – 5
 - BHS – 1; position filled in three months
 - CF – 2; one position filled immediately; one position filled in two months
 - TOPWA – 1; new position
 - Development – 1; position filled immediately

- Transfers between positions or departments –
 - CF to Admin – one position

❖ Staff Morale

- Return to working at the office will begin soon. Program directors will determine the best configuration for their staff to optimize their time. Administrative staff will all come back to the office full-time with opportunities to work remotely considered case-by-case. Flexibility will be considered when decisions are made.
- Due to the housing shortage and dramatic increase in rents, the staff is struggling to help their clients maintain their housing or find affordable housing when they have to move. There is still some Federal money, but that will end in the next couple of months. This was used to help with rent and utility payments.
- Within the community, staff turnover has increased. However, FF has maintained most staff with very little attrition since the pandemic hit. When filling positions, directors are starting to be able to fill them faster.
- HF has been maintaining a high program capacity, indicating the level of commitment by staff, even during the pandemic. Staff is setting their goals for 2022. The program received its Comprehensive Program Performance Assessment (CPPA) from CSC, and it was an excellent report. The program is rated in the “green,” which indicates they provide services that maintain high fidelity to the program model. This is the second year in a row operating in the green, even during the challenges of COVID. Capacity is being maintained in the high 80%, even hitting 90% in the first month of this quarter.
- A core team of seven staff from different programs and levels of the organization continues their work in the Advancing the Mission program established by the Department of Community Services. It has been very rewarding to see the progress toward ensuring the agency, board, and staff practice equity and inclusion in all of their work. The equity statement was finalized at the beginning of this quarter. The core team will continue to bring activities to the whole staff and board to keep them engaged and ensure they have a voice in what is happening.

IV. Safety and Security

- ❖ COVID Positive Clients for the quarter
This quarter was a 15.7% increase over the same period last year.

Program	2nd Quarter 2021	2nd Quarter 2022
	51	59
BHS	13	8
BTS	3	6
CF	4	12
HF	27	23
KS	3	10
TOPWA	1	0

- ❖ Staff testing positive for COVID-19 for the quarter – 13
84% increase over the same period last year.

71% of staff are reported vaccinated

- ❖ Risk Management Concerns
 - CHS continues to allow the Forest Hill office to decline. They do not contact Ms. Swindler when they show the building as requested several times. They have allowed visitors to go into locked offices or even walk into open ones.
 - Programs are seeing clients with increased severity of needs/issues.
 - Staff is beginning in-home visits slowly. Safety precautions continue to be emphasized. Leadership is discussing hybrid work scenarios, and it is anticipated that staff will be coming back to the office full-time soon.
 - There was a new rise in COVID rates in January due to a new strain of the infection.
 - Staff will be receiving training on cyber security from CSC. CSC will cover staff paid from their contract and give a special price for non-contracted staff. Training will be in the new fiscal year, October 2022.

- ❖ Staff incidents – 0

- ❖ Client Incidents – 11

- BHS – 2
- BTS - 0
- CF – 4
- HF – 4
- KS – 1
- TOPWA – 0

- ❖ Client Incident Types:

- Child abuse/neglect: 2
- Call to hotline/DCF (explain) - 1
- Aggressive/abusive behavior – 6
- Medical emergency – 1
- Death - 1

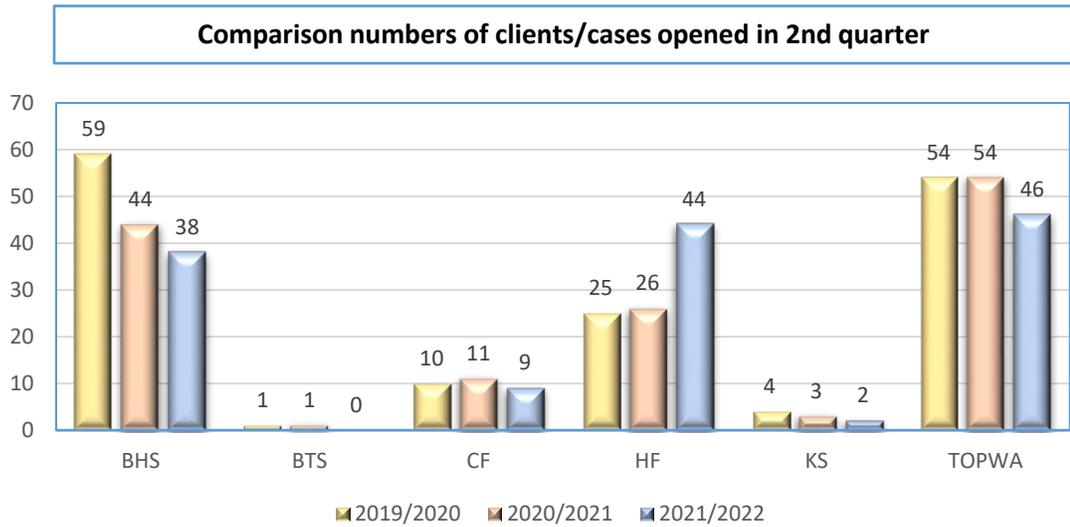
❖ Client Incidents 2nd Quarter comparison by Year

Program	2019/2020 (19)	2020/2021 (12)	2021/2022 (11)
BHS	4	2	2
BTS	1	0	0
CF	6	1	4
HF	5	2	4
KS	0	4	1
TOPWA	3	3	0

Type	2019/2020	2020/2021	2021/2022
Risk for harm self/others	4	2	0
Aggressive/Abusive Behavior/Assault	5	2	6
Accident/Injury	1	0	0
DCF/Hotline	5	0	1
Child Abuse/Neglect	0	6	2
Death	2	0	1
Legal/Law Violation	2	0	0
Medical emergency	0	0	0
Other		2	1
Sexual harassment/battery/assault	0	0	0

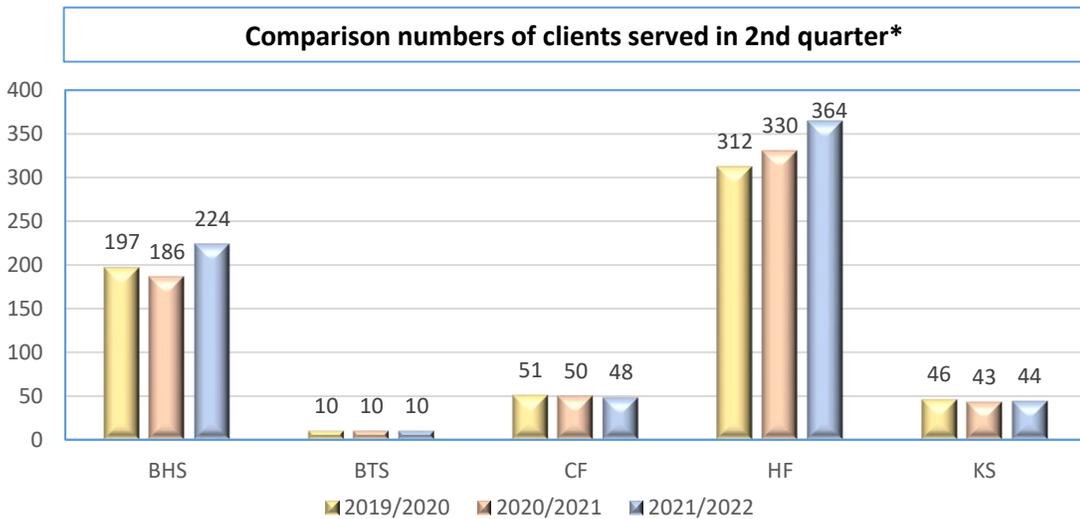
❖ Risk Assessment Review Committee incident review for 2nd quarter
See discussion notes attachment following quarterly reports

V. Client service numbers – 2nd Quarter Comparisons

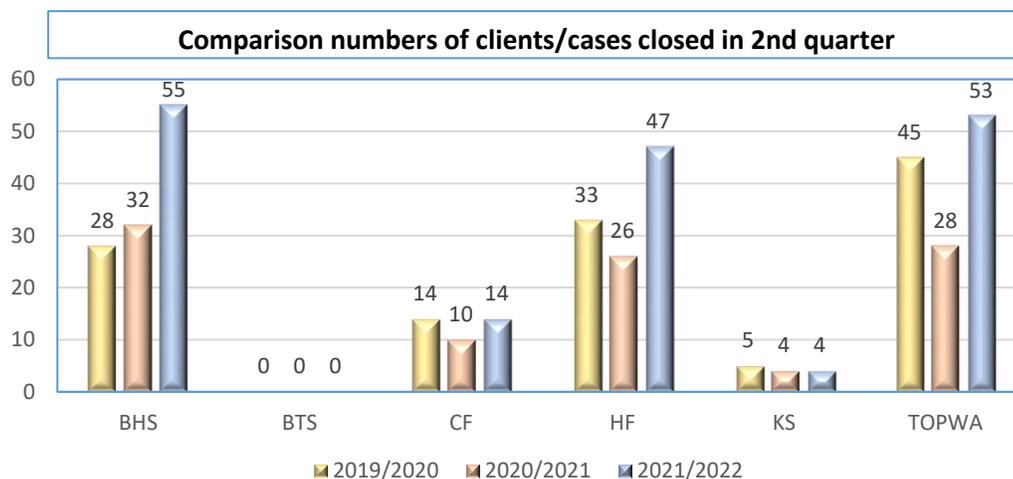


Narrative for clients/cases opened graph:

- BHS:** The departure of a clinician impacted the number of cases opened for the BHS program in this quarter. Having a co-located therapist meant the program could not receive referrals during this period.
- HF:** The numbers increased significantly due to starting the new Healthy Families One-Step eligibility process in October 2020. The pilot started in three zip codes. In May of 2021, the pilot extended to five additional zip codes. This increased capacity significantly. We think this number will level out as the year continues.



There is no narrative for the clients/cases served graph. Activity was within an acceptable and normal range.



Narrative for clients/cases closed graph:

1. **BHS:** Due to a therapist's departure from the program, it increased discharges in the BHS program.
2. **HF:** Participants will close when they graduate. Clients are closed when they move out of the service area or if contact is lost. This difference in closures over the last two years is not significant enough to be concerning.
3. **TOPWA:** The high number of closures this quarter compared to past 2nd quarter closures is that during FY 20/21, staff could not complete a lot of the postnatal closures because they could not go into the field for several months. An audit was conducted in early FY 21/22 on the open cases to determine what had not been and needed to be closed, so an unusual number was closed at one time. At this time, the staff is caught up on closing cases.

VI. Program updates; additional agenda items

- None at this time

VII. Quarterly Program Report Updates

- ❖ Monitoring, Site Visit, and Report Updates:
 1. BTS and KSP Monitoring by FAA, 3/21-3/5, 2022
- ❖ Quarterly Data Reports:
 2. BHS
 3. BTS
 4. CF
 5. Healthy Families
 6. Kin Support
 7. TOPWA

BEHAVIORAL HEALTH SERVICES
Second Quarter Report, January 2022 - March 2022

Date: April 2022

PROGRAMMATIC CAPACITY & DELIVERABLES									
CAPACITY	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE
# of clients enrolled & carried over	155		186		169		169		
# of clients opened - Adult 1st box Child 2nd box	3	44	0	38					3 82
# of clients served	202		224		169		169		
# of clients closed - Adult 1st box Child 2nd box	0	16	0	55					71
# targeted to be served	135		135						
PROGRAMMATIC OUTCOMES									
	QTR 1		QTR 2		QTR 3		QTR 4		
OUTCOME INDICATORS	#measured	#achieved	#measured	#achieved	#measured	#achieved	#measured	#achieved	YEAR AVG
80% reduction in mental health symptoms	16	12	55	41					
Percentage achieved	75%		75%		#DIV/0!		#DIV/0!		#DIV/0!
80% stability of placement	16	16	55	55					
Percentage achieved	100%		100%		#DIV/0!		#DIV/0!		#DIV/0!
80% stability in school	16	15	55	55					
Percentage achieved	94%		100%		#DIV/0!		#DIV/0!		#DIV/0!
Challenges impacting outcomes	Challenges impacting outcomes- There were a total of 55 discharges for this quarter due to the processing of documentation that was pending from staff. This area is being revisited by the clinical director in improving the documentation process. Of the 55 discharges 41 achieved a reduction in mental health symptoms. There was no disruption in stability in school and placement.								

HOUSEHOLD COMPOSITION	QTR 1	QTR 2	QTR 3	QTR 4	TO DATE
Types of household (unduplicated)					
Single Parent	21	26			47
Married Couple	25	12			37
Cohabiting couple	0	0			0
# of Children	108	78			186
# of Adults	94	88			182

PROGRAM OVERVIEW

ACCOMPLISHMENTS & CHALLENGES Current Quarter	COMMENTS				
# of files audited	0	15			15
Most notable key accomplishment(s)	In this quarter, FAA conducted an onsite monitoring. The monitoring was held between March 21st -28th. The monitoring was extremely positive with no findings for the program or fiscal departments. FAA monitors did provide the agency with a couple of recommendations that will help improve the program in delivering services in the community. Additionally, some of the comments made by the monitors were how organized the charts were, how easy they were to follow, how knowledgeable the staff and board members were in respect to the program and agency. Monitors were impressed with how thorough the notes were including treatment plans. Overall, FAA monitors were impressed with the work Families First staff is doing with the PARED program.				
Most notable challenge(s)	A challenge in the program comes by way of hiring a co-located therapist for Rivera Beach and Belle Glade. Most applicants are interested in the Rivera Beach area while very little interest has been given to Belle Glade. The clinical director has received resumes for review and continues to reach out to potential candidates for interviews. Some candidates have moved forward with other agencies; therefore, making this a challenge to secure positions for both schools.				

ANECDOTAL STORY TO SHARE

Therapists continue to follow up with clients in a timely manner and report steady progress in their cases. Particularly, a student nine years of age was referred to the co-located therapist at the school at the grandparents' request. The student's mother had recently died from a prolonged illness. The grandmother was concerned that the student was not displaying signs of grief or emotions, appeared to be anxious, unable to focus, and engaged in angry outbursts. The therapist provided the grandmother and student with psychoeducation about grief and loss, how everyone processes loss differently, as well as the different types of losses a person can grieve. The therapist normalized the student's responses to his loss for the student as well as for his grandparents. In addition to psychoeducation, the therapist worked with the student on increasing emotional vocabulary and identification, communication/expression, and developing and implementing positive coping skills to decrease anger and anxiety. Some of the interventions the therapist utilized to assist the student were play techniques, art/writing techniques, and role play. By the time of discharge, the therapist was informed by teachers that the student's concentration and overall class performance had improved, and the grandmother reported an increase in the student's ability to identify and express feelings related to his mother and her passing. Grandmother also reported the student participated in creating a "memorial" in honor of his mother and indicated that the student is more open in expressing feelings about his mother, living with grandparents, and what causes him to become anxious. Additionally, therapists and staff participated in the Trauma-Informed therapy training provided in the month of March.

BRIDGES TO SUCCESS
Second Quarter Report: January 2022 - March 2022

Date: April 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						0
# of families served	10		10		10		10		
# of families closed	0		0						0
# families targeted to be served	10		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		9						
Married	0		0						
Co-habituating	1		1						
COMMENTS									
PROGRAMMATIC OUTCOMES									
Outcome Indicators	QTR 1		QTR 2		QTR 3		QTR 4		YEAR AVG
	#measured	#achieved	#measured	#achieved	#measured	#achieved	#measured	#achieved	
80% of 10 families will maintain housing within the program or exit to safe, affordable permanent housing.	10	10	10	10					
Outcome #1 % Achieved	100%		100%		#DIV/0!		#DIV/0!		#DIV/0!
80% of 10 families will maintain or increase their income including wages and/or benefits.	10	5	10	5					
Outcome #2 % Achieved	50%		50%		#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. Income is only reviewed twice per year - June and December. 3rd quarter will have next update.								

PROGRAM OVERVIEW					
FILE AUDITS	QTR 1	QTR 2	QTR 3	QTR 4	YEAR END
# of files audited	0	6			6
ACCOMPLISHMENTS & CHALLENGES	COMMENTS (current quarter)				
Most notable key accomplishment(s)	<p>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. 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. Staff started annual FAA/HUD contract monitoring. Unlike the other FAA-funded programs, BTS only received 48-hour notice that they would be coming in. Even though both Takela Golson, program coordinator, and Renee Constantino, QAD, were out of the office with very limited availability, staff was able to ensure the completeness of the charts and other required documentation. We will be notified in April of the results of the monitoring.</p>				
Most notable challenge(s)	<p>Staff continues to work with clients assisting them with securing employment. COVID has made it very difficult to do any in-person visit, but staff does what is necessary while utilizing CDC protocols for safety. Helping clients move on to independent housing is also continuing to be challenging due to rental rates in the community. We have had several clients approved for Section 8 vouchers but were unable to move because they could not find safe, suitable housing for their family. Clients that are in the program are staying safely housed at this time. The actual unduplicated clients served to the date is 10.</p>				
ANECDOTAL STORY TO SHARE					
<p>EN came to the program with her two children at the height of the pandemic. She was homeless and had nowhere to go. Her story is one that most of us could not imagine, especially new mothers. She was incarcerated at a young age. Her mother was on drugs for most of her life, and her father was absent. While so many people dream of fame and great fortune, EN's dream includes the most important title of "Mom." She came to BTS to find safe, stable housing and build a very different life for her children than the one from where hers started. Since joining BTS, she has gained steady employment with benefits that include company stock options, something she would never have imagined, and fair pay. She has started working on a self-published book about her life story in hopes that others can avoid some of the same mistakes she has made. She continues to work on saving her resources to move into her own home and model for her children that you really can rise above some of the most challenging circumstances regardless of how old you are and live a happy, healthy, and successful life.</p>					

CHILD FIRST

Second Quarter Report, January 2022 - March 2022

Date: April 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		34		0		
# of clients carried over who were NOT enrolled, but enrolled in the Qtr.	5		4						
# of Clients referred, accepted & enrolled from HomeSafe	17		9						26
# of Clients referred, accepted & enrolled from HMHB	0		0						0
# of enrolled Clients served	50		48						98
# of Enrolled Clients discharged in quarter	15		14						29
Referrals that were accepted & discharged (never enrolled) *see comments for reasons	HomeSafe	6	3						HomeSafe 6
	HMHB	5	1						HMHB 5
# of Rejected Referrals	Capacity	1	0						Capacity 1
	Language	1	0						Language 1
COMMENTS									
* Q2: Referrals accepted & discharged reasons: HomeSafe: Declined Services - Does not consent: 2; Unable to locate - Service not initiated: 1 HMHB: client waitlisted - No services provided									
* Q1: Referrals accepted & discharged reasons: 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									
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%		93.70%						48.4%
% of discharged Clients that Met Tx Goals/Completed Svcs (# of discharged clients / %) Target = 60% (All discharged clients in the period enrolled for 60+ days & had at least 4 home visits by the clinician.)	7	100.0%	**6 of 10 discharged clients	60.0%					
Family Improvement (benchmark 75%) * See Comments	n/a - this information isn't reported quarterly		n/a - this information isn't reported quarterly		n/a - this information isn't reported quarterly		n/a - this information isn't reported quarterly		
COMMENTS									
* 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%			Q1:		Q2: ** 4 clients initiated services, but were then unable to locate		Q3:		Q4:
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		11						18
Clients open 60+ days - Average Length of Service - Months	10.3		8.5						9.4
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	8			58
Married Couple	0	4			4
Cohabiting couple	0	1			1
# of Adults	74	26			100
# of Children	89	31			120

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	16			16

ACCOMPLISHMENTS & CHALLENGES Current Quarter	COMMENTS (current quarter)
Most notable key accomplishment(s)	Families First CPPA score this quarter reflects extremely high fidelity to the model with an overall score of 100%. Our strengths this quarter include exceeding our benchmark of Adjusted Home Visits achieving a score of 89.4% (also important to note Adjusted Direct Contacts measured since COVID were 108%), data completed on time with a score of 97.7%, data submitted accurate and complete at 100%, and baseline and paired assessments scoring at 100%.
Most notable challenge(s)	<p>COVID- 19 continued to present a challenge with 1 team member contracting COVID-19 this quarter as well as many of the families we serve. The Omicron variant and its highly contagious nature has had an impact on our families and on our ability to conduct home visits during the months of January and February. In the beginning of Q2 we were still completing sessions mainly via telehealth due to the variant and we began a gradual return to the field in March. The increase in gas prices in March also presented a challenge for staff due to the increase in home visits occurring at the same time.</p> <p>An additional challenge included our Creole speaking Care Coordinator resigning in January and beginning the process of hiring another Creole speaking Care Coordinator. We had only three CCs the majority of this quarter and the therapist on this team supported the families served in transitioning to other CCs within the program.</p> <p>Our agency also experienced a transition in Clinical Directors within the Child First program which has been a challenge due to the new Clinical Director engaging in several trainings this quarter and learning her role within the Families First agency.</p> <p>Another challenge that continues this quarter is related to our teams stretching to many different zip codes that are outside of our contracted areas. During Q2 Families First CF accepted 20 referrals, 5 of which were families residing outside of our zip codes that were overflows from other CF programs. We did this to ensure that families received services while CCC South has experienced staffing issues. As we have returned to home visiting late this quarter, staff are covering large geographic territories in the county due to the overflow from CCC South. Clinical director is being mindful of caseload sizes in relation to travel and accepting referrals outside of the agency's catchment area.</p>

ANECDOTAL STORY TO SHARE

Target Child (TC) was referred to Child First at the age of 14 months. The family was referred due to parental stress and domestic violence. During the assessment and engagement phase mom was distant and it was observed that the dyadic relationship was strained due to the amount of stress that was going on within the home. The Child First team completed collateral sessions to support mom in building trust and ensuring that a safety plan was in place for mom and the children due to the history of domestic violence within the home. The Child First team supported mom by providing psychoeducation about the effects of domestic violence on children and the importance of healthy attachment with children. Throughout the assessment and engagement phase, mom became comfortable with the Child First team which encouraged the start of dyadic work. This family was engaged in Child First services during the midst of the COVID-19 pandemic and sessions were conducted via telehealth through Zoom. Because TC was so young, telehealth became a challenge at times so the Child First team began to conduct home visits with the family. During the assessment and engagement phase TC scored delayed in the areas of communication and fine motor skills. His parents were highly concerned that his delay in language development was causing him to become frustrated when his needs were not met and he could not communicate this appropriately to his parents. The Child First team introduced the family to Abecedarian activities to help enhance TC's vocabulary and to assist in the relational concerns between the dyad. The Child First team prepared activities such as water play, water table, outdoor Olympics, several cooking activities and arts and crafts to enhance the dyadic relationship between mother and child as well as assist with language development. In order to assist in language development, the Care Coordinator found a speech therapist who would conduct therapy with TC in his childcare setting. Within a month of engaging in speech therapy, TC's vocabulary increased dramatically. TC is now able to communicate his needs verbally as well as with ASL. He is now thriving in school with his speech and currently working on being fully potty trained. Through involvement in the Child First intervention, TC has been able to make improvements developmentally and within his attachment with mom. Also, by the Child First team addressing the family violence through education, family intervention, and dyadic work, this led to increased safety for the children and family as reported by mom and observed by the Child First team. He is now flourishing in both his home and school environments.

HEALTHY FAMILIES PROGRAM
Second Quarter Report, January 2022 - March 2022

Date: April 2022

PROGRAMMATIC CAPACITY & DELIVERABLES										
CAPACITY	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE	
# of clients carried over Adult 1st Child 2nd	319	616	320	31	317	27	317	0	Adult	Child
# of clients opened Adult 1st Child 2nd	26	51	44	65					70	116
# of clients served Adult 1st Child 2nd	345	667	364	96	317	27	317	0	1343	790
# of clients closed Adult 1st Target Child 2nd	25	20	47	38					72	58
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	18	17						
Outcome 1 Percent Achieved	92%		94%		#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	18	17						
Outcome 3 Percent Achieved	92%		94%		#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	98	98						
Outcome 2 Percent Achieved	100%		100%		#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		17						209	
Married Couple	63		10						73	
Cohabiting couple	78		7						85	
# of Adults (undup)	345		44		0		0		389	
# of Children (undup)	667		65		0		0		732	

FAMILY RETENTION Closure Reasons	QTR 1	QTR 2	QTR 3	QTR 4	TO DATE
# Completed HFF	6	23			29
# Not Interested/declined services	3	7			10
# MOOSA	0	1			1
# Lost Contact/to follow-up	4	8			12
#Target Child Miscarried	2	0			2
#Other	0	0			0
PROGRAM OVERVIEW					
FILE AUDITS	QTR 1	QTR 2	QTR 3	QTR 4	TO DATE
# of FSW files audited (Individual Family Records IFRs/charts)	116	106			222
ACCOMPLISHMENTS & CHALLENGES Current Quarter	COMMENTS (current quarter)				
Most notable key accomplishment(s)	Staff is making significant gains by increasing capacity. In 10/2020 the one-step pilot program was started in the Western communities. In 5/2021 it expanded to additional zip codes in the Lake Worth community. As of the end of this quarter the program is at 85% capacity and only had 17 openings. Staff is hopeful that the program will stay at this very high capacity. Staff continue to keep flexible hours including nights and weekends to accommodate families' schedules. Through the virtual home visits, staff has a 91% completion rate. Families continue to provide positive feedback about the quality of care they are receiving. The program completed the annual Healthy Families Quality Assurance site visit on February 16 - 18, 2022. The results were very positive and only have one quality improvement item for this year.				
Most notable challenge(s)	Participants are reporting problems with domestic violence, mental health issues, and substance misuse. They have limited resources for transportation and basic needs including paying rent and utilities. There was an increase in the number of incident reports and the majority were related to issues with domestic violence. Sadly, there was a child death. This was devastating to all of the HF staff. Support continues to be given to the family and transitioning her to the Child First PBC program to continue services. Staff are preparing to return to work in a hybrid fashion - work in the office and also remote. Due to the rise in COVID positive cases, staff are understandably concerned.				

ANECDOTAL STORY TO SHARE

At sixteen years old our client found out she was 10½ weeks pregnant. Her response was “no reaction,” and her eighteen-year-old partner “started to cry” when the pregnancy test was positive. She accepted the pregnancy and knew that abortion or adoption was not an option for her. When she realized she was pregnant, she was enrolled in her senior year of high school. She had many risk factors, including Inadequate income. She and the father had committed violence in the past, and she had experienced a previous domestic violence incident with another boyfriend within the last 12 months. She shared that she had been in fights with others at school and lived at home with children under five.

Her journey with Healthy Families began with her introduction to FSW Paulette Francois-Seide. The mother shared she was raised by both her parents in Haiti until they decided to separate when she was ten years old. She was sent to the USA to live with her aunt and cousins. She started to realize that is not what she would want for her child. “My parents, they got separated, and I was not with my mother for a few years, and so I wouldn’t want for my baby to go through that.” She wanted to change her child’s life experiences and let her daughter know she would always be there for her. At the time of enrollment, she lived in the US with her mother and stepfather. She watched her younger siblings and did most of the caretaking as her mother supported the family by purchasing items in the US and returning to Haiti to sell the items. Her mother would be gone for weeks at a time. Her relationship with the father of the baby began when they were employed at the same place. Both had been in physical fights with others, her last one just two weeks before she enrolled in the program.

She had no prenatal care and needed a payer source. Her transportation was the bus, and she had no baby items. Her phone bill was difficult for her to pay. Her parents provided shelter, food, and clothes. For being sixteen, she was very tuned in to what a child needs. She had been caring for her 11-month-old sibling and other siblings, nieces, and nephews between school and work. Paulette learned that this mom’s dreams were to become a nurse, graduate from college, get a car and have her own place to live. In the three years, she has been in our program, this young lady has been engaged, consistent, and open to all Paulette, the community, and her support system could provide. The mother shared with the FSW her proud moment when the teacher at daycare told her that child is more advanced than other children her age. We are so proud of this 19-year-old mom and all she has learned, actively incorporated, and engaged during her time with us. Her daughter is growing into a smart, confident little girl and has a wonderful role model for her future. Generational change works for one family at a time, and this mother knew what she wanted.

KIN SUPPORT PROGRAM

Second Quarter Report, January 2022 - March 2022

Date: April 2022

PROGRAMMATIC CAPACITY & DELIVERABLES									
CAPACITY	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE
# of enrolled families carried over	38		42		40		40		
# of families opened	8		2						10
# of families served	46		44		40		40		
# of families closed	4		4						8
# targeted to be served									
NUMBERS SERVED (unduplicated)	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE
# of Children	108		6						114
# of Adults	52		2						54
PROGRAM REFERRALS	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE
# of referrals screened eligible for an assessment	8		2						10
# of referrals screened ineligible for assessment	0		0						0
# of referrals screened and placed on waiting list	0		0						0
# of referrals provided with education and information regarding community resources and services	45		44						89
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	44	44					
Outcome 1 Percent Achieved	98%		100%		#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	44	44					
Outcome 2 Percent Achieved	100%		100%		#DIV/0!		#DIV/0!		#DIV/0!
80% of 20 relative caregivers will receive support group services	17	17	17	17					
Outcome 3 Percent Achieved	100%		100%		#DIV/0!		#DIV/0!		#DIV/0!
90% of 50 families will be successfully linked to supportive services.	46	46	44	44					
Outcome 4 Percent Achieved	100%		100%		#DIV/0!		#DIV/0!		#DIV/0!
Challenges impacting outcomes	No challenges were reported in this quarter.								

PROGRAM OVERVIEW					
FILE AUDITS	QTR 1	QTR 2	QTR 3	QTR 4	TO DATE
# of files audited	0	10			10
Comments	Chart reviews were held in this quarter.				
ACCOMPLISHMENTS & CHALLENGES Current Quarter	COMMENTS (current quarter)				
Most notable key accomplishment(s)	<p>During this period, Kin Support staff worked closely with clients and continued to link families to services in the community successfully. In March, FAA conducted onsite monitoring. The monitoring was held between March 21 and 28. The monitoring was extremely positive, with no program or fiscal department findings. FAA monitors did provide the agency with a couple of recommendations that will help improve the program in delivering services in the community.</p> <p>Additionally, some of the comments made by the monitors were how organized the charts were, how easy they were to follow, and how knowledgeable the staff and board members were concerning the program and agency. Monitors were impressed with how thorough the notes were when reviewing the family action plans. Overall, FAA monitors were impressed with the Families First staff's work with the Kin Support program.</p>				
Most notable challenge(s)	Staff reported challenges in meeting with some of the family members due to their schedules. However, family service coordinators continue to use technology as a form of maintaining constant communication with the client and family members.				
ANECDOTAL STORY TO SHARE					
<p>On February 8, 2021, the Kin Support Program received a referral for CB, her two sons, and her grandson. They had just suffered the loss of their mother from a heart attack. The family needed help with their emotional stability and did so through grief therapy. The grandson needed health insurance, cash assistance, and food stamps when the case was received. Staff was asked to oversee and assist the client with temporary legal custody of the grandson. Once this was accomplished, Social Security benefits eligibility was explored. Staff worked with the family to establish Family Action Plans that listed goals to link the children to therapy and assist the family in navigating the benefits system by applying for child-only cash assistance, child-only Medicaid, and SNAP. The grandson received Social Security benefits in July 2021. Another Family Action Plan linked the family to beds, linens, and dressers through Sweet Dream Makers. The family was linked to school supplies for the Back to School Bash in July 2021 to help them prepare for school. Most importantly, the FSC provided supportive counseling to the client for the duration of the case, including a discussion on utilizing coping strategies to help the client navigate her anxiety and sadness due to the loss of her daughter. She was linked to Marriage and Family Services for individual therapy in November 2021. The children were linked to therapeutic services in May 2021. The client participated in the Kin Support groups scheduled to assist active caregivers or once active in the program. The client received a care package in honor of Kinship Care Month, September 2021. The Family Service Coordinator (FSC) provided support when she felt her grandson's teacher didn't understand his challenges when learning in the classroom. The FSC visited the school, talked to school staff, and reviewed the Individualized Education Plan (including accommodations) to help the grandson in the learning process. The FSC provided a resource to link the grandson to affordable tutoring, and he participated in medication management to help him remain calm and focused in the classroom. At discharge, the client was confident enough to renew and look into the family benefits when discrepancies arose. She talked about moving towards adopting her grandson and felt confident enough to manage her feelings and emotions independently whenever she grieved the loss of her daughter.</p>					

TOPWA PROGRAM

Second Quarter Report, January 2022 - March 2022

Date: April 2022

PROGRAMMATIC CAPACITY & DELIVERABLES									
CAPACITY	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE
# of clients opened	45		46						91
# of clients closed	43		53						96
# targeted to be served									
REQUIRED TARGETS	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE
45 Assessments (pregnant women) per quarter	45		46						91
60 HIV Tests (all childbearing age) per quarter	67		70						137
60 Pregnancy Tests (all) per quarter	126		111						237
60 Outreach Sessions (all) per quarter	254		304						558
Number of referrals for services (Minimum 90)	90		92						182
Number of verified/completed linkages	90		88						178
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, 2021 to September 30, 2022.	45	45	46	46					
Outcome 1 Percent Achieved	100%		100%		#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, 2021 to September 30, 2022.	32	32	39	39					
Outcome 2 Percent Achieved	100%		100%		#DIV/0!		#DIV/0!		#DIV/0!
100% of babies born to HIV+ mothers will test negative for HIV.	2	2	0	0					
Outcome 3 Percent Achieved	100%		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. Staff are also working to identify women of child bearing age in area codes that have more vulnerable populations.								

PROGRAM OVERVIEW					
FILE AUDITS	QTR 1	QTR 2	QTR 3	QTR 4	YEAR END
# of files audited including peer reviews	45	137			182
ACCOMPLISHMENTS & CHALLENGES Current Quarter	COMMENTS (current quarter)				
Most notable key accomplishment(s)	<p>Outreach Worker, Nadine Dessaint, participated in the C.O.P.E (Cost of Poverty Event) Training on January 19, 2022 in Riviera Beach. Staff conducted their outreach and educational presentation with Wayside House Residential and Outpatient (substance treatment provider for women) on February 10 and 17, 2022. Staff offered and provided HIV testing to program participants. Staff participated in a presentation by Child First and Healthy Families during the TOPWA staff meeting on February 22, 2022. Outreach Worker, Nadine Dessaint, participated in the “Health and Wealth Outreach” at Dyson Circle community event. She provided education and information on TOPWA. A new Data Specialist, Jessica Quastler, was hired and began working with TOPWA on March 9, 2022. The Program Supervisor participated and attended the CARE Council ADHOC Housing committee meeting on March 4, 2022.</p>				
Most notable challenge(s)	<p>Staff continue to face challenges in conducting outreach with barriers they have identified as clients accessing housing resources & affordable housing for some clients.</p>				
ANECDOTAL STORY TO SHARE					
<p>The client is a 38-year-old Hispanic woman from Guatemala who became a TOPWA client in May 2021. She delivered her baby in September 2021 and did not know about any services such as the TOPWA program. She attempted to obtain prenatal care on her own and was not successful; therefore, she didn't start prenatal services until her second trimester. The client needed emotional support for many family problems, including her three-year-old daughter needing surgery, her husband losing his job, and the family facing eviction. Her TOPWA worker connected her to HMHB for their counseling program and assisted with community resources for rental assistance. The Food pantry list was given to her. Her TOPWA worker connected her with Mario (community liaison) to apply for food stamps. Diapers and newborn girl clothing were also given to the client to assist her children's needs. The client's newborn was also sleeping with both parents, so TOPWA was able to refer her to Sweet Dreams, who donates bedding for the baby's crib. The client's husband now has a full-time job, and they are caught up with their rent, thanks to a friend who has lent them money. They are making monthly payments to pay them back. The client is receiving food stamps. Now that the newborn sleeps in her crib, this mom sleeps better at night and expresses her gratitude for the TOPWA program.</p>					

**Risk Assessment Review Committee
PQI Meeting May 18, 2022
Incident Report Review 2nd Quarter**



This meeting is the first meeting of the Risk Assessment Review Committee

In attendance:

Julie Swindler
Andres Torrens
Diana Cardona
Renee Constantino
Sharonda Crawford
Stephanie Drennan
Melissa Wijngaarde

General Discussion:

Proof reports for grammar and spelling errors to be as correct as possible. Because different audiences review this report, it needs to be clear and understandable.

Some boxes or signature lines were left blank and required a n/a.

Reporting follow-up on incidents

The reports need to be sent to Quality Assurance and not delayed until resolution. Follow-up will be included in the Risk Assessment Review Committee meetings.

- The nature of the incident determines how long it will take to have a resolution. The initial report must be written w/in 48 hours. To keep the incident report open until the final resolution is not practical.
- For significant incidents or any specific incidents identified by the committee, an update will be given during the committee review and documented in the meeting minutes.
- The committee determined that incidents and follow-ups are recorded in supervision, chart, or progress notes/client files. CF documents in CFCR (the client chart)
- A Serious Incident Report form is completed by Healthy Families staff for clients and saved with the FF report form the incident folder. These incidents typically take months to resolve.

Signatures and final submission of reports

The committee discussed who and how many signatures need to be on an incident report.

It was determined that the staff member recording the incident, their immediate supervisor, then and/or the division director or the CPO/OHD.

BHS – staff, director, CPO/OHD
BTS – staff, CPO/OHD
CF – staff, director, division director
HF – staff, supervisor, program director, division director
KS – staff, director, CPO/OHD
TOPWA – staff, director, division director

Any signature lines left blank must have a n/a in the signature and date boxes.

Stephanie Drennan will put a n/a in the supervisor signature box to reduce confusion for staff.

When dealing with calls to DCF, documentation if the call is accepted or not will be put in the resolution box. Additional updates will be given during the Risk Assessment Committee meetings.

To streamline the incident report signing process, directors will send the completed report in Word or PDF format to Renee Constantino. She will create the Eversign copy of the report and send it to those required to sign it. This will reduce the confusion regarding when a report is sent through Eversign.

Review of cases:

Renee to check all signatures

- ✓ N/A needs to be in staff incident lines when it isn't a staff incident
- ✓ Renee to check the latest form version date
- ✓ Identify all initials used by programs

1. 1/27/2022 – Typo error, the writer, put authorized, not arthritis
2. 1/13/2022 – Needs n/a in the write-up boxes and signature line
3. 3/21/2022 – City is Palm Springs; check supervisor lines
4. 3/23/2022 - Initials are confusing, – make sure Melissa's signature is on the form
5. 1/27/2022 - Renee to look at Names of other Witnesses box – may be a column due to appearance, n/a needed in a signature line
6. 2/25/2022 – Needs n/a in boxes and signature line, initials confusing
7. 3/10/2022 – Address boxes have lines, not n/a, why?
8. 3/27/2022 – Check signature boxes
9. 2/11/2022 – In the incident description, it states “if this happens again” because this is a follow-up to the first incident, needs n/a in the additional comments box, and signature boxes not used
10. 1/20/2022 – Needs n/a in the second incident description box and one signature box. This was a death, and additional documents are in the Incidents folder
11. 1/10/2022 - Need to add n/a in the signature line not used