

REPORT FY 2021-2022

ANNUAL PERFORMANCE QUALITY IMPROVEMENT

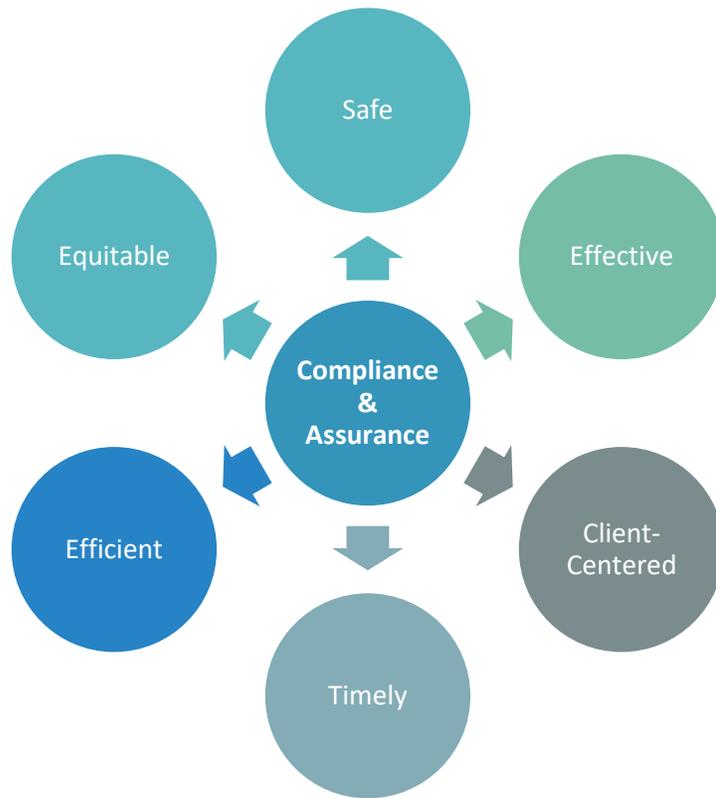


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2021 – 2022 ANNUAL PQI REPORT EXECUTIVE SUMMARY

With the remnants of COVID-19, the post-effects on performance were vital in analyzing the agency's health. Leadership has stabilized a year of transition from remote to in-field work while keeping in mind the safety of staff and those they serve. While meeting performance benchmarks remains of the utmost importance for Families First, the well-being of staff and clients has been much more monitored due to sickness, cost of living, poverty, and equity in the current climate.

Monitoring and reporting have been done throughout the year quarterly and reviewed in small program meetings to ensure transparency with staff and to highlight accomplishments made. The culture of quality improvement continues to be embraced by staff as benefits have been noted, and the expansion of programs continues to be on the rise. The showcase of accolades in the community has resulted during this trying time in the expansion of the Kin Support Program to the Glades, the Infant Mental Health program ending its first pilot year, and the addition of the Department of Juvenile Justice program (DJJ) in BHS. As the needs continue to be identified by funders, the history and recognition of Families First have made it a reputable organization to be selected for such missions.

This year's model for improvement followed the Plan-Do-Check-Act cycle as a project planning tool to monitor improvement continuously on a quarter-by-quarter basis. This process, in turn, assists in utilizing resources, identifying performance gaps, and acting on necessary changes promptly. In addition, data has become readily available and, with it, potential cyber-attacks. For this reason, additional security has been adopted, and staff is continuously trained to prevent such issues.

Agency highlights

This year has been a considerable leap for mental health and the push for preventative measures in children. In creating department and programs the agency has recognized the past setbacks in equity and the need to get it right during implementation of services in communities served. Through a county-wide collaboration with county, nonprofit, private, grassroots, and state agencies, Families First participated with a core team committed to operationalizing and implementing racial equity in our public services. Such effort led to the agency's proclamation of its first equity statement that reads as follows:

This organization provides a multi-disciplinary approach in empowering families to build resilient homes and grow strong in every way with an acknowledgment to their histories and experiences. Through this vision, Families First has made a commitment to address systemic racism and oppression within the agency's culture and within the communities we serve in the following ways: Acceptance and Welcoming of everyone's Differences, thereby promoting Togetherness.

In addition, the agency has also undergone rebranding of its mission, vision, and belief statements to match that of the inclusivity, connectedness, and unity strived for all clients. At a program level the successes of the year include the following:

- Turning two part-time schools to full time schools
- The expansion of Kin services in the Glades
- Taking on one additional school in an underserved area
- DJJ client base with Youth Services grant

In all 984 families were served this year including those being reported from the newly established Infant Mental Health Program.

WORKFORCE STABILITY

Employee Assistance Utilization Report

The number of EAP contacts for FY 2021-2022 was 95 (49 pre-existing, 31 new cases, and 15 handled by telephone. Compared to the previous fiscal year, usage has increased by 265.38%. Of the new cases, 14 were employees, 6 were spouses, and 11 were dependents. Of the referrals, 16 were self-referrals, two came from a supervisor, and 13 were from employees that have dependents receiving treatment. Information on the EAP program was received from literature (16), supervisor (2), and "Other" forms (13). Identified problems for services included addiction, depression/anxiety, family, relationship, stress, and work-related. No performance problems at initial contact came from referrals, and 29 have closed since the end of the fiscal year. Continued services are offered through a program where 29 were referred to outpatient and two were referred to intensive outpatient services. This service is anonymous and intended to support all staff and their families through difficult times; reminders throughout the year (monthly newsletter, staff meetings, etc.) are promoted for staff care.

Retention rates

Management		Non-Managerial	
Count of managers at the start of the fiscal year	17	Count of non-managerial staff at the start of the fiscal year	53
Count of managers who voluntarily left in the fiscal year	4	Count of non-managerial staff who voluntarily left within the fiscal year	15
Management Retention Rate	76.47%	Non-managerial Staff Retention Rate	71.70%
		Overall Retention	
		72.86%	

Position Vacancy Rates

New positions- 4

The average vacancy rate in weeks- 4

The longest time to fill a position took in weeks:

BHS (QTR 2) – 12

CF (QTR 2) – 8

BHS (QTR 3)- 12

BHS (QTR 4)- 8

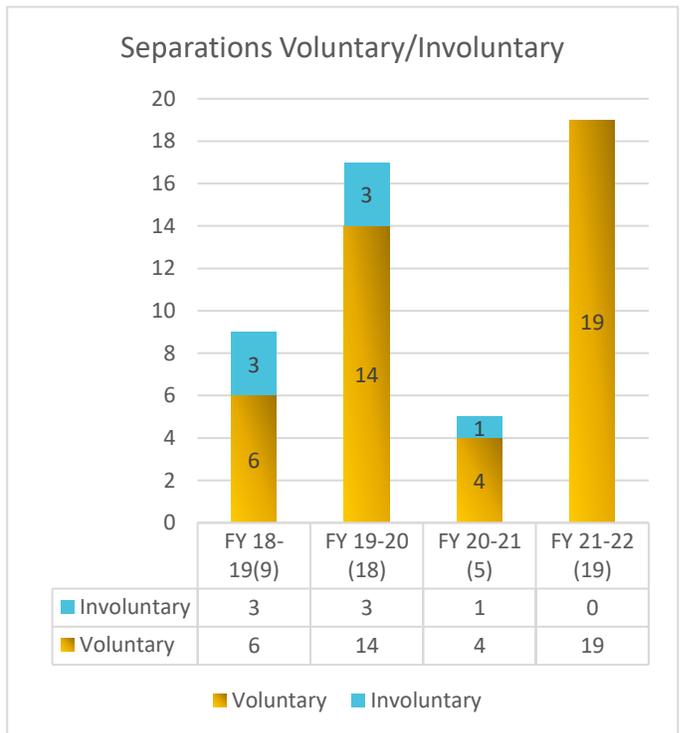
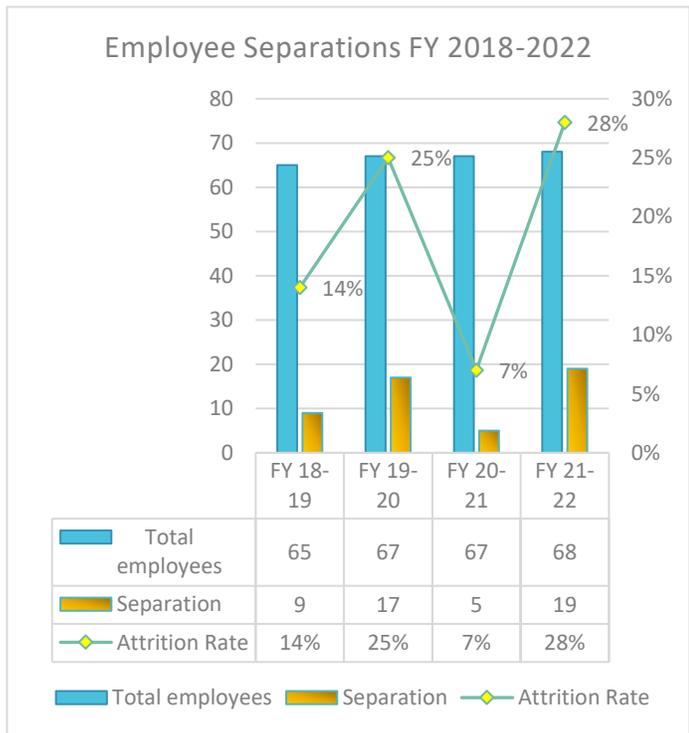
During this fiscal year, BHS has expressed barriers to hiring therapists due to a limited pool of candidates and the demand for mental health practitioners across all sectors. As support for mental health continues to spearhead the social work job force, BHS has been able to expand, transition, and promote within the program.

Hiring Rates

New Hires	FY 18-19 (14)	FY 19-20 (20)	FY 20-21 (5.5)	FY 21-22 (14)
Behavioral Health Services	2	6	.5	6
Bridges to Success	1	1	0	1
Child First	3	3	1	3
Healthy Families	7	4	3	1
Kin Support	0	0	0	1
TOPWA	1	2	0	1
Administration	0	4	1	0
Infant Mental Health	N/A	N/A	N/A	1

Length of Employment for Separations

Overall tenure of employment separating from the agency ranged from four months to 23 years ten months. The average length of tenure was – 6 years one month; the median is four years and two months.



STAFF MORALE

Employee morale has been examined throughout all four quarters to understand best the attitude, satisfaction, and overall perspective of employees towards the organization. Some key events to support employees this year include:

- ✔ Scholarships are provided to promote self-care for practitioners in the "Heal the Healer" workshop. During this workshop, staff identified the types of stress they are exposed to as a helper, the impacts of stress and well-being, and the strategies to supplement their needs through self-care and resilience-building strategies.
- ✔ Agency celebrations were offered virtually and then in person, according to the fluctuations of COVID-19. Since the inception of the pandemic, many gatherings have remained online, but this changed this year, and many staff were once again able to socialize and meet one another during the Thanksgiving and December holiday.
- ✔ The entire Families First staff participated in an annual staff retreat at Coral Reef Pavilion on June 22nd. There was excellent attendance, and the staff commented on what a fantastic event it was. The agency treated everyone to lunch from Panera. A staff committee planned games and activities, and the staff could relax, catch up with each other and enjoy the beach. Staff who have yet to participate in an in-person retreat were introduced. Tenure awards were also made and done among colleagues. Staff also participated in a presentation on hurricane preparedness.
- ✔ During the fiscal year between the first and second quarter, the transition to in-home visits would begin with many precautions to support in-field workers and administrative staff. The Leadership offered hybrid work models to offer flexibility when necessary to serve clients and staff best.
- ✔ Each program and department focused this year on team-building activities to build rapport among staff and support collaborations among teams. This effort was made through requested training, lunches, milestone celebrations, and conferences that supported individuals' personal and professional goals.

Results from agency efforts to improve staff morale were reflected in staff satisfaction highlighting agency culture, equity and diversity, and support as agencies biggest strengths.

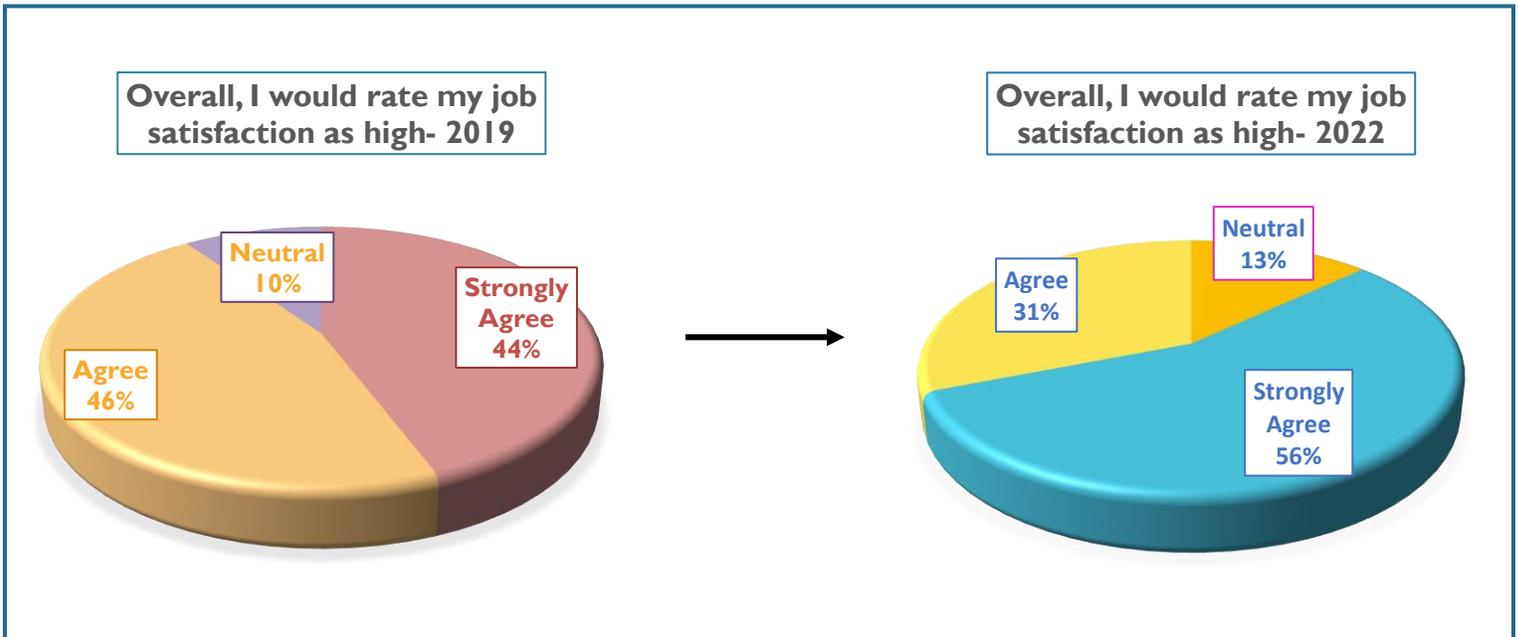
STAFF AND CLIENT SATISFACTION

Staff Satisfaction Survey

Staff satisfaction surveys were sent on August 24th, 2022 and closed on September 9th, 2022. There were 52 responses, representing 74% of the staff; 70% is considered a reasonable response rate. During this period, the former Compliance and Quality Assurance Director completed her resignation. They were able to finalize the survey in time for a new director to begin the analysis for results. This survey aimed to evaluate the agency's practice in providing the necessary tools to support staff and look for opportunities to improve overall staff morale and retention. In addition, to the stressors of the social work field, the impact of the COVID-19 pandemic

on social workers at the frontline was evident, as the demand for services increased throughout this period. For those reasons, an in-depth questionnaire was conducted of 34 Likert scale and seven open-ended questions covering the following topics:

- | | | |
|--------------------------|-------------------------|-----------------------------|
| I. Onboarding | IV. Communication | VII. Overall Agency Culture |
| II. Supervision | V. Equity and Diversity | Culture |
| III. Benefits and Salary | VI. Support | |



Analysis:

- Based on the overall sections, the most significant concern arose from benefits and salary. With an increase in inflation during this fiscal year and mental health illness on the rise as an epidemic nationwide, social workers and therapists have become an essential and in-demand profession. With 25% of staff not satisfied with their salary, 98% agree with benefits, including health coverage, vision, and 401k.
- Finding other means of revenue that can still meet the needs of staff and clients to be served should be considered to continue to support overall retention.
- The strongest categories that showed little to no negative reviews reported were Agency culture, equity and diversity, and support.
- Many initiatives and protocols have been implemented during the fiscal year to support staff through equity and diversity. A core team was created and completed a year-long training to initiate conversations and progress towards a more equitable workplace. The agency has been informed and trained throughout the year on the subject and continues to be reported by staff as one of the agency's biggest strengths.

- While the staff is encouraged to support the families they serve, the agency's priority is to do the same for staff equally. Illness and work-life balance have been a challenge to many programs. Staff retention has remained relatively high by keeping open lines of communication with Leadership and offering continued support and understanding. The following are questions that highlighted responses in categories to work on:

The most positive responses (Strongly Agree and Agree):

1. The agency is successfully navigating COVID through the support of staff and client safety- 96%
2. Everyone is treated with respect in our agency-96%
3. Senior Leadership cares about my health and safety and provides what I need to feel safe in doing my job-94%
4. My supervisor has given me a clear understanding of performance expectations-94%
5. I am evaluated fairly and thoroughly on my performance reviews-94%
6. Senior Leadership cares about my health and safety and provides what I need to feel safe in doing my job-94%

Three scores negatively decreased from FY20-21 to FY 21-22 (Strongly Agree and Agree):

1. Compensation and Benefits: *I am satisfied with my salary* 42% vs. 54% - decrease of 12%
2. Support: *When I make suggestions to Leadership, I see follow-through or get feedback* 77% vs 88%- This is a new shift in weaknesses identified with a decrease of 11 %
3. Supervision- *My supervisor helps me to determine ways to work with challenging families and program or agency situations-* 83% vs 85%. – Slight decrease of 2%.

Client Satisfaction

With the return of in-person sessions, an improvement was made in this fiscal year by streamlining client satisfaction surveys for all programs to represent client satisfaction better. Surveys were sent in August and September and given three weeks to respond through email or text.

The results across all programs were positive, with more opportunities to share comments. In some instances, programs had additional surveys sent to collect client satisfaction results via their parent program, such as Healthy Families. While changes have been implemented for higher response rates, barriers to the surveys, such as time since discharge did impede results. Equally, BHS attempted to transition to online surveys but needed help to connect with parents due to difficulty in in-person meetings for instructions.

Key takeaways to correct for future collection of client satisfaction include:

- Staff implementation of the procedure
- Frequency of survey
- Exploring methods for delivery
- Update to survey



BRIDGES TO SUCCESS

Client satisfaction surveys for this program were conducted in June of the fiscal year. Of the surveys collected 19 were started with ten submissions giving a 52.63% submission rate. Of all the programs, BTS holds the clients for the most extended period due to the nature of supportive housing. While the satisfaction of the program has remained relatively the same, the most significant accomplishment and shift noted have been the areas of improvement. The shift in improvement has moved away from individual improvements to those impacting their children and families. The following will continue to be monitored as affordable housing is essential for Palm Beach County residents, particularly those with mental and physical disabilities.

Question	Rating (Very Good)
You and your family have been treated with respect and consideration	80%
Your family has been involved in making decisions about your goals and services	100%
Your home visits with staff are helpful and productive	80%
Staff is knowledgeable and sensitive about homelessness and housing issues	90%
Staff's sensitivity to your ethnic and cultural background while providing services to you	90%
The overall quality of service you receive	80%

Areas of Life Improvement Since the Beginning of the Program	FY 20/21(N=11)	FY 21/22(N=10)
My ability to solve problems	63.64%	50%
My ability to cope with problems and stress	63.64%	60%
Being able to take care of my children	63.64%	70%
My housing stability	81.82%	90%
My housing independence/creating a plan to move into my own home	54.55%	50%
My employment situation	36.36%	20%
Clients interest in attending workshops	FY 20/21 (N=11)	FY 20/22 (N=10)
How to effectively search for housing	18.18%	50%

Credit Repair	54.55%	60%
Parenting	9.09%	0%
Emotional support/counseling	63.64%	30%
Financial management and budgeting	27.27%	50%
Job readiness and job placement	36.36%	20%
None of the above	9.09%	10%

General Comments regarding workshops of interest not listed
<ul style="list-style-type: none"> • Money budgeting & saving
General Comments regarding involvement in Bridges to Success
<ul style="list-style-type: none"> • I'm so grateful not having anxiety about where she lays her head means the world to me she is safe a happy, and that makes me happy thank you • Continue to be the great program that it has always been. Ms. Takela has been more than amazing, loving, and supportive. Thank you so much Takela. • I'm staying in this unit that was provided to me for 3 years now. I said to my previous case worker that there is a serious issue with apt that is not ready for inspection, not only that I was given three days' notice I work Monday through Friday • Thank all for helping my family teaching us how to manage Stable housing thanks • No! I'm thankful just to have a support team and case manager who truly cares! • This is very great program! I'm learning to build myself up and become independent. Keep up the good work

HEALTHY FAMILIES

Healthy Families Satisfaction Surveys reported here are one year behind. The survey results will be returned to Healthy Families staff in March. The administration of the surveys was done in two methods: a paper version and an online survey. Project staff distributed questionnaires to all open families during September and an online survey through SurveyMonkey. A satisfaction survey was sent from Healthy Families Florida in October 2021 to all open families. A total of 231 families were sent a survey, and 145 responded for a 62.8% return rate. Of those who responded, 100% (Strongly Agree and Agree) stated that they were satisfied with the services they received.

An additional analysis was conducted to compare clients who were in the program for less than a year and their satisfaction with those who have been in the program for a longer time frame. The results demonstrated a correlation that a more extended period in the program equally impacted the client's overall satisfaction.

Question	Rating (Strongly Agree) N=50 <12 months	Rating (Strongly Agree) N= 85 >12 months
The family specialist treats me with courtesy and respect	86%	88%
I am comfortable talking to my home visitor about my family and me	81%	91%
I would recommend Healthy Families to other families	85%	89%
My home visitor gives me useful information about child health and development	85%	92%

My home visitor gives me useful information about parenting	81%	91%
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Question	Rating (Strongly Agree)
My home visitor treats me with courtesy and respect	92.4%
My home visitor understands and respect my culture	88.2%
My home visitor talks to me in a language I understand or has an interpreter to help	87.4%
My home visitor helps me with my goals	86.1%
The materials my home visitor gives me respect my culture	84.7%
My home visitor tells me about services in my area	82.6%

Suggestions: Is there anything we can do to improve our program?

- Activities with the children. (translated)

General Satisfaction: Is there anything we can do to improve our program?

- Nothing, everything is good as it is. Thanks. (translated)
- In this moment, the program helps me and I would not want to change anything. I am happy to be in the program. (translated) Until now, I like everything because I am learning a lot of things for me and my baby that is on the way. (translated)
- Thank God that everything is going well with her. (translated) My experience in the program is very good for me, everything is perfect and does not need a change. My worker is very good, they take good care of me. I thank her very much for the help she gives me. Thank you very much. (translated)
- Being in the children and family program and being allowed to have a social worker, I am satisfied with the social worker I have, I feel comfortable sharing with her what is going on in my life, I have a lot of confidence talking to her, especially because my social worker has earned my respect. (translated)
- My social worker helps me with my child's development. (translated)
- Excellent work. (translated) I've had the best experience in the program. (translated)
- Sarah has been great! Such a sweet young lady and extremely helpful. Maritza, I thank God for sending me a very responsible worker. It has helped me a lot psychologically and mentally. I have learned how to take better care of my baby. (translated)
- Cristina is an excellent worker, very professional at her work, very kind and that makes me comfortable to tell her what I feel. Thanks. (translated) I am very happy with my social worker, Yennifer. She tells me everything I need to know about raising my baby. Thank you. (translated)
- Everything seems fine so far. (translated) I like everything I have learned in this program and I wouldn't change a thing. (translated)
- I completely agree, because you have helped me a lot and Cristina has been very supportive. Thank you for your support. (translated) It's fine with me. It is an excellent program that helps a lot, and my worker is an excellent person. She helps me whenever I need her. (translated)
- I like my worker. (translated) My worker give me information. (translated)
- No, I love the way things are done when my home visit is being done, She's great with kids and all. I love it. My experience with this program was very good I wouldn't ask to change a thing!
- Your program is perfect, I don't see where there should be any improvement. I love the program, it has helped me a lot and I have learned many new things. I don't think it is necessary to change anything, I am very good and I agree with what they teach me. (translated)
- No. Everything is perfect. I feel good, I can't complain, you have helped me a lot and I thank you for that. (translated)
- In the way in which they help us to achieve our goals. I have nothing to say. For me, all the help they give us is perfect. (translated) I really like the program: it is very useful. (translated)
- To me everything is fine, thank you. (translated) Paula: employing people like her, very kind. (translated)

- As far as I am concerned, all the services are great, in every sense of the word. (translated) No she's great.
- Iliany is a good person who understands and comprehends. (translated) I am satisfied with the services provided to me and my baby. I am very happy with my social worker, Iliana. Regards. (translated)
- Excellent. I like the way you share your ideas and experiences. (translated) I am satisfied with your help, there is nothing to improve. (translated)
- My home visitor needs a raise. For me it is very good. My worker, Iliana, is very capable and when I talk to her she helps me a lot and I learn a lot. She has a lot of experience and I feel very satisfied, thanks to everything and to Iliana for her goals and for taking care of my family with her conversations and teachings. Congratulations and thank you for your work. Blessings. (translated)
- My home Visitor Ms. Joy is the best!

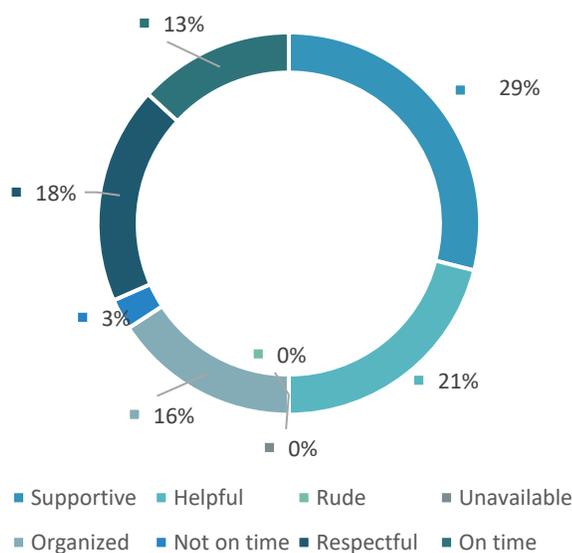
KIN SUPPORT PROGRAM

The client satisfaction survey was distributed in September. There were 13 surveys sent out with 13 respondents for a 100% return rate.

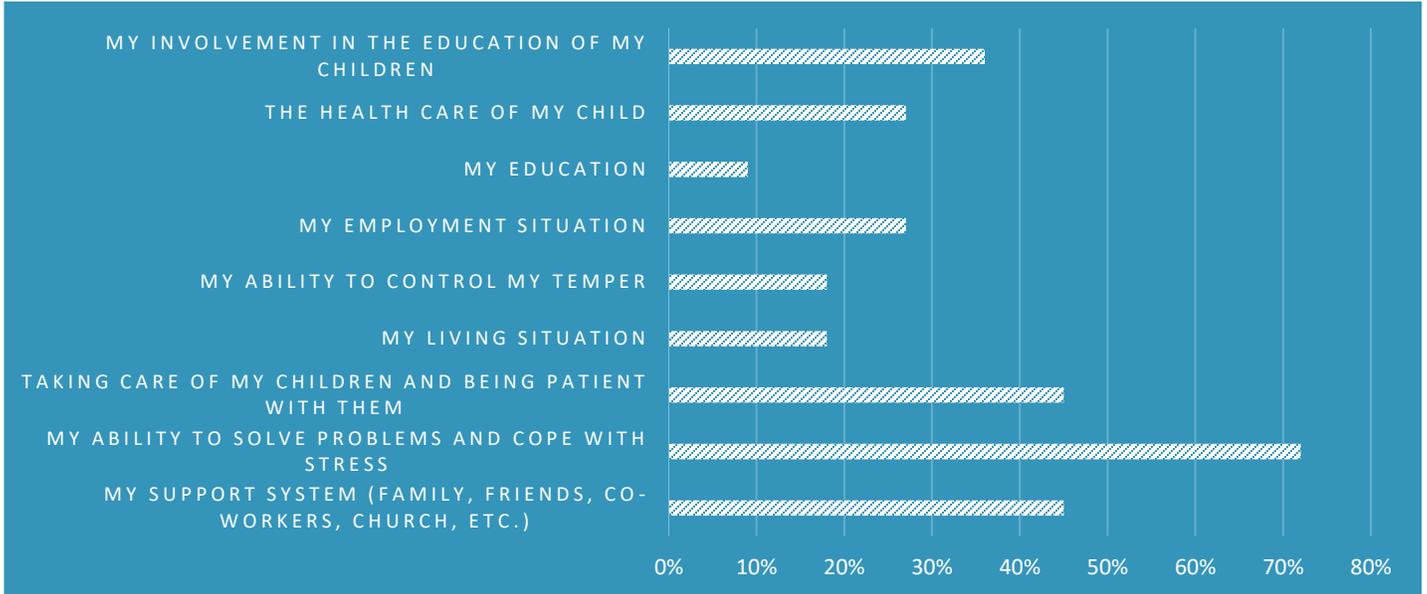
- ❖ 92.3% of clients felt they were treated with respect and consideration
- ❖ 91% of clients indicated satisfaction with their family service care coordinator
- ❖ 91% of clients felt they were provided with information that helped them make decisions in the best interest of their families.
- ❖ 91% of clients indicated they are satisfied with how involved they are in making decisions about their goals and services

When asked which words describe their family service coordinator, the four words noted the most of the eight choices:

Client Response Breakdown



When asked which areas of your life have you improved since the beginning of the program:



Clients were offered an opportunity to share additional comments on services equally.

- It was kind of hard doing this evaluation because I've had two different support counselors honestly the first one that I had her name is LaKeisha she was great she would come in she would talk to me about my goals give me any information I needed for assistance I may have needed she was sure to come around during Christmas time Thanksgiving to filling any type of needs that we had. After she resigned I was assigned a new counselor who I never heard after 1st meeting. I don't know her name.
- My opinion is that I hope everyone is receiving this support gets the same treatment I get wonderfull.
- My coordinator has helped me tremendously with getting services for my children. She gave me information about services I didn't know about; explained how they work, answering my questions and giving examples; then she assisted me in applying for the services. She is very supportive and encouraging.
- Ms Ubanks is awesome you need like a 1000 of her above and beyond just can't ask nothing better just awesome 😊👍 my family love her and appreciate her so much without this program I don't know where me and my family would be
- No suggestions, just that Marcela is amazing, and we absolutely love her. I am so thankful

TOPWA

Client satisfaction surveys were collected in September 2022. As an outreach program, low response rates are expected given the turnaround of clients completing services. In total, 117 surveys were sent out in three languages (12 Creole, 64 English, and 41 Spanish).

- ❖ 100% indicated that they were very satisfied with the services they received

Additional Comments
<ul style="list-style-type: none">• I appreciate the work you are doing- this helps me to learn many things in life every day. May God bless you and the Board members. (Creole translation)• I liked it a lot and it helped me plenty and I hope to continue getting satisfied services (Spanish translation)

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

CHILD FIRST

Families were sent surveys in September in three different languages: Spanish, English, and Creole. Fifteen responses were received out of 45 for feedback regarding the program. Child First works as a team with a clinician for therapeutic services and a care coordinator to manage service needs. The teams together were evaluated during this survey to identify satisfaction.

- ❖ 100% strongly agreed “the therapist and care coordinator work together to help my family”
- ❖ 100% strongly agreed “the Child First team visits me at a time that’s good for me”
- ❖ 93% strongly agreed “the Child First Team has helped me to follow-through on referrals”

The flexibility to serve families is crucial in building relationships with families. Many parents from this program start with little to no job stability or secure housing. When such goals are accomplished, many providers will flex time in the evenings to meet with families after clients are off from work, on weekends, or hybrid models using telehealth.

TRAINING

With the transition back to many in-person pieces of training were delivered via hybrid methods this year. Most staff express they still prefer to have the option to balance their current workload in the field. Quarterly training, along with program-specific training, was conducted and shared to maximize usage across all programs.

- ✓ Adult CPR and AED
- ✓ Incident Reporting Guidelines
- ✓ Cultural and Spiritual Sensitivity Training

- ✓ PBCVS Domestic Violence
- ✓ Infant Mental Health: Perinatal Mood D/O Training
- ✓ REI and Latin X challenge
- ✓ Maternal Mental Health
- ✓ Series of Zero to Three- Infant and Early Childhood Mental Health trainings
- ✓ Understanding the diversity of the LGBTQ+ community
- ✓ Medicaid compliance training for all clinical staff

STAFF AND CLIENT INCIDENTS

Staff Incidents

Reported Staff Incidents	FY 19-20 (7)	FY 20-21 (6)	FY 21-22 (3)
Injury on job	3	1	0
Car accidents	0	1	1
Lost property	2	2	0
Other	2 (Lost business credit card; Exposure to infectious disease)	2 (Exposure to COVID; Missing Chart)	2(Exposure to communicable disease)

Client Incidents

Thirty-six client incidents were reported during the fiscal year 2021 - 2022. The table below represents a total number of client incidents and the number of unduplicated clients served by the program.

Program	FY 19-20 (58)	FY 20-21 (38)	FY 21-22(36)
Behavioral Health Services (BHS)	11	7	3
Bridges to Success (BTS)	2	0	1
Child First (CF)	18	8	10
Healthy Families (HF)	17	9	18
Kin Support (KS)	3	9	4
TOPWA	7	5	0

- ❖ There was a 40% decrease in reported incidents of child abuse/neglect (**25** FY 20-21 vs. **15** FY 21-22). An increase in child abuse was expected during the initial year of COVID; seeing the rate of incidents decrease is a positive sign that home visit interventions have been successful.
- ❖ Infectious diseases continue to rise with additional variants of COVID and mutations of previous diseases.
- ❖ FY 20-21 reporting was a concern due to fewer in-person visits. During this year, all caseworkers have returned to in-field visits, and client incidents can be reported more accurately.

Staff and Client Grievances

There were no staff or client grievances filed this year.

Risk Management

I. Health and Wellness

- A. Leadership has been cautious about staff safety when returning to in-field work. Frequent spikes of COVID and many variants arose during the fiscal year, making it unsafe for staff and clients to resume regular sessions at the start of the fiscal year.
 - a. Solution- Staff must ask if the client has any symptoms of illness, not just COVID-19 symptoms. PPE is still required when visiting homes as well as in-office sessions. The following are self-reported numbers of COVID-positive clients for the 2021-2022 fiscal year:
 - ❖ BHS - 28
 - ❖ BTS - 8
 - ❖ CF - 13
 - ❖ HF - 106
 - ❖ KS - 28
 - ❖ TOPWA – 3

- B. High stress this year for practitioners has been a concern for the agency, with even higher demand in the field, and a rise in U.S. mass shootings. An increase in gang violence in the surrounding communities has also led to an increase in the stress levels of the agency staff.
 - a. Solution- Additional resources have been provided to staff, such as Employee Assistance program for professional counseling, mindfulness training, individual therapy through the insurance provider, and reflective supervision opportunities with supervisors and additional training in the area of “safety in the field”.

II. Environmental Risk

- A. All three leases are coming up for renewal in 2023, especially with the recent purchase of the main office by the Palm Beach County Housing Authority. Finding stable facilities which meet the necessary space demands of the agency has been a top priority.

- a. Stipulations in contracts have facilitated ease in opportunities to renew leases despite the increase in rental costs across the county.
- b. The intent to renew has been discussed with the Palm Beach County Housing Authority, and future meetings are scheduled with a potential renewal opportunity.

III. Technology

- A. The agency currently uses many platforms to integrate data collected for programs. Having accurate data and the ability to extract it has been difficult for the agency with different platforms.
 - a. The agency received Continuous Improvement Initiative Grant Award for IT Infrastructure and has interviewed different database consultants throughout the year. Novus Insight Inc was selected from a pool of candidates and has begun to lay the foundation for analyzing current software.
- B. Database cluster has overwhelmed storage usage, according to the IT department.
 - a. All staff was asked to look through files and delete items no longer needed.

IV. Cyber Security

- A. Cyber security threats have occurred in previous years, and with an increase in remote work, a threat arises for fraudulent emails and suspicious activity.
 - a. CSC training, Bank of America Cyber Security webinar, and additional tip sheets have all been offered to staff and are placed in the agency's public drive for easy access.
 - b. An ongoing cyber security company has been identified and began providing the staff with training in cyber-security. The cyber-security training kicked off in November 2022 and has been well received by all staff. This will be noted in our 2022-2023 PQI report.

V. Diversity, Equity, and Inclusion (DEI)

- A. Addressing challenges in the workplace and families that threaten identity, culture, accurate representation, and service needs is key to equitable services.
 - a. A cohort of staff engaged in the Advancing the Mission county-wide initiative in addressing systemic racism in various fields of work. Through this initiative, participants educated and built awareness among all staff of the importance of creating safe spaces for all we serve.
 - b. The same efforts in the community applied towards DEI in the field are mutually inclusive to staff.
 - c. The cohort wrote an equity statement, presented to staff and board of directors, and was formally adopted by the agency and added to the agency website.

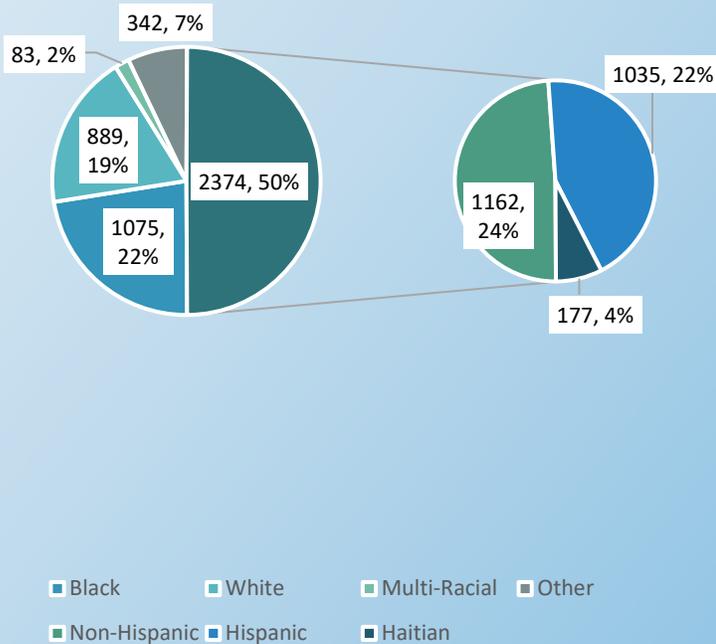
VI. Loss control:

- A. Program needs have increased with more frequent purchases for clients and accounting needing help tracking due to big-ticketed items being received by our housing units.
 - a. The accounting department has a tracking system in place to identify items purchased and delivery dates, this will assist BTS program with perpetual inventory.

PROGRAM STATISTICS FY 2021-2022

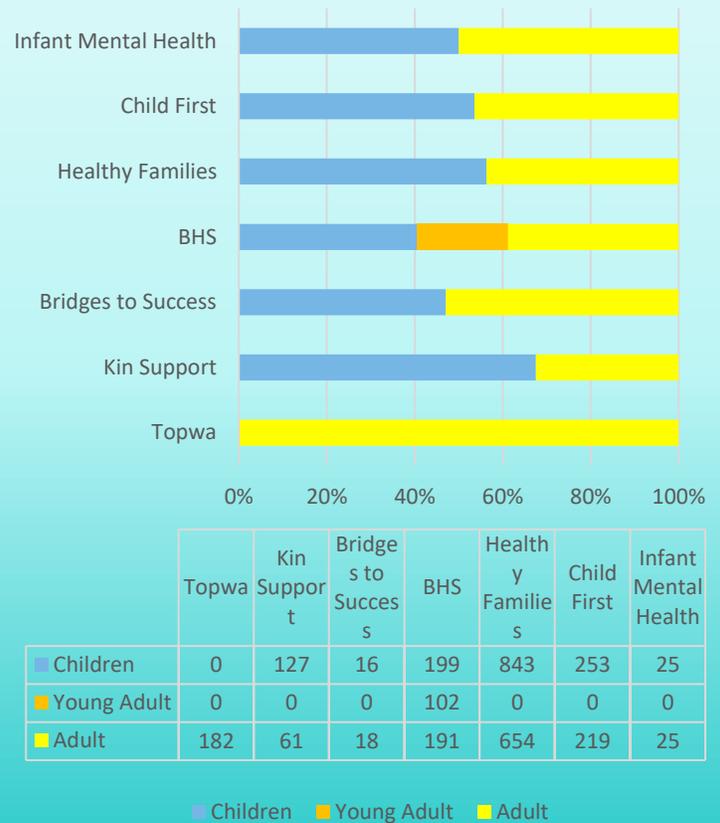
Overall Agency Demographics

Race Vs Ethnicity Comparison



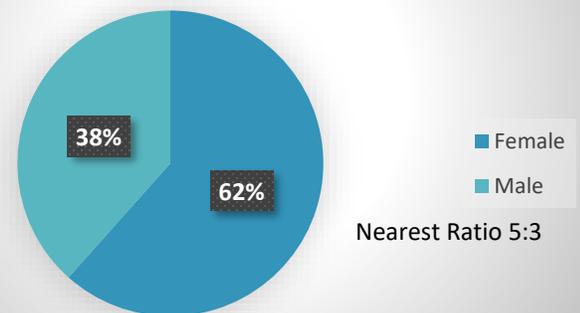
*Demographic data is continuously improved to encourage equitable representation across all groups. Families are allowed to opt out.

Individuals Served



Programs	Families Served
Child First	95
Healthy Families	455
Behavioral Health Services	139
Bridges to Success	34
Kin Support	54
TOPWA	182
Infant Mental Health	25
Total	959

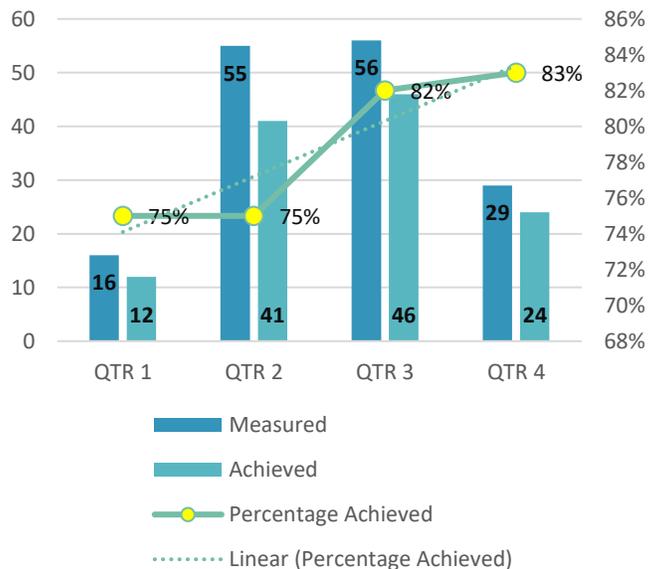
Female to Male clients Served FY: 2021-2022



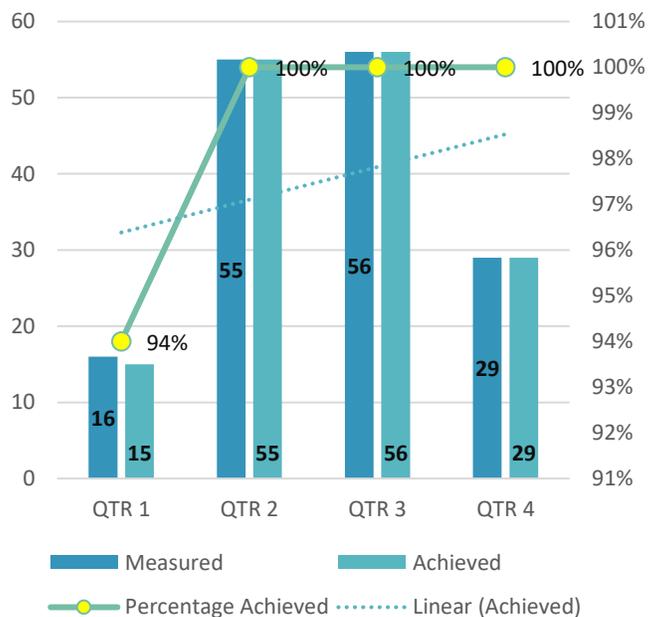
All outcomes for this fiscal year met or exceeded expectations.

- BHS continues to demonstrate a great need in school settings. Many children have been identified for services due to challenging behavior at school and home.
- School stability tends to occur over time, with the most disruption occurring at the beginning of the school year as well as the end.
- A total of 298 children and youth were served in the program. The YES contract was intended to serve 60 youths; through advocacy in the community, the agency could serve an additional 139 that would have gone unserved.
- Identifying students early on and beginning services has proven to assist stability over time.
- Through the BHS program, clients remain in treatment Services an average of 3-6 months.
- Based on age, mental health symptoms are measured using the PSC, CFARS, and FARS tools. For this table, the CFARS was used to demonstrate improvement at discharge.

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



80% of Clients achieved stability in school



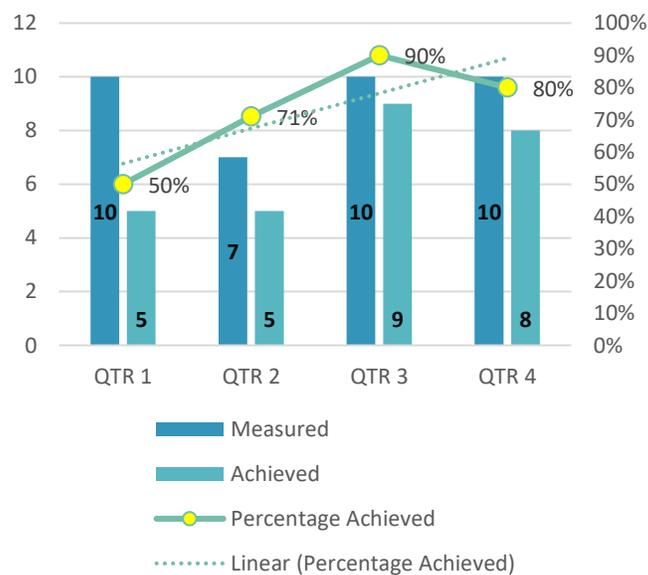
All outcomes for this fiscal year were met or exceeded expectations.

- At the start of the year, many changes were made with benefits to support those with disabilities. An approximate 5% increase was made to benefits at a federal level; however, a 10% increase in housing occurred, with the average cost of rent for a 2-bedroom, 2-bathroom home costing \$2,700 as opposed to \$2,200 last year.
- Clients suffered reduced hours at work or completely lost their jobs during the first two quarters. This caused additional financial hardships for the clients living in the BTS program.
- No clients could move out of the BTS program as the release of new Section 8 voucher amounts have not been increased. Families can identify more affordable homes, but often, these homes are in less desirable locations (high crime areas). We continue to work with clients on their goals to gain independent living.
- Despite many adversities, families in the program have been more motivated to work on skills to improve income.
- During the third quarter, a new coordinator began a safe return to physical visits. A success rate of 9 out of 10 families passed their HUD inspections, with one needing relocation due to the home's condition.

80% of 10 families will maintain housing within the program or exit to safe and affordable housing

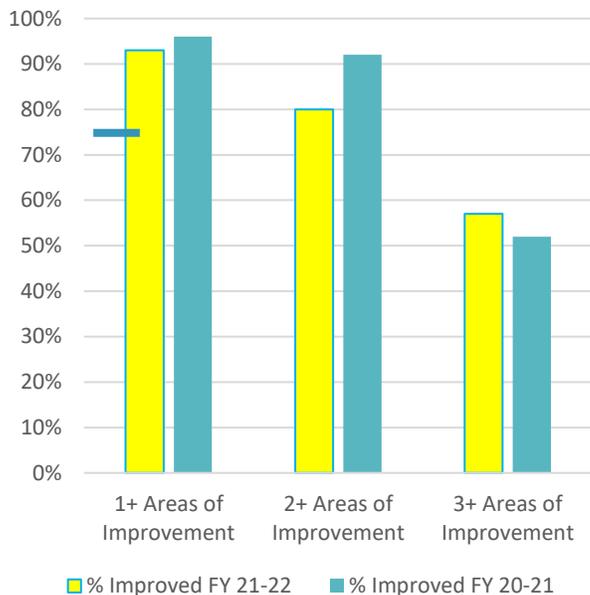


80% of 10 families will maintain or increase their income including wages and/or benefits

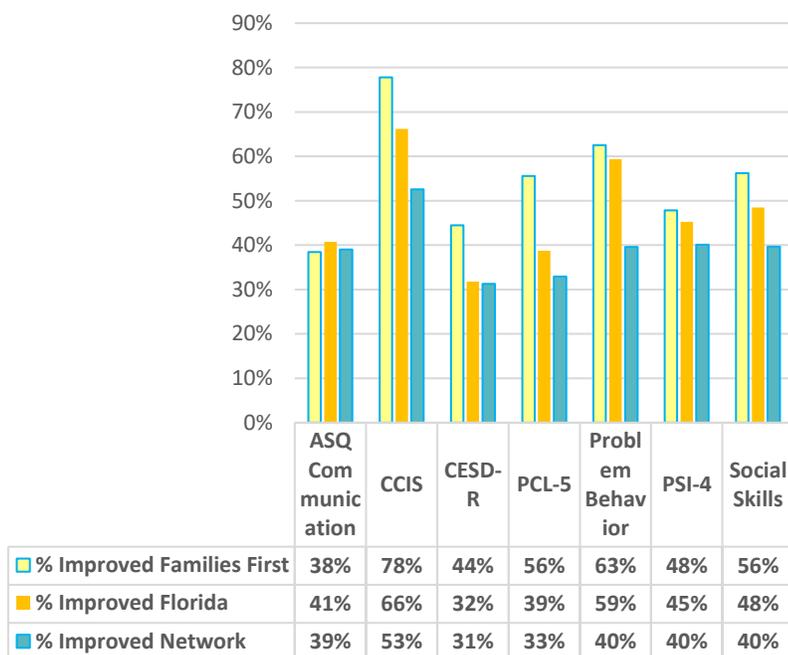


All in-house outcomes for this fiscal year were met or exceeded expectations.

Number of Areas With at Least 0.5 SD Improvement- Comparison for Current Vs Previous Fiscal Year



% Improved by at least 0.5 SD by Domain Most recent 12 Months- Families First, State & Child First Network

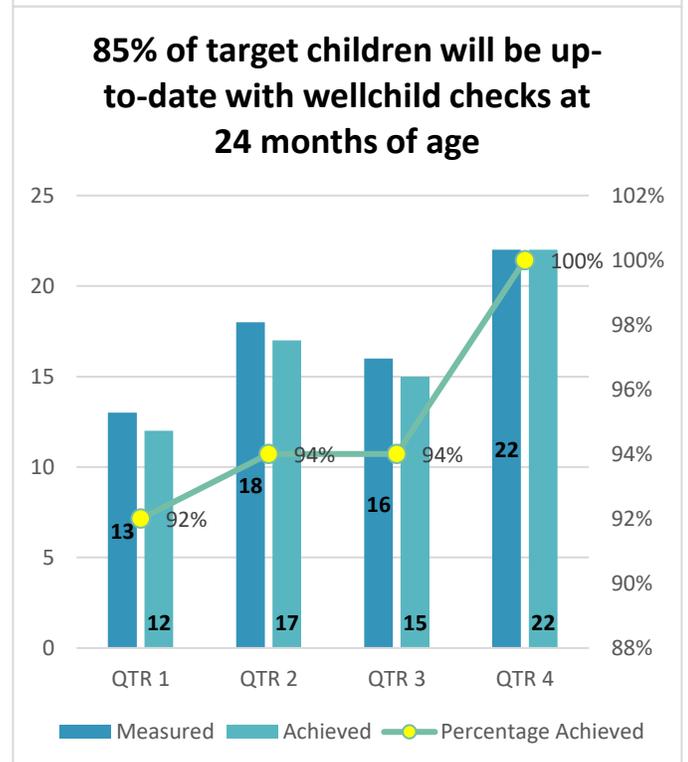
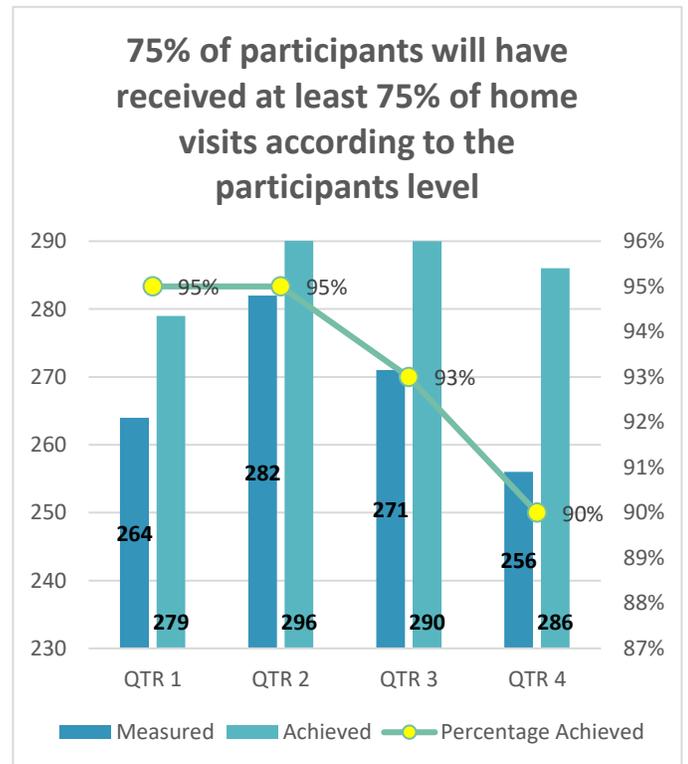


- Child First is an accredited program hosted at Families First as an affiliate site. The program is monitored both in-house and at a national level to track an overall goal of an improved dyadic relationship between parent and child. The national program office provided the following scores as indicated above.
- The data represents 30 families who completed the program and an in-depth analysis of improvement. Families First surpassed improvement in all domains, except communication, compared to other Florida sites and the network, which spans multiple states. The following is a breakdown of the categories represented:
 - Development in Child (ASQ-3 and ASQ-SE)
 - Parent-Child Relationship (CCIS)
 - Parental Mental wellbeing (PSI-4, CESD-R, PCL-5)
- Compared to other sites that were mandated to return to in-field at the beginning of 2021, staff could still create a significant impact on families and demonstrate improvement. Fidelity and continuous quality assurance have been implemented following a successful accreditation and the Child First program continues to provide high-quality services.

2021-2022 Healthy Families

All outcomes for this fiscal year were met or exceeded expectations.

- The Healthy Families program continues to be a strong entry program into prenatal and early childhood growth and development.
- Healthy Families has been transitioned into a one-step eligibility program as of this fiscal year. The county Healthy Beginnings Prenatal entry system will automatically send referrals of expectant women to the to the Healthy Families program. If pregnant.
- Regardless of these changes, participation continues to be high, with a year-long minimum of 90% home visit completion rate.
- Like all other services impacted by COVID-19, the medical field has been overwhelmed by the number of patients and shortage of personnel. Assisting and educating families on the importance of well checks for children was successful, particularly in the fourth quarter when many families found themselves placing their child in a daycare center.
- The overall program exceeded the 75% capacity year-long and served 455 families this fiscal year.

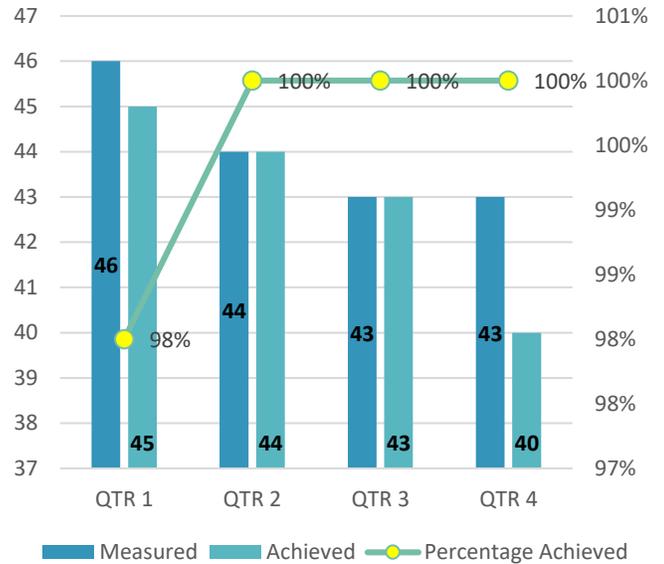


2021-2022 Kin Support Program

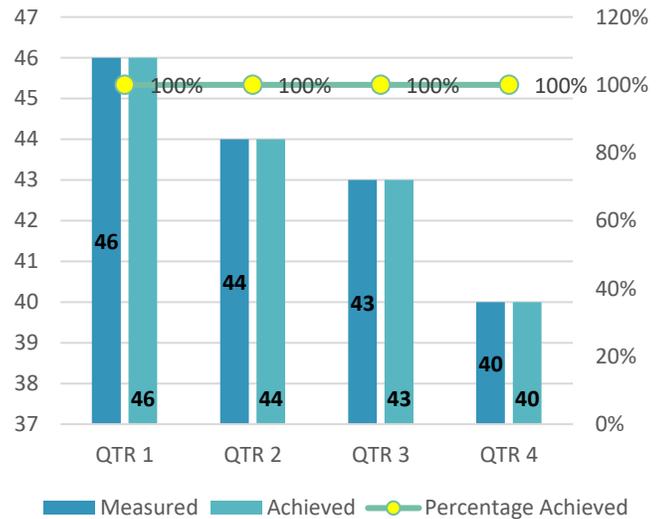
All outcomes for this fiscal year were met or exceeded expectations.

- Families have remained intact throughout the year and continue to receive and be supported with services in mental health through referrals and support groups offered by the program.
- The program received an influx of cases this year, peaking caseloads during the first and second quarters, many of which had more than average concerns.
- The demand has increased, and the necessity to expand the program was made to serve the western part of the county in the Glades. A family service coordinator was hired and began to establish referral loops through existing partners.

84% of 50 Kinship families will remain stable (not removed/placed in foster care)



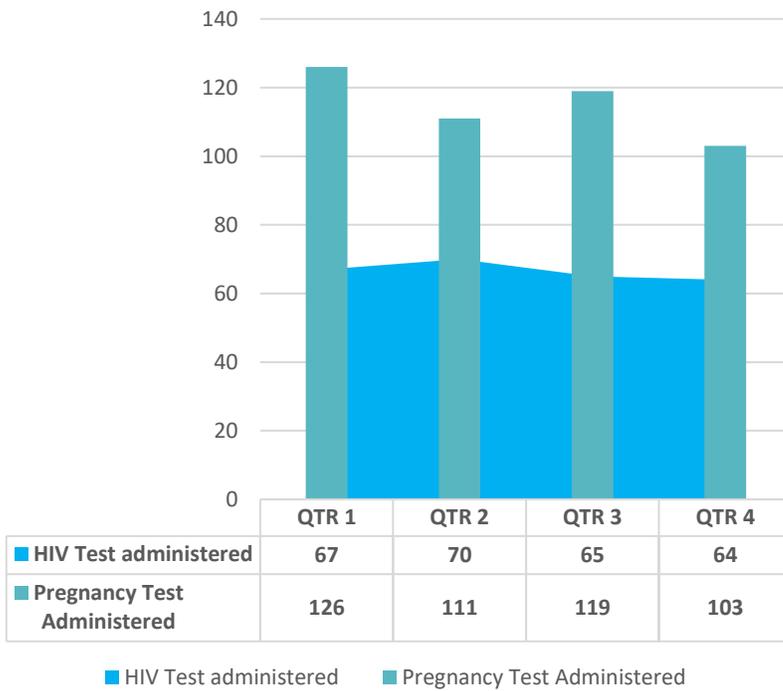
80% of 50 families will receive social work/supportive counseling to address mental health



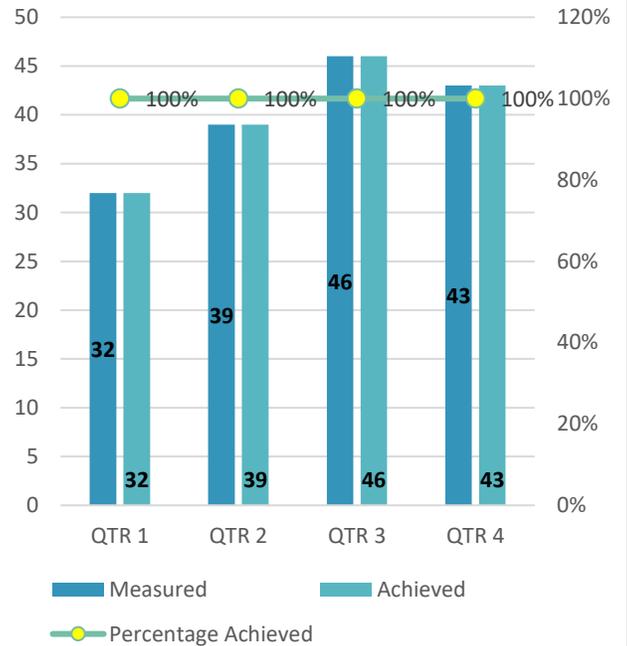
2021-2022 TOPWA- Targeted Outreach for Pregnant Women

All outcomes for this fiscal year were met or exceeded expectations.

Test Administration to all pregnant women for FY 21-22



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

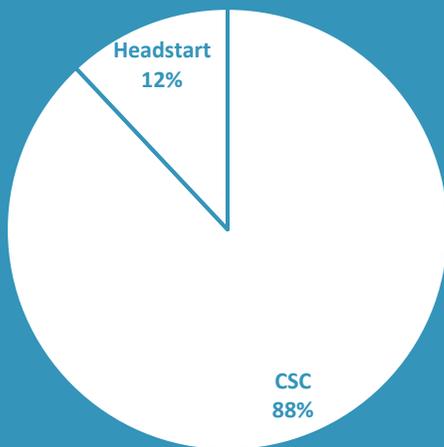


- With limitations for almost two years in outreach services, outreach workers in the TOPWA program have been in full effect to identify and serve as many pregnant women as possible and provide them with services fundamental to pregnancy.
- Throughout all four quarters, all enrolled women in the program were able to be connected to a medical payer.
- Test administration has been possible while keeping staff protected with PPE equipment.
- TOPWA will also be going through testing changes for the upcoming fiscal year and moving away from ORASURE testing to Rapid testing.

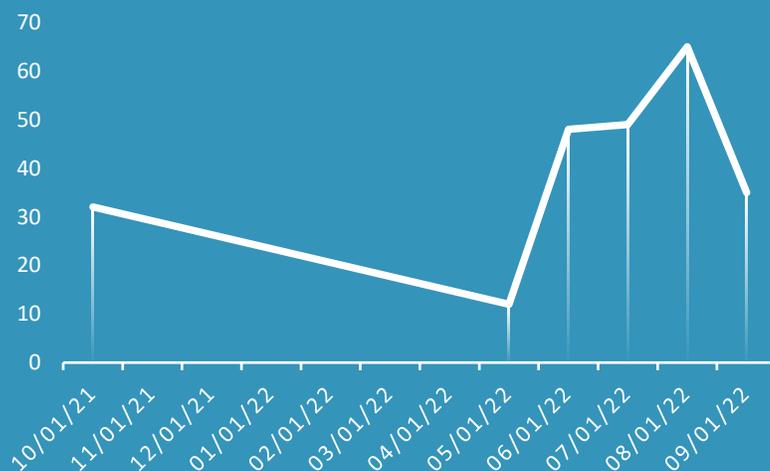
2021-2022 Infant Mental Health

In 2022, Families First IMH program served 25 child-caregiver dyads. 100% of the caregiver-child dyads increased in safety and security within the parent child relationship so the child will return to a normal developmental trajectory.

CLIENTS SERVED



SESSIONS CONDUCTED



PILOT PROGRAM HIGHLIGHTS

- New referral loop was established with Head start program giving opportunities for classroom observations and in school visits.
- Expansion of program has provided more opportunity to serve the southern part of the county such as Boynton and Delray Beach
- 241 Sessions were conducted
- Referral source changed in the fourth quarter from CSC clients to the Head Start program. Head start is actively identifying children who could benefit from program as well as educating parents who may have concerns.
- During the months of January to March a new Therapist would be trained to take over program and collaborate with social work interns who share an interest in infant mental health.
- Director of Maternal Infant Mental Health Services was appointed to oversee the development of program along with two other early childhood programs with a successful track record.
- Making proper adjustments to program has been crucial in its growth and addressing barriers as they arise has resulted in a successful year of developing program

YEAR-END STRATEGIC PLAN REPORT

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

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

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

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

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

Goal 5: Improve organizational competence, structure, performance, and increased accountability. Of the 14 strategies set in this goal, all but one has been completed. The one not completed was to conduct a feasibility study towards the purchase of a building. The timing is not good with the increase in construction costs, donor readiness, and a possible partnership with a Church that changed direction.

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

Strategic Plan 2019-2023 Updates

STRATEGIC PLAN

March 1st, 2019 – February 28th, 2023

FAMILIES FIRST OF PALM BEACH COUNTY

MISSION

Empowering families of all histories and challenges to grow strong in every way.

VISION

Strong, empowered families create healthy, resilient homes and communities for generations to come.

WE BELIEVE

Better Communities Begin with Children

We place the needs of children at the center of family, home, and community to create positive, lasting change.

Partnership is Powerful

We are true partners, delivering family-centered solutions within a genuine culture of respect, professionalism, kindness, and heart.

Empowered Families Own the Future

All families can gain the confidence and skills to build a healthy, resilient, and resourceful home for themselves and future generations.

Resilience Overcomes Adversity

Given hope and support, children and families can grow stronger in the face of adversity caused by unsafe, traumatic, violent, unhealthy, and impoverished conditions.

GOAL	STRATEGY	DUE DATE	WHO IS RESPONSIBLE	DATE COMPLETED	STATUS
Goal 1: Maintain a board committee structure that is representative of the	A. Recruit community members with specific expertise to participate in	February 2023	Board and CEO	In-process	Recruited one new board member with expertise in human resources. Jennifer Chiarenza.

GOAL	STRATEGY	DUE DATE	WHO IS RESPONSIBLE	DATE COMPLETED	STATUS
community and continues to follow best practices in Nonprofit and Board Governance.	various committees such as Human Resources, Program, Audit, Technology, and Development.				In-process of recruiting Barbara James from the Bethesda Hospital Foundation. 1 st Q 21-22 Will be focusing on finance, major gifts, and ethnic diverse – Spanish-speaking and black board members. 2 nd Q 21-22 Introduction for new board member, Luis Cure, who is Spanish speaking and has a finance background. 3 rd Q 21-22 Luis Cure was approved on 4/26/22 by board of directors.
Goal 2: Maintain foundation board activities to include connection with individuals who can increase donors for the organization.	A. Increase Planned Giving Committee to a minimum of 15 members.	February 2020	Foundation Board, CEO, Director of Development	In-process	1 st Q 21-22 Losing a board member due to relocation and looking to add major gift talent to the foundation board. One long-time foundation board member is leaving the board but continuing the Legacy committee. 4 th Q 21-22 Foundation Members made introductions to new business supporters for the upcoming luncheon: Geo Group Foundation - \$5,000; B.E. Blank and Company - \$1,500; Synovus Bank & Investments - \$2,000; Tire Kingdom - \$515.24; Hafer - \$500; The Falcon Group - \$375; First Republic Bank - \$1000; Dawson James - \$500; Ball Janik

GOAL	STRATEGY	DUE DATE	WHO IS RESPONSIBLE	DATE COMPLETED	STATUS
					LLP - \$1,000; Sandhill Crane Golf Club - \$500; Donations amounting to \$305.84.
	B. Conduct two planned giving center of influence events.	Annually	Foundation Board, CEO, Director of Development	In-process	3 rd Q 21-22 Held CEO dinner in south county with eight center of influence people attending on 6/16/22.
	C. Quarterly attendance by foundation members and director of development at Planned Giving Council meetings.	Annually	Families First Board of Directors, Foundation Board, CEO, Director of Development	In-process	1 st Q 21-22 S. Whiteman and B. Mangines attended one Estate Planning meeting. D. Macri attended two Estate Planning meetings. 2 nd D. Macri attended three planned giving events (January, February, March) hosted by the Planned Giving Council. 3 rd Q 21-22 D. Macri attended Estate Planning Council breakfast in May.
Goal 3: Expand and enhance funding sources.	A. Increase corporate gifts for the annual luncheon by 3% each year and for the poker, brewery, and any other fundraising events each year by 5%.	February yearly (2020, 2021, 2022, 2023)	Board of Directors, Foundation Board, Director of Development, Development Committee, and Business Development Committee.	In-process	1 st Q 21-22 The 15 th Annual Luncheon raised over \$88,000, no significant increase over last year, however raised \$4000 more in sponsorship and \$2,000 more in auction. \$127, 016.80 was submitted to Honda Classic, with a 5% donation of \$6,424.34 which includes monies donated directly through the Honda Classic website for Families First. 2 nd Q 21-22 Honda Classic matching donations totaled

GOAL	STRATEGY	DUE DATE	WHO IS RESPONSIBLE	DATE COMPLETED	STATUS
					\$16,913.48 which is highest matching amount to date. 3 rd Q 21-22 Received new funding for \$5,000 from the Groelle Family Charitable fund. Luncheon: to date we have received two new corporate sponsorships from Tire Kingdom (\$500) and B.E. Blank & Company for \$1,500. 4 th Q 21 – 22 Received new corporate funding and individual donations for the Luncheon totaling \$26,696.08.
	B. Expand funding partnerships with country clubs in gated communities to three presentations bi-annually for a total of six by the end of the strategic plan cycle.	February 2021; February 2023	Board of Directors, Foundation Board, Director of Development, CEO, Planned Giving Committee, Solutions for Nonprofits.	In-process	1 st Q 21-22 Starting to reengage with communities that were not able to do anything in the last year due to COVID-19. Pursuing grants through Wycliffe Charities and Ibis Foundation. 2 nd Q 21-22 Re-engaged Boca Rio Foundation and received a \$5,000 grant for BHS.
	C. Increase income received from grants awarded by family foundations annually by 5% through research and connections.	February yearly (2020, 2021, 2022, 2023)	CEO, Director of Development, Solutions for Nonprofits.	In-process	2 nd Q 21-22 January – December 2021 - the agency made \$1,937,843 in grants; 142.1% increase over the period of January – December 2020 which was \$800,490.
	D. Based on direct mail campaign gifts and	February yearly (2020,	CEO, Director of Development, Development	In-process	1 st Q 21-22 Champions Campaign mailer was sent out to all donors to encourage monthly giving, a

GOAL	STRATEGY	DUE DATE	WHO IS RESPONSIBLE	DATE COMPLETED	STATUS
	research, build a plan to connect to annual donors.	2021, 2022, 2023)	Committee, Solutions for Nonprofits.		focus for 2022. Age 50+ pipeline list is being created to begin the cultivation process for legacy donors. 2 nd Q 21-22 No Update 3 rd Q 21-22 No Update
Goal 4: Enhance public awareness to increase giving and support to the organization.	A. Annually increase the average donation and donor base that comes through the web site and increase utilization of social media by 5% each year.	February yearly (2020, 2021, 2022, 2023)	CEO, Director of Development, Board of Directors, Foundation Board, Development Committee, Solutions for Nonprofits.	In-process	1 st Q 21-22 Social Media posts are shared several times a week. This includes video usage, visual graphics, and strategically tagging board members and other community supporters. 2 nd Q 21-22 Social Media posts are made daily, highlighting community giving opportunities, such as Blue April and donation highlights such as the Great Charity Challenge Gift in February. 3 rd Q 21-22 Blue April donations were collected, and social media posts were sent out highlighting Annual Luncheon, grants and programs. 4 th Q 21-22 The Luncheon realized an increase of 19% in sponsorships, table sales, and ticket sales in 2022 from the 2021 virtual event and a 14% increase from the 2019 in-person event.
	B. Expand social media utilization current trends	February 2023	CEO, Director of Development,	In-process	1 st Q 21-22 Staff receive daily email reminders with links.

GOAL	STRATEGY	DUE DATE	WHO IS RESPONSIBLE	DATE COMPLETED	STATUS
	and patterns in the communications field.		Solutions for Nonprofits.		<p>Board have received social media “tutorials” and continue to be encouraged to share, comment and like posts to increase Families First awareness.</p> <p>2nd Q 21-22 Staff are sent the social media post links daily to each of our social media pages and are encouraged to like and share.</p> <p>3rd Q 21-22 Staff are sent the social media post links daily to each of our social media pages and are encouraged to like and share.</p> <p>4th Q 21-22 Staff are sent the social media post links daily to each of our social media pages and are encouraged to like and share.</p>
	C. Promote reputational areas of Families First such as COA accreditation and educate donors to increase their support of the organization.	February 2023	CEO, Director of Development, Solutions for Nonprofits.		<p>1st Q 21-22 Programs, stories, check presentations, donations, achievements, and all other significant accomplishments continue to be highlighted on the website, in print and social media.</p> <p>2nd Q 21-22 Continued to highlight check presentations, donations, supporters, and other</p>

GOAL	STRATEGY	DUE DATE	WHO IS RESPONSIBLE	DATE COMPLETED	STATUS
					<p>program achievements on social media pages.</p> <p>3rd Q 21-22 Continue to highlight programs, staff anniversaries, and grants received weekly.</p> <p>4th Q 21-22 Continue to highlight programs, staff anniversaries, board news and grants received weekly.</p>
	D. Position board and agency leadership expertise to be available to and sought as resources for newspapers and community papers to increase awareness of the agency.	February 2023	CEO, Director of Development, Solutions for Nonprofits, Executive Leadership Team, Both Boards.		<p>1st Q 21-22 Sending out notices to community papers to educate regarding staff expertise and board leadership.</p> <p>2nd Q 21-22 Continued to highlight programs and their accomplishments through social media.</p> <p>3rd Q 21-22 Continued to highlight all programs through social media.</p> <p>4th Q 21-22 Continued to highlight all programs through social media and underscore our expertise.</p>
Goal 5: Improve organizational competence, structure, performance, and increased accountability.	A. Receive Nonprofits First Reaccreditation in Excellence.	December 2019	CEO, Executive Leadership Team, Director of Quality Assurance.	November 2019	Upload of required documents, site-visit, and follow-up steps have been completed. Anticipate final notification in late November 2019. Reaccredited in November 2019. Completed

GOAL	STRATEGY	DUE DATE	WHO IS RESPONSIBLE	DATE COMPLETED	STATUS
	B. Submit the Self-Study to COA for Reaccreditation.	October 2019	CEO, Executive Leadership Team, Program Service Committee, Director of Quality Assurance, Board of Directors.	October 2019	Completed
	C. Achieve national reaccreditation from the Council on Accreditation for Children and Families.	March 2020	CEO, Executive Leadership Team, Program Service Committee, Director of Quality Assurance, Board of Directors, Staff.	March 2020	Full reaccreditation awarded in March 2020.
	D. Review and update the currently approved succession plan to address key personnel, i.e., CEO, Deputy Director, Director of Finance, Program Directors, and Director of Development.	February 2020	CEO, Executive Leadership Team, Board of Directors, Human Resources Committee.	February 2022	1 st Q 21-22 Meeting with Human Resources committee during 2 nd quarter to solidify changes to succession plan. 2 nd Q 21-22 Approved February 23rd, 2022.
	E. Conduct a feasibility study for the purchasing of a building for Families First.	February 2021	CEO, Executive Leadership Team, Board of Directors, Facilities Committee.	Discontinued March 2022	1 st Q 21-22 No update 2 nd Q 21-22 Church is nowhere near deciding, so the plan is to continue renting and not building at this time. Construction costs are too high, will not be doing a capital campaign at this time.
	F. Explore utilizing a phone application for	August 2019	CEO, Executive Leadership Team,	January 2021	Updated products being explored. Dir of Finance is

GOAL	STRATEGY	DUE DATE	WHO IS RESPONSIBLE	DATE COMPLETED	STATUS
	emergency alerts to be used by direct service workers in the field.		Director of Finance and Administration, IT Committee.		upgrading staff phones and will explore apps/features that allow staff to have access to safety information while in the field. 1 st Q 20-21 New iPhones were distributed during this quarter, 10/12/2020. 2 nd Q 20-21 Determined that apps on the new phones allow staff to use appropriate applications prior to going on home visits, especially in neighborhoods they have not been in before.
	G. Explore utilizing Microsoft's MileIQ app for reporting accurate mileage by workers in the field.	August 2019	CEO, Executive Leadership Team, Director of Finance and Administration, IT Committee.	December 2019	Two licenses have been downloaded and are being tested. Determined not appropriate for agency.
	H. Purchase/replace computers for programs not funded by CSC at the five-year old mark.	January 2020	CEO, Director of Finance and Administration, IT Committee.	March 2020	Lost Tree Foundation grant approved for purchase of 20 computers. A Continuous Quality Improvement grant approved the purchase of four additional computers.
	I. Migrate from Microsoft 365 E2 subscription to an E3 or E5 depending on cost effectiveness.	May 2019	CEO, Director of Finance and Administration, IT Committee	June 2019	Completed in June 2019.
	J. Renew 3-year laptop tracking license subscription.	December 2019	CEO, Dir. of Finance & Admin., IT Committee.	December 2020	Subscription renewed for one year in December 2019. Multi-

GOAL	STRATEGY	DUE DATE	WHO IS RESPONSIBLE	DATE COMPLETED	STATUS
					year subscription will be re-evaluated in October 2020. 1 st Q 20-21 license subscription renewed.
	K. Continue to clean up the network drives and map for agency's maximum efficiency.	August 2019	CEO, Dir. Of Finance & Admin., Director of Quality Assurance, IT Committee.	Completed September 2022	1 st Q 21-22 Creating a plan to organize drives and folders. 2 nd Q 21-22 Meet and discuss in ELT meeting in 3 rd quarter 3 rd Q 21-22 Staff will finish cleaning by the end of September to coincide with the fiscal year. 4 th Q 21-22 Staff completed cleaning up drives by the end of September to coincide with the fiscal year.
	L. Purchase and configure new on premises server to take the place of the one now in service.	September 2019	CEO, Director of Finance and Administration, IT Committee	March 2021	New server ordered and scheduled for install end of 2019 - project extended until 3 rd Q 19-20 as priority given to upgrading computers from Windows 7 to 10. 3 rd Q 19-20 partial installation of new server so staff have remote access. Target to complete when all staff return to offices post COVID-19. 4 th Q 19-20 - Purchase of a third server was approved so that the server project of the integration to office-based, remote-based access for all staff can be

GOAL	STRATEGY	DUE DATE	WHO IS RESPONSIBLE	DATE COMPLETED	STATUS
					completed. It will be finalized in the 1 st Q 20-21. 1 st Q 20-21 money was secured to implement new server and will target 2 nd Q 20-21 to complete. 2nd Q 20-21 installation completed
	M. Configure RDS server on Azure for access by ELT in event of emergencies.	September 2019	CEO, Director of Finance and Administration, IT Committee	April, 2020	Completed in 3rd quarter FY 19-20.
	N. Upgrade current computers (if cost effective) to Windows 10.	December 2020	CEO, Director of Finance and Administration, IT Committee	March 2020	Project completed in March 2020.
Goal 6: Develop a legacy building vision for Families First services, consistent with the mission of the organization. Final recommendations to be reported to the ELT and Board of Directors.	A. Review and clarify the agency's vision, mission, and values. Evaluate program services currently offered to determine viability, appropriateness of population being served, and continued need.	January 2021	CEO, Executive Leadership Team, Program Service Committee	June 2021	Conversations beginning in 4 th quarter. 4 th Q 19-20 - Ten staff and two board members are attending Lean Six Sigma training, which will give us the tools to do a complete evaluation of the overall functioning of the organization administratively and programmatically. 1 st Q 20-21 two teams of (four staff in one and two staff and one board member in the other) enrolled in the Six Sigma Green Belt class. Projects selected to

GOAL	STRATEGY	DUE DATE	WHO IS RESPONSIBLE	DATE COMPLETED	STATUS
					work on updating DD job description and increase major gifts/legacy gifts. After completion of the two projects, staff will use this model to conduct future analysis on opportunities for growth and improvements. 2 nd Q 20-21 Working on new logo, mission, vision, and value statements. To be approved by Board in 3 rd Q 20-21 3 rd Q 20-21 Board approval of new logo, mission, vision, and value statements in June. 4 th Q 2021- No update.
	B. Conduct a strategic planning analysis focused on program enhancement, expansion, and innovation.	January 2022	CEO, Executive Leadership Team, Program Service Committee.	March, 2022	4 th Q 19-20 - Ten staff and two board members are attending 1 st Q 21-22 Previous consultant working on staff and board orientation. On completion will look to secure money to retain consultant for the next strategic plan. 2 nd Q 21-22 ELT will be meeting in the 4 th quarter 21-22 for the onset of the development of the new four-year strategic plan.
	C. Conduct a strategic planning analysis focused on organizational development and structural changes needed	January 2022	CEO, Executive Leadership Team, Program Service Committee.	October, 2021	4 th Q 19-20 - Ten staff and two board members are attending Lean Six Sigma training, which will give us the tools to do a complete evaluation of the

GOAL	STRATEGY	DUE DATE	WHO IS RESPONSIBLE	DATE COMPLETED	STATUS
	to support current and expansion services.				<p>overall functioning of the organization administratively and programmatically.</p> <p>1st Q 20-21 two teams of (four staff in one and two staff and one board member in the other) enrolled in the Six Sigma Green Belt class. Projects selected to work on updating DD job description and increase major gifts/legacy gifts. After completion of the two projects, staff will use this model to conduct future analysis on opportunities for growth and improvements.</p> <p>2nd Q 20-21 both Six Sigma teams presented and completed projects to Bob Seemer/class trainer.</p> <p>3rd Q 20-21 Made restructuring decisions and created a new organizational chart to match the restructure.</p> <p>4th Q 20-21 Job descriptions were approved by the board, advertising/interviewing potential new staff.</p>
	D. Continue to seek credentialing in Medicaid and/or private insurance plans for behavioral health services.	Annually	CEO, Executive Leadership Team, Program Service Committee,	July, 2020	New contract with Sunshine Health negotiated in June 2019; renewed with Beacon Health Options; negotiating an amendment with Sunshine to bill

GOAL	STRATEGY	DUE DATE	WHO IS RESPONSIBLE	DATE COMPLETED	STATUS
			Human Resources Committee.		early childhood services through Medicaid. 3 rd Q 19-20 completed amendment to Sunshine and waiting for approval. 4 th Q 19-20 - Agency received contract approval from Sunshine Health.
	E. Define new diversified funding sources to support potential new legacy building vision and growth.	January 2023	CEO, Clinical Director, Director of Finance, Behavioral Services Data Coordinator.		1 st Q 21-22 Received new funding source from a Foundation amounting to \$5,000. Another Foundation increased their gift by \$10,000. The DeLuca Foundation increased their giving from the year before with two grants totaling \$280,800 over two years. 2 nd Q 21-22 The Boca Rio Foundation provided new support in the amount of \$5k for our Behavioral Health Programs. A consultant has been hired to assist with grant writing and worked on several grants during this quarter. 3 rd Q 21-22 The Development Director has been actively reaching out to potential foundations for program support and also reviewing foundation search for funding opportunities.

GOAL	STRATEGY	DUE DATE	WHO IS RESPONSIBLE	DATE COMPLETED	STATUS
					<p>4th Q 21-22 The Development Director has been actively reaching out to potential foundations for program support and also reviewing foundation search for funding opportunities. He wrote a new grant to Cigna Foundation and Boca West Foundation.</p>