Performance Quality Improvement Plan

Agency Mission

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

Agency Vision

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

Equity Statement

This organization provides a multi-disciplinary approach in empowering families to build resilient homes and grow strong in every way with an acknowledgement 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

March 2023

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Introduction

Families First Palm Beach County (Families First) is a social service agency, which has been providing services to families in Palm Beach County, Florida since 1990. The mission of Families First is empowering families of all histories and challenges to grow strong in every way. We continuously strive to fulfill our mission and provide the highest quality of care to our clients, their families, and our community. We accomplish this, in part, through the implementation of a Performance Quality Improvement (PQI) plan.

The goals of the organization are to ensure that:

- ✓ Program services achieve the intended child and family outcomes
- ✓ Program services improve and maintain best practice standards
- ✓ Program services are provided in an equitable and inclusive way
- ✓ Agency is open to and inclusive of all stakeholders
- ✓ Agency improves and maintains high standards of organizational functioning
- ✓ Agency improves and maintains as a self-sustaining organization

Our Performance Quality Improvement Approach

Families First is committed to providing the necessary resources to ensure ongoing quality in the agency and with its partners by engaging in a performance quality improvement (PQI) approach that:

- ❖ Addresses organizational performance and advances effective management practices
- ❖ Supports long-term priorities and goals as detailed in our strategic plan
- ❖ Utilizes best practices in performing outcome measurement and evaluation
- ❖ Facilitates leadership investment and support
- ❖ Focuses on the client, their needs, quality of service, protecting their privacy, and providing services in a racial and culturally equitable manner
- ❖ Collects, analyzes, and utilizes data to identify areas of improvement, set measurable goals, and monitor effectiveness of change
- ❖ Maintains a structure that is inclusive of community, partners, and stakeholders
- ❖ Improves inefficiencies by continuous improvement that allows for high-quality service delivery

The agency follows a public health approach to community health and uses the Plan-Do-Check-Act (PDCA) cycle for optimal responsiveness to programmatic needs. At an organizational level, Lean Six Sigma is applied as a managerial method for optimal utilization and maintenance of operation needs. Staff responsible for implementation of the processes can be found in: PQI Committee Roles for PQI System

PQI Infrastructure

Families First developed an infrastructure to support our PQI process, and we continually look for ways to improve it.

The Compliance & Quality Assurance Director is the lead for full implementation of the PQI plan and coordinates the program deadlines, improvement plans, and surveillance of program efficiencies included in quarterly and annual PQI reports. The Compliance & Quality Assurance Director reports to the Chief Program Officer and works adjacently with the Board of Directors, Chief Executive Officer, and Executive Leadership Team to maintain their

involvement, garner feedback, and ensure timely and effective review of data collection. To best involve all programs and operational departments, a separate PQI committee was created to administer and lead the PQI system.

The PQI Committee is comprised of:

- Chief Executive Officer (CEO)
- Chief Program Officer (CPO)
- Compliance and Quality Assurance Director- **PQI Committee Lead**
- Maternal and Infant Mental Health Director
- Finance and Administration Director
- Director of Development & Fundraising
- Program/Clinical Directors

The following Diagram depicts the structure in place for the system:

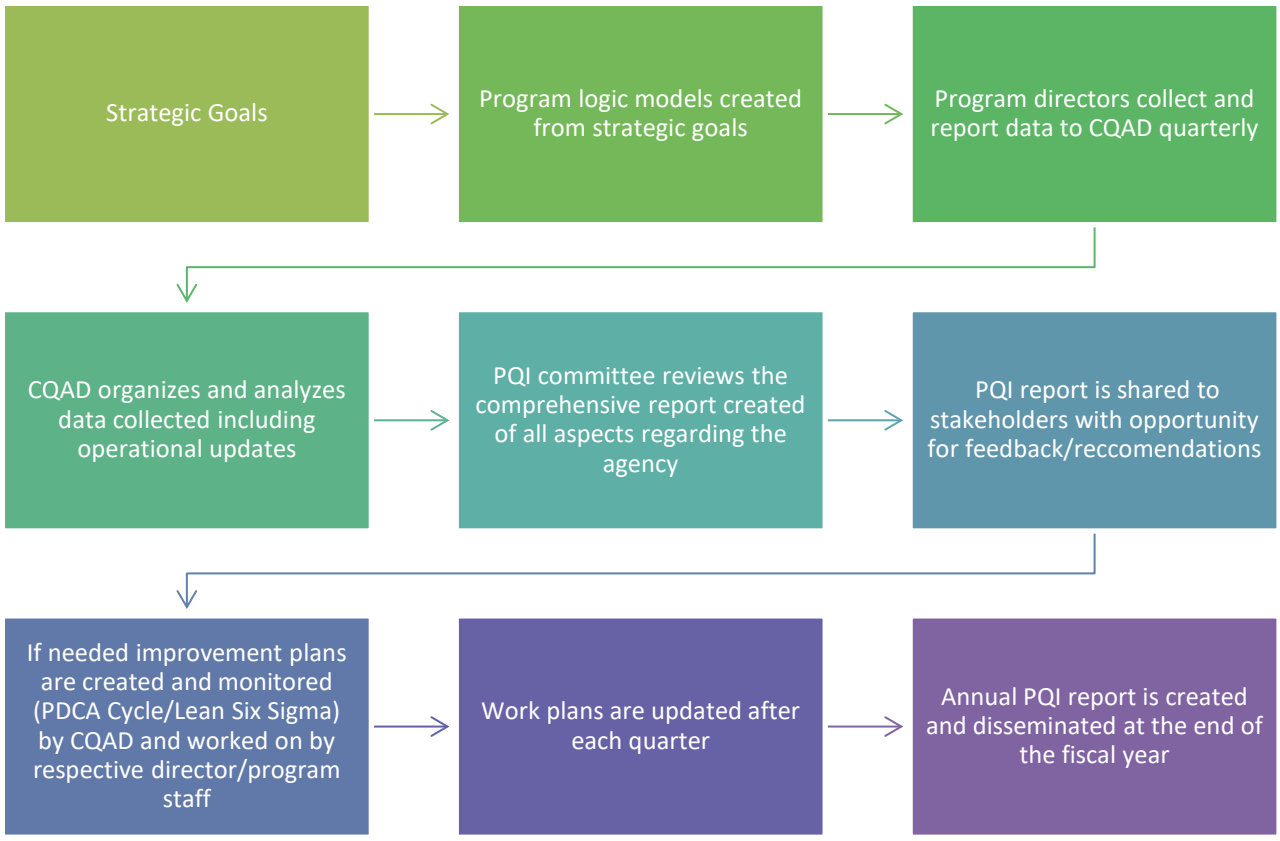

Figure 1 Infrastructure Diagram

The main activities conducted by the PQI committee include:

- A review of data analysis summaries to identify trends, strengths, and weaknesses
- Reviews any external monitoring reports, site visit inspection, or any additional information received from stakeholders and addresses areas in need of improvement
- They assess progress towards completion of work plans
- Provide clinical feedback for appropriate programs in order to enhance services and meet regulations
- Identify tangible resources needed for clients and staff
- Some committee members sit on subcommittees and act as a liaison to report feedback

PQI Committee Roles for PQI System

The goal of the committee is to provide transparency at all levels of the organization regarding PQI along with the communities in which they serve. For that reason, the Compliance and Quality Assurance Director leads the PQI committee to provide unbiased internal evaluations periodically. The collection of data uses a mixed research design that includes both quantitative and qualitative data. On review, data is checked for completeness, accuracy, timeliness, relevance, and reliability by a three-tier model as follows:

1. Case worker or Data coordinator will initiate data input
2. Director will begin data cleaning i.e. missing values, duplicate entry, completeness, etc.
3. Compliance and Quality Assurance director will verify information, identify outliers, analyze and interpret

Aside from meeting performance measures both Child First and Healthy Families go through additional review to comply to national fidelity models for their evidence-based programs. Similarly, remaining programs follow the National Association of Social Workers (NASW) standards and code of ethics along with contractual deliverables. Directors are all trained in software input from grantors that fund databases on a yearly basis or as updates occur. Representatives from databases provide office hours for one-on-one instruction, meeting consultation, and group training when necessary to ensure proper data entry and integrity for staff. Funders equally implement external evaluations through quarterly and yearly monitoring's, site visits, and audits. All information gathered both in-house or externally is included in the comprehensive quarterly report or annual report as seems fit. Once CQAD communicates evidence and findings through quarterly PQI reports it is presented at the Program Service Committee review for final approval. The report then follows the following dissemination flow to all stakeholders:

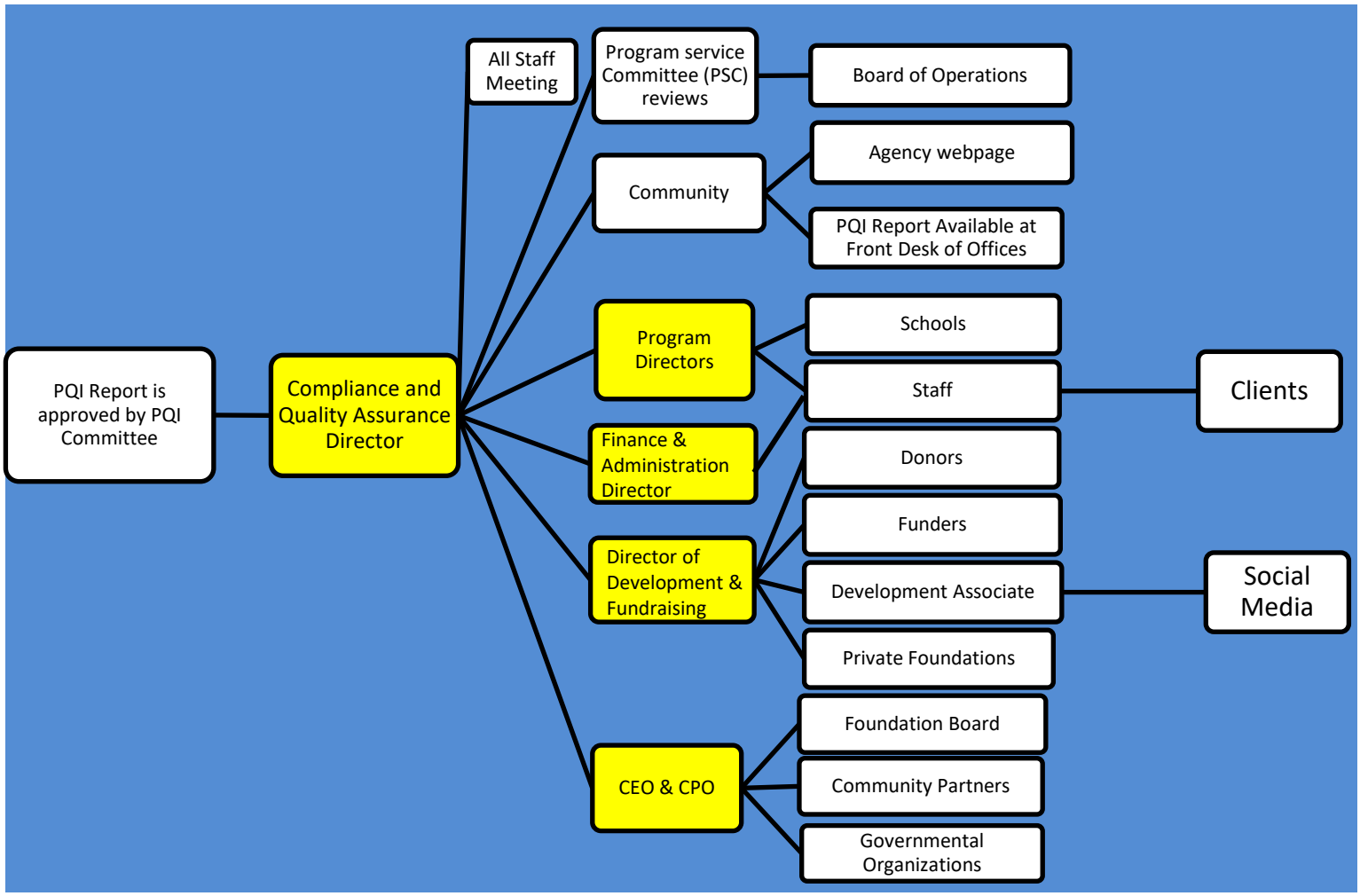

Figure 2 PQI Dissemination of Information

Data Review and Analysis

Data related to PQI may be reviewed at any time and at any level of the organization. All findings and evidence are communicated to staff through four modes:

- All Staff meetings
- Program Meetings
- Quarterly emails
- Agency website

***Due to the unprecedented change in schedules, staff that cannot attend meetings are directed to quarterly PQI emails or agency website to discuss during supervision to address any comments or concerns.*

Through all avenues staff are given an opportunity to voice their opinions to address understanding of reports. Tools and forms are included in initial onboarding training and periodically as updates occur or when concerns arise from Directors or CQAD. Evaluation of PQI data is ongoing and may occur informally to provide information to staff members and/or initiate performance improvement activities quickly when necessary. These PQI activities are promptly documented and communicated throughout the organization 30-45 days after the end of the quarter.

The quarterly PQI meetings serve as the primary venue for analyzing data to improve overall performance of programs and services at Families First. During these meetings, members of the committee analyze all relevant data. All areas of the agency are represented in the PQI report. The program directors of each program discuss their program's report and invite feedback from the group.

The PQI committee reviews data and discusses the strengths and weaknesses of programs and the agency. The committee works together to identify opportunities for improvement. Based on the committee's feedback, staff can initiate a performance improvement plan (PIP), the results of which will be provided to funders as required.

Once a team has completed the PIP through the "plan, do, check, act" (PDCA) cycle, identified change is implemented and becomes part of a new or revised policy/procedure, as appropriate. The results of the PIP and any resulting new policy/procedures are communicated to both staff and the Board of Directors. Applicable results will be shared with outside stakeholders as well.

PQI information should always flow in a continuous loop between the stakeholders which include: Board members, non-board member committee members, and staff.

Stakeholder Involvement: Executive Committees, Teams & Meetings

The PQI Committee regularly conducts meetings where organization-wide issues related to PQI are addressed. The following are groups that play an integral role in the implementation of our PQI plan.

- Program Service Committee: The Program Service Committee (PSC) is made up of board members and staff which include the CEO, CPO, and CQAD, and meets monthly. Through their oversight efforts, they are updated on program performance, workforce stability including staff retention and morale. The PSC serves as a Healthy Families Advisory Committee and once a quarter the Healthy Families Program Manager reviews program activities and program targets, including discussion of program challenges. The PSC may provide feedback regarding solutions to programmatic challenges. This committee also contributes to portions of the agencies strategic plan specific to program services. They review progress in the strategic

plan and report to the Board. The PSC meets as often as required to perform its duties or a minimum of ten times per year.

- Operations Team: The Operations Team is comprised of the Chief Executive Officer, Chief Program Officer, Finance and Administration Director, and Compliance and Quality Assurance Director. This subcommittee of the Executive Leadership Team addresses operational issues efficiently, subsequently updating and providing information to the PQI and/or ELT committees. This team will meet quarterly (or more often if necessary), and reviews issues related to organizational operations and risk management. This team, or portions thereof, meet with greater frequency as needed to review safety concerns and risks as they arise.

- Executive Leadership Team: The Executive Leadership Team (ELT) is comprised of the CEO, CPO, Finance and Administration Director, Compliance and Quality Assurance Director, Maternal and Infant Mental Health Director, Director of Development & Fundraising , Program/Clinical Directors. The ELT is responsible for reviewing information that is important to the operation of the programs and agency, makes plans to disseminate information and implement necessary changes, and has primary responsibility for implementing the agency's PQI plan. Meetings take place monthly to review a wide range of data related to the performance of individual programs and the organization as a whole and one meeting of each quarter is identified as the "PQI meeting". The CPO and Compliance and Quality Assurance Director facilitate the PQI meeting. For the quarterly PQI meetings, team members provide program data reports and summaries and identify potential opportunities for improvement. The CEO provides updates on board, strategic plan, and grant activity. The CPO provides summary and review of agency staff training, workforce stability, and safety and security. The Compliance and Quality Assurance Director reports on agency stakeholder and community involvement and program monitoring/audits that have happened in the quarter. The Director of Development and Fundraising and Finance and Administration Director provide updates on activities within their departments. Through quarterly program data reports, the team can review and discuss departmental progress on their work plans, required service numbers, and progress on outcomes.

- Board Committees: Board Committees are comprised of members of the Board of Directors, the CEO and/ or the CPO, Program/Clinical Directors, and Managers. Each committee is led by a Board member who has volunteered to lead and has an interest in that aspect of the agency. PQI reports are presented at committee meetings as appropriate. Board members share feedback related to PQI that can be communicated to other teams and committees. Each Board committee also reports on relevant PQI activities to the full Board of Directors.

- Board of Directors: The CEO reports on at least a quarterly basis to the Board of Directors on the progress of the PQI. The CEO provides a thorough verbal agency update on relevant issues. During each meeting, the Program Committee is primarily responsible for reviewing and reporting on program outcomes; however, all Board committees are involved in activities related to PQI. Any feedback from the board related to PQI is documented and relayed by the CEO to the other teams and committees.

- All Staff: All stakeholders, which include all employees of Families First, are critical members of the PQI process. "All staff" meetings are held at least four times per year. These meetings are facilitated by the CPO and includes all employees. Relevant staff trainings and administrative updates are provided during the meeting. PQI information is shared/discussed as a part of the ongoing agenda. The employees also can share information and provide feedback to agency leaders through breakout groups and training evaluations.

Measures and Outcomes

Through community and client needs assessments program-specific measures are designated to be aggregated in the following reports:

1. Quarterly Program Outcome Reports
2. Program monitoring reports tracking benchmarks, which are submitted to funders
3. External program monitoring reports completed by funders

The following table depicts a breakdown of current performance and outcome measures as represented in program logic models.

Performance and Outcome Measures		
Program	Outputs/ Outcomes/ Data Sources	Indicators and Targets
Behavioral Health	1. Number of CFARS/FARS assessments conducted 2. Student attendance rate 3. Number of students reporting stability in home 4. Total number of staff check-ins 5. Hours of treatment 6. Number of parents attending support groups	1. Improved functioning as measured by the Children's Functional Assessment Rating Scale (CFARS)/ Functional Assessment Rating Scale (FARS) 2. Reported stability of students in school setting 3. Improved stability in home
Kin Support	1. Families will be successfully linked to supportive services 2. families will remain stable in their homes(not removed /placed in foster care) during the contract year 3. Number of referrals will be provided with education and information regarding community resources and services 4. Increase caregivers will be engaged in support group services	1. Decrease in foster care placement. 2. Increase in clients identifying community resources to continue care for kin based on family action plan interviews 3. Percentage of families will successfully close and meet at least 75% of goals based on discharge summary
Targeted Outreach for Pregnant Women	1. Number of outreach sessions will be conducted by TOPWA staff. 2. Number of assessed and enrolled clients 3. Number of pregnant women will be linked to medical coverage to receive prenatal care. 4. Number of preventative care test	1. Improved referral source network 2. Increased percentage of at-risk pregnant women will obtain medical care and/or essential community resources 3. Increase in test administration for either HIV or pregnancy test reducing prenatal disparities
Bridges to Success	1. Number of home visits/ inspections 2. Number of Furnishings delivered to needed homes 3. Number of counseling sessions	1. Sustainability in compliance of home units based on funder and HUD reports 2. Reduction in mental health symptoms by end of FY as measured on the SPDAT;

	4. Number of Service Prioritization Decision Assistance Tool (SPDAT) assessments 5. Number of Housing Development Plans will be completed quarterly 6. Number of clients attending support groups	3. Improved referral connections to clients 4. Improved client engagement in Housing Development Plan to reduce dependency 5. Decrease in family homelessness 6. Improved transition to permanent supportive housing,
Infant Mental Health	1. Number of students referred for an assessment to determine eligibility for clinical services 2. Percentage of clients who completed services will meet their treatment goals 3. Number of students will be identified as needing therapeutic services. 4. Number of classroom observations from Licensed Mental Health Clinicians during the School year	1. Improved attainment of individual treatment goals. 2. Number of identified children as having developmental delays will receive appropriate referrals in ages 0-5 3. Increase number of Head Start/ Early Head Start students who are identified as having behavioral concerns in the classroom will be referred for an IMH assessment to determine eligibility for clinical services
	Accredited Programs	
Program	Outputs/ Outcomes/ Data Sources	Indicators and Targets
Healthy Families	1. Children free of abuse and neglect 2. Early detection of developmental delays 3. Linked to a medical provider 4. Fully immunized by age 2 5. Well-baby checks up to date 6. Improved parent-child interaction 7. Linked to a medical provider and other family support services 8. Demonstrated greater self-sufficiency 9. No subsequent pregnancies within 2 years 10. Participant satisfaction with services 11. Improved health and development of children 12. Improved community system of support for all parents	1. Prevent child abuse and neglect 2. Enhance parents' ability to create stable and nurturing homes 3. Promote child health and development 4. Increase parents' ability to develop positive parent-child relationships 5. Ensure families' social and medical needs are met 6. Ensure families are satisfied with services
Child First	1. Increased identification of multi-risk families 2. Child First programs now throughout CT, beginning in PB Florida, and in North Carolina 3. Meeting capacity of children and families served in the home	1. Child Outcomes: 2. Decrease in child mental health residential or hospital treatment 3. Decrease in special education and drop-out 4. Improved physical health and development 5. Decrease in incarceration 6. Caregiver Outcomes:

		7. Decreased incidence of domestic violence 8. Increased education and literacy 9. Improved health 10. Increased employment 11. Family Outcomes: 12. Family safety 13. Income security 14. Housing security 15. Service System Outcomes: 16. Caregiver and provider satisfaction 17. Utilization of data for service improvement 18. Medicaid funds accessed for home-based services 19. Increased community collaboration with seamless system of services and supports for families 20. Decrease in state expenditures

Surveys and Feedback

Families First involves our stakeholders (internal staff and board) and external (clients, funders, partners, etc.) in our PQI process through surveys and conversations. Surveys are distributed at least annually to identified groups of stakeholders that include employees, clients, operations board members, and foundation board members. Staff participates in an annual employee survey. Additionally, during quarterly discussion/planning sessions and all-staff meetings, PQI is on the agenda. Client surveys are also distributed yearly. Input is gathered from clients through discussions regarding their needs, through regular review of how they are doing in reaching their goals, and through participation at the program support groups. Suggestion boxes are available to staff in all office locations. These are reviewed by the CEO, CPO, and Compliance and Quality Assurance Director and presented to the ELT to determine how to best address recommendations and complaints.

Informal feedback is also considered an important part of our PQI process. This type of feedback may include board members and funders participating in client-focused events. Additionally, the different committees of the board of directors provide feedback on how they see and experience the staff throughout the organization.

Feedback provided by funders through program monitoring is utilized for PQI purposes. Suggestions for improvements on how services are provided, ideas for new approaches to current services or for different clients is garnered during the site visits and exit interviews post visit. Data collected is analyzed and used in conjunction with external surveys by licensing and accrediting agencies (e.g., COA, Healthy Families, Child First), to improve quality and delivery of services to our clients and community. Survey results are presented during PQI committee meetings and provide opportunities to develop improvement plans as necessary. Survey results, when appropriate, are shared with staff of the organization. Any informal

feedback gathered is utilized and shared with staff members, various teams, and committees that are involved in the PQI process. Both means of surveys are collected to depict performance quality from a program as well as operational perspective.

Management/Operational Performance

Families First measures outcomes and outputs related to the organization's capacity to manage and operate quality programs and services. Through processes in place outcomes are measured, reviewed, and modified to achieve agency goal (Figure 1 Infrastructure Diagram).
The following outcomes and outputs are related to management and operational performance:

Management/operational Performance Sources

Data related to management/operational performance is collected from a variety of sources. That data is then aggregated into reports, which are utilized to further the PQI process. Through the following sources capacity, risk, and overall function is evaluated. The following reports contain essential PQI data in relation to management/operational performance:

Quality of operational delivery

1. Quarterly Human Resources Reports from Paylocity- identifies attrition risk
2. Annual Employee Survey Reports- supports effectiveness in identifying staff morale
3. Quarterly Finance Reports-efficiency in the allocation and utilization of financial and human resources
4. Quarterly Facility Inspection Reports- identifies occupational hazards and risk

Quality of programs and service delivery

Data related to quality of programs and service delivery is reported through the following reports:

1. Quarterly Risk Management Incidents- effectiveness of hazard prevention measures for families served
2. Quarterly Client Record Review Reports-effectiveness of record compliance
3. Quarterly Agency and Funder Program Outcomes Reports- effectiveness of progress to meet program goals
4. Yearly Funder Monitoring reports and plans of correction- efficiency of program compliance and quality assurance
5. Yearly Client Survey Reports- effectiveness of service delivery
6. COA Accreditation Reports and Related Plans of Correction (Every four years)- Effectiveness of agency overall status
7. Nonprofits First Reports and Related Plans of Correction (accreditation every four years; renewal every year)- Effectiveness of agency policies and procedures
8. Healthy Families Accreditation Reports (every four years)- Effectiveness of fidelity to national program model
9. Connecticut/Child First Accreditation Reports (every four years)- effectiveness of fidelity to national program model
10. Annual Financial Audit Reports- success of processes in place to reduce financial risk

Case Record Reviews

Client records are randomly chosen each quarter for review by the teams. The number of records that are reviewed is based on a percentage of the total number of clients served with all open and closed records being review by the end of the year in accordance with COA standards. The case record reviewed procedure requires that all case records are reviewed for documentation and content annually, October through September. It is recommended that 25% of all clients served (carry over, opened, and closed) be reviewed each quarter. Equally length of time in program is also accounted for in stratifying charts to be reviewed for a more inclusive sampling of charts. Currently, each program director/ supervisor completes a case record review and/or utilizes a peer review process, with accompanied documentation. Each department has specific case record tools tailored to their programs to meet funding and ethical standards of practice according to the National Association of Social Work standards. The Compliance and Quality Assurance Director provides a second layer of the case record review process. This is done at random and follows compliance with all Funder, COA, and Medicaid protocols if applicable. Compliance and Quality Assurance Director will evaluate the overall completeness of the chart. On completion of case records further measures are considered to determine additional measures such as continuity of care and improvement.

Reporting Information

Quarterly reports are inclusive of all departments and aspects of the agency. The following items depict measures that are tracked and monitored to identify current trends. If any inconsistencies or deficits are identified or of concern to any stakeholders e.g., Board, clients, staff , Performance Improvement Plans are conducted and compared over time. The following are the current measurements for review that are modified based on the current need of the agency.

Operational

Workforce Stability

1. Employee retention (outputs)
    a. New Hires
    b. Positions vacant and filled
    c. Time taken to fill positions

2. Incidents
    a. Client incidents involving staff interventions, ex. mandated reporting
    b. Client grievances
    c. Staff incidents
    d. Staff grievances
    e. Critical client and staff incidents/grievances requiring investigation

3. Employee survey responses/employee satisfaction (outcomes)
    a. Orientation, Employee Engagement, Training
    b. Performance Management and Supervision
    c. Compensation and Benefits

d. Communication and Leadership
e. Organizational Culture
f. Diversity and Inclusion

4. Financial performance (outcomes and outputs)
    a. Gross revenues by department and for the entire agency (quarterly/yearly)
    b. Actual expenses for the entire agency (quarterly/yearly)
    c. Total development revenue by source (quarterly/yearly)
    d. Utilization of endowment funds to cover operational expenses and this information is reported annually.
    e. Performance of assets in endowment funds yearly.

Programs and Service Delivery

Families First measures outputs and outcomes that are indicative of the overall quality of its services and programs. The following outputs and outcomes related to quality and performance are measured in addition to any funder-mandated outcomes:

1. Risk management data
    a. Number and type of client incidents, grievances, and interventions
    b. Number and type of staff incidents and grievances

2. Client record review data, the outcomes of the case record reviews are reported on the quarterly program reports that are then shared at ELT. The review of charts will include the following:
    a. Thorough assessment based on client need and purpose of services
    b. Content of case note relates to the client's service/treatment plan, consistent with the goal of services
    c. Appropriate language is utilized to describe the following, not limited to
        1) Assessment information
        2) Diagnosis, when appropriate
        3) Identifies service/treatment plans/family goal plans
        4) Progress and challenges in meeting service/treatment goals
        5) Program specific assessments
        6) Presence of a transition/discharge plan
    d. Proper completion of essential documentation
    e. Timeliness in completing essential documentation

3. Program output data
    a. Number of clients served
    b. Number of clients closed
    c. Duration of services: this information is used to track patterns and trends and if required, this information will be reported to funders and accrediting bodies (i.e.: Child First).
    d. Progress and challenges in meeting indicated outputs
    e. Demographic information for clients and family members served to include:
        i. Age
        ii. Gender
        iii. Race

iv. Ethnicity
v. Family marital status
vi. Family income/FPL

4. Outcomes for clients
    a. Outcome achievement for all outcomes measured
    b. Progress and challenges in achieving outcomes for active clients
    c. Progress in achieving outcomes for discharged clients

4. Client survey responses
   Clients' perceptions of
    a. Quality
    a. Safety
    b. Effectiveness
    c. Progress in meeting goals
    d. Suggestions

5. Results of facility and physical plant inspections
    a. Ongoing facility and physical plant needs
    b. Emerging facility and physical plant needs
    c. Results of emergency drills

6. Findings from funder monitoring
    a. Plans of correction resulting from monitoring reports

7. Findings from re-accreditation audits
    a. Plans of correction resulting from audits

8. Results of annual financial audits

Summary

Families First is committed to the overall wellbeing of agency goals and community needs. Since the inception of this agency in 1990, Families First has taken strides to continuously improve the way we provide services to residents of Palm Beach County. This is evidenced by the number of extremely positive external reports and monitorings received from the agency's funders and feedback from stakeholders.

The PQI Plan includes fluidity and incorporates changes to reflect the many challenges that the communities we serve experienced everyday especially with the more recent challenges related to the COVID Pandemic and numerous losses faced by the communities we serve.

This PQI Plan, through a process of continuous Performance and Quality Improvement will assist Families First in maintaining its standing as a premiere social service agency in Palm Beach County. Our Performance Quality Improvement Plan will enable us to achieve these goals purposefully, efficiently, and effectively.

Logic Model: Goal

FY 2023-2025
Behavioral Health Logic Model

Needs Assessment Data

According to the National Institute of Mental Health (NIMH), 50% of all lifetime cases of mental illness began by the age of 14 years, and 37% of youth with a mental health diagnosis will drop out of school. Palm Beach County School District have partnered with the agency to serve the influx of students needing services. Equally BHS serves families in the community and at risk youth who are or have been involved in the DJJ system to decrease recidivism.

Impact Statement

Children served will demonstrate an improvement in behavior at home, and in school settings, and also improve their social-emotional functioning as indicated on the CFARS. The well-being of children supports the community cost savings of $2,776.85 per child, based on reduced days of hospitalization.

Inputs	Activities	Outputs	Outcomes
Training -Introductory, Moderate, Advanced, Wraparound -Maintain Certified Education Units Performance Measurement -Staff performance evaluations -Participant satisfaction surveys - Assessments -Masters level clinicians -Licensed supervisors and program director -Continuous quality improvement processes -Data management	Referral and Screening o Assess referrals from self and community partners o Determine eligibility for existing programs Assessments o Complete bio-psychosocial assessment with youth and family o Complete CFARS/FARS Therapeutic Services o Provide evidence-based interventions to youth and families in the homes, schools, and community o Facilitate psycho-educational groups to parents and caregivers o Establish initial treatment plan and treatment plan reviews o Facilitate support groups for youth and families Community o Provide referrals for substance abuse and Applied Behavior Analysis therapy as needed o Conduct community awareness campaigns and networking o Pursue diverse funding streams at state and local levels to support services o Promote healthy family dynamics o Increase parent/caregiver engagement o Ensure qualified and wraparound services o Increase client autonomy	-135 clients will have completed a Pre and Post CFARS/FARS -108 students will report as attaining stability in school -108 students will report as attaining stability in home. -A total of 20 Biweekly staff check-ins will be conducted by 09/31/2023 -1700 hours of treatment will be provided by therapist by 09/31/2023 -Engage 30 parents in support groups by the end of the fiscal year.	- 80 % of clients served will demonstrate a reduction of at least 1 point in mental and behavioral health symptoms by CFARS/FARS tool by the end of the fiscal year. - At minimum 80%, of all clients receiving services will demonstrate stability of placement at home through discharge summary by 09/30/2023 - At minimum 80%, of all clients receiving services will demonstrate stability of placement at home through discharge summary by 09/30/2023

Logic Model: Goal

Needs Assessment Data

In 2019, 28% of Palm Beach County grandparents lived with and were responsible for their grandchildren. Relatives raising a loved one's children tend to experience high stress and mental health and financial problems. Children whose parents are unable to care for them are at high risk for being placed in foster care. The need in the county continues with only one program in the county to support this demographic.

FY 2022-2025
Kin Support

Impact Statement

These services reduce the potential for placing these children in the state foster care system, thus avoiding further disruption and stress for the child and keeping families united.

Inputs	Activities	Outputs	Outcomes
Training o Wraparound community services o Family action plan o Staff training o Assessments o Staff performance evaluations o Participant satisfaction surveys o National accreditation o Quality improvement o Data management	Referral and Screening o Assess referrals from self and community partners o Determine eligibility for existing programs o Determine funding source Assessments o Complete biopsychosocial assessment with youth and caregiver o Complete family action plan o Provide psychoeducation to parents o Complete client satisfaction survey with family Services o Provide evidence-based case management interventions to youth and caregivers in the homes, schools, and community	-90% of 50 families will be successfully linked to supportive services -At minimum 42, families will remain stable in their homes (not removed /placed in foster care) during the contract year -160 referrals will be provided with education and information regarding community resources and services -At least 16 caregivers will be engaged in support group services	-95% of Kin Support families who remained in service or whose cases were successfully closed did not result in foster care placement. - 95% of clients will be able to identify community resources to continue care for kin based on family action plan interviews by 09/31/2023 - Families that successfully close will meet at least 75% of goals on their treatment plan by 09/31/2023

Logic Model: Goal

Needs Assessment Data

The reduction and elimination of perinatal transmission of HIV remains a social priority of HIV; as there are significant HIV rates amongst women of child bearing age. Palm Beach County is ranked 5th in Florida for newly reported HIV cases and ranked 5th for newly reported AIDS cases.

TOPWA (Targeted Outreach for Pregnant Women Act)
FY 2023-2025

Impact Statement

High risk pregnant women will receive prenatal health care and be linked to resources that ensure improved health outcomes for both mother and baby.
Strategy: Provide assistance in accessing comprehensive healthcare services

Inputs	Activities	Outputs	Outcomes
Client Enrollment Forms completed by TOPWA staff & submitted to TOPWA Supervisor on a weekly basis. Post Natal Follow Up Forms completed & submitted by TOPWA staff to TOPWA Supervisor monthly. Referral Outcome Forms completed by TOPWA Supervisor based on data provided by TOPWA staff on a monthly basis. Case documentation maintained by TOPWA staff and client case files reviewed by TOPWA Supervisor on a monthly basis. Monthly reports generated for CEO, Deputy Director, Program Director & funders.	TOPWA staff will conduct outreach sessions with women of childbearing age At risk pregnant women will be assessed and enrolled in TOPWA comprehensive services Pregnant women will be linked to medical coverage to receive prenatal care. TOPWA staff will conduct pregnancy tests from October 1, 2023 to September 30, 2024. TOPWA staff will conduct HIV tests from October 1, 2023 to September 30, 2024.	240 outreach sessions will be conducted by TOPWA staff. 180 of pregnant women will be assessed and enrolled into services by the end of the fiscal year. 130 of pregnant women will be linked to medical coverage to receive prenatal care. 240 pregnancy tests and 240 HIV tests will be conducted by the end of the fiscal year.	2 New provider outreach locations will be identified a referral source quarterly as a result of outreach efforts. 100% at risk pregnant women who previously lacked medical coverage will obtain the necessary medical care and/or essential community resources by the end of program enrollment. A 5% increase in test administration for either HIV or pregnancy test will be conducted by the end of the FY 2025.

Logic Model: Goal

Needs Assessment Data

Due to a lack of affordable housing, especially to those individuals who are living with a mental and/or physical disability, the Bridges to Success (BTS) program aims to provide housing stability to these families. It is the only permanent supportive housing program serving the under-served communities of Belle Glade, Pahokee and Royal Palm Beach. Families First has been providing families with housing stability through BTS since 2009.

Bridges to Success
FY 2023-2025

Impact Statement

Clients will remain in or exit to permanent housing locations and clients will not return to homelessness.

Inputs	Activities	Outputs	Outcomes
* One full-time housing coordinator * One part-time data coordinator * One supervisor * Satisfaction surveys completed annually * Case record reviews conducted quarterly * Assessment tools	* Monthly visits to each client's home/unit to assess and inspect units for safety and compliance; * Ensure that every unit is furnished appropriately * Monthly support groups; * Quarterly assessments * Referrals and linkages to needed or recommended services (i.e.: medical, psychiatric, employment, educational) * Case Management * Supportive counseling * Telephone follow-up contacts with the clients *Serve as an advocate for families by attending school IEP meetings and local DCF meetings when necessary	*A total of 120 home visits will be conducted in FY. * 10 Furnishings will be provided *A total of 120 counseling sessions will be conducted in FY *A total of 10 SPDAT assessments will be completed in FY (additional assessments completed for new clients) *10 Housing Development Plans will be completed quarterly (40 plans a year) *12 support groups will take place in FY.	Short term outcomes: *100% (10 units) of the units will remain compliant and pass inspections by end of FY. *70% or 7/10 clients will experience a reduction in mental health symptoms by end of FY as measured on the SPDAT; *80% or 8/10 clients who attend support group sessions will receive information on resources *100% or 10 clients will participate in the development of their Housing Development Plan *80% or 8/10 clients will remain securely housed and not return to homelessness Long term outcomes: *8 of 10 or (80%) of clients will remain in program with home stability or exit to permanent housing locations by the end of the service year;

Logic Model: Goal

Needs Assessment Data

*Over 70 children sat on a waitlist from Head Start programs in PBC last year and did not receive clinical services they were referred for
*Children in Head Start, while attending Palm Beach county school are not able to access the mental health services at the school. they are for K-12 only

FY 2023-2025
Infant Mental Health

Impact Statement

Students in Palm Beach County Head Start and Early Head Start classrooms will receive the mental health services that they need to be able to function and learn in the classroom.

Inputs	Activities	Outputs	Outcomes
Evidenced based clinical interventions. Home and school-based services (child's natural environments) Children prenatal to 6 years Multiple children per family when needed. 3–12-month intervention Early Childhood Education Classroom Mental Health Consultation Master's level licensed Mental Health or registered Clinicians and masters level student interns in clinical practicum Licensed, CPP rostered qualified supervisor for the program. Multicultural/multilingual staff intensive training in Child Parent Psychotherapy and Conscious Discipline Funding: Medicaid reimbursement Philanthropy Head Start/Palm Beach County School District	Identification, Assessment, & Planning Screening and Referrals: Training of community providers Screening for developmental, social-emotional, parent risk Broad referrals from early childhood and Healthy Beginnings System Community-Based Assessment & Consultation: Early care and education Comprehensive Home and School-Based Assessment: Developmental assessments Social emotional screeners Development of Individualized Child & Family Treatment Plan Child/family specific meetings as needed Family/School specific meetings as needed Home or School Based Intervention: Engagement of very hard to reach families in treatment and in child's education Parent guidance Teacher guidance Evidenced based conscious discipline when appropriate. Play Therapy, CPP or Classroom support will be the modalities used for intervention Mental health consultation in Early Childhood Classroom Weekly individual & group reflective supervision Clinical Case Management when needed Hands-on connection to community services and supports Adult capacity building: Parent and/or Early Childhood teacher Document in Web-based Electronic Health Record	At least 40 Head Start/ Early Head start students will be referred for an assessment to determine eligibility for clinical services 80% of clients who completed services will meet their treatment goals At least 25 Head Start/Early Head Start students will be identified as needing therapeutic services. 29 Head Start/Early Head Start classrooms will receive 2 classroom observations from Licensed Mental Health Clinicians during the School year	80% of clients who completed services met their treatment plan goals reducing the risk of abuse and neglect by the end of FY 2023. 100 % of scheduled formal classroom observations will be conducted by the end of the FY 2023. 80% of children identified as having developmental delays will receive appropriate referrals by the end of FY 2023 100% of Head Start/ Early Head Start students who are identified as having behavioral concerns in the classroom will be referred for an IMH assessment to determine eligibility for clinical services by the end of FY 2023

Healthy Families Florida Logic Model

Vision

Every child in Florida will grow-up healthy, safe and nurtured.

Mission

To provide a statewide system of voluntary, community-based home visitation services that strengthen families, promote positive parent-child relationships and optimize the health and development of children.

Goals

- Prevent child abuse and neglect
- Enhance parents' ability to create stable and nurturing homes
- Promote child health and development
- Increase parents' ability to develop positive parent-child relationships
- Ensure families' social and medical needs are met
- Ensure families are satisfied with services

Resources/Inputs	Program Activities	Outcomes
State Level Support • **Quality Assurance** o Technical assistance o Quality improvement o Contract management o Fiscal accountability o Advisory board o National accreditation • **Intensive Training** o Core, Advanced, Wraparound • **Performance Measurement** o Process and outcome measurement o Results driven quality improvement o Participant and site satisfaction surveys • **Information Management Services** • **Advocacy** o State funding o Public awareness and education o Legislative support **Local Project** • **Quality assurance** • **Ongoing staff development** • **Intensive staff supervision** • **Performance management** • **Memoranda of agreement with community partners** • **Advisory boards** • **25% cash/in-kind community contribution**	**Screening** • Referrals from community partners • Early identification of families for assessment during pregnancy or at the birth of the baby • Determine potential eligibility for Healthy Families **Assessment** • Identify risk factors for abuse and neglect • Identify families' strengths and immediate needs • Determine need for home visiting or other community services **Home Visits** • Educate and model positive parent–child relationships including developmentally appropriate discipline and guidance techniques • Conduct home safety checks, educate families on safety issues and assist with resolving identified safety issues • Collaborate with and empower families to set and achieve goals that lead toward greater self-sufficiency • Screen children for developmental delays (physical, cognitive and emotional) and provide referrals when needed • Provide referrals for substance abuse, domestic violence, mental health and other issues as needed • Connect the family to medical homes **Community Capacity Building** • Identify community resources for housing, food, childcare, job training, health insurance and other services • Educate and engage business and community leaders, community based organizations, the Legislature and the Governor • Conduct outreach and community awareness campaigns • Pursue diverse funding streams at state and local levels	**Short-Term** *Child* • Children free of abuse and neglect • Early detection of developmental delays • Linked to a medical provider • Fully immunized by age 2 • Well-baby checks up to date *Parent* • Improved parent-child interaction • Linked to a medical provider and other family support services • Demonstrated greater self-sufficiency • No subsequent pregnancies within 2 years • Participant satisfaction with services **Long-Term** • Prevention of child abuse and neglect • Improved health and development of children • Improved community system of support for all parents

rev 2/19/09

LOGIC MODEL: CHILD FIRST IMPLEMENTATION

--- CHALLENGES ---

Family:
- Poverty
- Domestic violence
- Substance abuse
- Maternal depression; mental health problems
- Homelessness or unstable housing
- Poor health
- Unemployment
- Lack of education
- Illiteracy
- Lack of parenting and child development information
- Child Welfare risk, past, or active involvement
- Food insecurity
- Parents with cognitive limitations
- Teen parents
- Single parents
- Uninvolved fathers
- Isolation
- Incarceration
- Undocumented status
- Multiple challenges

Child:
- Developmental delay or learning problems
- Social-emotional or behavioral problems
- Health problems
- Exposed to "toxic stress" without buffering of strong attachment relationship
- Abused or neglected
- Inadequate health care or lack of Medical Home
- Low quality child care

Community:
- Fragmentation in service system
- Gaps in services
- Community violence

----- INPUTS -----

Child First:
- Evidence-based model
- Home-based services
- Children prenatal to 6 years
- Multiple children per family
- 6-18 month intervention
- ECE Mental Health Consultation
- Master's level licensed Mental Health/Developmental Clinicians
- Bachelor's Care Coordinators
- Team approach
- Multicultural/multilingual staff
- Learning Collaborative (LC) - 12 months w/ intensive training
- Child-Parent Psychotherapy LC
- Weekly reflective supervision
- Ongoing biweekly reflective clinical consultation by NPO

Funding:
- Child Welfare – (CT DCF)
- MIECHV
- Medicaid reimbursement
- Philanthropy
- Federal (SAMHSA) support
- Children's Services Council (CSC) of Palm Beach County

Strong Collaborative Early Childhood System of Care:
- Early care and education
- Local Education Associations
- Pediatrics in hospitals & FQHCs
- Child welfare providers
- Family Resource Centers
- Shelters
- Domestic violence agencies
- Courts
- Home visiting: PAT, NFP, EHS
- Care Coordination (SOC)
- Infoline/Help Me Grow
- Health Department/WIC
- IDEA Early Intervention
- Adult mental health and substance abuse providers
- Child mental health providers

Policy and Advocacy:
- CT Office of Early Childhood
- CT Commission on Children
- CT Home Visiting Consortium
- CSC of Palm Beach County

------ ACTIVITIES & SERVICES ------

Identification, Assessment, & Planning

Screening and Referrals:
- Training of community providers
- Screening for developmental, social-emotional, parent risk
- Broad referrals from early childhood and adult providers

Community-Based Assessment & Consultation:
- Early care and education
- Pediatrics

Comprehensive Home-Based Assessment:
- Child mental health
- Child development
- Child and parent trauma
- Child & parent health
- Parent-child relationships and attachment
- Parental challenges esp. mental health
- Family service needs

Development of Individualized Child & Family Plan of Care:
- Family-driven, reflecting culture, priorities, needs
- Comprehensive plan of psychotherapeutic treatment and services
- All family members receive services
- Child/family specific meetings as needed

Service Delivery

Home-Based Intervention:
- Engagement of very hard to reach families
- Parent guidance
- Trauma-informed Child-Parent Psychotherapy
- Executive functioning
- Use of video
- Mental health consultation in ECE
- Two generation approach
- Team approach
- Weekly individual, Team, & group reflective supervision

Care Coordination / Case Management:
- Family stabilization
- Family driven
- Hands-on connection to community services and supports
- Adult capacity building
- Average of 12 referrals per family
- Access to over 80% of services desired

Fidelity and Certification:
- Web-based Electronic Health Record
- Process and outcome data analysis – feedback to affiliates
- Monitoring of clinical and program fidelity
- CQI process
- Annual accreditation

---- OUTPUTS ----

- Increased identification of multi-risk families
- Child First programs now throughout CT, beginning in PB Florida, in development in NC
- 1,000+ children and families served in the home

INTERMEDIATE OUTCOMES

Service System:
- Increased identification of children and families

Child Outcomes:
- Improvement in nurturing relationship and secure attachment
- Decrease in child emotional and behavioral problems
- Improved child language
- Improved executive functioning
- Decrease abuse/neglect
- Decrease in ER and hospitalization

Caregiver Outcomes:
- Decreased maternal stress, depression & mental health problems
- Increased executive fx
- Increased involvement of fathers
- Increased family supports and community resources

Family Outcomes:
- Decreased Child Welfare referral, substantiation, & foster care
- Increased connection to Medical Home
- Increase connection to early care and education
- Increase dental services
- Increased family supports and community resources

L-T OUTCOMES

Long Term Outcomes are a Continuation of all Intermediate Outcomes, and in addition:

Child Outcomes:
- Decrease in child mental health residential or hospital treatment
- Decrease in special education and drop-out
- Improved physical health and development
- Decrease in incarceration

Caregiver Outcomes:
- Decreased incidence of domestic violence
- Increased education and literacy
- Improved health
- Increased employment

Family Outcomes:
- Family safety
- Income security
- Housing security

Service System Outcomes:
- Caregiver and provider satisfaction
- Utilization of data for service improvement
- Medicaid funds accessed for home-based services
- Increased community collaboration with seamless system of services and supports for families
- Decrease in state expenditures