

**Families  
First**  
OF PALM BEACH COUNTY

2023



## **Annual Performance & Quality Improvement Report**

3333 Forest Hill Blvd 2nd Floor, West Palm Beach, FL 33406








### ***Families First Thrives in a Year of Change***

Families First has consistently demonstrated its ability to navigate challenges with agility and achieve success over the past year. We strategically expanded our team by welcoming a cohort of highly talented new professionals, significantly bolstering our capacity to serve families in need. Notably, the Healthy Families program secured additional funding through a successful grant proposal process. This allowed us to hire two Family Support Specialists, enabling us to deliver enhanced services to our target population. Our organization's grant-writing expertise yielded a remarkable 96% success rate, securing vital resources to support our core programs.

Beyond resource acquisition, our programs consistently deliver exceptional performance. Rigorous assessments have resulted in consistently positive outcomes, exceeding or meeting expectations with minimal recommendations for improvement. This culminated in a seamless reaccreditation by the Council on Accreditation (COA) for another four years. The expedited reaccreditation process underscores our exemplary compliance record. Families First remains committed to continuous quality improvement. We employ a robust Plan-Do-Check-Act cycle, which ensures consistent quality through regular file reviews and prompt corrective actions. Any identified deficiencies are addressed swiftly, guaranteeing ongoing compliance with the highest standards.

Looking ahead, Families First has a clear vision of leveraging technology to further enhance our services and accessibility. We are actively exploring the integration of secure communication platforms and online resources to empower families and streamline communication. By embracing innovation, we aim to strengthen our impact and reach even more families in need.

### **Agency highlights:**

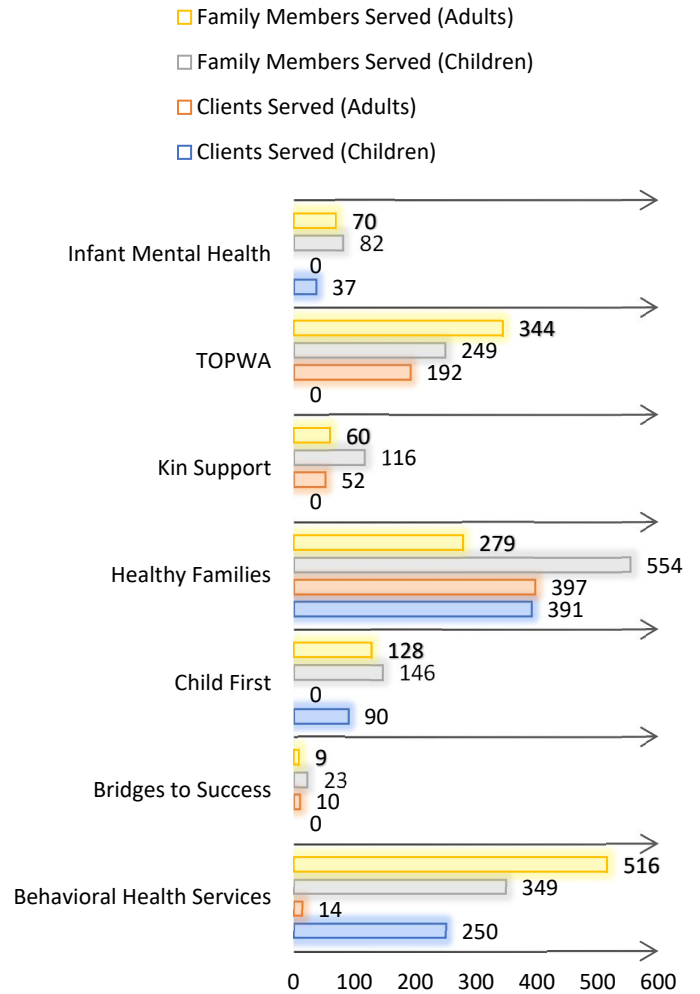
-  *Successfully completed core training with Advancing the Mission (ATM)*
-  *Agency annual signature event, The Children's Luncheon, raised over \$102,000 for our programs.*
-  *The IMH program was a finalist with Impact the Palm Beaches, receiving \$77,000 in funding.*
-  *The Agency received notice of the expansion grant approval for ten more units for the Bridges to Success Program.*
-  *Successful agency audit – unmodified opinion.*
-  *Approval of the new contract under the co-located initiative with the School District of PBC for the next five years.*
-  *Reaccreditation from Non-profits First and Council on Accreditation.*



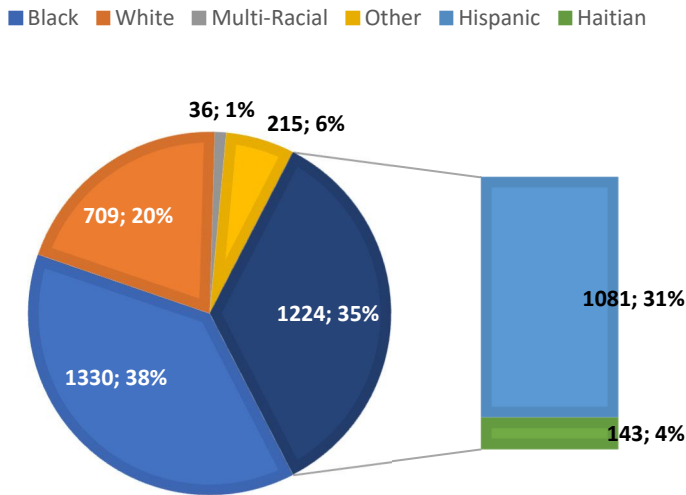
Overall Agency Demographics

Programs	Households Strengthened
Behavioral Health Services	264
Bridges to Success	10
Child First	90
Healthy Families	397
IMH	37
Kin Support	52
TOPWA	192
<b>Grand Total</b>	<b>1042</b>

Individuals and Family Members Served By Program

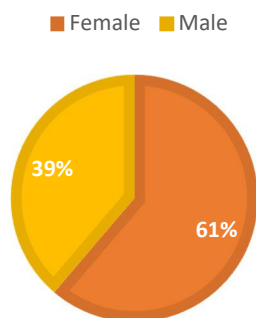


REPORTED RACE AND ETHNICITY FY 2022-2023



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

FEMALE TO MALE CLIENT RATIO SERVED



All outcomes for this fiscal year met or exceeded expectations.

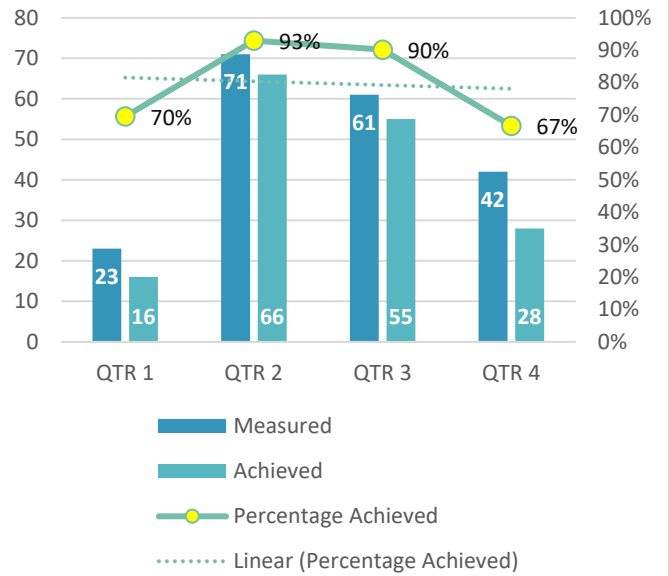
**Year at a Glance:**

Mental health improvement continues to be the end goal of the Behavioral Health program. During this fiscal year, additional funding was secured to begin working with clients served by the Department of Juvenile Justice. The addition of adding this group has assisted the program to continue to reach even more at-risk youth from both recidivism in the court systems and closing the gap in equitable mental health care that would normally be a disparity for this community. Initiated a collaboration with the Edna Runner Tutorial center providing behavioral health services to the youth and families enrolled in this center.

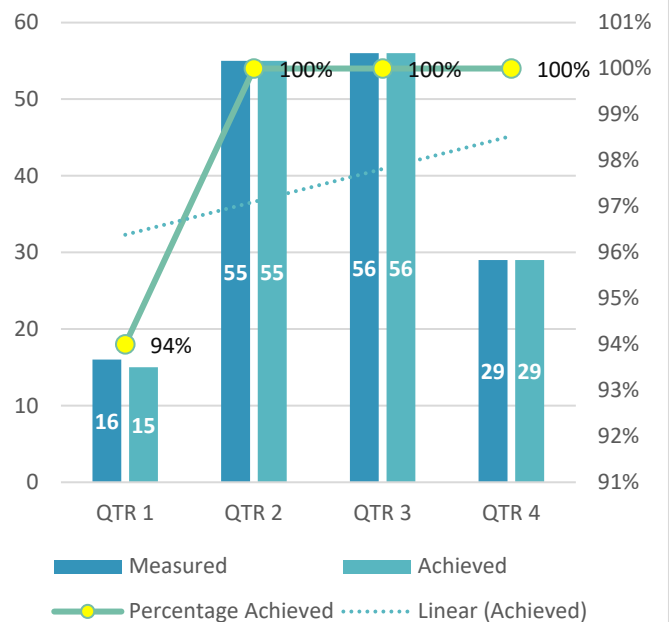
Data collection Summary:

- The overall reduction of mental health symptoms for the year was 80% meeting benchmark. The program evaluated 197 students that closed during this fiscal year.
- 156 students that were enrolled in school at time of discharge attained 99% of stability in school which includes items such as:
  1. Reduction in suspensions
  2. Reduction in truancy
  3. Improvement in classroom behavior

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



80% of Clients achieved stability in school



All outcomes for this fiscal year met or exceeded expectations.

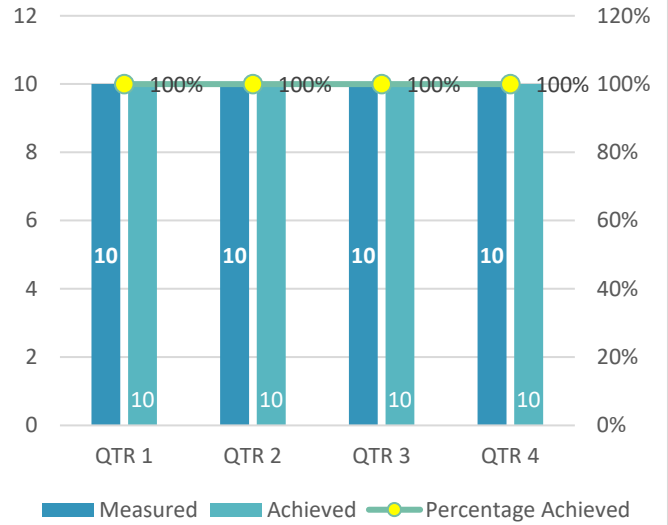
**Year at a Glance:**

Bridges to Success continues to deliver exceptional outcomes for its respective program and was rewarded during this fiscal year an opportunity to expand its capacity for the 2024-2025 fiscal year. Through a consistent positive review of compliance to HUD and funding regulations the program scored exceptionally well during the proposed bid for this addition.

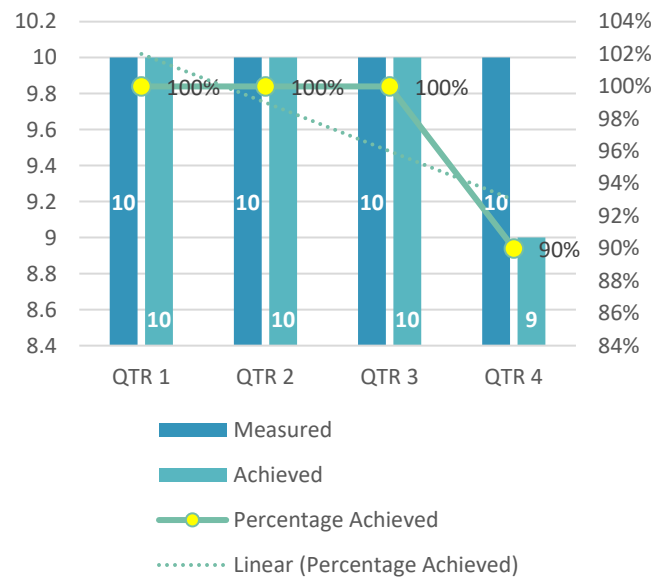
**Data collection summary:**

- Families that include both children and adults had a 100% average for the year in maintaining housing with 1 family that safely exited program to transition into affordable housing during this fiscal year.
- 98% of the families served maintained or increased wages. This was a 25% improvement from the previous fiscal year that was heavily impacted from the immediate effects on Covid. The program coordinator has collaborated with partner and key community stakeholders to improve quality of life and secure pathways to more long-term outcomes such as:
  1. Enrollment in school
  2. Feasible access to quality healthcare
  3. Access to food pantries to reduce food insecurity in their homes.

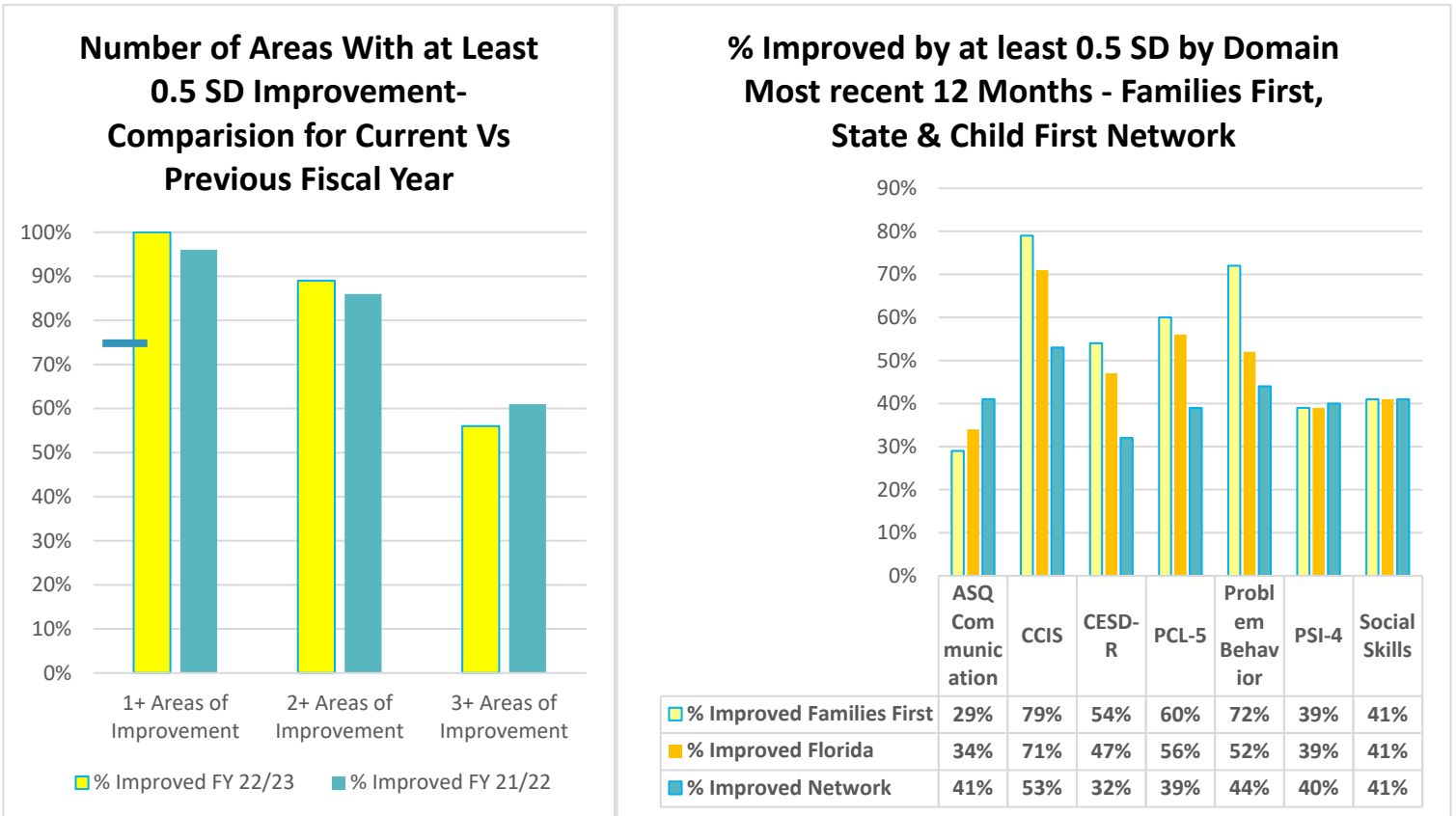
**80% of 10 families will maintain housing within the program or exit to safe and affordable housing**



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



All outcomes for this fiscal year met or exceeded expectations.



**Year at a Glance:**

During this year Child First received many accolades for its programming and has continued to support its staff at the agency as well as at the national level through sponsored conferences. All staff members are trained in Conscious Discipline as their work heavily involved both parent engagement and school engagement to support the dyadic work with the families they serve. Staff this year were also given the opportunity to attend the National Symposium in Seattle, Washington where one of the Child First Care Coordinators was honored for the amazing work that she did all year and continues to do.

**Data Collection Summary:**

- The improvement comparison from the previous year demonstrated 2/3 measures being more improved. However, the areas of improvement overall remain positive to the benchmark.
- Dyadic reciprocity measured by the CCIS tool during this year shared a much better improvement in parent-child interaction compared to state and national statistics. Communication on a developmental scale demonstrated the least improvement for the year.
- The team will review and discuss outcomes as more schools have now welcomed staff back for in person visits.



All outcomes for this fiscal year met or exceeded expectations.

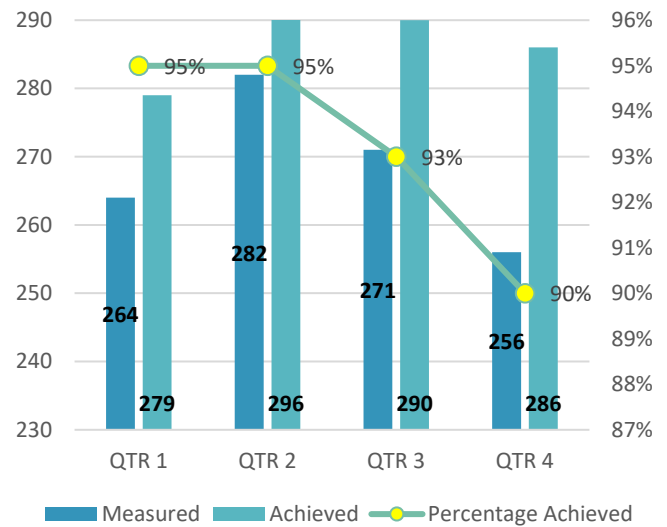
**Year at a Glance:**

Healthy Families Palm Beach underwent many changes during this fiscal year as Healthy Families Florida has undergone changes in their leadership and structure. With this, additional roles were added to program to allow more screening opportunities for clients that may be eligible for services.

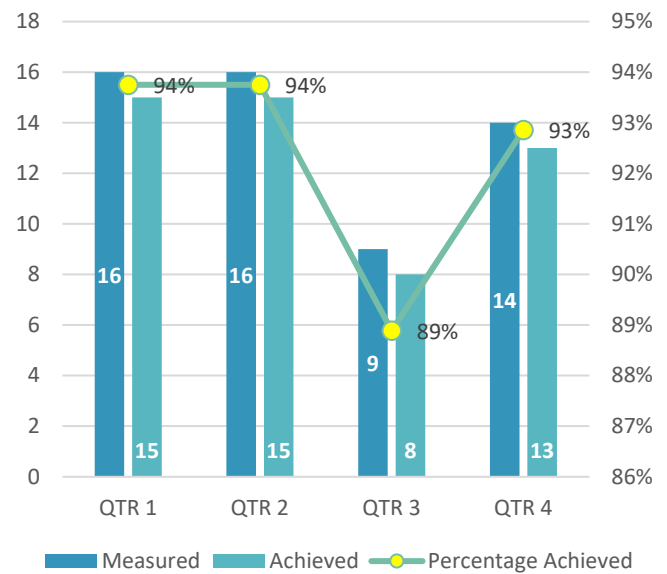
**Data collection summary:**

- 93% of participants received home visits according to the participants' level. This was a positive correlation to services rendered as home visits were a huge barrier the past two years. During this time more protocols were put into place to support home visits in a safe and effective manner for both clients and staff. Illnesses, weather, safety are much more monitored to ensure no spread of diseases and maintain wellbeing of those participating in services.
- 93% of target children equally were represented to have been up-to date on their well child checks by the age of 2.

**75% of participants will have received at least 75% of home visits according to the participants level**



**85% of target children will be up-to-date with wellchild checks at 24 months of age**



## 2022-2023 Kin Support Program

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

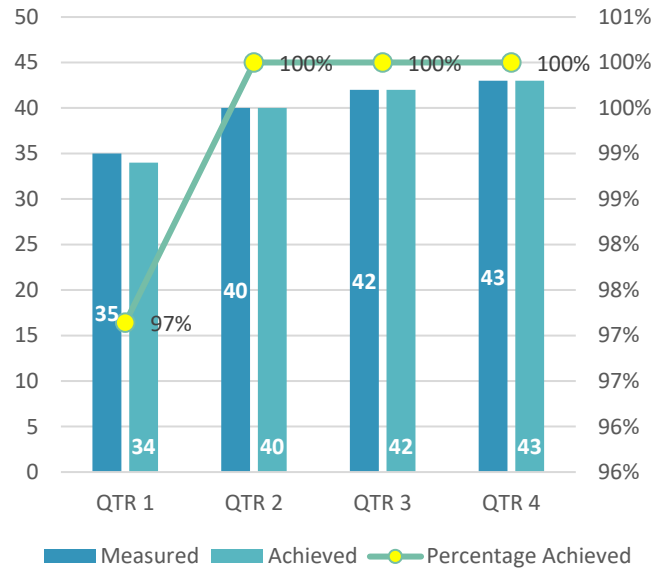
### Year at a Glance:

The Kinship program this year is now serving the Glades. Through partnerships with the Legal Aid and other community partners, an additional coordinator has begun outreach to connect with kin families that may benefit from care coordination and legal assistance. This expansion will greatly assist the community given it is the only program in the area that focuses on supporting relative caregivers that may need assistance in navigating the system towards a path of adoption or permanent living for their loved ones.

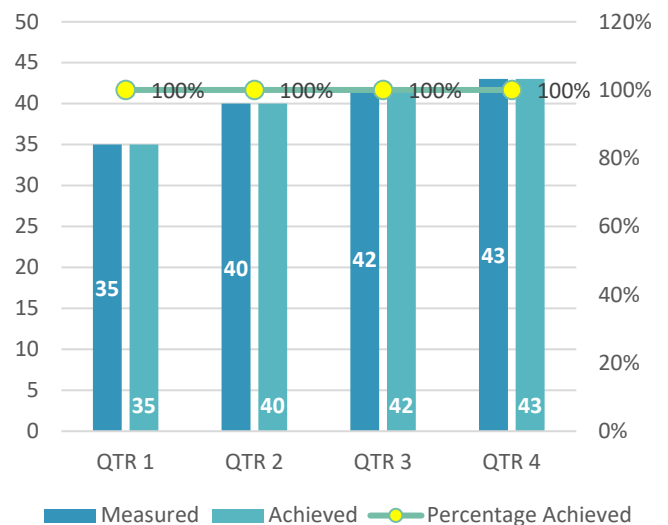
### **Data collection summary:**

- 99% of kinship families reported stability in which children were not removed or placed in the foster care system.
- 100% of families reported for the year to receive additional support to address mental health counseling or social work. This was done by services provided in program such as: support groups, care coordination, and referrals to partner agencies.

### **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**

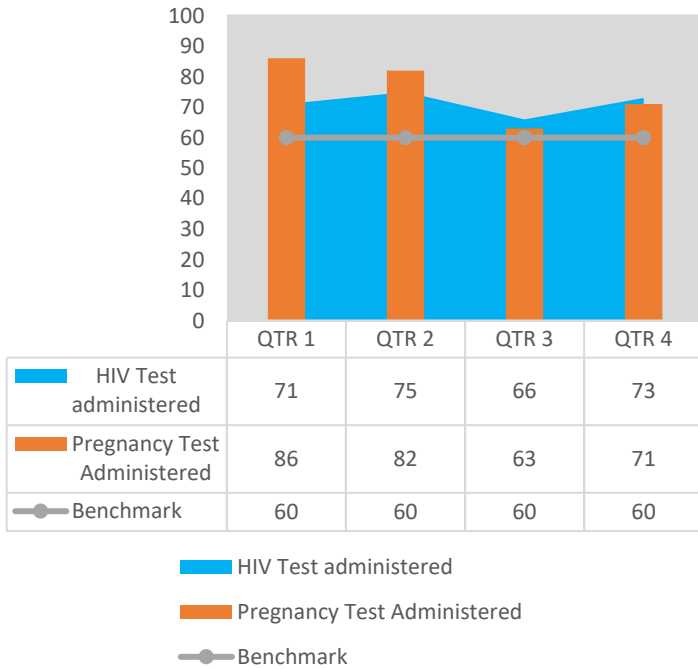




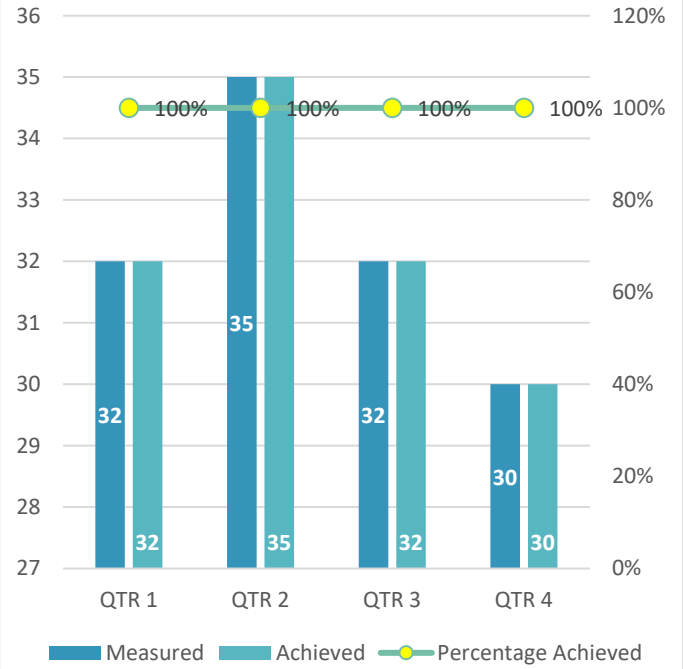
## 2022-2023 TOPWA- Targeted Outreach for Pregnant Women

All outcomes for this fiscal year met or exceeded expectations.

### Test administered to all pregnant women for FY 22-23



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



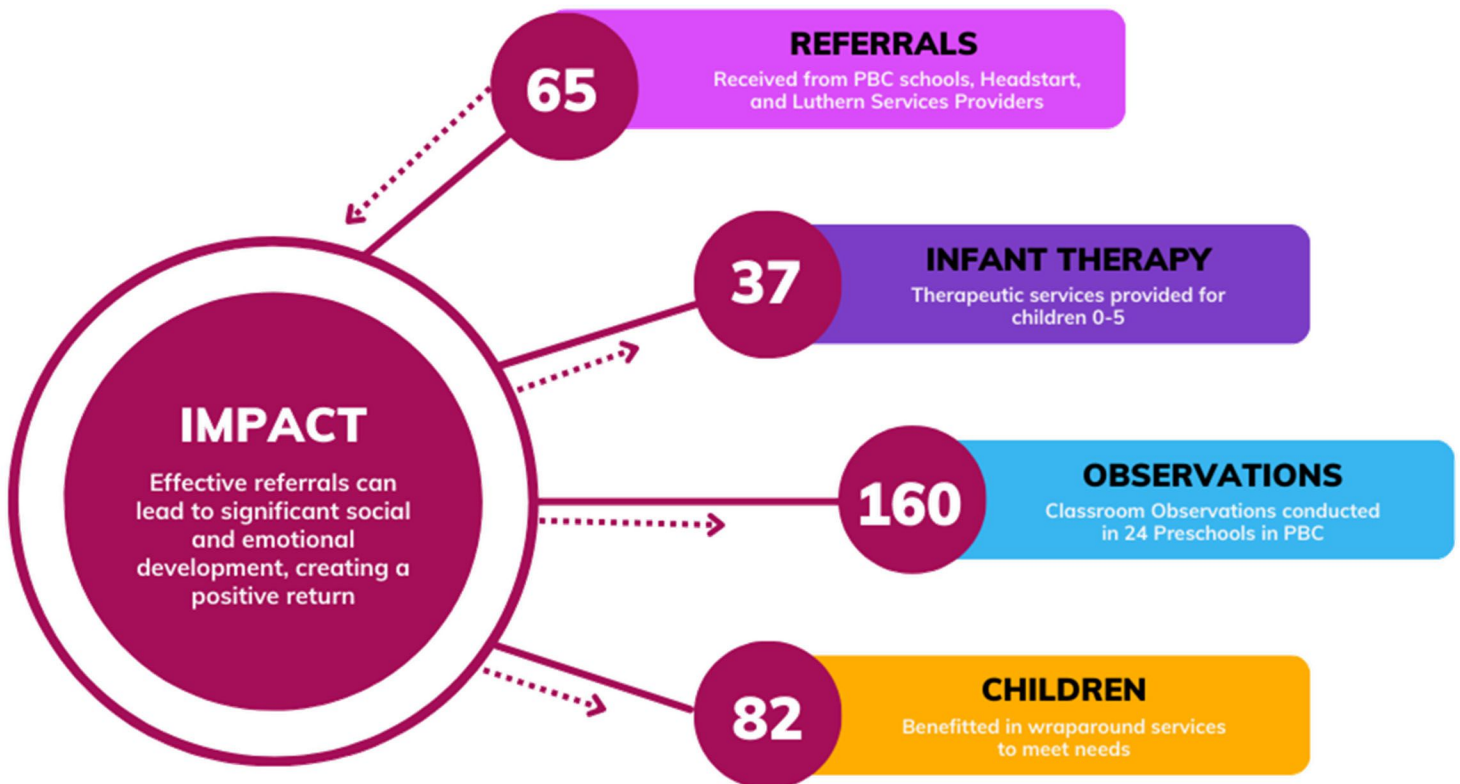
#### Year at a Glance:

This year marked great success for the program as more women were served in the area to participate in testing. As access to quality medical care has decreased, specifically due to more and more families not qualifying for Medicaid, programs such as TOPWA have managed to continue to support and connect pregnant mothers to prenatal care, resulting in women having healthy births. Health fairs, community outreach, and education hubs were all target areas to connect with the community.

#### Data collection summary:

- 285 HIV tests administered – 16% above benchmark.
- 302 Pregnancy tests administered - 21% above benchmark.
- 100% of women were linked to medical payer to receive prenatal care.





**YEAR AT A GLANCE**

Exciting news! Our program has significantly expanded its reach through a new partnership with Lutheran Head Start, adding to our existing network of 10 schools within the School District. The Infant Mental Health (IMH) staff's expertise is now highly valued throughout the schools. We're pleased to continue our successful student internship program with FAU School of Social Work. These interns gain valuable experience shadowing our IMH staff while leading workshops for their school cohorts. This collaboration strengthens our program's impact, empowers future generations of mental health professionals, and supports the continued development of this important field.

Data Collection Summary:

- Received the Impact the Palm Beaches grant for \$77,000.
- 95% success rate in preventing child abuse/neglect.
- Successfully referred 100% of children with developments delays to services



## Workforce Stability

### Employee Assistance Utilization Report

The number of EAP contacts for FY 2022-2023 was 132 (97 pre-existing, 26 new cases, and 9 handled by telephone. Compared to the previous fiscal year, usage has increased. Of the 26 new cases, 15 were employees, 3 were spouses, and 8 were dependents. Of the referrals, 18 were self-referrals, and 8 were referred by the parent/guardian. Information on the EAP program was received from literature (18), and "Other" forms (8). Identified problems for services included addiction, depression/anxiety, family, relationship, stress, and work-related. Continued services are offered through a program where 4 were referred to outpatient services for continued care. 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	13	Count Of Non-Managerial Staff at The Start Of The Fiscal Year	56
Count Of Managers Who Voluntarily Left in The Fiscal Year	2	Count Of Non-Managerial Staff Who Voluntarily Left Within the Fiscal Year	14
Management Retention Rate	84.62%	Non-Managerial Staff Retention Rate	75%
<b>OVERALL RETENTION- 76.81%</b>			

### Position Vacancy Rates

New positions/new hires: 35

The average length of time it took to fill a position was:

Q-1 = 5 weeks

Q-2 = 3.5 weeks

Q-3 = 3 weeks

Q-4 = 4.5 weeks.

The agency has seen a significant increase in the number of resignations and new hires. One of the main reasons given for the decision to resign is “work-life balance”, finding higher paying jobs and working remotely from home (which our agency does not completely support as we provide in-home services). When a therapist was hired to work in a school for example, they reported feeling “stuck” in their respective assigned schools and found themselves having to decide to resign from their job and find a job where they can work from home.



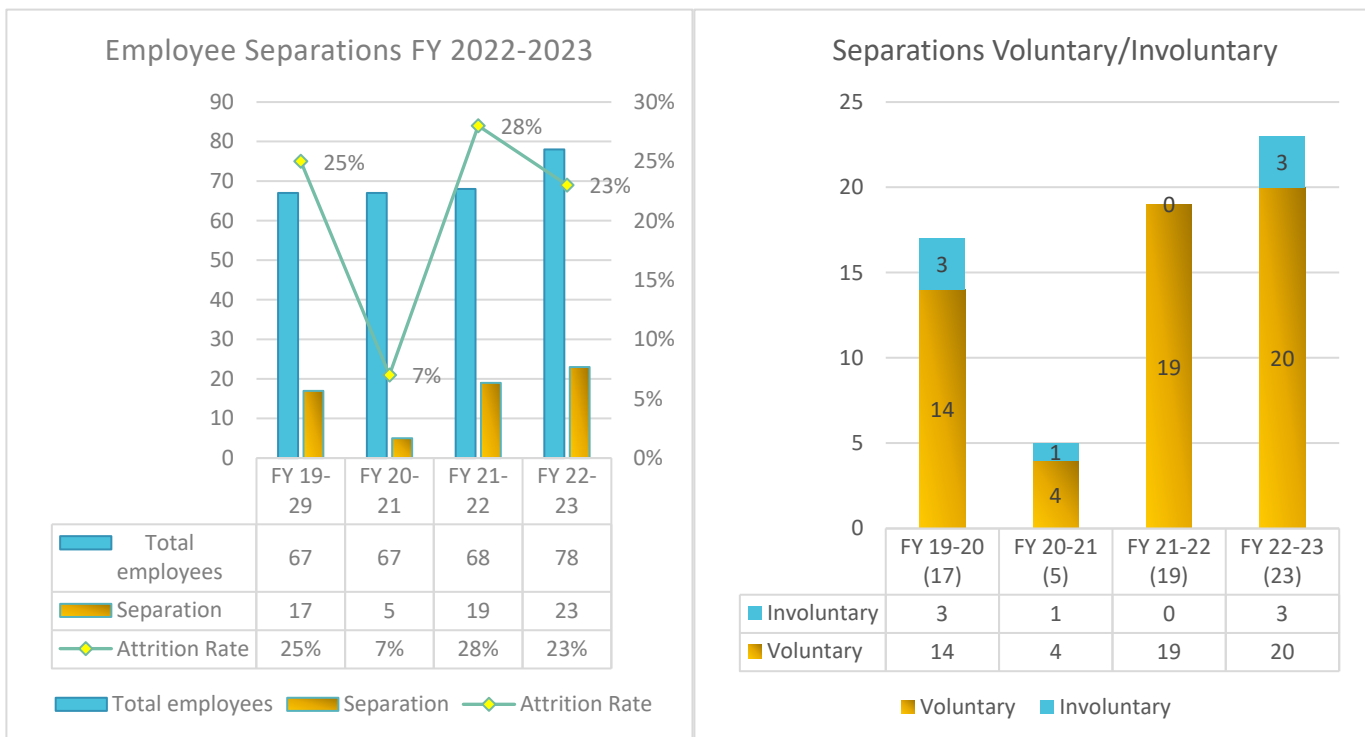
## Hiring Rates

New Hires	(20) FY 19-20	(5.5) FY 20-21	(14) FY 21-22	(33) FY 22-23
Behavioral Health Services	6	.5	6	13
Bridges to Success	1	0	1	0
Child First	3	1	3	2
Healthy Families	4	3	1	8
Kin Support	0	0	1	2
TOPWA	2	0	1	5
Administration	4	1	0	3
Infant Mental Health	N/A	N/A	1	2

### Length of Employment for Separations

Overall tenure of employment separating from the agency ranged from 0 months (both of which were turnover of less than a month) to 19 years four months.

The average length of tenure was – 2 years 6 months; the median is 1 year and two months. During this period both average tenure and separations have increased in comparison to previous years.



## Staff Morale

The agency continues to be committed to maintaining or improving the morale of all staff. We make certain that staff continue to have a voice in as many decisions as possible and the way we do this is by including them in these decision-making opportunities during program and agency staff meetings. We also continue to send out staff satisfaction surveys and ask staff for their feedback. Some additional ways in which we work to improve staff morale are by offering staff opportunities for growth and advancement whenever possible. We try and enrich staff's work life in the following ways:

- ✔ Scholarships were offered to staff who were furthering their education in the Social Work field. One Scholarship was awarded to a staff member in the Behavioral Health Services program, one for a staff member in the Healthy Families program, and one was awarded to a student currently interning at Families First.
- ✔ The agency held several in-person staff meetings and training courses, and staff appeared to appreciate the opportunity of returning to meeting in person and reconnecting with colleagues in person.
- ✔ The agency once again held their annual staff retreat at the Coral Reef Pavilion on Singer Island and the staff enjoyed a day out of the office and on the beach.
- ✔ In October, the CEO and the agency were recognized by the National Guard Reservists for their commitment to the Guard and allowing staff who were also reservists to serve their country and then return home to a job that was protected and waiting for them.
- ✔ We held a celebration for the holidays for all staff. In November, we had a potluck luncheon at the Forest Hill office where all staff were invited to bring in a special dish and in December, the staff of the Wellington office hosted the agency staff in a restaurant in Wellington where lots of fun was had by all.
- ✔ We celebrated the return of several staff who had left the agency but later returned and we also celebrated one of the therapists who was promoted to direct the program she was working in.

## Staff and Client Satisfaction

### *Staff Satisfaction Survey*

Staff satisfaction surveys were sent on September 6, 2023, and closed on September 15, 2023. There were 41 responses, which was a representation of 55% of the staff. During this period, the agency was working through and preparing for the National Accreditation process by the Council on Accreditation (COA) which may explain the relatively low response rate (staff were focused on preparing for COA and may have not had time to complete the survey). The agency staff has been under a great deal of stress but in general, the agency appears to have taken good care of its staff and to meeting their needs. The current questionnaire addressed several areas and some of these included:

- |                          |                         |                             |
|--------------------------|-------------------------|-----------------------------|
| I. Onboarding            | IV. Communication       | VII. Overall Agency Culture |
| II. Supervision          | V. Equity and Diversity |                             |
| 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 course 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 supervisor's strong values (92%)
2. Staff have a general understanding of their benefits and of the agency expectations (89%)
3. Satisfied with training and staff development opportunities (89%)
4. Senior Leadership cares about my health and safety and provides what I need to feel safe in doing my job-94%
5. My supervisor has given me a clear understanding of performance expectations 94%.
6. I am evaluated fairly and thoroughly on my performance reviews (92%)
7. Senior Leadership cares about my health and safety and provides what I need to feel safe in doing my job-94%

### **Several scores were lower (below 80%) and as a result, will be explored further during future staff meetings:**

1. Accountability *"Leadership holds all employees accountable for their performance"* 77%.
2. Compensation and Benefits: *"I am satisfied with my salary"* 36%
3. Support: *"When I make suggestions to Leadership, I see follow-through or get feedback"* 70%
  4. Morale *"Morale is high in my office"* 77%.
5. Hybrid work: *"My tele-workspace is comfortable and is a safe place to work"* 77% (this outcome is a little vague as staff may be referring to their homes which leadership has less control over.

## 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 this fiscal year. All ten families in the program were surveyed and all but one was returned. Of the surveys initiated, all 10 families, or 100% of the families responded. Of all the programs, BTS holds the clients for the most extended time and the clients remain in the BTS for extended periods of time. This year, the BTS program has seen the most change with respect to the clients in that many of the clients served in this program were offered and took full advantage of the opportunity to start or return to school to get training or complete their HS equivalency. All the residents are extremely satisfied with the program and being given the opportunity to secure training and education which they are hoping will result in greater self-sufficiency.

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	100%
STAFF IS KNOWLEDGEABLE AND SENSITIVE ABOUT HOMELESSNESS AND HOUSING ISSUES	100%
STAFF'S SENSITIVITY TO YOUR ETHNIC AND CULTURAL BACKGROUND WHILE PROVIDING SERVICES TO YOU	100%
THE OVERALL QUALITY OF SERVICE YOU RECEIVE	80%

### HEALTHY FAMILIES

Healthy Families Satisfaction Surveys reported are for 2023. The surveys were conducted independently, and the results are reported here in this report. A satisfaction survey was sent by the Ounce to a sample of families receiving services. A total of 92 or 43% of the surveys distributed were returned and the results revealed the following: 98.9% of the families reported feeling satisfied with the surveys they were receiving.

QUESTION	RATING (STRONGLY AGREE)	RATING (STRONGLY AGREE)
	N=50 <12 MONTHS	N= 85 >12 MONTHS
THE FAMILY SPECIALIST TREATS ME WITH COURTESY AND RESPECT	91%	88%
I AM COMFORTABLE TALKING TO MY HOME VISITOR ABOUT MY FAMILY AND ME	88%	87%
I WOULD RECOMMEND HEALTHY FAMILIES TO OTHER FAMILIES	88%	86%
MY HOME VISITOR GIVES ME USEFUL INFORMATION ABOUT CHILD HEALTH AND DEVELOPMENT	95%	85%
MY HOME VISITOR GIVES ME USEFUL INFORMATION ABOUT PARENTING	95%	85%



QUESTION	RATING (STRONGLY AGREE)
MY HOME VISITOR TREATS ME WITH COURTESY AND RESPECT	99%
MY HOME VISITOR UNDERSTANDS AND RESPECT MY CULTURE	98.9%
MY HOME VISITOR TALKS TO ME IN A LANGUAGE I UNDERSTAND OR HAS AN INTERPRETER TO HELP	98.9%
MY HOME VISITOR HELPS ME WITH MY GOALS	100%
THE MATERIALS MY HOME VISITOR GIVES ME RESPECT MY CULTURE	98.9%
MY HOME VISITOR TELLS ME ABOUT SERVICES IN MY AREA	98.9%
<p align="center"><b>SUGGESTIONS: IS THERE ANYTHING WE CAN DO TO IMPROVE OUR PROGRAM?</b></p> <p align="center">“ACTIVITIES WITH THE CHILDREN”. (TRANSLATED)</p>	
<p align="center"><b>GENERAL SATISFACTION: IS THERE ANYTHING WE CAN DO TO IMPROVE OUR PROGRAM?</b></p> <p>It would be very important to be able to recommend other moms who need the support of your program in a specific way, because sometimes we don't do it for fear that they won't be supported and that they will only be suggested. (Translated)</p> <p>Very good and she is an excellent person. (Translated)</p> <p>No everything is great and Mrs. Joy is give great information to me. Everything is as great as is. Everything's perfect the way it is. Keep up the good job! All is well as is, thank you. (Translated) I think the program is great and does not need to improve. For me, all the work you do is very good and very helpful. (Translated) There's nothing to change. Everything is fine. (Translated) My worker's name is Jennifer Avila, she helped me very well, and I learned many things with her. (Translated) I agree with the support provided by my social worker. (Translated) Very good. (Translated) Everything is ok. (Translated) Everything is very good to me. (Translated) Keep on helping more people. (Translated) There is nothing to improve, I am satisfied with the help, thank you. (Translated) Thank you very much for the program and I like it very much. (Translated) I like the way the visitor works with me. (Translated) The program has exceeded my expectations. I believe this program is a blessing. Thank you for everything.</p>	

To continue helping families and supporting them as you have been doing, it's an excellent program to help our families. (Translated)

I have learned a lot in this program thanks to the social worker. (Translated)

I am very satisfied with her; she is a great person. I love this program, and I am very happy. I am very grateful for the program and for my worker; she is excellent. Everything she has taught me is very helpful. I appreciate you a lot. God bless you all. (Translated)

I love this program because it helps us a lot. (Translated)

For me, everything they do and care about for me and my family is very good. (Translated)

I am very grateful to my worker because she has supported me with my goals, thank you very much. (Translated)

Keep up the great work, best program ever.

### **KIN SUPPORT PROGRAM**

The client satisfaction survey was sent out to 18 families in 2023 and a total of 18 surveys were returned for a 100% return rate.

- ❖ 100% of clients felt they were treated with respect and consideration.
- ❖ 100% of clients indicated satisfaction with their family service care coordinator.
- ❖ 99% of clients felt they were provided with information that helped them make decisions in the best interest of their families.
- ❖ 99% of clients indicated they are satisfied with how involved they are in making decisions about their goals and services.

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

- My support system (family, friends, co-workers, church, etc.) 77%
- My ability to solve problems and cope with stress, 55%.
- Taking care of my children and being patient with them, 66%
- My living situation, 38%
- My ability to control my temper, 22%.
- My employment situation, 16%
- My education, 11%
- The health care of my child, 50%
- My involvement in the education of my children, 44%

## TOPWA

Client satisfaction surveys were collected in September 2023. As an outreach program, low response rates are often times one of the main challenges.

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

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, but only a small number of women returned the survey.

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## CHILD FIRST

In FY 2022-2023, there were 25 surveys sent out and 8 or approximately 25% were returned.

Some of the questions that were asked in these surveys and their responses were:

- |  |      |
|--|------|
| ➤ The Child First team treats me with courtesy and respect         | 100% |
| ➤ I am comfortable talking to my Child First team                  | 99%  |
| ➤ The Child First team visits me at a time that is good for me     | 100% |
| ➤ The Child First team has helped me cope with problems and stress | 100% |
| ➤ Overall, I am satisfied with the services that I received        | 99%  |

## TRAINING

With the transition back to many in-person pieces of training were delivered via hybrid methods this year. Most staff say 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

There was a total of five (5) staff incidents reported in FY 22-23. The table below represents the total number of staff incidents and the type of incident.

REPORTED STAFF INCIDENTS	FY 20-21 (6)	FY 21-22 (3)	FY 22-23 (5)
Injury on job	1	0	0
Car accidents	1	1	1
Lost property	2	0	0
Other	2 (exposure to covid; missing chart)	2(exposure to communicable disease)	(1) Property damage to car (2) Exposure to communicable disease (1) Staff exposed to violence

### Client Incidents

There were 33 client incidents in FY 22-23. The table below represents a total number of client incidents and the number of unduplicated clients served by the program.

PROGRAM	FY 20-21 (38)	FY 21-22(36)	FY 22-23 (33)
Behavioral Health Services (BHS)	7	3	9
Bridges to Success (BTS)	0	1	3
Child First (CF)	8	10	5
Healthy Families (HF)	9	18	7
Kin Support (KS)	9	4	7
TOPWA	5	0	0
IMH	0	0	2

- ❖ There was an overall decrease of approximately 10% in reported incidents. This does however include an increase in the number of reported cases of child abuse/neglect although some of these cases may not have been accepted by the child abuse hotline. Staff have received extensive training in recognizing signs of possible child abuse/neglect and as such, the calls made to the hotline increased.
- ❖ The largest increase in reportable incidents occurred within the BHS program and we believe that this is due to greater staff training.
- ❖ There was a significant reduction in the number of incidents reported within the Healthy Families program and this may have been attributed to the fact that there was less turnover of clients in the program and many of the families who were enrolled within the FY2022-2023 were in the program for some time and received training on parenting and effective parenting strategies. Offering these strategies to clients has generally led to a reduction in child abuse/neglect calls to the hotline.

## Staff and Client Grievances

**There were no staff or client grievances filed this year.**

## Risk Management

1. Health and Wellness
  - a. Leadership has been vigilant about staff safety returning to in-field and in-office work. With the recent resurgence of COVID-19 and the flu, combined with spikes of COVID infections, the administration has been taking precautions with respect to staff being in the office and continuing to visit with clients in their homes. The agency continues to provide tools for staff to remain safe from viral transmissions such as dispensing of hand sanitizer, alcohol wipes, and masks. Staff are encouraged to remain home if they are experiencing symptoms associated with the flu or COVID-19 and are also encouraged to ask clients if they or anyone in their household are ill to prevent transmission of any illnesses.
  - b. With the higher demands of the communities we serve, and meeting the needs of the clients within these communities, the staff have reported feeling greater amounts of stress. Higher amounts of stress have possibly led to staff burnout and turnover. The administration is aware of this and checks in more frequently with staff during staff meetings and during individual supervisory sessions. More frequent in-person meetings have also been scheduled to meet with staff and check-in with them.

2. Technology
  - a. The agency currently uses many platforms to collect data for all seven programs. Having accurate data and the ability to extract it has been difficult for the agency with different platforms.
  - b. The agency received a 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. The agency moved ahead with Novus, and they have identified a data base which meets the needs of the agency and which the agency has started to use.
3. Cyber Security
  - a. Cyber security continues to be a priority to the agency and the threats that have occurred in the past appear to have decreased, in great part to the education that the agency is providing to staff regarding cyber threats.
  - b. The staff continue to receive invitations to complete monthly training from the NINJIO cyber security.
4. Advancing the Mission through Diversity, Equity, and Inclusion (DEI) training
  - 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 training was completed and the work that this cohort completed will continue to be offered to all staff within the agency.
  - c. Agency staff continue to be offered the opportunity to attend training offered by the REI trainers and this is offered to all staff on a voluntary basis.
5. Loss control:
  - a. The agency continues to utilize Asset Panda, an inventory program that tracks all the agency possessions. This has resulted in a reduction of loss to agency property as all the agency's belongings are recorded into this system and tracked. The agency will continue to utilize this system to track all current possessions as well as any items purchased in the future.

# YEAR-END STRATEGIC PLAN REPORT

**STRATEGIC PLAN  
FEBRUARY 1, 2023 – JANUARY 31, 2025  
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.

## Strategic Plan 2023-2025 Updates

2/1/2023 - 1/31/2025	FAMILIES FIRST OF PALM BEACH COUNTY	ELSIRA BRAVO, MPH, COMPLIANCE & Q.A. DIRECTOR
Date	Agency	Name

### GOALS & OBJECTIVES

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I. <i>MARKETING &amp; PR</i>	To create a coordinated and consistent strategy around communicating the organization’s message to the community while building relationships and partnerships to advance the mission.
<b>KEY ACTION STEPS</b> <ol style="list-style-type: none"> <li>1) Create a mission elevator speech for board, staff, and interns</li> <li>2) Create a comprehensive and professional marketing strategic plan</li> <li>3) Design a social media program that allows for enhancement of community engagement</li> <li>4) Measure the algorithms of engagement on a quarterly basis and year over year</li> </ol>	
II. <i>FINANCIAL SUSTAINABILITY</i>	To keep Families First of Palm Beach County alive and relevant while allowing the board, staff, and community to fulfill the mission of the agency.



## Key action steps

- 1) Nonprofit/corporate partnership
- 2) Research new businesses that have come to palm beach county with like-minded missions.
- 3) Reach out to key employees of the business that oversees corporate partnerships.
- 4) Make presentations regarding the agency which includes case for support and benefits of both parties to corporations.
- 5) Prepare follow-up materials as necessary.
- 6) Result will be a minimum of six new corporate partnerships each year.

### i. Legacy/planned giving/endowment

- a. Expand the legacy committee by a minimum of three members.
- b. Hire another development professional for planned giving, legacy gifts, endowment and major gifts.
- c. Attend 90% of the planned giving estate council meetings.
- d. Identify prospects from existing data base.
- e. Infuse planned giving language into existing messaging.
- f. Utilize board members as connectors to community stakeholders.
- g. Create a legacy society with special benefits for members who indicate a bequest or planned gift.
- h. Ask for blended gifts such as part annual support, part special project or campaign, and part planned gift for endowment.

- i. Hold a minimum of two planned giving events each year with potential donors and planned giving ambassadors.
- j. Target to receive a minimum of two planned gifts each year.
- k. Target: an increase of revenue in planned gifts of \$500,000 over two years.

### ii. Grants

- a) Secure three new foundation grants for the organization each year
- b) Target is to increase grant funding by 5% each year

### iii. Children's Day Luncheon

- a) Maintain 90% of corporate partnerships for the luncheon
- b) Secure a minimum of five additional corporate partnerships for each year

### iv. Medicaid

- a) Work with consultant to have agency credentialed with all allowable Medicaid insurances.
- b) Credential licensed clinical staff.
- c) Bill 100% of clients receiving therapy to their Medicaid.
- d) Target: \$175,000 in revenue at the end of the 2nd year.

**IV. PROGRAMMATIC DEVELOPMENT  
PLANNING**

To implement processes and expansion opportunities to meet the needs of the agency, programs, and client needs.

**KEY ACTION STEPS**

- 1) **HEALTHY FAMILIES**
  - A. To determine need to increase part-time assessment specialist to full-time
  - B. To seek funding for one full-time creole speaking family specialist
- 2) **TOPWA**
  - A. Expand use of electronic records
  - B. Master and increase competency towards rapid testing
- 3) **BRIDGES TO SUCCESS**
  - A. Develop enhancement to program to secure therapeutic services to adults and children
- 4) **INFANT MENTAL HEALTH**
  - A. Secure funding for a creole-speaking licensed therapist
  - B. Increase Medicaid resources and expand insurance panels

- 5) **BEHAVIORAL HEALTH SERVICES**
  - A. Increase Medicaid resources and expand insurance panels
  - B. Community assessment on pay for registered interns and licensed therapist towards retaining staff
  - C. Assessment and implementation of evidence-based training for therapists

**V. ACCREDITATION MAINTENANCE**

To maintain all local and national accreditations

**KEY ACTION STEPS**

- 1) To achieve COA national accreditation for the fourth time including IMH for the first time
- 2) To achieve child first national accreditation for the second time
- 3) To achieve Healthy Families national accreditation
- 4) To achieve our local reaccreditation with Nonprofits First

**I. MARKETING & PR- Year 1**

ACTIVITIES	PERSON RESPONSIBLE	TIME FRAME	MEASURES	CHALLENGES	OUTCOME
<p><b>An elevator speech was created by the Development Team; a social media campaign was developed that involved highlights of programs, community events, special events and key points of the agency to continue to be transparent to key stakeholders; measurements of algorithms of engagement are done monthly and presented to the board of directors.</b></p>	<p>Development Director, Development Associate, CEO, Board of Directors</p>	<p>2/1/23 to 1/31/24</p>	<p><b>How many new contacts through social media and increase of algorithms and donations through social media connections.</b></p>	<p><b>Making sure we have quality and purposeful social media posts and making sure we have material that will be read and shared so that our algorithms will be counted.</b></p>	<p><b>Better social media engagement.</b></p>

II. FINANCIAL SUSTAINABILITY- YEAR 1

ACTIVITIES	PERSON RESPONSIBLE	TIME FRAME	MEASURES	CHALLENGES	OUTCOME
<p><b>The New Philanthropy Director is reaching out to new PBC businesses and has engaged them in the Blue April Event as well as the Luncheon. The CEO and Philanthropy Director have made presentations to community groups. The team has put together packets of information to give to new partnerships.</b></p>	<p>Philanthropy Director, Development Associate, CEO, Board of Directors</p>	<p>2/1/23 to 1/31/24</p>	<p>How many new corporate partnerships have been formed with Families First.</p>	<p>Making sure that there is a win for the business and the agency as we are having these conversations with corporations.</p>	<p>More than six new corporate partnerships have been formed.</p>
<p><b>There is a new chair of the Legacy Committee and engaged members that have a focus on legacy giving over this next year. The planned giving council meetings have been attended by members of the committee. The Foundation Board of Directors is methodical in adding board members who are connectors. Identification of prospects in an ongoing project.</b></p>	<p>Philanthropy Director, Development Associate, Legacy Committee, CEO, Foundation Board of Directors.</p>	<p>2/1/23 to 1/31/24</p>	<p>There will be an increase of legacy gifts year over year.  Count the number of new committee members joining the legacy committee.</p>	<p>Making sure we have a plan in place that will allow for conversations and securing legacy giving commitments.  Ensuring our website and materials are appropriate to meet this outcome.</p>	<p>Increase our legacy giving to the agency.</p>
<p><b>Grant access and support is growing – meeting the benchmarks of three new grants per year.</b></p>	<p>CEO, Clinical Directors, Maternal and Infant Mental Health Director, CPO, and Compliance and Quality Assurance Director</p>	<p>2/1/23 to 1/31/24</p>	<p>There will be an increase of grants year over year with an structure to handle them.</p>	<p>Having the bandwidth within the agency to handle the grant writing and reporting requirements of these grants.</p>	<p>Secure more than three new grants per year from foundations.</p>

### III. PROGRAMMATIC DEVELOPMENT PLANNING - YEAR 1

ACTIVITIES	PERSON RESPONSIBLE	TIME FRAME	MEASURES	CHALLENGES	OUTCOME
<b>Increased Healthy Families by two additional Family Support Specialists.</b>	CEO, Program Directors, Compliance and QA Director, Chief Program Officer, Development Director, Board of Directors	2/1/23 to 1/31/24	Increase number of families served and number of assessments completed.		
<b>Added Agency Data Base for TOPWA and increased competency for Rapid Testing.</b>	CEO, Program Directors, Compliance and QA Director, Chief Program Officer, Philanthropy Director, Board of Directors	2/1/23 to 1/31/24	Implementation of data base and measurement of staff competencies		
<b>Developed enhancement through our BHS program to provide therapeutic services for BTS.</b>	CEO, Program Directors, Compliance and QA Director, Chief Program Officer, Philanthropy Director, Board of Directors	2/1/23 to 1/31/24	How many clients were able to connect to therapeutic services		
<b>Access to evidence-based training for therapists.</b>	CEO, Program Directors, Compliance and QA Director, Chief Program Officer, Philanthropy Director, Board of Directors	2/1/23 to 1/31/24	How much evidence-based trainings were provided to staff. How many therapists attended the training.		

IV. ACCREDITATION MAINTENANCE- YEAR 1

ACTIVITIES	PERSON RESPONSIBLE	TIME FRAME	MEASURES	CHALLENGES	OUTCOME
<p><b>Year-long work on COA in every aspect of the agency.</b></p> <p><b>Worked on local accreditation throughout the year.</b></p>	<p>CEO, Program Directors, Compliance and QA Director, Chief Program Officer, Board of Directors</p>	<p>2/1/23 to 1/31/24</p>	<p>Achieve COA accreditation.</p> <p>Achieve Nonprofits First Accreditation.</p>	<p>Making sure the agency had the bandwidth to complete the tasks of both accreditations.</p>	<p>COA is fully reaccredited without any findings.</p> <p>Achieved Nonprofits First Reaccreditation.</p>

End of the Year Summary