

Performance Quality Improvement
First Quarter Meeting, FY 23-24
February 14, 2024
8:30 a.m. – 12:30 p.m.

Meeting Report

In Attendance:

Julie Swindler
Diana Cardona
Sharonda Crawford

Andres Torrens
Dalecia Parks
Karen Haag

Melissa Wijngaarde
Ashaki Sypher
Cheryl Patterson

Absent: Elsira Bravo

I. Quarterly updates from the CEO, Finance, and Operations departments

❖ **CEO**

- On October 26th, Andres Torrens and Patricia Goodrich attended the Wycliffe Charities Fair and
- presented Families First and handed out materials. Mr. Torrens had a chance to speak to one of our donors, Shirley Schwartz, who makes donations for the families in the Glades.
- On November 8th, the CEO attended the Impact the Palm Beaches funding meeting since the Infant Mental Health program was selected to write a full proposal.
- On November 9th, Karen Haag and the CEO attended the Impact the Palm Beaches kick-off meeting which included members, visitors, and awardees such as Families First.
- On November 15th, Melissa Wijngaarde and the CEO attended The Men Giving Back Golden Grants evening. Families First remained a semi-finalist and as such, was awarded a \$2,500 grant for the Infant Mental Health Program. There was a chance to have been awarded an additional \$12,500 or \$100,000 but our “Golden Ball” was not picked. It was a great evening overall with lots of food.
- On November 16th, Andres Torrens attended the FAA quarterly meeting of the County, and we learned that the homeless services will be going out for RFP in the Spring. The Behavioral Health Services program and Kin Support programs will be extended for an additional year “automatically” without having to write another grant. Both of these programs will be extended and will not go out for another RFP until 2025.
- On November 16th, Katherine Lembovski completed her CSC audits of Healthy Families, Child First, and the Counseling program from 4/1/22 through 9/30/23. She began the

audit on October 18th, 2023. There were no findings according to Ms. Lembovski. The only thing mentioned was that she noticed that one of the Healthy Families employees had a name changed and it was not changed in the system in a timely manner. There were an enormous number of documents (invoices and staff documents/files), and even after examining all these documents, there were no findings other than noticing the name change mentioned above. All in all, this was an extremely positive audit considering all the invoices and personnel documents they examined during this time.

- On November 29th, Andres Torrens received an email from Jill Tane of the PGA National Community Outreach Charitable Fund that the agency was going to be receiving a grant in the amount of \$2,000 for the TOPWA program. The check will be coming from the Community Foundation and will go towards purchasing items for the TOPWA baby shower.
- On December 11th, the CEO received a call from Kathleen Booth from the Lynne Catherine Glatter Fund. She decided to award the agency \$190,000 instead of \$150,000 because she wants our agency to be able to provide additional services to the DJJ population through the BHS program. She is also going to introduce us to a professional who works in the missing persons division in January.
- On December 12th, the CEO attended the Community Foundation's Grantseekers meeting to inform the nonprofits of the grant direction and opportunities. The LOI is due on January 5th and Families First will be applying under "thriving communities" category.
- On December 14th, the agency had an exit interview with CSC concerning their audit that examined our records from April 1, 2022, through September 30, 2023. There were no findings in the Healthy Families, Child First, or the Counseling programs.
- On December 15th, the agency provided a holiday party for all the staff. The staff of the Wellington office hosted the party and provided lots of fun activities and games for the staff. There was also great food for everyone. A fun and festive time was had by all.
- On December 20th, Families First of PBC was one of 30 charities picked to participate in the
- Great Charity Challenge that will be held on February 3rd. The agency will win a minimum of \$15,000 but can be in line to win as much as \$100,000. The first deliverables for this event were due on December 22nd which included a website page and social media posts as well as a confirmation form.

❖ **Finance:**

- In the first quarter of FY 2023-2024, we saw some challenges and changes within the finance department. We experienced the transition of our former finance director



exiting in August and the new finance director starting. There were significant challenges with her adjustment to this position given her lack of experience working within the nonprofit culture. The former Finance Director stayed on and consulted with the new incoming Finance Director in hopes of making the transition as smooth as possible. In December, the finance director and the accounting associate both resigned their positions, and this resulted in significant challenges. Regardless of the challenges, all the reimbursements were submitted in a timely manner.

There were several grants that were applied for in the first quarter of FY 2023-2024. They are as follows:

October:

Ibis Charities Foundation	\$15,000	Kin Support Project
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November:

Lost Tree Village Charitable Found.	\$25,041	for Computers
Impact 100 Palm Beach County	\$100,000	Infant Mental Health
Palm Beach United Way	\$32,400	TOPWA
Palm Beach United Way	\$39,000	Kin Support Project
Palm Beach United Way	\$23,000	Healthy Families
Palm Beach United Way	\$27,000	BHS

December:

Wycliffe Charities	\$13,000	BHS
H. E. Hill Foundation	\$5,000	Healthy Families

Operations

- Office space and furniture: Andres and Marian worked on tagging items in the Forest Hill office. Due to the COA site visit, the purchasing and moving of furniture and offices was delayed. A final run-through of the offices will be completed in January and the purchasing and moving of offices will be taking place in the next quarter.
- Comcast: our current contract will be looked at to determine if we need to request a change to the current contract or stay with what the agency currently has.
- Payroll: The agency explored a change to the payroll company and will be transitioning over to a new company. The agency will change from Paylocity to ADP.
- Risk Management: in the first quarter, it was determined that the agency should engage the local Sheriff's Office to complete a new or revised safety protocol for the office. The agency will collaborate with Palm Beach County Housing Authority to set this up for the entire building.
- Inventory: the agency currently uses Panda to track all the agency's possessions, i.e. desks, lamps, bookcases, etc. A meeting will be set up with panda to receive an update on our account and how to best access all our inventory.

- Computer and phone return policy: Laptops and phones continue to be returned to deteriorated conditions although not as often as before. Staff are paying for repairs when indicated that it was the employee causing the damage.
- Maintenance procedure- The agency currently has no maintenance personnel. The agency continues to explore how to best utilize the current maintenance person from the Palm Beach Housing Authority in the main office. It was also discovered that the other offices also do not have maintenance workers dedicated solely to them (they may be employees of the building) and this can be challenging if the agency staff in any of the three offices require repairs or other servicing.

❖ Development Department

This quarter started out with lots of energy. We were in full gear for the upcoming Children's Day Luncheon which took place on November 3, 2023. Gaby did a phenomenal job organizing the luncheon and getting everything ready for what turned out to be a huge success. She worked closely with the two chairs for the Luncheon to ensure that all the logistics were in place and that the event went off as smoothly as possible. This year's luncheon netted more than last year, \$102,000, and was a huge success. The call to heart and the auction at the end of the luncheon were well received and we are surely going to consider having these activities at next year's luncheon. There were some notable suggestions to improve the luncheon and the development committee, and the board are already working on these suggestions for next year.

The Philanthropy Director's position became vacant in November and the search for a new Philanthropy Director was initiated. The new director, Cheryl Patterson, was identified and she started in this role on December 26, 2023. She hit the ground running and is expected to bring lots of great ideas and energy to the position as well as new initiatives to the organization.

❖ Workforce Stability

▶ Attrition

Separation in the First Quarter

Department	Hire	Separated	Span of Service
Development	06/01/2023	11/10/2023	5 months
BHS	04/10/2023	10/11/2023	6 months
BHS	07/18/2022	10/11/2023	1 year, 3months
OPW-TOPWA	09/14/2023	10/31/2023	1 month
Finance	09/14/2020	11/30/2023	3 years, 2 months

New Hires for 1st Quarter

Department	Hire Date	Position & Time to Fill Position
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Healthy Families	10/2/2023	FSW
BHS-BEHAVIORAL HEALTH SERVICES	11/7/2023	Therapist
Finance	12/26/2023	Accounting Clerk
Development	12/26/2023	Philanthropy Director

❖ Staff Morale

The agency continues to work on improving staff morale and is constantly checking in with directors, supervisors, and staff regarding how they are doing. Here are just some highlights with respect to activities that took place this quarter:

- ☑ The agency held several in-person staff meetings and training courses, and staff appeared to appreciate the opportunity of returning to meetings in person and reconnecting with colleagues in person.
- ☑ 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.

❖ Risk Management & Safety

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 database 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.
- c. Andres Torrens, CPO, has been added to the account as one of the administrators and can monitor the staff's completion of courses.

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.

❖ **Client service numbers by program: BHS, BTS, CF, HF, IMH, KSP, TOPWA**

BHS numbers:

- Cases rolled over: 120
- Cases opened: 86
- Cases closed: 35
- Outcomes: 87% of cases met or exceeded outcomes

Bridges to Success (BTS):

- Cases rolled over: 10
- Cases opened: 0
- Cases closed: 0
- Outcomes: 100% of cases met or exceeded outcomes

Child First (CF):

- Cases rolled over: 33
- Cases opened: 45 (of this number, 12 did not enroll)
- Cases closed: 10
- Outcomes: 99.3% of cases met or exceeded outcomes

Healthy Families (HF):

- Cases rolled over: 275 adults, 519 children.
- Cases opened: 44 adults, 76 children.
- Cases closed: 28 adults, 23 children.
- Outcomes: 99% of cases met or exceeded outcomes

Infant Mental Health (IMH):

- Cases rolled over: 33
- Cases opened: 5
- Cases closed: 10
- Outcomes: 99.3% of cases met or exceeded outcomes

Kin Support Program (KSP):

- Cases rolled over: 40
- Cases opened: 2
- Cases closed: 1
- Outcomes: 100% of cases met or exceeded outcomes

Targeted Outreach for Pregnant Women Act (TOPWA)

- Cases opened/served: 49
- Assessments: 49
- HIV tests administered: 63
- Pregnancy tests: 60
- Outreach sessions: 205
- Referrals made: 107
- Linkages made: 94
- Outcomes: 100% of cases met or exceeded outcomes

❖ Program updates; additional agenda items - PQI discussion:

- **Healthy Families:** Healthy Families is in the process of going through their reaccreditation. The program is currently fully staffed with the final vacancy having been filled recently. The program is gearing up for their next graduation which will be taking place on March 2, 2024. Cheryl and the development department have been assisting the program by getting transportation for all families that need transportation to the event. They are expecting over 200 individuals at the graduation which will be taking place once again at Lion Country Safari.
- **Child First:** the Child First program is currently preparing for their upcoming accreditation and all staff are finalizing their required training. The accreditation has been slightly delayed by Child First National, but it is expected to take place this coming year.
- **Behavioral Health Services:** the program has been struggling with staff turnover and is currently in search of a supervisor and two therapists. Resumes have been coming in but many of the candidates do not have the proper qualifications. The staff has been compiling a list of requested training courses and the clinical director is working on securing those trainings for the staff. The contract manager for the FAA contract is leaving the county position and our BHS program is gearing up for this change.
- **Kin Support Project:** the program remains stable with three staff in place and referrals continue to come in. Two families from the KSP program were selected by Funding Working Families to go on an all-expense paid trip to Disney during spring break.

- **Bridges to Success:** the BTS program remains stable with ten families in place. Two families are in the process of being relocated to a different unit that fits their family size more appropriately. This is expected to happen in the next month or so. The program is gearing up for the new expansion that is going to be effective October 1, 2024. Families First just received notification that the BTS program received more money than they requested from HUD for the expansion, and this is going to help a great deal in running the expansion of the BTS program.
- **Infant Mental Health (IMH):** The IMH program continues to grow and the demand for these services continues to grow as well. More and more schools and districts are reaching out to Families First to grow the IMH program and to provide additional services in head start programs throughout the county. As funds and staff are limited, additional funding is being sought to continue to grow and expand the IMH program.
- **Finance/ADP:** a new finance director has been chosen to replace the outgoing director. He is expected to start in March as he needs to provide his current agency with notification of his leaving. He comes to this position with a good deal of experience working in nonprofit, so the agency is looking forward to having him join the team. The CEO spoke to the leadership team about our transition over to ADP from Paylocity which has come with many challenges. The CEO as well as the new executive assistant and the finance staff are all working extremely hard at ironing out all these challenges. We are hopeful that the challenges will dissipate by the next payroll and that the stress related to these challenges will be decreased significantly.
- **QA:** the leadership team was afforded the opportunity to ask questions about ADP as well as other challenges within the organization and a robust conversation ensued with the CEO answering as many questions as possible. Earlier in this meeting it was recommended that the CEO and the CPO would visit each of the three sites and meet with staff located at these sites to answer questions directly from staff in hopes of relieving some anxiety and stress over some of the changes.

❖ Risk Assessment Review Committee

- ❖ Staff incidents – 2
- ❖ Client Incidents – 14
 - BHS – 8
 - BTS - 0
 - CF – 2

- HF –1
 - KSP –1
 - TOPWA – 0
 - IMH-2
- Client Incident Types:
 - Child abuse/neglect- 9
 - Aggressive/abusive behavior – 1
 - Risk for harm self/others- 2
 - Accident/injury – 1
 - Sexual Assault/Harassment - 2
 - Other – 1
 - Law violation – 0

❖ **Client Incidents 1st Quarter comparison by Year**

Program	2020/2021	2021/2022	2022/2023	2023/2024
BHS	3	0	4	8
BTS	0	1	1	0
CF	0	1	0	2
HF	0	1	4	1
KSP	3	0	4	1
TOPWA	1	0	0	0
IMH	*	*	2	2

❖ **Staff Incidents:**

In the first quarter of FY 2023-2024, there were two staff incidents: one involved a small fire that broke out behind the Wellington office, and one involved an incident in the parking lot of the Forest Hill office where a client being served by the PBCHA became verbally aggressive towards the data coordinator of the HF staff.

Type	2020/2021	2021/2022	2022/2023	2023/2024
Risk for harm self/others	0	1	6	2
Aggressive/Abusive Behavior/Assault	0	0	3	1
Accident/Injury	0	0	1	1
DCF/Hotline	1	0	0	0
Child Abuse/Neglect	5	1	1	9
Death	0	0	1	0
Legal/Law Violation	0	0	0	0
Medical emergency	0	0	0	0
Other	1	1	3	1

Sexual harassment/battery/assault	0	1	0	2
Substance/Drug abuse	0	0	0	0
Communicable disease exposure	0	0	0	0

- ❖ Risk Assessment Committee incident review for 1st quarter. Each of the program directors will independently review the incidents that occurred in the first quarter of this fiscal year and provide feedback on questions that might arise from their review. These comments and discussions are listed below.

Discussion:

There was some discussion following the review of the client incidents and follow-up information was provided on some of the incidents that the program directors provided.

BEHAVIORAL HEALTH SERVICES

First Quarter Report, October 2023 - December 2023

Date: January 2024

PROGRAMMATIC CAPACITY & DELIVERABLES									
CAPACITY	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE
# of clients enrolled & carried over	120								
# of clients opened - Adult 1st box Child 2nd box	4	82							4 82
# of clients served (target 135)	120								
# of clients closed - Adult 1st box Child 2nd box	6	29							35
Successful closures	27								
Closure before completing services	8								
PROGRAMMATIC OUTCOMES									
	QTR 1		QTR 2		QTR 3		QTR 4		
OUTCOME INDICATORS	#measured	#achieved	#measured	#achieved	#measure	#achieved	#measured	#achieved	YEAR AVG
80% reduction in mental health symptoms based on CFARS	35	29							
Percentage achieved	83%								83%
80% stability of placement in home	35	30							
Percentage achieved	86%								86%
80% stability in school	35	32							
Percentage achieved	91%								91%
Challenges impacting outcomes	In this quarter there was no impact to program outcomes.								

HOUSEHOLD COMPOSITION	QTR 1	QTR 2	QTR 3	QTR 4	TO DATE
Types of household (unduplicated)					
Single Parent	60				60
Married Couple	26				26
Cohabiting couple	0				0
# of Children	167				167
# of Adults	165				165
PROGRAM OVERVIEW					
ACCOMPLISHMENTS & CHALLENGES Current Quarter	COMMENTS				
# of files audited	14				14
Most notable key accomplishment(s)	<p>During this period, there were a total of 86 admissions and 35 discharges. 83% of closures reported a reduction of mental health systems as evidence based by CFARS/FARS, 86% reported stability of placement in the home and 91% achieved stability in the schools. Each outcome is measured at discharge.</p> <p>In this quarter, the program department hired a new therapist to serve under our Family Assisted Agency contract. This therapist will work with youth and students attending Edna Runner and continue the collaboration that was established in fiscal year 2023. In this quarter, the agency received COA re-accreditation. The clinical director is appreciative of the behavioral health team for putting their efforts in preparing for this accreditation through interview preparation, chart reviews, and meeting the overall standards of the program and agency.</p> <p>Additionally, therapists in this quarter attended and participated in Sandtray therapy training.</p> <p>In this period, behavioral health staff continue to attend and participate in Families First- BHS program meetings which occur bi-weekly to discuss program updates, case staffing, PQI outcomes, and funding information including updates on Medicaid. In this period, the clinical director continues to work closely with program supervisors to find ways to help improve program policies and procedures.</p> <p>The clinical director and program supervisor continue to meet with the reentry program and are attending their monthly meetings to assist in the transition from detention centers to community.</p>				

Most notable challenge(s)	<p>In this period, the program lost two licensed clinicians who were focused on working in the community with youth and their families. This has caused a delay in expending the funds for the FAA contract. The clinical director is confident that with the new program therapist the program will catch up with its expenditures. The program is committed to providing high-quality services to families and meeting the highest standards of compliance. The program director and supervisors are working diligently to address the challenges that have been identified and ensure that the program is meeting the needs of all families and children.</p>
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ANECDOTAL STORY TO SHARE

The client is a 10-year-old Caucasian female in the 5th grade. The client began public school in August 2023 after being home-schooled for about a year and a half. The client was referred to the co-located therapist upon her father’s request, as she had experienced multiple life stressors and was experiencing several new adjustments. At intake, the client’s father reported that the client and her 3 siblings were kidnapped about a year ago by their mother. The client’s father reports that he was able to reconnect with his four children after many months of investigation with authorities. This summer, the client and her siblings had to adapt to living with her father after having no contact with him for more than a year. New adjustments also included public school, moving to a new state, and adapting to a new family dynamic, in this case, a blended family. At the beginning of therapy, the client presented symptoms of anxiousness and low self-esteem.

The client began services with the belief that she was “going to fail” as she had difficulty adjusting to the public school structure and the pace she was learning. The client reported that she was “too scared” to talk to her teachers about her concerns. The client also reported that the home where she was living with her mother was bigger than the one she was living in with her father. The client reported that she shared a bed with her older sister as well as a bathroom with all her siblings, something new to the client. The client’s anxious symptoms caused her distress and limited her interactions with her peers and teachers.

Since beginning treatment, the therapist has utilized interventions such as role-playing, coping techniques, psychoeducation, and sand tray therapy.

BRIDGES TO SUCCESS
First Quarter Report, October-December 2023

Date: January 2024

PROGRAMMATIC CAPACITY & DELIVERABLES									
CAPACITY	QTR 1		QTR 2		QTR 3		QTR 4		YEAR END
# of families carried over	10								
# of families opened	0								
# of families served	10								
# of families closed	0								
# families targeted to be served	10								
CLIENTS & HOUSING UNITS (new per quarter)	QTR 1		QTR 2		QTR 3		QTR 4		YEAR END
# of Families	10								
# of Children/dependents	21								
# of Adults	13								
Single	9								
Married	0								
Co-habituating	1								
COMMENTS									
For the first quarter the same 10 families remain in the program. Several of the dependents however are over the age 18 years of age which technically place them in the category of being an adult.									
PROGRAMMATIC OUTCOMES									
	QTR 1		QTR 2		QTR 3		QTR 4		
Outcome Indicators	#measure	#achieved	#measure	#achieved	#measure	#achieve	#measured	#achieve	YEAR AVG
80% of 10 families will maintain housing within the program or exit to safe, affordable permanent housing.	10	10							
Outcome #1 % Achieved	100%								
80% of 10 families will maintain or increase their income including wages	10	10							
Outcome #2 % Achieved	100%								
Challenges impacting outcomes	There were no unusual challenges in the first quarter that affected the outcomes of the data.								

PROGRAM OVERVIEW					
FILE AUDITS	QTR 1	QTR 2	QTR 3	QTR 4	YEAR END
# of files audited	10				
ACCOMPLISHMENTS & CHALLENGES	COMMENTS (current quarter)				
Most notable key accomplishment(s)	<p>We are happy to announce that one of our clients, M.D., has who has been attending school to become a nurse, been offered a full-time job and is so excited about being able to work full time and work towards becoming self-sufficient. MD grew up in a unit with her father who served as her primary caretaker after her mother left the home when MD was a child. M.D. and her father have been apart of the BTS program for a considerable amount of time, and she has grown up with the organization. M.D. has finished a number of courses at school that were made possible by the housing coalition. We are so excited for MD as she begins her first "real job" and thrilled to be able to mentor MD as she embarks on her new profession.</p>				
Most notable challenge(s)	<p>One of the difficulties we have encountered this quarter is the December birth of our client's grandson, who brings immense happiness to the family. Due to her job loss, L.W. went through a depressive episode and was unable to provide her daughter with the financial support she needed to care for her grandson. L.W. has been struggling with the challenging circumstances surrounding her job loss and has gone through some tough times. Because of her depressive bouts, L.W. withdrew from the computer course that she had enrolled in. Through her difficult times, the coordinator has been supporting L.W. and expects to assist her as she transitions into her new role as grandmother.</p>				
ANECDOTAL STORY TO SHARE					
<p>N.P.'s entry into culinary art school this quarter was a fantastic feat. N.P. has suffered from clinical depression since she and her partner broke up. N.P. found the split difficult because she had spent the previous ten years raising her stepchildren and was no longer with them. N.P. has been working on trying to regain her identity and become stronger over the course of the last few months and with the coordinator's assistance. N.P. made the decision to pursue her passion of cooking and enroll in culinary school. N.P. is doing well in her classes and is almost finished.</p>					

CHILD FIRST
Q1: Contract Year 2023/2024

PROGRAMMATIC CAPACITY and DELIVERABLES										
REFERRALS, ENROLLMENTS and DISCHARGES	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE	
# of Clients enrolled and carried over	33								33	
# of clients carried over who were NOT enrolled, but enrolled in the Qtr.	5								5	
# of Clients referred, accepted & enrolled from HomeSafe	7								7	
# of Clients referred, accepted & enrolled from HMHB	0								0	
# of enrolled Clients served	45		0		0		0		45	
# of Enrolled Clients discharged in quarter	10								10	
Successful closures (clients enrolled 60+ days and had at least 4 home visits by the clinician)	8								8	
Closure before completing services (clients enrolled 60+ days and had at least 4 home visits by the clinician)	0								0	
Referrals that were accepted & discharged (never enrolled)	HomeSafe	5	HomeSafe		HomeSafe		HomeSafe		HomeSafe	5
	HMHB	2	HMHB		HMHB		HMHB		HMHB	2
# of Rejected Referrals	Capacity	0	Capacity		Capacity		Capacity		Capacity	0
	Language	0	Language		Language		Language		Language	0
COMMENTS										
PLAN OF SAFE CARE	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE	
# of clients with POSC at intake	1								1	
# of POSC offered to families by FF	0								0	
# of POSC created with families by FF	0								0	
BENCHMARKS AT DISCHARGE	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE AVG	
SNIFF (Service Needs Inventory for Families) Needs Identified & Met - Clients opened 4+ months Benchmark: 80%	99.3%									
% of discharged Clients that Met Tx Goals/Completed Svcs (# of discharged clients / %) Target = 60% (All discharged clients in the period enrolled for 60+ days & had at least 4 home visits by the clinician.)	8	100.0%								
Family Improvement (benchmark 75%) (#/%) <i>* See Comments</i>	100%		n/a - this information isn't reported quarterly		n/a - this information isn't reported quarterly		n/a - this information isn't reported quarterly		n/a - this information isn't reported quarterly	

COMMENTS

* For contract year 10/1/22 thru 09/30/23:
 # of families that presented w/problems in 1+ areas at baseline: 27
 Percent improvement at discharge: 100%

CLOSURES LENGTH OF SERVICE	QTR 1	QTR 2	QTR 3	QTR 4	TO DATE
# of Clients open for 60+ days and closed in the quarter	8				8
Clients open 60+ days - Average Length of Service - Months	12.2				12.2

COMMENTS

HOUSEHOLD COMPOSITION

Types of household/Families (unduplicated)	QTR 1	QTR 2	QTR 3	QTR 4	TO DATE
Single Parent (widow/divorce/separated/never married)	10				10
Married Couple	0				0
Cohabiting couple	2				2
# of Adults	22				22
# of Children	26				26

PROGRAM OVERVIEW

FILE AUDITS	QTR 1	QTR 2	QTR 3	QTR 4	YEAR END
# of files audited (Benchmark: 25% of census per quarter)	13				13

ACCOMPLISHMENTS & CHALLENGES Quarter	Current	COMMENTS (current quarter)
Most notable key accomplishment(s)		FF met the target for SNIFF needs at 99.3%. We also met our goal of family improvement and discharged clients that met treatment goals/completed services at 100%. FF is working really hard to meet the needs of each individual family and is cognizant of how we collaborate on our plan of care with the families to ensure that their treatment goals are met. Families First CPPA score for Q1 reflects high fidelity to the model with an overall score of 97%. We met the target goal in the following areas: data submitted on time (97%), date submitted complete (100%), and date submitted accurate (100%). We received the following scores for our core components that are in accordance with the contract. Our baseline assessments scored at 88.9%, paired assessments (100%), plan of care (100%), and our early care mental health observations (100%). CF FF historically has had challenges meeting the benchmark for AHV due to multiple variables such as staff turnover, promotions, caseload capacity, COVID-19, cultural/language factors, etc. However, during this quarter we met the target goal at 96.8% for AHV's and will continue to utilize quality enhancement practices to ensure that we continue to meet this goal. This will remain an area of focus for the new clinical director.
Most notable challenge(s)		We did see an increase this quarter surrounding challenges with caregivers being denied eligibility for Medicaid, resulting in them having no insurance and limiting their ability to receive mental health or medical services in a timely manner, which has affected the team's ability to do dyadic work leading to inconsistent sessions. Also due to the consistent increase in costs of living, families have also requested more support surrounding stabilization before being able to focus on clinical interventions. The teams continue supporting the families and specific assistance funding has significantly helped teams to stabilize our families so that they can remain engaged in services getting their physical and emotional needs met during the intervention. Employment is another factor that has affected families ability to engage consistently. However, care coordination and the flexibility of the program has given these families the opportunities to continue addressing the many needs for these vulnerable/at risk populations. FF continues to see a decline in Creole referrals, which has impacted the Creole speaking team on serving this population. Creole families seem to be impacted by the newly immigration laws and it should be noted that this could also serve as another barrier when this team is trying to meet AHV's, as these families have a harder time remaining engaged and receptive to therapeutic interventions due to the concerns surrounding immigration status in Florida and the high stress situations these families often reside in following a long and dangerous journey to this country and their immediate needs of food, shelter, and safety being the priority. Housing insecurities also continue to remain as a concern as we have seen many families moving either out of the county or state to find affordable housing or becoming homeless. FF has done our best to provide the families with ample resources. However, families are still seen to be discharging earlier from services affecting our benchmarks being met and often caregivers are presenting as helpless along with other concerns such as an increase in mental health symptoms which at times has impacted our ability to complete fidelity to the program.

ANECDOTAL STORY TO SHARE

Child was referred to Child First at fifty-seven (57) months. The family was referred by Home Safe for reasoning stating, "A referral was received from DCF requesting Play Therapy based on an incident that occurred. The PQ indicated not eligible for Child First. This was a 38-year-old father residing with his three children alone. The mother of the children is deceased. The children's ages are 2-year-old twins and a 4-year-old. The father requested play therapy and felt that the children would benefit from the services. The father only shared a little of the reason for the services and had a difficult time reporting these concerns but opened up during the assessment and engagement phase of Child First. Dad explained how he was still mourning the unexpected death of child's mother and was holding a lot of guilt and feelings of self-blame regarding the incident. He reported symptoms of depression but instead wanted to focus on child receiving the support she needed before he sought out his own treatment. The Child First team completed collateral sessions with dad to gain more insight on how to effectively support the family and their needs.

During moments of engagement and play child could be observed referencing her deceased mother and making statements, such as, "Daddy where is mommy?" and "is she coming back?" Though the family initially came into to services due to behaviors, we collectively felt that it was more appropriate to address her grief and the adverse experiences she went through. Child can be described as a vibrant, smart, and caring child who would often assume the role as the parental figure during play. During the assessment and engagement phase child's assessments indicated concerns around problem behaviors. The Child first team prepared family engagement activities that focused on family bonding that would strengthen the dyadic relationship, in preparation to start the trauma narrative. Family bonding activities included games, arts and craft, and co-regulation activities which included child's siblings. In the beginning, dad was often observed dissociating when child would discuss her mother and needed support from the Child First team by engaging in regulating exercises. Throughout the CPP process the dad was able to get more comfortable in supporting child in processing her mother's death by answering child's questions, completing/reading the "Invisible Strings" book with child, and conducting the activity following that allowed dyad to safely express how they feel regarding their shared trauma. In addition to those interventions, the family engaged in another therapeutic goal, which allowed child and her siblings to complete a Mother's Day activity that would continue promote the importance of emotional expression for child development. This activity encouraged the children to draw and paint pictures for their mother to leave at her grave site. The dyad was able to better handle the stressors of the emotional burden they felt grieving the loss of the mother. Dad explained how he felt more comfortable and could be observed responding to child in a safe and nurturing way when she discussed her mother. CPP sessions continued with providing the dyad with psychoeducation about body safe boundaries. The family successfully completed their trauma narrative through play.

As of today, the family has a stronger connection to one another as they have been able to utilize skills to emotionally support one another. Child was able to speak more openly about her feelings of grief and loss and dad has been able to support her in a nurturing way. The dyad now has created a safe space for child to safely express herself to her father when concerns arise, and dad now has the tools to support his child with her social-emotional development. The relationship was proven to be strengthened by the interventions that were provided from the Child First team, according to assessments and dad's reports.

HEALTHY FAMILIES PROGRAM

First Quarter Report, October - December 2023

Date: January 2024

PROGRAMMATIC CAPACITY & DELIVERABLES									
CAPACITY	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE
# of clients carried over Adult 1st Child 2nd	275	519							
# of clients opened Adult 1st Child 2nd	44	76							
# of clients served Adult 1st Child 2nd	284	528							
# of clients closed Adult 1st Target Child 2nd	28	23							
Number of families Served	273								
Number of families Closed	28								
Number of Families Completed Program	14								
Benchmark 75% of 350 Capacity by end of quarter	78%								
PROGRAMMATIC OUTCOMES									
	QTR 1		QTR 2		QTR 3		QTR 4		YEAR AVG
OUTCOME INDICATORS (open cases)	#measured	#achieved	#measured	#achieved	#measured	#achieved	#measured	#achieved	
1. 75% of participants will have received at least seventy-five (75) percent of home visits according to the participant level.	245	96%							
Outcome 1 Percent Achieved									0%
2. 85% of target children will be up-to-date with well-child checks at 24 months of age.	8	100%							
Outcome 2 Percent Achieved									0%
3. 90% of target children enrolled six months or longer will be linked to a medical provider	70	10%							
Outcome 3 Percent Achieved									0%
Challenges impacting outcomes	N/A								
HOUSEHOLD COMPOSITION									
Types of household/Families (unduplicated)	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE
Single Parent (widow/divorce/separated/never married)	137								
Married Couple	66								

Cohabiting couple	57				
# of Adults	284				
# of Children	528				
FAMILY RETENTION Closure Reasons	QTR 1	QTR 2	QTR 3	QTR 4	TO DATE
# Completed HFF	14				
# Not Interested/declined services	0				
# MOOSA	8				
# Lost Contact/to follow-up	3				
#Target Child Miscarried	0				
#Other	0				
PROGRAM OVERVIEW					
FILE AUDITS	QTR 1	QTR 2	QTR 3	QTR 4	TO DATE
# of FSW files audited (Individual Family Records IFRs/charts)	42				
ACCOMPLISHMENTS & CHALLENGES Current Quarter	COMMENTS (current quarter)				
Most notable key accomplishment(s)	<ul style="list-style-type: none"> ✓ HFPB facilitated a Parent Speaker for the HFF Leadership Conference in September 2023. ✓ HFPB distributed a staff satisfaction survey and were overwhelmed with the support of staff for FF/HFPB leadership, benefits, support they feel and satisfaction of the workplace. ✓ Increased monthly numbers served from last quarter. ✓ Community outreach has involved providing an overview of HFPB to () community agencies. ✓ 10/18/2023 meeting with CSC and CI&R to discuss referrals, obstacles and the need for an increase of referrals to meet expected numbers to serve. ✓ The Program Manager and/or Assistant Program Manager continue to participate in monthly and quarterly meetings with Healthy Start, Healthy Beginnings, CI&R Advisory, Florida Department of Health Palm Beach County, Access to Care with HMHB, Palm Beach Unites Committee, HMHB quarterly, Healthy Families Advisory, Department of Children and Families Supervisory, and Children's Services Council, among others. These meetings continue to provide the opportunity for engagement, education, and distribution of Healthy Families' materials. We can answer questions and advocate for our program. 				

Most notable challenge(s)	(2) staff members have submitted their resignations this quarter. One will be changing employment to the school district so her schedule is more in line with her young daughters and the second will be leaving employment altogether so she can concentrate on finishing her Masters degree in Social Work and her internship. We have been fortunate to line up interviews before the time line for them leaving so hopefully we will continue to be fully staffed but will also consider the time frame for them to be trained before assigning new referrals. Both staff leaving are bilingual English/Creole.
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ANECDOTAL STORY TO SHARE

"This participant enrolled in the HF program as of 5/11/2023. Client was enrolled in Mental Health Counseling services on 8/2/2023. The HF assessment narrative revealed a score of 42 for MOB and 0 for SO. This MOB was referred for counseling services due to Mental Health concerns. Client was reporting symptoms consistent with anxiety. FSS spoke with MOB about MHC services that were available to MOB. The biopsychosocial assessment was completed during the second session. In the initial session, MHC assessed client for SI/HI. Client reported she does have previous counseling experience. Client reported being ready to start therapy due to feeling overwhelmed in her pregnancy and life situations that have made her anxious and angry. Client also stated that while she has a good relationship with husband there are some issues with relationship that were manifesting. The client states that she struggles with having to ask for help and she does not communicate effectively her feelings and feels unheard at times. Client reports history of depression and anxiety. Client denies having previous substance abuse issues. Client reported having severe mental health issues previously that impacted her life. Client stated that she has family of origin situations that continue to manifest and she struggles as her children are growing up. The client stated she started feeling overwhelmed especially when she is pregnant and having to function in daily activities with her children and partner. Client reports that she does not feel that she has support from husband at times. Client explained that she needed to speak to someone to allow her to process life and her stressors. Throughout the sessions, MHC helped Client progress through her depression, anxiety and manifestations of her emotions. Client and MHC addressed different aspects of her mental health that are impacting her. Client and MHC discussed how her feelings were affecting her and her irrational beliefs have affected the perspective of herself. Client has also been able to establish boundaries in relationships with others. Client and MHC have discussed negative patterns in all her relationships that continue to manifest. Client is starting to process family of origin issues that continue to manifest especially as children reach ages that are traumatizing to her. Client has been able to receive continued support and has been able to discuss some irrational beliefs about herself and others. Client and MHC also processed different situations in her life that arose which impacted her mental health. Motivational interviewing, Mindfulness, CBT, Narrative, and trauma-based modalities were implemented throughout the sessions. Client reported noted improvement in her self-esteem, processing skills, and the use of coping techniques that were beneficial for her. Client and therapist also worked together to reach out to her psychiatrist for medication management for her depression and anxiety. MHC and FSS worked together to help Client obtain available resources when it was needed. FSS and MHC have conducted consultations that have benefitted the children in the home. FSS is an important part of the continuation of care during treatment.



CHILD FIRST
Q1: Contract Year 2023/2024

PROGRAMMATIC CAPACITY and DELIVERABLES										
REFERRALS, ENROLLMENTS and DISCHARGES	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE	
# of Clients enrolled and carried over	33								33	
# of clients carried over who were NOT enrolled, but enrolled in the Qtr.	5								5	
# of Clients referred, accepted & enrolled from HomeSafe	7								7	
# of Clients referred, accepted & enrolled from HMHB	0								0	
# of enrolled Clients served	45		0		0		0		45	
# of Enrolled Clients discharged in quarter	10								10	
Successful closures (clients enrolled 60+ days and had at least 4 home visits by the clinician)	8								8	
Closure before completing services (clients enrolled 60+ days and had at least 4 home visits by the clinician)	0								0	
Referrals that were accepted & discharged (never enrolled)	HomeSafe	5	HomeSafe		HomeSafe		HomeSafe		HomeSafe	5
	HMHB	2	HMHB		HMHB		HMHB		HMHB	2
# of Rejected Referrals	Capacity	0	Capacity		Capacity		Capacity		Capacity	0
	Language	0	Language		Language		Language		Language	0
COMMENTS										
PLAN OF SAFE CARE	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE	
# of clients with POSC at intake	1								1	
# of POSC offered to families by FF	0								0	
# of POSC created with families by FF	0								0	
BENCHMARKS AT DISCHARGE	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE AVG	
SNIFF (Service Needs Inventory for Families) Needs Identified & Met - Clients opened 4+ months Benchmark: 80%	99.3%									
% of discharged Clients that Met Tx Goals/Completed Svcs (# of discharged clients / %) Target = 60% (All discharged clients in the period enrolled for 60+ days & had at least 4 home visits by the clinician.)	8	100.0%								
Family Improvement (benchmark 75%) (#/%) * See Comments	100%		n/a - this information isn't reported quarterly		n/a - this information isn't reported quarterly		n/a - this information isn't reported quarterly		n/a - this information isn't reported quarterly	

COMMENTS

* For contract year 10/1/22 thru 09/30/23:
 # of families that presented w/problems in 1+ areas at baseline: 27
 Percent improvement at discharge: 100%

CLOSURES LENGTH OF SERVICE	QTR 1	QTR 2	QTR 3	QTR 4	TO DATE
# of Clients open for 60+ days and closed in the quarter	8				8
Clients open 60+ days - Average Length of Service - Months	12.2				12.2

COMMENTS

HOUSEHOLD COMPOSITION

Types of household/Families (unduplicated)	QTR 1	QTR 2	QTR 3	QTR 4	TO DATE
Single Parent (widow/divorce/separated/never married)	10				10
Married Couple	0				0
Cohabiting couple	2				2
# of Adults	22				22
# of Children	26				26

PROGRAM OVERVIEW

FILE AUDITS	QTR 1	QTR 2	QTR 3	QTR 4	YEAR END
# of files audited (Benchmark: 25% of census per quarter)	13				13

ACCOMPLISHMENTS & CHALLENGES Quarter	Current	COMMENTS (current quarter)
Most notable key accomplishment(s)		FF met the target for SNIFF needs at 99.3%. We also met our goal of family improvement and discharged clients that met treatment goals/completed services at 100%. FF is working really hard to meet the needs of each individual family and is cognizant of how we collaborate on our plan of care with the families to ensure that their treatment goals are met. Families First CPPA score for Q1 reflects high fidelity to the model with an overall score of 97%. We met the target goal in the following areas: data submitted on time (97%), date submitted complete (100%), and date submitted accurate (100%). We received the following scores for our core components that are in accordance with the contract. Our baseline assessments scored at 88.9%, paired assessments (100%), plan of care (100%), and our early care mental health observations (100%). CF FF historically has had challenges meeting the benchmark for AHV due to multiple variables such as staff turnover, promotions, caseload capacity, COVID-19, cultural/language factors, etc. However, during this quarter we met the target goal at 96.8% for AHV's and will continue to utilize quality enhancement practices to ensure that we continue to meet this goal. This will remain an area of focus for the new clinical director.
Most notable challenge(s)		We did see an increase this quarter surrounding challenges with caregivers being denied eligibility for Medicaid, resulting in them having no insurance and limiting their ability to receive mental health or medical services in a timely manner, which has affected the team's ability to do dyadic work leading to inconsistent sessions. Also due to the consistent increase in costs of living, families have also requested more support surrounding stabilization before being able to focus on clinical interventions. The teams continue supporting the families and specific assistance funding has significantly helped teams to stabilize our families so that they can remain engaged in services getting their physical and emotional needs met during the intervention. Employment is another factor that has affected families ability to engage consistently. However, care coordination and the flexibility of the program has given these families the opportunities to continue addressing the many needs for these vulnerable/at risk populations. FF continues to see a decline in Creole referrals, which has impacted the Creole speaking team on serving this population. Creole families seem to be impacted by the newly immigration laws and it should be noted that this could also serve as another barrier when this team is trying to meet AHV's, as these families have a harder time remaining engaged and receptive to therapeutic interventions due to the concerns surrounding immigration status in Florida and the high stress situations these families often reside in following a long and dangerous journey to this country and their immediate needs of food, shelter, and safety being the priority. Housing insecurities also continue to remain as a concern as we have seen many families moving either out of the county or state to find affordable housing or becoming homeless. FF has done our best to provide the families with ample resources. However, families are still seen to be discharging earlier from services affecting our benchmarks being met and often caregivers are presenting as helpless along with other concerns such as an increase in mental health symptoms which at times has impacted our ability to complete fidelity to the program.

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During moments of engagement and play child could be observed referencing her deceased mother and making statements, such as, "Daddy where is mommy?" and "is she coming back?" Though the family initially came into to services due to behaviors, we collectively felt that it was more appropriate to address her grief and the adverse experiences she went through. Child can be described as a vibrant, smart, and caring child who would often assume the role as the parental figure during play. During the assessment and engagement phase child's assessments indicated concerns around problem behaviors. The Child first team prepared family engagement activities that focused on family bonding that would strengthen the dyadic relationship, in preparation to start the trauma narrative. Family bonding activities included games, arts and craft, and co-regulation activities which included child's siblings. In the beginning, dad was often observed dissociating when child would discuss her mother and needed support from the Child First team by engaging in regulating exercises. Throughout the CPP process the dad was able to get more comfortable in supporting child in processing her mother's death by answering child's questions, completing/reading the "Invisible Strings" book with child, and conducting the activity following that allowed dyad to safely express how they feel regarding their shared trauma. In addition to those interventions, the family engaged in another therapeutic goal, which allowed child and her siblings to complete a Mother's Day activity that would continue promote the importance of emotional expression for child development. This activity encouraged the children to draw and paint pictures for their mother to leave at her grave site. The dyad was able to better handle the stressors of the emotional burden they felt grieving the loss of the mother. Dad explained how he felt more comfortable and could be observed responding to child in a safe and nurturing way when she discussed her mother. CPP sessions continued with providing the dyad with psychoeducation about body safe boundaries. The family successfully completed their trauma narrative through play.

As of today, the family has a stronger connection to one another as they have been able to utilize skills to emotionally support one another. Child was able to speak more openly about her feelings of grief and loss and dad has been able to support her in a nurturing way. The dyad now has created a safe space for child to safely express herself to her father when concerns arise, and dad now has the tools to support his child with her social-emotional development. The relationship was proven to be strengthened by the interventions that were provided from the Child First team, according to assessments and dad's reports.

KIN SUPPORT PROGRAM

First Quarter Report, October 2023 - December 2023

Date: October 2023

PROGRAMMATIC CAPACITY & DELIVERABLES									
CAPACITY	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE
# of enrolled families carried over	40								
# of families opened	3								3
# of families served	43								
# of families closed	1								1
Total remaining at the end of QTR	42								
# targeted to be served	50								
NUMBERS SERVED (unduplicated)									TO DATE
# of Children	108								108
# of Adults	57								57
PROGRAM REFERRALS									TO DATE
# of referrals screened eligible for an assessment	3								3
# of referrals screened ineligible for assessment	0								0
# of referrals screened and placed on waiting list	0								0
# of referrals provided with education and information regarding community resources and services	3								3
PROGRAMMATIC OUTCOMES									
Outcome Indicators	QTR 1		QTR 2		QTR 3		QTR 4		YEAR AVG.
	#measured	#achieved	#measured	#achieved	#measured	#achieved	#measured	#achieved	
1) 84% of 50 kinship families will remain stable (not removed /placed in foster care) during the contract year.	43	43							
Outcome 1 Percent Achieved	100%		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
80% of 50 kinship families will receive social work/supportive counseling to address mental health and social service needs.	43	43							
Outcome 2 Percent Achieved	100%		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
80% of 20 relative caregivers will receive support group services	20	20							
Outcome 3 Percent Achieved	100%		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
84% of 50 families will be successfully linked to supportive services.	43	43							
Outcome 4 Percent Achieved	100%		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Challenges impacting outcomes									

PROGRAM OVERVIEW					
FILE AUDITS	QTR 1	QTR 2	QTR 3	QTR 4	TO DATE
# of files audited	10				10
Comments					
ACCOMPLISHMENTS & CHALLENGES Current Quarter	COMMENTS (current quarter)				
Most notable key accomplishment(s)	<p>During this period, there were six admissions and 3 discharges. Both discharges were linked to services in the community and family remained intact.</p> <p>In this period, Kin Support staff participated and attended Families First behavioral health and case management meetings to discuss program updates, case staffing, and funding information. Additionally, the Kin Support staff attended the Planned Approach to Community Health (PATCH) meeting in efforts to promote awareness in our services to the western community. In this quarter, the agency received COA re-accreditation. The clinical director is appreciative of the Kin Support team for putting their efforts in preparing for this accreditation through interview preparation, chart reviews, and meeting the overall standards of the program and agency. Additionally, KSP staff attended and participated in Sandtray therapy training. Lastly, in this quarter, Kin staff put together a Holiday Brunch for kinship families and had guest speaker, Kim Jackson from Grandma's Place attend the event to share their services with caregivers.</p>				
Most notable challenge(s)	<p>The program continues to see a challenge to increase the number of clients to be served in the Glades Community. The clinical director is working closely with FSC to help promote the program in the community and has been encouraged to return to local places and maintain constant communication with community partners and leaders.</p>				
ANECDOTAL STORY TO SHARE					
<p>Mrs. Gonzalez is a maternal grandmother (age 52), who opened services with Kin support a few years ago. She is raising her granddaughter Lili (age 12) as well as her son Javier (age 17). The granddaughter's biological mother passed away and the father is not involved in her life. Son's father is incarcerated.</p> <p>The Kin Support Project has helped the family to access school supplies, holiday gift assistance for the children, holiday meal assistance and clothing for granddaughter.</p> <p>The caregiver has also been receiving supportive counseling services during home-visits with the FSC, and the client has indicated that she likes having someone to talk to about any issues in relation to the children and other things. The Family service coordinator has been able to witness how client has been developing and improving her coping skills, as related to parenting for both her son and granddaughter, as well as dealing with other life situations in a positive manner.</p> <p>FSC has also referred the children for therapeutic services when needed, and overall, the family is doing well and stable at this time. FSC has been able to develop a rapport with all family members.</p> <p>The family has also received assistance from FSC with completing renewal applications for benefits with Children and families, as well as with Early learning coalition, for granddaughter's after school care.</p> <p>The granddaughter is doing very well in school and son already completed all his high school credits this year, and he began attending the local state college, to complete classes towards an associate degree.</p> <p>The caregiver has expressed her gratitude for the help and support that they have been receiving through the program.</p>					

TOPWA PROGRAM

First Quarter Report, October - December 2023

Date: January 2024

PROGRAMMATIC CAPACITY & DELIVERABLES									
CAPACITY	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE
# of clients opened/ served for the quarter	49								49
# of clients closed	39								39
Percent of target to be served- 45 capacity									
REQUIRED TARGETS	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE
45 Assessments (pregnant women) per quarter	49								49
60 HIV Tests (all childbearing age) per quarter	63								63
60 Pregnancy Tests (all) per quarter	69								69
60 Outreach Sessions (all) per quarter	205								205
Number of referrals for services (Minimum 90)	107								107
Number of verified/completed linkages	94								94
PROGRAMMATIC OUTCOMES									
Outcome Indicators	QTR 1		QTR 2		QTR 3		QTR 4		YEAR AVG.
	#measured	#achieved	#measured	#achieved	#measured	#achieved	#measured	#achieved	
180 of 180, or 100%, of at risk pregnant women will be linked with needed medical care and/or essential community resources from October 1, 2022 to September 30, 2023.	49	49							
Outcome 1 Percent Achieved	100%		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
133 of 140, or 95%, of pregnant women will be linked with a medical payer source to receive prenatal care from October 1, 2022 to September 30, 2023.	23	23							
Outcome 2 Percent Achieved	100%		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
100% of babies born to HIV+ mothers will test negative for HIV.	0	0	0	0	0	0			
Outcome 3 Percent Achieved	#DIV/0!		0%		#DIV/0!		#DIV/0!		#DIV/0!
Challenges impacting outcomes	The Challenges in the quarter pertained to hiring an Outreach worker for the Program. During this quarter we hired 2 staff to fill the 2 vacant positions, One resigned in the month of November; and we had to rehire and interview for that new position. In December we hired a candidate that will start January 8th. With our staff numbers being low we had one Outreach Worker								
PROGRAM OVERVIEW									
FILE AUDITS	QTR 1		QTR 2		QTR 3		QTR 4		YEAR END
# of files audited including peer reviews	49								49
ACCOMPLISHMENTS & CHALLENGES Current Quarter	TOPWA COMMENTS (current quarter)								

<p>Most notable key accomplishment(s)</p>	<p>TOPWA attended the HIPPA and Self Disclosure Training on October 12th 2023. TOPWA Outreach worker Elvire is no longer with the TOPWA Program. Elvire’s last day was October 27th, 2023. TOPWA supervisor has began the recruitment process for the position. TOPWA hosted their annual Baby Shower with 27 mothers in person on October 14th, 2023. Clients received car seats and education on installing them through Safe Kids. Clients were also gifted Baby baskets for their newborns that are on the way! TOPWA Outreach workers participated in the 13, Annual Compassion Project on 11/18/23 in Belle Glade Fl. Workers passed out educational information about the TOPWA program and HIV testing information. TOPWA Outreach Staff Rose T, Maura A, Ashaki S. and Jessica Q conducted community outreach at Elegant Beauty Supply store on 12/1/23 for World AIDS Day. The staff provided HIV education, PreP education, raffles, and HIV testing. This month the TOPWA Supervisor has interviewed and hired for the current open Outreach Worker Position. The new hire will begin in January 2024.</p>
<p>Most notable challenge(s)</p>	<p>The Challenges in the quarter pertained to hiring an Outreach worker for the Program. During this quarter we hired 2 staff to fill the 2 vacant positions, One resigned in the month of November; and we had to rehire and interview for that new position. In December we hired a candidate that will start January 8th. With our staff numbers being low we had one Outreach Worker</p>

ANECDOTAL STORY TO SHARE

This TOPWA outreach worker received a referral from a Guatemalan Migrant Center worker. TOPWA outreach worker met with the client who was a 31-year-old woman in her third semester of pregnancy; this was her 3rd baby. The client came to the United States around November 2023 with her son. The client left her country when she was only 4 weeks pregnant, and she worked her way to get to the USA. The client stated that she asked immigration personal when she was retained to see a doctor but never received services and was retained for 8 weeks. The client shared that she left her country running away from her mother-in-law abuse and boyfriend wasn't doing anything about it. The client's major support right now is her friend from her village and she has been supportive to making sure she sees a doctor. This TOPWA outreach worker assisted the client to start prenatal care at the WPB Health Department by advocating with DOH nurse to be seen as soon as possible because her pregnancy was advanced. This TOPWA worker got the client scheduled all the appointments she needs with the nurse. The client was referred with Health Mother/Healthy Babies for transportation and counselling. This TOPWA worker completed an application