

Performance Quality Improvement
Second Quarter Meeting, FY 23-24
May 10, 2024
8:30 a.m. – 12:30 p.m.

Meeting Report

In Attendance:

Julie Swindler, Andres Torrens, Melissa Wijngaarde, Marc Weisbrot, Cheryl Patterson, Elsira Bravo, Sharonda Crawford, Dalecia Parks, Diana Cardona Karen Haag, Ashaki Sypher

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

❖ **CEO**

- On January 9th and 10th, CEO joined Vicky Nolan in Tallahassee, to meet with members of our delegation, hand out a one-page flyer regarding our appropriation ask and discuss recurring dollars for Healthy Families amounting to \$2,000,000 state-wide. The appropriation request was for \$150,000 for IMH and \$150,000 for BHS.
- On January 18th, the CEO met Jon Sherry at Gun Club Café, at the request of Pedro Zamora. He runs a staffing agency which may be useful if needed regarding Finance Director. Additionally, he is a connector and wants to introduce the agency to auctioneers and other potential people who could be important to the agency. Additionally, he will give the agency names of potential auditors since we are going out to bid. He is also very philanthropic and is part of the South County Men Giving Back.
- On January 18th, Cheryl Patterson joined the Development Affinity Groups of the Nonprofit Chamber to discuss end of year giving, as well as attended the monthly chamber meeting talking about legacy gifts. She also attended the Palm Beach County and East Coast Estate Planning Council Meeting at the North Palm Beach Country Club.
- On January 30th, Melissa Wijngaarde, Karen Haag, and CEO attended a meeting with Paula Rounsavall, Kimberly Guinn, and Sabrina Darang of RCMA, Head Start, for the rural communities of Delray Beach and Belle Glade. CSC had given them a contract to hire a therapist to work with their Head Start programs. They want to contract with our agency to hire this person for this position. Our leadership will be visiting the two sites and RCMA leadership will work with CSC regarding budgeting and subcontracting.
- On February 3rd, staff and board members attended the Great Charity Challenge. It was a great event. Families First came in 16th place and is receiving \$32,500 with an additional bonus check of \$3,000 from our team sponsor.
- On February 6th, Andres Torrens and Sharonda Crawford met with Ron Cordon, our Landlord from Belle Glade, concerning our lease which is ending on March 31st. The following was discussed:

- Mr. Cordon would like to renew our lease.
- He reported that we are good tenants and would like us to remain on this site.
- He respects our need to have our current rent remain or to not have it raised much but he stated that he believes that we are paying much lower than the going rates in this area and believes that the rents in the area are going for as much as \$35/Sq. Ft. (Our Wellington Office is \$34.51 a square foot).
- Andres countered this and told him that he did not see anything going for that high.
- He stated that the lowest he could go to and what he was thinking of raising our rent to was \$4,500/month, which is a 63% rent increase. (\$11.85 to \$19 a square foot.)
- He kept repeating that he was not “raising our rent”, he was simply “bringing us closer to being more consistent to market rents in Belle Glade.”
- After our conversation regarding the renewal of our lease, we took the opportunity of bringing up repairs that still need to be done in the Belle Glade office. Sharonda let him know very clearly what repairs were still needed and he agreed that he would get them done this week. He stated that the repair man charged him for these repairs, and he regrets that they had not been completed. He will make sure to get them done this week.

The leadership is exploring other options as well and will call Sherry Schmidt, Chair of the facilities Committee to discuss options and see if she can pull information on availability and costs of buildings in the Glades.

- The Palm Beach United Way Site Visit was held on February 26th. Jim Springer was present to give the report on governance and finance. The site visit went very well, and the participants of the site visit were engaged. There were lots of questions asked regarding programs and fiscal. They will have questions for the agency to respond to prior to recommendations for funding.
- On February 28th, Cheryl Patterson and CEO met with Julius Tornabene, COO of Shamrock Roofing, who has come on as a \$15,000 sponsor for the luncheon. He is also interested in joining the foundation board of directors.
- The agency was awarded the renewal grant for HUD and the expansion grant in the amount of \$825,867 for the Bridges to Success Program. This will enable the agency to expand the BTS program, adding an additional ten housing units to the program.
- On March 5th, Andres Torrens and CEO met with Carol Jones Gilbert and Tammy McDonald from the Palm Beach County Authority. We showed them the office that has mold and is in disarray from water leakage as well as the hallway by the patio doors and the training room. We asked them to test the air quality, which they agreed too, and to make some repairs to the office and the soap dispensers in the bathroom. We also requested that they change out the carpet, but they said they are putting it in the budget for five years from now.
- On March 12th, Marc Weisbrot attended the Investment Briefing hosted by the Community Foundation for Palm Beach and Martin Counties regarding out endowment as part of the Community Foundation’s overall portfolio.
- On March 14th, the agency was contacted by the Admirals Cove Foundation, that the Behavioral Health Services program was awarded \$20,000, 100% of what was

requested, in collaboration with the Edna Runner Tutorial Center. The grant award is being given out at an event to be held on March 25th.

- Leadership is working with our Medicaid consultant to ensure compliance with the new Medicaid protocols. Mr. Torrens is working with various agencies to secure recommendations for a Medical Director attached to our BHS to ensure Medicaid compliance. The agency will also be working towards licensure of our facility. In the meantime, we have stopped Medicaid billing until a Medical Director has been named and then we can back bill for those Medicaid clients. The agency is also working with the Medicaid consultant to get our facility licensed as well.

❖ Finance:

- Silvia Gherlan, the outgoing Finance Director, reported that the agency's finances "looked good". She added that she has been working very hard on rolling the agency over to ADP and that this has been her priority. She reassured the ELT that things were in control and that the agency had been utilizing Alex Guanarita, the former Finance Director, as a back-up and that he would continue to assist in any way he could.
- The invoice process is still being established in the fiscal department. The finance team had been reviewing finances back to the previous quarter to make certain that the proper allocations and corrections were entered to assure accuracy to funders by the March reimbursement. Alex Guanarita was temporarily hired to do financial reporting for the board. ADP has been discontinued and the agency has returned to using Paylocity. Paylocity has reviewed payrolls and has been much easier to work with any errors. Mileage procedure has returned to the 1st or the 15th to be submitted to fiscal department for reimbursement. Directors were informed to remind staff of the procedure for reimbursement with an expected turnaround of about a week.

❖ Operations

- Belle Glade office lease renewal: as stated above, the lease is up for renewal and the agency board member along with the CPO and CEO is negotiating with the landlord to try and secure a reasonable renewal rent. We discussed reaching out to our board member, Sherry Schmidt, a commercial realtor, to assist us with this issue. It appears that our current landlord is looking to increase the rent for this property by much more than the agency is willing or able to pay. We therefore need to have Ms. Schmidt intervene on our behalf and explore the possibility of having the current landlord come down in the rent that he is requesting. The CPO will reach out to Ms. Schmidt and have her assist with this process.
- The furniture (desks) in the office will need to be tagged and we will need to receive directions from the PBCHA on how to dispose of the furniture that we have in the office. Once the furniture is tagged, we will first reach out to some of our partners in the community to explore if they would like to take this furniture. If we do not have anyone interested in taking this furniture, we will decide how to dispose of the desks.

- We discussed replacing the rugs in the offices with vinyl flooring and this issue is up for discussion. Our current landlord has the authority to approve or disapprove of our request to have the rugs removed and vinyl flooring installed. We will reach out to the PBCCHA to make this request of them. It appears that this is not a priority for them and although we discussed how we can have the rugs removed, it may not happen.

❖ **Grants**

- 11 Grants were written in this quarter totaling \$353,634.
 - 8 Grants were awarded for \$1,037,367 which included \$825,867 for the HUD expansion.
 - 9 Grants are still outstanding.
- ❖ 5 Grant notifications were received from 1st quarter with awards totaling \$350,000; 6 Grant notifications were received from 4th quarter with awards totaling \$468,548.

❖ **Development Department**

- Cheryl Patterson was officially introduced to the ELT as the incoming Philanthropy Director; she started with the organization in December. She informed the ELT about some ideas that she has been working on in the last couple of weeks since joining Families First and is looking forward to working with the entire team and getting to know all the members. A couple of the ELT members have already reached out to her and have met with her, and she hopes to meet with all the ELT and program directors to learn more about each program.
- The development team will work on gathering potential donors when appropriate to participate in or observe events that support our families. Current media is being reviewed by the development team to share content that drives the most impact to stakeholders. Cheryl asked for support from directors for pictures, events, and training that can support the development to be shared as frequently as possible. Forty people have been verified for the annual donor’s breakfast with local sponsors offering discounts for breakfast. Updates on current staff pictures will also be created to build agency stock pictures. Project Blue April will begin soon and the campaign to recruit local agencies has begun to help support the awareness campaign of preventing child abuse. The 18th Annual Luncheon is underway, the guest speaker is still being decided and recruited. The department will also be working on finding funding to support staff appreciation.

❖ **Workforce Stability**

▶ **Attrition**

Separation in the First Quarter

Department	Hire	Separated	Span of Service
CHF-Child First	08/26/2019	01/31/2024	4 years & 5 months
HFM-Healthy Families	12/30/2019	01/11/2024	4 years

BHS-BEHAVIORAL HEALTH SERVICES	11/29/2021	01/31/2024	2 years & 2 months
HFM-Healthy Families	10/10/2022	01/31/2024	1 year & 3 months
BHS-BEHAVIORAL HEALTH SERVICES	09/25/2023	01/31/2024	4 months
GEN-General	06/14/2010	01/11/2024	13 years & 6 months
BHS-BEHAVIORAL HEALTH SERVICES	11/11/2019	02/21/2024	4 years & 3 months
CFO	08/14/2023	01/12/2024	5 months
BHS-BEHAVIORAL HEALTH SERVICES	11/07/2023	03/18/2024	4 months

New Hires for 1st Quarter

Department	Hire Date	Position & Time to Fill Position
GEN-General	01/16/2024	0 weeks
HFM-Healthy Families	01/29/2024	4 weeks
IMH-Infant Mental Health	08/11/2017	*
HFM-Healthy Families	01/08/2024	0 weeks
OPW-TOPWA	01/08/2024	*
HFM-Healthy Families	02/24/24	4 weeks
GEN-General	03/08/2024	10 weeks
BHS-BEHAVIORAL HEALTH SERVICES	03/11/2024	6 weeks
BHS-BEHAVIORAL HEALTH SERVICES	03/25/2024	*
BHS-BEHAVIORAL HEALTH SERVICES	03/25/2024	1 week

- ***During this reporting period. the agency switched payroll companies. The effects of the change caused attrition reports to have missing data. This has been noted and will be monitored for a complete report for the next quarter.***

❖ **Staff Morale**

- We kicked off this year with fantastic news! We received the results from the COA site visit and reaccreditation and the COA Accreditation report had no findings for correction, resulting in a full Reaccreditation. This achievement is a true testament to the exemplary work of our entire staff. To show our appreciation, we celebrated their dedication with a heartfelt message of praise through a dedicated staff email and a company-wide newsletter.

- One takeaway learned to continue to improve staff morale was to adjust the timing of our annual Staff Satisfaction Surveys. To ensure we have enough time to analyze the results and address any areas for improvement before the next accreditation cycle, we'll now be conducting these surveys in June. This will allow us to prepare effectively for next year's report.

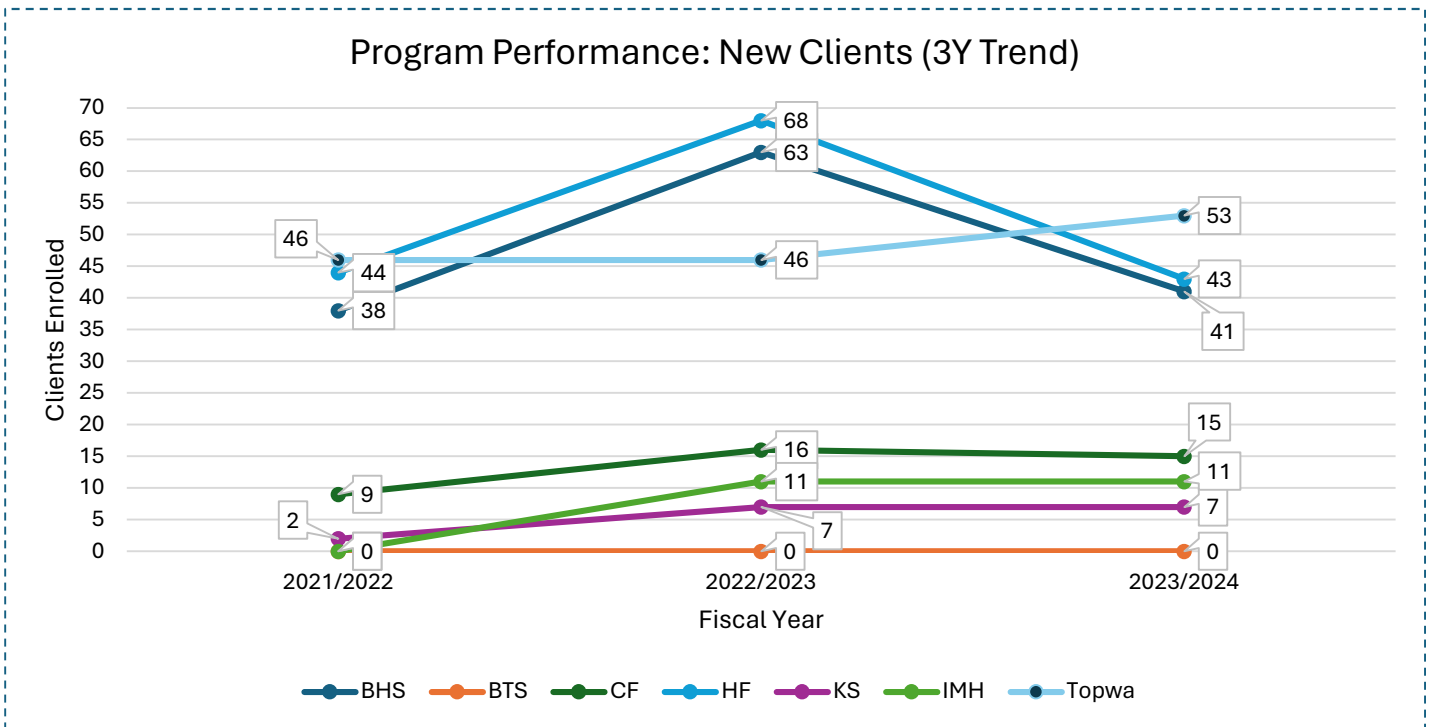
❖ **Risk Management & Safety**

- Palm Beach County Fire department visited the Forest Hill office on March 27, 2024 to complete annual inspection. We had two items that were flagged:
 1. Batteries needed to be replaced for some equipment.
 2. There was an extension cord in the kitchen that had too many items plugged in, and this needed to be changed.



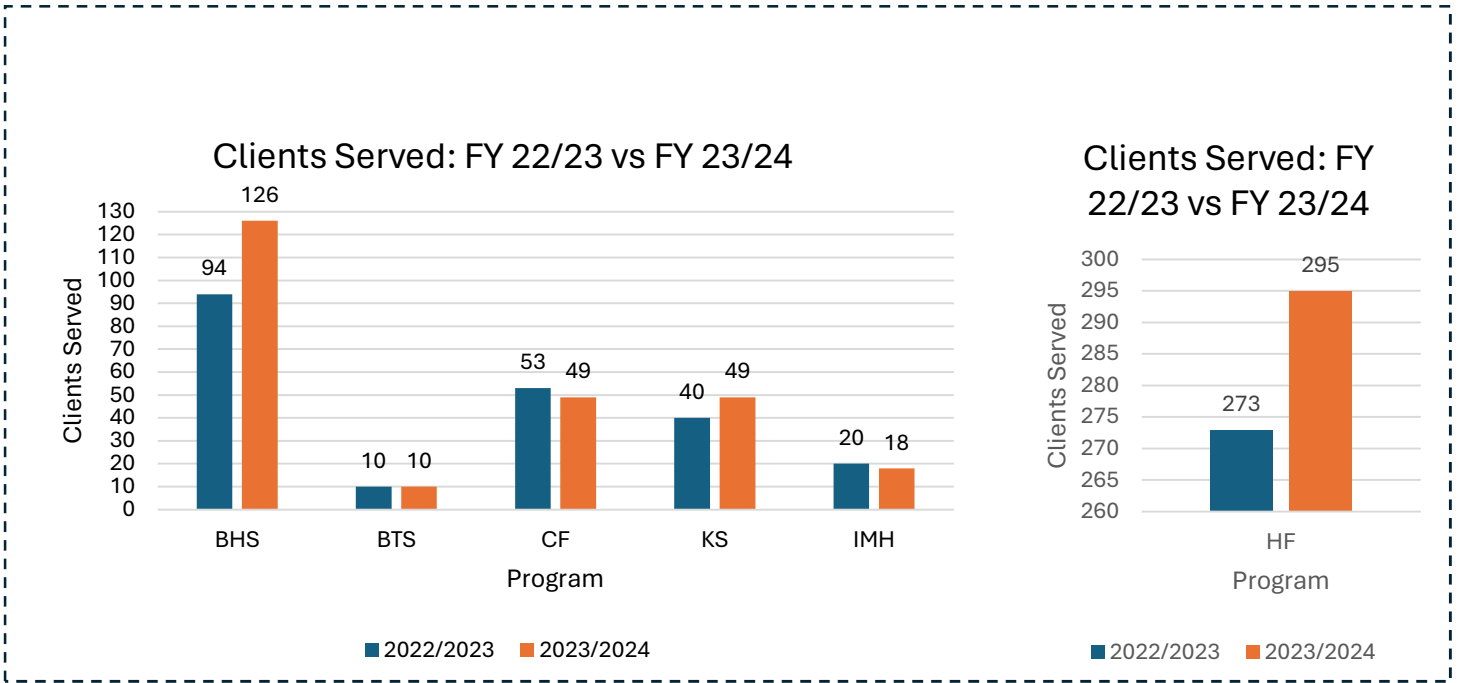
A reinspection was completed on 04/23/2024 and cleared with no additional findings.

❖ **Client service numbers by program: 2nd Quarter Comparisons**

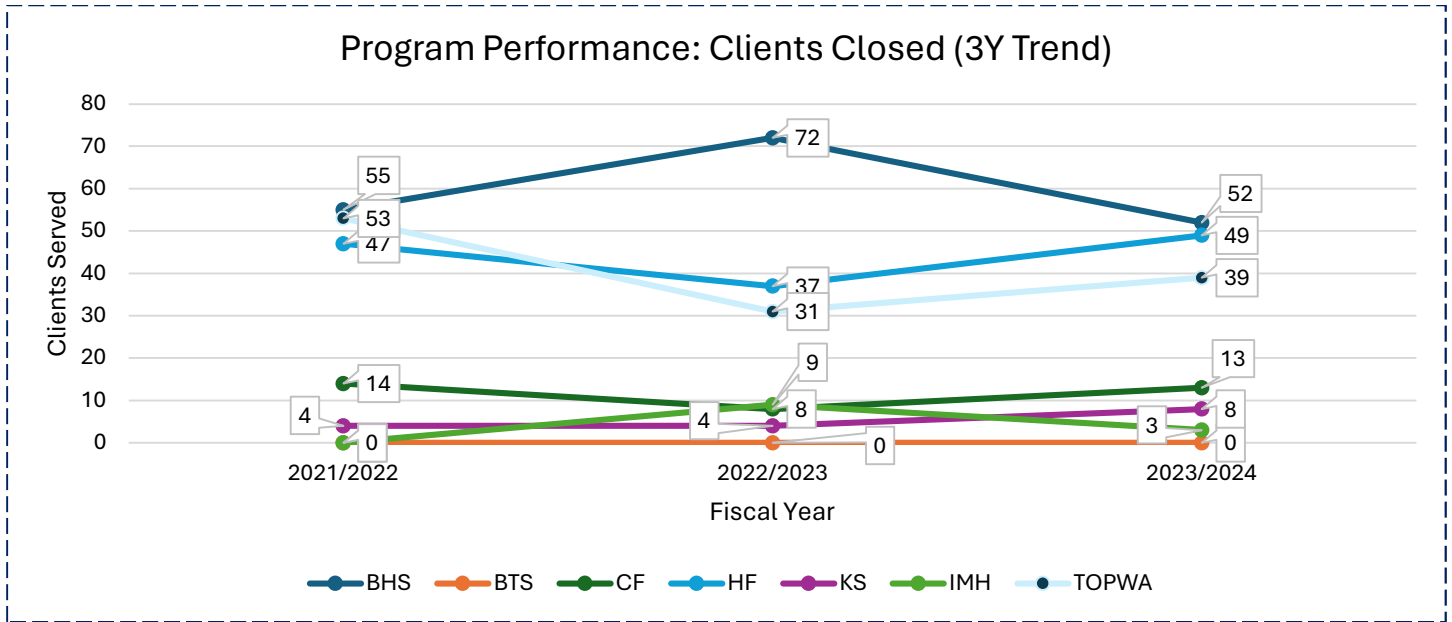


- **Infant Mental Health:** IMH continues to work through enrolling clients and removing children 0-5 from current waiting lists needing to be seen by a therapist. Given that this program only has 1 therapist, the Maternal and Infant Health Director will begin searching for an additional therapist to meet the demand of children needing assistance.

- **Bridges to Success:** For the past few years BTS has remained at capacity with no additional enrollees in program. Thanks to additional monies secured during this quarter we can expect this outcome to begin to fluctuate with the addition of 10 more units.



- **Behavioral Health Services:** During this quarter the Behavioral health program (BHS) was able to increase its capacity and served a 34% increase of clients compared to last fiscal year. Taking into consideration BHS also enrolled less clients during this quarter demonstrates clients are more likely to have been previously enrolled demonstrating longevity in program. BHS has successfully returned to its standard client closure rates from two years ago. Our leadership team remains committed to improving client engagement. They achieved this through focused supervision sessions and by offering refresher courses on specific therapeutic modalities whenever necessary.
- **Kin Support** has increased by 23% from the previous year as compared to clients previously served during this quarter. The team continues to work on serving at least 50 clients from the County, which includes the Glades.



❖ **Program updates; additional agenda items - PQI discussion:**

Infant Mental Health:

The IMH program is in the process of completing a contract with RCMA Head Start Centers to add a full-time position providing therapeutic services, classroom consultation, and teacher/parent support at their 2 migrant centers in Belle Glade and Delray Beach. They started classroom observation at the end of February in the sites with the School District and Lutheran Services, and they will be conducting these observations through April 11. IMH is a semifinalist candidate for Impact 100 Palm Beach County and Julie and Melissa will attend the announcement on April 9 for finalists. Unfortunately, we did not get into the finals for Impact the Palm Beaches. We did, however, receive a \$40,000 grant from Fledgling Fund.

Bridges to Success:

The BTS program continues to go well, and we are anxiously awaiting the expansion of this program to begin in the Fall of 2024. One major update on this program that was presented to the PSC was the fact that one of our families was burned out of their unit. They were temporarily placed in a homeless shelter, but the family chose to move out of the shelter and move into a small motel in Belle Glade that they could afford. Once the unit is repaired, we will move it back into the program but into a larger apartment. This family appears to be quite resilient and has requested our help in getting them into their own apartment outside of BTS where they could afford the rent on their own. We are actively working on this plan but want to make sure that the family is successful in paying rent independent of the BTS program before we go ahead and make the final discharge.

Behavioral Health Services:

The BHS program is doing well and is still looking for one more additional therapist to cover Riviera Beach Prep and Edna Runner Tutorial Center. We have a new therapist starting next week to provide services to Greenacres Elementary and a therapist starting the week of March 25th to work in the Glades. The program is getting ready to celebrate spring break and we'll be using this opportunity to update paperwork as well as take advantage of some much-needed time off. Staff are also encouraged to use this opportunity for Training. As part of keeping schools engaged in the referral process and a refresher, the BHS team will begin to meet with school principals and point of contacts to address any uncertainty or concerns. Due to COA the EHR platform search was put on pause but will need to be revisited once again to support therapeutic program needs.

Kin Support:

The KSP program continues to do well and continues to grow in numbers. The number of referrals coming in remained steady. The program director has monthly staff meetings where they discuss cases and referrals. They are working on getting speakers to come to their meetings. One of the KSP staff, Khalilah Eubanks, presented to the Palm Beach United Way site visit and did a wonderful job presenting not only the program but also one of her cases. More and more of the cases coming into this program appear to be quite challenging in that relatives are moving towards mediation and possibly permanent custody of children whose parents are not able to care for their children.

TOPWA:

The program supervisor as well as the staff continue to engage in outreach events throughout Palm Beach County. They attended the Women and Girls HIV/AIDS Awareness Day on March 8th at the Guatemalan Myan Center during their food distribution event. On April 12, 2024, 3 outreach workers and Melissa will attend the Maternal and Child Health Conference in Ft. Lauderdale with Broward TOPWA staff. On April 6, 2024, Maura will conduct outreach, HIV testing, and education at Fiesta de Primavera and on September 14, 2024, the TOPWA program will hold their annual baby shower.

Child First:

One of the staff, Megan Murray, completed her first CPP booster session in Philadelphia, Pennsylvania. Dalecia will be attending a Conscious Discipline with Excellence training/conference hosted by Florida A&M University that will foster networking and focus on building healthy development for neurotypical and neurodivergent children. Dalecia is working with program supervisors and managers from entry to increase our census, especially for the Creole speaking population to ensure that all families in Palm Beach County are receiving services to get their needs met. The program is actively working on identifying a clinician to fill one vacancy.

Healthy Families:

The HF program is fully staffed as of February 27, 2024. The program held their annual participant graduation on Saturday March 2, 2024. Fifty-six families were invited to this event. Sharonda, Kathy, and Moryanne are working together on Healthy Families Florida Reaccreditation as the Healthy Families Florida annual QA visit is scheduled for April 17-19, 2024.

Quality Assurance:

The Director of Compliance and Quality Assurance is currently on maternity leave with an anticipated return in the upcoming quarter. The Chief Program Officer has assumed interim oversight, fostering continuous collaboration with program directors to guarantee the continued fulfillment of all program requirements. Healthy Families has begun their self-study process in preparation for reaccreditation by Healthy Families America. The Compliance and Quality Assurance department will provide ongoing support throughout the evidence collection phase.

❖ Risk Assessment Review Committee

- ❖ Staff incidents – 2

- ❖ Client Incidents – 9
 - BHS – 3
 - BTS - 1
 - CF – 2
 - HF –1
 - KSP –3
 - TOPWA –0
 - IMH-0

- Client Incident Types:
 - Child abuse/neglect- 0
 - Aggressive/abusive behavior- 0
 - Risk for harm to self/others- 7
 - Accident/injury – 0
 - Sexual Assault/Harassment -1
 - Other – 1
 - Law violation- 0

❖ Client Incidents 2nd Quarter comparison by Year

Program	2021/2022	2022/2023	2023/2024
BHS	2	3	3
BTS	0	0	1
CF	4	2	3
HF	4	0	1
KSP	1	2	3
TOPWA	0	0	0
IMH	N/A	0	0

Type	2021/2022	2022/2023	2023/2024
Risk for harm self/others	0	3	7
Aggressive/Abusive Behavior/Assault	6	1	0
Accident/Injury	0	0	0
DCF/Hotline	1	0	3*
Child Abuse/Neglect	2	2	0
Death	1	0	0
Legal/Law Violation	0	0	0
Medical emergency	0	0	0
Other	1	0	1
Sexual harassment/battery/assault	0	1	1
Substance/Drug abuse	0	0	0
Communicable disease exposure	0	0	0

- The * depicts cases in which a DCF call had to be made in addition to primary incident. The Compliance and Quality Assurance Director will review with teams reporting procedures at upcoming program meetings to reduce errors and improve reporting.
- Risk Assessment Committee incident review for 2nd 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

Second Quarter Report, January 2024 - March 2024

Date: January 2024

PROGRAMMATIC CAPACITY & DELIVERABLES										
CAPACITY	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE	
# of clients enrolled & carried over	34		85		74					
# of clients opened - Adult 1st box Child 2nd box	4	82	0	41					4	123
# of clients served (target 135)	120		126							
# of clients closed - Adult 1st box Child 2nd box	6	29	5	47					87	
Successful closures	27		41							
Closure before completing services	8		11							
PROGRAMMATIC OUTCOMES										
	QTR 1		QTR 2		QTR 3		QTR 4		YEAR AVG	
OUTCOME INDICATORS	#measured	#achieved	#measured	#achieved	#measure	#achieved	#measured	#achieved		
80% reduction in mental health symptoms based on CFARS	35	29	52	38						
Percentage achieved	83%		73%						78%	
80% stability of placement in home	35	30	52	41						
Percentage achieved	86%		79%						82%	
80% stability in school	35	32	52	45						
Percentage achieved	91%		87%						89%	
Challenges impacting outcomes	In this quarter we lost a co-located and community therapist. This caused clients to be reconnected internally or externally, causing challenges in reaching outcomes for clients who were not reached successfully by new service provider.									

HOUSEHOLD COMPOSITION	QTR 1	QTR 2	QTR 3	QTR 4	TO DATE
Types of household (unduplicated)					
Single Parent	60	30			90
Married Couple	26	11			37
Cohabiting couple	0	0			0
# of Children	167	109			276
# of Adults	165	75			240
PROGRAM OVERVIEW					
ACCOMPLISHMENTS & CHALLENGES Current Quarter	COMMENTS				
# of files audited	14	14			28
Most notable key accomplishment(s)	<p>During this period, there were a total of 41 admissions and 52 discharges. 73% of closures reported a reduction of mental health systems as evidence based by CFARS/FARS, 78% reported stability of placement in the home and 87% achieved stability in the schools. Each outcome is measured at discharge.</p> <p>In this quarter, the program department hired two new co-located therapists to serve at Greenacres Elementary and Canal Point Elementary, and a program supervisor was hired to oversee and support the clinical team.</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. In this quarter, the clinical director held a quarterly chart review with BHS staff. This practice serves to train clinicians in chart compliance and with identifying the gaps within the department to help improve clinical documentation and its 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 quarter, the program lost a co-located and community therapist and a program supervisor. This caused clients to be reconnected internally or externally, causing challenges in reaching outcomes for clients who were not reached successfully by the new service provider due to lack of parental engagement.</p> <p>The loss of the community therapist working at Edna Runner has caused a delay in expending the funds for the FAA contract. The clinical director is confident that the transition of the co-located therapist from Canal Point to serving clients in Belle Glade will assist with catching up with spending down the funds. The department's recent quarterly review identified missing discharge summary plans. This clinician failed to send these plans to the data coordinator for processing, which resulted in inaccurate caseload data. This inaccuracy caused delays in assigning new cases and ultimately impacted departmental productivity and billing.</p> <p>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 18-year-old African American male referred for therapy by Youth Services Reentry for depression symptoms, grief and loss and legal concerns. The client lost his mother one year ago and his best friend a few months later. The client was struggling with recent loss of his grandfather, losing his mother while incarcerated and witnessing his best friend die to gun violence. The client reported difficulty coping with PTSD and depression symptoms at the start of therapy services. Client struggled to obtain employment and experienced financial hardship leading to homelessness. The client engaged in weekly therapy and complied with all his probation requirements. Client also developed skills to reduce depression symptoms throughout his treatment. The client was able to process grief and loss of his mother, and grandfather and developed skills to cope with past trauma. Client shared ways he plans to celebrate his mother memory in a positive way to help him accept the loss of his loved one. Client obtained employment to increase Client successfully financial stability and obtained stable housing. Client also completed probation requirements and therapy. At discharge the client was able to identify therapy as a “safe place for him to talk about difficult things.”

BRIDGES TO SUCCESS
Second Quarter Report, January- March 2024

Date: April 2024

PROGRAMMATIC CAPACITY & DELIVERABLES									
CAPACITY	QTR 1		QTR 2		QTR 3		QTR 4		YEAR END
# of families carried over	10		10						
# of families opened	0		0						
# of families served	10		10						
# of families closed	0		0						
# families targeted to be served	10		10						
CLIENTS & HOUSING UNITS (new per quarter)	QTR 1		QTR 2		QTR 3		QTR 4		YEAR END
# of Families	10		10						
# of Children/dependents	21		22						
# of Adults	13		13						
Single	9		9						
Married	0		0						
Co-habituating	1		1						
COMMENTS									
<p>For the second quarter, the program continues to work with ten families. One of the families was temporarily displaced from their home due to a fire and were relocated into a shelter. The family chose to move out of the apartment and into a local motel due to conflict with living in the shelter and difficulties living in the shelter. They moved into a local motel in Belle Glade where they continue to reside. Several of the dependents however are over the age 18 years of age which technically place them in the category of being an adult. We did have one client adult daughter give birth to a baby boy in November but it took a couple of months to gather this newborns documentation and therefore, the child was not officially entered into the program database (Client Track) until January of this year bringing the total number of clients served up to 35.</p>									
PROGRAMMATIC OUTCOMES									
Outcome Indicators	QTR 1		QTR 2		QTR 3		QTR 4		YEAR AVG
	#measure	#achieved	#measure	#achieved	#measure	#achieve	#measured	#achieve	
80% of 10 families will maintain housing within the program or exit to safe, affordable permanent housing.	10	10	10	9					
Outcome #1 % Achieved	100%		90%						

80% of 10 families will maintain or increase their income including wages	10	10	10	10					
Outcome #2 % Achieved	100%		100%						
Challenges impacting outcomes	One of the families served by the BTS program experienced a fire in their apartment (unit) which caused the family to have to relocate temporarily to a shelter in Paholee. The family did not wish to live in the shelter until their unit was repaired and moved out of the shelter and into a motel in Belle Glade. As soon as the apartment is repaired, the family will be able to move back in, but in the meantime, the family will continue to receive Case Management and Supportive services from the BTS program.								
PROGRAM OVERVIEW									
FILE AUDITS	QTR 1	QTR 2	QTR 3	QTR 4	YEAR END				
# of files audited	10	0							
ACCOMPLISHMENTS & CHALLENGES	COMMENTS (current quarter)								
Most notable key accomplishment(s)	One of the BTS program's accomplishments is that every household has at least one member who has registered for school or secured work. Children in the BTS program have also demonstrated academic excellence including membership in their respective school honor society. Since being placed in a stable atmosphere, the children have had less difficulty concentrating on their studies and completing their school assignments. Over the course of the academic year, the program coordinator has been checking on the children to ensure that they have all they need for school, i.e.: clothes, shoes, or school supplies.								
Most notable challenge(s)	Several of the clients in the BTS program continue to struggle with their Mental Health and this has been a major challenge in the BTS program. Two of the program's clients have unfortunately found themselves needing to go to a local hospital to receive treatment, but receiving follow-up treatment on a consistent basis has been a challenge. There is a lot of stress in the community as a whole and the clients feel this stress in ways that many of the others may not feel it, especially given their housing challenges. In addition, the clients have been experiencing financial and social hardships, finding it extremely difficult to find stable employment and maintain a stable income and maintaining social connections. They believe that when something positive occurs for them, something negative inevitably follows. The program coordinator continues to assist the families find the appropriate mental health resources to meet their specific requirements.								

ANECDOTAL STORY TO SHARE

Success story: While attempting to raise her adolescent son alone, NP has been dealing with relationship and health concerns. The BTS program coordinator provided NP with the assistance she needed to keep moving ahead and helping NP to accept that she should never give up on herself. NP had dreams of following her path with respect to continuing her education and becoming a chef. With a scholarship, NP was able to attend culinary school and "get back on course" with her life. In order to improve her future, NP chose to go to school while she kept working. NP completed the culinary school curriculum that she attended, and has been offered a full time job as a chef. NP is eager to start her new profession and explore whichever paths it may lead her.

CHILD FIRST
Q2 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		34						67	
# of clients carried over who were NOT enrolled, but enrolled in the Qtr.	5		7						12	
# of Clients referred, accepted & enrolled from HomeSafe	7		7						14	
# of Clients referred, accepted & enrolled from HMHB	0		1						1	
# of enrolled Clients served	45		49		0		0		94	
# of Enrolled Clients discharged in quarter	10		13						23	
Successful closures (clients enrolled 60+ days and had at least 4 home visits by the clinician)	8		5						13	
Closure before completing services (clients enrolled 60+ days and had at least 4 home visits by the clinician)	0		6						6	
Referrals that were accepted & discharged (never enrolled)	HomeSafe	5	HomeSafe	7	HomeSafe		HomeSafe		HomeSafe	12
	HMHB	2	HMHB	0	HMHB		HMHB		HMHB	2
# of Rejected Referrals	Capacity	0	Capacity	0	Capacity		Capacity		Capacity	0
	Language	0	Language	1	Language		Language		Language	1
COMMENTS										
PLAN OF SAFE CARE	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE	
# of clients with POSC at intake	1		0						1	
# of POSC offered to families by FF	0		0						0	
# of POSC created with families by FF	0		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%		84.5%							
% 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%	5	45.5%						
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	9			17
Clients open 60+ days - Average Length of Service - Months	12.2	8.0			10.1
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	7			17
Married Couple	0	1			1
Cohabiting couple	2	0			2
# of Adults	22	15			37
# of Children	26	27			53
PROGRAM OVERVIEW					
FILE AUDITS	QTR 1	QTR 2	QTR 3	QTR 4	YEAR END
# of files audited (Benchmark: 25% of census per quarter)	13	8			21
ACCOMPLISHMENTS & CHALLENGES Quarter	Current	COMMENTS (current quarter)			
Most notable key accomplishment(s)		Families First CPPA score for Q2 indicates high fidelity to the model with an overall score of 90%, with strengths in the following areas for the quarter: data submitted on time (100%), date submitted complete (100%), date submitted accurate (100%), baselined assessments (100%), paired assessments (100%), written case formulation (100%), and plan of care (100%). Other areas of growth that we will be focusing on, but still met are target goals for are SNIFF needs (84.5%) and early care mental health observations (90%). With staff continuing to acquire the skills needed to thrive in this position, we project to see strengths in all areas for the next quarter. As mentioned during Q1, CF FF historically has had challenges meeting the benchmark for AHV's. However, we exceeded our target goal which was 96.52% for this quarter. Quality enhancement measures continue to be an integral part of what FF uses to not only enhance the work we do with our families but to also improve upon program outcomes. This has been shown to serve as a unique and important tool that has helped to enhance the areas of our core components and benchmarks.			

Most notable challenge(s)	<p>FF has also noticed during this quarter low engagement with families due to them experiencing multiple stressors at a time, impacting the number of families enrolled in the program. When referencing HBDS dashboard 28767, during Q2 for 2023, it should be noted that FF received 21 referrals with 12 of those families enrolling. During Q2 of 2022, we accepted 19 referrals and enrolled 13 families. However, compared to Q2 of 2024 we accepted 16 referrals and only 4 enrolled. Making correlations to all three years, the number of referrals and families enrolled for 2022 and 2023 versus 2024 could have potentially been impacted due to the COVID pandemic and more families needing services at that time. The clinical director has also made efforts to connect with program supervisors for the following programs: Center for Family Services of Palm Beach County and Center for Child Counseling to increase referrals for FF even outside of our contracted zip codes, in addition to meeting with our entry agencies to increase the number of families served. We aim to see an increase in the number of referrals and families enrolled during the next quarter, with a projection of meeting our target goal for the number of families served for the contract year. During Q3, the clinical director alongside CF clinical state lead will be meeting with nurses and administrators from the Nurse-Family partnership program to improve upon outreach efforts to the number of families being served.</p> <p>FF had challenges with meeting our target for cases discharged with completed services (45.5%), 11 cases discharged in total with 5 of those cases completing services. With the economy continuing to be a barrier for many of the families remaining engaged this has led to several premature discharges because of affordability and the expenses in Palm Beach County continuing to rise. Also, working with the most vulnerable and riskiest population presents another challenge as these families face multiple stressors and cultural barriers that have led to cases being discharged early. According to CF Dashboard 28767, we had 24 families discharge from FF for the quarter with 12 consenting to services and 12 not enrolling. Listed are the reasons that led to early discharge for families enrolled: 1 moved out of service area, 3 were unable to locate, and 4 discontinued services. We are also wondering with entry, how we can provide support to these families that require multiple interventions and our level of care without overwhelming them. This is another area of focus for FF, as we hope to aim for families to remain engaged with us longer despite the stressors of the economy and cultural barriers they face.</p>
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ANECDOTAL STORY TO SHARE

Child was referred to services due to caregiver experiencing her first pregnancy and reporting that she was experiencing high stressors during this pregnancy. MOB migrated from her country and reported that she had separated from the child’s father and did not have stable housing or income since she was unable to work due to her pregnancy. Per caregiver reports this pregnancy was considered high-risk due to medical complications. MOB faced many challenges while living in an unfamiliar country and suffered through barriers such as language, lack of a support system, and limited resources, leaving her feeling depressed and isolated. The Child First team started working with this dyad and MOB reported that in her country she was in the healthcare field and had some knowledge about child development. She also reported feeling pressured with high expectations being placed on her, which led to concerns within the dyadic relationship. With the dyad being isolated away from others, the CF team connected MOB to various resources such as support groups, SNAP, and medical care providers. There was a theme of mistrust and guardedness that mom often presented with when discussing treatment and implementing interventions. After the baby was born the dyad faced more challenges that further increased her anxiety and depression. MOB expressed feeling overwhelmed with caring for the baby “properly,” learning how to breast feed and all the new experiences that came along with being a new mom for an infant that relied on her for support to get emotional and physical needs met. MOB often feared that her child was “unsafe” when she would allow her to do activities that were developmentally appropriate. After building rapport with this dyad and learning more about the caregiver’s history, she then felt comfortable developing a collaborative plan of care that the dyad could benefit from. The caregiver was consistent with her treatment and receptive to not only her Child First team but to others involved in the child’s life as well. Child First utilized interventions such as Brazelton Touchpoints to support the caregiver with anticipatory and developmental guidance, along with “Circle of Security Parenting” to strengthen the child-parent relationship. She has now learned how to overcome her anxieties while also supporting the baby’s development. The baby is now meeting her milestones ahead of time and is currently enrolled in a childcare program so that mom can focus on providing stability for her family.

HEALTHY FAMILIES PROGRAM

Second Quarter Report, January - March 2024

Date: April 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	280	561					
# of clients opened Adult 1st Child 2nd	44	76	43	95					
# of clients served Adult 1st Child 2nd	284	528	295	613					
# of clients closed Adult 1st Target Child 2nd	28	23	49	38					
Number of families Served	273		284						
Number of families Closed	28		49						
Number of Families Completed Program	14		14						
Benchmark 75% of 350 Capacity by end of quarter	78%		81%						
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	255	233	265					
Outcome 1 Percent Achieved	96%		88%						92%
2. 85% of target children will be up-to-date with well-child checks at 24 months of age.	8	8	6	6					
Outcome 2 Percent Achieved	100%		100%						100%
3. 90% of target children enrolled six months or longer will be linked to a medical provider	70	70	86	86					
Outcome 3 Percent Achieved	100%		100%						100%
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		148						
Married Couple	66		70						

Cohabiting couple	57	65			
# of Adults	284	295			
# of Children	528	613			
FAMILY RETENTION Closure Reasons	QTR 1	QTR 2	QTR 3	QTR 4	TO DATE
# Completed HFF	14	14			
# Not Interested/declined services	0	4			
# MOOSA	8	10			
# Lost Contact/to follow-up	3	8			
#Target Child Miscarried	0	0			
#Other	0	2			
PROGRAM OVERVIEW					
FILE AUDITS	QTR 1	QTR 2	QTR 3	QTR 4	TO DATE
# of FSW files audited (Individual Family Records IFRs/charts)	42	40			
ACCOMPLISHMENTS & CHALLENGES Current Quarter	COMMENTS (current quarter)				
Most notable key accomplishment(s)	<ul style="list-style-type: none"> • HFPB had successful quarterly outcomes for January - March 2024. There were 2 areas we will require for improvements – Subsequent EPDS & HFPI Improvements. • We are maintaining capacity at 75% or higher. • HFPB provided a Cerole-speaking parent support group in March. January was our English-speaking group, and February was our Spanish-speaking parent support group. • HFPB Sharonda Crawford continues to participate in Palm Beach County Advancing the Mission Cohort along with Six other Families First employees. • On January 12, 2024, Families First of Palm Beach County CEO Julie Swindler attended Palm Beach County Days in Tallahassee. Julie was able to connect with some of our State Senators and Representatives to discuss the programs that Families First provides to Palm Beach County. 				

Most notable challenge(s)	<p>Our key challenge this quarter was having two FSS Creole speaking resign their positions. We were able to hire two new Creole speaking FSS. We are grateful for the two new hires, but they can't fully independently start working with families until they complete a series of training provided by the Ounce of Prevention.</p> <p>The two new hires are currently enrolled in the required training they will need to complete in order to independently work with participants.</p>
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ANECDOTAL STORY TO SHARE

Overcoming adversity became a defining theme for a young mother in Healthy Families Palm Beach. Past domestic violence and her partner's trauma during pregnancy created anxiety, but her strong support system – a loving husband, family, and church community – proved invaluable. While leaving her pre-pregnancy job to focus on her health, the initial financial strain added to the challenges.

The program stepped in, offering mental health counseling that equipped her to manage anxiety. Concrete support, like gift cards and access to support groups, eased financial burdens and provided a sense of community. Empowered by these resources, she became a strong advocate for herself and her child, fostering better communication within the family.

Motherhood became a journey of learning. Engaged and curious, she actively absorbed information about child development, sharing her cultural background with the program staff. Her calm and positive interactions with her child, along with her online research efforts, ensured her child's well-being. Despite being an only child, the participant fostered the child's social development through trips and family gatherings. This young mother's resilience and unwavering love for her family are a testament to the power of support and the strength we discover within ourselves when faced with challenges.

KIN SUPPORT PROGRAM

Second Quarter Report, January 2024 - March 2024

Date: January 2024

PROGRAMMATIC CAPACITY & DELIVERABLES									
CAPACITY	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE
# of enrolled families carried over	40		42		41				
# of families opened	3		7						10
# of families served	43		49						
# of families closed	1		8						9
Total remaining at the end of QTR	42		41						
# targeted to be served	50		50						
NUMBERS SERVED (unduplicated)									TO DATE
# of Children	108		117						225
# of Adults	57		64						121
PROGRAM REFERRALS									TO DATE
# of referrals screened eligible for an assessment	3		7						10
# of referrals screened ineligible for assessment	0		0						0
# of referrals screened and placed on waiting list	0		0						0
# of referrals provided with education and information regarding community resources and services	3		7						10
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	49	49					
Outcome 1 Percent Achieved	100%		100%		#DIV/0!		#DIV/0!		#DIV/0!
80% of 50 kinship families will receive social work/supportive counseling to address mental health and social service needs.	43	43	49	49					
Outcome 2 Percent Achieved	100%		100%		#DIV/0!		#DIV/0!		#DIV/0!
80% of 20 relative caregivers will receive support group services	20	20	20	20					
Outcome 3 Percent Achieved	100%		100%		#DIV/0!		#DIV/0!		#DIV/0!
84% of 50 families will be successfully linked to supportive services.	43	43	49	49					
Outcome 4 Percent Achieved	100%		100%		#DIV/0!		#DIV/0!		#DIV/0!
Challenges impacting outcomes	none this quarter								

PROGRAM OVERVIEW					
FILE AUDITS	QTR 1	QTR 2	QTR 3	QTR 4	TO DATE
# of files audited	10	8			18
Comments					
ACCOMPLISHMENTS & CHALLENGES Current Quarter	COMMENTS (current quarter)				
Most notable key accomplishment(s)	<p>During this period, there were seven admissions and 8 discharges. All 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. In this quarter, the Kin support team have obtained new guest speakers like Kim Jackson from Grandma's house to come and give a presentation during their support groups. This has also led towards a new collaboration with Grandma's house as Families First has provided them with a letter of support for continued funding.</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. Jones is a 35-year-old paternal aunt, who along with her husband is raising their three children of ages 14, 10 and 8, as well as her niece of 4 and nephew of 3 years of age. The relative children's parents have a history of drug abuse and mental health issues, and they do not have any contact with the family. Mr. and Mrs. Jones have had legal custody of the two relative children almost since they were born.</p> <p>The client's husband works full-time and provides financially for the family, while Mrs. Jones holds a part-time job a few evenings a week, and during the day she monitors her children's home schooling. They are expecting another baby and Mrs. Jones will be due in about 2 months, so they are planning on sending the children to public schools during the next academic year.</p> <p>The nephew has special needs, and he was recently assessed by Child find program, so he is in the process of getting linked to services. Mrs. Jones has been providing training and educational activities for her relative children at home, while she also supervises her own children's virtual education.</p> <p>The Kin support project has been providing supportive counseling to Mrs. Jones all along, allowing her to be heard, seen and understood in her role as a caretaker of 5 children. She has expressed: "When we meet and talk, I feel like I actually have someone to talk to that genuinely listens and cares." Client has indicated that she does not have many friends and her life revolves around her family and home, so she has expressed thankfulness for receiving the supportive counseling services from FSC. At some point, the client was also linked to Kin support group services to connect with other relative caregivers and client was able to participate one time before.</p> <p>The family service coordinator (FSC) has assisted the family with helping them apply for DCF economic services benefits and guided them through the process at different times. FSC has also linked the family with holiday gift assistance for the children, and other gift card assistance for Thanksgiving meal, as well as one-time emergency help, during a time that the family went through some financial struggles and needed to buy food for the children, while they were able to get approved for food stamps. The client's nephew has also received diapers and pull-ups assistance from the agency.</p> <p>FSC has been able to develop good rapport with all family members, during follow up visits at the park, or at the home, and client has indicated that KSP has been very helpful and supportive with her family, and they are thankful for counting on the program. Client and husband are raising their relative kids as their own children. These caregivers are very loving and caring and continue to work together to maintain the children safe and in a stable home.</p>					

TOPWA PROGRAM
Second Quarter Report, January-March 2024

Date: April 2024

PROGRAMMATIC CAPACITY & DELIVERABLES									
CAPACITY	QTR 1		QTR 2		QTR 3		QTR 4		TO DATE
# of clients opened/ served for the quarter	49		53						102
# of clients closed	39		39						78
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		53						102
60 HIV Tests (all childbearing age) per quarter	63		65						128
60 Pregnancy Tests (all) per quarter	69		76						145
60 Outreach Sessions (all) per quarter	205		278						483
Number of referrals for services (Minimum 90)	107		114						221
Number of verified/completed linkages	94		106						200
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	53	53					
Outcome 1 Percent Achieved	100%		100%		#DIV/0!		#DIV/0!		#DIV/0!
133 of 140, or 95%, of pregnant women will be linked with a medical payer source to receive prenatal care from October 1, 2022 to September 30, 2023.	23	23	21	21					
Outcome 2 Percent Achieved	100%		100%		#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									
PROGRAM OVERVIEW									
FILE AUDITS	QTR 1		QTR 2		QTR 3		QTR 4		YEAR END
# of files audited including peer reviews	49		53						102
ACCOMPLISHMENTS & CHALLENGES Current Quarter	TOPWA COMMENTS (current quarter)								

Most notable key accomplishment(s)	<p>In the month of January TOPWA has a new Outreach Worker Named Islande S. She started with the TOPWA program on January 8th, 2024. TOPWA staff conducted their outreach and educational presentation with Wayside House Outpatient and Residential Program (substance treatment provider for women) on January 11th and January 11th Staff offered & provided HIV testing to program participants. TOPWA Outreach workers conducted Community provider outreach at Clinic Can Help, Urban League-Palm Beach County, PB county Youth Affair, Community Services Division, Salvation Army of WPB on January 31st, 2024. In the month of February TOPWA's new Outreach Worker Islande S. Completed her 500/501 In person training.</p> <p>TOPWA Outreach workers conducted Community provider outreach at Home Safe, Palms Birth House, Family Promise, Cros Ministries, and Family Matters WIC Store on February 27th, 2024. The TOPWA team was able to successfully achieve the monthly deliverables for March 2024. TOPWA hosted a Family Planning Educational session at the Guatemalan Myan Center in West Palm Beach Florida on March 8th, 2024, for National Women and Girls HIV/AIDS Awareness Day.</p>
Most notable challenge(s)	The most notable challenge this quarter was hiring a new outreach worker and getting them trained and acclimated to TOPWA system of care and assessment of clients.

ANECDOTAL STORY TO SHARE

TOPWA outreach worker assessed a client who is a 32-year-old woman in her third trimester. The client is from Haiti and came to the United States about a year ago. The client struggles on understanding because she only speaks creole. The client's family member is supporting her, and her two other boys. The Clients unborn child's father is struggling with finding a job and is currently only working a few hours here and there. This was causing him to struggle to provide for his family. The client also depends on her family for transportation, sometimes it gets difficult when they are at work for her to get around. The worker found the client at the Department of Health in West Palm Beach while doing outreach. This worker was able to assist in helping with her prenatal appointments and to help her become situated with her doctor appointments. The outreach worker assisted the client in connecting with Healthy Mothers Healthy Babies for transportation. This worker also assisted this mom with bedding services with Sweet Dream Makers for bedding. The worker continues working with this client to get her through a healthy pregnancy and assist with other services she will need. Mom feels more secure with the added support and looks forward to a healthy and happy birth.

Infant Mental Health
 Second Quarter Report, January-March 2024

Date: April 2024

Attachment XIII.VII

PROGRAMMATIC CAPACITY and DELIVERABLES					
CAPACITY	QTR 1	QTR 2	QTR 3	QTR 4	TO DATE
# of clients enrolled during previous quarter and still active in current quarter	7	7			14
# of clients opened	8	11			19
client enrolled during previous quarter and still active in current quarter. Plus, new enrollments.	15	18	0	0	33
# of clients closed	4	3			7
# of clients enrolled in North County	7	6			13
# of clients enrolled in South County	8	6			14
Total Referrals	20	20			40
Refused Services/no contact	7	3			10
# of Headstart/EHS clients served	8	16			24
# clients on waitlist at the end of the quarter	5	4			9
# of parents that participated in a workshop	101	n/a			101
# of parents that participated in a home visit	5	n/a			5
# of teachers that participated professional development workshop	240	69			309
# of formal classroom observations	90	56	34	N/A	180

PROGRAMMATIC OUTCOMES

	QTR 1		QTR 2		QTR 3		QTR 4		
Successful closures	4		3						7
Closure before completing services	1		0						1
OUTCOME INDICATORS	#measured	#achieved	#measured	#achieved	#measured	#achieved	#measured	#achieved	YEAR AVG
70% of closed clients who completed an intake met 60 days or longer	5	4	3	2					
Percentage Achieved	80%		67%		#DIV/0!		#DIV/0!		#DIV/0!
80% of students enrolled to Families First for therapeutic services will improve in social emotional functioning; ASQ-SE at discharge assessment	5	4	3	3					
Percentage Achieved	80%		100%		#DIV/0!		#DIV/0!		#DIV/0!
80% of students enrolled to Families First for Therapeutic Services will complete treatment goals identified at onset of services; Discharge Form	5	4	3	3					
Percentage Achieved	80%		100%		#DIV/0!		#DIV/0!		#DIV/0!
80% of students identified during classroom observations as needing additional therapeutic or developmental services will be identified and staffed with school personnel	103	103	71	71					
Percentage Achieved	100%		100%		#DIV/0!		#DIV/0!		#DIV/0!
90% of Head Start teachers will have an increased awareness of student’s social emotional and developmental needs and classrooms will show increased cultural sensitivity and social emotional climate from beginning of school year to end.; Classroom observations									
Percentage Achieved					#DIV/0!				#DIV/0!
Challenges impacting outcomes	The program had 3 successfully closed cases this quarter, one case that opened 1/26 and closed 3/1 went through an extensive intake which involed in home and childcare observation/interview and conclusions were made and teacher consultation and parent recommendations were made and no other services were needed, case was closed. The outcome #25 possibly needs to be reevaluate as to the appropriatenss due to some cases, as reflected in this one, can close in less that 60 days and still be considered successful.								

HOUSEHOLD COMPOSITION	QTR 1	QTR 2	QTR 3	QTR 4	TO DATE
Types of household (unduplicated)					
Single Parent	8	6			14
Married Couple	4	3			7
Cohabiting couple	3	2			5
# of Children	49	27			76
# of Adults	36	22			58

PROGRAM OVERVIEW

ACCOMPLISHMENTS & CHALLENGES Current Quarter	COMMENTS				
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# of files audited	4	8			12
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CHALLENGES	<p>We have been faced with some challenges such as recently needing to develop a small waitlist due interns completing their internship in April and the therapist reaching a full caseload. Another challenges which continues is the fact that we receive referrals from one end of the county to another which requires exuberate amount of time on the road for the therapist, however during this quarter we were able to utilize the therapist to spend one day in the south and see several children in that day and then have the interns in another school and see several children there back to back.</p>				
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ACCOMPLISHMENTS	<p>During this quarter our interns progressed, due to training and experience, to take on three cases of their own. The eagerness and curiosity that exuded from them enhanced individual and group supervision. Their clients experienced great dedication and commitment. The referrals continue to come in and we have also received several referrals from LSF who because of the need have agreed to pay for the therapeutic services. We presently do not have a contract with them beyond classroom observations. It attests to the fact that LSF views our skills and expertise as to the therapeutic needs of the 2-5 years old, of great value. We have been able to hire a colleague at Families First to do some part time hours as an interpreter for our creole speaking caregivers reducing that barrier. We also have a Spanish speaking FACES counselor at one school that has willingly be our interpreter for two of our families at her school that the caregivers were only Spanish speaking. There continues to also be great evidence that relationships continue to be strengthened and developed with the teachers, directors, and FACES, to the point that some teachers have become open to consultation and collaboration. It is believed that these relationships are enhancing the Head Start experience for the individual client, the teachers and the overall classrooms. We have also been approached by RCMA (migrant Head Starts) to contract with them in a CSC funded position to provide clinical services to the two centers in the Palm Beach area. Classroom observations are being completed almost daily for the end of the year contract requirment and all 90 will be completed by April 15, 2024.</p>				
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Anecdotal Story

This therapist started working with this client alongside the IMH program therapist, Martha, in the Fall of 2023. In January of 2024, I began seeing the client on my own twice a week. This client presented with a large amount of energy that the teacher's in his classroom struggled to redirect. Often the client would demand the attention of one of the teachers to the point where that teacher wouldn't be able to attend to the other children. The child struggled to transition from various classroom activities, mainly observed when the classroom traveled to the lunchroom, which included walking outside to another building. The client was observed to run to the playground, or get stuck in the hallways looking at the holiday decorations, or become engaged in play with the water hose outside. It was nearly impossible to redirect the client into the cafeteria and then calm down enough to eat his lunch. Due to so many distraction for this child in the journey to the lunch room it was causes chaos on a regular basis. The client also showed difficulty in participating in reciprocal play with his peers or express his wants and needs verbally. Needless to say, the client was in a constant state of dysregulation. Over the past 6 months it is obvious the progress that the client has made. From the diligent effort and intentional love that was evidently given daily from his teachers and this therapist meeting with this child in the classroom for twice-a-week sessions, we were able to forge the growth seen within this client. The sessions would include client led play therapy, challenging the client's social skills with peers, and be encouraged to engage in the same activities his peers would. When the client would become dysregulated, this therapist would remind the client to pause and utilize a conscious discipline technique such as balloon or drain breathing. By attuning to his emotions, this writer affirmed his feelings rather than trying to stop them, such as breathing when he started running around the room rather than yelling at him to stop. This therapist and assisting the teachers and providing consultation we slowly saw by providing consistency, attunement, and encouragement the client settled into the classroom routine and began interacting with his peers. The client began to transition alongside his peers to and from the lunchroom, seamlessly. The client began engaging in play with those around him, sometimes surrounded by 5 other peers all engrossed in building a tower or dancing with colorful scarves together. The teachers and the therapist were able to give guidance and practice with client skills to self-regulate when the client began feeling overstimulated, such as pausing and breathing before resuming play again. The client was observed showing compassionate with his peers, placing stickers on their shirts when they did something good or sharing a toy when they were upset. The client began exploring with his verbal language skills, identifying the objects he was playing with. A note able moment that encapsulates the client's growth was observed on this therapist last day with the client. The client had been told this day was coming for a few weeks and reminded the day before. Upon arrival to the classroom, this writer greeted the client all the same and reminded him that it was their last session today. Immediately, the client turned to this therapist and gave a big hug. For the rest of the session, the client centered his play around this therapist, having the cars roll up and down their arms, placing stickers on their hands, etc. The client's ability to expression affection and gratitude as evident in his play. When the session was over, the client walked this therapist to the door. Before this therapist left, the client gave this therapist a bear hug and placed silly glasses on his head when saying goodbye. As this therapist left the classroom and began walking down the hallway, she adoringly saw the client stuck his head out of the door and watched this therapist wall all the way down the hallway.