

Board of Directors Meeting

July 8, 2021

Program and Financial Monitoring Information

Item VI.C.

Recommended Action: Information Only

Strategic Plan Alignment: Administration

STATUS OF FUNDED AGENCY WRITTEN PLANS

Agency	Type of Plan	Subject of Plan	Beginning Date	Estimated Completion Date	Status
211 Tampa Bay Cares	Corrective Action Plan	Programmatic and Administrative Areas	November 6, 2020	May 6, 2021 Extended to September 3, 2021	CAP extended for 211 to demonstrate compliance with performance measures and monitor turnover.
Hope Villages of America, formerly Religious Community Services, Inc.	Corrective Action Plan	Programmatic, Administrative, and Financial Areas	August 13, 2019	February 15, 2020 Extended May 15, 2020 Extended August 15, 2020 Extended to June 30, 2021	CAP completed on June 14, 2021

Agency	Type of Plan	Subject of Plan	Beginning Date	Estimated Completion Date	Status
YMCA of Greater St. Petersburg-Lealman YMCA Preschool Academy	Corrective Action Plan	Programmatic, Administrative, and Financial Areas	May 18, 2020	December 31, 2020 Extended March 31, 2021 Extended to June 30, 2021 Extended to September 30, 2021	Currently recruiting for eight positions. Infant room remains closed. Program received three Class II violations in June, one each for lack of supervision, not accurately counting attendance during a transition, and not reporting an incident to PCLB. Continue to not meet JWB quality ratios in every classroom.

PROGRAM MONITORING REPORTS

Program monitoring is a means to evaluate performance, monitor program delivery, and recommend improvements, as necessary. Program monitoring activities are progressive, uniquely tailored, and responsive to the program's service challenges, strengths, and opportunities. These activities are conducted on an ongoing basis. Technical assistance is provided as a normal course of business to all JWB funded programs. When technical assistance is not having the desired outcome, a Performance Improvement Plan (PIP) may be developed in consultation with the provider and should not last longer than six months. When a PIP has not resulted in a desired outcome, a Corrective Action Plan (CAP) will be developed in consultation with the provider. The above approaches are intended to give the provider every opportunity to improve and ensure quality programming.

AGENCY	PROGRAM
YMCA of Greater St. Petersburg	Middle School Academy
Family Center on Deafness	Neighborhood Family Center
Clearwater NFC	Neighborhood Family Center
Sanderlin NFC	Neighborhood Family Center
Pinellas Department of Health	School Based Health Clinics
Operation PAR	COSA
Operation PAR	Motivating New Parents
Seniors in Service	Foster Grandparent Program
R'Club	HIPPY

FY21 Program Monitoring Report Schedule

February		
	R'Club Child Care	21 Century
	R'Club Child Care	Exceptional
	Hope Villages of America (formerly RCS)	The Haven
	Florida Department of Health	Pinellas County Licensing Board
	The Local Community Housing Corporation- <i>revised to March packet</i>	Cops 'n Kids
	Mattie Williams NFC- <i>revised to March packet</i>	Neighborhood Family Center
	PARC- <i>revised to May packet</i>	Respite
	GRAYDI NFC- <i>revised to March packet</i>	Neighborhood Family Center
March		
	Children's Home Network	Pinellas Support Team
	Children's Home Network	Kinship
	The Shirley Proctor Puller Foundation	SPPF M.A.S.T.R. Kids
	R'Club Child Care	Read Strong
	YMCA of Greater St. Petersburg	YReads!
	Boys & Girls Club of America	COST (includes Literacy)
	Citizens Alliance for Progress NFC	Neighborhood Family Center
	Preserve Vision	Seeing Our Bright Future
	Boley	Youth Employment Program
	Florida Department of Health	Nurse Family Partnership
	Family Services Initiative	FSI End of Year Report
	PEMHS	System Navigation, Family Connection Navigation and HOME program
	Gulf Coast Jewish Family and Community Services	Gulf Coast FSI Navigation
	Tampa Bay Cares 211	FSI
April		
	City of St. Petersburg	TASCO
	City of Clearwater	COST
	Gulf Coast Jewish Family and Community Services	Violence Prevention
	Early Learning Coalition	School Readiness Match
	Early Learning Coalition	PreK All Day
	Big Brothers Big Sisters	Comprehensive Mentoring
	Youth Development Initiative	Precious Pearls and Alpha Institute

	Youth Development Foundation of Pinellas County	YDF-AKA AKAdemy
	Pace Center for Girls	Pace Center for Girls
	YMCA of Greater St. Petersburg- <i>revised to May packet</i>	Lealman Preschool
	High Point NFC	Neighborhood Family Center
	CASA	Domestic Violence
	Gulf Coast Legal	Family Legal Support Services
May		
	Family Resources	Youth Enrichment Program
	Family Resources	SafePlace2Be
	Learning Empowered	Quality Early Learning Initiative
	Learning Empowered	Children of the World
	Artz 4 Life	COST
	Directions for Living	Children's Outpatient
	Directions for Living	Early Childhood Consultation
	Florida Department of Health	Healthy Families Pinellas
	InterCultural Advocacy Institute	Hispanic Outreach Center-NFC
June		
	Suncoast Center	Family Services
	Suncoast Center	Early Childhood Services
	PARC	Family Focus
	Police Athletic League	COST
	University of South Florida	Infant Family Center
	R'Club Child Care	Lew Williams
	R'Club Child Care	HELP
	R'Club Child Care	Special Services
	Lealman and Asian NFC	Neighborhood Family Center
	Florida Department of Health	Dental Sealant
	The Bethel Community Foundation	Truancy Intervention Program
July		
	YMCA of Greater St. Petersburg – <i>revised to September</i>	Middle School Academy
	R'Club Child Care – <i>revised to September</i>	Middle School Academy
	Family Center on Deafness	Family Center on Deafness
	Clearwater NFC	Neighborhood Family Center
	James B. Sanderlin NFC	Neighborhood Family Center
	Florida Department of Health	School-Based Health Clinics

	Operation PAR	COSA
	Operation PAR	Motivating New Parents
	Seniors in Service	Foster Grandparent Program
	R'Club Child Care	HIPPY
September		
	Family Resources	Intensive Care Management: Elementary Truancy Specialist
	Operation PAR	Child Development Center
	PARC	Discovery Learning Center
	Sixth Judicial Circuit Court	Behavioral Evaluation
	Sixth Judicial Circuit Court	Early Childhood Court
	R'Club Child Care	Promise Time
	YMCA of the Suncoast	Promise Time
	YMCA of Greater St. Petersburg	Promise Time
	City of Dunedin	Promise Time

Board members are invited to participate in program monitoring. For information, please contact Karen Woods at 727-453-5682 or kwoods@jwbpinellas.org.

FINANCIAL MONITORING REPORTS

Boley

Early Learning Coalition

Gulf Coast Jewish Family and Community Services

Personal Enrichment through Mental Health Services

Board members are invited to participate in financial monitoring. For information, please contact Lori Lewis at 727-453-5609 or llewis@jwbpinellas.org.

Staff Resources: Karen Woods
Lori Lewis



PROGRAM MONITORING REPORT

Agency: Family Center on Deafness, Inc.

Program: Family Center on Deafness

Program Monitoring Reporting Period: October 1, 2019 through September 30, 2020

AGENCY OVERVIEW: The Family Center on Deafness (FCD) is a nonprofit organization that provides services specifically for deaf and hard of hearing residents of Pinellas County. Services are geared toward empowering parents or family of deaf and hard of hearing individuals of Pinellas County, and people who have experienced hearing loss, and to meet their specific needs. Staff and volunteers of the Family Center on Deafness (FCD) program are pivotal to the quality of services that are provided. The population includes: (a) "deaf and hard of hearing (D/HH) youth from birth through integration into the community after leaving school, (b) hearing youth who live with children of deaf adults (CODA) or siblings, (c) deaf and hard of hearing (D/HH) parents or other significant adults with children ages zero to 18 currently living at home".

PROGRAM DESCRIPTION: FCD offers specialized services along with staff that have training in sign language and a high level experience in working with the deaf and hard of hearing. Services include parent and infant activities, before and after-school programing, teen enrichment, and leadership programming. The organization's Raising Expectations and Achievement of Children with Hearing Loss (REACH) after school program is offered at Cross Bayou Elementary School. This program is structured to positively impact elementary school aged youth participants' self-esteem and to strengthen their learning capabilities.

Additional afterschool support to high school and middle school youth participants is provided through individual tutoring, group tutoring, literacy activities, and sign language instruction. Parent engagement through educational and recreational activities and adult support groups are also provided. Family support services offer case management, advocacy, and referrals to other agencies, as needed. A community resources library, amplified telephone and equipment distribution, and employment services for adults are other provisions made available.

AGENCY ACCOMPLISHMENTS:

- Throughout the COVID Pandemic the FCD staff effectively provided programming and services to clients and families in the community.
- In FY20, FCD successfully restructured its organization to increase efficiencies, to strengthen its financial stability, to realign program staff accordingly, and to refocus services according to the FCD mission.
- In FY20, FCD program staff and Board changed their marketing strategies and redesigned the physical layout of the office through creativity, innovation, and increased teamwork.

STRATEGIC FOCUS AREA: School Success and Strengthening Community

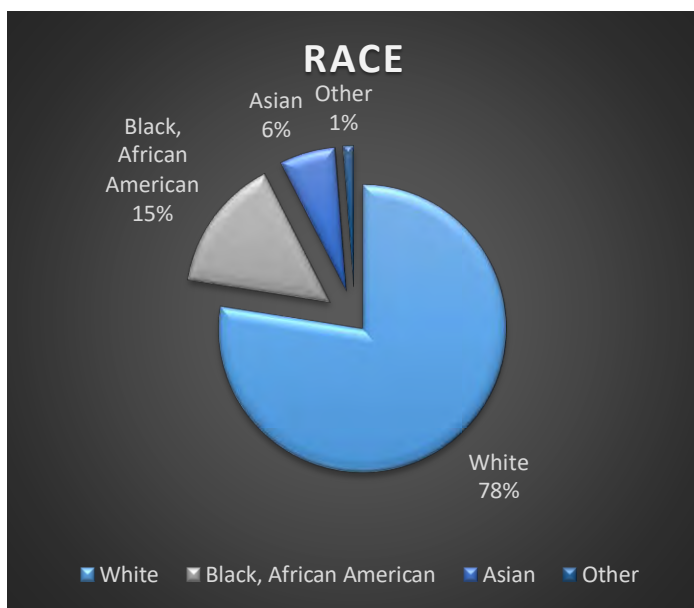
FISCAL SNAPSHOT:

	FY18	FY19	FY20
Total Program Budget	\$626,533	\$637,855	\$640,873
JWB Allocation	\$480,020	\$495,380	\$509,556
Percent of Total Program Budget represented by JWB Allocation	77%	78%	80%
Lapse	\$9,413	\$0	\$21,067
Cost per Participant*	\$4,641 (\$626,533/135)	\$3,819 (\$637,855/167)	\$3,792 (\$640,873/169)

*Cost per participant information is calculated as follows: Total program budget/Total actual participants.

TARGETED SERVICE LEVELS:

Targeted Service Level Type	FY18			FY19			FY20		
	Target	Actual	Percent	Target	Actual	Percent	Target	Actual	Percent
Youth	100	83	83%	100	91	91%	91	89	98%
Adults	75	52	69%	65	76	117%	76	80	105%

PARTICIPANT DEMOGRAPHICS:

- Of the 169 participants that specified their household income, 30% had an annual household income of less than \$30,000
- Among youth participants, 65% are female; among adult participants 35% are female
- 42% of participants are in a single parent female headed household, 52% are in a dual-parent married household
- Services are available to all county residents, 37% of participants live in one of the five high-risk zones

PROGRAM OUTCOMES:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of youth participants who continue in the program for more than one year	Baseline	58%	70%	81%	70%	88%
Number of community events reported	Baseline	9	8	8	8	7
Number of instances of family engagement	Baseline	31	30	36	30	1
Participants age 3-6 who are deaf or hard of hearing will demonstrate an increase in total score from pre-test to post-test on the Meadow-Kendall Social Emotional Assessment Inventory Preschool Age.	90%	100%	90%	100%	90%	100%
Participants age 7-21 who are deaf or hard of hearing will demonstrate an increase in total score from pre-test to post-test on the Meadow-Kendall Social Emotional Assessment Inventory School Age.	97%	97%	98%	97%	98%	100%
Percent of goals achieved for adults who receive Family Support services.	Baseline	90%	80%	85%	80%	66%

PROGRAM MONITORING ACTIVITIES:**Program Observation Date(s):** 7/14/2020**Interview Date(s):** 2/27/2020**Collaborative Meeting/Consultation Date(s):** 10/21/2019, 1/28/2020, 2/19/2020, 2/28/2020, 4/9/2020, 5/15/2020, 5/20/2020,**Administrative Review Date(s):** 2/27/2020**Personnel File Monitoring Date(s):** 2/27/2020

Throughout FY20, FCD served children and families by strengthening community through youth afterschool and summer programming, and family support services in spite of the pandemic. Proper personal equipment, proper cleaning, and safety precautions were in place to protect program participants, community members, families, and staff. FCD program was limited to staff and participants in order to adhere to the Center for Disease Control and Prevention, (CDC) guidelines and limit exposure of outside people coming into the program. However, as a best practice FCD implemented a COVID policy which provided continuity of services whether onsite or virtual. Program monitoring activities occurred and included JWB staff attending a virtual American Sign Language beginner sign language class. This activity was observed to have some of the basic and critical elements to ensure the virtual environment was conducive to the youth and families learning experience. These elements included a nurturing safe platform that allowed participants to feel comfortable, and a sequence of organized vocabulary words to review such as days, times, cities, addresses, and short sentences to practice. FCD program staff reinforced learning by first signing the words or phrases at a pace that appeared to be feasible to ascertain, and provided clear, concise communication which aided in the dynamics of the positive relationship observed. An opportunity for questions and feedback was provided, and the session was deemed effective.

Personnel File Review:

A personnel file review was conducted on 10 program staff files and 10 volunteer files. All staff files showed evidence of training, and notarized Affidavits of Good Moral Character forms. Completed notarized Affidavit of Good Moral Character forms, Level 2 screening forms, and Eligibility Clearance Statements provided by the Pinellas County School Board (PCLB) were included in all of the 10 staff and volunteer files reviewed. Six out of 10 volunteer files reviewed provided intermittent services for less than 10 hours a month and did not require a level 2 screening. Evidence of the mandatory screenings for the remaining four volunteers of more than 10 hours a month were seen throughout each file.

Additional documentation included PCLB volunteer registration forms, FCD volunteer applications, and volunteer photo release forms. 10 out of 10 staff files had evidence of annual performance appraisals and seven out of 10 staff files showed documentation of employee credentials. Technical assistance was provided to address this error to include a best practice recommendation to enhance their new-hire packet by creating a face sheet that list mandatory new hire requirements. Evidence of training topics included: GEMS, Active Shooter, and the Great American Teach In. Additional documentation contained confidentiality and Non-Disclosures forms, employee handbooks, and agency policies and procedures. Overall, staff files appeared to be organized with minimal areas to correct.

A staff interview was conducted with the Interim Director during FY20 provided insight into the quality of services, positive supports FCD offered its community, and response to community needs which included increased literacy, mentorship, and tutoring assistance. The staff's previous educational experience as a teacher, employment at FCD, and volunteer experience brought a wealth of knowledge and a sense of stability. FCD finalized hiring an Executive Director in August FY20. Various collaborative meetings occurred to provide intense technical assistance in contractual requirements. JWB staff provided support in FCD's programming and budgeting process, data input, and incident reporting to ensure a smooth transition between the Interim Executive Director and new Executive Director.

COVID 19 Response and Impact:

Family Center on Deafness served as a hub for the deaf and hard of hearing and shifted its programming to serve its youth and families while adhering to CDC guidelines and was impacted by the pandemic. The center shifted programming and provided most services virtually for approximately the first month of the pandemic. Food distribution and assistance with other pertinent resources the center was able to implement innovative ways to engage its specialized youth population and support the deaf community. The center adapted to the needs of the community and became the focal point to meet community needs. The Center staff were flexible and able to transition fully into new modes of program and service modalities.

The FCD staff worked to maintain and deep their relationships with the families and clients FCD serves. Like most organizations, Family Center on Deafness experienced its share of challenges due to COVID-19. Some of these challenges included a decrease in programming capacity. Staff were reassigned to meet the need for virtual services. Despite the challenge, FCD provided quality services to its children and families.

DATA QUALITY:

Participant File Review

Due to the COVID-19 pandemic, a participant file review was not conducted. A file review will be scheduled in FY21.

ANALYSIS OF PERFORMANCE:

In FY20, FCD provided direct services such as family support, youth development, parent education, and academic advocacy to 89 youth and 80 adults. The center also organized a variety of community outreach and enrichment events and services, including sign language classes, holiday parties, family engagement outings, and enrichment field trips.

The center staff report a strong sense of community among their participants and multi-year participation in services from many clients. In FY20, 88% of program participants continued in the program for more than one year an increase from FY19. Two measures related to observing positive change over time in the Meadow-Kendall Social-Emotional Assessment Inventory for Deaf Students were used to document the progress of youth participants. The inventory is administered at least annually to students receiving services at the center. One-hundred percent of participants demonstrated improvement in all areas measured, which include social adjustment, self-image, emotional adjustment, and behavior. Due to the pandemic the number of instances of in person family engagement were greatly impacted.

In FY20, eighty adults were served, demonstrating an increase from the previous two years. This increase in part is due to better data quality and technical assistance being utilized in determining who should be documented in the GEMS data system. Adults received assistance with basic needs and more intensive family support which helps participants work towards specific goals in areas such as improved parenting skills, communication skills, and self-sufficiency. Family support clients achieved 66% of the goals that were set in FY20.

CONCLUSIONS:

JWB staff will continue to work closely with the program to understand the larger impact of COVID-19 and the continued adaptation of programming to meet the shifting needs of the community.

Felicia Pizana Date: 6/25/2021 | 12:32 PM EDT
Felicia Pizana
Senior Program Consultant

Nakee Holloway Date: 6/25/2021 | 12:38 PM EDT
Dr. Nakee Holloway
Senior Technical Program Evaluator

Jennifer Ariaga Date: 6/25/2021 | 12:39 PM EDT
Karen Woods
Program Administration Manager

Karen Boggess Date: 6/25/2021 | 12:45 PM EDT
Karen Boggess
Program Evaluation Manager

Beth Houghton Date: 6/25/2021 | 1:00 PM EDT
Beth A. Houghton
Chief Executive Officer



PROGRAM MONITORING REPORT

Agency: Dr. Martin Luther King Jr. Neighborhood Family Center, Inc.

DBA Clearwater Neighborhood Family Center

Program: Clearwater Neighborhood Family Center

Program Monitoring Reporting Period: October 1, 2019 through September 30, 2020

AGENCY OVERVIEW: The Dr. Martin Luther King Jr. Neighborhood Family Center, Inc. DBA Clearwater Neighborhood Family Center is a nonprofit Council on Accreditation (COA) accredited organization incorporated in 2009. Programming includes youth development, family support services, and community outreach. Academic support, social development, and summer enrichment are provided to participants ages five through 18. In strengthening community, family support services are provided directly, through referrals, within various partnerships, and during the course of outreach activities. All efforts are intended to engage members of the community.

PROGRAM DESCRIPTION: Youth development activities involve homework assistance, tutoring, computer technology, literacy, and Science Technology Engineering Math (STEM). Summer enrichment programming provides; individual and group mentorship, youth workshops designed to raise awareness on issues that directly impact youth, leadership skills through public speaking engagements, and social development activities to increase resiliency. Family Support services are aimed to assist families in securing basic needs such as benefits assistance, utility assistance, housing assistance, and employment assistance. Family assessments are also completed to determine the needs of families. Additional services include financial literacy, early childhood support and academic credit recovery. Strategic outreach is conducted in conjunction with various partners to include the City of Clearwater, St. Petersburg College, Holiday Jazz, Girl Scouts of West Central Florida, and Florida First Start.

AGENCY/PROGRAM ACCOMPLISHMENTS:

- In FY20 CWNFC effectively served as a COVID-19 testing site and administered 810 vaccinations.
- In FY20, CWNFC successfully provided food to a reported 876 families to address food insecurity.
- In FY20, hosted a virtual “Rising Above” youth conference, in which 293 youth participants and 90 adult participants were served reportedly.
- In FY20, CWNFC partnered with 23 community partners to enhance services provided to children and families.

STRATEGIC FOCUS AREA: Strengthening Communities

FISCAL SNAPSHOT:

	FY18	FY19	FY20
Total Program Budget	\$558,911	\$591,055	\$582,011
JWB Allocation	\$528,003	\$560,147	\$551,103
Percent of Total Program Budget represented by JWB Allocation	94%	95%	95%
Lapse	\$13,283	\$0	\$41,484
Cost per Participant*	\$2,911 (\$558,911/192)	\$3,539 (\$591,055/167)	\$4,771 (\$582,011/122)

*Cost per participant information is calculated as follows: Total program budget/Total actual participants. The calculation is not representative of group or community event participants which include 2,259 adult attendees, and 219 youth attendees.

TARGETED SERVICE LEVELS (TSL):

Targeted Service Level Type	FY18			FY19			FY20		
	Target	Actual	Percent	Target	Actual	Percent	Target	Actual	Percent
Youth	180	115	64%	115	105	91%	115	45	39%
Adults*	Baseline	77	n/a	49	62	127%	49	77	157%

*Prior to FY19 Adult data was only reported in aggregate.

PARTICIPANT DEMOGRAPHICS:

- The majority of participants served identified as Black/African American (51%) and the remainder of the population was evenly distributed by individuals identifying as White (24%) or Other (24%)
- Approximately one-third (40%) of participants were Hispanic
- Of the 122 participants that specified their household income, 68% had an annual household income of less than \$30,000
- 60% of participants were in a single parent female headed household, 27% in a dual parent married household
- 69% of participants served lived in one of the five high-risk zones

PROGRAM OUTCOMES:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Number of annual public events	N/A	N/A	N/A	N/A	N/A	N/A
Number of recurring group services	N/A	N/A	N/A	N/A	N/A	N/A
Percent of participants who continue in the program for more than one year	74%	81%	74%	81%	74%	71%
Percent of youth who attend 70% of the program days	70	65%	70	65%	70	60%
Percent of eligible participants who will be given the OST survey	Baseline	65%	Baseline	65%	Baseline	Waived due to

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
						COVID-19
Number of instances caring adults attend program events on behalf of youth participants	200	No Data Entered	200	No Data Entered	200	240
Number of Customer Satisfaction Surveys administered	125	368	125	368	125	43

PROGRAM MONITORING ACTIVITIES:

Program Observation Date(s): 7/9/2020, 7/24/2020

Interview Date(s): 2/14/2020, (staff) 9/30/2020 (px)Interview

Collaborative Meeting/Consultation Date(s): 5/21/2020, 7/10/2020, 7/13/2020, 7/31/2020

Administrative Review Date(s): 2/14/2020

Personnel File Monitoring Date(s): 2/14/2020

Program Observation:

Throughout FY20, CWNFC continued to serve children and families by strengthening community through the provision of youth afterschool and summer programming, and family support services in spite of the pandemic. (As illustrated in the TSL table of this report despite the barriers posed by the pandemic the program increased its reach to the community by exceeding its target for adults served and mitigated food insecurities for 876 families. In doing so, families were positively impacted. In order to sustain programmatic operations Personal Protective Equipment (PPE) were distributed, sanitization protocols were adopted and universal precautions were instituted in order to reduce potential exposure and transmission of the COVID-19 virus among program participants, community members, families and staff. Nonetheless, CWNFC programming was limited to staff and participants in order to adhere to the Center for Disease Control and Prevention, (CDC) guidelines and limit exposure of outside people coming into the program. However, as a best practice CWNFC implemented a COVID policy which provided continuity of services whether onsite or virtual.

Program monitoring activities included JWB's staff attending the CWNFC Virtual Summer Camp and the CWNFC Rising Above Youth Conference. Youth participants received a weekly "word of the day" assignment to expand their word knowledge and reading and writing skills. Additional activities included gender specific mentorship lessons to enhance self-esteem and build confidence. CWNFC also fostered youth creativity activities through various arts and crafts projects. During the Rising Above Conference, youth participants developed essays to address critical topics such as reducing the risk for substance abuse and the importance of youth employment.

Due to a demonstration of commitment, strong leadership skills, and a motivated attitude, one youth participant received a youth leadership award. CWNFC worked in collaboration with St. Petersburg College Collaborative Lab to provide a positive virtual experience which supported the overall success of the event. Various collaborative meetings were held throughout the course of FY20 to clarify CWNFC's COVID-19 modified programmatic practices and system navigator partnership.

JWB program staff also provided technical assistance to CWNFC by providing licensure information, program budget consultation, and contract management support. In FY19, CWNFC pursued licensure through the Pinellas County Licensing Board (PCLB) and had a contractual requirement to complete their licensure by September 30, 2019.

The timeline for the previously referenced contractual obligation was initially extended to March 31, 2020, then July 31, 2020, September 30, 2020, and subsequently November 30, 2020. These extensions were reportedly primarily due to various challenges related to non-compliance in staff testing and barriers created by the COVID-19 pandemic. Despite these barriers the CWNFC overcame the identified obstacles and successfully met their licensure requirement effective March 12, 2021. Steps towards licensure included the completion of Level 2 screenings for all CWNFC staff, a submitted plan of operation, with attachments of the CWPNFC workplan detailing the actions necessary to meet regulatory guidelines to satisfy licensing requirements. Licensure approval was dependent upon the following submissions:

- Center diagrams, a discipline policy, a plan of evacuation, required forms for children's records, exposure control plan, and evidence of PCLB's requirements for transportation.
- Additional requirements included, a review of the staffing model to ensure a staffing ratio that ensured two adults were always on the premises (i.e. one with a first aid/CPR credential, and at least one adult 21 years of age).

All of these requirements were implemented and reviewed for approval, and aided in CWNFC's successful ability to become licensed by PCLB. CWNFC is expected to receive its first inspection for compliance in FY21.

A program staff and parent interview were both conducted during FY20 to gain additional perspective of program quality and services. The Administrative Assistant interviewed provided insight into the quality of services positive supports CWNFC offers its community and program staff. Open communication, knowledge of services, and community engagement were among some of the things described. In the subsequent parent participant interview, it was learned that CWNFC was helpful to her youth via its afterschool and summer program services a very good resource in the community.

COVID 19 Response and Impact:

COVID-19 presented challenges to CWNFC program and service delivery. The program had to stop serving clients for a brief period because of an employee contracting COVID-19. After reopening, face to face delivery was limited because of social distancing. Social distancing meant the program had to limit the number of youths who could attend the Summer Camp and the After-School Program. Under normal circumstances, CWNFC serves just over 100 youth, however, due to COVID-19 the program had substantial decline in youth enrollment with a decrease nearly 50% serving only 45 youth.

CWNFC shifted its traditional family services, as well. Specifically, in order to continue to provide family support services safely, participants had to have an appointment. Monthly parent meetings and youth events occurred with the use of ZOOM online video conferencing. CWNFC was innovative in serving its community during COVID-19 by serving as a COVID testing site as well as meeting the overarching food insecurity needs present in the Pinellas County. CWNFC, like most programs, experienced unprecedented challenges but adapted to meet the overarching and shifting needs of its community and clients.

DATA QUALITY:**Participant File Review**

Due to COVID-19, and the implication of limited access to files, an adequate participant file review could not be completed by JWB staff. CWNFC has regularly maintained program data with minimal errors. Additionally, CWNFC has retained internal processes to effectively sustain their data. A participant file review will be scheduled in FY21.

Personnel File Review:

A personnel file review was conducted on 10 program staff files and three volunteer files. All staff files showed evidence of training, and notarized Affidavits of Good Moral Character forms. 10 out of 10 files had evidence of annual performance appraisals, and eight out of 10 files showed documentation of employee credentials. Technical assistance was provided to address this minor error. Overall, staff files were organized with consistent documentation of staff training and minimal errors. Best practices observed included an agency five-year tickler system to ensure all staff and required volunteers obtained timey level 2 renewal screenings; in addition to evidence of fire drills for the safety and well-being youth participants and program staff.

ANALYSIS OF PERFORMANCE:

The Clearwater NFC has three prongs of service: Community, individual youth, and individual adults. The number of community events offered annually and the types of group services offered by the center are tracked and the details of events and services are reported in the GEMS data system. In FY20 the largest event offered by Clearwater NFC was the Rising Above! Youth Leadership Conference. Recurring services that were offered included language classes, a community clothing closet, and Volunteer Income Tax Assistance (VITA).

Ongoing regular attendance of a program, defined as a youth participant attending 70% or more of available program days, has been demonstrated in research to have a positive effect on youth development and their academics¹. In FY20, 60 percent of youth attended regularly at Clearwater NFC a steady increase over the past two years. Similarly, approximately 71 percent of participants have engaged with CWNFC for over a year. The OST survey is administered each May to youth participants to assess programming strengths and better understand participants' experiences, outcomes, and goals. In FY20, the dissemination of the OST survey was waived due to COVID-19 and restrictions around in-person programming and social distancing.

Adult services include basic needs assistance with a Family Support Specialist. Services are also provided for seniors and adults without children in accordance with an outside source of funding for the position. Adults and attendees at community events are typically asked to rate the services they received. 98 percent of parents rated the services their child receives as excellent.

CONCLUSIONS:

JWB staff will continue to work closely with the program to understand the larger impact of COVID-19 and the continued adaptation of programming to meet the shifting needs of the community.

¹ Afterschool Alliance. (2015). Building Literacy in Afterschool, Issue Brief No. 67. Retrieved from http://afterschoolalliance.org/documents/issue_briefs/issue_building_literacy_67.pdf

Felicia Pizana Date: 6/25/2021 | 12:22 PM EDT
Felicia Pizana
Senior Program Consultant

Nakee Holloway Date: 6/25/2021 | 12:39 PM EDT
Dr. Nakee Holloway
Senior Technical Program Evaluator

Jennifer Ariaga Date: 6/25/2021 | 12:40 PM EDT
Karen Woods
Program Administration Manager

Karen Boggess Date: 6/25/2021 | 12:45 PM EDT
Karen Boggess
Program Evaluation Manager

Beth Houghton Date: 6/25/2021 | 1:02 PM EDT
Beth A. Houghton
Chief Executive Officer



PROGRAM MONITORING REPORT

Agency: James B. Sanderlin Family Center, Inc.

Program: Sanderlin NFC

Program Monitoring Reporting Period: October 1, 2019 through September 30, 2020

AGENCY OVERVIEW: The James B. Sanderlin Family Center, Inc. is a non-profit organization incorporated in 1991 and which obtained COA accreditation on June 17, 2015. Program services include family and community support, afterschool programming, summer learning, and enrichment activities. The after-school and youth development components provide a mixture of activities such as computer literacy labs, mathematics, tutoring, homework assistance, horticulture, and gender specific mentoring. The center collaborates with a host of community agencies that support the mission.

PROGRAM DESCRIPTION: The Sanderlin NFC aligns with the mission of cultivating a community where children and families are valued, loved, and destined to succeed. Services focus on family, employment readiness, increasing education, improving health, economics, positive values, and the arts. Youth participants are ages 6-14 and are served in the areas of reading, writing, math and science. The geographical areas served are 33701, 33703, 33704, 33705, 33711, 33712, and 33713.

AGENCY ACCOMPLISHMENTS:

- In FY20, Sanderlin NFC held two community impactful COVID-19 vaccination drives.
- In FY20, Sanderlin NFC effectively implemented the University of Florida Lastinger Center Winning Reading Boost Curriculum to enhance youth literacy. Reported literacy gains were recorded in their post-tests.
- In FY20, Sanderlin NFC successfully opened the first official branch of Dress for Success Tampa Bay at their site.
- In FY20, Sanderlin NFC strengthened their collaborative partnerships by gaining three community affiliations: The Banyan Tree Project, Inc., Project Link, Inc., Going Adoption and Surrogacy LLC.

STRATEGIC FOCUS AREA: Strengthening Community

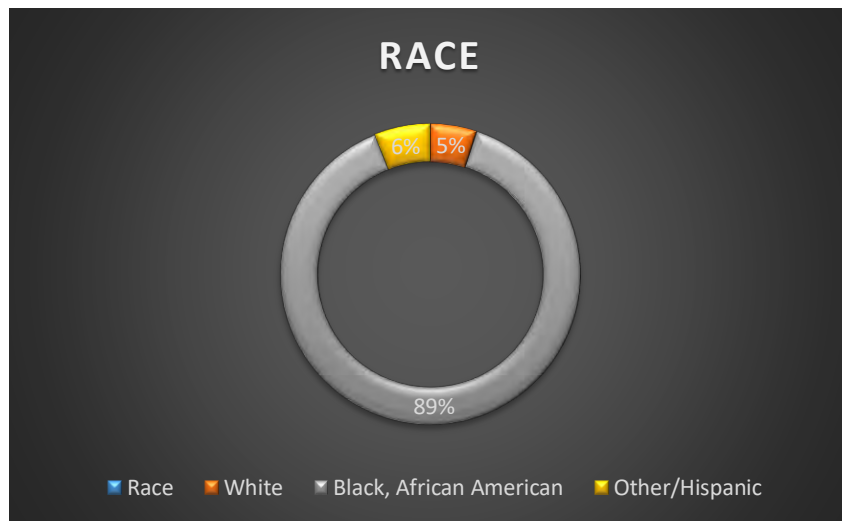
FISCAL SNAPSHOT:

	FY18	FY19	FY20
Total Program Budget	\$1,023,287	\$953,559	\$962,003
JWB Allocation	\$948,360	\$924,359	\$945,783
Percent of Total Program Budget represented by JWB Allocation	93%	97%	98%
Lapse	\$1,391	\$0	\$109,587
Cost per Participant*	\$4,077 (\$1,023,287/251)	\$3,232 (\$953,559/295)	\$3,473 (\$962,003/277)

**Cost per participant information is calculated as follows: Total program budget/Total actual participants. The calculation is not representative of group or community event participants which include 2,606 adult attendees, and 1,152 youth attendees.*

TARGETED SERVICE LEVELS:

Targeted Service Level Type	FY18			FY19			FY20		
	Target	Actual	Percent	Target	Actual	Percent	Target	Actual	Percent
Youth	275	180	65%	180	192	107%	180	153	85%
Adults	60	71	118%	70	103	147%	70	124	177%

PARTICIPANT DEMOGRAPHICS:

Of the 277 participants that specified their household income, 78% had an annual household income of less than \$30,000

69% of participants are in a single parent female headed household, 15% are in a dual-parent married household

87% of participants live in a low or very low opportunity area

PROGRAM OUTCOMES:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Number of annual public events	N/A	N/A	Baseline	4	4	6
Number of recurring group services	N/A	N/A	Baseline	3	3	3
Percent of participants who continue in the program for more than one year	60%	58%	60%	40%	60%	60%
Percent of youth who attend 70% of the program days	50%	47%	70%	66%	70%	67%
Percent of eligible participants who will be given the OST survey	Baseline	92%	85%	75%	85%	Waived due to COVID-19
Number of instances caring adults attend program events with youth participants	140	325	140	156	140	77
Percent of goals achieved for adults who receive Family Support services	92%	99%	92%	99%	92%	73%
Number of Customer Satisfaction Surveys administered	100	36	100	47	100	20

PROGRAM MONITORING ACTIVITIES:**Program Observation Date(s):** 12/2/2019, 12/17/2019**Interview Date(s):** 12/17/2019, 8/14/2020**Collaborative Meeting/Consultation Date(s):** 10/17/2019, 12/2/2019, 12/11/2019, 2/4/2020, 2/18/2020, 3/9/2020, 3/16/2020, 3/19/2020, 5/21/2020, 6/22/2020, 7/30/2020**Program Observation:**

Throughout FY20, Sanderlin NFC served children and families by strengthening community through youth afterschool and summer programming, and family support services in spite of the pandemic. Proper personal equipment, proper cleaning, and safety precautions were in place to protect program participants, community members, families, and staff. Sanderlin NFC program was limited to staff and participants in order to adhere to the Center for Disease Control and Prevention, (CDC) guidelines and limit exposure of outside people coming into the program. However, as a best practice Sanderlin NFC implemented a COVID policy which provided continuity of services whether onsite, remote, or virtual.

Sanderlin NFC services entailed family support engagement which involved, but was not limited to assistance with COVID Cares applications, ongoing food assistance, and employment assistance. Summer and Afterschool program services comprised of various activities to enhance youth literacy, youth development, and youth enrichment. JWB program staff attended a parent engagement meeting that involved various community partners, parents, individuals from the community, and Sanderlin NFC program staff. A comprehensive description of program services was provided and program goals were clarified to increase collaborative relations, create a seamless system of care, and strengthen community engagement. Opportunities to ask questions were also provided. Overall, the meeting was deemed productive and provided a sense of community connectivity.

A subsequent visit to the Sanderlin NFC holiday youth and parent engagement also occurred. Read Strong Pinellas partnered with Sanderlin NFC by providing age appropriate books, ear buds to assist in their learning and enrichment, and fire lights. Program staff gave toy's to families and engaged with community members and youth participants to ensure a positive learning and pleasant experience occurred.

One parent and two 4th and 5th grade youth participants in the program were interviewed. Each youth expressed what they liked most about the program, which included the following: their experiences, friendly people, and activity rotations. Additional feedback from the parent involved her overall perspective of the JBS NFC, as she described the center as a safe and friendly environment for children and a blessing for the community. A program staff interview of the Family Support Specialist was also conducted during FY20 to gain additional perspective of program needs, quality, and services. The staff brings over 30 years of community outreach, human services work, and educational experience to her role. The staff provides a sense of stability to families and a consistent pathway for families to obtain sustainable support.

Throughout FY20, various collaborative meetings occurred to provide technical assistance in data and in the obtainment of licensure for the afterschool program through the Pinellas County Licensing Board. Sanderlin NFC had a contractual requirement to complete their licensure by September 30, 2019. Sanderlin NFC successfully obtained a certificate of occupancy, passed their fire alarm inspection, and obtained appropriate PCLB staff credentials, and currently have all level 2 back ground screens processed through the Department of Children and Families Clearing House. A fire alarm system was installed and passed the final inspection in 2021.

However, several factors impacted Sanderlin NFC's capacity to obtain their PCLB licensure and are all related to the 70-year-old 77,000 square foot building. Sanderlin NFC was granted permission to update the building use code in 2019, obtained a certificate of occupancy in 2021 after making various adjustments required by the city of St. Petersburg. The agency is still required to complete and pass a fire inspection. The successful completion of the fire inspection is contingent upon completing a life safety plan that will address the building egress. Once the life safety plan is complete, construction will begin to install a fire suppression system (sprinklers) or reconstruction of egress areas, including walls, windows, and doors. As a result, this contractual obligation was extended several times and subsequently to May 31, 2022. JWB program staff continues to provide periodic programmatic, building, and financial consultation as needed, and program monitoring of this matter is ongoing until licensure is obtained.

Personnel File Review Date(s):

Due to the challenges of COVID-19, the personnel file review for FY20 was cancelled and will be scheduled and conducted in FY21.

COVID 19 Response and Impact:

The James B. Sanderlin Center serving as a hub for their community at large shifted its programming to serve its youth and families while adhering to CDC guidelines but nonetheless felt the effects of the pandemic. The center shifted programming to providing most services virtually for approximately the first month of the global pandemic. The center provided food distribution and assistance and implemented innovative ways to engage its youth and family population within its surrounding area. The center adapted to the needs of the community and became the focal point for many community needs. The Center staff were flexible and able to transition fully into new modes of program and innovative services. Similarly, the Sanderlin Center staff worked to maintain and deepen their relationships with the families and clients it serves.

Like most organizations, the Sanderlin Center experienced its share of challenges due to COVID-19. Specifically, the center was directly impacted by COVID with staff receiving positive COVID results. Add to that, the center experienced other challenges including but not limited to a decline in programming capacity and reassigned staff to meet the need for virtual programming. Despite these challenges, Sanderlin provided quality services to its children and families.

DATA QUALITY:

Participant File Review

Due to COVID-19, and the implication of limited access to files, an adequate participant file review could not be completed by JWB staff. Sanderlin NFC has regularly maintained program data with minimal errors. Additionally, Sanderlin NFC has retained internal processes to effectively sustain their data. A participant file review will be scheduled in FY21.

ANALYSIS OF PERFORMANCE:

Sanderlin NFC has three prongs of service: Community, individual youth, and individual adults. The number of community events offered annually and the types of group services offered by the center are tracked and the details are events and services are reported in the GEMS data system. In FY20, the events and services offered by Sanderlin included a back to school celebration that distributed backpacks and school supplies to families and connected them to other partner agencies, a family fun day featuring local businesses and holiday celebrations. Community members also have access to a computer lab for activities such as job searches and renewing public assistance as well as co-located services offered by other agencies such as anger management classes.

Over the last three years the youth program has experienced significant changes in leadership, staffing, and programming components. Programming changes have included increasing the program to five days a week instead of four and including new activities such as horticulture and computer coding. The success of these changes is evidenced by the sharp increase in the percent of youth that attend the program regularly; regular attendance continues to increase over time and has reached 67% this fiscal year. Ongoing regular attendance in afterschool programming has been demonstrated in research to have a positive effect on youth development and their academics.¹ In the next fiscal year, gains in math and reading performance will be analyzed for youth program participants.

Under normal programming, youth participants at Sanderlin NFC participate in the annual Out-of-School-Time (OST) Survey which is administered to youth participants to assess programming strengths and better understand participants' experiences, outcomes, and goals. In FY20, the dissemination of the OST survey was waived due to COVID-19 and CDC guidelines around social distancing.

In FY20, adult services include basic needs assistance and coaching with a Family Support Specialist. Adults who receive family support services define goals to improve their quality of life and 73% of these goals are reported to be achieved by those that complete their family support plan. In addition, adults are asked to rate their satisfaction with the services they received. While the number of surveys collected declined largely due to COVID-19, survey results indicated high satisfaction of services provided, with 98% of respondents rating services as good or high quality.

Felicia Pizana

Date: 6/25/2021 | 12:41 PM EDT

Felicia Pizana
Senior Program Consultant

Nakee Holloway

Date: 6/25/2021 | 1:31 PM EDT

Dr. Nakee Holloway
Senior Technical Program Evaluator

Jennifer Ariaga

Date: 6/25/2021 | 1:32 PM EDT

Karen Woods
Program Administration Manager

¹Afterschool Alliance. (2015). Building Literacy in Afterschool, Issue Brief No. 67. Retrieved from http://afterschoolalliance.org/documents/issue_briefs/issue_building_literacy_67.pdf

Karen Boggess

Date: 6/25/2021 | 1:50 PM EDT

Karen Boggess
Program Evaluation Manager

Beth Houghton

Date: 6/25/2021 | 3:02 PM EDT

Beth A. Houghton
Chief Executive Officer



PROGRAM MONITORING REPORT

Agency: Florida Department of Health, Pinellas County Health Department

Program: School Based Health Services

Program Monitoring Reporting Period: October 1, 2019 through September 30, 2020

AGENCY OVERVIEW: The Florida Department of Health in Pinellas County (DOH-Pinellas) is a government entity established as the seventh county Health Department in the State of Florida in 1936. DOH-Pinellas employs over 700 employees throughout the county and provides multiple health services to the community. The County Director continues to be Ulyee Choe, D.O. who was appointed in 2015. DOH-Pinellas has established the following value statement: **I CARE: Innovation, Collaboration, Accountability, Responsiveness, and Excellence.** The mission statement is to “promote, protect, and improve the health of all people in Florida through integrated state, county and community efforts.” In 2016, the Florida Department of Health received national accreditation as an integrated department of health through the Public Health Accreditation Board. This accreditation covers the entire Florida Department of Health and demonstrates Florida meets national standards for public health performance management and continuous quality improvement.

PROGRAM DESCRIPTION: The School Based Health Services (SBHS) program delivers preventative health screenings, provides guidance to reduce and/or eliminate risky behaviors, and provides early intervention and preventative treatments which can positively impact the overall health status of Pinellas County. Students have access to medical and mental health services at the following schools: Northeast, Gibbs, Boca Ciega, Largo, and Pinellas Park High School.

AGENCY/PROGRAM ACCOMPLISHMENTS: The SBHS program staff proved to be resilient and flexible as they responded to increased demands because of the COVID-19 pandemic. Staff served as first responders and provided technical assistance to other community organizations to promote safe health practices. Enhanced safety protocols were developed to ensure the safe re-opening of the clinics.

STRATEGIC FOCUS AREA(s): School Success

FISCAL SNAPSHOT:

	FY18	FY19	FY20
Total Program Budget	\$1,656,777	\$1,731,624	\$1,827,293
JWB Allocation	\$956,312	\$956,312	\$985,001
Percent of Total Program Budget represented by JWB Allocation	58%	55%	54%
Lapse	\$41,419	\$9,129	\$39,738
Cost per Participant*	\$454 (\$1,656,777/3,648)	\$457 (\$1,731,624/3,787)	\$634 (\$1,827,293/2,882)

*Cost per participant information is calculated as follows: Total program budget/Total actual participants.

TARGETED SERVICE LEVELS:

Targeted Service Level Type	FY18			FY19			FY20		
	Target	Actual	Percent	Target	Actual	Percent	Target	Actual	Percent
Youth Served	3,460	3,648	105%	3,460	3,787	109%	3,200	2,882	90%
Clinic Services	25,000	Data not available	Data not available	22,500	24,093	107%	22,080	15,220	69%
Medication Administration	1,625	Data not available	Data not available	2,000	3,108	155%	2,886	2,060	71%
Mental Health Visits	2,428	2,623	108%	2,592	2,580	99.5%	2,448	1,696	69%
Outreach Events	55	19	35%	50	38	76%	50	15	30%

PARTICIPANT DEMOGRAPHICS:

SBHS provided clinic services to a total of 2,882 participants, however, demographic information was collected on only 1,984 participants. Of those, 47% lived in single parent head of households; 44% resided in dual parent households, while eight percent lived with a relative or non-relative caregiver. The clinics served more girls than boys with the gender distribution of 55% to 45%, respectively. Additionally, the majority of youth identified as White (49%), followed by Black (39%), Other (9%), and Hispanic (3%). While the school-based clinics provide services year-round with a modified schedule offered during the months of summer, the majority (87%) of services are received by high school students during the academic year. The remaining 11% are delivered during the summer months to students entering kindergarten through grade twelve. Clinic services include school/sport physicals, immunizations, medication visits, and mental health services. Vision screenings and basic dental services are offered through partnership with other local community service providers.

PROGRAM OUTCOMES:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of participants will make significant improvement of identified goal areas as defined in the treatment plans as measured by the Children's Global Assessment Scale (CGAS).	80%	84%	70%	98%	70%	100%
Percent of clinic visits will result in students returning to class.	90%	94%	90%	95%	90%	95%
Less than 10% of school days unattended*	N/A	N/A	N/A	N/A	Baseline	Waived due to COVID
Percent of unduplicated participants will have documentation of the following at least once during the school year: BMI percentile, counseling for nutrition, and counseling for physical activity*	N/A	N/A	N/A	N/A	50	N/A**

Number of unduplicated participants that consented to a BMI intervention identified by the clinic and improved their BMI*	N/A	N/A	N/A	N/A	Baseline	N/A**
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*New performance measure in FY20. **Due to the COVID-19 pandemic and challenges with data collection, the program could not report out on these performance measures.

PROGRAM MONITORING ACTIVITIES:

Program Observation Date(s): 12/10/19

Interview Date(s): 12/10/19, 9/11/20, 9/15/20, 9/16/20

Collaborative Meeting/Consultation Date(s): 10/23/19, 12/10/19, 1/30/20, 3/9/20, 4/2/20, 5/7/20, 5/28/20, 6/1/20, 6/3/20, 6/4/20, 6/5/20, 6/17/20, 6/22/20, 8/14/20, 8/10/20, 8/13/20. This list does not include regularly scheduled conference calls with provider groups throughout the pandemic.

Personnel File Monitoring Date(s): 9/23/20

JWB staff maintained close communication with the SBHS Manager throughout this reporting period via multiple collaborative meetings and calls. Program updates were routinely provided regarding staffing, service availability, and subcontract performance. Additionally, JWB staff presented at an all-staff meeting to review programmatic processes such as abuse reporting, as well as contractual changes that impacted data collection.

Throughout this reporting period, technical assistance was provided regarding incident reporting due to reports consistently not being submitted within the required one business day time frame or containing the level of detail needed to explain the incident and necessary follow-up. JWB staff worked with program leadership to review submitted incident reports and to ensure complete and timely submissions. As of this writing, improvement has been noted in this area. Additional technical assistance was provided around the development of specific protocols to ensure appropriate, coordinated, and consistent response to youth presenting with risk factors relative to mental health needs. This resulted in specific procedures and techniques for the assessment, follow-up, and treatment of mental health needs based off of positive mental health screenings from instruments such as the Patient Health Questionnaire-9 (PHQ-9). The program also developed cards to be distributed to students to promote the mental health and counseling services offered.

JWB staff traveled to multiple program sites to conduct program monitoring activities. The sites visited were observed to be clean, organized, and free from hazards with visible signs explaining confidentiality and privacy. As previously reported, the clinics continued the practice of providing students opportunities to complete satisfaction surveys about their clinic experience.

Multiple staff interviews were conducted during this reporting period. Staff reported more than adequate supervision and that they felt they could go to their supervisor at any time for any needs. Staff also reported they felt program management provided sufficient programmatic updates via multiple methods, including staff meetings, emails, clinic visits, and phone calls. One staff shared that it is because of program leadership that they work “well together as a team.” Program strengths noted include the ability to provide services and support directly in the schools and to serve those students who may not have easy access to a medical professional. A collaborative partner interview was also conducted with the Campus Monitor at Boca Ciega High School. He shared that program staff were friendly and professional, provided great communication with school staff, and that overall “they are doing a wonderful job.”

Students were also interviewed during one of the monitoring visits. Feedback continues to convey a high level of satisfaction with program services. Students shared that they like the program staff as they are “very welcoming”

and that they trust the clinic and feel safe there. Additionally, the students reported they have been well-treated when receiving services and that “staff help me with what I need.”

A personnel monitoring was conducted for all JWB-funded DOH-Pinellas programs in September 2020. The FY20 monitoring included four staff members from the SBHS program. DOH-Pinellas utilizes direct FDLE background screening services to obtain clearance of state employees. Therefore, JWB is not able to review the screening results directly and must rely on DOH-Pinellas’ reporting of screening dates and results. Of the four SBHS program staff reviewed, one program staff did not have their Level 2 background re-screening completed within the required five-year renewal time frame. Affidavits of Good Moral Character (AGMC) were provided with signatures for all staff reviewed, however it was noted that in some cases an obsolete or incorrect version of the affidavit was used and in one instance the form was recently signed. During the FY19 review, it was requested by JWB for DOH-Pinellas to review all staff in JWB-funded programs to ensure a completed AGMC was on file and that Level 2 background screenings are being conducted every five years for all staff within the program. Due to a repeat finding to contractual compliance issues, JWB requested for DOH-Pinellas to provide a list of all program staff and the dates of a signed AGMC. It was also requested for DOH-Pinellas to provide a written programmatic-level procedure outlining the incorporation of the contractual requirements regarding AGMC and Level 2 screenings and renewals. Both of these required submittals were provided timely by SBHS and met the requested requirements.

COVID-19 Response and Impact: As a result of the COVID-19 pandemic, the school clinics closed operations on March 16, 2020. During the initial closure period, program staff supported COVID-related initiatives and completed development and training plans specific to SBHS. In June 2020, SBHS provided technical assistance and phone consultation about COVID-19 to other JWB-funded programs, including Summer Bridge providers. Health education videos were also created to promote mask wearing and other safety measures. Summer clinics operated at three locations from July 7 thru August 11, 2020, and then at four locations from August 4 through August 20, 2020. These summer clinics served students kindergarten through 12th grade and provided school and sports physicals and immunizations. By the end of the fiscal year, all five clinics were open and operating serving their designated schools.

Additional funding from a Federal award allowed the program to create three Health Educator positions to provide COVID-19 support to the clinics, as well as to coordinate health and prevention services provision. Program leadership has found these positions to be a great resource and are seeking funding to maintain these positions after the Federal funding has expired.

Some SBHS staff were asked to serve in different capacities during the COVID-19 pandemic. As staff of DOH, some staff were partially reassigned as first responders to provide support as Pinellas County saw drastic spikes in COVID cases. Such reassignments did not impact service delivery and by the end of the fiscal year, all staff had returned to their assigned positions.

DATA QUALITY:

Participant File Review Date(s): 12/10/19; Overall score: 89%

A file review was conducted to review the consistency of data between the files and the JWB GEMS data system. As previously stated, SBHS operates at five different school locations, however, for this review, files were pulled from only one location, Boca Ciega HS. Reviews at other school locations were scheduled but due to the COVID-19 pandemic were ultimately canceled. A total of six files were requested and another was randomly pulled on site. Of these, one file could not be reviewed due to the consent form not being provided. The remaining files

showed minimal errors. The main errors came in the form of missing student ID numbers and missing household income. This was due to the intake form missing these fields. Prior to this review, the program updated the intake form to include these fields, so it is anticipated to continue to note improvement as more participants use the updated forms. JWB recommended ensuring that student IDs could be verified through other paperwork, at a minimum.

ANALYSIS OF PERFORMANCE:

SBHS typically serves over 3,000 students in a fiscal year. However, in FY20, there was a decline in the number of participants served due to the COVID-19 pandemic. As stated above, the closure of the clinics had a negative impact on the number served. Additionally, as schools re-opened for the 20-21 school year, students had the ability to choose in-person or virtual schooling. This resulted in lower number of students in schools, which also affected the number of participants served. As schools fully re-open and the number of students attending school returns to normal, it is expected that the number of participants should rise.

Of the total number of students served (n=2,882), 95% returned to class following their clinic encounter. These results have been relatively stable over time suggesting that when health services are available and accessible during school hours the majority of students promptly return to class. A small percentage of students who were unable to return to class were either sent home or to the hospital due to needing a higher level of care.

Suncoast Centers Inc. is subcontracted to provide mental health services to youth. SBHS provided over 2,600 mental health visits to 120 different students. Of these, 47 students were referred to Suncoast Centers and were identified as completing the program. These students were assessed using the Children's Global Assessment Scale (CGAS), which measures "the general functioning of youth under the age of 18". This scale offers a single global rating ranging from: 0 – needs constant supervision to 100 – superior functioning,¹ and is used across the service continuum at Suncoast. For FY20, 100% of students that completed services improved their daily functioning as demonstrated by service engagement and individual goal achievement.

During FY19, JWB staff worked with program management to determine further measures that would provide additional outcome information about clinic services provided to youth. The team reviewed the work and outcomes suggested by the School-Based Health Alliance, a national organization that provides advocacy, technical assistance and training for school clinics. JWB staff and program management agreed to add three additional measures as baseline in FY20. The first measure examines overall school attendance with the understanding that it is not just about a student returning to class after a visit to the clinic but also their overall attendance at school which aligns with academic success. This measure ultimately had to be waived due to the COVID-19 pandemic and the challenges with school attendance. A baseline measure will be assessed in FY21.

The two other new measures focused on Body Mass Index (BMI). BMI is used as a screening tool to identify whether a youth is at a healthy weight. The intent was for program staff to use a BMI screening tool to determine those students who may need interventions. This would be followed by working with identified students to participate in an intervention and then measure if there were improvements to the student's BMI after interventions were utilized. However, there were challenges with capturing and reporting out of data for FY20. Within the DOH-Pinellas' Health Management System (HMS) for data collection there is a specific way of coding for weight interventions, but this coding was not used regularly. SBHS underwent a training process to ensure their staff was aware of and knew how to code BMI associated services appropriately. Additionally, BMI interventions, for those who are under and overweight, were being conducted by the Health Educators that were brought on during the year. There is an additional challenge here as Health Educators cannot code for services

¹Schaffer D, Gould MS, Brasic J, et al. (1983). A children's global assessment scale (CGAS). *Archives of General Psychiatry*, 40, 1228-1231.

rendered making tracking services challenging. JWB recommended to SBHS to continue training staff on coding, and capturing the work of the Health Educators in various ways. JWB has also encouraged SBHS to investigate various measurement tools for nutrition and BMI, as well as potential changes to performance measures to evaluate behavior change for those need more intensive weight-management services.

CONCLUSIONS:

A thorough review of BMI services needs to occur including a review of data collection and performance measures. Further refinement of BMI performance measures may be needed in order to align with how the program functions.

Kelly Grossman

Kelly Grossman
Senior Program Consultant

Date: 6/23/2021 | 2:00 PM EDT

JoAnn DiLernia

JoAnn DiLernia
Senior Program Evaluator

Date: 6/23/2021 | 2:01 PM EDT

Karen Woods

Karen Woods
Program Administration Manager

Date: 6/23/2021 | 2:31 PM EDT

Karen Boggess

Karen Boggess
Program Evaluation Manager

Date: 6/23/2021 | 2:48 PM EDT

Beth Houghton

Beth A. Houghton
Chief Executive Officer

Date: 6/23/2021 | 3:14 PM EDT



Program Monitoring Report

Agency: Operation PAR, Inc.

Program: Cornerstone of Successful Achievement (COSA)

Program Monitoring Reporting Period: October 1, 2019 through September 30, 2020

Agency Overview:

Operation PAR, Inc. delivers comprehensive integrated addiction and mental health services through its various sites across Pinellas, Pasco, Hernando, Manatee, Sarasota and Lee counties. Specific to Pinellas County the organization offers a broad scope of treatment that is philosophically orientated around primary prevention, secondary intervention and the long term maintenance-promotion of recovery from co-occurring mental health and substance abuse disorders. The agency operates through multiple funding streams including, but not limited to, Central Florida Behavioral Health Network, Pinellas County Community Foundation, the Department of Juvenile Justice, the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) and the Juvenile Welfare Board. Operation PAR, Inc. as a member of the NIDA Clinical Trials Network, as a participating member of the Florida Node Alliance, managed by the University of Miami, the agency has collaborated with SAMHSA, the Center for Substance Abuse Treatment and the National Institute on Drug Abuse, among others.

Program Description:

Countywide, COSA serves substance-abusing parents with infants and preschool children who may be developmentally delayed through intervention, outpatient treatment and parenting psychoeducation. COSA works with parents and children to strengthen bonds by acquiring skills toward abstinence, effective parenting, and participation in children's educational activities. Parent goals are: elimination of substance abuse and satisfactory parent/child interaction.

Agency/Program Accomplishments:

Recognition is given to the agency's swift response to the unparalleled challenges imposed by the pandemic and rapid deployment of telehealth to meet the emergent needs of the population served through the development of alternate, accessible and sustainable operational approaches. Moreover, an accolade is worthy for the agency's accomplishment in sustaining zero infection rates in each of its residential treatment facilities throughout the course of the pandemic.

Strategic Focus Area: Prevention of Child Abuse and Neglect (PCAN)

Fiscal Snapshot:

	FY18	FY19	FY20	Comments
Total Program Budget	\$1,408,683	\$1,438,846	\$727,036	
JWB Allocation	\$642,717	\$642,717	\$252,262	The reduction in FY20 allocation represents the separation of the Child Development Center contract
Percent of Total Program Budget represented by JWB Allocation	46%	45%	35%	
Lapse	\$84,554	\$40,193	\$47,730	
Cost per Participant*	\$1,804 (\$1,408,683/781)	\$1,699 (\$1,438,846/847)	\$1,809 (\$727,036/402)	

*Cost per participant information is calculated as follows: Total program budget/Total actual participants.

Targeted Service Levels (TSLs)

Targeted Service Level Type	FY18			FY19			FY20		
	Target	Actual	Percent	Target	Actual	Percent	Target	Actual	Percent
Adults	450	712	158%	693	795	115%	693	402	58%
Children	75	69	92%	67	52	78%	N/A	N/A	N/A
Total	525	781	149%	760	847	111%	693	402	58%

Participant Demographics:

The COSA program served a total of 402 adults across each service component. Overall, the program served more adult females (58%) compared to adult males (42%). The shortfall in attaining established program TSLs is primarily attributed to the collection of environmental conditions related to the COVID-19 pandemic. However, it is important to note that the agency strove to and maintained continued operations both through virtual platforms and via direct contacts in adherence with the Centers for Disease Control (CDC) guidelines. The capacity to fully analyze participant demographic information, for this fiscal year, was compromised due to broad technical errors in relation to data upload configurations. Historically, data quality has not been of noted concern and technical assistance regarding data transmission was provided in FY21 to resolve the identified data discrepancies moving forward.

Program Outcomes*:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of adults will have improved their Children's Power and Independence sten scores from pretest to posttest as measured by the Adult-Adolescent Parenting Inventory-2 (AAPI-2).	50%	66%	50%	74%	60%	76%
Percent of adults will have improved their parental Empathy Towards Children's Needs sten scores from pretest to posttest as measured by the AAPI-2.	55%	68%	50%	64%	60%	79%
Percent of adults will have improved their Expectations of Children sten scores from pretest to posttest as measured by the AAPI-2.	55%	76%	50%	80%	70%	79%
Percent of adults will have improved their Parent-Child Family Roles sten scores from pretest to posttest as measured by the AAPI-2.	55%	78%	50%	73%	60%	85%
Percent of adults will have improved their Use of Corporal Punishment sten scores from pretest to posttest as measured by the AAPI-2.	40%	88%	50%	79%	75%	88%

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of random drug screenings administered will not show positive results for alcohol and/or drugs as measured by independent verification of urinalysis screenings.	75%	85%	80%	75%	80%	69%
Percent of adults will have no new verified report of abuse and/or neglect during services as measured by independent verification with FSFN.	90%	97%	90%	99%	90%	99%
Percent of adults who completed the program will have no new verified report of abuse and/or neglect for a period of twelve months after case closure as measured by independent verification FSFN.	85%	90%	85%	92%	85%	96%

**Performance is typically measured on full fiscal years and on the total population served. If performance is measured for a partial year or on a sample of participants, this will be noted in the "Analysis of Performance" section of the report.*

COVID 19 Response and Impact:

Under the overarching objective of contemplating the immediate and residual fiscal and programmatic sequelae of the COVID-19 pandemic, during the period from March 16th 2020 through September 30th 2020, JWB requested that individual providers complete a COVID-19 Impact Survey. The following introductory subsections of this report put forth environmental context and provide a framework for a broad analysis of the content COVID-19 Impact Survey submitted by the Operation PAR, Inc. Moreover, general impressions are put forth in relationship the efficacy of the agency's interwoven programmatic and administrative adaptations directed towards the maintenance of service delivery within the unprecedented climate created by the unfolding pandemic.

Coronavirus disease 2019 (COVID-19) is caused by a novel virus that results in severe acute respiratory symptoms. On March 11, 2020, the World Health Organization classified the coronavirus disease 2019 (COVID-19) outbreak as a pandemic, with over 720,000 cases reported in more than 203 countries as of 31 March 2020.¹ Following a global response designed to reduce infection transmission vectors, encompassing community level isolation orders, social distancing measures and travel restrictions the US declared a pandemic emergency on March 13, 2020.² Subsequently, states progressively moved towards the declaration of stay-at-home orders under the imperative of stemming the magnitude of the prolific spread of the virus and thereby reducing the likelihood of severe deleterious health impacts and large-scale exogenous shock experiences across the general population.³ However, despite stringent efforts to contain the pandemic infection rates continued at both variable linear and sub-exponential rates and as of September 21, 2020, the COVID-19 pandemic had resulted in approximately seven million reported cases in the United States with almost 200,000 associated deaths.⁴ In alignment with evolving nationwide mitigation measures and in accordance with the guidelines set forth by the Centers for

¹ Omer, S. B., Malani, P., & Del Rio, C. (2020). The COVID-19 pandemic in the US: a clinical update. *Jama*, 323(18), 1767-1768.

² COVID, I., & Hay, S. I. (2020). COVID-19 scenarios for the United States. *medRxiv*.

³ Mueller, J. T., McConnell, K., Burrow, P. B., Pofahl, K., Merdjanoff, A. A., & Farrell, J. (2021). Impacts of the COVID-19 pandemic on rural America. *Proceedings of the National Academy of Sciences*, 118(1).

⁴ Cortis, D. (2020). On determining the age distribution of COVID-19 Pandemic. *Frontiers in public health*, 8, 202.

Disease Control (CDC), Florida issued a statewide stay at home order on April 1st 2020.⁵ In anticipation of the issuance of this order the Florida Department of education (DOE) implemented a uniform closure of all schools on March 23rd 2020.⁶ As a result, providers, across all sectors of the County infrastructure, were required to abruptly reconceptualize and significantly to alternate modes of functioning.

The COVID-19 pandemic and associated mitigation measures represented a formidable challenge to the preservation of continuity of care among community mental health providers, particularly those providing dual-diagnosis services, who were confronted with the imperative of rapidly pivoting towards alternate methods of delivering critical services.⁷ The COVID-19 pandemic struck in the midst of an ongoing nationwide opioid epidemic.⁸ Across at risk population subgroups, the COVID-19 pandemic disproportionately impacted the lives of marginalized individuals such as those struggling with addictions.⁹ Moreover, a broad body of research in recent years has concluded that individuals grappling with substance abuse disorders present with significantly higher prevalence rates of both chronic respiratory diseases and temporal patterns of respiratory infections.¹⁰ Furthermore, epidemiological studies conducted during the pandemic found that there has been a substantial increase in rates of substance use and abuse which have continued at elevated rates.¹¹ Of even greater concern the relative paucity of illicit substances during the pandemic and reduced means of access due to stay at home orders and social distancing requirements was found to lead to substantial modifications in substance use patterns and an increased incidents of substitution, adulteration, contamination and dilution with potentially harmful substances.¹² Consequently, during the first and second quarter of 2020 the United States experienced the highest historical occurrences of overdose fatalities within a single calendar year.¹³ As such, the prevalence of substance abuse and associated fatalities should be viewed as an epidemic within a pandemic requiring highly targeted interventions by providers specializing in the treatment of co-occurring substance abuse disorders. Indeed, absent such focused intervention, even during the residual phases of the COVID-19 pandemic, those with substance abuse disorders are likely to continue to represent as an endemic subgroup prone to elevated infection rates and health complications.¹⁴

Historically, federal and state policies and guidelines have narrowly defined and highly regulated the treatment parameters for individuals with Substance Use Disorders (SUDs), particularly those receiving medications for opioid use disorders such as methadone and buprenorphine.¹⁵ Consequently, despite gaining progressive favor in recent years as a viable mode of service delivery within traditional mental health outpatient

⁵ Gostin, L. O., & Wiley, L. F. (2020). Governmental public health powers during the COVID-19 pandemic: stay-at-home orders, business closures, and travel restrictions. *Jama*, 323(21), 2137-2138.

⁶ Florida Department of Education. (2020). Reopening Florida's Schools and the CARES Act: Closing achievement gaps and creating safe spaces for learning. Tallahassee, Florida. Retrieved from <http://www.fldoe.org/core/FLDOEReopeningCARESAct.pdf>

⁷ Peng, D., Wang, Z., & Xu, Y. (2020). Challenges and opportunities in mental health services during the COVID-19 pandemic. *General Psychiatry*, 33(5).

⁸ Livingston, N. A., Ameral, V., Banducci, A. N., & Weisberg, R. B. (2021). Unprecedented need and recommendations for harnessing data to guide future policy and practice for opioid use disorder treatment following COVID-19. *Journal of Substance Abuse Treatment*, 122, 108222.

⁹ Taylor, S., Paluszek, M. M., Rachor, G. S., McKay, D., & Asmundson, G. J. (2021). Substance use and abuse, COVID-19-related distress, and disregard for social distancing: A network analysis. *Addictive Behaviors*, 114, 106754.

¹⁰ Palmer, F., Jaffray, M., Moffat, M. A., Matheson, C., McLernon, D. J., Coutts, A., & Haughney, J. (2012). Prevalence of common chronic respiratory diseases in drug misusers: a cohort study. *Primary Care Respiratory Journal*, 21(4), 377-383.

¹¹ Sarvey, D., & Welsh, J. W. (2021). Adolescent substance use: Challenges and opportunities related to COVID-19. *Journal of Substance Abuse Treatment*, 122, 108212.

¹² Zaami, S., Marinelli, E., & Vari, M. R. (2020). New trends of substance abuse during COVID-19 pandemic: an international perspective. *Frontiers in Psychiatry*, 11, 700.

¹³ Stephenson, J. (2020, October). Drug Overdose Deaths Head Toward Record Number in 2020, CDC Warns. In *JAMA Health Forum* (Vol. 1, No. 10, pp. e201318-e201318). American Medical Association.

¹⁴ Baillargeon, J., Polychronopoulou, E., Kuo, Y. F., & Raji, M. A. (2021). The impact of substance use disorder on COVID-19 outcomes. *Psychiatric Services*, 72(5), 578-58

¹⁵ Mehtani, N. J., Ristau, J. T., Snyder, H., Surlyn, C., Eveland, J., Smith-Bernardin, S., & Knight, K. R. (2021). COVID-19: a catalyst for change in telehealth service delivery for opioid use disorder management. *Substance Abuse*, 1-8.

settings, the use of telehealth among SUD providers has gained less traction.¹⁶ However, in response to the COVID-19 pandemic both the US Department of Health and Human Services and The Substance Abuse and Mental Health Administration recognized the need to reduce regulatory hurdles to the wide scale adoption of telehealth services for SUDs under the imperative of stemming the escalating fatality rates among this population.¹⁷ As a result, since the onslaught of the pandemic, five major regulatory changes have occurred including; 1) allowing for the initial commencement of buprenorphine treatment in conjunction with telehealth without an in office visit, 2) the waiving of HIPAA penalties for *good faith* use of telehealth platforms, 3) the easing of releasing patient identifying information under Code of Federal Regulations 42, part 2 in the event of medical emergencies, 4) allowing for more liberal prescribing of buprenorphine via telehealth to reduce the need for in person visits and 5) the temporary waiving Medicaid billing restrictions specific to telehealth telephonic sessions.¹⁸

In concert with the aforementioned shifting regulatory landscape the agency moved towards adapted service delivery through the deployment of virtual mediums of service delivery in order to ensure the critical maintenance of continuity of care. In order to maximize efficiencies, the agency orchestrated the continued onsite presence of select program staff under strict adherence to CDC social proximity protocols and with a methodical redistribution of work areas. Other general organizational measures, aimed towards minimizing the probability of exposure for onsite staff, included the establishment of routine sanitizing processes and the installation of cleaning stations throughout all operational facilities. In addition, the agency ensured that personal protection equipment (PPE) was readily available for program participants whose care required onsite placement such as in the agency's residential treatment programs. It should be acknowledged that the success of the agencies stringent prevention protocols was demonstrated by the zero occurrence of any positive COVID-19 cases among either program participants or staff within the residential treatment programs. This accomplishment is particularly significant given the converging risk profile of the population served within these facilities.

Previous work has demonstrated that during large scale disasters telehealth can expand access to care, improve treatment engagement and retention and enhance the clinical efficacy of evidence based treatments while producing outcomes comparable to those of face to face contacts.¹⁹ Nonetheless, the effective utilization of the panoply of telehealth virtual platforms by clinical providers requires training in technology literacy and the acquisition of adapted skill sets in the realms of building rapport and developing therapeutic alliances.²⁰ Under a recognition of these imperatives the agency launched a broad scope training and evaluation initiative to ensure that providers were adequately versed in the best practices associated with the delivery of telehealth and possessed the requisite skill sets necessary to deliver services through this developing medium. As such, the program and agency as a whole was able to effectively shift posture towards the provision of readily accessible SUD services thus representing a vital aspect of the interwoven health care needs of the population served.

Despite the advancements in the utilization of telehealth mediums during the pandemic research studies concluded that limitations in technology literacy and lack of access to resources posed a significant barrier for these at economically impoverished and socially disenfranchised populations.²¹ In this area, the agency directed material resources to the most vulnerable program participants through the creation of a *technology library* that

¹⁶ McClellan, M. J., Florell, D., Palmer, J., & Kidder, C. (2020). Clinician telehealth attitudes in a rural community mental health center setting. *Journal of Rural Mental Health*, 44(1), 62-73.

¹⁷ American Society of Addiction Medicine. The ASAM national practice guideline for the treatment of opioid use disorder: 2020 focused update. <https://www.asam.org/docs/default-source/quality-science/npg-jam-supplement.pdf>. Retrieved June 8th 2021.

¹⁸ Lin, L. A., Fernandez, A. C., & Bonar, E. E. (2020). Telehealth for substance-using populations in the age of coronavirus disease 2019: recommendations to enhance adoption. *JAMA psychiatry*, 77(12), 1209-1210.

¹⁹ Reinhardt, I., Gouzoulis-Mayfrank, E., & Zielasek, J. (2019). Use of telepsychiatry in emergency and crisis intervention: current evidence. *Current psychiatry reports*, 21(8), 1-8.

²⁰ Hilty, D. M., Chan, S., Torous, J., Luo, J., & Boland, R. J. (2020). A telehealth framework for mobile health, smartphones, and apps: competencies, training, and faculty development. *Journal of Technology in Behavioral Science*, 4(2), 106-123.

²¹ Triana, A. J., Gusdorf, R. E., Shah, K. P., & Horst, S. N. (2020). Technology literacy as a barrier to telehealth during COVID-19. *Telemedicine and e-Health*, 26(9), 1118-1119.

provided access to Zoom platform supported cell phones and tablets. The agency's application of such tangible resources can be viewed as a representation of deliberate and methodical strategic planning, directed towards maintaining continued operational functions and should be acknowledged as a significant and valuable contribution to the overall community during a period of unequalled need.

In the domain of parental stress and parent-child relationships during the COVID-19 pandemic far reaching studies have showcased parental stress as a significant mediator between the perceived impacts of the coronavirus, parent-child relationships and maladaptive and harsh parenting approaches.²² These findings provide strong indicators that a progressive acceleration of parental stress throughout the pandemic has acted as one of the most significant driving risk factors towards the occurrence of child maltreatment.²³ Moreover, it is very likely that the reach of the effects of the pandemic will continue into the future as parental stressors, psychological impacts and child development trajectories continue to unfold.²⁴ Therefore, these findings underscore the importance of delivering high quality parenting programming that focuses on; 1) the fostering of positive and nurturing parenting skills, 2) empowering parents to provide warm and responsive caregiving, 3) the provision of psychoeducation in relationship to child development and 3) the creation of safe and secure caretaking environments.²⁵ A core element of the COSA programmatic model rests on the Nurturing Parenting Program (NPP).²⁶ NPP is an evidenced based, family centered, trauma informed intervention designed to foster nurturing parenting skills as an alternate to abusive and neglectful child rearing practices and patterns. The COSA application of NPP is typically provided in a co-ed group format and is generally structured around 12 separate lesson plans. Akin to the adaptations made by the program outpatient department NPP continued to provide group sessions utilizing virtual telehealth platforms and maintained regular contacts with Child Welfare Case Workers, referral sources and parents to ensure continuity of service delivery.

As of the date of the writing of this report COVID-19 cases have continued to present, albeit at reduced rates of prevalence, however the accelerated development of efficacious vaccines and the wide distribution to the general population has generated significant progress towards a return to relative normalcy.²⁷ Nonetheless, it is likely that heightened levels of ongoing community level supports, including telehealth services, will be required given that it is anticipated that the topography of the societal landscape, created by the pandemic, will remain uneven well into the later months of 2021.²⁸

In recent years, growing recognition has been provided to the phenomena of Compassion Fatigue (CF) and Secondary Trauma as pervasive concerns in all caring professions, most notably within the field of counseling. Secondary Trauma is defined as a clinician's indirect exposure to disturbing material through the clients sharing of a firsthand account or narrative of a traumatic event.²⁹ Collective trauma occurs when an entire society feels an overwhelming threat to their physical or emotional well-being.³⁰ Research literature has concluded that the

²² Menter, K., Ritchie, T., Ogg, J., Rogers, M., Shelleby, E. C., Santuzzi, A. M., & Wendel, M. J. (2020). Changes in Parenting Practices during the COVID-19 Pandemic: Child Behavior and Mindful Parenting as Moderators. *School Psychology Review*, 1-18.

²³ Lawson, M., Piel, M. H., & Simon, M. (2020). Child maltreatment during the COVID-19 pandemic: consequences of parental job loss on psychological and physical abuse towards children. *Child abuse & neglect*, 104709.

²⁴ De Araújo, L. A., Veloso, C. F., de Campos Souza, M., de Azevedo, J. M. C., & Tarro, G. (2020). The potential impact of the COVID-19 pandemic on child growth and development: a systematic review.

²⁵ Hoagwood, K. E., Gardner, W., & Kelleher, K. J. (2021). Promoting Children's Mental, Emotional, and Behavioral (MEB) Health in All Public Systems, Post-COVID-19. *Administration and Policy in Mental Health and Mental Health Services Research*, 1-9.

²⁶ Palusci, Vincent J., et al. "Changes in parenting attitudes and knowledge among inmates and other at-risk populations after a family nurturing program." *Children and Youth Services Review* 30.1 (2008): 79-89.

²⁷ Ho, R. J. (2021). Warp-speed Covid-19 Vaccine development: beneficiaries of maturation in biopharmaceutical technologies and public-private partnerships. *Journal of Pharmaceutical Sciences*, 110(2), 615-618.

²⁸ Yu, M. A., Shen, A. K., Ryan, M. J., & Boulanger, L. L. (2021). Coordinating COVID-19 vaccine deployment through the WHO COVID-19 Partners Platform. *Bulletin of the World Health Organization*, 99(3), 171.

²⁹ Holmes, M. R., Rentrepe, C. R., Korsch-Williams, A., & King, J. A. (2021). Impact of COVID-19 Pandemic on Posttraumatic Stress, Grief, Burnout, and Secondary Trauma of Social Workers in the United States. *Clinical Social Work Journal*, 1-10.

³⁰ Watson, M. F., Bacigalupe, G., Daneshpour, M., Han, W. J., & Parra-Cardona, R. (2020). COVID-19 interconnectedness: Health inequity, the climate crisis, and collective trauma. *Family process*, 59(3), 832-846.

COVID-19 pandemic is considered a collective trauma due to the intense threats experienced by many specific to meeting basic needs, ongoing physical isolation and the possibility of contracting a life threatening illness.³¹ As such, given the significance and severity of the pandemic, it is essential that organizations provide resources for both immediate and ongoing support for the emotional well-being of employees.³² Advancing from a strong appreciation of this guidance the agency placed increased focus on embracing the principles of self-care through both individual and group supervisory formats. In addition, the program maintained ongoing group clinical rounds to provide forums for the review of particularly complex and high risk cases.

Program Monitoring Activities:

Program Observation Date(s): N/A

Interview Date(s): 9/22/20

Collaborative Meeting/Consultation Date(s): 1/13/20, 6/15/20, 7/29/20 and 8/26/20

Administrative Review Date(s): N/A

Personnel File Monitoring Date(s): 3/11/20

- The completion of semi-structured, in depth staff interviews serves as one of the primary cornerstones of annual JWB program monitoring activities. The primary advantage of in depth staff interviews is that far more detailed, qualitative contextual, information is provided than would be gathered through other data collection methods, such as surveys.³³ As previously referenced, direct care staff have been faced with a constellation of pressures imposed by the pandemic creating increased demands across a multitude of domains. In recognition of the unheard of environmental conditions created during FY20, as a result of the COVID-19 pandemic, the standardized JWB staff interview template was modified with sensitivity to encapsulating questions that specifically attended to these domains. During the final quarter of the fiscal year JWB staff conducted a total of four separate interviews composed of a combination of clinical staff. At a basic needs level each of the clinicians offered a clear recognition of the impacts of the pandemic which has further exposed the numerous vulnerabilities of individuals grappling with addictions, particularly in relation to maintaining sustainable housing. This concerning trend is underscored by national studies that have revealed substantial increases in the rates of homelessness among SUD populations.³⁴ By extension this has created a significant rise in the potential for families to penetrate the Child Welfare system, particularly for those either exposed or infected with the virus.³⁵ These themes led to several of the clinicians expounding on the need to provide dual interventions that encompassed both clinical and case management approaches to care for many of the individuals served by the program.

At a clinical level, consistent with available research, each therapist reflected on the prominence of pronounced anxiety related symptomatology exacerbated by environmental insecurities and health related uncertainties. The prevalence of the presence of anxiety disorders as a precursor and driver towards substance abuse and dependence has been well established by research studies.³⁶ Additionally, prominent themes of discussion, during each of the interviews, revolved around the pronounced pressures placed on the oft fragile integrity of individual sobriety maintenance plans in the context of the prolonged and

³¹ Duane, A. M., Stokes, K. L., DeAngelis, C. L., & Bocknek, E. L. (2020). Collective trauma and community support: Lessons from Detroit. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(5), 452.

³² Malinen, S. K., Wong, J. H. K., & Näswall, K. (2020). Effective workplace strategies to support employee wellbeing during a pandemic. *New Zealand Journal of Employment Relations*, 45(2), 17-32.

³³ Greene, J. C. (1994). Qualitative program evaluation. *Handbook of qualitative research*, 530, 544.

³⁴ Hadden, K., Partlow, D., Liverett, H., Payakachat, N., Jha, B., & Lipschitz, R. (2020). Addressing Homelessness and Covid-19 Quarantine: A Streamlined Assessment and Referral Process. *Nejm Catalyst Innovations in Care Delivery*.

³⁵ Culhane, D., Treglia, D., Steif, K., Kuhn, R., & Byrne, T. (2020). Estimated emergency and observational/quarantine capacity need for the US homeless population related to COVID-19 exposure by county; projected hospitalizations, intensive care units and mortality.

³⁶ Oesterle, T. S., Kolla, B., Risma, C. J., Breiting, S. A., Rakocovic, D. B., Loukianova, L. L., & Gold, M. S. (2020, October). Substance Use Disorders and Telehealth in the COVID-19 Pandemic Era: A New Outlook. In *Mayo Clinic Proceedings*. Elsevier.

evolving duration of the pandemic. Specifically, the profound impacts of social isolation, disruptions in daily routines and disrupted social and natural support systems.

In relation to the functionality of telehealth the majority of the therapists interviewed underscored the value associated with reducing barriers to accessing cares and reported that engagement levels with assigned program participants had proven to be relatively robust. However, the therapists confirmed the partial limitations of telehealth such as challenges with maintaining participants' attention during sessions and modest difficulties pertaining to supporting coping skills in relation to relapse prevention strategies.³⁷ Nonetheless, this very recognition was viewed as a particular strength among the staff with each discussing the need to calibrate intervention modalities and the delivery of clinical sessions to account for the limitations created by telehealth. For example, in the context of telehealth clinical service delivery, each staff person discussed the need to apply a broad range of creative complimentary therapeutic approaches and adaptive engagement strategies that both fostered engagement and the nurturance of therapeutic alliances.

As previously referenced the creation of an organizational climate that promotes attention to self-care is a critical aspect of mitigating the potential for compassion fatigue among clinical providers. In this area, overall, the staff interviewed uniformly expressed strong levels of satisfaction with the high degrees of support provided both at an organizational and programmatic level. Moreover, staff consistently described a well-established supervisory structure and echoed the ability to readily access supervisory staff for clinical consultation on an as needed basis. In addition, each staff person offered high levels of endorsements as to the agency's overarching swift and planful administrative adaptive response to the pandemic. Finally, the staff interviews revealed an impressive level of clinical experience, expertise and professional backgrounds well suited to the effective provision of high quality therapeutic services for the population served. In summation each staff person articulated a clear understanding of the program's mission, policies and procedures both under routine operations and within the contextual features of the adapted service delivery model necessitated by the COVID-19 pandemic.

- JWB staff completed review of eight personnel files with the sample composed of a combination of clinical, supervisory, managerial and administrative staff. These reviews were guided by the application of a standardized checklist to determine the presence of key Human Resource documentation encompassing; job descriptions, relevant work experience and verification of the completion of Level II background screenings. Each file viewed was found to be orderly with all essential documentation present. Furthermore, *best practice* forms of documentation were found as evidenced by new hire orientation, signatures to confirm receipt of agency Human Resource policy manual, and confirmation of the completion of mandatory trainings. The scope and relevance of mandatory staff annual training requirements were noted as particular strengths covering such topics as professional ethics in clinical practice, mandated reporting requirements and standards for case file documentation. In addition, JWB staff found the presence of specialized clinical and professional trainings such as strategies in the risk management of clinically significant mania, assessment of dual diagnosis symptom pictures and the nuances of countertransference to be reflective of deliberate efforts to foster high levels of expertise as a means to promote robust standards of therapeutic interventions. Furthermore, relevant to the population served, documentation of the provision of training in the arenas of the dynamics of domestic violence, the identification abuse and neglect and recognizing the signs of human trafficking were viewed as indicative of the encouragement of high standards of clinical practice. Limitations were found in relationship to the timely completion of annual performance evaluations however in counterbalance, when cross referencing the findings of the participant file reviews, evidence of high levels of consistent clinical supervision was

³⁷ Merikangas, K. R., Dierker, L. C., & Szatmari, P. (2011). Psychopathology among offspring of parents with substance abuse and/or anxiety disorders: A high-risk study. *Journal of Child Psychology and Psychiatry*, 39(5), 711-720.

confirmed. And, in order to rectify the identified limitations, the Human Resources department has since instituted an automated tracking and monitoring system to ensure full compliance with annual performance evaluation expectations.

Participant File Review Date(s): 3/5/20

Data Quality :

A total of nine participant files were randomly selected and reviewed with the primary intent of examining data integrity, the qualitative standards of clinical documentation, appraisal of patterns of service delivery and fidelity to the established program methodology. Overall, the program attained outcomes of 100% in the area of Compliance, 100% in relation to the correct entry of Critical Fields and 96% in the domain of Data Accuracy.

Comparatively, the previously referenced results were found to represent an improvement in relation to the previous fiscal year's file review conclusions and when viewed in a single context provide strong indicators of increased efforts to ensure high standards of data entry practices through improved Quality Improvement activities. However, as discussed in the demographics section of this report errors, systemic errors within data upload configurations, resulted in limitations in relation to fully evaluating overall data quality. Notwithstanding these findings, at a programmatic level, data entry practices and Quality Assurance measures maintained a relatively high degree of data integrity. Ongoing technical assistance has been provided by JWB staff regarding upload processes and configurations.

From a qualitative viewpoint each initial participant biopsychosocial assessment was found to be comprehensive and clearly pinpointed both presenting problems, suspected symptom etiology and prominent risk factors. By extension individual treatment plans closely aligned with the need areas identified within the biopsychosocial assessments and contained objectives framed around the best practice documentation standard of Specific Measurable Attainable Relevant and Time Based (SMART) goals.³⁸

Analysis of Performance:

The COSA program is measured in three areas; 1) abstinence from substance misuse, 2) increased parenting skills, and 3) the prevention of the maltreatment of children. Substance misuse affects the lives of children and adults regardless of socioeconomic status, race, and gender. And, there is a correlation between family violence and substance misuse with studies concluding that the likelihood of children being exposed to violence is greater in households where one or more caretakers misuse alcohol and/or other substances.³⁹ Moreover, incidents of early childhood maltreatment often result in multigenerational patterns of abuse and/or neglect.⁴⁰ Ultimately, unhealthy environmental conditions oftentimes impeded the ability to apply appropriate and effective parenting techniques which detrimentally impacts the socioemotional development of children.⁴¹ Therefore, an indicator of program success is a culmination of attaining and maintaining sobriety through intensive outpatient treatment alongside the improvement of parenting skills. In this regard the program fell slightly below performance targets with 69% of the adult participants achieving periods of sobriety during program enrollment as demonstrated by random urinalysis screenings. However, as discussed in the COVID-19 impact section of this report elevated rates of substance abuse were found across the general population as a result of the convergence of environmental conditions and pronounced stressors created by the pandemic. As such, these results, given the high risk profile of the population, may be viewed as notable in relation to harm reduction within a subgroup who may have otherwise encountered adverse outcomes of a lethal nature.

³⁸ Clarke, S. P., Crowe, T. P., Oades, L. G., & Deane, F. P. (2009). SMART goal-setting interventions to improve the quality of outcomes in mental health services. *Psychiatric rehabilitation journal*, 32(4), 292.

³⁹ Hampton, R. L., Senatore, V., & Gullotta, T. (Eds.). (2008). *Substance abuse, family violence, and child welfare: Bridging perspectives*. Thousand Oaks, CA: Sage Publications.

⁴⁰ Renk, K., Boris, N. W., Kolomeyer, E., Lowell, A., Puff, J., Cunningham, A., & McSwiggan, M. (2015). The state of evidence-based parenting interventions for parents who are substance-involved. *Pediatric research*, 79(1-2), 177.

⁴¹ Fenton, M. C., Geier, T., Keyes, K., Skodol, A. E., Grant, B. F., & Hasin, D. S. (2013). Combined role of childhood maltreatment, family history, and gender in the risk for alcohol dependence. *Psychological medicine*, 43(5), 1045-1057.

As noted earlier in the report the NPP curriculum focuses on fostering nurturing parenting skills as an alternate to abusive and neglectful child rearing practices and patterns. The Adult-Adolescence Parenting Inventory (AAPI-2) is an empirically valid instrument utilized to identify adolescents and adults at risk for inadequate parenting behaviors. It includes five subscales representing the most frequent patterns associated with abusive parenting: (a) Inappropriate Expectations; (b) Lack of Empathy; (c) Parental Value of Corporal Punishment; (d) Parent-Child Role Reversal and (e) Oppressing Children's Power and Independence.⁴² The program successfully achieved its performance targets for AAPI-2 subscales.

The development of secure, safe, stable and nurturing relationships are paramount to a child's physical and social development.⁴³ The Nurturing Parenting curriculum supports parents in the development of an awareness of healthy parenting techniques which by extension increases protective factors while minimizing and reducing negative behaviors. In this area research has demonstrated that parental expectations for children is strongly influenced by entrenched multigenerational influences acquired through rigid family system belief structures.⁴⁴ Therefore, in order to further augment the validity of the AAPI-2 results, findings from the Florida Safe Families Network (FSFN) reports are examined to determine whether participants are found to be involved in any acts of child maltreatment either during services or at 12 months following the interventions. In this area, the program exceeded established performance measures thus highlighting the efficacy of overall therapeutic interventions provided by program.

Conclusions:

A collective examination of the programmatic performance results and qualitative data gathering through program monitoring activities highlight the value of the interventions provided by the program during an epoch of unheard of societal and environmental upheaval.

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Date: _____	
Karen Boggess	
Program Evaluation Manager	
<u>Beth Houghton</u>	6/23/2021 1:39 PM EDT
Date: _____	
Beth A. Houghton	
Chief Executive Officer	

⁴² Lutenbacher, M. (2001). Psychometric assessment of the Adult-Adolescent Parenting Inventory in a sample of low-income single mothers. *Journal of nursing measurement*, 9(3), 291-308.

⁴³ World Health Organization. (2009). Preventing violence through the development of safe, stable and nurturing relationships between children and their parents and caregivers.

⁴⁴ Cain, D. S., & Combs-Orme, T. (2005). Family structure effects on parenting stress and practices in the African American family. *J. Soc. & Soc. Welfare*, 32, 19.



Program Monitoring Report

Agency: Operation PAR, Inc.

Program: Motivating new Parents (MnP)

Program Monitoring Reporting Period: October 1, 2019 through September 30, 2020

Agency Overview:

Operation PAR, Inc. delivers comprehensive integrated addiction and mental health services through its various sites across Pinellas, Pasco, Hernando, Manatee, Sarasota and Lee counties. Specific to Pinellas County the organization offers a broad scope of treatment that is philosophically orientated around primary prevention, secondary intervention and the long term maintenance-promotion of recovery from co-occurring mental health and substance abuse disorders. The agency operates through multiple funding streams including, but not limited to, Central Florida Behavioral Health Network, Pinellas County Community Foundation, the Department of Juvenile Justice, the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) and the Juvenile Welfare Board. Operation PAR, Inc. as a member of the NIDA Clinical Trials Network, as a participating member of the Florida Node Alliance, managed by the University of Miami, the agency has collaborated with SAMHSA, the Center for Substance Abuse Treatment and the National Institute on Drug Abuse, among others.

Program Description:

Motivating new Parents (MnP) offers an intensive intervention program that assists parents who will deliver or who have delivered a substance exposed infant in accessing and preparing for treatment and learning effective parenting skills. Services are designed for both mothers and fathers who use substances and are parenting children ages 0-5. The program intervention modalities revolve around the best practices of Wraparound case management, creating linkages to treatment and the provision of parenting education.

Agency/Program Accomplishments:

Recognition is given to the agency's swift response to the unparalleled challenges imposed by the pandemic and rapid deployment of telehealth to meet the emergent needs of the population served through the development of alternate, accessible and sustainable operational approaches. Moreover, an accolade is worthy for the agency's accomplishment in sustaining zero infection rates in each of its residential treatment facilities throughout the course of the pandemic.

Strategic Focus Area: Prevention of Child Abuse and Neglect (PCAN)

Fiscal Snapshot:

	FY18	FY19	FY20	Comments
Total Program Budget	\$173,071	\$177,131	\$179,926	
JWB Allocation	\$173,071	\$173,071	\$173,071	
Percent of Total Program Budget represented by JWB Allocation	100%	98%	98%	
Lapse	\$19,426	\$14,345	\$11,676	
Cost per Participant*	\$3,036 (\$173,071/57)	\$3,002 (\$177,131/59)	\$2,106 (\$179,926/84)	

*Cost per participant information is calculated as follows: Total program budget/Total actual participants.

Targeted Service Levels

Targeted Service Level Type	FY18			FY19			FY20		
	Target	Actual	Percent	Target	Actual	Percent	Target	Actual	Percent
Adults	90	57	63%	90	59	66%	90	84	91%
Total	90	57	63%	90	59	66%	90	84	91%

Participant Demographics:

The MNP program served a total of 84 adults over the course of FY20. Overall, the program served significantly more adult females (79%) compared to adult males (21%). However, this represents a significant increase in the number of adult males served, in comparison to previous fiscal years, and is reflective of the agency's deliberate efforts to place increased emphasis on the inclusion of fathers in service delivery. These efforts are in direct alignment with the JWB led Fatherhood Initiative and as will be expanded on later in this report demonstrates a commitment towards increasing the reach of programming to encompass a more family systems orientated approach. In addition, again embracing a broader family systems approach, the program expanded the target age range of children from 0-3 to 0-5 years old. However, the capacity to fully analyze participant demographic information, for this fiscal year, was compromised due to broad technical errors in relation to data upload configurations. Historically, data quality has not been of noted concern and technical assistance regarding data transmission was provided in FY21 to resolve the identified data discrepancies moving forward.

Program Outcomes*:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of adults will have improved their Children's Power and Independence sten scores from pretest to posttest as measured by the Adult-Adolescent Parenting Inventory - 2 (AAPI-2).	70%	96%	70%	95%	85%	80%
Percent of adults will have improved their parental Empathy Towards Children's Needs sten scores from pretest to posttest as measured by the AAPI-2.	65%	96%	65%	52%	85%	90%
Percent of adults will have improved their Expectations of Children sten scores from pretest to posttest as measured by the AAPI-2	60%	96%	65%	67%	85%	75%
Percent of adults will have improved their Parent-Child Family Roles sten scores from pretest to posttest as measured by the AAPI-2.	55%	92%	60%	86%	85%	90%
Percent of adults will have improved their Use of Corporal Punishment sten scores from pretest to posttest as measured by the AAPI-2.	60%	100%	60%	100%	85%	90%

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of adults will have no new verified report of abuse and/or neglect during program participation as measured by independent verification with FSFN.	85%	84%	90%	94%	90%	89%
Percent of adults who have completed the program will have no new verified report of abuse and/or neglect for a period of twelve (12) months following program participation as measured by independent verification with Florida Safe Families Network (FSFN).	80%	91%	80%	87%	80%	75%

**Performance is typically measured on full fiscal years and on the total population served. If performance is measured for a partial year or on a sample of participants, this will be noted in the "Analysis of Performance" section of the report.)*

COVID 19 Response and Impact:

MNP provides a dyad of tertiary and secondary parenting interventions with the overarching objective of ameliorating the maladaptive parentings stylistics and underlying viewpoints that increase the likelihood of abuse and/or neglect. Research has consistently concluded that interventions aimed towards the improvement of parental attitudes, increasing knowledge of appropriate child-rearing practices and fostering empathy produces protective factors that mitigate such risks.¹ In accordance with the primary imperative of the prevention of maltreatment of program utilizes the evidence based Nurturing Parenting Program (NPP). The NPP training curriculum is delivered in sequential stages with each session providing progressive building blocks to support the development of appropriate parenting skills sets.² During normal operational functioning the service modality typically revolves around home based sessions or is conducted at alternate community locations based on the individual circumstances of program participants. However, the occurrence of the COVID-19 pandemic represented an historical event that created a confluence of economic, healthcare, human services and educational disruptions across all sectors of the larger community. Furthermore, as will be discussed further at later points throughout this report, these ensuing disruptions created a pronounced increase and exacerbation of risk factor profiles for the individuals served by the program. As a prelude to this discussion recognition is given to the program's efforts to maintain varying levels of direct *line of sight* contacts with high risk families thus offsetting the heightened risk of undetected child maltreatment created by social isolation, the erosion of support systems and disruptions to social capital.

To situate a better understanding of the direct sequela of fiscal and programmatic disruptions of the COVID-19 pandemic, during the period from March 16th 2020 through September 30th 2020, JWB requested that individual providers complete a COVID-19 Impact Survey. The following subsections aim to provide both macro and micro level contextual features in order to frame an interruption of the results of the COVID-19 Impact Survey submitted by the agency. Furthermore, this report's narrative is additionally informed by summary information provided by agency staff in relation to interwoven organizational and programmatic adaptations shaped around responding to the acute needs of the population served. The efficacy of said adaptations are underscored in relationship to the maintenance of adapted service delivery. Finally, it should be acknowledged that in order to provide consistency in the portrayal of the organization's operational and procedural responses to the COVID-19

¹ Weikert, P., Keene, R., & Bavolek, S. J. (2007). The Florida study: A comparative examination of the effectiveness of the Nurturing Parenting Programs.

² Maher, E. J., Marcynyszyn, L. A., Corwin, T. W., & Hodnett, R. (2011). Dosage matters: The relationship between participation in the Nurturing Parenting Program for infants, toddlers, and preschoolers and subsequent child maltreatment. *Children and Youth Services Review*, 33(8), 1426-1434.

pandemic core elements of this particular report mirror the content of the Operation PAR, Inc. Cornerstone of Successful Achievement (COSA) report completed on June 15, 2021.

Coronavirus disease 2019 (COVID-19) is caused by a novel virus that results in severe acute respiratory symptoms. On March 11, 2020, the World Health Organization classified the coronavirus disease 2019 (COVID-19) outbreak as a pandemic, with over 720,000 cases reported in more than 203 countries as of 31 March 2020.³ Following a global response designed to reduce infection transmission vectors, encompassing community level isolation orders, social distancing measures and travel restrictions the US declared a pandemic emergency on March 13, 2020.⁴ Subsequently, states progressively moved towards the declaration of stay-at-home orders under the imperative of stemming the magnitude of the prolific spread of the virus and thereby reducing the likelihood of severe deleterious health impacts and large-scale exogenous shock experiences across the general population.⁵ However, despite stringent efforts to contain the pandemic infection rates continued at both variable linear and sub-exponential rates and as of September 21, 2020, the COVID-19 pandemic had resulted in approximately seven million reported cases in the United States with almost 200,000 associated deaths.⁶ In alignment with evolving nationwide mitigation measures and in accordance with the guidelines set forth by the Centers for Disease Control (CDC), Florida issued a statewide stay at home order on April 1st 2020.⁷ In anticipation of the issuance of this order the Florida Department of education (DOE) implemented a uniform closure of all schools on March 23rd 2020.⁸ As a result, providers, across all sectors of the County infrastructure, were required to abruptly reconceptualize and significantly to alternate modes of functioning.

Of particular significance, specific to the target population served by the program, the widespread closure and prolonged interruption of childcare center operations during FY20 created yet another level of demand and stress on parents and caretakers.⁹ Of even greater significance during the early stages of the COVID-19 pandemic clinical observations found that children were at significantly lower risk of contracting the virus and when infected experienced profoundly less severe symptoms than adults.¹⁰ In contrast to these initial conclusions a growing body of literature, gathered as the pandemic progressed, reduced the flummox among the medical community and determined that children were at equal risk of both infection and transmission when compared to the adult population, albeit with less presenting symptoms.¹¹ As a result the level of risk among children in relationship to elevating transmission vectors was initially underestimated during the primary stage of the pandemic.¹² As such, corresponding to an increase in awareness related to the potential medical vulnerabilities of younger children, significant changes in daily routines and challenges navigating the closure of childcare centers parental stress levels were exacerbated to a degree beyond comparison.¹³ Under these considerations, advancing from a conceptual framework of family functioning, within a systemic conceptual framework, the contextual risks generated by the pandemic permeated the structures and destabilized the typical healthy functioning of many

³ Omer, S. B., Malani, P., & Del Rio, C. (2020). The COVID-19 pandemic in the US: a clinical update. *Jama*, 323(18), 1767-1768.

⁴ COVID, I., & Hay, S. I. (2020). COVID-19 scenarios for the United States. *medRxiv*.

⁵ Mueller, J. T., McConnell, K., Burow, P. B., Pofahl, K., Merdjanoff, A. A., & Farrell, J. (2021). Impacts of the COVID-19 pandemic on rural America. *Proceedings of the National Academy of Sciences*, 118(1).

⁶ Cortis, D. (2020). On determining the age distribution of COVID-19 Pandemic. *Frontiers in public health*, 8, 202.

⁷ Gostin, L. O., & Wiley, L. F. (2020). Governmental public health powers during the COVID-19 pandemic: stay-at-home orders, business closures, and travel restrictions. *Jama*, 323(21), 2137-2138.

⁸ Florida Department of Education. (2020). Reopening Florida's Schools and the CARES Act: Closing achievement gaps and creating safe spaces for learning. Tallahassee, Florida. Retrieved from <http://www.fldoe.org/core/FLDOEReopeningCARESAct.pdf>

⁹ Early Learning Coalition, COVID Impact Study. Retrieved from <https://elcpinellas.net/covid-19>. Accessed April 9th 2021.

¹⁰ Zimmermann P, Curtis N. COVID-19 in children, pregnancy and neonates: a review of epidemiologic and clinical features. *Pediatric Infect Dis J* 2020; 39: 469–477

¹¹ Hyde, Z. (2020). COVID-19, children, and schools: overlooked and at risk. *Med J Aust*, 213(10), 444-446.

¹² Swann, O. V., Holden, K. A., Turtle, L., Pollock, L., Fairfield, C. J., Drake, T. M., ... & Semple, M. G. (2020). Clinical characteristics of children and young people admitted to hospital with covid-19 in United Kingdom: prospective multicenter observational cohort study. *bmj*, 370.

¹³ Patrick, S. W., Henkhaus, L. E., Zickafoose, J. S., Lovell, K., Halvorson, A., Loch, S., & Davis, M. M. (2020). Well-being of parents and children during the COVID-19 pandemic: a national survey. *Pediatrics*, 146(4).

family systems.¹⁴ This phenomenon created profound levels of environmental press on family systems with preexisting frailties and functioning challenges.¹⁵ Moreover, historically an examination of the demographic profile of the population served by the program has revealed a prominence of household arrangements led by single female parents. In this area previous research has shown that women have been disproportionately negatively impacted by a variety of socioeconomic hardships created by the pandemic.¹⁶ And, single parent households have faced even greater risks and stressors with vulnerabilities further compounded along the dimensions of race, ethnicity, class and geographical locations.¹⁷

Therefore, across the interlocked domains of family systems functioning, single female parental stress and parent-child relationships during the COVID-19 pandemic far reaching studies have showcased parental stress as a significant mediator between the perceived impacts of the coronavirus, parent-child relationships and maladaptive and harsh parenting approaches.¹⁸ These findings provide strong indicators that a progressive acceleration of parental stress throughout the pandemic has acted as one of the most significant driving risk factors towards the occurrence of inadvertent child maltreatment.¹⁹ Moreover, it is very likely that the reach of the effects of the pandemic will continue into the future as parental stressors, psychological impacts and child development trajectories continue to unfold.²⁰ Consequently, these findings underscore the importance of delivering high quality parenting programming that focuses on; 1) the fostering of positive and nurturing parenting skills, 2) empowering parents to provide warm and responsive caregiving, 3) the provision of psychoeducation in relationship to child development and 3) the creation of safe and secure caretaking environments.²¹ In considering the cumulative convergence of the aforementioned amplification of risk factors it is then of little surprise that extensive studies have concluded that programmatic initiatives directed towards increasing the involvement of fathers as significant parental figures have significantly mediated likelihood of child maltreatment.²²

As such, across the topography of elevated risk areas the program provided the blanket of three areas of critical protective shelter. Firstly, the sustained delivery of a parenting curriculum designed to ameliorate the likelihood of the occurrence of maladaptive parenting. Secondly, a deliberate focus on the involvement of male parental figures to increase protective factors and the continuation of direct levels of face to face contact to monitor for the signs of potential childhood maltreatment that may have otherwise been undetected.

In concert with a shifting regulatory landscape the agency moved towards adapted service delivery through the deployment of virtual mediums of service delivery in order to ensure the critical maintenance of continuity of care. However, it should be again noted that the MNP program embraced a hybrid approach to service delivery that continued varying levels of direct face to face contacts throughout the course of the pandemic. In order to maximize efficiencies, the agency then orchestrated the continued onsite presence of select program staff under strict adherence to CDC social proximity protocols and with a methodical redistribution of work areas. Other general organizational measures, aimed towards minimizing the probability of exposure for onsite staff, included

¹⁴ Freisthler, B., Gruenewald, P. J., Tebben, E., McCarthy, K. S., & Wolf, J. P. (2021). Understanding At-the-Moment Stress for Parents during COVID-19 Stay-at-Home Restrictions. *Social Science & Medicine*, 114025.

¹⁵ Prime, H., Wade, M., & Browne, D. T. (2020). Risk and resilience in family well-being during the COVID-19 pandemic. *American Psychologist*.

¹⁶ Fisher, J., Languilliere, J. C., Lawthom, R., Nieuwenhuis, R., Petts, R. J., Runswick-Cole, K., & Yerkes, M. A. (2020). Community, work, and family in times of COVID-19. *Community, Work & Family*, 23(3), 247-252.

¹⁷ Bahn, K., Cohen, J., & van der Meulen Rodgers, Y. (2020). A feminist perspective on COVID-19 and the value of care work globally. *Gender, Work & Organization*, 27(5), 695-699.

¹⁸ Menter, K., Ritchie, T., Ogg, J., Rogers, M., Shelleby, E. C., Santuzzi, A. M., & Wendel, M. J. (2020). Changes in Parenting Practices during the COVID-19 Pandemic: Child Behavior and Mindful Parenting as Moderators. *School Psychology Review*, 1-18.

¹⁹ Lawson, M., Piel, M. H., & Simon, M. (2020). Child maltreatment during the COVID-19 pandemic: consequences of parental job loss on psychological and physical abuse towards children. *Child abuse & neglect*, 104709.

²⁰ De Araújo, L. A., Veloso, C. F., de Campos Souza, M., de Azevedo, J. M. C., & Tarro, G. (2020). The potential impact of the COVID-19 pandemic on child growth and development: a systematic review.

²¹ Hoagwood, K. E., Gardner, W., & Kelleher, K. J. (2021). Promoting Children's Mental, Emotional, and Behavioral (MEB) Health in All Public Systems, Post-COVID-19. *Administration and Policy in Mental Health and Mental Health Services Research*, 1-9.

²² Chung, Gerard, Paul Lanier, and Peace Yuh Ju Wong. Mediating effects of parental stress on harsh parenting and parent-child relationship during coronavirus (COVID-19). *Journal of family violence* (2020): 1-12.

the establishment of routine sanitizing processes and the installation of cleaning stations throughout all operational facilities. In addition, the agency ensured that personal protection equipment (PPE) was readily available for program participants whose care required onsite placement such as in the agency's residential treatment programs. It should be acknowledged that the success of the agencies stringent prevention protocols was demonstrated by the zero occurrence of any positive COVID-19 cases among either program participants or staff within the residential treatment programs. This accomplishment is particularly significant given the converging risk profile of the population served within these facilities.

Previous work has demonstrated that during large scale disasters telehealth can expand access to care, improve treatment engagement and retention and enhance the clinical efficacy of evidence based treatments while producing outcomes comparable to those of face to face contacts.²³ Nonetheless, the effective utilization of the panoply of telehealth virtual platforms by clinical providers requires training in technology literacy and the acquisition of adapted skill sets in the realms of building rapport and developing therapeutic alliances.²⁴ Under a recognition of these imperatives the agency launched a broad scope training and evaluation initiative to ensure that providers were adequately versed in the best practices associated with the delivery of telehealth and possessed the requisite skill sets necessary to deliver services through this developing medium. As such, the program and agency as a whole was able to effectively shift posture towards the provision of readily accessible SUD services thus representing a vital aspect of the interwoven health care needs of the population served.

Despite the advancements in the utilization of telehealth mediums during the pandemic research studies concluded that limitations in technology literacy and lack of access to resources posed a significant barrier for these at economically impoverished and socially disenfranchised populations.²⁵ In this area, the agency directed material resources to the most vulnerable program participants through the creation of a *technology library* that provided access to Zoom platform supported cell phones and tablets. The agency's application of such tangible resources can be viewed as a representation of deliberate and methodical strategic planning, directed towards maintaining continued operational functions and should be acknowledged as a significant and valuable contribution to the overall community during a period of unequalled need.

As of the date of the writing of this report COVID-19 cases have continued to present, albeit at reduced rates of prevalence, however the accelerated development of efficacious vaccines and the wide distribution to the general population has generated significant progress towards a return to relative normalcy.²⁶ Nonetheless, it is likely that heightened levels of ongoing community level supports, including telehealth services, will be required given that it is anticipated that the topography of the societal landscape, created by the pandemic, will remain uneven well into the later months of 2021.²⁷

In recent years, growing recognition has been provided to the phenomena of Compassion Fatigue (CF) and Secondary Trauma as pervasive concerns in all caring professions, most notably within the field of counseling. Secondary Trauma is defined as a clinician's indirect exposure to disturbing material through the clients sharing of a firsthand account or narrative of a traumatic event.²⁸ Collective trauma occurs when an entire society feels an overwhelming threat to their physical or emotional well-being.²⁹ Research literature has concluded that the

²³ Reinhardt, I., Gouzoulis-Mayfrank, E., & Zielasek, J. (2019). Use of telepsychiatry in emergency and crisis intervention: current evidence. *Current psychiatry reports*, 21(8), 1-8.

²⁴ Hilty, D. M., Chan, S., Torous, J., Luo, J., & Boland, R. J. (2020). A telehealth framework for mobile health, smartphones, and apps: competencies, training, and faculty development. *Journal of Technology in Behavioral Science*, 4(2), 106-123.

²⁵ Triana, A. J., Gusdorf, R. E., Shah, K. P., & Horst, S. N. (2020). Technology literacy as a barrier to telehealth during COVID-19. *Telemedicine and e-Health*, 26(9), 1118-1119.

²⁶ Ho, R. J. (2021). Warp-speed Covid-19 Vaccine development: beneficiaries of maturation in biopharmaceutical technologies and public-private partnerships. *Journal of Pharmaceutical Sciences*, 110(2), 615-618.

²⁷ Yu, M. A., Shen, A. K., Ryan, M. J., & Boulanger, L. L. (2021). Coordinating COVID-19 vaccine deployment through the WHO COVID-19 Partners Platform. *Bulletin of the World Health Organization*, 99(3), 171.

²⁸ Holmes, M. R., Rentrepe, C. R., Korsch-Williams, A., & King, J. A. (2021). Impact of COVID-19 Pandemic on Posttraumatic Stress, Grief, Burnout, and Secondary Trauma of Social Workers in the United States. *Clinical Social Work Journal*, 1-10.

²⁹ Watson, M. F., Bacigalupe, G., Daneshpour, M., Han, W. J., & Parra-Cardona, R. (2020). COVID-19 interconnectedness: Health inequity, the climate crisis, and collective trauma. *Family process*, 59(3), 832-846.

COVID-19 pandemic is considered a collective trauma due to the intense threats experienced by many specific to meeting basic needs, ongoing physical isolation and the possibility of contracting a life threatening illness.³⁰ As such, given the significance and severity of the pandemic, it is essential that organizations provide resources for both immediate and ongoing support for the emotional well-being of employees.³¹ Advancing from a strong appreciation of this guidance the agency placed increased focus on embracing the principles of self-care through both individual and group supervisory formats. In addition, the program maintained ongoing interdisciplinary linkages within the agency to ensure integration of care for participants involved in numerous service components.

Program Monitoring Activities:

Program Observation Date(s): N/A

Interview Date(s): 9/22/20

Collaborative Meeting/Consultation Date(s): 1/13/20, 6/15/20, 7/29/20 and 8/26/20

Administrative Review Date(s): N/A

Personnel File Monitoring Date(s): 3/11/20

- The completion of semi-structured, in depth staff interviews serves as one of the primary cornerstones of annual JWB program monitoring activities. The primary advantage of in depth staff interviews is that far more detailed, qualitative contextual, information is provided than would be gathered through other data collection methods, such as surveys.³² As previously discussed program staff encountered a constellation of interlocking pressures that formed a unique set of demands beyond those typically experienced under normal operations. As such the completion of staff interviews during FY20 represented a key element of program monitoring due to the unheard of working environments created by the COVID-19 pandemic. In accordance with applying sensitivity to the converging stressors created for program staff, in connection to the COVID-19 pandemic, the standardized JWB staff interview template was adapted to encompass open ended questions that addressed the aforementioned contextual features. During the final quarter of the fiscal year JWB staff conducted a total of three separate interviews across the MNP staffing group.

As expounded on in the previous sections of this report cumulative social welfare evidence from the COVID-19 crisis has provided strong indicators that children and youth are more likely to be subjected to maltreatment and exposure to family violence alongside experiencing limited access to the usual services that support vulnerable families and provide targeted services to meet their needs.³³ And, research has found that Adverse Childhood Experiences (ACE) scores, which are defined by different forms of abuse, neglect, and household dysfunction occurring before the age of 18 years have worsened in the current COVID-19 pandemic.³⁴ Moreover, the current global pandemic in and of itself can also be experienced as a complex traumatic event by the most vulnerable populations.³⁵ Under these considerations a salient feature illuminated by the staff interviews was the degree to which the program has further emphasized the established philosophical position around the practice of applying delicate attention to the principles of trauma informed care in relationship to the population served. This level of attention has been clearly illustrated by the program's utilization of the ACE questionnaire as a means to

³⁰ Duane, A. M., Stokes, K. L., DeAngelis, C. L., & Bocknek, E. L. (2020). Collective trauma and community support: Lessons from Detroit. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(5), 452.

³¹ Malinen, S. K., Wong, J. H. K., & Näswall, K. (2020). Effective workplace strategies to support employee wellbeing during a pandemic. *New Zealand Journal of Employment Relations*, 45(2), 17-32.

³² Greene, J. C. (1994). Qualitative program evaluation. *Handbook of qualitative research*, 530, 544.

³³ Fegert, J. M., Vitiello, B., Plener, P. L., & Clemens, V. (2020). Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: a narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child and adolescent psychiatry and mental health*, 14, 1-11.

³⁴ Bryant, D. J., Oo, M., & Damian, A. J. (2020). The rise of adverse childhood experiences during the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*.

³⁵ Venkateswaran, K. D., & Hauser, C. T. (2020). Living with PTSD amid a global pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S71.

explore the trauma pictures of the children of the participants served in order to calibrate parenting interventions accordingly.

During the interviews one staff person in particular provided useful information related to the monitoring of child safety concerns, beyond the context of the program, through establishing close linkages with child welfare case management staff. Another staff person provided further recognition of the hardships created by the pandemic, for the population served, by highlighting the compounding nature of the stressors of isolation, environmental insecurities and financial impoverishment. When further considering the unfolding needs of the population served by the program, during the course of the pandemic, the staff person confirmed the prominence of anxiety related symptoms exacerbated by the aforementioned factors. In relation to the functionality of telehealth staff across each interview discussed the value associated with reducing barriers to accessing care and reported that engagement levels with program participants had proven to be robust. In general, each staff person conveyed a strong appreciation of the program's objectives, the agency mission, policies and procedures both under standard operations and within the contextual features of the adapted service delivery model necessitated by the COVID-19 pandemic. Overall, the staff interviewed unanimously reported a high level of confidence related to the level of support provided both at organizational and programmatic levels. In particular, staff expressed high levels of satisfaction around the manner in which the agency had responded at an operational level in relation to the pandemic through a swift adaptive stance towards the creation of a highly efficient remote working environment.

- Proportional to the program staffing model JWB staff completed review of four personnel files with the sample composed of a combination of direct care, supervisory, managerial and administrative staff. These reviews were guided by the application of a standardized checklist to determine the presence of key Human Resource documentation encompassing; job descriptions, relevant work experience and verification of the completion of Level II background screenings. Each file viewed was found to be orderly with all essential documentation present. Furthermore, *best practice* forms of documentation were found as evidenced by new hire orientation, signatures to confirm receipt of agency Human Resource policy manual, and confirmation of the completion of mandatory trainings. The scope and relevance of mandatory staff annual training requirements were noted as particular strengths covering such topics as professional ethics in clinical practice, mandated reporting requirements and standards for case file documentation. In addition, JWB staff found the presence of specialized clinical and professional trainings such as strategies in the risk management of clinically significant mania, assessment of dual diagnosis symptom pictures and the nuances of countertransference to be reflective of deliberate efforts to foster high levels of expertise as a means to promote robust standards of therapeutic interventions. Furthermore, relevant to the population served, documentation of the provision of training in the arenas of the dynamics of domestic violence, the identification abuse and neglect and recognizing the signs of human trafficking were viewed as indicative of the encouragement of high standards of clinical practice. Limitations were found in relationship to the timely completion of annual performance evaluations however in counterbalance, when cross referencing the findings of the participant file reviews, evidence of high levels of consistent clinical supervision was confirmed. And, in order to rectify the identified limitations, the Human Resources department has since instituted an automated tracking and monitoring system to ensure full compliance with annual performance evaluation expectations.

Participant File Review Date(s): 2/11/20

Data Quality :

A total of nine participant files were randomly selected and reviewed with the primary intent of examining data integrity, the qualitative standards of clinical documentation, appraisal of patterns of service delivery and fidelity to the established program methodology. Overall, the program attained outcomes of 100% in the area of Compliance, 100% in relation to the correct entry of Critical Fields and 96% in the domain of Data Accuracy.

Comparatively, the previously referenced results were found to represent an improvement in relation to the previous fiscal year's file review conclusions and when viewed in a single context provide strong indicators of increased efforts to ensure high standards of data entry practices through improved Quality Improvement activities. However, as discussed in the demographics section of this report errors, systemic errors within data upload configurations, resulted in limitations in relation to fully evaluating overall data quality. Notwithstanding these findings, at a programmatic level, data entry practices and Quality Assurance measures maintained a relatively high degree of data integrity. Ongoing technical assistance has been provided by JWB staff regarding upload processes and configurations.

From a qualitative viewpoint each initial participant biopsychosocial assessment was found to be comprehensive and clearly pinpointed both presenting problems, suspected symptom etiology and prominent risk factors. By extension individual treatment plans closely aligned with the need areas identified within the biopsychosocial assessments and contained objectives framed around the best practice documentation standard of Specific Measurable Attainable Relevant and Time Based (SMART) goals.³⁶

Analysis of Performance:

As noted earlier in the report the NPP curriculum focuses on fostering nurturing parenting skills as an alternate to abusive and neglectful child rearing practices and patterns. The Adult-Adolescence Parenting Inventory (AAPI-2) is an empirically valid instrument utilized to identify adolescents and adults at risk for inadequate parenting behaviors. It includes five subscales representing the most frequent patterns associated with abusive parenting: (a) Inappropriate Expectations; (b) Lack of Empathy; (c) Parental Value of Corporal Punishment; (d) Parent-Child Role Reversal and (e) Oppressing Children's Power and Independence.³⁷ The program successfully achieved all its performance targets for AAPI-2 subscales with the exception of subscale (a) Inappropriate Expectations. Parental attitudes that mark inappropriate expectations of children from parents include, but are not limited to: expectations that exceed developmental capabilities; limitations in understanding normal child growth and development, easily threatened self-concept, and a controlling demeanor. The result of a parent's lack of appropriate expectations for a child not only heightens the risk for abuse and neglect, but also greatly impacts the child's self-perception leading to the child viewing themselves as worthless, a failure, and disappointing to adults.³⁸

The development of secure, safe, stable and nurturing relationships are paramount to a child's physical and social development.³⁹ The Nurturing Parenting curriculum supports parents in the development of an awareness of healthy parenting techniques which by extension increases protective factors while minimizing and reducing negative behaviors. In this area research has demonstrated that parental expectations for children is strongly influenced by entrenched multigenerational influences acquired through rigid family system belief structures.⁴⁰ Therefore, in order to further augment the validity of the AAPI-2 results, findings from the Florida Safe Families Network (FSFN) reports are examined to determine whether participants are found to be involved in any acts of child maltreatment either during services or at 12 months following the interventions. In this area, the program fell just shy of meeting established performance measures thus highlighting the efficacy of overall therapeutic interventions provided by program. However, further consultation will occur with program staff around examining aftercare needs given the slight delta from the established measure over the last two fiscal years.

³⁶ Clarke, S. P., Crowe, T. P., Oades, L. G., & Deane, F. P. (2009). SMART goal-setting interventions to improve the quality of outcomes in mental health services. *Psychiatric rehabilitation journal*, 32(4), 292.

³⁷ Lutenbacher, M. (2001). Psychometric assessment of the Adult-Adolescent Parenting Inventory in a sample of low-income single mothers. *Journal of nursing measurement*, 9(3), 291-308.

³⁸ Bavolek SJ, Keene RG. *AAPI online development handbook*. 2010 Retrieved from <http://nurturingparenting.com/images/cmsfiles/aapionlinehandbook12-5-12.pdf>.

³⁹ World Health Organization. (2009). Preventing violence through the development of safe, stable and nurturing relationships between children and their parents and caregivers.

⁴⁰ Cain, D. S., & Combs-Orme, T. (2005). Family structure effects on parenting stress and practices in the African American family. *J. Soc. & Soc. Welfare*, 32, 19.

Conclusions:

A collective examination of the programmatic performance results and qualitative data gathering through program monitoring activities highlight the value of the interventions provided by the program during an epoch of unheard of societal and environmental upheaval.

Paul Webb

6/23/2021 | 4:11 PM EDT

Date: _____

Paul Webb

Senior Program Consultant

Karen Boggess

6/23/2021 | 4:12 PM EDT

Date: _____

Megan Seales

Senior Program Evaluator

6/23/2021 | 4:42 PM EDT

Jennifer Ariaga

Date: _____

Karen Woods

Program Administration Manager

Karen Boggess

6/23/2021 | 4:12 PM EDT

Date: _____

Karen Boggess

Program Evaluation Manager

Beth Houghton

6/23/2021 | 5:26 PM EDT

Date: _____

Beth A. Houghton

Chief Executive Officer



PROGRAM MONITORING REPORT

Agency: Seniors in Service of Tampa Bay, Inc.

Program: Foster Grandparent Program

Program Monitoring Reporting Period: October 1, 2019 through September 30, 2020

AGENCY OVERVIEW: Seniors in Service of Tampa Bay Inc. (SISTB) is a private nonprofit 501(c)(3) organization headquartered in Tampa, Florida. SISTB mobilizes senior volunteers ages 55 and older to meet the needs of underserved communities in Hillsborough, Pinellas, and Polk counties. SISTB accomplishes its mission and vision through collaborative partnerships and the efforts of numerous local and national stakeholders.

PROGRAM DESCRIPTION: The Foster Grandparent Program (FGP) coordinates highly trained, culturally relevant volunteers to tutor and mentor disadvantaged children in grades K-5 in Title I schools. After referral to the program by school staff, Foster Grandparents assist to improve literacy by reinforcing academic instruction through one on one or small group attention while in the classroom. In addition, Foster Grandparents assist students with letter recognition, sentence structure, reading and writing skills.

AGENCY/PROGRAM ACCOMPLISHMENTS: FGP staff and volunteers remained flexible and adaptable as new service delivery models and methods were discussed and subsequently implemented. Particularly, staff and volunteers quickly shifted their approach to services and worked to implement innovative virtual ways to serve the children in Pinellas County Schools. Noteworthy at the end of the fiscal year, senior volunteers undertook technology training while program leadership focused on finding partnerships to sustain services. Specifically, for implementation in Fiscal Year 2021, the program engaged community-based organizations including the Neighborhood Family Centers, YReads and other community stakeholders to form meaningful collaborations with the goal of serving and supporting the education needs of the children across the county.

STRATEGIC FOCUS AREA(s): School Success

FISCAL SNAPSHOT:

	FY18	FY19	FY20
Total Program Budget	\$1,048,291	\$1,178,113	\$462,790**
JWB Allocation	\$273,386	\$281,588	\$290,036
Percent of Total Program Budget represented by JWB Allocation	26%	24%	63%
Lapse	\$16,182	\$82,848	\$67,373
Cost per Participant*	\$5,990 (\$1,048,291/175)	\$6,011 (\$1,178,113/196)	\$1,928 (\$462,790/240)

*Cost per participant information is calculated as follows: Total program budget/Total actual participants.

**The program budget decreased to properly allocate costs associated with the Pinellas County program.

TARGETED SERVICE LEVELS:

Targeted Service Level Type	FY18			FY19			FY20		
	Target	Actual	Percent	Target	Actual	Percent	Target	Actual	Percent
Number of classrooms with a Foster Grandparent	65	59	90%	60	64	106%	65	66	101%
Number of children served	260	175	67%	240	196	82%	260	240	92%
Number of volunteer hours provided	26,325	32,897	125%	26,730	34,116	128%	26,730	22,057	83%

PARTICIPANT DEMOGRAPHICS:

FGP worked with 66 volunteers who served a total of 16 schools and over 80 classrooms pre COVID-19. FGP, while largely retired volunteers' range in profession from former teachers to social workers and just grandmothers who want to give back to their communities. Children served by FGP largely represent children in grades Kindergarten through 5th grade. It is also worth noting the program serves children that are in highest need (Zone 5 schools).

PROGRAM OUTCOMES*:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of students identified as needing social or emotional support will demonstrate a level of improvement rating of a little improvement, moderate improvement or a great deal of improvement at posttest	80%	98%	80%	98%	80%	99%
Percent of students identified as needing language or literacy support will demonstrate a level of improvement rating of a little improvement, moderate improvement or a great deal of improvement at posttest	80%	98%	80%	99%	80%	99%
Percent of students identified as needing reading support will demonstrate a level of improvement on the identified reading assessment from pretest to posttest	80%	94%	80%	100%	80%	100%

**Performance measures were only assessed for 65 percent of children served, given that 83 children did not receive post assessments due to COVID-19*

PROGRAM MONITORING ACTIVITIES:**Program Observation Date(s):** 12/6/19, 1/8/20, 2/06/20, 2/11/20, 02/12/20**Interview Date(s):** 9/1/20**Collaborative Meeting/Consultation Date(s):** 11/13/19, 12/11/19, 5/19/20, 7/6/20, 7/17/20, 8/4/20, 8/11/20, 8/28/20, 9/2/20, 9/18/20, 9/22/20, 9/23/20. This list does not include regularly scheduled conference calls with provider groups throughout the pandemic.**Personnel File Monitoring Date(s):** 9/24/20

Technical assistance was provided throughout this fiscal year by JWB staff. Budget discussions regarding the calculation of cost per participant occurred early in the fiscal year, as well as introductory meetings with newly assigned JWB staff. Midway through the year the program underwent significant staffing changes resulting in the promotion of staff from within the organization. Due to these staffing changes and in order to build for the future, the Executive Director decided to reorganize the staffing structure resulting in a revised organizational chart submittal with accompanying updated job descriptions. As the pandemic progressed, more collaborative meetings occurred in order to address planning for the new school year since volunteer staff would not be allowed on school campuses. Additional technical assistance was provided as part of the personnel file review process and in preparation for the start of the new fiscal year's required document submittals.

Multiple program observations occurred during this reporting period. JWB staff attended the 2019 Volunteer Appreciation Luncheon where program volunteers were recognized for their years of service as well as the identification of a Volunteer of the Year from each of SISTB's programs. Observations also occurred within the school classrooms. In one first grade classroom at Gulfport Elementary School, the teacher shared "I don't know what I'd do without" her FGP volunteer. The teacher shared that even though this was a transformation zone school, she did not have an assigned teacher's aide. She shared that she issued eight referrals the day prior to the observation alone as well as sent four students out of the classroom, so the assistance from the FGP volunteer helped immensely with the management of the classroom. The FGP volunteer reported having her Masters of Social Work and has volunteered for two years with the program. She reported that she receives four hours of training per month. The FGP volunteer was observed assisting with the assembly of homework packets as well as with the management of the classroom. She would help redirect students who required extra attention and then work with them one-on-one. She shared one success story of assisting a student who could not hold a pencil at the beginning of the school year, but through continued individualized attention and support, the student was able to write. A kindergarten classroom was also observed at this same school. The teacher reported a great collaborative relationship with the FGP volunteer and that she specifically assisted one to two students at a time on specialized tasks.

Staff interviews also occurred during this reporting period. Staff reported more than adequate supervision, reporting that since the start of the pandemic, staff meet almost daily via a virtual platform. Staff shared program strengths include the connection built with the senior volunteers, as "they are so loyal to the program and love what they do." Challenges noted were directly correlated to the COVID-19 pandemic and the inability of the volunteers to be onsite for program service delivery.

A personnel and volunteer file review was conducted in September 2020. A total of four volunteer files were reviewed and all had appropriate background screenings completed and the required Affidavits of Good Moral Character signed at the start of their tenure. Because SISTB utilizes VECHS for the volunteers' Level 2 background screenings and therefore cannot release the direct results of the screenings to JWB staff, staff provided a screening results form to document and certify that the volunteer passed the background screening. The same consistency was not evident for the four staff files reviewed. For two staff, there was no evidence of a Level 2

screening being completed at hire, and the Level 2 screening did not occur until later in their tenure with the organization. While other methods of screening were conducted (via vendors Fieldprint and TrueScreen), a Level 2 is required at hire as well. According to Seniors in Service policies which align with JWB contractual requirements, staff are to undergo a Level 2 screening prior to their first day of employment. Affidavits of Good Moral Character forms were provided with signature for all staff reviewed, however it was noted that these were recently signed. Staff shared that the original document was not found in the personnel file. JWB staff recommended that SISTB implement a process at onboarding to ensure that all required screenings are completed and required affidavits are signed prior to the staffs' first day of employment.

COVID-19 Response and Impact: As a result of the COVID-19 pandemic, program operations ceased on March 16, 2020. FGP volunteers were no longer able to provide tutoring and mentoring due to the closure of on-site activities at Pinellas County schools. After connecting with schools individually throughout the summer to gauge their interest and ability to incorporate FGP volunteers virtually, program staff began tablet and technology training for the volunteers in early September. FGP volunteers received the training in order to engage virtually with students, however the program initially faced challenges in connecting with schools to get the program up and running. Program staff report that they anticipate always offering a virtual element to the program, even once the volunteers are able to resume on-site activities at the schools. Staff also anticipate offering their unique mentoring and tutoring at other community sites.

DATA QUALITY:

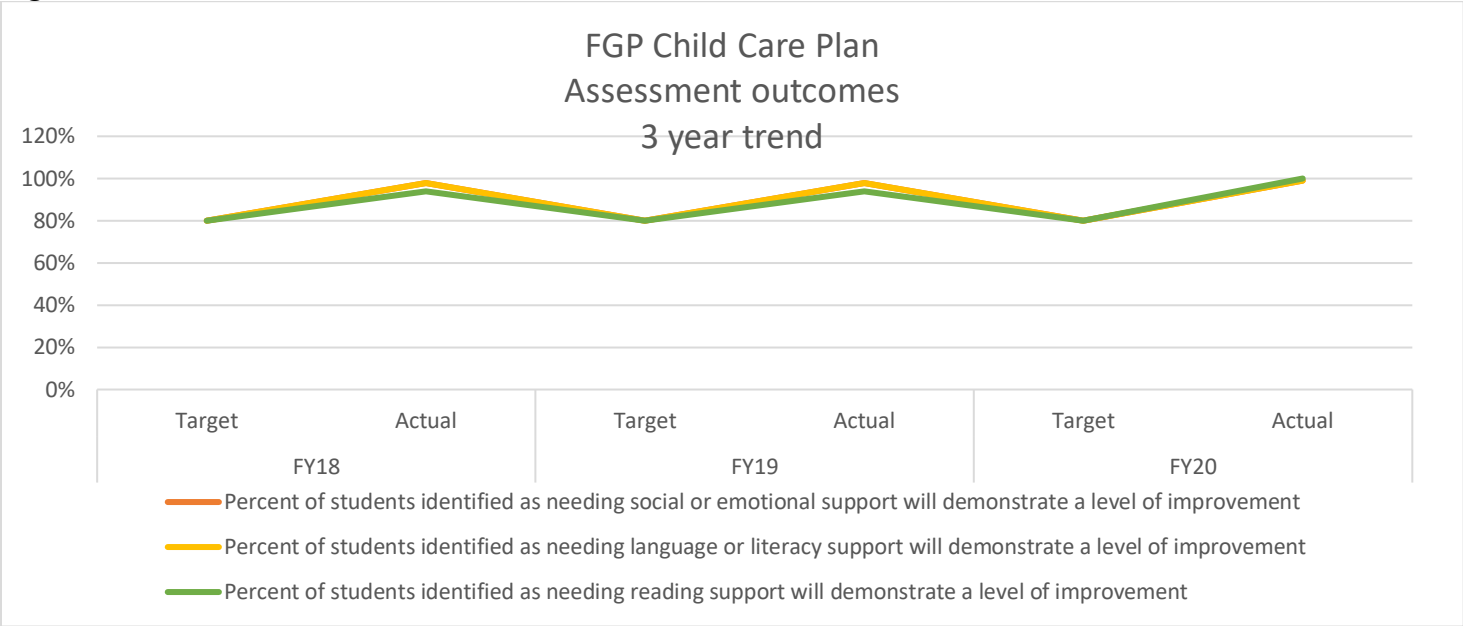
Participant File Review Date(s): Due to the COVID-19 pandemic, a participant file review was not conducted. A file review will be scheduled in FY21.

ANALYSIS OF PERFORMANCE:

In FY20, the program served 240 students, attaining 92% of its target of 260 students. Although, the program fell short of its targeted number of students served, FGP was able to place 66 volunteers in 81 classrooms prior to COVID-19 and related school closures and served three additional schools this fiscal year. While the program was on target to reach all of its targets prior to COVID-19, volunteer hours took a drastic decline due to the closing of Pinellas County Schools. The program had 22,057 volunteer hours, only 83% of its goal of 26,730.

The Foster Grandparent Program is evaluated using the program's Child Care Plan. Each student that is identified by participating teachers as needing support from a FGP has a Child Care Plan completed at the time of identification. This Child Care Plan assesses cognitive, language, social, emotional, fine/gross motor, and literacy skills and outlines the specific areas of focus for each child assessed. Additionally, the Child Care Plan serves as a guide for the FGP when tutoring and mentoring students. At the completion of the school year or at the point of post assessment, the Child Care Plan is updated by the classroom teacher with the student's level of improvement on each skill. The program was able to complete pre and post assessments of 65% of its children served and FY20 outcomes show significant progress made in improving cognitive, language, social, emotional, fine/gross motor, and literacy skills, aligning with trends over the last 3 years. Program participants' Child Care Plans demonstrated the following results (see Figure 1):

Figure 1: Child Care Plan Outcomes



CONCLUSIONS:

JWB staff will continue to work closely with the program to understand the larger impact of COVID-19 and the continued adaptation of programming to meet the shifting needs of the community.

Kelly Grossman

Kelly Grossman
Senior Program Consultant

Date: 6/22/2021 | 8:28 AM EDT

Nakee Holloway

Dr. Nakee Holloway
Senior Program Evaluator

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Karen Woods

Karen Woods
Program Administration Manager

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Date: 6/23/2021 | 11:47 AM EDT

Beth Houghton

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Chief Executive Officer

Date: 6/23/2021 | 1:45 PM EDT



PROGRAM MONITORING REPORT

Agency: R'Club Child Care, Inc.

Program: Home Instruction for Parents of Preschool Youngsters (HIPPY)

Program Monitoring Reporting Period: October 1, 2019 through September 30, 2020

AGENCY OVERVIEW: R'Club has been serving children and families in child care and education since 1976. R'Club incorporated as a nonprofit organization in response to a community need to provide after school care for elementary school aged children. R'Club continued to expand with the growing community demand for youth development programs and services. They now assist children birth through middle school throughout Pinellas County providing the following programs and services: Early Learning Academies, home visiting services, food and nutritional services, elementary and middle school programs, exceptional student education programming, and summer programs. The central purpose and role of R'Club is defined in their mission statement: "Provide quality early learning and development programs that strengthen children, families and communities with a focus on Respect, Responsibility, Resourcefulness, and Responsiveness."

PROGRAM DESCRIPTION: HIPPY offers a county-wide home visitation program that focuses on parent-involved, early learning, and solutions that strengthen families. The HIPPY model provides a very structured curriculum and support to help parents close the word gap and help boost their child's school readiness skills. The program's goal is to help parents prepare their children for success in school and beyond, as well as empower parents as their children's first and most influential teacher by giving them the tools, skills, and confidence they need to successfully engage their children in educational activities in the home.

AGENCY/PROGRAM ACCOMPLISHMENTS: The HIPPY model encourages parents to become Home Visitors after completing the program with their own children. R'Club employed eight HIPPY parents this fiscal year. Pinellas HIPPY values education for their own staff and had three employees complete one year in college. In addition, one Assistant Coordinator graduated with her Bachelor Degree. Furthermore, 211 children participated in the Florida HIPPY "100 books in 100 days" reading challenge. Pinellas HIPPY participants read a total of 9,795 books. Finally, HIPPY's Coordinator was the Conference Chair for Florida HIPPY.

STRATEGIC FOCUS AREA: School Readiness

FISCAL SNAPSHOT:

	FY18	FY19	FY20	Comments
Total Program Budget	\$1,442,562	\$1,374,399	\$1,373,280	
JWB Allocation	\$1,108,926	\$952,926	\$952,926	In FY18 HIPPY was awarded an increase to mitigate a loss in state funding
Percent of Total Program Budget represented by JWB Allocation	77%	69%	69%	
Lapse	\$84,144	\$32,173	\$255,412	
Cost per Participant*	\$1,866 (\$1,442,562/773)	\$1,666 (\$1,374,399/825)	\$2,005 (\$1,373,280/685)	

**Cost per participant information is calculated as follows: Total program budget/Total actual participants.*

TARGETED SERVICE LEVELS:

Targeted Service Level Type	FY18			FY19			FY20		
	Target	Actual	Percent	Target	Actual	Percent	Target	Actual	Percent
Number of youth served	400	409	102%	400	446	112%	400	375	94%
Number of adults served	400	364	91%	400	379	95%	350	310	89%
Group Activities	6	10	167%	8	11	138%	8	5	63%

PARTICIPANT DEMOGRAPHICS:

During FY20, the R'Club HIPPY program served 310 parents and 375 children two through five years old. Of the 375 children served, 69% were White, 18% Black or African American, 56% Hispanic and 1% Asian. Forty-one percent (41) of the children were raised by a single parent while 59% by married dual parents. Sixty-one percent (61%) of families had a reported annual household income below \$29,999 and 10% of the parents reported zero income.

The families resided across Pinellas County with 56% in the North, 17% in the Middle and 27% in the South. The parents had different levels of education. Twenty-four percent (24%) of the parents did not graduate from high school, 26% had a high school diploma or equivalent, 22% attended some college or a vocational school, and 28% held an AA/BA or Master's degree.

The program planned eight parent engagement events. However, only five events were actually provided because of the COVID-19 pandemic. The five events engaged 355 children and 297 adults through Pinellas County. The events incorporated the components of education, entertainment, and community outreach.

PROGRAM OUTCOMES*:

Performance Measure Description	FY18		FY19		FY20**	
	Target	Actual	Target	Actual	Target	Actual
Percent of children enrolled in the Age 3 HIPPY curriculum will demonstrate improved literacy skills on the Bracken School Readiness Assessment.	70%	91%	85%	96%	85%	97%
Percent of children enrolled in the Age 4 HIPPY curriculum will demonstrate improved literacy skills on the Bracken School Readiness Assessment.	70%	75%	85%	91%	85%	96%
Percent of children enrolled in the Age 5 HIPPY curriculum will demonstrate improved literacy skills on the Bracken School Readiness Assessment.	70%	72%	70%	74%	85%	95%

**Performance is typically measured on full fiscal years and on the total population served. If performance is measured for a partial year or on a sample of participants, this will be noted in the "Analysis of Performance" section of the report.)*

****Performance is measured on a partial fiscal year and on partial participants served.*

PROGRAM MONITORING ACTIVITIES:

Program Observation Date: 8/20/20, 9/2/2020

Interview Date(s): 8/14/2020, 8/20/2020, 8/21/2020

Collaborative Meeting/Consultation Dates: 12/4/19, 12/30/19, 2/13/2020, 4/22/2020, 7/20/2020

R'Club's HIPPY Program follows all quality assurance standards as stipulated in the HIPPY Excellence Accreditation manual. The HIPPY program has income eligibility requirements to ensure that needy children are provided services first. The program continually ensures that children are eligible for the program and will check with JWB for exceptions to income eligibility requirements for families who are deserving. JWB allows 5% of their participants to be at or below 300% of the Federal Poverty Level.

HIPPY staff reported that they are getting more children on the spectrum. HIPPY USA is responding by adapting the program to be developmentally appropriate for children with delays and R'Club is seeking training for their staff in order to meet the children's needs. They also have a child who is hearing impaired. Staff is learning to sign using YouTube videos and classes. They also reached out to other agencies for an interpreter so the child can continue services.

The program stopped in home visits due to the pandemic, but by the end of March they were completing virtual visits. Staff used the same routine as if the visit were in person. Most of the families were able to participate in the visit on their phones or tablets.

Personnel File reviews were not completed this year due to the impacts of COVID-19. Furthermore, the program had two previous years of personnel file monitoring that had no concerns or issues with timely background screenings or signed Affidavits of Good Moral Character.

Five parent interviews were completed in August 2020. The children ranged in age from two to five years old and had been with the program anywhere from 11 months to two years. The HIPPY program markets their program throughout Pinellas county. It was interesting to learn that participants heard about the program from brochures or staff at the local library, a booth at a 5K Run, or a referral from family or friends. Benefits of the program were communicated as it helps parents with the basics of education, great activities and books, taught in Spanish, and prepares child for elementary school. Parents also expressed their gratitude that everything they need for the activities were brought to the house, even during the pandemic. Parents made statements such as, "He already knows his colors and ABC's and he's only two." "It feels so good knowing that I am doing what my daughter needs in order to learn." "It gives me confidence as a parent in teaching my own child." Parents were positive about staff and shared that they are friendly, patient, care about the family, and are kind. One parent shared that she likes that her Home Visitor celebrated the completion of activities with her and her child. Parents commented on changes due to COVID-19. Most liked face to face home visits better but understood the safety aspect to change to virtual visits. One parent said that an "over the phone" visit is better because the role playing can be awkward. The technology/software to conduct a virtual visit was stated as a challenge. For example, Skype calls were hard to get used to in the beginning and the parent had to cancel calls a couple of times.

Four staff were interviewed during this fiscal year. Three staff were working towards a Bachelor Degree while the other had a Bachelor Degree in Marketing. Staff had been with the program for two to three years. One staff had completed the HIPPY program with her own child and enjoyed the program. She wanted to help other parents support their child's learning and took a position when it became available. Staff expressed that supervisors were supportive and always helpful. Staff stated that training is offered abundantly, both online during COVID-19 and conferences when safe. One communicated the orientation period for new staff as a strength of the program. HIPPY has a buddy system for new employees to partner with a seasoned employee for the first couple of months. Other strengths of the program were explained as being an asset to the community, helping families, teaching new moms how to teach their children. Staff were most proud of the spirit days during their COVID Zoom Meetings to keep their moods uplifted and that they did not lose any families or staff during the pandemic.

Two observations of the virtual HIPPY visits were completed in August and September 2020. Staff had been completing virtual visits for about six months and were well practiced with the routine of the new presentation mode. Each visit began with a check in about the previous lessons. HIPPY staff gave the parent feedback and

positive affirmations about the work completed with the child. The parent took pictures of the homework pages and emailed them for items to be kept in the child's file. HIPPY staff and the parent chatted about reading aloud to the child, with whom, how often, how the child responded. The highlighted book and worksheet booklets were delivered to the parent's home to ensure they had the complete set of supplies for each weekly visit. The Home Visitor demonstrated for the parent how to read the story to her child with open-ended questions and how to complete the activities with the child after the book was read. The parent role played the part of her child and gave responses she thought her child would answer. HIPPY staff showed enthusiasm with smiles and animated facial expressions. She gave eye contact over the computer and laughed with the parent. The lessons continued with pointing out new vocabulary words, science/nature activities, math lessons, and motor activities. For lessons five and six, the parent switched to the role of "teacher" and demonstrated for the program staff. The HIPPY Home Visitor gave her positive feedback or technical assistance to make the lesson better. They ended the visit by setting goals for the next week and confirming the next appointment. The virtual visit was conducted with fidelity to the HIPPY model and methodology that had been previously observed during in person observations.

COVID 19 Response and Impact:

Providers were requested to complete a JWB developed survey about the impacts of COVID-19 on their program during the period of 3/16/2020 to 9/30/2020. The following provides a summary and interpretation of the survey submitted by R'Club for HIPPY.

The HIPPY program stopped enrolling new participants in March 2020 because of the uncertainty of the pandemic. However, they continued to serve the families who were enrolled in the program prior to COVID-19 through virtual visits. Staff worked remotely to engage parents in the program and delivered all materials including books for the lesson to the families' doorsteps. The following challenges were faced by the program: internet access and hardware issues for the families, scheduling conflicts with families, and exposure to COVID-19. The program was able to continue participant engagement by making consistent phone calls to the families and using social media to connect with them. The agency had to purchase iPads and cameras for computers in order for staff to work virtually. HIPPY is a licensed program through HIPPY USA. They must follow all protocols and procedures from that organization. At this time, HIPPY USA has not indicated if there will be any lasting changes due to lessons learned during the pandemic with virtual learning.

DATA QUALITY:

FY20 participant file review was cancelled due to the impact of the COVID-19 pandemic. Program staff had an excellent system to monitor data quality internally. The program achieved a perfect (100%) data accuracy score in the last two fiscal years. Therefore, JWB staff is confident that the program maintained a high level of data quality in this fiscal year as well.

ANALYSIS OF PERFORMANCE:

Bracken School Readiness Assessment (BSRA), a research-based and evidence-based tool, has been used by the HIPPY program to assess children's early literacy and numeracy skills. Specifically, the tool measures a child's knowledge of five basic educational concepts relating to shapes, colors, letters, numbers/counting, and sizes/comparisons. The concepts and the skills instructed through the interactions with parents and their children will enable a child be successful in school. BSRA has been used as a pretest/posttest assessment tool and children are assessed upon enrollment (pretest) and at week 25 (posttest).

BSRA is required to be conducted at children's home. When home visits were provided virtually due to the pandemic, BSRA was discontinued accordingly. It is expected the BSRA will be discontinued through FY21 as well. This is guidance from HIPPY USA which the local program follows. Therefore, the FY20 BSRA results reported in this report were from the data collected prior to the pandemic. The FY20 Bracken results indicated

that the program met and exceeded all three target goals. Specifically, 97% of the three-year-olds, 96% of the four-year-olds, and 95% of the five-year-olds demonstrated improved early literacy and numeracy skills by at least two points increase in scores after completion of the curriculum for their age group.

CONCLUSIONS:

HIPPY program follows National HIPPY model to help parents in Pinellas County to acquire new knowledge, confidence, and skills which build on their capacity to teach their children. The program demonstrated promising outcomes from the children's learning gains which was believed to prepare them to successful school learning. Despite the pandemic, the program was successful at providing services to the children and families without interruption. JWB staff will keep working with the program and ensure parents and children will continue to benefit from the program.

Cheryl Miller

Cheryl Miller
Senior Program Consultant

Date: 6/24/2021 | 4:59 PM EDT

Qian Fan

Qian Fan, Ph.D.
Senior Program Evaluator

Date: 6/24/2021 | 5:23 PM EDT

Jennifer Ariaga

Karen Woods
Program Administration Manager

Date: 6/24/2021 | 5:28 PM EDT

Karen Boggess

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Program Evaluation Manager

Date: 6/24/2021 | 5:40 PM EDT

Beth Houghton

Beth A. Houghton
Chief Executive Officer

Date: 6/24/2021 | 6:30 PM EDT



Financial Monitoring Report

Agency: Boley Centers, Inc. (Boley)

Program(s): Youth Employment Program (YEP)

Date of Visit: May 28th, 2021

JWB Staff: Tiara Bethel, Financial Analyst; Stacey Gill, Senior Program Financial Analyst; Arun Lazarus, Senior Program Financial Analyst; Braxton Everett, Financial Analyst

Agency Staff: Chad Carnell, CFO; Shawn Parker; Kristine McCormick, Contract Accountant

Period Reviewed: FY2019 & FY2020

Funding/Lapse History

Program	Fiscal Year	JWB Contract Amount	Total Program Budget	% of Total Program Funding	Lapse (%)
YEP	FY2020	\$1,205,547	\$2,135,518	56.5%	18.6%
YEP	FY2019	\$1,048,179	\$2,007,300	52.2%	14.6%

In FY19, Boley received prorated expansion funding to serve 35 additional participants which was annualized in FY20. The FY20 lapse was primarily due to participant wages as they were furloughed during COVID and the agency's participation in the Paycheck Protection Program (PPP) to fund salaries. Similarly, the program lapse in FY19 was also primarily due to participant wages as participants enrolled in other extracurricular activities or did not qualify for employment.

Agency Audit

The FY20 audit identified a significant deficiency related to turnover and an untimely close of the FY20 year-end that resulted in several adjustments to the financial statements. No internal control weaknesses were identified in FY19. For FY20 and FY19 there was a change in net assets of (\$1,925,440) and (\$589,224), which includes depreciation of \$1,499,734 and \$1,349,280 respectively. The agency was approved for the PPP loan in FY20 which was subsequently forgiven in February 2021.

Compliance with Site Visit Request

The monitoring visit was conducted virtually relying on document uploads into SharePoint. Staff were able to provide JWB with all of the documents required to complete the visit on a timely basis.

Management of Program Funds

Boley has comprehensive Accounting Policies and Procedures Manuals which are continually being reviewed and updated. The policy on fixed assets includes a capitalization threshold of \$1,000. Per



policy, each fixed asset is assigned an asset number and assigned to a cost center. The CFO reviews the fixed asset listing quarterly for accuracy. The agency's purchasing policy is detailed and includes multiple levels of signatory and approval requirements. These authorization levels include: routine purchases of \$500 or less require a signature from the Program Manager; purchases between \$500 - \$1000 require one signature from the Program Director; purchases over \$1000 require a signature from the Program Director and/or CEO. Boley's competitive bid policy outlines five methods for procurement of goods and services: micro-purchases, small purchases, sealed bids, competitive proposals, and sole source. Micro-purchases have a threshold that must not exceed \$10,000 and do not require competitive bids if the price is reasonable. Reasonableness is determined in several ways, such as requesting prices from more than one vendor. Small purchases have a threshold between \$10,001 to \$250,000 and require price quotes from at least two sources. Sealed bids and competitive proposals have thresholds greater than \$250,001 which requires publicly solicited bids. The sole source method of procurement is used for purchases of any dollar amount and is used when competition is determined to be inadequate after solicitation from a number of sources. All quotes must be documented and kept on file. Per agency policy, at least two bids are obtained annually for materials and services routinely used by the agency from the same vendor where the total dollar amount exceeds \$10,000. The Conflict of Interest (COI) policy requires that forms are signed annually by HR, Finance, Maintenance, and Executive administrators. As of 2019, the COI policy was updated to require all field staff, upon hire, to also sign COIs.

The agency budget to actual statement is part of the monthly financial statement package and is presented to the Board on a monthly and year-to-date basis. Financial statements are reconciled monthly to ensure alignment with reimbursements.

Timeliness of Reimbursements

FY20 YEP submitted requests timely: 12 of 12 (100%)

FY19 YEP submitted requests timely: 12 of 12 (100%)

All program reimbursements were submitted timely for both fiscal years. In FY20, one reimbursement was returned to correct line item expenses. In FY19, seven program reimbursements were returned for reasons relating to additional supporting documents, salary adjustments and revisions to line items.

Reimbursement Review

A total of 11 operating expenses were pulled from reimbursement requests across various budget lines. No findings were identified.

Payroll Review

The payroll verification consisted of 4 positions for June 2019 and 4 for September 2020. No findings were identified.



Bank Reconciliation Review

A total of four bank reconciliations were requested for review - June 2019, September 2019, February 2020, and August 2020. All four reconciliations were performed on a timely basis, however, three of the reconciliations were not signed off by the reviewer or approver as required by policy.

JWB Recommendations

Management should consider having employees hired before 2019 sign COI forms.

Agency Response

As noted in our financial audit, our agency did experience employee turnover of key staff during the past audit year; specifically, the CFO being out on medical leave. In their absence, unfortunately some functions performed by the CFO were not completed as cited under the bank reconciliation review. The CFO position has been filled and we know these functions will resume during the normal course of transitioning the new CFO into all procedural functions.

Tiara Bethel

Tiara Bethel, Program Financial Analyst

6/28/2021 | 12:01 PM EDT

Date

Lori Lewis

Lori N. Lewis, Program Finance Manager

6/28/2021 | 12:03 PM EDT

Date

Laura Krueger Brock

Laura Krueger Brock, Chief Financial Officer

6/28/2021 | 12:20 PM EDT

Date

Received by:

Chad Carnell

Chad Carnell, Chief Financial Officer

6/28/2021 | 12:23 PM EDT

Date

Financial Monitoring Report

Agency: Early Learning Coalition of Pinellas County Inc. (ELC)

Program(s): Child Care Executive Partnership (CCEP)
PreK All Day (PKAD)
Readiness Match (SRM)
Subsidized Child Care Match (BG8)

Date of Visit: May 20th, 2021

JWB Staff: Tiara Bethel, Program Financial Analyst

Agency Staff: Merita Kafexhiu, Chief Financial Officer; Carol Lenas, Grants & Contracts Administrator

Period Reviewed: FY2019 & FY2020

Funding/Lapse History

Program	Fiscal Year	JWB Contract Amount	Total Program Budget	% of Total Program Funding	Lapse (%)
CCEP	FY19	\$1,040,000	\$2,109,299	49.3%	1.0%
PKAD	FY20	\$745,077	\$745,077	100%	6.6%
PKAD	FY19	\$618,948	\$618,948	100%	46.7%
SRM	FY20	\$1,540,000	\$3,196,650	48.2%	0.0%
BG8	FY19	\$720,000	\$13,179,651	5.5%	5.9%

Due to changes made in match requirements with the Office of Early Learning (OEL), ELC requested to replace the BG8 and CCEP match with SRM in FY20 to increase the number of children served. Lapse in PKAD for FY20 was primarily attributed to an impact on spending due to site closures as a result of COVID. Program lapse for FY19 was primarily due to consistent recruitment issues.

Agency Audit

The FY20 and FY19 audits received an unmodified opinion and no internal control weaknesses were identified. For FY20 and FY19 there was a change in net assets of \$59,298 and \$87,642, which includes depreciation of \$6,525 and \$7,435, respectively.



Compliance with Site Visit Request

The monitoring visit was conducted virtually, relying on document uploads into SharePoint. Staff were able to provide JWB with all of the documents required to complete the visit on a timely basis.

Management of Program Funds

ELC has a comprehensive Accounting Policies and Procedures Manual. These policies are reviewed and updated on an annual basis. The agency policy on fixed assets includes a capitalization threshold of \$5,000. This policy also states that inventory tracking is done to maintain accuracy of assets. Also, the appropriate approval must be obtained prior to disposal. The purchasing policies of ELC are detailed and include multiple approval levels and solicitation processes. Purchases up to \$2,500 require one written quote or written record of a verbal quote, and purchases between \$2,501 - \$34,999 require two written quotes or two records of two verbal quotations. Purchases greater than \$35,000 are subject to the agency's formal bid process. Per policy, these purchases require sealed bids. While the agency does have a Conflict of Interest (COI) policy that requires staff, officers and Board members to disclose any potential conflicts, they are not required to sign COI statements as part of their normal business practice unless a conflict arises. The agency budget to actual statement is part of the monthly financial statement package presented to the Board of Directors. Financial statements by program are reconciled monthly to ensure alignment with reimbursements.

Timeliness of Reimbursements

FY20 PKAD submitted requests timely: 12 of 12 (100%)
 FY20 SRM submitted requests timely: 12 of 12 (100%)
 FY19 CCEP submitted requests timely: 11 of 13 (84.6%)
 FY19 PKAD submitted requests timely: 11 of 12 (91.7%)
 FY19 BG8 submitted requests timely: 11 of 12 (91.7%)

In FY20, 100% of reimbursements for both programs were submitted timely. There were no returns for PKAD; however, three reimbursement requests for SRM were returned. Two of the returns were per agency request, and the third return was to provide additional supporting documentation. In FY19, 84.6% of reimbursements for CCEP were submitted timely and 91.7% of reimbursements for PKAD and BG8 were submitted timely. There were no returned requests.

Reimbursement Review

Since JWB provides match for ELC to fund child care slots, the reimbursement requests do not include any operating expenses for review. JWB finance staff do work in conjunction with JWB program staff to perform participant file reviews annually to confirm accuracy of the recorded attendance for match.



Payroll Review

The payroll verification consisted of one position for PKAD for the months of June 2019 and September 2020. No findings were identified.

Bank Reconciliation Review

Two bank reconciliations were requested for review for the months of September 2019 and June 2020. In accordance with agency policy, both reconciliations were performed on a timely basis and were signed off by the reviewer and approver.

JWB Recommendations

Management should consider updating the policies and procedures to have staff sign Conflict of Interest statements annually or at time of hire.

Agency Response

The submission of 2019 invoices were impacted by the OEL EFSMOD new system that was put in place by the OEL.

Tiara Bethel

6/28/2021 | 8:20 AM EDT

Tiara Bethel, Program Financial Analyst

Date

Lori Lewis

6/28/2021 | 11:25 AM EDT

Lori N. Lewis, Program Finance Manager

Date

Laura Krueger Brock

6/28/2021 | 11:34 AM EDT

Laura Krueger Brock, Chief Financial Officer

Date

Received by:

Merita Kafexhiu

6/28/2021 | 5:09 PM EDT

Merita Kafexhiu, Chief Financial Officer

Date



Financial Monitoring Report

Agency: Gulf Coast Jewish Family and Community Services, Inc. (GCJFCS)

Program(s): FSI Navigation (FSI)
Violence Prevention (VP)

Date of Visit: April 20, 2021

JWB Staff: Braxton Everett, Program Financial Analyst; Stacey Gill, Senior Program Financial Analyst; Arun Lazarus, Senior Program Financial Analyst; Tiara Bethel, Program Financial Analyst

Agency Staff: TK Couture, Grant Accountant; Heng Sa-ardphanchai, Staff Accountant

Period Reviewed: FY19 & FY20

Funding/Lapse History

Program	Fiscal Year	JWB Contract Amount	Total Program Budget	% of Total Program Funding	Lapse (%)
FSI	FY20	\$482,905	\$482,905	100%	8.0%
FSI	FY19	\$340,920	\$340,920	100%	9.1%
VP	FY20	\$701,122	\$737,037	95.1%	3.7%
VP	FY19	\$683,841	\$712,450	96.0%	2.1%

FY20 funding for FSI of \$482,905 and VP of \$701,122 represent 41.7% and 2.5% increases over FY19 funding, respectively. The large increase in FSI funding is due to the continued expansion of the program in FY20 which included the addition of three navigator positions. The FY20 lapse in both programs is made up almost entirely of salaries and benefits.

Agency Audit

The FY20 and FY19 audits received an unmodified opinion and no internal control weaknesses were identified. In FY20 and FY19, there was change in net assets of (\$220,017) and (\$281,503) which includes depreciation of \$439,747 and \$426,380, respectively.

Compliance with Site Visit Request

The monitoring visit was conducted virtually, relying on document uploads into SharePoint. At the time of the visit, the requested documents had not been uploaded due to access issues. JWB staff expedited their access requests in order for the visit to be completed on the scheduled date.



Management of Program Funds

GCJFCS has an extensive Accounting Procedures Manual that is reviewed at least every year. Updates are made on a three-to-five-year schedule or more, as needed, and indicates the last year of revision.

The agency budget to actual statement is part of the monthly financial statement package that is presented to the Finance Committee on a monthly basis. Monthly program budget to actual reports are produced and reviewed by program management. Finance staff reconcile reports from the JWB Grants Management System to internal records at least twice yearly.

There is a policy on fixed assets that addresses disposal of assets and specifies that approval from donors is necessary prior to any disposal. Assets are labeled and tracked via an asset tag, but it is unclear if an inventory of such items are taken, and the frequency of the inventory audit.

The procurement policy outlines the criteria and requirements necessary for the agency to obtain goods and services. The competitive bid process is initiated when goods or services exceeding \$5,000 need to be purchased. A minimum of three written bids are required from vendors. Award of bids, quotes, or proposals will go to the vendor providing the most value while meeting the minimum needs outlined by GCJFCS. The policy does not identify what person(s) have the authority to award a bid to a vendor.

Conflict of Interest statements are signed annually by staff and are addressed in the Human Resources Manual. Staff are instructed to disclose any conflicts of interest as they arise.

Timeliness of Reimbursements

FY20 – FSI submitted requests timely: 10 of 12
 FY20 – VP submitted requests timely: 10 of 12
 FY19 – FSI submitted requests timely: 10 of 12
 FY19 – VP submitted requests timely: 9 of 12

Reimbursements for the both FSI and VP were timely 81% over the two years. In FY19, one request for both FSI and VP was returned to correct the administrative expense amount. In FY20, three FSI requests were returned to change backup format, correct the amount requested for an expense, and upload the correct backup documents. In FY20, three VP requests were returned for unallowable salaries expense (per provider request), to change backup format, and to correct the amount requested for administrative expense.

Reimbursement Review

A total of 20 operating expenses, 10 for FSI and 10 for VP, were pulled from reimbursement requests across various budget lines for the two programs under review. No findings were identified.

Payroll Review

The payroll verification consisted of three FSI positions and three VP positions for the month of September 2020, three FSI positions and three VP positions for the month of June 2019. No findings were identified.



Bank Reconciliation Review

A total of four bank reconciliations were requested for review, June 2019, July 2019, December 2019, and September 2020. Three of the four bank reconciliations were reviewed and approved in a timely manner. The September 2020 bank reconciliation was not completed until April 2021.

JWB Recommendations

Management should consider clearly outlining in their policies who has the authority to decide which vendor is awarded a bid.

Management should formalize the contract review and renewal process to make sure they are performed on a timely basis.

Management should update the fixed asset policy to include the process and frequency for performing inventory audits.

Agency Response

Management provided no response.

Braxton Everett

Braxton Everett, Program Financial Analyst

6/25/2021 | 3:15 PM EDT

Date

Lori Lewis

Lori N. Lewis, Program Finance Manager

6/25/2021 | 3:16 PM EDT

Date

Laura Krueger Brock

Laura Krueger Brock, Chief Financial Officer

6/25/2021 | 3:26 PM EDT

Date

Received by:

Karen Weiskopf

Karen Weiskopf, Director of Finance

6/25/2021 | 4:01 PM EDT

Date



Financial Monitoring Report

Agency: Personal Enrichment through Mental Health Services, Inc. (PEMHS)

Program(s): Family Connection Navigation (FCN)
FSI System Navigators (FSI)
HOME Navigation (HOME)

Date of Visit: April 21, 2021

JWB Staff: Stacey Gill, Senior Program Financial Analyst; Arun Lazarus, Senior Program Financial Analyst; Braxton Everett, Financial Analyst; Tiara Bethel, Financial Analyst

Agency Staff: Zofia Whiting, CFO; Courtney Covington, Director of Community and Family Services

Period Reviewed: FY2019 & FY2020

Funding/Lapse History

Program	Fiscal Year	JWB Contract Amount	Total Program Budget	% of Total Program Funding	Lapse (%)
FCN	FY2020	\$601,155	\$601,155	100.0%	12.7%
FSI	FY2020	\$598,920	\$598,920	100.0%	3.2%
FSI	FY2019	\$1,293,288	\$1,307,008	99.0%	2.4%
HOME	FY2020	\$181,511	\$181,511	100.0%	8.4%
HOME	FY2019	\$111,975	\$117,583	95.2%	0.4%

Total funding for FSI decreased in FY20 due to FCN being pulled out and set up as its own program. In addition, a decision was made to split navigation services between PEMHS and Gulf Coast Jewish and Family Community Services (GCJFCS) and reallocate funding for three navigator positions to the new GCJFCS program. Furthermore, shared costs between the three PEMHS programs were allocated based on time spent, creating a slight increase to the HOME program. The most significant lapse in FY20 was in the new FCN program due to vacancies. The lapse in HOME was due primarily to lapse in benefits which were budgeted at 23% while actuals were only at 18%.

Agency Audit

The FY20 and FY19 audits received an unmodified opinion and no internal control weaknesses were identified. In FY20 and FY19 there was a change in net assets of \$833,610 and \$164,110,



which includes depreciation of \$287,448 and \$307,265 respectively. The increase in FY20 was primarily due to the gain on the sale of their St. Petersburg property and the related occupancy savings as a result of the sale.

Compliance with Site Visit Request

The monitoring visit was conducted virtually relying on document uploads into SharePoint. Staff were able to provide JWB with all of the documents required to complete the visit on a timely basis.

Management of Program Funds

PEMHS has a very thorough Finance Policies and Procedures Manual. They are in the process of updating all of the policies, with a new policies and procedures committee meeting every six weeks. The final review and updates are expected to be completed in late spring-early summer 2022. The policy on fixed assets has a \$1,000 capitalization threshold and their general ledger software system includes a funder identifier on assets. Their purchasing policy includes multiple levels of signatory or approval requirements. A purchase order (PO) must be signed by the Facility Manager for items costing up to \$1,000. PO's over \$1,000 must be signed by both the Facility Manager and the Chief Operating Officer. Zofia Whiting, CFO, explained that purchases between \$1,000 and \$10,000 may be awarded without soliciting competitive quotations if the price is reasonable. Reasonableness is determined by comparing price to past or published prices, or requesting prices from more than one vendor. She also explained that to the extent possible, these smaller purchases are distributed equitably among qualified supplies. The bid policy includes processes at two levels, greater than \$10,000 and greater than \$250,000. The lower level requires two quotes and the process can be informal, though all quotes are documented and kept on file. The higher level requires a sealed and publicly solicited process. Per policy, contracts are awarded to the responsible firm whose proposal is the most advantageous, with price and other factors considered. The Facility Manager, with the approval of the program manager and CEO, makes the final decision. The Conflict of Interest Policy (COI) requires all staff to sign a statement at hire and Board members to sign annually. The COI policy is in the process of being updated, along with the other policies, as noted above.

Financial statements are generated monthly and are presented to the Board of Directors every other month at their Board meetings. The financial statement package includes an agency level budget to actual statement as well as a narrative summary of significant variances. Financial statements by program are shared with managers at management meetings. Finance staff prepare the variance analyses and reach out to program managers when necessary. In order to confirm accuracy and allowability, finance staff also reconcile the JWB Grants Management System to internal financial records on a monthly basis.

Timeliness of Reimbursements

FY20 FCN submitted requests timely: 10 of 12 (83%)



FY20 FSI submitted requests timely: 10 of 12 (83%)
 FY19 FSI submitted requests timely: 12 of 12 (100%)
 FY20 HOME submitted requests timely: 10 of 12 (83%)

FY19 HOME submitted requests timely: 12 of 12 (100%)

In FY20, one reimbursement was returned for each of the three programs due to classification of expenses. In FY19, two FSI reimbursements were returned due to classification of expenses, and one HOME reimbursement was returned for a correction to travel expense.

Reimbursement Review

A total of 30 operating expenses (10 in each program) were pulled from reimbursement requests across various budget lines for the three programs under review. There were no findings.

Payroll Review

The payroll verification consisted of 7 positions for the months of September 2019 and June 2020. This review identified that stipends paid to staff totaling \$6,698 in June 2020 were reimbursed by JWB. Due to the inclusion of the stipends in the reimbursements in June 2020, the final salary request reimbursement (9/2020) for some staff were reduced due to budget limitations. The net amount of this reimbursement error (stipends less unreimbursed salaries 9/20) was \$4,419, representing the total amount due to JWB.

Bank Reconciliation Review

A total of four bank reconciliations were requested for review, April 2019, September 2019, March 2020 and September 2020. All four reconciliations were performed on a timely basis and signed off by the CFO.

JWB Recommendations

Management should consider requiring all staff to sign a conflict of interest statement annually.

Management should consider updating the fixed asset policy to include language specifying that the funder must approve when an asset is disposed of prior to its useful life.

Agency Response

The inclusion of the stipends in the June 2020 Reimbursement Request was an oversight as future stipend payments were not submitted to JWB for reimbursement.



Stacey Gill

Stacey Gill, Senior Program Financial Analyst

6/10/2021 | 8:49 AM EDT

Date

Lori Lewis

Lori N. Lewis, Program Finance Manager

6/10/2021 | 10:16 AM EDT

Date

Laura Krueger Brock

Laura Krueger Brock, Chief Financial Officer

6/10/2021 | 10:18 AM EDT

Date

Received by:

Zofia Whiting

Zofia Whiting, Chief Financial Officer

6/17/2021 | 6:31 AM PDT

Date



Financial Monitoring Report

Agency: Pace Center for Girls, Inc.

Program(s): Pace Center for Girls (Pace)

Date of Visit: May 13th, 2021

JWB Staff: Tiara Bethel, Program Financial Analyst; Stacey Gill, Senior Program Financial Analyst; Arun Lazarus, Senior Program Financial Analyst; Braxton Everett, Program Financial Analyst

Agency Staff: Chantell Miles, Executive Director; Jenny Shaw, Senior Accountant

Period Reviewed: FY19 & FY20

Funding/Lapse History

Program	Fiscal Year	JWB Contract Amount	Total Program Budget	% of Total Program Funding	Lapse (%)
Pace	FY20	\$ 148,267	\$ 1,389,492	10.7%	12.2%
Pace	FY19	\$ 148,267	\$ 1,485,017	10.0%	8.5%

Funding for PACE remained unchanged in FY20. The FY20 lapse was primarily attributed to COVID-related shutdowns, while the FY19 lapse was attributed to position restructuring and vacancies.

Agency Audit

The FY20 and FY19 audits received an unmodified opinion and no internal control weaknesses were identified. For FY20 and FY19, there was a change in net assets of (\$488,849) and (\$905,888), which includes depreciation of \$1,111,087 and \$1,531,124 respectively. The agency did not participate in the Paycheck Protection Program (PPP) in FY20.

Compliance with Site Visit Request

The monitoring visit was conducted virtually, relying on document uploads into SharePoint. Staff were able to provide JWB with all of the documents required to complete the visit on a timely basis.



Management of Program Funds

Pace has a comprehensive Accounting Policies and Procedures Manual. Due to COVID-related interruptions, these policies were last reviewed in 2019; however, are anticipated to be reviewed and updated this year. The policy on fixed assets includes a capitalization threshold of \$2,500. All purchases must be approved by the Executive Director. The Executive Director may also pre-approve recurring expenses as needed. Per Pace policy, contracts may have a term of up to two years and contracts of less than \$35,000 are eligible to receive a one-time two-year renewal. After the one-time renewal, three quotes are required. Three quotes are required for contracts valued between \$10,000 and \$35,000, and for contracts with a value exceeding than \$35,000, the agency competitive bid process must be adhered. The competitive bid policy and process for the agency is managed by The Compliance and Risk Department. Part of the bid process is to submit a written Requests for Proposal (RFP), which is then then posted on the agency webpage. Once a short-list of vendors is gathered, an individual from the Compliance and Risk Department evaluates and selects a vendor using specific ranking criteria. Upon hire, Conflict of Interest statements (COI) are signed by the employees. Pace does not require employees to sign a COI, annually. It is the responsibility of staff to notify Pace of conflicts as they arise during their employment.

The agency budget to actual statement is part of the monthly financial statement package and is presented to the Board. Program financial statements are produced and reconciled on a monthly basis to ensure alignment with reimbursements. Finance staff reach out to program management when needed to ensure accuracy.

Timeliness of Reimbursements

FY20 PACE submitted requests timely: 7 of 12 (58.3%)

FY19 PACE submitted requests timely: 6 of 12 (50%)

Reimbursements for PACE were submitted on a timely basis 58.3% for FY20 and 50% for FY19. In FY20, three reimbursements were returned to update salaries and benefits. In FY19, three reimbursements were also returned for additional documentation and salary modifications.

Reimbursement Review

The reimbursement requests submitted by PACE are only inclusive of salary and benefits. Thus, no operating expenses were requested in the sample.

Payroll Review

The payroll verification consisted of 10 positions for the months of June 2019, September 2019, December 2019 and June 2020. There were two findings associated with the payroll review. The December 2019 reimbursement request for two positions included gift cards in the amounts of \$71.08 and \$71.06. In accordance with policy, JWB does not reimburse for gift cards. The result of these findings is a payback to JWB of \$142.86.



Bank Reconciliation Review

A total of four bank reconciliations were requested for review; June 2019, September 2019, June 2020, and September 2020. In accordance with agency policy, all reconciliations were signed off by the reviewer and approver. However, there was one finding related to an untimely reconciliation. The bank reconciliation for September 2020 was not signed until March 2021.

JWB Recommendations

Management should ensure that finance staff have reviewed the JWB Financial Policies and Procedures for Funded Programs, especially as it relates to allowable and unallowable expenses.

Agency Response

It was noted in the bank reconciliation review, that the September 2020 reconciliation was not signed off until March 2021. The policy is to have all monthly bank reconciliations signed once they have been reviewed. Pace has been working remotely from March of 2020 until April 2021 due to COVID-19. A new senior accountant has been hired and is ensuring that all of JWB financial policies and procedures relating to allowable and unallowable expenses will be followed.

Tiara Bethel

Tiara Bethel, Program Financial Analyst

6/25/2021 | 12:25 PM EDT

Date

Lori Lewis

Lori N. Lewis, Program Finance Manager

6/25/2021 | 12:25 PM EDT

Date

Laura Krueger Brock

Laura Krueger Brock, Chief Financial Officer

6/25/2021 | 1:40 PM EDT

Date

Received by:

Chantell Miles

Chantel Miles, Executive Director,

7/1/2021 | 11:39 AM EDT

Date