

Board of Directors Meeting

April 8 , 2021

Program and Financial Monitoring Information

Item VI.D.

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	Call volume and abandonment rates are trending down significantly and the agency is in compliance with required submittals. Four funded positions are vacant and/or in training at this time.
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	Grace House funding terminated on February 28, 2021. Agency CAP effective through June 30, 2021 pending review of FY20 audit and financial monitoring.

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	There is a staff shortage of 10 positions. Classrooms are not meeting NAEYC ratios. Staff retention plan was returned and is being updated by the provider. Provider is meeting bi-weekly with JWB and providing timely information.

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

City of St. Petersburg
City of Clearwater
Gulf Coast Jewish Family and Community Services
Early Learning Coalition
Early Learning Coalition
Big Brothers Big Sisters
Youth Development Initiative
Youth Development Foundation of Pinellas County
Pace Center for Girls
High Point NFC
CASA
Gulf Coast Legal

PROGRAM

TASCO
COST
Violence Prevention
School Readiness Match
PreK All Day
Comprehensive Mentoring
Precious Pearls and Alpha Institute
YDF-AKA AKAdemy
Pace Center for Girls
Neighborhood Family Center
Domestic Violence
Family Legal Support Services

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-revised to March packet	Cops 'n Kids
	Mattie Williams NFC-revised to March packet	Neighborhood Family Center
	PARC-revised to May packet	Respite
	GRAYDI NFC-revised to March packet	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 Connectio 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	Middle School Academy
	R’Club Child Care	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

ARTZ 4 Life Academy, Inc.

James B. Sanderlin Family Service Center, Inc.

Mattie Williams Neighborhood Family Center

Pinellas County Sheriff's Police Athletic League, Inc.

Suncoast Center, Inc.

The Local Community Housing Corporation

YMCA of Greater St. Petersburg

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

Staff Resource: Karen Woods
Lori Lewis



PROGRAM MONITORING REPORT

Agency: City of St Petersburg

Program: TASCO Center Based Teen Programs-OST

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

AGENCY OVERVIEW:

The City of St. Petersburg's vision for its residents is to provide opportunity by use of strategic pathways, stewardship and fiscal responsibility, innovation, impactful service, and community engagement. These pathways are supported by specific values to ensure the city remains innovative, creative and competitive. Through community collaborations, public engagement and targeted initiatives the municipality strives to ensure a safe, environmentally conscious, and healthy community.

PROGRAM DESCRIPTION:

The Teen Arts, Sports, and Cultural Opportunities (TASCO) program reaches out to youth in grades fourth through eighth promoting youth leadership. TASCO offers academic enrichment, overlay programs, sports leagues and technology programs. Activities are planned with the assistance of a teen council. Every participant has a certified teacher and behavior specialist available to assist with decision making, life choices, homework, tutoring and facilitate learning activities.

AGENCY/PROGRAM ACCOMPLISHMENTS:

Although the TASCO program experienced challenges related to the COVID-19 pandemic, the organization remained nimble and responded by implementing various administrative and programmatic strategies to ensure the health and safety of staff and the community. For FY20, once re-opening TASCO provided much needed services to the larger community including offering child care services to essential workers and doing food distribution.

STRATEGIC FOCUS AREA(s): School Success

FISCAL SNAPSHOT:

	FY18	FY19	FY20
Total Program Budget	\$3,647,268	\$3,893,620	\$4,252,505
JWB Allocation	\$1,985,687	\$2,088,773	\$2,151,436
Percent of Total Program Budget represented by JWB Allocation	54%	54%	51%
Lapse	\$10,873	\$8,795	\$4,470
Cost per Participant*	\$2,556 (\$3,647,268/1,427)	\$2,777 (\$3,893,620/1,402)	\$4,261 (\$4,252,505/998)

*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 receiving youth development services	727	1427	196%	1400	1402	100%	1400	998	71%
Community Service Events	132	158	120%	132	149	113%	132	112	85%

PARTICIPANT DEMOGRAPHICS:

In FY20, TASCO provided services to 998 youth. The majority of the population served were female (51%), Black (53%), had a household income of less than \$30,000 (49%), and came from a single parent female head of household (66%). The program mainly focuses on middle school age, but reserves some spots for participants in fourth and fifth grade. This made up 12% of the participants served. Although TASCO has 11 sites around St. Petersburg and focuses on the St. Petersburg communities, a small portion of participants (4%) reside in Pinellas Park, Seminole, or Largo.

PROGRAM OUTCOMES*:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of participants who continue in the afterschool program for more than one year	50%	57%	50%	60%	50%	78%
Percent of youth who attend 70% or more of the program days.	70%	71%	70%	72%	70%	70%
Percent of students who miss less than 10% of unexcused school days	N/A	N/A	Baseline	94%	95%	Waived due to COVID
Percent of students who achieve 50% or more of their academic goals established at intake.	90%	98%	90%	96%	95%	91%
Percent of students with an improved score on the Florida Standardized Assessment (FSA) English Language Arts (ELA)	N/A	N/A	Baseline	70%	80%	Waived due to COVID
Percent of students with an improved score on the Florida Standardized Assessment (FSA) Mathematics	N/A	N/A	Baseline	67%	70%	Waived due to COVID
Percent of students with no more than one school suspension (middle and high school only)	N/A	N/A	Baseline	77%	80%	Waived due to COVID
Percent of eligible participants who will be given the OST survey during the administration window	N/A	N/A	Baseline	92%	90%	Waived due to COVID

Each site will participate or coordinate an average of 12 community engagement events per site	132	158	132	149	132	112
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**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.*

PROGRAM MONITORING ACTIVITIES:

Program Observation Date(s): 12/9/19, 1/9/20, 2/11/20

Staff/Parent Interview Date(s): 2/11/20, 9/20/20 (4)

Collaborative Meeting/Consultation Date(s): 10/23/19, 10/28/19, 12/11/19, 1/9/20, 2/11/20, 3/16/20, 3/19/20, 4/1/20, 4/22/20, 4/29/20, 5/6/20, 5/13/20, 5/20/20, 5/27/20, 6/1/20, 6/3/20, 6/10/20, 6/24/20, 7/8/20, 7/15/20, 7/22/20, 8/12/20, 8/19/20, 8/26/20, 9/2/20

PCLB Monitoring Date(s): 9/30/19, 2/10/20, 2/17/20, 2/19/20, 2/24/20, 2/26/20, 3/12/20, 9/28/20, 9/29/20

The TASCO program model focuses on ensuring each youth have protective factors in their lives. Some protective factors include academic and behavioral supports, boundary setting, career development, and community involvement. In addition, the program allows youth opportunities to engage in a range of enrichment activities. These activities include competitive recreational sports leagues, community involvement projects, and special events. In addition, the TASCO program offers participants enrichment activities including arts and craft lessons, fitness courses, and science inspired workshops. Lastly, the program offers homework help and tutoring that is delivered by certified teachers.

FY20 program observations were conducted at Child's Park, J. W. Cate, and Gladden Park recreation sites. Program observations allow JWB staff to assess daily activities related to program implantation. The TASCO program is a year-round program that offers before school, after school, summer and holiday youth development services. Additionally, the program offers transportation to program participants picking them up from school sites and dropping them off at the designated recreation facility. However, the majority of participants ride the school bus to and from school. On January 9, 2020 JWB staff conducted a program observation at the Child's Park recreation facility. On average, teen participants arrive to the program around 4:30 p.m. and are offered a snack. Attendance is taken by TASCO staff as students enter the teen room while settling into their designated spaces. During this time youth have the opportunity to socialize with other program participants before the start of daily programming. After snack, youth are divided into two groups that rotate on a schedule. The first group of participants worked with the Education Specialists while the other group of youth prepared for Teen council. There are two Education Specialist at the Child's Park site that assist youth with homework assignments. In addition, Education Specialists assist students with goal setting and school projects. The Education Specialist at this site are also teachers from Gibbs high and Tyrone middle schools and tutor youth Monday through Thursday.

Every TASCO location has a teen council, which affords youth the opportunity to plan program activities. The teen council meets once a week to discuss various program activities including community projects. Teen councils are led by a youth and provide "youth voice" regarding planned activities and empower youth to take ownership of the program. The TASCO program is structured to serve the needs of the youth in addition to the communities that they reside. For example, after a neighborhood shooting involving friends of youth participants, the teen council youth wanted to respond by bringing the community together. As a result, the Child's Park recreation center collaborated with the neighborhood association of Child's Park and the Dreamfaith Foundation, hosting a community event titled "Friday Night Done Right." The purpose of the event was to encourage community unity and social awareness. The event illustrated the importance of youth taking ownership of the program and being involved in activities that benefit their community. At the conclusion of the Teen council meeting youth rotated

outside for physical activity.

For FY20, the TASCO program received a total of eleven substantial compliance inspections at their recreation facilities by the Pinellas County Licensing Board (PCLB). The licensing standards cover an array of items including, but not limited to, the supervision of children, review of personnel and children's files, safety of physical environment, safe transportation of children, and healthful food/nutrition guidelines. PCLB ensures that all providers are given technical assistance when violations (non-compliances) are cited. A program can receive varying levels of violations and/or enforcement depending upon the concern. There are three classifications of violations with Class I being the most egregious. Fines may also be imposed when necessary.

Due to COVID-19 and provider closures, some centers received virtual inspections and upon re-opening or, when it was deemed safe for Licensing Specialists to return, programs received on-site inspections. If a program could not be inspected during their renewal period, they would receive a provisional license. Provisional licenses were not considered to be punitive during the COVID-19 pandemic. As soon as PCLB was able to conduct an in person visit, a re-inspection was conducted with all areas monitored and a regular license was issued for the balance of the licensure year. Licensing Specialists would always inspect a program if a complaint was received. A review of the inspections found TASCO facilities to be in full compliance with all Pinellas County Licensing Board rules and regulations.

COVID 19 Response and Impact:

For FY20 the TASCO program was forced to reassess overall program implantation and service delivery on many levels. In March 2020, the Office of the Governor issued Executive Order (EO) Number 20-69, which advised citizens to adopt social distance measures to slow the spread of the novel coronavirus. These measures included, but were not limited to, wearing a mask, avoiding private and public gatherings of more than 10 people, staying six (6) feet apart when in groups and working from home. In addition, residents were urged to adopt increased hygiene practices and to avoid touching their eyes, nose, and mouth with unwashed hands. In response to the Executive Order, TASCO closed, stopping all operations between March 16, 2020 and May 31, 2020. During this time child care services were unavailable to the community. As a result, TASCO staff either received a reduction of work hours, placed on administrative leave, or were reassigned to COVID-19 related duties.

On June 1, 2020 TASCO reopened for child care services, albeit at a limited capacity. Additionally, the service delivery model had to be modified to offer alternative services, including child care to "essential workers" and community meal distribution. As a result of providing services to essential workers, TASCO was required — to the extent possible — adhere to Executive Order 20-19, concerning Essential Services and Activities. The EO offered many of the same guidelines of previous EO's but expanded it to adjust drop off and pick-up procedures in accordance to CDC guidelines. Furthermore, the agency had to implement policies and procedures for suspected or confirmed cases of COVID-19. All changes to standard operational procedures were made in coordination with parents of program participants, JWB, and the Pinellas County Health Department.

For FY20, JWB staff interviewed TASCO staff about their thoughts on the agencies' response to the COVID-19 pandemic. Overall, they agreed the response was efficient, commended the agency for taking swift action in implanting health and safety policies and procedures, issuing personal protection equipment, and ensuring financial stability. Furthermore, staff reported significant changes to policies regarding program activities continue to have a lasting effect on the participants. For example, youth are required to maintain social distance, which results in decreased interaction between youth. In addition, to decrease potential COVID-19 exposure, field trips were suspended. Historically, TASCO participants anticipated these opportunities making them a main draw to the program. In response, TASCO staff were able to implement virtual enrichment activities as a resolution.

In addition to staff interviews, JWB staff interviewed parents of program participant to assess their experience regarding program changes during the pandemic. Overall, parents reported to value the program, adding that it provided a safe place to take their children during the pandemic. In fact, one parent reported that she enjoyed the food experience family/engagement meal that was provided to parents during the pandemic.

In summary, the TASCO program experienced unprecedented challenges throughout the year due to the impact of COVID-19. The agency responded to those challenges by making the necessary administrative and programmatic changes to ensure the health and safety of staff, parents, and youth was preserved. Although there are many uncertainties related to the COVID-19 pandemic, TASCO has taken an agile approach to changes to ensure services are provided to youth in the community.

DATA QUALITY: N/A

Participant File Review Date(s):

Due to the COVID-19 pandemic, a participant file review was not conducted. TASCO has regularly maintained strong data quality over the last four years, and there is no reason to believe data quality would have suffered. A file review will be scheduled in FY21.

ANALYSIS OF PERFORMANCE:

Due to the COVID-19 pandemic, TASCO saw changes in the number of people served as well as a number of performance measures. TASCO typically serves 1400 participants each year. The number served usually does not change because it is based off of the number of available scholarship slots that are supported over the summer. However, during FY20, summer spots were extremely limited due to COVID-19. Normally, TASCO supports a staff to participant ratio of 1:25, however, during the FY20 summer the ratio was 1:9. It later increased to 1:15 at the start of the school year. The lower ratios didn't allow for the larger influx of participants that TASCO typically sees over the summer months, leading to the lower number of participants served, and less turn over in program participants. This will be changing over the next couple of years. As JWB works with TASCO to get a true picture of cost per participant, we will be receiving information on all participants in the teen program, as well as an aggregate number of elementary school youth who also receive the benefits of some of TASCO services. The updated participant numbers are expected to be received in FY22.

TASCO saw a reduction in the percent of participants who achieved their academic goals. Academic goals are initially set at the beginning of the school year or when the participant first attends the program. Goals can be anything from turning in homework more often to a participant keeping their backpack clean as long as it helps the participant to succeed academically. These goals are established by participants with the support of an Education Specialist. Education Specialists are typically teachers from near-by schools, and often teach the participants during the day. This allows them to refine the academic goals to focus on tangible tasks the participants can do in order further their school success. Goals are evaluated at two points during the school year: around January/February and at the end of the school year. Due to the COVID-19 pandemic and closure of in person learning as well as the program, a number of goals were not able to be achieved. This led to the reduction in the performance measure.

TASCO also saw a reduction in the number of community events. Each site is required to do one community engagement event per month, for a total of 132 events throughout the fiscal year. Due to COVID-19, events were cancelled mid-March 2020 and were not able to resume throughout the remainder of the fiscal year. For this reason, a number of the sites could not complete the number of required events.

An increase in the percent of participants continuing in the program for more than one year was noted during FY20. Seventy-eight percent of participants served in FY20 were returning participants, a 30% increase from the prior year. While possible that this was a true increase of returning participants, it is more likely that this is a mathematical function. As the number of total participants served was lower, and there was a reduction in the number of slots available during the summer months when TASCO sees an influx of new participants, it's possible that the percentage is being skewed. A more in-depth review would be needed to determine the true cause of this increase.

CONCLUSIONS:

While TASCO saw a reduction in a number of their performance measures it was largely out of their control and due to the COVID-19 pandemic. TASCO is a strong program that is dedicated to serving the youth in their community.

Desmon Newton

Desmon Newton
Senior Program Consultant

Date: 3/11/2021 | 6:30 AM EST

JoAnn DiLernia

JoAnn DiLernia
Senior Program Evaluator

Date: 3/11/2021 | 8:33 AM EST

Karen Woods

Karen Woods
Program Administration Manager

Date: 3/11/2021 | 8:40 AM EST

Karen Boggess

Karen Boggess
Program Evaluation Manager

Date: 3/16/2021 | 8:54 AM EDT

Judith Warren

Judith Warren
Chief Operating Officer

Date: 3/16/2021 | 3:19 PM EDT

Beth Houghton

Beth A. Houghton
Chief Executive Officer

Date: 3/11/2021 | 6:30 AM EST



PROGRAM MONITORING REPORT

Agency: City of Clearwater

Program: Charting the Course for Youth

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

AGENCY OVERVIEW:

The City of Clearwater (COC) was incorporated in 1915 and has since maintained a burgeoning population. COC strategic vision is for all residents to thrive in a socially and economically diverse community. The mission of the municipality is to ensure services —municipal and infrastructure— are cost effective and support an increased quality of life for its citizens.

PROGRAM DESCRIPTION:

The Charting the Course for Youth (CTCFY) program offers after school programs for youth in North Pinellas County. The North Greenwood and Ross Norton Recreation and Aquatics complexes serve children serve aged six through 18 year round. The CTCFY incorporates enrichment activities that promote school success and healthy lifestyles, improve social skills, increase athletic abilities, and develop leadership skills. All activities include aspects of positive character development including courage, teamwork, compassion and community services.

AGENCY/PROGRAM ACCOMPLISHMENTS:

Although CTCFY experienced programmatic challenges, including program closure, increased COVID-19 exposure for staff and limited spacing capacity for youth. The agency was able to successfully reopen the program during the summer, implemented health and safety protocols so that children and families could be served in the community in a safe environment.

STRATEGIC FOCUS AREA(s): School Success

FISCAL SNAPSHOT:

	FY18	FY19	FY20
Total Program Budget	\$800,657	\$871,190	\$981,687
JWB Allocation	\$406,140	\$453,032	\$453,032
Percent of Total Program Budget represented by JWB Allocation	51%	52%	46%
Lapse	\$70,842	\$71,907	\$31,580
Cost per Participant*	\$2,890 (\$800,657/277)	\$3,227 (\$871,190/270)	\$4,983 (\$981,687/197)

*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 youths receiving youth development services	233	277	119%	222	270	122%	222	197	89%

PARTICIPANT DEMOGRAPHICS:

In FY20, CTCFY provided services to 197 youth. Of those, 78% were African American and 52% were male. Eighty-eight percent of the participants were aged 5-14, with it evenly split between 5-9 and 10-14. This was significant change from the prior year when 59% of participants were 10-14 and 33% were 5-9. The majority (63%) of households do not report a household income, but of those that do 74% report an income of \$30,000 or less. Additionally, 74% of participants had a household arrangement of a Single Parent, Female Head of Household. CTCFY supports two sites: one at the North Greenwood Recreation Center and another at the Ross Norton Recreation Center. While the program can serve participants from any part of the county, the majority of participants live within walking distance of one of the two sites.

PROGRAM OUTCOMES*:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of youth who attend 70% or more of the program days.	70%	71%	70%	85%	70%	77%
Percent of participants who continue in the afterschool program for more than one year	65%	61%	65%	57%	65%	68%
Percent of students who miss less than 10% of unexcused school days	N/A	N/A	Baseline	93%	95%	Waived due to COVID
Percent of students with an improved score on the Florida Standardized Assessment (FSA) English Language Arts (ELA)	N/A	N/A	Baseline	69%	75%	Waived due to COVID
Percent of students with an improved score on the Florida Standardized Assessment (FSA) Mathematics	N/A	N/A	Baseline	63%	60%	Waived due to COVID
Percent of eligible participants who will be given the OST survey during the administration window	N/A	N/A	Baseline	104%	85%	Waived due to COVID

**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.)*

PROGRAM MONITORING ACTIVITIES:

Program Observation Date(s): 12/23/19, 2/10/20

Interview Date(s): 9/10/20 (2), 9/21/20, 9/23/20

Collaborative Meeting/Consultation Date(s): 12/11/19, 3/16/20, 3/19/20, 3/25/20, 4/1/20, 4/8/20, 4/29/20, 5/6/20, 5/13/20, 5/20/20, 5/27/20, 6/3/20, 6/10/20, 6/24/20, 7/8/20, 8/12/20, 8/13/20, 8/19/20, 8/26/20, 9/2/20, 9/9/20

PCLB Inspection Date(s): 1/24/20, 3/2/20, 3/3/20, 9/24/20, 9/25/20

The CTCFY service model is developed to support healthy character development, and build positive relationships in youth. The model is grounded upon Search Institutes' Developmental Assets and Developmental Relationships frameworks. Developmental Assets are identified as 40 external and internal qualities. For example, External Assets include support, empowerment, constructive use of time, and boundaries/expectations. While Internal Assets are categorized as a commitment to learning, positive values, social competence and positive identity. The Developmental Relationships framework identifies five elements of healthy relationships including expression of care, shared power, expanded possibilities and growth challenges. CTCFY seeks to imbue these principles within the afterschool and summer program to support positive youth development. In addition, the program allows youth opportunities to engage in a range of enrichment activities. These activities including swim lesson, community involvement projects, and academic supports.

In FY20 program observations were conducted at Ross Norton and North Greenwood recreation sites. Program observations allow JWB staff to assess daily activities related to program implementation. The CTCFY program is a year-round program that offers after school, summer and holiday youth development services. Additionally, the program offers transportation to program participants picking them up from school sites and dropping them off at the designated recreation facility. Youth participants primarily attend staff youth attend Oak Grove and Dunedin Middle schools.

On December 23, 2019, JWB staff conducted a program observation at the North Greenwood recreation facility while youth were out of school for holiday break. During holiday breaks, hours of operation at CTCFY facilities are extended from 7:30 a.m. – 6:00 p.m., essentially making it a “full day” camp. The camp is typically a week, and allows participants to engage in various activities such as physical fitness lessons, enrichment activities and field trips. At the start of the day youth receive a snack, then divided into groups that rotate to different stations inside and outside of the campus. During full day camp, all youth are provided lunch and receive three snacks at different intervals throughout the day. The North Greenwood location targets teens and has a teen room where the youth congregate. The teen room is set up like a classroom, and the walls are adorned with positive affirmations and artwork. In addition, the space has rows of individual desks that are used for completing assignments or projects. When youth enter the room, they sign in and have leisure time to socialize with their peers. After leisure time, youth rotate to the gym for physical activity. The physical activities vary by station, and require youth to work together in teams toward a shared objective. For example, the game “Goalie Dodge Ball,” similar to Dodge Ball, is the selected activity at the station. Goalie Ball requires the two teams to line up on opposing sides of the court with a net. The overall objective of the game is to block balls from going into the net. Games such as this increase agility and ensure youth receive proper exercise which encourages a healthy lifestyle.

The CTCFY program received a total of five inspections — four full licensing inspections and one substantial compliance inspection — at their two facilities by the Pinellas County Licensing Board (PCLB). PCLB licensing standards cover an array of items including, but not limited to, the supervision of children, review of personnel and children's files, safety of physical environment, safe transportation of children, and healthful food/nutrition guidelines. PCLB ensures that all providers are given technical assistance when violations (non-compliances) are cited. A program can receive varying levels of violations and/or enforcement depending upon the concern. There are three classifications of violations with Class I being the most egregious. Fines may also be imposed when necessary.

Due to COVID-19 and provider closures, some centers received virtual inspections and upon re-opening or, when it was deemed safe for Licensing Specialists to return, programs received on-site inspections. If a program could not be inspected during their renewal period, they would receive a provisional license. Provisional licenses were not considered to be punitive during the COVID-19 pandemic. As soon as PCLB was able to conduct an in person visit, a re-inspection was conducted with all areas monitored and a regular license was issued for the balance of the licensure year. Licensing Specialists would always inspect a program if a complaint was received.

A review of the reports found CTCFY's Ross Norton facility to be non-compliant in areas including: personnel, children records, and education/training at the January 24, 2020 inspection. Likewise, a substantial compliance inspection was conducted at the North Greenwood facility on September 24, 2020 and found missing personnel onboarding documents similar to Ross Norton. In response, a corrective action was issued and reinspection's were scheduled. On February 21, 2020 CTCFY staff submitted the missing documents during the reinspection bringing the agency into full compliance with PCLB rules and regulations. Although CTCFY experienced challenges related to inconsistent onboarding and training procedures, the program was able to correct the files, and maintain valid licenses with PCLB.

Finally, CTCFY program received ongoing monitoring throughout the contract year. Site visits conducted at recreation facilities were informative and provided insightful information about program implementation. CTCFY staff were well prepared, and gave supportive feedback to youth throughout the observations. Additionally, staff ensured activities are facilitated in a clean and safe environment, free of any hazards. Furthermore, activities included a physical fitness element which supports a healthy lifestyle. As a result, youth appeared engaged and seemed to enjoy the program. With this in mind, the CTCFY program appeared to adhere to the service delivery model, incorporating physical fitness, ensuring youth were in a safe environment while supervised by highly trained staff.

COVID 19 Response and Impact:

During FY20, the CTCFY program was forced to reassess overall program implementation and service delivery. In March 2020, the Office of the Governor issued Executive Order (EO) Number 20-69, which advised citizens to adopt social distance measures to slow the spread of the novel coronavirus. These measures included, but were not limited to: wearing a mask, avoiding private and public gatherings of more than 10 people, staying six (6) feet apart when in groups and working from home. In addition, residents were urged to adopt increased hygiene practices and to avoid touching their eyes, nose, and mouth with unwashed hands. In response to the Executive Order, CTCFY closed, stopping all programs and facilities on March 17, 2020. During this time child care services were unavailable to the community.

Operations resumed on April 1, 2020, only to serve meals to the community. While operating at a limited capacity some program staff were furloughed, or received reduced hours. Although the afterschool program was closed, CTCFY staff promoted family and participant engagement by maintaining open communications with families both by phone and online. In addition, CTCFY staff offered families technical assistance regarding use of online learning platforms. Furthermore, the agency had to implement policies and procedures for suspected or confirmed cases of COVID-19. All changes to standard operational procedures were made in coordination with parents of program participants, JWB, and the Pinellas County Health Department.

On June 8, 2020 CTCFY reopened for Summer Camp at a limited capacity. Upon reopening, CTCFY implemented updated health and safety protocols, including social distancing requirements, increased sanitization and disinfection procedures and mandatory mask wearing for everyone. Additionally, to decrease potential

COVID -19 exposure, CTCFY acquired individual arts and crafts supplies as well as storage containers so that youth would not have to share.

JWB staff interviewed CTCFY staff about their thoughts on the agencies' response to the COVID-19 pandemic. Overall, staff reported COC responded effectively to the COVID -19 pandemic by implementing increased health and safety policies and procedures, issuing personal protection equipment, and ensuring financial stability. Moreover, staff reported the COC provided much needed financial support by not issuing layoffs, and approving extended leave.

In addition to staff interviews, JWB staff interviewed parents of program participants to assess their experience regarding program changes during the pandemic. Overall, parents reported a need for the program expressing the importance of youth socialization after the "shelter in place" orders were lifted. Additionally, a parent reported she needed a place for her child to go while she was at work.

DATA QUALITY: 92% Data Accuracy Score

Participant File Review Date(s): 8/5/2020, 8/12/2020 – virtual review

Due to the COVID-19 pandemic the file review for CTCFY was conducted virtually. CTCFY was provided with a random sample approximately one week before the review was to be conducted. In that time frame, CTCFY was instructed to upload all file documentation and attendance files to a secure location. On the day of the review, JWB was to compare the uploaded files to the information that was retrieved from the JWB participant data management system. The review was originally scheduled for August 5, 2020, but had to be postponed due to challenges CTCFY faced with uploading the files to the secure location. On August 12, 2020, JWB conducted their review of the files, only minor errors were noted, and the review was overall successful. CTCFY has continued to maintain strong data quality over the last couple of years. They have instilled a number of processes to ensure data is entered timely and accurately, which was evident through this review.

ANALYSIS OF PERFORMANCE:

CTCFY saw a decline in the number of people served in FY20. This was explicitly due to the COVID-19 pandemic. As previously stated, the program was closed between March and June 2020, and upon reopening was at a reduced capacity until August 2020. As with most other OST programs, there is typically an influx of participants during the summer months. Unfortunately, because of COVID-19, CTCFY was operating at a staff to participant ratio of 1:9, compared to the typical ratio of 1:15. This led to fewer participants enrolling in the summer program and the reduced numbers served.

COVID-19 and the lower enrollment numbers also had an affect on the percent of returning participants. Sixty-seven percent of participants were carried over from the prior fiscal year, which is 11% points higher than the prior year. The growth in this performance measure needs to be viewed with caution and is most likely due to the lower number of people served. Typically, CTCFY sees a number of new participants during the summer, but with the limited capacity the number of new participants decreased. For this reason, the overall proportion of new to returning participants was diminished causing the rise in their performance measure. While this was most likely the cause, FY20 was the first time the program had successfully met this measure. It is recommended that CTCFY look closely at their program and work with participants and their families to understand what drives them to return. The information gathered would allow CTCFY to adjust the program to meet the needs of the community and their participants, allowing them to receive a higher dosage.

While still achieving the performance measure, CTCFY saw a significant reduction in the percent of participants attending the program regularly – 77% in FY20 as compared to 85% in FY19. When looking at average daily attendance and monthly attendance rate, there is not a distinguishable cause for the decline as monthly attendance rate and average daily attendance doesn't change throughout the fiscal year. However, it could be caused due to COVID-19 and parents making daily decisions about if to send their child to the program or not. Additionally, attendance for FY20 is more similar to FY18 attendance, meaning that FY19 could have been an anomalous year. CTCFY makes concerted efforts to ensure programming is engaging and participants regularly attend. This can be seen through CTCFY consistently meeting the measure. As we would like to see attendance remain high, the reduction is not a cause for concern if it does not continue to drop in future fiscal year.

CONCLUSIONS:

CTCFY has worked to improve their program over the last few years. Despite dealing with the challenges of COVID-19, CTCFY was still able to implement engaging programming. That being said, CTCFY has struggled in the past to retain a high number of participants year after year, with only having met the measure for the first time in FY20. Although this increase may be due to the overall decline in the numbers served, the program should continue to monitor and understand their families' engagement year after year. Understanding this will allow CTCFY to make any necessary adjustments to retain more participants.

Desmon Newton

Desmon Newton
Senior Program Consultant

Date: 3/19/2021 | 5:53 PM EDT

JoAnn DiLernia

JoAnn DiLernia
Senior Program Evaluator

Date: 3/19/2021 | 7:35 PM EDT

Karen Woods

Karen Woods
Program Administration Manager

Date: 3/22/2021 | 9:42 AM EDT

Karen Boggess

Karen Boggess
Program Evaluation Manager

Date: 3/22/2021 | 9:46 AM EDT

Judith Warren

Judith Warren
Chief Operating Officer

Date: 3/24/2021 | 2:54 PM EDT

Beth Houghton

Beth A. Houghton
Chief Executive Officer

Date: 3/19/2021 | 5:53 PM EDT



Program Monitoring Report

Agency: Gulf Coast Jewish Family & Community Services, Inc.

Program: Violence Prevention

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

Agency Overview:

Gulf Coast Jewish Family Services (GCJFS) is a long standing, community-based, nonprofit organization that has provided services to across Florida for over 50 years. Following the agency's incorporation on July 2, 1974, the agency broadened its mission to embrace the provision of a diverse range of non-sectarian services to all members of the community, achieved primarily through the support of public funding. Currently, the agency operates under an annual budget of \$39 million dollars, employs over 530 staff and delivers community based services across 37 Counties in Florida. The GCJFS office located in Clearwater serves as the hub for the administration of the JWB funded Violence Prevention Program.

Program Description:

The Violence Prevention program serves nine Pinellas middle schools. The core of the program is the nationally recognized, research- based Second Step: social-emotional learning Curriculum. The goals of the curriculum are to reduce impulsive and aggressive behavior, reduce bullying, and increase social and academic competence through mindset, problem solving, empathy and behavioral skills training, conflict resolution and emotion management.

Agency/Program Accomplishments:

As will be discussed further in the COVID-19 Response and Impact section of this report credit should be given to the program's swift shift in stance towards providing telephonic supports to families in order to mitigate the impacts of the interruption in service delivery created by the pandemic.

Strategic Focus Area: School Success

Fiscal Snapshot:

	FY18	FY19	FY20	Comments
Total Program Budget	\$699,951	\$712,450	\$737,037	
JWB Allocation	\$667,138	\$683,841	\$701,122	During FY20 a Capital Award in the amount of \$49,470 was approved.
Percent of Total Program Budget represented by JWB Allocation	95%	96%	95%	
Lapse	\$8,105	\$14,559	\$25,638	
Cost per Participant*	\$174 \$699,951/4034	\$174 \$712,450/4088	\$226 \$737,037/3,261	

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

Capital Award: During FY20 the agency submitted and received approval for a Capital Award in order to support a broad environmental, material and technology data Risk Mitigation project. The project encompassed updates to the agency physical plant with the installation of emergency egress windows and the purchase of a fire and

waterproof safe with a digital combination lock. In addition, enhancements to agency Electronic Medical Record (EMR) cyber security safeguards and associated support platforms were conducted.

Targeted Service Levels:

Targeted Service Level Type	FY18			FY19			FY20		
	Target	Actual	Percent	Target	Actual	Percent	Target	Actual	Percent
Number of youth in Skill Building Group	1,244	1,475	119%	1,244	1,515	122%	1,244	907	73%
Number of youth receiving Second Step Curriculum	2,700	2,559	95%	2,700	2,573	95%	2,700	2,354	87%
Number of school staff who received in-service training from Violence Prevention Specialist	110	209	190%	110	223	202%	110	0	0%

Participant Demographics:

Participant demographic information is collected for youth participating in Skill Building Groups. Skill Building Groups are available to grades six through eight. Data suggests that over half (53%) of students participating were in sixth grade in FY20 and, of note, over 60% of youth participants were female. Fifty-seven percent of participants reported being a part of dual parent household and 37% report being a part of a single parent household. Thirty-six percent of the participants reported their household's annual income to be less than \$30,000.

Program Outcomes*:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
<i>Skill Building</i>						
Percent of youth participating in a Skill Building Group session will demonstrate an increase in mean score from Pre to Post on the Interpersonal Competence Questionnaire- Revised (ICQ-R).	80%	79%	80%	79%	80%	92%
Percent of youth in a Skill Building Group session will receive no new referrals during Skill Building Group participation.	50%	82%	50%	84%	50%	Waived due to COVID-19
<i>Second Step Curriculum</i>						
Percent of youth in the Second Step Curriculum will receive no new in-school or out-of-school suspensions during program participation.	60%	80%	60%	85%	60%	Waived due to COVID-19

**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:

In a systemic effort to reflectively evaluate the cumulatively evolving fiscal and programmatic sequelae created by the COVID-19 pandemic, during the period from March 16th 2020 through September 30th 2020, JWB requested that individual providers complete a propriety, home grown, COVID-19 Impact Survey. Under the recognition that programs would most likely experience varying degrees of impact based on the individualized nature of each service delivery model and programmatic setting. At the onset, as will be discussed in more detail in the following sections, it should be acknowledged that the GCJCFS Violence Prevention program encountered an unavoidable interruption in routine service delivery throughout FY20 given the programs direct location within Pinellas County Middle Schools.

Furthermore, the subsequent subsections of this report strive to provide a synopsis of the salient ecological context and corresponding content of the GCJCFS Violence Prevention COVID-19 Impact Survey. Moreover, risk factors and resultant impacts on the program's target population, middle school aged children, are discussed.

Coronavirus disease 2019 (COVID-19) is caused by a novel virus that has been shown to result in severe acute respiratory symptoms and poses significant risk of severe medical complications and elevated mortality rates among those infected.¹ On January 21st 2020 the Centers for Disease Control and Prevention announced the first case of the Novel Coronavirus disease in the United states. 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 2020.² Following a global response designed to reduce incidents of infection transmission, encompassing community level isolation orders, social distancing measures and travel restrictions the US declared a pandemic emergency on March 13, 2020.³ Subsequently, states across the nation progressively moved towards the declaration of stay-at-home orders under the primary objective of seeking to stem the prolific spread of the virus. Following suit with nationwide prevention measures, in close proximity with the tenets set forth by the Centers for Disease Control (CDC), Florida issued a statewide stay at home order on April 1st 2020.⁴ In anticipation of the issuance of this order the Florida Department of education (DOE) implemented a uniform closure of all schools on March 23rd 2020.⁵ Consequently direct operational functions ceased for the program following the closure of schools throughout Pinellas County.

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.⁶ In contrast to these initial conclusions a growing body of literature, gathered as the pandemic progressed, concluded that children were at equal risk of both infection and transmission when compared to the adult population, albeit with less presenting symptoms.⁷ 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.⁸ Following the growing understanding of the epidemiology of the virus Local Education Departments were subsequently faced with the somewhat daunting task of grappling with the development of the safe reopening of schools in the Fall of 2020.⁹ The considerations posed by these decision making processes were informed by

¹ World Health Organization. (2020). Health workers exposure risk assessment and management in the context of COVID-19 virus. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/331496/WHO-2019-nCov-HCW_risk_assessment-2020.2-eng.Pdf. Accessed 12/29/20.

² Omer, S. B., Malani, P., & Del Rio, C. (2020). The COVID-19 pandemic in the US: a clinical update. *Jama*, 323(18), 1767-1768.

³ COVID, I., & Hay, S. I. (2020). COVID-19 scenarios for the United States. *medRxiv*.

⁴ 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.

⁵ 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>

⁶ 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

⁷ Hyde, Z. (2020). COVID-19, children, and schools: overlooked and at risk. *Med J Aust*, 213(10), 444-446.

⁸ 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.

⁹ Klevan, S., Edgerton, A. K., Darling-Hammond, L., Maier, A., & Melnick, H. (2020). Learning in the Time of COVID and Beyond.

recognition that school settings represent: 1) a protective screening environment for children at risk for abuse and neglect, 2) sources of healthy nutrition for food insecure families, 3) continuity of education and that even relatively modest interruptions in school attendance are directly correlated with detrimental effects on long term academic attainment, and finally 4) grouped clusters of students may potentially increase community wide transmission vectors.¹⁰

In order to limit potential exposure to all students, their families and school personnel the Pinellas County Schools (PCS) implemented a methodical reopening plan in the fall of 2020 which involved, in part, limiting the on-campus presence for any nonessential visitors, community organizations, businesses, municipal partners and speakers.¹¹ As a result the Violence Prevention program was unable to provide direct services within the school settings for the remainder of the school year. As of the date of the writing of this report the program, through direct collaborations with individual schools, has established the delivery of the classroom portion of the Second Step curriculum utilizing virtual platforms. Notwithstanding the administrative and proximity limitations staff maintained ongoing weekly telephonic contact with the parents of cohorts of students who had previously participated in the group component of the program. Moreover, staff assigned to individual schools routinely participated in virtual meetings, involving school personnel, as a means to continue to foster established working relationships and in order to monitor the evolving needs of each student body and school setting.

A cumulative body of research literature has determined that stressor categories including social isolation, academic anxiety, fear of contracting the COVID virus and disruption of regular routines have created elevated levels of social and emotional disturbances for school aged children, particularly those in middle school.¹² As such, during the initial phases of the pandemic the provision of social and emotional supports for this age group was of particular importance. One example of the value of program staff implementing outreach calls to parents was brightly highlighted following a parent disclosing that her child had made a suicidal gesture, the day prior to the call, and that she felt constrained in seeking intervention due to fear of infection. The staff person immediately contacted the school Social Worker and arrangements were made for an emergency psychiatric evaluation. Following the evaluation, the school convened a staffing meeting to ensure that the necessary support services were put in place for the family.

Program Monitoring Activities:

Program Observation Date(s): 2/14/20, 2/27/20 and 2/28/28

Staff Interview Date(s): 9/24/20

Collaborative Meeting/Consultation Date(s): 12/21/20, 3/9/20, 3/18/20, 5/5/20 and 8/27/20

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

There is general agreement within a large body of research literature that the attainment and application of positive social-emotional skills represents a critical aspect of healthy childhood development and directly correlates with successful academic achievement.¹³ The tenets of the evidence based *Second Step: Violence Prevention Program* are grounded in well-established theoretical frameworks, extracting from the cognitive behavioral model and social learning theory.¹⁴ Advancing from these frameworks the *Second Step Curriculum* delivers classroom based lesson plans and small group interventions geared towards the enhancement of youth

¹⁰ McLoughlin, G. M., Fleischhacker, S., Hecht, A. A., McGuirt, J., Vega, C., Read, M., & Dunn, C. G. (2020). Feeding Students During COVID-19—Related School Closures: A Nationwide Assessment of Initial Responses. *Journal of nutrition education and behavior*, 52(12), 1120-1130.

¹¹ Pinellas County Schools. Reopening Plan. Revised July 2020. Retrieved <http://www.fldoe.org/core/fileparse.php/7507/urlt/Pinellas-Reopening-Plan.pdf>. February 25th 2021.

¹² Styck, K. M., Malecki, C. K., Ogg, J., & Demaray, M. K. (2020). Measuring COVID-19-Related Stress Among 4th Through 12th Grade Students. *School Psychology Review*, 1-16.

¹³ Orpinas, P., Kelder, S., Frankowski, R., Murray, N., Zhang, Q., & McAlister, A. (2000). Outcome evaluation of a multi-component violence-prevention program for middle schools: the Students for Peace project. *Health Education Research*, 15(1), 45-58.

¹⁴ Espelage, D. L., Low, S., Polanin, J. R., & Brown, E. C. (2015). Clinical trial of Second Step® middle-school program: Impact on aggression & victimization. *Journal of Applied Developmental Psychology*, 37, 52-63.

development, the amelioration of specific risk factors and the fostering of social-emotional protective factors. Trained Prevention Specialists facilitate the presentation of classroom based *Second Step* lesson plans to all 6th graders, setting the foundation for the development of prosocial skills and emotional competencies. Subsequent lesson plans are administered through the 7th and 8th grades to further support reinforcement of acquired skill sets. During normal operations, for each grade level, the curriculum is delivered over 13-15 classroom sessions, in 50 minute periods. The merits of the structure, sequencing and dosage and structure of the delivery of the curriculum is well supported by studies that have concluded prolonged intervention strategies, revolving around repeating dosage patterns, across grade levels, increase the likelihood of the acquisition of the core skill sets necessary to achieve positive social and emotional outcomes.¹⁵

A secondary, complimentary, program component of the *Second Step: Violence Prevention* program is the facilitation of *Skill Building Groups*, based on a cohort model for students identified as needing either preventative or secondary interventions. Referrals for the *Skill Building Groups* are primarily determined through the *Student Services Team*, for students with interlocking risk factors including, but not limited to, socioeconomic impoverishment, difficulties with social skills, academic delays, emotional impulse control challenges, exposure to substance abuse or other generalized familial stressors

During FY20, prior to the interruption in services due to school closures, JWB staff were afforded the opportunity to conduct two direct observations of the delivery of the group component of the program alongside the viewing of two separate classroom based lessons plans. Impressions from these observations are outlined and summarized in the following sections:

- The first group observation was conducted at Oak Grove Middle School. The group was composed of a total of four male students and represented the first group session for these particular students. At the onset of the group the Prevention Specialist facilitated the administration of the Interpersonal Competence Questionnaire (ICQ). The ICQ is an empirically valid and reliable instrument that assesses the general construct of social competence and gauges interpersonal competence, as a whole, through the measurement of the combined constructs of well-being, emotional regulation and problem solving skills.¹⁶ The ICQ is administered as a pre-test to establish a baseline and as a post-test following the completion of the group sessions to evaluate skill acquisition and the efficacy of the intervention.

Following the administration of the ICQ the Prevention Specialist moved to prompt the students to reflect on their responses and identify individual goals for group attendance. In order to underscore the value of interpersonal coping skills the Prevention Specialist facilitated an exercise that encouraged students to pinpoint experiences that involved situational stressors and discuss corresponding coping strategies that, if applied, would likely produce a positive outcome. As this exercise unfolded the Prevention Specialist was viewed as adeptly providing informative explanations as to the general principles associated with prosocial and adaptive coping skills, utilizing *real life* examples for the purposes of illustration. The general theme and application of the approach to the facilitation of the group was viewed as being in direct alignment with the fundamental principles that underpin the Second Step curriculum. Overall, the group was viewed as being effectively facilitated and followed the established group structural best practice of forming, norming and performing.

The next observation occurred at Meadowlawn Middle School and involved six female students who were each in the process of approaching graduation from the group having met their individual goals. The Prevention Specialist opened the group by providing an explanation as to the purpose of the presence of JWB staff and aptly created a *teachable moment* pertaining to accountability around work performance. The Prevention Specialist then smoothly progressed to individually gauge the status of each student, again

¹⁵ Durlak, J., Weissberg, R., & Gullotta, T. P. (2010). Social and emotional learning. *Better Evidence-based Education*.

¹⁶ Coroiu, A., Meyer, A., Gomez-Garibello, C. A., Brähler, E., Hessel, A., & Körner, A. (2015). Brief form of the Interpersonal Competence Questionnaire (ICQ-15): Development and preliminary validation. *European Journal of Psychological Assessment*, 31(4), 272.

encouraging reflection on difficulties they had encountered since the last group. The level of responses and engagement from each of the students was highly illustrative of the level of rapport that the Prevention Specialist had established. At one point a student proceeded to discuss a situation that was better suited for a more individualized session and the Prevention Specialist was viewed as providing skillful redirection while maintaining a supportive stance. Throughout the check in process the Prevention Specialist periodically paused to offer acknowledgement, positive feedback and encouragement when students discussed the application of skills acquired from the group. This has considered to be a particularly effective tactic that further reinforced the benefits of the group intervention.

The focal didactic exercise for the group involved the collaborative construction of a structure with the use of a varied range of materials, with a set time limit set for the activity. Again, as the exercise unfolded the Prevention Specialist adroitly coached the students, providing illustrations as to the level of cooperation and productive communication that was evidenced. In addition, the use of soothing background music was observed to be a particularly effective strategy that created a pleasant and relaxing atmosphere. Following the completion of this exercise the Prevention Specialist discussed the importance of communication, the application of active listening skills and receptiveness to differing opinions in relationship to problem solving and productive interpersonal interactions.

The Prevention Specialist brought the group to conclusion in a well-timed and even fashion while allowing the group participants the opportunity to discuss their experience as whole, consider the skills applied during the session and engage in discussion around upcoming situations that may require the application of said skills. Overall, the group process was viewed as being highly productive with the Prevention Specialist infusing an energetic and positive approach that clearly stimulated productive levels of student engagement.

- In order to observe the delivery of the classroom portion of the program curriculum an onsite visit was conducted at Tarpon Springs Middle School. The observation encompassed two distinct class periods, with each of the lesson plans repeating the same portion of the curriculum. Each class was composed of approximately 20 students. The observed lesson plans were found to hold fidelity to the *Second Step* model as evidenced by attention to the core principles of the program, adherence to the specific activities contained within the learning modules, and consistent reference to the psychoeducational materials that underpin the curriculum. The Violence Prevention Specialist displayed a highly dynamic stylistic approach to both the delivery of the curriculum material and student engagement. This approach, in part, involved routinely circulating through the classroom setting to create a closer proximity to each student in order to maintain their attention and focus while holding a supportive stance. Moreover, the Prevention Specialist demonstrated a commanding level of positive influence over each of the classes as evidenced by the general tone of the classroom and the productive engagement demonstrated by the student group as a whole.

During the debrief, following the classroom observations, the Prevention Specialist discussed the improvements to the web based Second Step Curriculum format which in her experience had proven to be more relatable for students in relationship to design features, functions and the inclusion of more contemporary graphics. In addition, the Prevention Specialist discussed the evolving demographics of the student body as a whole with greater levels of cultural diversity and stratifications of socioeconomic levels emerging due to various macro level community influences. In accordance with this shift the Prevention Specialist insightfully reflected on the imperative of attending to cultural diversity in the context of the classroom and application of the Second Step curriculum lesson plans. In summation, JWB staff were highly impressed by the Prevention Specialist's teaching techniques, familiarity with the key concepts of the curriculum and attention to calibrating delivery of the material with sensitivity to cross cultural variances and differing socioeconomic placements.

- Under full recognition of the significant changes in the educational landscape, created by the pandemic related to the changes brought about by remote and hybrid learning arrangements, the Second Step

curriculum developers released a series of adaptations and updates, to account for the changing topography of learning environments.¹⁷ In order to remain abreast of the modified Second Step curriculum and prepare for its delivery, with sensitivity to the exogenous shock created by the pandemic, program staff participated in a series of instructional seminars, hosted by the developers, over the course of the fiscal year. Furthermore, staff optimized the bandwidth created by the interruption in direct service delivery by participating in a host of web based trainings, including but not limited to, Diversity and Inclusion.

- Further programmatic cohesion was maintained over the course of the fiscal year, during service interruption, through the completion of regularly scheduled staff meetings. These meetings provided the opportunity for staff to collectively review the aforementioned adaptations to the Second Step curriculum, consider and explore the potential support needs of students following prolonged exposure to the stressors associated with the pandemic and strategize regarding methods to effectively resume services in a virtual environment.
- It is widely recognized that staffing stability and length of tenure are directly linked to quality programming. Moreover, familiarity and duration of experience present among staff delivering the Second Step curriculum has been found to increase fidelity to the program model.¹⁸ Therefore, completion of semi-structured, staff interviews supplement the cornerstones of annual JWB program monitoring activities for the program. Furthermore, staff interviews for this fiscal year, in part, offered a degree of attention to individual staff experiences corresponding to the pandemic, subsequent program suspension of services and overall agency supports. Under these considerations, continued recognition is given to the ongoing stability of the program staffing group and the extensive length of tenure held by the majority of the staff which represents a core strength of the program pertaining to the overall quality of service delivery. During this fiscal year a total of four separate staff interviews were conducted with tenure in the range of 3 months, two years, three years, four years and 14 years. Among the staff interviewed each held extensive professional backgrounds working with similar populations as that served by the program and each articulated a continual training regiment that ensured consistent adherence to the fidelity of the program model. Beyond the ongoing refinements of the techniques and principles necessary to effectively apply the Second Step curriculum staff clearly articulated core agency training requirements including, but not limited to, HIPAA security, management of workplace violence, core elements of the Americans with Disability Act (ADA), ethics and Health and Safety Universal Precautions.

Germane to the temporary interruption in direct service delivery each staff person expressed understandable levels of anticipation and concern around when the program would be in a position to return to a degree of relative service delivery, albeit adapted to account for the current restrictions necessary to preserve the health and safety of students and staff within the current climate. In positive counterbalance, staff uniformly conveyed perceptions of a highly supportive organizational climate, the provision of agency wide informational updates related to operations and an overall agency culture that recognizes the value and importance of providing support to the workforce as a whole.

- In response to the barriers posed by COVID-19 pertaining to conducting onsite visits and the need to apply sensitivity to staff health and safety the traditional process for conducting personnel file reviews was modified and curtailed for FY20. In lieu of onsite monitoring agencies were required to complete a Personnel Monitoring Self-Assessment Tool which covered the core elements of standard personnel file reviews including, but not limited to: 1) employment application, 2) employee resume, 3) verification of completed Level II background screenings and 5) completed Affidavit of Good Moral Character. A total of four personnel files were reviewed for this reporting report with the completed provider Self-

¹⁷ COVID-19 Response, Resources for Educators and Families. Retrieved from <https://www.secondstep.org/covid19support>

¹⁸ Neace, W. P., & Muñoz, M. A. (2012). Pushing the boundaries of education: Evaluating the impact of Second Step®: A violence prevention curriculum with psychosocial and non-cognitive measures. *Child & Youth Services*, 33(1), 46-69.

Assessment producing evidence of the presence of all core documentation requirements. These findings are generally consistent with prior years' reviews which have confirmed the maintenance of high standards of Human Resource documentation in all records reviewed.

Participant File Review Date(s): 2/14/20 and 2/27/20

Data Quality:

Annual file reviews are conducted for the purposes of examining levels of qualitative documentation, data integrity, compliance, adherence to program methodology and general patterns of service delivery. For FY20 a total of 21 participant records were randomly selected for review across two separate program sites, Meadowlawn and Oak Grove Middle Schools.

The findings of the review for the Meadowlawn program site yielded a compliance rate of 100%, a critical fields accuracy score of 100% and a data accuracy score of 98%. Equally robust results were produced from the Oak Grove program site file review with a compliance rate of 100%, a critical fields accuracy score of 100% and a data accuracy score of 100%. When viewed in their entirety, across both sites, the data integrity results are considered to be impressive and are indicative of highly robust internal Quality Assurance (QA) processes. In large part the program's high quality data entry standards are maintained by the thorough oversight of the program supervisor who conducts monthly site visits at each school setting in order to review participant records and provide guidance to program staff around documentation standards.

Analysis of Performance:

Skill Building Group

The program served 907 children in Skill Building Groups reaching only 73% of its target. In previous years, the programs made strides in exceeding its target in number of children served in Skill Building Groups with the decline this fiscal year being largely attributed to impact of COVID-19 on schools and similarly on the programs ability to serve youth. The Skill Building Group component of services is measured by assessing participants' improvement in interpersonal skills and disciplinary behavior in school. In order to measure interpersonal skill improvement during Skill Building Group the program utilizes the Interpersonal Competence Questionnaire-Revised (ICQ-R). In FY20, the results of this survey demonstrated that 92% of participants in the Skill Building Group showed improvement in their score on the ICQ-R from pretest to posttest. These results exceeded the programs targeted goal of 80%.

In previous fiscal years disciplinary outcomes were assessed to determine the program's impact on students' ability to cope in the classroom as a result of participation in Skill Building Groups. This measure however was waived due to COVID-19 and barriers around receiving school disciplinary data. In the previous fiscal year, 84% of Skill Building Group participants received no new referrals during group participation. The program however has a trend of consistently exceeding their target of 50% on this measure.

Second Step Curriculum

The program delivered the Second Step Curriculum to 2,354 students in the 2020 fiscal year. Though the program was shy of meeting its established FY20 target of 2,700, the decline in numbers served is largely due to COVID-19. The Second Step Curriculum is also evaluated on participants' disciplinary behavior in school. Similar to Skill Building Group analyses, this measure was impacted by COVID-19 as there were limitations around school data. However, FY19, eight-five percent of participants in the Second Step Curriculum component received no new in- or out-of-school suspensions. These results exceeded the program's target of 60% and has been a consistent trend. It is also worth noting that a pillar of the program is training school administration and staff in the Second Step Curriculum to ensure continuity of the model at schools working in partnership with the Violence Prevention

program. In past fiscal years, the program made strides and exceeded its proposed target of 110 staff trained. In FY20, the program was unable to train staff in the curriculum due to COVID-19. Specifically, due to the pandemic, schools were closed with most school staff working in a virtual setting. Add to that, the focus of school administration was delivery of curriculum to students to ensure the continuation in learning and as a result ancillary programs were excluded from admission into schools. Accordingly, based upon circumstances outside of the programs control they were unable to meet this measure.

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.

Paul Webb

3/9/2021 | 8:57 AM EST

Date: _____

Paul Webb

Senior Program Consultant

Nakee Holloway

3/9/2021 | 8:58 AM EST

Date: _____

Nakee Holloway

Senior Program Evaluator

Karen Woods

3/9/2021 | 10:09 AM EST

Date: _____

Karen Woods

Program Administration Manager

Karen Boggess

3/9/2021 | 4:39 PM EST

Date: _____

Karen Boggess

Program Evaluation Manager

Judith Warren

3/24/2021 | 2:50 PM EDT

Date: _____

Judith Warren

Chief Operating Officer

Beth Houghton

3/24/2021 | 6:06 PM EDT

Date: _____

Beth A. Houghton

Chief Executive Officer



PROGRAM MONITORING REPORT

Agency: Early Learning Coalition of Pinellas County, Inc.

Program: School Readiness Match

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

AGENCY OVERVIEW:

The Early Learning Coalition of Pinellas, Inc. (ELC) is the local administrative entity providing management of child care contracts with, and child care subsidies to, child care homes and center providers. Child care subsidies are provided to families based on eligibility groups defined by the Florida Office of Early Learning. School readiness funds pay a portion of the child care costs for low to moderate income earning families and allows parents to focus on professional and educational goals and begin to break the poverty cycle. Two priority eligibility groups exist and ELC is required to provide subsidies to these eligibility groups: 1) recipients of Temporary Assistance for Needy Families (TANF) with children ages 0-13 and 2) "At-risk" children ages 0-9. Children not included in the first two eligibility groups are further prioritized and are added to a waitlist pending the availability of funds. JWB funding is applied to the third prioritized eligibility group for the income-eligible working poor. Eligibility is further determined by needing a purpose for care, whether it is for the parent to work or go to school. In addition to direct child care costs, ELC applies state and federal dollars to quality and training; ELC employees provide assessment, coaching and training to child care providers who seek to improve the quality of their family child care homes and children's centers. ELC staff also monitor children's attendance to ensure appropriate use of child care dollars.

PROGRAM DESCRIPTION:

The School Readiness Match program serves eligible children of low-income families in Pinellas County whose household income is at or below 200% of the Federal Poverty Level, as long as the income doesn't exceed 85% of state median income, and are between the ages of birth through twelve years. Local matching funds provided from the Juvenile Welfare Board will be matched with state funds on a dollar for dollar basis. The funds will be utilized for direct services and expanding the number of childcare slots.

AGENCY/PROGRAM ACCOMPLISHMENTS:

The ELC hosted their annual Early Care and Education Conference in January 2020 at St. Petersburg College with 252 participants. The key note speaker was Lisa Murphy, M.Ed., or more affectionately known as The Ooey Goey Lady. The key note offered child care professionals practical ideas on how to have a more child centered classroom. Additionally, ELC's Thrive by Five initiative developed *Family Friendly Pinellas* to recognize local businesses that have implemented family-friendly policies that support their staff and ensure a productive workplace. Furthermore, when the pandemic emerged, the ELC became a strong advocate for the child care community. Staff rounded up donations in April 2020 for personal protective equipment and supplies and delivered basket care packages to over 100 child care providers. Then in October 2020 they helped host a drive through event to honor the hard work of VPK teachers.

STRATEGIC FOCUS AREA: School Readiness

FISCAL SNAPSHOT:

The Child Care Executive Partnership and Subsidized Child Care Match programs were replaced with School Readiness Match. The first two tables show historical financial information of the two programs previously funded through JWB. The third table shows combined funding for School Readiness Match due to new legislation.

Child Care Executive Partnership	FY18	FY19	FY20	Comments
Total Program Budget	\$2,109,299	\$2,109,299	N/A	
JWB Allocation	\$1,040,000	\$1,040,000	N/A	
Percent of Total Program Budget represented by JWB Allocation	49%	49%	N/A	
Lapse	\$0	\$10,148	N/A	
Cost per Participant*	\$3,196** (\$2,109,299/660)	\$5,247 (\$2,109,299/402)	N/A	

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

**Data for participants was calculated 10/1/2017-6/30/2018 due to ELC's Statewide Data System not functioning as expected.

Subsidized Child Care Match	FY18	FY19	FY20	Comments
Total Program Budget	\$13,279,651	\$13,179,651	N/A	
JWB Allocation	\$820,000	\$720,000	N/A	In FY18, a contract amendment was approved to transfer \$100,000 from ELC's program PreK All Day.
Percent of Total Program Budget represented by JWB Allocation	6%	5%	N/A	
Lapse	\$0	\$42,380	N/A	
Cost per Participant*	\$2,790** (\$13,279,651/4,760)	\$2,605 (\$13,179,651/5060)	N/A	

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

** Data for participants was calculated 10/1/2017 - 6/30/2018 due to ELC's Statewide Data System not functioning as expected.

School Readiness Match	FY18	FY19	FY20	Comments
Total Program Budget	N/A	N/A	\$3,196,650	
JWB Allocation	N/A	N/A	\$1,540,000	
Percent of Total Program Budget represented by JWB Allocation	N/A	N/A	48%	
Lapse	N/A	N/A	\$428	
Cost per Participant*	N/A	N/A	\$577 (\$3,196,650/5,590)	

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

TARGETED SERVICE LEVELS: This information is collected as a performance measure.

PARTICIPANT DEMOGRAPHICS:

In FY20, School Readiness Match program served 5590 children ages birth through 12. Of the 5590 children served, the majority of them resided in St Petersburg (49%) and Clearwater (20%). More than half of the children (68%) were under five years old, 29% five to nine years old, and 3% ten-12 years old. Fifty-two percent (52%) of children were Black/African American, 31% white, 1% Asian, and 14% Hispanic. Sixty-eight percent (68%) of families reported an annual income below \$29,999, while 23% reported an annual income between \$30,000 and \$39,999.

PROGRAM OUTCOMES*:

JWB works closely with the Early Learning Coalition and monitors the number of participants who receive ELC funds. Starting from FY20, the Child Care Executive Partnership and Subsidized Child Care Match were replaced with School Readiness Match. The table below gives the number of children who received funding in FY18, FY19 and FY20.

Performance Measure Description	FY18	FY19	FY20
Number of children served (CCEP)	660	402	NA
Number of children served (Subsidized Child Care Match)	4,760	5,060	NA
Number of children served (School Readiness Match)	NA	NA	5,590

*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.)

PROGRAM MONITORING ACTIVITIES:

Program Observation Date: 9/24/2020

Collaborative Meeting/Consultation Date(s): 1/29/2020, 2/12/2020, 4/8/2020, 5/21/2020, 6/3/2020, 7/15/2020, 9/2/2020

Personnel File Monitoring Date: 3/2/2020

The ELC of Pinellas is part of a system of 30 early learning coalitions across the state of Florida. They are directed by the Office of Early Learning (OEL). Starting from July 2019, ELC saw a change to their contracts with OEL. The Child Care Executive Partnership and Subsidized Child Care Match were replaced with School Readiness

Match. Local matching funds could be derived from local governments and other sources to create local partnerships focused on using the state and local funds for direct services and expanding the number of childcare slots. To be eligible, the ELC must match the state funds on a dollar for dollar basis. JWB approved moving forward with the new match requirements for fiscal year 2020.

In accordance with the Florida Administrative Code Rule 6M-4.740, ELC implemented the School Readiness Program Assessment beginning in July 2019. The assessment would use the Classroom Assessment Scoring System (CLASS) as the tool to determine a program's eligibility to contract with ELC. CLASS measures the quality of interactions between teachers and students. ELC assessed providers with the tool to determine if they met the contract minimum threshold of 2.51 composite score to be eligible to contract for the School Readiness Program. If providers did not meet the minimum score, they would be placed on a quality improvement plan for 12 months. If their next annual program assessment did not meet the minimum threshold their ELC contracted would be terminated. The OEL and ELC are determined to have providers who adhere to best practices in early education and child development. Providers scoring well on the CLASS tool may be eligible for increased reimbursements from ELC.

JWB staff attended monthly meetings with ELC and the Pinellas County License Board (PCLB) to discuss health, safety, and quality concerns of child care centers and family child care homes who were contracted with both agencies, including those programs funded through JWB. Discussions included violations, fines, new ELC School Readiness regulations in regards to assessment of providers, protocols for the collaboration of inspections, and providers who were closing. This collaborative effort is intended to help safeguard the children of Pinellas County. During FY20, discussions included how the Coronavirus was affecting the agency and the providers who contracted with them. In the beginning of the pandemic, ELC ceased on-site visits to programs in order to ensure everyone's safety. Eventually, they followed the rules of the centers and/or homes for allowing parents into their program. The pandemic affected the completion of CLASS assessments because the assessment takes two or more hours to complete or programs experienced closures. With the uncertainty of the virus, the ELC was allowed to extend their contracts with providers without the annual assessment. Assessments will resume in April 2021.

JWB staff reviewed four personnel files in March 2020. The files were well organized and had all documentation needed for review. ELC used a third-party vendor in the Volunteer & Employee Criminal History System (VECHS) and therefore must read and interpret their own results. ELC had a system in place for two staff to read the results of VECHS and a running record to track all employees, including separation date. It appeared to be organized and consistently tracked. All four staff had a letter in their file stating that their Level 2 background screening was reviewed and in compliance with employment guidelines. The files also contained the required signed Attestation of Good Moral Character. JWB staff made one recommendation; ensure that all staff background screenings are completed before they expire. It was noted that the spreadsheet had one staff's background screening expired in December 2016, but the letter of compliance with background screening showed the re-screen completed in January 2017. Human Resource staff explained the procedure for notifying staff and their supervisor was one month ahead of expiration. However, this employee somehow missed the timeframe for a timely re-screen date. Human Resource staff assured JWB staff that children are never left alone with ELC staff. Children, if at the ELC offices, are always supervised by their parents.

JWB staff observed a virtual board meeting in the fourth quarter. The board members were able to interact with one another, ask questions as needed, and voted on two new board members via an online polling tool. The CEO informed the board about permanent provider closures, staff shortages, and decreased number of VPK participants due to the pandemic. She also explained that OEL waived parent fees and supported paying providers for enrollment rather than attendance to encourage parents to keep their children home when sick. Additionally, the

board discussed the provider over payments caused by OEL's new data system. It was ELC's task to work with providers and retrieve overpayments throughout the next 12 months.

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 March 16, 2020 to September 30, 2020. The following provides a summary and interpretation of the survey submitted by the ELC.

The ELC leadership team and staff were creative and flexible when facing the challenges of the pandemic. Impressively, the ELC never suspended services and was able to adapt quickly to virtual appointments via Zoom and FaceTime with clients. They also had the capability to assist families on their portal via online chat. Provider payments were continued during closures in alignment with the Executive Order issued by the Commissioner of Education. Providers were paid according to enrollment and parent fees were deferred for those parents wishing to keep their children enrolled in preschool. The ELC also provided grants for children of essential workers so they could continue to provide much needed services to the community. The ELC's Professional Development Department pivoted to online trainings for child care providers. The online trainings were popular and they saw high attendance. This positive consequence of the pandemic response will have a lasting effect on the child care community. ELC stated they will expand their online training efforts to engage a wider audience in the workforce.

The ELC employs 88 staff. Of those, six were reassigned during COVID-19 to assist in other departments and none were furloughed or laid off. ELC allowed staff to work from home during the pandemic. The agency purchased additional laptops, second monitors, and headsets for Voice Over Internet Protocol (VoIP) to assist in staff's proficiency while working remotely. ELC found that many staff members proved to be more effective/productive working remotely and they will likely continue with a partial remote staff when the pandemic crisis is over. According to the survey, with the reduced square footage needed for staff, the ELC anticipates a reduction in rent which can be repurposed to support program services.

The pandemic highlighted the vulnerability of the child care industry. Some centers and family child care homes closed due to the pandemic. Staff shortages increased immensely throughout the county. Children were impacted by provider closures, exposure to the virus, and interruptions in their daily routine. ELC staff tried to mitigate negative implications by providing alternate means for communication and support. The CEO provided weekly FaceBook Live updates and ELC staff created social media campaigns including reading stories to children, tips for behavior/resiliency, and self-care for teachers and parents. They encouraged the providers to conduct online circle time with their students to remain connected to them during closures.

Challenges during the pandemic included client lack of internet access, lack of technological hardware for clients, exposure to COVID-19, lower ratios and/or operational capacity for childcare providers. Additionally, VPK Readiness Rates and Child Assessments were suspended by OEL for the 19-20 program year. Therefore, we will not have all program outcomes for FY21.

ELC reported that they continually monitored the supply and demand for child care services during the height of the pandemic and continue to monitor the status today. Right now, there is an excess capacity because parents are keeping their children home as the result of the pandemic, health concerns, or job loss. Some providers struggle to remain solvent with low enrollment and high staff turnover. In addition, the request for behavior supports are increasing due to the stressful and traumatic experience the pandemic has been on some children and families. The stress and emotional fatigue are also affecting child care staff. ELC has found that many are exhausted, stressed, scared, and leaving the field. High staff turnover and lack of qualified applicants is resulting in a workforce shortage that, as demand for childcare increases, could lead to a capacity shortage.

DATA QUALITY:

In FY20, ELC provided JWB with monthly data uploads in a timely manner. JWB staff reviewed each data upload and provided ELC with a report outlining the review results. Overall, the data uploads showed high quality with above 90% accuracy rate. In the time when a data entry error was identified through the review, ELC was able to correct the error promptly. ELC staff also worked diligently with OEL to fix their data system issues and communicated frequently with JWB staff.

CONCLUSIONS:

ELC continued to consistently provide high level of assistance and support to the child care community during this reporting period. Their work ensured that families received child care assistance scholarships and teachers received supportive services with training and coaching.

Cheryl Miller

Cheryl Miller
Senior Program Consultant

Date: 3/23/2021 | 4:22 PM EDT

Qian Fan

Qian Fan, Ph.D.
Senior Program Evaluator

Date: 3/23/2021 | 5:32 PM EDT

Karen Woods

Karen Woods
Program Administration Manager

Date: 3/24/2021 | 8:50 AM EDT

Karen Boggess

Karen Boggess
Program Evaluation Manager

Date: 3/24/2021 | 8:53 AM EDT

Judith Warren

Judith Warren
Chief Operating Officer

Date: 3/24/2021 | 2:44 PM EDT

Beth Houghton

Beth A. Houghton
Chief Executive Officer

Date: 3/24/2021 | 6:12 PM EDT



PROGRAM MONITORING REPORT

Agency: Early Learning Coalition of Pinellas County, Inc.

Program: PreK All Day (PKAD)

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

AGENCY OVERVIEW: The Early Learning Coalition of Pinellas, Inc. (ELC) is the local administrative entity providing management of child care contracts with, and child care subsidies to, child care homes and center providers. Child care subsidies are provided to families based on eligibility groups defined by the Florida Office of Early Learning. School readiness funds pay a portion of the child care costs for low to moderate income earning families and allows parents to focus on professional and educational goals and begin to break the poverty cycle. Two priority eligibility groups exist and ELC is required to provide subsidies to these eligibility groups: 1) recipients of Temporary Assistance for Needy Families (TANF) with children ages 0-13 and 2) “At-risk” children ages 0-9. Children not included in the first two eligibility groups are further prioritized and are added to a waitlist pending the availability of funds. JWB funding is applied to the third prioritized eligibility group for the income-eligible working poor. Eligibility is further determined by needing a purpose for care, whether it is for the parent to work or go to school. In addition to direct child care costs, ELC applies state and federal dollars to quality and training; ELC employees provide assessment, coaching and training to child care providers who seek to improve the quality of their family child care homes and children’s centers. ELC staff also monitor children’s attendance to ensure appropriate use of child care dollars.

PROGRAM DESCRIPTION: Provider offers a Pinellas countywide initiative that provides early learning scholarships to four and five-year-old children. Provider scholarships support wrap-care during the child's school year Voluntary Pre-Kindergarten (VPK) program and full-time care during the summer before kindergarten. Children receiving scholarships attend quality early learning centers that have a Florida Gold Seal certification, or have CLASS Score 4.0 or greater within the last 12 months or have VPK Readiness Rate > 75.

AGENCY/PROGRAM ACCOMPLISHMENTS:

The ELC hosted their annual Early Care and Education Conference in January 2020 at St. Petersburg College with 252 participants. The key note speaker was Lisa Murphy, M.Ed., or more affectionately known as The Ooey Gooley Lady. The key note offered child care professionals practical ideas on how to have a more child centered classroom. Additionally, ELC’s Thrive by Five initiative developed *Family Friendly Pinellas* to recognize local businesses that have implemented family-friendly policies that support their staff and ensure a productive workplace. Furthermore, when the pandemic emerged, the ELC became a strong advocate for the child care community. Staff rounded up donations in April 2020 for personal protective equipment and supplies and delivered basket care packages to over 100 child care providers. Then in October 2020 they helped host a drive through event to honor the hard work of VPK teachers.

STRATEGIC FOCUS AREA: School Readiness

FISCAL SNAPSHOT:

	FY18	FY19	FY20	Comments
Total Program Budget	\$517,477	\$618,948	\$745,077	
JWB Allocation	\$517,477	\$618,948	\$745,077	FY18: A contract amendment was approved to transfer \$100,000 of projected lapse to ELC's Subsidized Child Care Match.
Percent of Total Program Budget represented by JWB Allocation	100%	100%	100%	
Lapse	\$349,237	\$289,041	\$49,393	
Cost per Participant*	\$14,374** (\$517,477/36)	\$2,852 (\$618,948/217)	\$3,225 (\$745,077/231)	

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

** Data for participants was calculated 10/1/2017 - 6/30/2018 due to ELC's Statewide Data System not functioning as expected.

TARGETED SERVICE LEVELS:

Targeted Service Level Type	FY18			FY19			FY20		
	Target	Actual	Percent	Target	Actual	Percent	Target	Actual	Percent
Number of children served	172	36*	21%	159	217	136%	183	231	126%

* Data for participants was calculated 10/1/2017 - 6/30/2018 due to ELC's Statewide Data System not functioning as expected.

PARTICIPANT DEMOGRAPHICS:

In FY20, PKAD served 100 VPK children and provided wrap care to 131 Head Start children enrolled in three elementary schools. Of the 231 children, equal percentage of male and female children were served. Forty-four percent (44%) of children were White, 38% Black/African American, and 26% Hispanic. Sixty-one percent (61%) of families reported an annual income below \$29,999, while 19% reported an annual income between \$30,000 and \$49,999.

PROGRAM OUTCOMES*:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of children who meet or exceed the expectations as indicated by their assessment scores in the third assessment period on the Florida Voluntary Prekindergarten (VPK) Assessment.	Baseline	73%	70%	89%	70%	Waived due to the pandemic
Percent of children who demonstrate school readiness on the Star Early Literacy assessment	Baseline	46%	60%	58%	60%	56%

Percent of parents will show improved engagement in their children's education.	Baseline	Data not available	80%	Data not available	80%	Waived due to the pandemic
Percent of children will attend at least seventy percent (70%) of program days during enrollment.	70%	80%	70%	91%	70%	Waived due to the pandemic
Percent of families who have obtained VPK voucher will enroll their children in the Voluntary Prekindergarten (VPK) program	Baseline	95%	90%	92%	90%	91%

**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.)*

PROGRAM MONITORING ACTIVITIES:

Program Observation Date: 2/22/2020

Collaborative Meeting/Consultation Date(s): 11/7/19, 1/31/2020, 7/16/2020

Personnel File Monitoring Date: 3/2/2020

Program monitoring activities are limited for this program because ELC is the local administrative authority providing management and oversight of the child care contracts with PKAD Providers. JWB funding provides for child care slots during the hours after VPK. The ELC monitors the quality of programming.

This fiscal year, ELC partnered with Pinellas County Schools to provide PKAD in Head Start classrooms at High Point, Lealman, and Woodlawn Elementary Schools to serve more children. There was a total of six classrooms at the schools. In November 2019, the CEO informed JWB that there were 18 children on the PKAD waitlist. JWB and ELC worked collaboratively to ensure that all children who qualified for PKAD would receive services since the partnership with the school district produced an unexpected swift increase in participants. Subsequently, the JWB Finance Committee approved an increase in allocation during the January 2020 meeting. The full board approved the increase in funding in February 2020.

An observation of the program staff was made at the annual Baby Talk Event for parents. ELC staff had a resource table at the event. They disseminated information about VPK, PKAD, and resource and referral services that ELC offers to parents looking for early childhood programs. Two staff members talked with parents and explained services their child(ren) might be eligible for. They also provided Vroom materials, a science-based tips and tools service to help parents and caregivers use shared moments to teach their children. Staff encouraged parents to use the tips and tools at home with their own children.

JWB staff conducted a file review on four staff files in March 2020. JWB funding helps support one PKAD Eligibility Specialist and the other three files were Family Services Specialists from School Readiness Match. ELC used a third-party vendor in the Volunteer & Employee Criminal History System (VECHS) and therefore must read and interpret their own results. It was apparent that ELC's internal written procedure for reviewing background screenings was followed. All four staff had a letter in their file stating that their Level 2 background screening was reviewed by two ELC staff and in compliance with employment guidelines. The files also contained the required signed Attestation of Good Moral Character. JWB staff made one recommendation; ensure that all staff background screenings are completed before they expire. It was noted that the spreadsheet had one staff's background screening expired in December 2016, but the letter of compliance with background screening showed the re-screen completed in January 2017. Human Resource staff explained the procedure for notifying staff and

their supervisor was one month ahead of expiration. However, this employee somehow missed the timeframe for a timely re-screen date. Human Resource staff assured JWB staff that children are never left alone with ELC staff. Children, if at the ELC offices, are always supervised by their parents.

COVID 19 Response and Impact:

JWB Providers were requested to complete a JWB developed survey about the impacts of COVID-19 on their program during the period of March 16, 2020 to September 30, 2020. The following provides a summary and interpretation of the survey submitted by the ELC for PKAD.

As an agency, no staff were laid off, furloughed, or saw reduced hours at the ELC. In fact, staff were allowed to work remotely. The agency purchased additional laptops, second monitors, and headsets for Voice Over Internet Protocol (VoIP) to assist in staff's proficiency while working remotely.

ELC never stopped serving children or families, however, many early learning providers had extended closures. Those who remained open saw drastic reductions in attendance even among enrolled children. The challenges faced by PKAD were exposure to COVID-19 and lower ratios and/or operational capacity. In addition, PKAD experienced a decrease in participants due to School Readiness eligibility exemptions and waivers brought about due to COVID-19. In essence, the PKAD eligible child rolled over into School Readiness or Essential Workers Service eligibility to make the most of funding opportunities. ELC also provided child care slots for essential workers, assisted families with technological needs, and connected participants to community resources.

The strategies that VPK Providers used to promote participant engagement was to offer online activities and instruction, though not formally like Pinellas County Schools. Also, ELC staff offered online story time through social media and virtual professional development. They found that "nothing replaces face to face instruction for young children." The biggest lesson learned was that private child care providers, families, and young children are not equipped for virtual learning opportunities and in most cases, this is not developmentally appropriate for lengths of time.

DATA QUALITY:

On February 27, 2020 JWB staff visited the ELC office. ELC staff demonstrated their new data system platform and the data collection and data entry process. JWB staff reviewed seven provider files and four child files. All files were well organized and included required documentations. The provider files had contracts for School Readiness, VPK and PKAD. Each provider file included a Florida Gold Seal certification or a CLASS score. The child files showed proof of household income, VPK scores and parent questionnaires. The VPK scores and parent questionnaire data was entered accurately. Two parent questionnaires were not collected at the beginning of the program due to ELC staff turnover. JWB staff emphasized data collection requirements to the PKAD Program Manager. The manager created flow charts of program operation and data collection to ensure the compliance and the success of the program.

ANALYSIS OF PERFORMANCE:

Five performance measures were created to evaluate the expected outcomes outlined by the JWB and ELC management team which include VPK voucher utilization, center attendance, VPK assessment outcomes, kindergarten readiness, and parent engagement. The Head Start wrap care did not start until August 2019, therefore, the performance outcomes discussed here applied to 100 VPK children who participated in the PKAD.

In FY20, ninety-two percent (91%) of families who obtained VPK voucher through ELC were able to enroll their children in a VPK program. Of the 100 children enrolled in the PreK All Day program, fifty-six percent (56%) of the children demonstrated kindergarten school readiness on the Star Early Literacy assessment.

Due to the COVID-19 pandemic, the Office of Early Learning suspended the VPK assessment at children's centers. ELC staff was not able to collect post parent questionnaires because of the lack of attendance. As a result, JWB waived the performance measures in relation to VPK assessment, attendance and parent questionnaires for FY20.

For the Head Start participants and the partnership with the school district the program uses Teaching Strategies GOLD to evaluate and assess a child's progress. However, due to school closures in March the final assessment of GOLD was not able to be administered and therefore no final results. The partnership of ELC, Pinellas Schools, and Lutheran Head Start will work together in reporting outcomes for the Head Start students in future years.

CONCLUSIONS:

Even when facing challenges caused by the pandemic, this program consistently provided early learning supports to participating VPK children and their families. Progress was seen in relation to ELC PreK All Day program staff retention and data quality. JWB will keep working with the program to ensure quality delivery of the program, timely data collection, and improved children's performance.

Cheryl Miller

Cheryl Miller
Senior Program Consultant

Date: 3/24/2021 | 7:16 PM EDT

Qian Fan

Qian Fan, Ph.D.
Senior Program Evaluator

Date: 3/24/2021 | 7:36 PM EDT

Karen Woods

Karen Woods
Program Administration Manager

Date: 3/25/2021 | 8:50 AM EDT

Karen Boggess

Karen Boggess
Program Evaluation Manager

Date: 3/25/2021 | 9:15 AM EDT

Judith Warren

Judith Warren
Chief Operating Officer

Date: 3/25/2021 | 1:51 PM EDT

Beth Houghton

Beth A. Houghton
Chief Executive Officer

Date: 3/26/2021 | 4:00 AM EDT



Program Monitoring Report

Agency: Big Brothers Big Sisters of Tampa Bay, Inc.

Program: Comprehensive Mentoring

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

Agency Overview:

Big Brothers Big Sisters of America (BBBS) operates under the mission of providing enduring and meaningful one-to-one relationships for children facing adversity. BBBS operates through over 300 nationwide affiliates and spanning the last decade has served more than two million children. Effective January 1, 2015 a merger took place between the regional affiliates Big Brothers Big Sisters of Pinellas and Big Brothers Big Sisters of Tampa Bay, Inc. As a result of this merger BBBS now provides services that extend across Pinellas, Pasco, Polk, Citrus, Hernando and Sumter counties with regional offices sited in Tampa, St. Petersburg, and Lakeland. The BBBS local office, located in Largo, serves as the primary hub for both community and school based mentoring service delivery activities across Pinellas County.

Program Description:

Countywide, the BBBS Comprehensive Mentoring program strives to serve at risk children with strong and enduring, professionally supported one-to-one relationships that change their lives for the better, forever. Comprehensive Mentoring includes Community-Based mentors and Site-Based mentors who meet with a youth in his or her school or afterschool center. Site-Based mentoring also includes the School-To-Work program where a High School junior is paired with a mentor at a corporate partner for two years to develop vocational interests.

Agency/Program Accomplishments:

BBBS achieves the delivery of high quality mentoring services to at risk children and youth through the interwoven cross functional interactions of distinct complimentary programmatic components that attend to volunteer recruitment, screening, training, facilitation of goodness of fit matches and the provision of ongoing support of the established mentoring relationship. As will be expanded on further in the COVID-19 Response and Impact section of this report recognition should be given to the adroit manner in which the agency, as a whole, adapted to the novel challenges created by the pandemic and orchestrated the ongoing productive functioning of each program component through the development of alternate, accessible and sustainable operational approaches.

Strategic Focus Area: School Success

Fiscal Snapshot:

	FY18	FY19	FY20	Comments
Total Program Budget	\$2,760,896	\$2,949,234	\$2,990,033	
JWB Allocation	\$751,656	\$771,062	\$794,194	During FY20 a Capital Award in the amount of \$30,105 was approved.
Percent of Total Program Budget represented by JWB Allocation	27%	26%	27%	
Lapse	\$9,741	\$24,607	\$39,128	
Cost per Participant*	\$2,650 (\$2,760,896/1,042)	\$3,220 (\$2,949,234/916)	\$3,543 (\$2,990,033/844)	

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

Capital Award: During FY20 the agency submitted and received approval for a Capital Award in order to complete facility based environmental improvements including the replacement of five air conditioning units, and the cleaning, sanitation and repair of existing floor coverings.

Targeted Service Levels:

Targeted Service Level Type	FY18			FY19			FY20		
	Target	Actual	Percent	Target	Actual	Percent	Target	Actual	Percent
Number of children served	1,236	1,042	98%	1,298	916	70%	1,150	844	73%
Number of volunteer hours	34,608	22,151	64%	36,334	20,895	58%	36,334	9,576	26%

*FY18 numbers served have been adjusted due to inflated reporting as a result of data collection methods.

Participant Demographics:

In FY20, Big Brothers Big Sisters (BBBS) served more females (60%) than males (40%). Additionally, over half (53%) of the participants were a part of a single female head of household. Mentors for adolescents in a single parent household can provide many benefits such as, but not limited to, consistent guidance and emotional support to the child from another adult, rare times of respite for the single parent, and emotional support for the parent that there is another person that also cares about the wellbeing of their child.¹ Forty-three percent of participant households reported an annual income of less than \$30,000. The largest age group of participants served were between the ages of five and nine (44%), followed by 36% between the ages of ten to fourteen and with the remaining 20% falling between the ages of 15 and 18.

Program Outcomes:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of Pinellas County children who are matched for at least seven (7) months will have no new in- school or out-of-school suspensions during the school year of program participation as measured by independent verification with Pinellas County School data.	70%	78%	75%	77%	75%	Waived due to COVID-19

¹ Keller, T.E. A Systemic Model of the Youth Mentoring Intervention. *J Primary Prevent* 26, 169–188 (2005). <https://doi.org/10.1007/s10935-005-1850-2>

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of youth participating in the Youth Outcome Survey will maintain successful outcomes in at least three domains or demonstrate improvement in at least three domains (Social Acceptance, Scholastic Competency, Educational Expectations, Grades, Risk Attitudes, Parental Trust, Truancy, or having a Special Adult in his/her life).	80%	96%	80%	100%	80%	100%

COVID 19 Response and Impact:

In a systemic effort to reflectively evaluate the cumulatively evolving fiscal and programmatic sequelae created by the COVID-19 pandemic, during the period from March 16th 2020 through September 30th 2020, JWB requested that individual providers complete a propriety, home grown, COVID-19 Impact Survey. Under the recognition that programs would most likely experience varying degrees of impact based on the individualized nature of each service delivery model and programmatic setting. As will be discussed in more detail in the following sections, the various components of the BBBS Comprehensive Mentoring program experienced unpreventable disruptions in routine service delivery throughout FY20 as a result of the cascading environmental effects of the COVID-19 pandemic. The antecedents, contributing factors and results of these disruptions are described in more detail in the following sections. Alongside, the agency's effective adaptations designed to maintain continued operations and service delivery.

Coronavirus disease 2019 (COVID-19) is caused by a novel virus that has been shown to result in severe acute respiratory symptoms and poses significant risk of severe medical complications and elevated mortality rates among those infected.² On January 21st 2020 the Centers for Disease Control and Prevention announced the first case of the Novel Coronavirus disease in the United states. 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 incidents of infection transmission, encompassing community level isolation orders, social distancing measures and travel restrictions the US declared a pandemic emergency on March 13, 2020.⁴ Subsequently, states across the nation progressively moved towards the declaration of stay-at-home orders under the primary objective of seeking to stem the prolific spread of the virus. Following suit with nationwide prevention measures, in close proximity with the tenets set forth by the Centers for Disease Control (CDC), Florida issued a statewide stay at

² World Health Organization. (2020). Health workers exposure risk assessment and management in the context of COVID-19 virus. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/331496/WHO-2019-nCov-HCW_risk_assessment-2020.2-eng.Pdf. Accessed 12/29/20.

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*.

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, the program was unable to continue to provide direct face to face school based mentoring sessions and activities associated with the School to Work program component were held in abeyance. In addition, as of March 16th 2020, all community based mentoring activities transitioned to replacement mediums of contact such as virtual platforms, written correspondence and telephonic communication.

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.⁷ 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.⁸ 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.⁹

Following the growing understanding of the epidemiology of the virus Local Education Departments were subsequently faced with the somewhat daunting task of grappling with the development of the safe reopening of schools in the Fall of 2020.¹⁰ The considerations posed by these decision making processes were informed by recognition that school settings represent: 1) a protective screening environment for children at risk for abuse and neglect, 2) sources of healthy nutrition for food insecure families, 3) continuity of education and that even relatively modest interruptions in school attendance are directly correlated with detrimental effects on long term academic attainment, and finally 4) grouped clusters of students may potentially increase community wide transmission vectors.¹¹

In order to limit potential exposure to all students, their families and school personnel the Pinellas County Schools (PCS) implemented a methodical reopening plan in the fall of 2020 which involved, in part, limiting the on-campus presence for any nonessential visitors, community organizations, businesses, municipal partners and speakers.¹² As a result, as of September 30th 2020 and continuing through the date of the writing of this report, all active school site based and School to Work mentoring relationships have been sustained through the aforementioned alternate methods of communication. Following deliberate and thoughtful planning by the agency around risk management and informed by CDC safety protocols community based mentoring services gradually resumed during the month of August, 2020. The resumption of community based mentoring was based on a strict criterion that included: 1) obtaining clearly informed parental consent, 2) voluntary agreement by mentors and 3) adherence to transmission control guidelines as established by the CDC during all community based face to face contacts.

At an organizational level the agency maintained operational integrity of each interconnected department through the rapid movement in positioning towards virtual service delivery and functions. The initial program intake stage of completing interviews of prospective volunteers and program participants shifted to virtual and telephonic mediums during the month of March, 2020. In close alignment the essential function of facilitating the

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 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

⁸ Hyde, Z. (2020). COVID-19, children, and schools: overlooked and at risk. *Med J Aust*, 213(10), 444-446.

⁹ 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.

¹⁰ Klevan, S., Edgerton, A. K., Darling-Hammond, L., Maier, A., & Melnick, H. (2020). Learning in the Time of COVID and Beyond.

¹¹ McLoughlin, G. M., Fleischhacker, S., Hecht, A. A., McGuirt, J., Vega, C., Read, M., & Dunn, C. G. (2020). Feeding Students During COVID-19—Related School Closures: A Nationwide Assessment of Initial Responses. *Journal of nutrition education and behavior*, 52(12), 1120-1130.

¹² Pinellas County Schools. Reopening Plan. Revised July 2020. Retrieved <http://www.fldoe.org/core/fileparse.php/7507/urlt/Pinellas-Reopening-Plan.pdf>. February 25th 2021.

agency's comprehensive training and orientation for newly onboarded volunteers also transitioned to virtual platforms during the month of March, 2020. The agency's enrollment and matching team then completed the facilitation of all new matches between the months of April and August, 2020 through various virtual platforms and telephonic contacts. The ongoing support of new and established mentoring relationships continued uninterrupted through the effective deployment of all staff, including the program's Match Support Specialists, to remote virtual work environments. Moreover, the agency applied forethought to projected operational needs, given the uncertainty of the trajectory and duration of the pandemic, through the establishment of a robust infrastructure that ensured that all staff had ready access to all the supports, technology and equipment necessary to fulfill the functions of each position.

Program Monitoring Activities:

Program Observation Date(s): 2/26/20

Interview Date(s): 2/26/20 and 9/21/20

Collaborative Meeting/Consultation Date(s): 1/24/20, 3/1/20, 3/5/20, 3/25/20, 4/17/20, 4/21/20, 5/27/20, 7/10/20 and 9/15/20.

- BBBS conducts a rigorous volunteer screening process in order to ensure that applicants pose no safety risks, are committed to the long-term commitments associated with mentoring and to gauge the best possible matching arrangement. Volunteers are screened using both objective and subjective screening criteria and must; 1) complete an application, 2) attend an orientation, 3) pass a level 2 background check, 4) submit the names of personnel references, 5) participate in a comprehensive one-to-one screening interview, 6) undergo a home study and 7) attend a training session. The one-to-one interview is generally considered to be the centerpiece of the screening process and covers in depth questioning around such topics as family background, marital and dating situation, drug and alcohol use, attitudes towards sexuality, support systems and preferred hobbies and activities.¹³

JWB staff were afforded the opportunity to observe two separate new volunteer interviews over during the first quarter of the fiscal year. Both observations provided strong indicators of highly skilled interviewing techniques that held fidelity to the navigation of the essential exploratory questioning necessary to formulate a comprehensive evaluation of each candidates' suitability for mentoring. For example, the intimate areas of each candidates' personal background, family history, values and belief structures were examined in detail while holding a professional objective posture given the sensitive nature of the topics discussed. Moreover, the key considerations of the manner in which the candidates' personal attributes and characteristics may influence their approach to the mentoring relationship were closely scrutinized through the well-timed delivery of open ended reflective questions. Overall, each interview was viewed as extremely well structured, allowing ample time for the in-depth processing of questions and providing each candidate with the opportunity to discuss any concerns. In addition, the application process was precisely defined for each candidate alongside the primary responsibilities of their potential role as mentor.

Following the conclusion of one of the interviews JWB staff met with one of the Enrollment Specialists to further discuss the staff person's professional background, experience as an employee of the agency and perspectives on the interview process for mentoring candidates.

The Enrollment Specialist holds a dual degree in psychology and film studies with over three years of professional experience working with pre-school aged children. In addition, the Enrollment Specialist also possessed a broad base of experience in the delivery of services to children with varying degrees of development delays and special needs. The Enrollment Specialist described the agency onboarding orientation and training process as thorough with attention given to cross functional trainings in order to

¹³ Roaf, P. A. (1994). Big Brothers/Big Sisters: A Study of Volunteer Recruitment and Screening.

create a clear awareness of the operations and responsibilities of each department. As referenced previously, this approach to cross functional training is viewed as a particular strength given the interdependent programmatic workflow associated with ensuring that matching is successful and that longevity of the mentoring relationship is achieved. As revealed during prior year staff interviews a robust training process was described, specific to the functions of the employee's position, involving the shadowing of interviews followed by the provision of supervisory observations of a set number of individual interviews.

Specific to the process of screening volunteers the employee articulated a clear appreciation of the necessity of a highly involved process encompassing background screenings, the completion of reference checks and underscored the value of the structured interview process as a means to render an objective recommendation around acceptance of the candidate as a mentor. Of note, the Enrollment Specialist discussed the more nuanced and delicate aspects of the interview process, particularly in relationship to reviewing the agency's policy regarding a volunteer's willingness and competencies around working with lesbian, gay, bisexual, transgender, queer and questioning (LGBTQQ) children and youth. A sturdy body of research has found that LGBTQQ youth are among the most underserved, marginalized and vulnerable populations, creating a host of risk factors that increase the likelihood of homelessness, mental health symptoms and suicidality.¹⁴ In this area, at both the national and local levels, BBBS has placed a progressive emphasis over the years on the need to extend the quality of mentoring relationships to provide thoughtful, responsive and inclusive programming for this population in order to mitigate the risk for additional harm as a result of receiving services from incompatible mentors.¹⁵

In closing the Enrollment Specialist discussed the best practice of conducting child interviews in the family home in order to garner a comprehensive assessment of the family system and view the actual home environment. In this area the Enrollment Specialist also reflected on the importance of viewing the home setting as a means to ensure the assigned mentor is fully prepared for any environmental considerations such as family configuration, the presence of any pets or hygiene concerns. Finally, the concluding stage of the matching and enrollment process was discussed in relation to the process of optimizing the match decision through a peer review process conducted during staff meetings. Such an approach should again be highlighted as a best practice, allowing for a determination that is informed by differing perspectives and viewpoints.

- 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.¹⁶ In addition, such interviews provide valuable programmatic information that is particularly useful in relation to supplementing other methods of data collection.¹⁷ In recognition of the unprecedented environmental conditions created during FY20, as a result of the COVID-19 pandemic, the standardized JWB staff interview template was modified to encapsulate questions that specifically addressed the aforementioned contextual features. During the final quarter of the fiscal year JWB staff conducted a total of six separate virtual interviews for the program composed of a combination of staff from the Enrollment and Matching team and Match Support team. The general themes and highlights from these interviews are summarized in the following section.

¹⁴ Rhoades, H., Rusow, J. A., Bond, D., Lanteigne, A., Fulginiti, A., & Goldbach, J. T. (2018). Homelessness, mental health and suicidality among LGBTQ youth accessing crisis services. *Child Psychiatry & Human Development*, 49(4), 643-651.

¹⁵ Big Brothers Big Sisters of America. The LGBTG Supplement of Effective Practice for mentoring. January, 2019. Retrieved from https://www.bbbs.org/wp-content/uploads/MENTOR_LGBTQ-Supplement-to-EEP-for-Mentoring.pdf. March 8th 2021.

¹⁶ Greene, J. C. (1994). Qualitative program evaluation. *Handbook of qualitative research*, 530, 544.

¹⁷ Boyce, C., & Neale, P. (2006). Conducting in-depth interviews: A guide for designing and conducting in-depth interviews for evaluation input.

Among the staff interviewed tenure with the agency fell in the range of six months, 2 years, 4 years and 13 years. And, each of the staff held broad bases of relevant professional backgrounds and academic accomplishments well suited to their position, roles and responsibilities. Moreover, it should again be observed, as during prior reporting periods, that the program has historically maintained high levels of staffing stability with minimal rates of turnover and employees view the agency as offering ample opportunities for professional advancement. These observations are highly germane to the cultivation of quality programming with research studies concluding that staffing equilibrium and perceptions of the potential for career growth contribute directly to the presence high levels of quality service delivery.¹⁸

Each of the staff interviewed acknowledged the unique environmental press created by the pandemic in relationship to adjusting to alternate service delivery approaches alongside the challenges in providing supports to both mentors and program participants during an extraordinary epoch. Nonetheless, the staff interviewed uniformly expressed strong levels of satisfaction with the high degrees of support provided both at an organizational and programmatic level. Furthermore, each staff person expressed high levels of confidence around the manner in which the agency had attended to supporting each interwoven programmatic component to ensure the continuation of effective service delivery. In addition, several of the staff interviewed underscored the agency's support of flexible work schedules as a key contributing factor in relation to mitigating many of the barriers raised as a result of shifting to a predominately remote working environment. In summation, the qualitative information drawn from the staff interviews provided strong impressions of the presence of an organizational culture committed to embracing the solidifying elements that directly contribute to staff retention and job satisfaction. These findings should be applauded under a recognition of the remarkable environmental circumstances created by the COVID-19 pandemic.

Participant File Review Date(s):

Data Quality:

Annual file reviews are conducted for the purposes of examining levels of qualitative documentation, data integrity, compliance, adherence to program methodology and general patterns of service delivery. During FY20 a total of nine participant records were randomly selected for review. The findings of these reviews yielded an overall compliance rate of 100%, a critical fields accuracy score of 100% and a data accuracy score of 97%. When viewed in their entirety the data integrity results are considered to be impressive and are reflective of highly robust internal Quality Assurance (QA) processes. Moreover, the results are comparable to the prior year's review and support the conclusion that programmatic documentation and data entry Quality Assurance practices are consistently applied over the course of each fiscal year.

At a qualitative level each of the intake assessments reviewed were found to be comprehensive, detailed and well drafted to precisely document the salient life domains of each program participant and family member. Particularly, in the key areas of presenting disabilities, medical conditions, mental health needs, potential risk factors, interpersonal relationships and school functioning. Each of the intake assessments included a concluding summation that provided a formulation as to the program participants' overall needs in relationship to mentoring supports which was viewed as a critical element with regard to ensuring a successful matching process.

Many of the program participants served by the BBBS comprehensive mentoring program present with a host of interlocking risk factors that increase the likelihood of the occurrence of problematic behaviors in community based settings.¹⁹ As such, JWB staff provided onsite technical recommendations around the benefits of enhancing the current intake and matching process to encompass the identification of risk management

¹⁸ Garringer, M., McQuillin, S., & McDaniel, H. (2017). Examining Youth Mentoring Services across America: Findings from the 2016 National Mentoring Program Survey. *MENTOR: National Mentoring Partnership*.

¹⁹ Teye, A. C., & Peaslee, L. (2015, December). Measuring educational outcomes for at-risk children and youth: Issues with the validity of self-reported data. In *Child & Youth Care Forum* (Vol. 44, No. 6, pp. 853-873). Springer US.

considerations. In a similar fashion, it was recommended that precise communication protocols should be established when presenting risks are uncovered specific to individual family members such as substance abuse difficulties, histories of aggressive behaviors or prior involvement with the criminal justice system. Finally, although the practice currently exists, it was recommended that increased attention be given to communication with outpatient providers in the event that a program participant is found to be struggling with mental health challenges. The culmination of the aforementioned recommendations were intended to inform the further development of current risk management plans and strategies that are geared towards ensuring the safety of staff, volunteers and program participants.

Analysis of Performance:

BBBS has a national model encompassing a three-tiered framework: 1) critical social and emotional development, 2) resilience and 3) supporting the mental health and well-being of children specifically in Pinellas County. In FY20, the number of children served by the program declined when compared to previous fiscal years, with the program serving approximately 844 children. Additionally, the number of volunteer hours are showing a downward trend over the past three years. JWB is working with the program administrators to understand what impact COVID-19 has and continues to have on the decline in enrollment in FY20 given that trends show a decline over time. Further analyses and conversations with the program will determine the need to reevaluate targets to ensure they are appropriately set.

One of the salient measures of program success are: participants' school disciplinary behavior and the Youth Outcome Survey (YOS). In FY20, disciplinary data was waived due to the impact COVID-19 had on the availability of school data. In the previous fiscal year, results indicated 77% of children matched for six months or longer had no in-school or out-of-school suspensions.

The YOS survey is disseminated to program participants to determine the impact of mentoring relationships on youth participants. Statistically significant improvements were made in all categories for Pinellas county youth in both Community-Based and Site-Based Mentoring Programs who completed a follow-up YOS for the JWB Grant year from October 2019 through September 2020. Overall, the program demonstrated an improvement in the YOS survey results this fiscal year with 100% of youth showing improvement on at least three domains. Furthermore, 99% of the Pinellas youth matched for at least one year in both types of programs showed improvement or maintenance in at least two outcome areas. Add to that, 93% of youth matched in the Community-Based program. Similarly, 97% of youth matched in the Site Based program improved or maintained in Education Expectations.

To measure and assess dosage, an assessment of the length of mentoring relationships is conducted. Research suggests the longer mentoring relationships are in place the greater outcome they will have. Aligned with the research, BBBS tracks match retention rate with a goal of maintaining matches for at least 12 months. During the FY20 the program saw a match retention rate of 84% in community-based matches and 91% in school-based matches. These match retention rates represent the impact of program's extensive efforts to ensure matches are a good fit for both the mentee and the mentor.

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.

Paul Webb

3/17/2021 | 11:50 AM EDT

Date: _____

Paul Webb

Senior Program Consultant

Nakee Holloway

3/17/2021 | 11:52 AM EDT

Date: _____

Nakee Holloway

Senior Program Evaluator

Karen Woods

3/17/2021 | 12:02 PM EDT

Date: _____

Karen Woods

Program Administration Manager

Karen Boggess

3/28/2021 | 12:29 PM EDT

Date: _____

Karen Boggess

Program Evaluation Manager

Judith Warren

3/29/2021 | 11:42 AM EDT

Date: _____

Judith Warren

Chief Operating Officer

Beth Houghton

3/29/2021 | 11:52 AM EDT

Date: _____

Beth A. Houghton

Chief Executive Officer



PROGRAM MONITORING REPORT

Agency: Youth Development Initiatives Inc.

Program: Precious Pearls and Alpha Institute

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

AGENCY OVERVIEW: The Youth Development Initiatives Inc., Precious Pearls and Alpha Institute (YDI) is a nonprofit organization founded in 2000. Services provided by YDI are focused on building self-esteem, promoting health and wellness, and on providing educational support. Youth participants served are between the ages of ten-18. The mission of YDI is to provide structured programming through a holistic approach.

PROGRAM DESCRIPTION: Program activities are delivered through mentorship and emphasize developing relationships between the youth participant and mentee. Activities include various workshops, life skills training, and community service projects. Leadership development, enrichment, and tutoring are also integral components of the YDI program.

AGENCY/PROGRAM ACCOMPLISHMENTS:

- In FY 20, YDI effectively provided programming through a virtual platform in spite of the pandemic.
- In FY20, a major highlight included the successful implementation of Science, Technology, Reading, Economics, Art and Math (STREAM).
- In FY20, additional accomplishments included a reported total of 37 students that made honor roll and twelve youth that successfully graduated high school.

STRATEGIC FOCUS AREA: School Success

FISCAL SNAPSHOT:

	FY18	FY19	FY20
Total Program Budget	\$339,140	\$342,491	\$309,647
JWB Allocation	\$176,098	\$179,449	\$183,307
Percent of Total Program Budget represented by JWB Allocation	52%	52%	59%
Lapse	\$471	\$1,056	\$33,977
Cost per Participant*	\$2,924 (\$339,140/116)	\$3,325 (\$342,491/103)	\$4,361 (\$309,647/71)

**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	116	116%	100	103	103%	100	71	71%

PARTICIPANT DEMOGRAPHICS:

- 63% of participants are female, 37% of participants are male
- The majority of participants are Black/African American (96%)
- 10% of participants are Hispanic
- Compared to most JWB programs, YDI has a particularly high rate of households that did not disclose their annual income, 69%. Of the 22 participants that had a known household income, 45% had an annual household income of less than \$30,000
- 52% of participants were in a single parent female headed household

PROGRAM OUTCOMES*:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Number of group activities reported	10	10	10	8	10	4
Percent of participants who continue in the program for more than one year	60%	76%	60%	69%	65%	79%
Percent of eligible participants who will be given the OST survey during the administration window	Baseline	66%	70%	94%	70%	**
Percent of youth who attend 70% of the program days	70%	8%	70%	12%	70%	0%
Number of instances caring adults attend program events on behalf of youth participants	66	68	70	91	70	62
Percent of participants that have recorded their future plans upon graduation	100%	100%	100%	100%	100%	100%

*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.

**Certain outcomes did not qualify for FY20 analysis due to COVID-19 related data quality irregularities.

PROGRAM MONITORING ACTIVITIES:**Program Observation Date(s):** 2/4/20,**Interview Date(s):** 2/4/20**Collaborative Meeting/Consultation Date(s):** 10/18/19, 11/16/19, 2/10/20, 5/15/20, 6/22/2020, 7/9/2020, 8/27/2020, 8/29/2020, 9/1/2020**Personnel File Monitoring Date(s):** 12/13/19

Throughout FY20, Youth Development Initiatives Inc., Precious Pearls and Alpha Institute (YDI) served children in youth afterschool and summer programming. Enrichment activities and tutoring occurred, although there were limitations due to the pandemic. Prior to COVID-19, an observation of YDI's (STREAM) Science, Technology, Reading, Economics, Art, and Math educational robotics activity took place. Youth were paired in twos and provided a robotic model to build, properly format, and decode to ensure its functionality. Two program facilitators were engaged with the youth participants by providing detailed directions and by fostering a learning environment through consistent supportive interaction with the youth. Participants appeared to enjoy the learning experience by demonstrating peer collaboration, critical thinking, and team work. Overall the activity was positive and seemed to be beneficial to every participant involved.

A program monitoring activity also included an interview with two parents of program participants. JWB program staff learned YDI was instrumental in being a support for academic excellence, self-esteem, and enhanced youth development. Overall, both parents were satisfied with the YDI program with no concerns.

Various collaborative meetings were held throughout FY20 to obtain clarity on YDI's program during COVID-19, modified program practices, level 2 background screenings, and the agency's budgeting process. These discussions resulted in ongoing technical assistance provided by JWB program staff and the opportunity for JWB program staff to learn the strategies YDI utilized to engage their youth and parents during this challenging time. Some of the approaches included increased communication between YDI's program volunteers and parents of program participants, creative virtual platforms, flexible approaches to youth development activities, and restructuring of assigned duties.

A program discussion with YDI leadership and JWB program staff about YDI's level 2 background screening processes was held during the month of November 2019. It was determined that although staff and volunteers were screened for level 2 background checks, their current vendor utilized a FBI's third-party system that did not a complete national database of all criminal history records in the United States. As a result, YDI was requested to change their level 2 background screening vendor to ensure a state and national fingerprint-based check for consideration of disqualifying offenses was efficiently completed. This request resulted in YDI's transfer to the Florida Background Screening Clearing House.

In December 2019, a follow up review was completed to ensure the transition to the Florida Background Screening Clearing House occurred. A file review was completed on two staff and fifteen volunteer files. The review included level 2 background checks as well as the program's administrative procedures such as training, incident reporting, safety practices, and background screenings. All staff and volunteer files reviewed showed evidence of completed Affidavit of Good Moral Character forms and level 2 background checks, screened through the Clearing House, and was a noted improvement.

COVID 19 Response and Impact:

The YDI program stopped serving participants and suspended its typical service delivery modality on 3/16/2020. However, by the next week (3/24/2020), virtual academic check-ins were being conducted with high school seniors. Academic counselors were available to families and participants through phone calls, texts, emails, and videoconferencing. Virtual academic tutoring and instruction were piloted through a contracted

academic tutoring company, Advanced Learning Centers (ALC). YDI responded well to the necessitation for virtual engagement, as demonstrated by a successful facilitation of their annual end-of-year celebration, which recognizes going high school seniors and any student achieving the dean's list. This event was held virtually on 6/4/2020.

COVID-19 safety information was distributed by YDI staff and volunteers. Additional information and resources relative to the Pinellas County School's shift to a virtual platform were distributed, with supplemental technical assistance provided by YDI staff and volunteers.

Unfortunately, YDI was unable to provide typical programming beyond the school year, with their final offerings of academic instruction held on 5/21/2020, youth development on 6/4/2020, family engagement on 6/4/2020, and academic advocacy on 7/13/2020.

YDI staff indicated site closures had the most significant impact on their program's functioning and effectiveness during this period. The subsequent demand and adjustment to remote work required additional technological hardware (e.g. laptops), software (e.g. Zoom), and support service purchases to configure the new work-from-home environment.

Overall, YDI staff, board members, and volunteers demonstrated a reasonable capacity to flexibly meet the urgent, uncertain demands of the COVID-19 pandemic. Important insights were also gained, which included the realization that a large portion of program families were lacking technological hardware (e.g. laptops, tablets) in the home, creating barriers to engagement. Looking ahead, YDI is becoming increasingly engaged on digital platforms as they attempt to meet program participants "where they're at", given their collective comfort and preference for these types of interaction.

In summary, YDI provided this insight as part of their response to JWB's COVID-19 Impact Survey, "COVID-19 caused an abrupt halt to our program services, but it has also provided us with the opportunity to be creative and examine our program with a different focus and view."

DATA QUALITY:

Participant File Review Date(s): 1/22/2020

Eight (8) participant files were reviewed in FY20. Overall, satisfactory scores were achieved across compliance (100%), critical fields accuracy (95%), and data accuracy (92%) domains, though room for improvement remains. Previous file reviews revealed a need for improved data quality, particularly around the documentation of participant episode closure. This file review revealed attendance gaps in excess of 30 calendar days as indicated by service data, and one participant without episode closure documentation. Technical assistance was provided to the program and monitoring will be ongoing to ensure this process is resolved appropriately.

This review revealed strengths, particularly documentation of the program's communication with parents/caregivers to acquire report cards, including the establishment of contracted expectations (e.g. respect, behavior, appropriate dress, notification about missing sessions). Further, progress notes and the overall participant files were well-organized in a structured, consistent manner.

ANALYSIS OF PERFORMANCE:

The YDI program focuses on academic support, youth development, and support of future goals. Approximately seven of every 10 youth participants continue for more than one year, and their future plans are documented upon program exit at high school graduation. Among the 12 program graduates in FY20, 100% reported they will be attending college. Program events hosted by the organization include academic tutoring sessions, youth enrichment field trips, family engagement events, college visits, and an annual Judicial and Leadership Forum.

One area that continues to pose a significant challenge to the program is maintaining regular attendance among program participants. Ongoing regular attendance of a program, defined as attending 70% or more of available program days, has been demonstrated in research to have a positive effect on youth development and their academics¹. Over the last three years, JWB has made a significant effort to refine YDI's attendance analysis to ensure that the calculation of available program days is customized for each youth based on what services they utilize and if there were any gender specific workshops they could not attend. In addition, technical assistance has been provided to support YDI staff to accurately track when participants are active in the YDI program.

YDI staff have indicated that they encourage program attendance through an emphasis on its importance during orientation and regularly follow up with absent participants and their parents. However, utilization of the program services continues to remain low, with none (0%) of participants attending regularly. Further analysis of program attendance in FY20 shows the median number of days attended as 25, which is an improvement from FY19. In FY 19, 25% of YDI participants attended three or fewer sessions of any service in the entire year, and 24% attended four to seven. JWB staff have worked with YDI in FY20 to develop new, more appropriate service measures that will better capture participant engagement in FY21 and beyond.

Throughout the school year tutoring is made available to YDI participants two days a week in partnership with the Advance Learning Center and through the assistance of YDI volunteers. Participation is not mandatory but students are identified as needing tutoring based on a review of academic performance. In FY20 every YDI participant received tutoring services. This is a significant improvement as a little less than half of YDI participants, 46 out of 103, received tutoring services in FY19. However, the median number of tutoring services attended was 17, which is less than one-third (29%) of all offered tutoring services in FY20 (58).

YDI also offers youth development workshops on one to two Saturdays in each month of the school years. All participants attend at least two workshops, though the median number of workshops attended was seven, which is around one-third (35%) of all offered workshops (20).

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

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Beth A. Houghton
Chief Executive Officer



PROGRAM MONITORING REPORT

Agency: Youth Development Foundation of Pinellas County, Inc.

Program: Youth Development Foundation AKAdemy

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

AGENCY OVERVIEW: The Youth Development Foundation of Pinellas County, Inc., AKA AKADEMY (YDF) is a non-profit organization founded in 1998 by the service organization Alpha Kappa Alpha Sorority, Inc., Zeta Upsilon Omega Chapter. The YDF program works in partnership with the Eta Rho Chapter of Omega Psi Phi Fraternity, Inc. in which structured programming is centered on holistic activities. These activities address the needs of female and male youth participants between the ages ten through 18. Program services for youth participants are delivered through exposure to new experiences to enhance academic success, leadership skills, social development, and increased resiliency.

PROGRAM DESCRIPTION: YDF offers program components which consist of seminars, workshops, community service projects, and creative group activities. These activities provide opportunities for mentoring, educational development, and peer interaction to reduce the occurrence of high risk behavior, strengthen the family structure, and promote school success.

AGENCY/PROGRAM ACCOMPLISHMENTS:

- In FY 20, YDF effectively provided programming through a virtual platform in spite of the pandemic.
- In FY20, YDF successfully awarded over \$20,000 in academic scholarships reportedly.
- In FY20, YDF received a southern regional (Florida, Georgia, and South Carolina) program Award of Excellence for Senior Mentoring Program focused on college and career preparation.

STRATEGIC FOCUS AREA: School Success and Strengthening Community

FISCAL SNAPSHOT:

	FY18	FY19	FY20
Total Program Budget	\$310,395	\$310,695	\$311,355
JWB Allocation	\$109,861	\$109,861	\$109,861
Percent of Total Program Budget represented by JWB Allocation	35%	35%	35%
Lapse	\$438	\$1,296	\$42,883
Cost per Participant*	\$910 (\$310,395/341)	\$880 (\$310,695/353)	\$938 (\$311,355/332)

*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	250	341	136%	250	353	141%	353	332	94%

PARTICIPANT DEMOGRAPHICS:

- 64% of participants are female
- Over half of participants are in middle school (55%), with 33% in high school, and 11% high school graduates.
- The majority of participants are Black/African American (98%)
- 99% of participants are not Hispanic
- Of the 332 participants that specified their household income 44% had an annual household income less than \$30,000
- 44% of participants are in a single parent female headed household

PROGRAM OUTCOMES*:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of participants who continue in the program for more than one year	60%	69%	60%	68%	60%	73%
Percent of participants that have specific future plans upon exiting the program	100%	100%	100%	100%	100%	100%
Percent of eligible participants who will be given the OST survey during the administration window	Baseline	47%	50%	57%	50%	**
Number of group activities held by the program	60	78	60	89	60	65
Count of family engagement events	5	12	5	7	5	3

**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.*

***Certain outcomes did not qualify for FY20 analysis due to COVID-19 related data quality irregularities.*

PROGRAM MONITORING ACTIVITIES:

Program Observation Date(s): 1/25/2020, 9/19/2020

Interview Date(s): 1/25/2020, 9/19/2020

Collaborative Meeting/Consultation Date(s): 10/22/2019, 12/19/2019, 1/29/2020, 8/5/2020

After-School Program Observation

Throughout FY20, Youth Development Foundation of Pinellas County, Inc., AKA AKADEMY (YDF) afterschool and summer programming provided enrichment activities and tutoring. Although there were limitations due to the pandemic, activities included a focus on environmental studies, global citizenship, financial literacy, and life skills, American College Testing (ACT) preparation, and a healthy mind and body series.

A subsequent observation occurred of YDF's drive thru parent orientation. Volunteer and staff were observed to be in safe distancing with personal protective masks worn. Parents and youth were provided essential items to promote school success. The 7 Habits of Highly Effective Teens, a pamphlet on career pathways, a YDF program newsletter, a "I Am tee-shirt", and a reusable intelligent notebook. JWB program staff had an opportunity to speak with two youth and a parent during this activity. Program youth participants explained they enjoyed being in the program and liked the environmental component the most.

The parent participant explained YDF offered educational resources and served a purpose by meeting the needs of youth in the areas of life skills, college preparation, and enrichment opportunities. Lastly, three volunteers provided insight as to the importance of the program being in the community for youth development and at-risk youth, their desired vision to see the program expand, and their passion to make a difference in the lives of children and families. Various collaborative meetings were held throughout FY20 to obtain clarity on YDF's program during COVID-19, modified program practices, insurance coverages, and the agency's budgeting process. These discussions resulted in ongoing technical assistance provided by JWB program staff and the opportunity for JWB program staff to learn the strategies YDF utilized to engage their youth and parents during this challenging time.

COVID 19 Response and Impact:

The YDF program stopped providing typical service delivery to participants on 3/14/2020 due to the COVID-19 pandemic. The program was able to modify service delivery and serve the target population in smaller ratios through virtual services (e.g. academic instruction). The program faced challenges equipping their participants with the needed technological hardware (e.g. computer, tablet) to facilitate virtual learning. Further, managing the smaller ratios across varied availability and scheduling conflicts was also challenging.

The program would eventually reopen to full capacity on 9/19/2020. The program cites their virtual workshops and "drive-by distribution" of learning materials to children and families as some of their high points during the initial COVID-19 period. Looking ahead, YDF intends to continue utilizing surveys to better understand the needs and experiences of their children and families.

DATA QUALITY:

Participant & Personnel File Review

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

ANALYSIS OF PERFORMANCE:

The majority of youth participants in YDF continue for more than one year, and their future plans are well documented upon program exit at high school graduation. Among program graduates, 98% reported they will be attending college, and the remaining reported they will be entering the military.

The Out-of-School-Time (OST) Survey had been administered to youth participants to assess programming strengths and better understand participants' experiences, outcomes, and goals. Though unable to administer due to COVID-19 related interference, FY19 responses indicated the majority of participants strongly agreed staff care about them, they learn to work together and respect others, and that the program has helped them make good choices about their health. Though unable to establish a direct correlation, these conditions are conducive with high participant engagement, which is in part reflected by YDF's 73% annual participation rate in FY20.

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Judith Warren
Chief Operating Officer

Beth Houghton Date: 3/28/2021 | 1:42 PM EDT

Beth A. Houghton
Chief Executive Officer



PROGRAM MONITORING REPORT

Agency: Pace Center for Girls, Inc.

Program: Pace Center for Girls

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

AGENCY OVERVIEW: The Pace Center for Girls, Inc. program was founded in 1985, with a mission to provide girls and young women an opportunity for a better future through education, counseling, training, and advocacy. The program provides services to girls between the ages of 11 to 17, who may present with a history of trauma, abuse, and exposure to violence. A provision of social development, academic support, career planning, and counseling services are offered to address the individual needs of each youth participant. A holistic, strength-based approach is taken to assist in reducing at-risk behavior and recidivism, and increasing self-efficacy.

PROGRAM DESCRIPTION: Pace is a non-residential day program providing gender-specific alternatives to delinquency or dependency for girls. Pace offers a nationally recognized model for reducing the long-term costs associated with incarceration, teen pregnancy, substance abuse, dropping out of school, and long-term economic dependency. Pace provides services to young women aged 11 to 17 throughout Pinellas County.

AGENCY/PROGRAM ACCOMPLISHMENTS: In FY20, Pace successfully completed their Performance Improvement Plan and have continued to maintain recommended areas for improvements illustrated in the Performance Improvement Plan. Pace has done an exceptional job making necessary program adjustments due to the COVID-19 pandemic. The transition to virtual service delivery was as seamless as possible and the program has been able to provide additional supports to program participants and their families.

STRATEGIC FOCUS AREA(s): School Success

FISCAL SNAPSHOT:

	FY18	FY19	FY20	Comments
Total Program Budget	\$1,562,041	\$1,485,017	\$1,389,492	
JWB Allocation	\$145,486	\$148,267	\$148,267	
Percent of Total Program Budget represented by JWB Allocation	9%	10%	11%	
Lapse	\$9,175	\$12,543	\$18,022	
Cost per Participant*	\$8,726 (\$1,562,041/179)	\$10,313 (\$1,485,017/144)	\$10,069 (\$1,389,492/138)	FY19 cost per participant is higher due to the decrease in census.

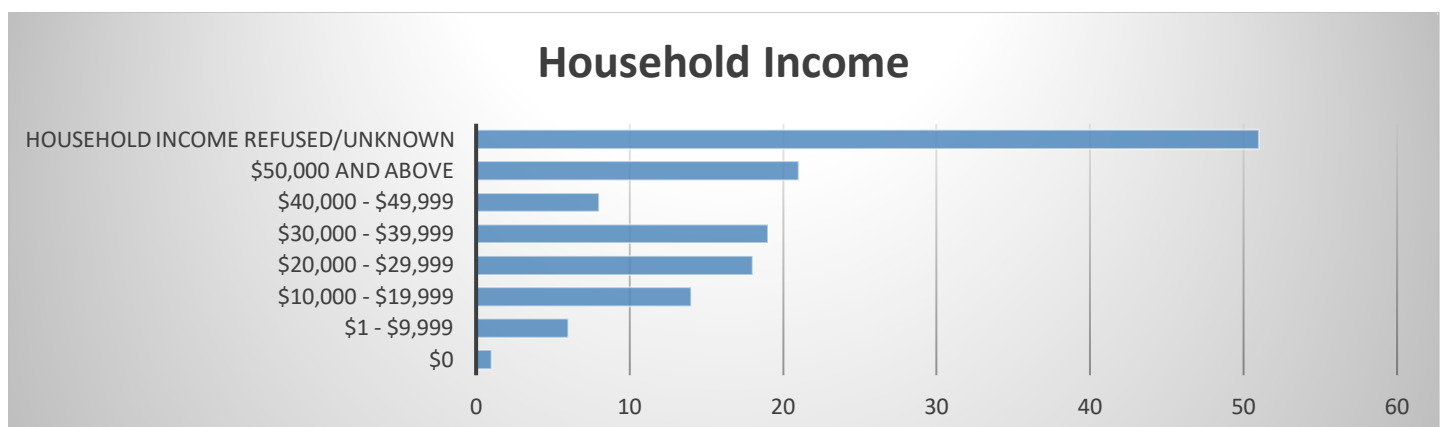
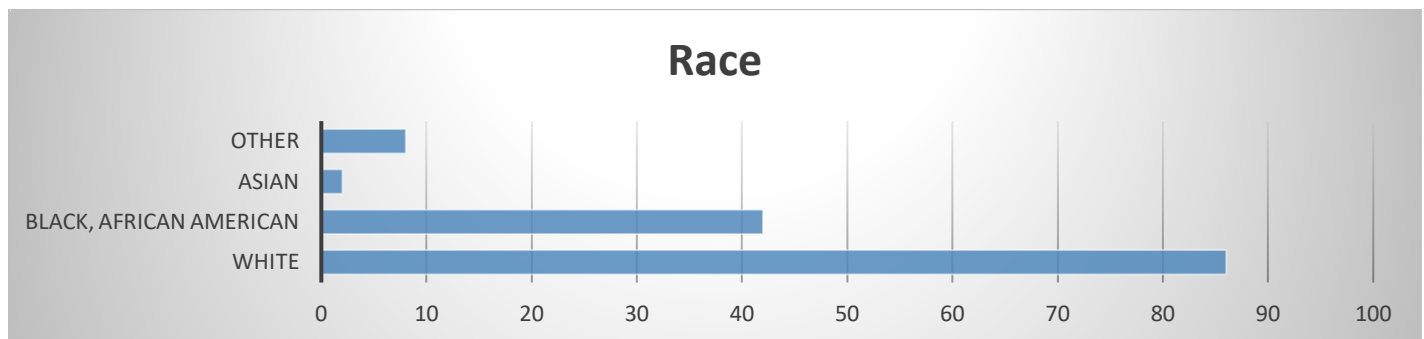
*Cost per participant information is calculated as follows: Total program budget/Total actual participants.

TARGETED SERVICE LEVELS:

Targeted Service Level Type	FY18			FY19			FY20		
	Target	Actual	Percent	Target	Actual	Percent	Target	Actual	Percent
Number of youth served in the day program for the fiscal year	90	98	109%	90	103	114%	90	97	105%
Number of youth receiving transitional services	40	136	340%	120	115	96%	120	120	100%
Unique participants	N/A	179	N/A	150	144	96%	150	138	92%

PARTICIPANT DEMOGRAPHICS:

In FY20, Pace provided services to 138 youth. Of those more than 80% were White, with approximately 56 percent ranging between the ages of 15-19. Of the households reporting an income, 28% had an income of less than \$30,000. Fifty-two percent of participants came from a Single Parent, Female Head of Household, with another 30% of participants coming from a Dual Parent – Married household arrangement. Pace served participants throughout Pinellas County with 32% of Pace's participants residing in a low opportunity area in FY20.



PROGRAM OUTCOMES:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of participants who complete transition services during the year will have a positive placement ¹ after the completion of services.	80%	88%	80%	96%	80%	96%
Percent of youth participants will have no new adjudication or adjudication withheld up to one year after services	75%	97%	85%	90%	85%	90%
Percent of participants who will attend 70% of program days or more ²	N/A	N/A	70%	70%	70%	65%
Percent of participants who are enrolled in the day program for 90/91 days or more ^{3,4}	N/A	N/A	80%	57%	80%	67%
Percent of participants who finish the day program and marked as 'completers' as per the defined criteria	N/A	N/A	80%	40%	80%	61%

¹Positive placement is defined by Pace and includes placements in both school and work settings. Positive placement is assessed before a participant enters into the transition program.

²Measure added in FY19 to replace the 80% attendance measure and better align Pace with other JWB programs.

³Performance measure added after expanding services to cover the day program in addition to transition service.

⁴Performance measure was changed to 91 days in FY19.

PROGRAM MONITORING ACTIVITIES:

Program Observation Date(s): 10/30/19, 3/5/20

Interview Date(s): 8/31/20

Collaborative Meeting/Consultation Date(s): 10/31/19, 11/22/19, 1/14/20, 1/22/20, 3/31/20, 4/14/20, 7/30/20, 7/31/20, 8/21/20. This list does not include regularly scheduled conference calls with provider groups throughout the pandemic.

Personnel File Monitoring Date(s): A personnel file review was waived for Pace during FY20 due to the COVID-19 pandemic and strong past performance in this area.

Pace was placed on a Performance Improvement Plan (PIP) in June 2019 due to ongoing challenges including: declining census numbers, significant instability in the program structure and services, high staff turnover at all levels of the organization, poor data quality, and low performance. Throughout the end of FY19 and into the first quarter of FY20, Pace continued to work on these issues and successfully completed the PIP in December 2020. Since that time, Pace has continued to maintain improvement in the aforementioned areas.

Multiple collaborative meetings were held during the first half of the fiscal year, most notably to provide technical

assistance related to the PIP and to meet with the new center leadership. In late FY19, a new Associate Executive Director began her tenure with the goal of being named Executive Director by summer 2020. This was achieved on schedule and she has been able to provide stability to the center.

During this reporting period, JWB staff observed a quarterly awards ceremony at the center. This recognition ceremony was attended by participants' parents, program staff, and community partners. Awards were given to program participants for attendance, Honor Roll, Principal's List, Most Improved, Pinellas Proud, and Pinellas Panther Awards. The Pinellas Panther Awards are specific to Pace's values and guiding principles: Honor the Female Spirit, Invest in the Future, Value the Wisdom of Time, Act with Integrity and Positive Intent, Embrace Growth and Change, Focus on Strengths, Exhibit Courage, Seek Excellence, and Create Partnerships. JWB staff also attended Pace's "Believing in Girls" Luncheon. This event is held on an annual basis and serves as a fundraiser and ceremony to recognize program participants and sponsors. A program participant was highlighted during this event and she shared what she has overcome and accomplished because of the support provided by Pace.

Three staff interviews were completed. One staff shared they have seen how leadership has evolved throughout her tenure and how the current leadership team fosters a great work environment which positively impacts the participants. Staff shared how pivoting services to a virtual environment was "as seamless as possible" and that any resources required were provided to program participants. Another staff reported that the program does a great job at providing a plethora of services to support girls and works tirelessly to motivate and inspire girls. When program participants struggled with the virtual environment, staff reported that counselors would conduct an "outdoor" home visit to engage the participant and provide any necessary support. One parent interview was also conducted. The parent reported their daughter had been attending Pace for over eight months and her grades have significantly improved since starting. They reported that they feel this is because the program is able to provide more individual support as well as counseling. A strength noted was the weekly updates provided by program staff and counselor.

COVID-19 Response and Impact: In response to the COVID-19 pandemic, Pace closed their center on March 17, 2020, and began delivering all of their services virtually. Participants in the day program attended classes utilizing online platforms and continued to follow their same class schedules and rotation. Participants receiving transition services also received services virtually via telephone and email. Counseling sessions were conducted utilizing a HIPAA-compliant platform. Program staff recognized the increased needs and emotional strains caused by the pandemic and increased counseling sessions from bi-weekly to weekly. Increased parental contacts and academic advising sessions also occurred in order to best meet the needs of the participants. Staff developed attendance incentives as well as conducted outdoor home visits to engage those participants who were struggling with the virtual environment. A blended learning model began with the start of the new school year in September 2020, where some participants returned to in-person learning while others continued to virtually attend class. Overall, in spite of site closures and the changes to their service delivery model, Pace was able to successfully adapt and continue to deliver services.

DATA QUALITY:

Participant File Review Date(s): 12/5/19

A file review was conducted in December 2019 as a follow-up 6-month review given that Pace was on a PIP. The purpose of the follow-up review was to ensure that data quality had improved. The results of the review determined that there were substantial improvements in the program's overall data quality and compliance. Overall, the review revealed a progression of robust data management and quality assurance practices.

ANALYSIS OF PERFORMANCE:

Pace has a multifaceted program that focuses on providing therapeutic and educational services to participants ages 11 to 17 years old with at least one risk factor in five domains. The domains consist of victimization, family instability, physical/mental health, behavior, and school. In addition, Pace ensures that the program can be beneficial to participants and that the participants' risk factors will not put staff or other participants at risk. Participants are excluded from the program if deemed to be a recent survivor of sex trafficking. The refusal to work with someone with this high risk is due to the fact that most recent survivors still have some connection to their trafficker, and it could potentially put the other participants at risk.

Serving nearly 140 participants in FY20, Pace has consistently maintained its strength with the transition program. Ninety percent of participants had no adjudication or adjudication withheld at one year. In addition, over the last three years, the program saw steady increases in positive placement, with 96% of students meeting this measure in FY20. Positive placement is defined as being actively engaged in school, employment, the military, or a vocational program. It is worth noting that in prior years positive placement was determined as a participant was finishing transition. However, in FY19 the measurement period was moved to align with Pace's internal processes and measurements.

The day program is measured by the frequency of attendance, length of enrollment, and percent of participants who are marked as 'completers.' In FY18, the measure was changed to 70% of students attending the program 70% of program days or more. JWB agreed that this would be closely tracked over the year to ensure the program was capable of meeting its target. Pace has been able to consistently maintain the measure and in FY20 65% of students attended the program 70% of the days or more.

The percent of 'completers' designated is closely tied to the length of enrollment. Specifically, to be considered a successful girl or 'completer' a participant needs to be enrolled for 90 days or more, engaged in positive activities and behaviors, improved academically, identified and made progress towards career/interest goals, and has a planned placement upon entering transition. Of 138 participants enrolled in FY20, only 61% were considered a successful completer of the Pace program. In the coming fiscal years, JWB will work with program leadership to understand factors attributing to difficulty in meeting this measure. To understand the entire breadth of the issue, JWB staff are interested in reviewing the three-year trend associated with the measure and will use those data to inform the future path.

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.

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Kelly Grossman
Senior Program Consultant

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Nakee Holloway

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Date: 3/25/2021 | 2:24 PM EDT



PROGRAM MONITORING REPORT

Agency: High Point Community Pride Neighborhood Family Center, Inc.

Program: High Point Neighborhood Family Center

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

AGENCY OVERVIEW: The High Point Community Pride Neighborhood Family Center (HPNFC) is a nonprofit Council on Accreditation (COA) accredited organization, which was founded in 1998 and became incorporated in 1999. The primary service components of the organization include youth development, family support, and community programming.

PROGRAM DESCRIPTION: HPNFC is a nonprofit organization operating in unincorporated Clearwater, Florida. Services are provided to families with minor children residing in the following zip codes: 33760, 33762, 33764, 33770 & 33771. Services include basic needs assistance, access to affordable health care, limited financial assistance, educational opportunities via workshops, self-sufficiency support, youth development programs, community building and strengthening events, outreach, inter-generational activities and more.

AGENCY/PROGRAM ACCOMPLISHMENTS:

- In FY20, HPNFC successfully secured funding through JWB, Pinellas County Community Development Block Grant (CDBG), and the Pinch-A-Penny Company to complete construction projects required for licensure which included renovating the kitchen, adding an additional office space (now being used for food storage), two additional restrooms, a secure walkway and two outdoor drinking fountains for children. A sound system fire alarm pull station was also installed.
- In FY20, and prior to COVID-19, HPNFC hosted an effective “We Care Career Day”, which served 150 students and parents.
- In FY20, HPNFC partnered with the Contemporary Housing Alternatives of Florida, with (CHAF), in alliance with Keep Pinellas Beautiful, to offer CHAF tenants the opportunity to earn income for doing yard clean ups in the High Point area at the rate of \$100 per hour to pay off rent that was in arrears due to the COVID-19 pandemic. A reported 20 tenants benefited from this opportunity and approximately 400 pounds of trash was collected, which resulted in \$11,000 worth of rent relief to CHAF rental residents in the High Point community, and a cleaner community.

STRATEGIC FOCUS AREA(s): Strengthening Communities

FISCAL SNAPSHOT:

	FY18	FY19	FY20	Comments
Total Program Budget	\$701,709	\$717,445	\$724,070	
JWB Allocation	\$507,428	\$523,164	\$529,789	
Percent of Total Program Budget represented by JWB Allocation	72%	73%	73%	In FY19, High Point received a onetime allocation increase in the amount of \$83,761 to cover capital, training, and incidental costs related to licensing requirements.
Lapse	\$9,867	-\$3,736	\$10,242	
Cost per Participant*	\$1,847 (\$701,709/380)	\$1,993 \$717,445/360	\$2,422 \$724,070/299	

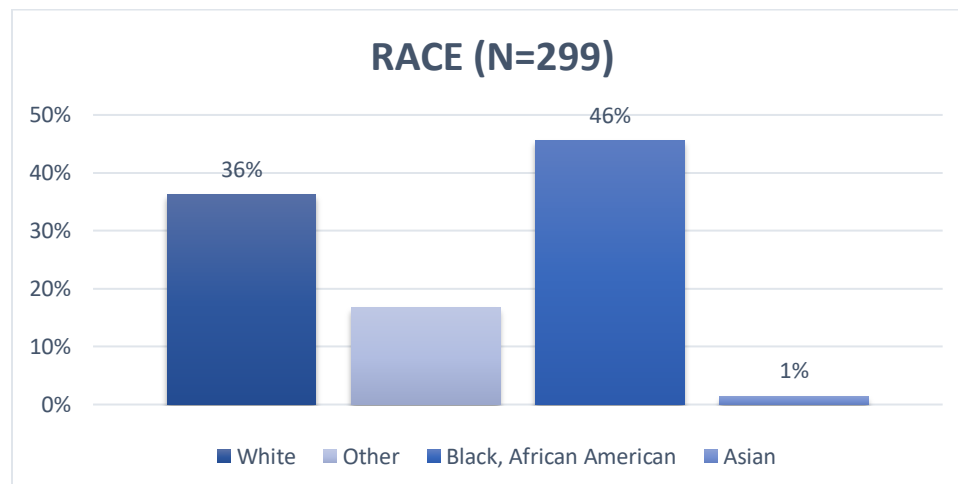
*Cost per participant information is calculated as follows: Total program budget/Total actual participants.

TARGETED SERVICE LEVELS:

Targeted Service Level Type	FY18			FY19			FY20		
	Target	Actual	Percent	Target	Actual	Percent	Target	Actual	Percent
Youth	110	136	124%	110	132	120%	110	95	86%
Adults	150	244	163%	150	228	152%	150	204	136%

PARTICIPANT DEMOGRAPHICS:

- Among youth participants, 51% are female; among adult participants 91% are female
- Nineteen percent (22%) of participants are Hispanic
- Of the 299 participants that specified their household income, 91% had an annual household income of less than \$30,000
- Seventy-three percent (73%) of participants report being a part of a single parent female or male headed household
- Thirty-nine percent (39%) of participants live in one of the low opportunity areas



PROGRAM OUTCOMES:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Number of annual public events	N/A	N/A	4	8	4	14
Number of recurring group services	N/A	N/A	4	8	4	15
Percent of youth who attend 70% or more of the program days available to them	70%	72%	70%	68%	70%	68%
Percent of eligible participants who will be given the OST survey	Baseline	46%	60%	70%	60%	Waived due to COVID-19
Number of instances caring adults attend program events with youth participants	100	105	100	118	100	45
Percent of goals achieved for adults who receive Family Support services.	90%	85%	90%	86%	90%	90%
Number of Customer Satisfaction Surveys administered	80	280	150	340	150	160

PROGRAM MONITORING ACTIVITIES:**Program Observation Date(s):** 2/12/2020,**Interview Date(s):** 2/11/2020, 2/12/2020**Collaborative Meeting/Consultation Date(s):** 6/30/2020, 7/2020,**Administrative Review Date(s):** 2/5/2020**Personnel File Monitoring Date(s):** 2/5/2020

Throughout FY20, HPNFC 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. HPNFC program was limited to staff and participants 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 HPNFC implemented a COVID policy for continuity.

Prior to COVID-19, program monitoring activities occurred to include an observation of the HPNFC “We Care, Career Day”. Various partners were observed to engage community members, youth, and parents, by providing information on diverse career pathways, educational opportunities, and volunteer experiences available. This multicultural event provided services to 150 English as a Second language (ESOL) students prospects for

employment, interpersonal interaction to increase awareness, and a chance to expand their horizons. Over 16 organizations were in attendance and included the following: Pinellas County Technical College, (PTC), St. Petersburg College (SPC), Park Rangers, Pinellas County Sheriff, City of Largo and the Fire Department, St. Petersburg College Police and Fire Academy and Veterinarian Technical School. The Florida Farm Bureau, University of Florida, (UF) Extension, and Harriet Fuller for teaching careers, US Coast Guard, US Air Force and the Nation Aviation Academy were also represented.

A staff interview was conducted with the Teen Youth Specialist who has been with HPNFC for two years, and in his role, he served as a community liaison and a youth advocate, in which he discovered a unique opportunity to cultivate a teen program that eventually grew into a viable program. In a subsequent youth participant interview, it was learned that HPNFC was helpful in ensuring youth understood the importance of education and planning ahead for career readiness.

A personnel file review was conducted on five staff files. Due to the provider utilizing Volunteer Employment Criminal History Screening (VECHS) as their vendor for Level 2 background screenings, only the Affidavits of Good Moral Character forms could be reviewed. VECHS does not allow third party review of their screenings. In lieu of reviewing screenings, the Executive Director of the organization signs an affidavit swearing the volunteers and staff have passed the Level 2 screening. In reviewing the VECHS procedure, sufficient documentation of an internal tracking system, an annual process for review, and proper storage of their records were all provided and deemed efficient.

All staff files showed evidence of training, and notarized Affidavits of Good Moral Character forms. Five out of five files had evidence of annual performance appraisals, and documentation of employee credentials. Overall staff files were organized with consistent documentation of job descriptions, staff training, and employee handbooks.

Throughout FY20, various collaborative meetings occurred to provide technical assistance in the obtainment of licensure for the afterschool program through the Pinellas County Licensing Board. HPNFC had a contractual requirement to complete their licensure by September 30, 2019. However, due to various challenges, this contractual obligation was initially extended to March 31, 2020 and subsequently to November 30, 2020.

HPNFC was able to successfully obtain licensure effective December 2, 2020. The process in which it took included Level 2 screenings of all HPNFC staff, a submitted plan of operation, with attachments of the HPNFC “blueprint” of how the center intended to meet licensing requirements for all regulations.

Licensure approval included, but was not limited to, 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 staff roster to ensure two people are 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 HPNFC’s successful ability to become licensed by PCLB. HPNFC is expected to receive its first inspection for compliance in FY21.

COVID 19 Response and Impact:

COVID-19 has presented challenges to HPNFC program and service delivery. From March to June 2020 HPNFC’s after school program was shut down due to the Pinellas County School Board closing the schools which subsequently led to temporary shutdown of operations at the center. During this time, staff continued to

work in isolation from their homes with many services and supports being provided in some capacity while adhering to CDC guidance around social distancing. Specifically, Family Support and administrative staff continued services via phone and email finding innovative ways to service families. HPNFC showed its resilience and began weekly food pantries two weeks into the shutdown which continue to date to meet the growing demand for food in communities greatly impacted by the pandemic.

In June 2020, HPNFC resumed on site services with strict adherence to social distancing among other CDC COVID regulations. During this time the program began its yearly summer camp with reduced enrollment. With a 50% drop in summer camp intake, HPNFC continued to serve its community at large and the children and families engaged in programming. Despite experiencing unprecedented challenges in a COVID environment the program adapted to meet the overarching and shifting needs of its community and clients.

DATA QUALITY:

Participant File Review Date(s):

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

ANALYSIS OF PERFORMANCE:

HPNFC 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 past years, community events and services were tracked in a single performance measure but were separated beginning in FY19. In FY20 the events and services offered by High Point included a Back to School Event and school supply distribution, community baby showers, a Thanksgiving meal and turkey giveaway, and a plethora of other community focused events. Community members also had access to support resources such as food and bus passes along with a number of events focused solely on COVID-19 support.

To access program engagement regular attendance is examined and assessed. Sixty-eight percent of youth participants are reported attending the program more than 70% of program days demonstrating steady engagement to the Center's programming. Regular attendance at HPNFC is defined as a participant attending 70% or more of program days available to them. Ongoing regular attendance of a program has been demonstrated in research to have a positive effect on youth development and their academics¹.

In previous fiscal years, youth participants at High Point participated 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, COVID-19 impacted the dissemination of the OST survey. However, in FY19, High Point was able to survey 19 out of 27 eligible participants, a 70% response rate. Responses to the survey indicate that most participants strongly agree staff cared about them, they get to try new things in the program, and that the program has helped them learn to avoid unsafe behavior.

In FY20 adult services included 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 90% of these goals are reported to be achieved by those that complete their family support plan. In addition, adults were asked to rate their satisfaction with the services they received. These surveys were extensively collected (i.e. a total of 160

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

disseminated) in FY20 and demonstrate a high level of satisfaction with program services, with majority of respondents rating services as good or 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.

Felicia Pizana Date: 3/25/2021 | 2:33 PM EDT

Felicia Pizana
Senior Program Consultant

Nakee Holloway Date: 3/25/2021 | 4:10 PM EDT

Dr. Nakee Holloway,
Senior Program Evaluator

Karen Woods Date: 3/25/2021 | 4:12 PM EDT

Karen Woods
Program Administration Manager

Karen Boggess Date: 3/25/2021 | 8:22 PM EDT

Karen Boggess
Program Evaluation Manager

Judith Warren Date: 3/26/2021 | 2:58 PM EDT

Judith Warren
Chief Operating Officer

Beth Houghton Date: 3/28/2021 | 1:50 PM EDT

Beth A. Houghton
Chief Executive Officer



PROGRAM MONITORING REPORT

Agency: Community Action Stops Abuse, Inc.

Program: Domestic Violence

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

AGENCY OVERVIEW: Community Action Stops Abuse, Inc. (CASA) has been providing services to men, women, and children living with domestic violence since 1977. They provide a safe refuge, crisis intervention, advocacy, prevention, professional training, outreach, and community education with a goal to decrease the prevalence of domestic violence to families in Pinellas County. The agency Chief Executive Officer (CEO) is Lariana Forsythe

PROGRAM DESCRIPTION: CASA offers a continuum of supportive services in Pinellas County for domestic violence survivors and their children, such as education, individual and group advocacy/ counseling, safety planning, justice and legal advocacy, substance abuse advocacy, and information and referrals in both residential and non-residential programs. This includes a 100+ bed emergency shelter, support groups, community outreach, and peace education/ violence prevention for youth in public and private schools.

AGENCY/PROGRAM ACCOMPLISHMENTS: Renovation of CASA's Transitional Housing facility was fast tracked, with support from JWB, to leverage and provide additional shelter capacity to survivors during the pandemic. CASA staff also laid the groundwork to support significant increases in access to housing services for survivors coming online in FY21. The agency committed to community awareness efforts during the pandemic offering free virtual training to the general public to increase awareness while also completing a community scan to assess the community and resources for readiness of a Family Justice Center.

STRATEGIC FOCUS AREA(s): Prevention of Child Abuse and Neglect

FISCAL SNAPSHOT:

	FY18	FY19**	FY20	Comments
Total Program Budget	\$2,728,579	\$3,370,214	\$3,748,642	**In Q2 of FY19 Peacemakers services and allocations were combined with Domestic Violence contract excluding \$36,720 transferred from subcontract to The Haven of RCS. FY20 represents a full year of the combined contract.
JWB Allocation	\$520,991	\$658,191	\$971,876	
Percent of Total Program Budget represented by JWB Allocation	19%	20%	26%	
Lapse	\$36,897	\$125,923	\$152,732	
Cost per Participant*	\$5,626 (\$2,728,579/485)	\$5,571 (\$3,370,214/605)	\$2,400 (\$3,748,642/1,562)	

**Given the nature of program services and challenges obtaining an unduplicated count of participants served through Outreach, the FY18 and FY19 cost per participant information for CASA was calculated as follows: Total program budget/Total shelter participants. In FY20, the cost per participant is calculated as follows: Total program budget/Total shelter participants and adult participant intakes through Outreach.*

CAPITAL AWARD: In addition to the allocation noted above, CASA was awarded \$29,036 through the Capital RFP process in FY20 for technology upgrades and supports.

TARGETED SERVICE LEVELS:

Targeted Service Level Type	FY18			FY19			FY20		
	Target	Actual	Percent	Target	Actual	Percent	Target	Actual	Percent
Children (Shelter)	250	199	80%	250	252	101%	250	238	95%
Adults (Shelter)	250	286	114%	250	353	141%	300	274	91%
Total Participant (Shelter)	500	485	97%	500	605	121%	550	512	93%
Adults (Outreach Intakes)	N/A	N/A	N/A	N/A	N/A	N/A	350	1050	300%
Total Participants	N/A	N/A	N/A	N/A	N/A	N/A	900	1562	174%
Peacemakers: Number of classrooms served	85	107	126%	135	153	113%	100	34	34%
Peacemakers: Number of outreach events	5	6	120%	5	6	120%	3	2	67%
Peacemakers: Number of participants in aggregate	N/A	1,836	N/A	N/A	3,291	N/A	N/A	608	N/A
Peacemakers: Number of PreK/kindergarteners served	N/A	N/A	N/A	850	2,050	241%	500	420	84%
Peacemakers: Number of elementary students served	N/A	N/A	N/A	360	585	163%	360	78	22%
Peacemakers: Number of Middle/High school students	N/A	N/A	N/A	540	656	121%	540	110	20%

**FY18 and FY19, targeted service levels included a combination of participants served in shelter only. FY20 service levels reflect participants served in shelter as well as adult participant intakes through Outreach.*

PARTICIPANT DEMOGRAPHICS:

Adult participants residing in shelter ranged from 17 to 60 years old. More than half (52%) were between 21 and 35 years old. Ninety- five percent of the adult shelter residents were female and five percent were male. Most often the adult participants identified as Black (47%) or White (47%) race and the majority (87%) reported Non-Hispanic ethnicity. Of the 512 total shelter residents, 46% of them were children residing in the shelter. The

children ranged from under one year old to 16 years old. More than half (53%) of the children in shelter were under the age of five years old. There were more male (56%) than females (44%) child participants. Most children participants identified as Black (61%), White (19%) and Multi-Racial (19%) and the majority reported Non-Hispanic ethnicity (86%).

PROGRAM OUTCOMES*:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of adult participants in shelter for more than 72 hours will complete a family safety and security plan prior to leaving shelter.	98%	100%	98%	100%	98%	100%
Percent of children in shelter for more than 72 hours will be assessed prior to leaving shelter.	85%	99%	85%	98%	85%	98%
The Peacemaker Program Teacher Survey will be provided to each teacher receiving the Peacemaker Program in their classroom.	100%	100%	100%	100%	100%	Data not submitted timely
The Peacemaker Program Teacher Survey will be provided to the parent of each student receiving the Peacemaker Program in their classroom.	100%	100%	100%	100%	100%	Data not submitted timely

**Performance is typically measured on full fiscal years and on the total population served.*

PROGRAM MONITORING ACTIVITIES:

Program Observation Date(s): 10/11/19, 10/15/20, 10/16/2019, 10/17/19, 11/18/19, 1/24/20, 3/3/20, 7/24/20

Interview Date(s): 3/3/2020 (staff)

Collaborative Meeting/Consultation Date(s): 10/17/19, 11/7/19, 11/15/19, 1/29/20, 2/5/20, 3/3/20, 3/31/20, 5/5/20, 7/1/20, 8/5/20, 9/2/20, 9/22/20, and 9/28/20

Personnel File Monitoring Date(s): A personnel file review was waived for CASA during FY20 due to the COVID-19 pandemic and strong past performance.

As previously reported, laws prohibiting the release of individual-level data for survivors of domestic violence limit the amount of data JWB is able to receive. As such, JWB relies solely on CASA staff to collect and report data in aggregate to JWB. As the JWB investment in CASA has grown, JWB staff have worked closely alongside CASA staff to streamline and strengthen data reports. Specifically, JWB staff worked with CASA staff regarding data deliverables and reporting in Q1 of FY20. CASA also recognizes the challenge of documenting the value of services provided, especially as their service continuum has expanded. As such, CASA has worked over the years to also provide various service specific data reporting for partners and the community.

Over the past several years, CASA's leadership has embraced a philosophy of ongoing quality improvement. Within this framework, the organization is routinely reviewing processes and opportunities to adjust the organization to better meet the needs of survivors and their families. FY20 was no different in that CASA's leadership completed another round of reorganizations in October. During this process CASA and JWB met to review the rationale of the changes, impact on service delivery, as well as related budget implications. In addition to CASA's organizational structure, service delivery has also expanded. Like the work described above, CASA

and JWB staff also worked collaboratively during the reporting period to update the program methodology to ensure expanded services and offerings of CASA are articulated in JWB contractual documents. CASA further shifted positions in May of 2020 as the organization responded to the COVID-19 pandemic.

In addition to the efforts described above, JWB staff conducted various program observations during the reporting period. JWB started the reporting period by touring the emergency shelter and observing shelter services in October 2019 as a follow up to a visit in Q4 of FY19. During this observation and facility tour, the shelter conditions were observed to be clean and without any noted concerns. JWB staff also observed the following CASA services throughout the remainder of the fiscal year: Domestic Violence 101 training, Justice Advocate observations and Peacemaker classroom services. JWB observed the Domestic Violence 101 training which is offered to the community via the Prevention Advocate, a position JWB began funding in prior years to increase domestic violence supports in non-traditional community spaces. The training was held at CASA's Outreach offices. Staff trainers were noted to be engaging while presenting information in a clear and organized format. Observations of the Justice Advocate occurred within the Pinellas County courthouse in November 2019. The Advocate was shadowed throughout the day and was observed to interact with survivors and related system partners, was knowledgeable regarding court proceedings, legal process, and resources for survivors, as well as observed to be supportive of survivors who were seeking services. The COVID-19 pandemic did impact service offerings of Peacemakers programming due to the typical venue for service delivery being child care and classroom settings. However, CASA was able to convert the curriculum to accommodate virtual presentations. JWB observed a virtual session in July of 2020. While the implementation delivered the curriculum, challenges were noted during the presentation in regard to engagement of youth children through a virtual platform. In addition to the face to face observations conducted, JWB continued to maintain an active presence on various CASA community groups during FY20. JWB participation included, but was not limited to, the following: Advocacy and Awareness Committee, Batterers Intervention Program subcommittee, Child Welfare Subcommittee, as well as the Pinellas Coalition to End Domestic Violence.

As reported in prior monitoring reports, domestic violence centers have previously been funded, monitored, and certified by the Florida Coalition Against Domestic Violence (FCADV). It is noteworthy that FY20 represented significant changes in the oversight of Certified Domestic Violence Centers following upheaval at FCADV which resulted in the temporary transition of this function to the Department of Children and Families (DCF). While these transitions were occurring, CASA underwent an annual monitoring through DCF that engaged in virtual monitoring beginning 4/6/2020 through 5/5/2020. This monitoring included review of seven contracts and grants awarded through FCADV/DCF totaling over \$2 million. The FY20 FCADV Quality Assurance Final Monitoring Report was released on 5/12/2020 and a copy provided to JWB. The FCADV/DCF Monitoring Reports are comprehensive and include fiscal, administrative, and programmatic elements. The FY20 report included five findings; 1) untimely audit submission; 2) missing documentation on the transportation log; 3) eight concerns relative to participant records, including but not limited to, missing safety plans, needs assessments, and releases of information; 4) late submission of the completed annual fire inspection; and 5) late submission of the completed annual sanitation inspection. In response to the report, DCF implemented a Monitoring Corrective Action Plan (MCAP) which requires written responses within ten business days of receipt of the report. CASA was provided certification effective July 1 2020, their natural renewal cycle. As an element of ongoing program monitoring, JWB staff will continue to review such reports as provided by CASA in alignment with the JWB contract. In comparison to prior reports, the FY20 report indicates area of progress, a reduction in the quantity of findings, and in particular, CASA made specific improvement ensuring inspections were completed timely. It should be noted, JWB is in discussions with DCF regarding the possibility of better collaboration around monitoring of mutually funded centers in the future.

Contractually, the agency has continued to remain responsive and timely regarding the submission of agency and

program compliance documentation. While a Personnel File Review was waived in FY20 as a result of the COVID-19 pandemic, one was completed late in Q4 of FY19 which revealed contractual compliance and many best practice documents to be in place. The FY21 review was completed in Q1 with similar outcomes.

COVID-19 Response and Impact:

As a Certified Domestic Violence provider offering critical services to survivors during crisis, it was imperative services remain accessible through the COVID-19 pandemic. While the capacity of residential services was impacted by COVID-19, the program continued offering services such as support groups, case management, and injunction for protection assistance though the service delivery model shifted to a virtual format, when possible.

Given the need to reduce the number of residents in emergency shelter at a given time, CASA partnered with JWB to fast-track the opening of several housing units planned for Transitional Housing beginning in October of 2020. The accelerated renovations and opening of these units allowed CASA to continue serving survivors in residential despite a reduction of the number of residents in shelter at a given time. In addition to reducing the number of residents served at shelter, and to further mitigate the potential for exposure, emergency shelter began packing meals to avoid large gatherings in common space while also implementing temperature checks, mandatory masks, and social distancing. The program reported that as the numbers of residents at shelter was reduced, CASA residential services experienced reduced lengths of stays and decreases in challenges related to communal living. As such, the agency continues to explore the optimal number of residents being served simultaneously at emergency shelter to enable efficient service delivery, shortened length of stays, and an overall more peaceful environment for survivors.

In addition to maintaining shelter services during the pandemic, CASA continued to provide their non-residential services, as well. A few noted areas impacted by the pandemic were in the area of child welfare and the domestic violence hotline. Program leadership reports increased referrals to their Child Welfare Advocate during the pandemic. The Child Welfare Advocates hold a unique and vital position as they work in collaboration with the Pinellas County Sheriff's Office Child Protection Division. In order to respond to the increased need, Justice Advocates were leveraged to assist to ensure CASA remained responsive to the needs of families. In addition, CASA's domestic violence hotline was impacted by the pandemic as described in the below performance section.

From an overall staffing perspective, CASA and their employees were required to remain agile and flexible during the pandemic. In order to ensure safety while addressing critical needs of participants, thirteen staff were reassigned and one staff was furloughed between March and September of 2020. While staff positions remained intact, CASA leadership did report an agency impact based on a loss of volunteers during the pandemic.

DATA QUALITY: Due to laws prohibiting the release of individual-level data for individuals who are survivors of domestic violence, JWB relies solely on CASA staff to conduct internal data quality checks to ensure accuracy of aggregate information provided to JWB. Aggregate information relevant to participant demographics and performance is exported directly from CASA's internal database and uploaded to JWB regularly.

Participant File Review Date(s): The nature of services provided by CASA to domestic violence survivors are provided added protections, as governed by the state of Florida. Added layers of protection for maintaining survivor confidentiality and privilege in turn limits the amount of individual and identifying information available to JWB. As such, a file review was not conducted for FY20.

ANALYSIS OF PERFORMANCE:

Domestic violence offenses in Pinellas County showed little change in 2019 (6,042) from the prior year with only a slight drop from 2018 (6,300). Pinellas County remained ranked number five for total domestic violence

offenses in Florida and twentieth for greatest rate of offense per 100,000 population.¹ However, the number of incidents of domestic violence are presumably lower than the actual number due to under reporting which is known to occur often for reasons such as fear of their abuser and/or general stigma associated with domestic violence. With the onset of the COVID-19 pandemic in March 2020, many communities experienced stay-at-home orders to combat the spread of the virus. While intended to keep the community safe, these orders put victims of domestic violence at greater risk while being confined with their abusers. Initially, it was believed that domestic violence hotlines calls would rise during this time. However, in some areas it was shown that the projected rise in calls actually amounted to a decrease in hotline calls². For CASA's domestic violence hotline, there was a 13% increase in 2020 hotline calls compared to 2019. Particularly, from August through December of 2020 51% of the total year's calls were accounted for in just five months. Although this trend is counter to what some other areas have reported, the increased hotline calls for CASA may be attributed to the extensive outreach efforts during this time, including awareness material such as neighborhood yard signage, social media campaigns, a COVID-19 relief fund, and virtual community training opportunities.

As mentioned earlier in the report, CASA reduced the number of residents to mitigate risk of COVID-19 exposure within the shelter. With reduced numbers, CASA was still able to provide refuge to a total of 512 participants (274 adults and 238 children). The average length of stay in shelter was 53 nights which as noted above was a decrease from last years' average length of stay of 62 nights. Given that survivors are at a 75% or greater risk of being killed by their abuser after leaving the relationship, safety planning for survivors is critical.³ CASA is measured on the percent of safety plans they complete with adult participants in shelter at intake or within 72 hours. The program exceeded their target of 98% by completing 100% of safety plans at intake or within 72 hours. Safety plans are individualized, realistic plans that help survivors remain safe while in a relationship, when planning to leave, or after leaving a relationship. In addition, the program exceeded their target of assessing 85% of the children who are in shelter 72 hours or more by assessing 98% of children in the shelter for 72 hours or more. This assessment is in order to identify any child-specific needs to ensure appropriate supports and community referrals prior to leaving shelter. In addition to residential services, CASA provides non-residential services as well. In FY20, the program completed 1050 outreach intakes. Services provided through CASA's non-residential programming (Outreach) mirrors supports provided to participants in residential with the exception of physical emergency shelter. Services include various avenues for advocacy, safety planning, support groups, legal and housing supports. Participants may self-refer to non-residential services or be connected through advocates located throughout the community and in various community partnerships such as the St. Petersburg Police, Pinellas County Sheriff's Office Child Protection Division, etc.

Peacemakers services were largely impacted by COVID-19 as these services occur within child care centers and schools which had varying responses to the pandemic such as operating virtually or limiting visitors. Despite the pandemic, Peacemakers curriculum was delivered to a total of 34 classrooms, totaling 608 children. Peacemaker services is offered to preschool/kindergarten, elementary, middle /high students. Of the 608 children, 420 (69%) were preschool/kindergarten age, 78 (13%) were elementary age, and 110 (18%) were middle/high school age.

In order to capture the impact of the Peacemaker services that parents and teachers observe in their children and students, feedback surveys are distributed to teachers and parents of children receiving the Peacemaker service. These survey results are to be upload to JWB on a monthly basis. CASA did not meet this deliverable during FY20. As of the writing of this report, JWB and CASA staff have met to review deliverables for the Peacemakers services. CASA staff was administering surveys during FY20 when services were provided. However, the

¹ Florida Department of Law Enforcement. Crime in Florida, Florida uniform crime report, 1995-2018 [Computer program]. Tallahassee, FL: FDLE. Florida Statistical Analysis Center. <https://www.fdle.state.fl.us/FSAC/County-Profiles/Pinellas.aspx>

² Evans ML, Lindauer M, Farrell ME. A Pandemic within a Pandemic - Intimate Partner Violence during Covid-19. N Engl J Med. 2020 Dec 10;383(24):2302-2304. doi: 10.1056/NEJMp2024046. Epub 2020 Sep 16. PMID: 32937063.

³ ³ 8 United States Department of Justice, Bureau of Justice Statistics, Crime Victimization Survey, 1995.

submission of this data deliverable was overlooked. The feedback survey data was submitted after the FY20 data deadline. FY20 data was analyzed and demonstrates the following: preschool/kindergarten Peacemaker services received 105 feedback surveys from parents of children who received the services. The survey results indicated that over 95% of the parents reported that their children and they discussed the following peacemaking skills: “Let’s talk”, “Walk away”, “Stop, Think, and Calm Down”; “Use a big strong voice” and “Sharing is Caring”. Largely, the majority of parents reported their children shared specific activities or tools the Peacemakers shared with their children. In all, 76% of parents reported they saw a positive change in their children after they received the Peacemakers program. The teachers of those preschool/kindergarten classrooms receiving the Peacemaker program are also surveyed for feedback. Of the 25 surveys returned, the results of those surveys indicated that 100% of teachers reported they were satisfied with the content such as the presentation, activities, and books/songs. The survey results indicated that over 100% of the teachers reported that the program addressed the following peacemaking skills well: “Tell an adult”, “Stay out of the way”, “Go to a safe place”; “Use a big strong voice” and “Call 9-1-1”. In addition, 99% of teachers reported a positive change in the behavior of their students after the Peacemaker program. For elementary peacemaker services, the teachers of those students receiving the services are surveyed. A total of four surveys were received. The surveys indicated that it was the first time receiving the Peacemaker services for half of the teacher’s completing the survey. All survey results indicated the teachers were satisfied with the presentation, activities, and topics. One hundred percent reported they have seen a positive change in their student since receiving Peacemakers. There were not any middle/high school feedback surveys submitted for FY20.

CONCLUSIONS:

At a state level the domestic violence arena experienced changes in the oversight body during FY20 which ultimately impacts local service providers. This, combined with the challenges of managing a shelter environment during a pandemic and maintaining availability of critical supports, created added challenges that are anticipated to continue into FY21. As an organization, CASA appears to have strengthened their community relationship and forged ahead in efforts to increase longer term housing options, maintain essential services for survivors, continue prevention efforts, and build additional resources for survivors.

Jennifer Artiaga

Jennifer Artiaga, LCSW
Associate Manager of Program Administration

Date: 3/16/2021 | 4:17 PM EDT

Megan Seales

Megan Seales, MSW
Senior Program Technical Evaluator

Date: 3/17/2021 | 7:16 AM EDT

Karen Woods

Karen Woods, LMHC
Program Administration Manager

Date: 3/17/2021 | 8:22 AM EDT

Karen Boggess

Karen Boggess, MSW
Program Evaluation Manager

Date: 3/17/2021 | 9:19 AM EDT

Judith Warren

Judith Warren
Chief Operating Officer

Date: 3/18/2021 | 9:41 AM EDT

Beth Houghton

Beth A. Houghton
Chief Executive Officer

Date: 3/18/2021 | 11:55 AM EDT



PROGRAM MONITORING REPORT

Agency: Gulfcoast Legal Services, Inc.

Program: Family Legal Support Services

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

AGENCY OVERVIEW: Gulfcoast Legal Services, Inc. (GLS) is a local non-profit organization which has been providing civil legal services and advocacy to underserved populations in Pinellas County since 1978. The agency's vision is to "change lives through justice". The mission of GLS, is to serve the most vulnerable individuals within the communities they serve – those who otherwise would not have access to legal assistance. All attorneys employed by GLS are licensed to practice under the Florida Bar Association.

PROGRAM DESCRIPTION: Family Legal Support Services (FLSS) assists families who have experienced domestic violence to break free of their abusers and to address related family law matters (e.g., child support, timesharing, paternity, divorce, etc.). FLSS also assists families access victims' benefits, retain stable housing, obtain public benefits, and/or seek legal immigration status.

AGENCY/PROGRAM ACCOMPLISHMENTS: Agency leadership and staff worked closely with Pinellas stakeholders to support community providers and families during the COVID pandemic.

STRATEGIC FOCUS AREA(s): Prevention of Child Abuse and Neglect

FISCAL SNAPSHOT:

	FY18	FY19	FY20
Total Program Budget	\$73,629	\$70,321	\$73,769
JWB Allocation	\$38,794	\$40,342	\$41,552
Percent of Total Program Budget represented by JWB Allocation	53%	57%	56%
Lapse	\$15	\$731	\$5,398
Cost per Participant*	\$388 (\$73,629/190)	\$499 (\$70,321/141)	\$653 (\$73,769/113)

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

CAPITAL AWARD: GLS was awarded funds through the Capital RFP process. The FY20 award amount was \$38,669 in support of technology upgrades.

TARGETED SERVICE LEVELS:

Targeted Service Level Type	FY18			FY19			FY20		
	Target	Actual	Percent	Target	Actual	Percent	Target	Actual	Percent
Adult	30	66	220%	42	45	107%	42	37	88%
Youth	Baseline	124	N/A	82	96	117%	90	76	84%
Total	N/A	190	N/A	N/A	141	N/A	132	113	86%

PARTICIPANT DEMOGRAPHICS:

In FY20, the program provided legal services to 37 adults. These participants were almost all female (99%). More than half (57%) were between the ages of 30 and 39 while the remainder (43%) are between the ages of 20-29. Almost half (46%) report their race as White, 35% Other: Hispanic, 14% African American and 5% Pacific Islander. Participants income ranged from no income to \$34,999. Forty-one percent of participants reported no income at all. The 37 adults who received services had a total of 76 children.

PROGRAM OUTCOMES*:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of Protection Orders will be positively resolved and obtained as measured by outcome codes.	70%	100%	85%	100%	85%	100%
Percent of Housing Preservation cases will be positively resolved and obtained as measured by outcome codes.	50%	100%	75%	100%	75%	100%
Percent of Family Law case matters will be positively resolved and obtained as measured by outcome codes.	70%	100%	80%	100%	85%	100%

**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.*

PROGRAM MONITORING ACTIVITIES:

Program Observation Date(s): 12/1/2020

Interview Date: 6/11/2020

Collaborative Meeting/Consultation Date(s): This list does not include regularly scheduled conference calls with provider groups throughout the pandemic.

The GLS FLSS program provides legal services to survivors of domestic violence. As mentioned in previous reports, the services provided are specific to legal support and representation which results in special protections to participants regarding JWB's opportunities for observation and monitoring. FLSS program participants are offered typical client attorney privilege; however, this population is particularly protected as participants are also survivors of domestic violence. Opportunities for community presentations were also limited during this reporting period as a result of the COVID-19 pandemic and reduction in public community events and/or gatherings.

The program maintains regular contact with JWB and is responsive to requests and deadlines for required contractual submittals. The program has been particularly responsive to aiding in community referrals specific to individual participant needs. It is worth noting that in February 2020 the program experienced turnover of the attorney position which had been in place since the program's inception in FY17. With this noted, agency leadership notified JWB timely and worked to provide case coverage to limit impact to program participants. The position was subsequently filled in March of 2020 with an internal candidate. In June, JWB staff completed a virtual staff interview of the new attorney to assess the current status of program services. During this discussion, the attorney indicated shifting trends of cases. During the pandemic, families were observed to experience a shift in the prioritization of needs. For example, family law issues were being postponed by families in order to address more pressing and emergent needs such as housing. In addition, program staff reported an increase in families navigating the time-sharing of children in the midst of the pandemic.

Contractually, the agency has continued to remain responsive and timely regarding the submission of agency and program compliance documentation. While a Personnel File Review was waived in FY20 as a result of the pandemic, one was completed late in FY19 which revealed contractual compliance and many best practice

standards in place. The FY21 review was completed in Q1 with similar outcomes.

COVID 19 Response and Impact:

During the COVID 19 pandemic, the program remained open and available to participants seeking services. While services continued, they were transitioned to alternative service delivery methods. The transition to a virtual service delivery platform required the organization to enhance their technology capacity. With this noted, the program reported challenges collecting necessary documents from participants once the program offices closed as some participants lacked access to scanning technology and/or were challenged by the cost of mailing. In response, the agency created a drop off system for participants in Q1 of FY21. In addition, the office has been able to open to participants by appointment and with Center for Disease Control screening guidelines. With the above challenges noted, program leadership reports the virtual environment reduced some barriers for participants such as transportation, thereby reducing no show rates. Related, the options for court hearing appearances also benefited participants, especially domestic violence survivors and virtual injunction hearing attendance.

The FLSS program includes outreach activities in addition to their provision of direct legal services. As such, COVID impacted the quantity of these types of activities, however, the organization participated in Zoom events as well as generated press releases regarding the ongoing availability of services despite the pandemic.

DATA QUALITY: Due to laws prohibiting the release of identifying individual-level data for survivors of domestic violence, and the protection of attorney-client privilege, JWB relies solely on GLS staff to conduct internal data quality checks to ensure accuracy of aggregate information that is provided to JWB. Aggregate information relevant to participant demographics and performance is provided directly from GLS's internal data system (i.e., Legal Server) and uploaded to JWB regularly.

Participant File Review Date(s):

The FY20 file review consisted of a limited sample of redacted participant files. Due to limitations related to the COVID-19 pandemic the review was completed virtually in July of 2020. The review consisted of six redacted participant records. As in past years, documentation observed was consistent with program services outlined in the approved program methodology. Participant files also continue to demonstrate survivors of domestic violence were able to obtain assistance with injunctions, housing, and child support matters.

ANALYSIS OF PERFORMANCE:

Legal support services to domestic violence survivors is shown not only to significantly increase the likelihood a protection order will be obtained, but also result in greater protections being awarded to the survivors and their children¹. In addition, a study by the National Network to End Domestic Violence found that domestic survivors without legal representation were at a greater risk of being revictimized than those with legal representation. Having access to legal services reduces the likelihood of survivors and their children being victimized again.²

The program's performance is measured based on a positive resolution of protection orders, housing preservation cases, and family law cases. The program exceeded their performance targets across all areas with 100% of protection orders, housing preservation cases, and family law cases having a positive resolution. In addition to providing direct legal services the program also typically attends outreach events in the community where they

¹ Institute for Policy Integrity, Supporting Survivors: The Economic Benefits of Providing Civil Legal Assistance to Survivors of Domestic Violence (July 2015), available at <http://policyintegrity.org/documents/SupportingSurvivors.pdf>; Mary A. Kernic, Final Report of the Impact of Legal Representation on Child Custody Decisions Among Families with a History of Intimate Partner Violence Study, A report submitted to the Department of Justice (2015), available at <https://www.ncjrs.gov/pdffiles1/nij/grants/248886.pdf>

² National Network to End Domestic Violence, 11th Annual Domestic Violence Counts Report (2017), available at <https://nnedv.org/content/domestic-violence-counts-11th-annual-censusreport/>

were able to share information about their services. These types of events were limited due to COVID-19. In October of 2020, the program attended an English for Speakers of Other Languages (ESOL) Community Resources Fair with a total of 169 attendees.

CONCLUSIONS:

GLS has been a community partner during the COVID-19 pandemic to assist families in need. The program transitioned staff with minimal impact to participants. As discussed above, the program experienced a reduction in service levels during FY20, however, as of the writing of this report, the program reports an increased utilization of FLSS program services.

Jennifer Artiaga

Jennifer Artiaga, LCSW
Associate Manager of Program Administration

Date: 3/24/2021 | 10:07 AM EDT

Megan Seales

Megan Seales, MSW
Senior Program Technical Evaluator

Date: 3/25/2021 | 7:38 AM EDT

Karen Woods

Karen Woods, LMHC
Program Administration Manager

Date: 3/25/2021 | 8:51 AM EDT

Karen Boggess

Karen Boggess, MSW
Program Evaluation Manager

Date: 3/25/2021 | 9:16 AM EDT

Judith Warren

Judith Warren
Chief Operating Officer

Date: 3/25/2021 | 1:56 PM EDT

Beth Houghton

Beth A. Houghton
Chief Executive Officer

Date: 3/26/2021 | 3:57 AM EDT



Financial Monitoring Report

Agency: Artz 4 Life (A4L)

Program(s): Artz 4 Life (A4L COST)

Date of Visit: January 26, 2021

JWB Staff: Erin Craig, Senior Program Financial Analyst; Stacey Gill, Senior Program Financial Analyst; Braxton Everett, Program Finance Associate

Agency Staff: Jai Hinson, Executive Director; Rudy Richardson, Administrative Manager

Period Reviewed: FY2019

Funding/Lapse History

Program	Fiscal Year	JWB Contract Amount	Total Program Budget	% of Total Program Funding	Lapse (%)
A4L COST	FY2019	\$407,264	\$455,218	89.5%	1.5%
A4L COST	FY2018	\$338,592	\$400,799	84.5%	11.3%

The increase over FY2018 was due to a \$6,413 cost of living adjustment in addition to the second year of expansion funds awarded to Community Out of School Time (COST) programs. Lapse was trending downward to 1.5% in FY2019 due to the late implementation of expansion funds in the prior year plus an end of year amendment that was approved to move salary lapse to lines with increased costs such as benefits and insurance.

Agency Audit

The FY2019 audit was due on March 29, 2020 and has not been completed as of the date of this report. This represents four (4) consecutive years that the agency has not complied with the JWB contractual requirement audit submission deadline.

Compliance with Site Visit Request

The monitoring was conducted virtually relying on document uploads into SharePoint. A4L staff were unable to upload the documents into SharePoint by the scheduled date of Tuesday, January 26, 2021. The majority of the documentation was provided two (2) days later with three (3) additional requests for documentation. A4L staff responded to requests but were unable to provide



an equipment inventory and cost allocation plan because they have not been established by the agency.

Management of Program Funds

A4L staff is responsible for budget development, reimbursements and budget amendments while assigning general bookkeeping to an outside provider. No formal mechanism is in place to monitor expenses against the JWB budget. Adherence to A4L's policies and procedures were lacking as evidenced within the findings for reimbursements and payroll. Utilization of lapse at the end of the year to address prior period expenses via budget amendment was permitted.

Timeliness of Reimbursements

All 26 (bi-weekly) A4L reimbursements submitted timely with 24 of 26 requests submitted accurately.

Reimbursement Review

A sample size of 16 operating expenses were pulled from reimbursements across various budget lines for our financial monitoring. Several findings were identified as a result of the reimbursement review.

A4L policy requires approval from the Executive Director and the accompaniment of a check request or purchase order. None of the items within our sample included a check request. Three (3) items did not have an invoice or receipt to support the expenses for building security at \$53, fuel at \$350 and a staff conference at \$198. The result is a pay back of \$601 to JWB.

Two (2) findings were discovered related to program overlay costs including an overpayment of \$10 as determined by the participant lists and additional costs of \$935 not defined within the scope of work of the dance instructor contract. The result is a pay back of \$945 to JWB.

Two (2) expenses were determined to be unallowable per JWB policies. A field trip totaling \$1,500 to a rodeo for parent engagement was not on the approved list of activities nor was there an approved exception on file. Curriculum was purchased for \$1,673 but was not received before the end of the fiscal year. The resulting pay back to JWB is \$3,173.

One (1) expense for staff uniforms totaling \$407 were allocated to the Participant Expense line incorrectly. There is no monetary infraction related to this finding.

The total payback amount to JWB is \$4,719.

Payroll Review



The payroll verification consisted of eight (8) different positions and employees for two full months of pay dates for June and July of 2019. Our review was able to determine reimbursement of salaries matched payroll reported for both periods. Our review found six (6) instances of timesheets without the employee's signature and seven (7) timesheets without an approval signature from the Executive Director. No monetary infractions were discovered with regard to payroll.

Bank Reconciliation Review

A total of 13 bank reconciliations from October 2018 – October 2019 were requested for our financial monitoring; however, August and September of 2019 were not able to be produced by A4L. Eight (8) of the 11 bank reconciliation reports provided were untimely according to A4L's policy to complete monthly. Aside from the missing reports, January 2019 through July 2019 and the October 2019 bank reconciliations were not completed until January 2020. None of the reconciliations were signed by a reviewer and the individual completing is not the Administrative Manager as designated by policy.

It was noted during the review of the bank reconciliations that 19 checks and payments were outstanding as of the October 2019 statement from as far back as July 2014. A4L policies do not specifically delineate procedure for handling outstanding items. One entry as an outstanding item for \$31,000 as a journal entry has been requested for further review. As of February 26, 2021, the journal entry has not been uploaded into SharePoint for further review.

JWB Recommendations

The Accounting Policies and Procedures were last reviewed in October 2019 but are not reflective of current procedures or assignments. JWB recommends the policies be updated and approved by the Board to reflect the detailed procedures based on current and best practices including, payroll, bank reconciliation, outstanding checks, inventory, cost allocation plan, etc. The dates of reviews and revision effective dates made to the policies should be tracked with reviews being completed annually, at a minimum. Upon updating, all relevant staff should review the policies to ensure understanding and compliance, particularly in the areas of proper support documentation and approval for expenses. We further advise A4L staff to review the JWB policies to confirm proper compliance and budget management. We suggest an annual inventory of assets should be conducted and a log implemented to note the equipment, cost, date implemented, funder, disposition date and reason, location, etc. Finally, we recommend the conflict of interest policy be expanded to include formal board review of any potential conflicts and the conflict of interest certification form also be signed by staff.

Prior year findings included a recommendation to develop more detailed accounting policies and procedures and grant reconciliation procedures to ensure that expenses are not duplicated and



credits are applied against the JWB budget. It was also the recommendation of the external FY18 audit and JWB that the Agency show review and approval of bank reconciliations by the Board Treasurer and that the policies be updated to reflect this change. No evidence could be found that these recommendations were completed or implemented.

Updates to the policies as recommended above must be submitted to JWB in draft form by March 31, 2021, with the A4L board formally approving the updated policies by April 30, 2021.

Agency Response

FY2019 and 2020 audits are currently being completed. Moving forward, Organization changing auditors to accommodate scheduled audit in timely manner.

Equipment Inventory listing was developed to include only JWB funded items. Listing being modified to include all items from all funding sources and vendors. We have developed a Cost Allocation Plan that will be reviewed at our March Board Meeting.

Staff will compare monthly against actual reports and present to Board of Directors for review and Treasurer will sign off. Currently the Board of Directors review the monthly reports.

Staff will review and update policies to match current internal controls and processes. Process for scanning all checks and invoice updates will be implemented to guarantee receipt and invoice adherence in addition to the already implemented accounts payable and invoicing process through bill.com. Allowable purchases and timely deliveries will be adhered to prevent unallowable purchases and paybacks. Agency will pay back to JWB \$4,719.

Staff will adhere to timesheet approval policies.

There was a transition between 2019 and 2020 from a bookkeeper to an external CPA. The CPA has been contracted to conduct monthly bank reconciliations in addition to other processes. CPA has been contracted to conduct timely bank reconciliations. Bank reconciliations were completed upon the arrival of new CPA.

Organization reviewing current Accounting Policies and Procedures to be reflective of current procedures and assignments. Updated policies and procedures will be presented to Board of Directors for review at the April 2021 Board Meeting.

Agency will conduct staff review and changes during staff meetings and trainings.

Staff will also review JWB policies to confirm proper compliance, budget management and adherence.

Agency will update its current inventory and logging process to include all recommended information.



Agency will update policies and submit to JWB in draft form by March 30, 2021 and prepare for Board approval by April 30, 2020.

Erin Craig

Erin Craig, Senior Program Financial Analyst

3/9/2021 | 6:13 PM EST

Date

Lori Lewis

Lori N. Lewis, Program Finance Manager

3/9/2021 | 6:25 PM EST

Date

Laura Krueger Brock

Laura Krueger Brock, Chief Financial Officer

3/10/2021 | 9:37 AM EST

Date

Received by:

Jai Hinson

Jai Hinson, Executive Director of A4L

3/10/2021 | 12:22 PM EST

Date



Financial Monitoring Report

Agency: James B. Sanderlin – NFC (JBS)

Program(s): Sanderlin - NFC (JBS)

Date of Visit: December 16, 2020

JWB Staff: Erin Craig, Senior Program Financial Analyst; Stacey Gill, Senior Program Financial Analyst; Braxton Everett, Program Finance Associate

Agency Staff: Dr. Celeste Thomas, Executive Director; Richard Rodriguez, Accountant; Brenda Washington, Administrative Assistant

Period Reviewed: FY2019

Funding/Lapse History

Program	Fiscal Year	JWB Contract Amount	Total Program Budget	% of Total Program Funding	Lapse (%)
JBS	FY2019	\$924,359	\$953,559	96.9%	0%
JBS	FY2018	\$948,360	\$1,023,287	92.6%	0.1%

In FY2019, JWB accounted for 84% of JBS's total revenues. The increase over FY2018 was due to the FY2019 cost of living adjustment of \$22,298. Not reflected in the budget totals above was the additional \$88,303 provided by JWB to equip the center and train staff in pursuit of becoming licensed. The downward trend in lapse was due in part to JWB approving a post-deadline amendment as well as a post-deadline reimbursement to address overspent budget lines.

Agency Audit

The FY2019 audit noted excess revenues over expenses of \$42,013, without applying depreciation of \$68,931, which resulted in a change in net assets of (\$26,918). A significant deficiency was identified as a result of journal entries provided by the Administrative Services Organization (Carr, Riggs & Ingram) after the year-end close. The audit also noted a lack of evidence in management's oversight and approval of journal entries and bank reconciliations completed by Carr, Riggs & Ingram (CRI) presenting the possibility of misstatements in the agency's records. A material weakness was cited for adjustments posted to the financial statements to properly record property and equipment. These findings resulted in the recommendation for the agency to implement updated internal controls and procedures.



Compliance with Site Visit Request

The Monitoring was conducted virtually relying on document uploads into SharePoint. Though the payroll sample was missing as of the morning of our rescheduled visit, JBS staff were able to upload a portion; however, some items were for the incorrect time period and other requested items were missing. Due to the delays in receiving requested documents, the exit interview was postponed until Wednesday, January 20, 2021. Additional requests for missing proof of payment was made during the exit interview that was uploaded on January 21, 2021. JBS staff responded to all requests and were able to provide most of the required documents with the exception of a Cost Allocation Plan which has not been established by the agency.

Management of Program Funds

For FY2019, the activities of the Administrative Services Organization (ASO) transitioned from JWB to the outside accounting firm, CRI. This represented the first funding cycle where expenses were submitted into the JWB grants management system for reimbursement and JBS had to take a more significant role in monitoring expenses against their prescribed JWB budget. JBS is responsible for their own budget development, monitoring and adjustments (budget amendments) while CRI is responsible for reimbursement requests through the JWB grants management system and general bookkeeping/accounting of all sources of revenue.

JBS's Accounting Policies have a revise date of September 2018 and editing is in process as marked policies are being updated to include the ASO. Procedures are outlined for financial operations although it is unclear of current processes due to updates in progress and JWB is still noted to be designated in processes.

Two (2) budget amendments were requested for submission after the August 31st deadline to replenish budget lines for their final reimbursement within the JWB grants management system. JBS also requested an additional opportunity after the close of the fiscal year for reimbursement of expenses whose budget lines had been exhausted to be paid with the lapse from other budget lines. The request was approved by the JWB CFO and the reimbursement was paid outside of the JWB grants management system.

Timeliness of Reimbursements

JBS requests submitted timely: 13 of 13



A delay in reimbursements for the first two months of the fiscal year was expected while JWB transferred the ASO roles and responsibilities to CRI. The FY2019 budget was approved on November 8, 2018 with the first reimbursement being submitted for October salaries only on December 11, 2018 and the general operating expenses for October being submitted separately on December 14, 2018. The complete November request was submitted on January 4, 2019. All subsequent submissions were submitted timely. Seven (7) of 15 reimbursement requests were sent back for correction and resubmission throughout the fiscal year.

Reimbursement Review

A sample size of 19 operating expenses were pulled from reimbursements across various budget lines for review during JBS's first financial monitoring. A few findings were identified as a result of the reimbursement review.

JBS policy requires a purchase order be completed for all purchases in which the Executive Director reviews and approves. Sixteen (16) items from the sample did not have the required purchase order. Nine (9) items did not have bids according to the JBS requirement for purchases above \$1,000. No evidence of Board approval was provided for three (3) items that were in excess of the \$1,500 threshold requiring Board approval based on purchasing policy. These expenses were also incurred prior to an approved budget amendment being in place, which is required by JWB policy. No monetary infraction was associated with these findings.

Our review discovered three (3) instances where JBS did not follow JWB Policy in proper expense allocation according to the chart of accounts. Two (2) items were purchased and requested for inclusion as an approved expense via budget amendment months after being incurred and were not allocated to the correct budget line. No monetary infraction was associated with these findings as they ultimately became allowable expenses.

A travel expense of \$194 for food pantry pickups was allocated to the JWB budget in error resulting in a payback to JWB. Transportation for \$595 was determined to be unallowable as this field trip is not permitted according to the approved JWB list and no exception was granted. Facility staff was reimbursed \$77 for maintenance tools but JBS was unable to provide proper backup documentation to support the cost of the purchase.

Total amount due back to JWB is \$866.

Payroll Review

The payroll verification consisted of eight (8) different positions and employees for two full months of pay dates for January and February of 2019. Our review was able to determine reimbursement of salaries matched payroll reported for both periods.



Four (4) findings of unsupported or outdated salary, specifically starting/offer letter and payroll change notices were missing. However, JBS was able to provide Board minutes for the change in salary for two (2) of the staff. No monetary infractions were discovered with regard to payroll.

Bank Reconciliation Review

A total of 13 bank reconciliations from October 2018 – October 2019 were reviewed for our financial monitoring. The report printed date was accepted as the completion date and all but one were timely. None of the reports included a signature of the individual completing nor of the individual reviewing.

It was noted during the review of the bank reconciliations that eight (8) checks were outstanding throughout the fiscal year. Checks from August and November 2018 remained in cycle through October 2019. A November 2018 check along with January and March 2019 checks were outstanding through August 2019. Review of outstanding checks are part of the reconciliation process in the Policies; however, no specific outline on how to handle these items could be found.

JWB Recommendations

The Fiscal Control Policies and Procedures were last reviewed in September 2018 and before that in October 2004. An annual review by staff and the Board is recommended to ensure all aspects of financial operations are delineated according to best practice and reflect current procedures and responsibility assignment. JWB involvement in JBS's financial operations in addition to duplicate or conflicting policies (Board approval threshold) must be eliminated. The dates of reviews and revisions made to the policies should be tracked in a log. In addition to reviewing the policies of JBS, we advise a review of the JWB Policies and Procedures for Funded Programs to ensure efficient and effective use of allocated funds and to mitigate expense rejection which could result in a financial burden to JBS.

Example Financial Policies and a Cost Allocation Plan were sent via email on January 24, 2021, to the Executive Director to use as a reference for updating and strengthening the agency financial policies.

Agency Response

With regards to the audit by CLA the statement made referring to “a lack of evidence in management’s oversight and approval of journal entries and bank reconciliations” potentially leading to “misstatements in the agency’s record” we take exception. Journal entries posted by CRI have not been sent to JBS for approval, they were just made by CRI. Our accountant reviewed all journal entries made for accuracy or reasonableness when appropriate although there was no formal process for this at the time, CRI is now sending over journal entries for “formal” approval.



In respect to bank reconciliations JBS management and board review SOR bank statements and reconciliations each month. The BB&T operating account is not formally reviewed by JBS. Like the journal entries each transaction is verified against the source documents like request for reimbursement by CRI. In addition, each check is reviewed for correct coding to the G\L by our accountant and a report is sent over and approved by the Director. CRI is now sending over the bank reconciliations for “formal” approval.

The improper recording of property and equipment was due to a misunderstanding between CRI’s responsibilities for the recording in the G\L. All issues regarding the responsibilities of recording purchases of assets or assets granted have been resolved. JBS will take a more active role to ensure that the G\L reflects all acquisitions.

Mention was made of a “cost allocation plan”. Currently JBS receives over 90% of it’s funding from JWB. Allocating expenses to other funding is not an issue. Currently JBS distinguishes its source and use of funds with class codes for management accounting purposes. Examples of a cost allocation plan was forwarded by Erin and we have reviewed it. If JWB insists we have one in place, we will develop one for potential future use.

Because of varying circumstances JBS has not been able to strictly adhere to some policies as described in our accounting policies and procedures. With turnover in positions and having only 2 administrative full-time staff and 1 part time as opposed to in the past when there was 4 full time administrative staff some tasks are overlooked in order to get the job done. While JBS has failed to create a purchase order on some items it’s not clear which ones of the 16 items out of the 19 items requested did not have a purchase order. JBS does not issue a purchase order for payments on a contract. Our review of the 19 items revealed that 3 were payments on a contract and 4 had purchase orders issued and signed. We agree that the remaining purchases should have had a purchase order. It’s unclear which of the 9 purchases did not have bids. There were 12 requests of expenditures over \$1,000. All 3 of the contracts were bided out originally. Some expenditures were for unique services and a bid is not applicable. Some purchases reviewed had a value over \$1,000 but were individual (books, and maintenance supplies) items. It was not apparent which items were purchases without board approval. Prior to the pandemic Mr. Sanderlin, the president of the board signed\approved all checks.

JBS agrees that financial policies have in some cases been overlooked and agrees to be more diligent in the future. When time permits there will be another review of accounting policies and procedures as well as a physical inventory of assets. Management feels we have resolved issues with JWB policies and procedures for funded programs and is confident that future expense



rejection will be minimized. Staff looks forward to working more closely with CRI and JWB to ensure all policies and procedures are being followed and internal controls are being strengthened.

Erin Craig

Erin Craig, Senior Program Financial Analyst

3/3/2021 | 5:48 PM EST

Date

Lori Lewis

Lori N. Lewis, Program Finance Manager

3/3/2021 | 5:52 PM EST

Date

Laura Krueger Brock

Laura Krueger Brock, Chief Financial Officer

3/3/2021 | 6:22 PM EST

Date

Received by:

Dr. Celeste Thomas

Dr. Celeste Thomas, Executive Director of JBS

3/4/2021 | 8:06 AM EST

Date



Financial Monitoring Report

Agency: Mattie Williams Neighborhood Family Center/Safety Harbor Neighborhood Family Center (MWNFC)

Program(s): Mattie Williams - NFC (MWNFC)

Date of Visit: January 28, 2021

JWB Staff: Erin Craig, Senior Program Financial Analyst; Stacey Gill, Senior Program Financial Analyst; Braxton Everett, Program Finance Associate

Agency Staff: Janet Hooper, Executive Director

Period Reviewed: FY2019

Funding/Lapse History

Program	Fiscal Year	JWB Contract Amount	Total Program Budget	% of Total Program Funding	Lapse (%)
MWNFC	FY2019	\$456,333	\$629,541	72.5%	0.1%
MWNFC	FY2018	\$419,515	\$567,265	74.0%	0.1%

In FY2019, JWB accounted for 55% of MWNFC's total revenues. The increase contract amount over FY2018 was due to several additional allocations above the FY2019 cost of living adjustment of \$10,937. MWNFC received allocations to support their efforts towards accreditation through the Council on Accreditation (COA) and to moderate increased costs related to the annual audit and insurance coverage as required by JWB contract. Not reflected in the budget totals above was the additional \$30,000 provided by JWB to equip the center and train staff in pursuit of becoming licensed and \$73,685 awarded through the Capital RFA.

Agency Audit

The FY2019 audit noted excess revenues over expenses of \$150,305, without applying depreciation in the amount of \$38,743, which resulted in a change in net assets of \$111,562. A material weakness was noted for adjustments needed after year-end close to properly state balances. A significant deficiency was identified as a result of journal entries provided by the Administrative Services Organization (Carr, Riggs & Ingram) after the year-end close. The audit also noted a lack of evidence in management's oversight and approval of journal entries and bank reconciliations completed by Carr, Riggs & Ingram (CRI) presenting the possibility of misstatements in the agency's records. This finding resulted in the recommendation for the agency to implement updated internal controls and procedures.



Compliance with Site Visit Request

The Monitoring was conducted virtually relying on document uploads into SharePoint. MWNFC staff were able to upload the documents requested by the scheduled date of Thursday, January 28, 2021.

Management of Program Funds

For FY2019, the activities of the Administrative Services Organization (ASO) transitioned from JWB to the outside accounting firm CRI. This represented the first funding cycle where expenses were submitted into the JWB grants management system for reimbursement and MWNFC had to take a more significant role in monitoring expenses against their prescribed JWB budget. MWNFC is responsible for their own budget development, monitoring and adjustments (budget amendments) while CRI is responsible for reimbursement requests through the JWB grants management system and general bookkeeping/accounting of all sources of revenue.

Two (2) budget amendments were requested for submission after the August 31st deadline to replenish budget lines for their final reimbursement within the JWB grants management system. MWNFC also requested an additional opportunity after the close of the fiscal year for reimbursement of expenses whose budget lines had been exhausted to be paid with the lapse from other budget lines. The request was approved by the JWB CFO and the reimbursement was paid outside of the JWB grants management system.

Timeliness of Reimbursements

MWNFC requests submitted timely: 13 of 13

A delay in reimbursements for the first two months of the fiscal year was expected while JWB transferred the ASO roles and responsibilities to CRI. The FY2019 budget was approved on November 7, 2018 with the first reimbursement being submitted for October salaries only on December 17, 2018 and the general operating expenses for October being submitted separately on January 7, 2019. The complete November request was submitted on January 16, 2019. All subsequent submissions were submitted timely.

Reimbursement Review

A sample size of 12 operating expenses were pulled from reimbursements across various budget lines for review during MWNFC's first financial monitoring. A few findings were identified as a result of the reimbursement review.



Sales tax paid on a food purchase was included for reimbursement in error. The result is a pay back to JWB for \$4.

Expenses of \$133 and \$382 for food were coded to Participant Expense in error and an expense of \$460 for equipment was coded to Participant Expense instead of Operating Supplies. No monetary infraction associated with these findings.

Payroll Review

The payroll verification consisted of six (6) different positions and employees for two full months of pay dates for October 2018 and February April 2019. Our review was able to determine reimbursement of salaries matched payroll reported for both periods. No monetary infractions were discovered with regard to payroll.

Bank Reconciliation Review

A total of 13 bank reconciliations from October 2018 – October 2019 for the account associated with JWB reimbursements were reviewed in addition to 12 bank reconciliations from October 2018 – September 2019 for the other funding account. Four (4) instances of reconciliations were not completed timely according to MWNFC's bank reconciliation policy. Eight (8) reconciliations did not show evidence of approval. None of the reconciliations indicated the individual completing the reconciliation although MWNFC's policy assigns this responsibility to the ASO Accountant.

No outstanding checks were found for the JWB reimbursement account. Approximately 40 checks were noted to be outstanding for the other funding account with some that date back to 2012. No policy could be found on how outstanding checks should be handled.

JWB Recommendations

The Accounting Policies and Procedures were last revised in December 2020. JWB recommends the dates of reviews and revisions implemented be tracked to reflect annual reviews already in place. A best-practice policy on handling outstanding checks should be researched and implemented to control the current list and address future items. We further advise MWNFC to review expenses for proper allocation prior to the ASO entering into the accounting system as well as post-approval in the JWB grants management system. Finally, the list of equipment should be enhanced to note funder, disposition date and reason, and location.

Agency Response

The decision by JWB to require the Family Centers to utilize an ASO affected the Mattie Williams Neighborhood Family Center more than any of the other Family Centers. All of them receive 80-



100% of their funding from JWB, so the transition was minimal. MWNFC only receives 55% of their funding from JWB. The ASO took control of all funds not just JWB funding. The Center was not allowed to write checks even out of its own SOR account. The end result was confusion over the new processes, significant delays in financial reports, and delays in reimbursement of expenses paid out of SOR funds for approved JWB expenses. By the end of August JWB owed MWNFC over \$17,000 in reimbursements causing significant financial stress on the organization. The CFO approved BA's late due to the issues related to the reimbursement process and ASO issues.

MWNFC handles thousands of transactions every year. Every effort is made to code items correctly and to follow JWB's Business Rules, which change from time to time. In addition, prior to the ASO, we used an outside accountant, who would handle the reconciliations. I would review all of them as well as any journal entries. However, there was not a need to sign them in the past, but it has been added to the process with the ASO. Please note that some of the Centers retained their outside accountants, we did not as that was funded out of SOR funds. Our funding level from JWB was significantly lower.

We have asked both the auditor and the ASO for guidance to remove older uncashed checks over the past two years. Am still waiting for them to agree on the best way to do it. Will continue to push for resolution. Lastly, we work hard to catch any errors such as sales tax. Sadly, we missed one for \$4, which we will pay. Our inventory will also be enhanced as suggested.

Erin Craig

Erin Craig, Senior Program Financial Analyst

3/3/2021 | 5:34 PM EST

Date

Lori Lewis

Lori N. Lewis, Program Finance Manager

3/3/2021 | 5:45 PM EST

Date

Laura Krueger Brock

Laura Krueger Brock, Chief Financial Officer

3/3/2021 | 6:19 PM EST

Date

Received by:

Janet Hooper

Janet Hooper, Executive Director of MWNFC

3/4/2021 | 10:30 AM CST

Date



Financial Monitoring Report

Agency: Pinellas County Sheriff's Police Athletic League, Inc. (PCS-PAL)

Program(s): Police Athletic League (PAL)

Date of Visit: January 12, 2021

JWB Staff: Erin Craig, Senior Program Financial Analyst; Stacey Gill, Senior Program Financial Analyst; Braxton Everett, Program Finance Associate

Agency Staff: Neil Brickfield, Executive Director; Lauren O'Connor, Administrator; Terri Harris, Business Manager

Period Reviewed: FY2019

Funding/Lapse History

Program	Fiscal Year	JWB Contract Amount	Total Program Budget	% of Total Program Funding	Lapse (%)
PAL	FY2019	\$269,203	\$494,382	54.5%	0%
PAL	FY2018	\$233,733	\$469,911	49.7%	0%

In FY2019, JWB accounted for 22% of PCS-PAL's total revenues. The increase over FY2018 was due to a cost of living adjustment. PAL was able to address overspent lines utilizing lapse with JWB approving a post-deadline amendment in both FY2018 and FY2019.

Agency Audit

The FY2019 audit noted excess revenues over expenses of \$89,987, without applying depreciation of \$39,028, which resulted in a change in net assets of \$50,959. No findings were identified by the auditor.

Compliance with Site Visit Request

The Monitoring was conducted virtually relying on document uploads into SharePoint. PCS-PAL staff responded to all requests and were able to provide all of the required documents with the exception of an Asset Inventory.



Management of Program Funds

PAL's budget for FY2019 was initiated in October 2018 and was not approved until February 4, 2019. This delay, coupled with inconsistent reimbursement submissions, did not provide for a clear and effective mechanism for fiscal monitoring and resulted in two (2) post-deadline budget amendments being allowed to shift funds towards subcategories where expenses had already been incurred.

Timeliness of Reimbursements

PCS-PAL requests submitted timely: 2 of 5

The first reimbursement submitted for October 2018 through January 2019 expenses was made on February 7, 2019, four months after the start of the fiscal year. Reimbursements continued to be submitted late with multiple months' expenses in a reimbursement request despite the JWB contract and policy requiring monthly submissions, at minimum. Four of the five requests submitted were sent back for corrections.

Reimbursement Review

A sample size of 14 operating expenses were pulled from reimbursements across various budget lines for review during PAL's financial monitoring. A few findings were identified as a result of the reimbursement review.

Two (2) expenses for staff training in the amount of \$1,956 and \$1,995 did not include invoices to support the costs. A refund was found in the amount of \$978 for one of the trainings which was not netted against the original cost submitted for reimbursement. The result is a payback to JWB in the amount of \$978.

Sales tax was found to have been paid and reimbursed in error on two (2) separate Amazon purchases in the amounts of \$184 and \$56. The finding results in a payback amount of \$240.

A purchase was reimbursed for a PCS-PAL employee's glasses in the amount of \$171. Personal expenses of staff are unallowable and therefore this amount must be paid back to JWB.

Total payback to JWB of \$1,389



Payroll Review

The payroll verification consisted of six (6) different positions and employees for two full months of pay dates for February and March 2019. A couple of findings were identified as a result of the payroll review.

Timesheets were missing for staff during this period. PCS-PAL had experienced system issues and as a result the timesheets had been deleted from the system and were unable to be reproduced.

An overpayment of six (6) hours was paid to an employee whose timesheet only reflected 20.6 hours worked versus the 26.6 hours paid. The finding results in a payback to JWB in the amount of \$97.

JWB staff discovered in FY2019 that PCS-PAL was requesting payroll for reimbursements according to the net pay amount instead of the gross. The error was reconciled in May 2019.

Bank Reconciliation Review

A total of 13 bank reconciliations from October 2018 – October 2019 were reviewed for our financial monitoring. None of the reconciliations were signed but indicated the accounts were reconciled by the CPA. PCS-PAL's policy is for the accounts to be reconciled monthly, however, seven (7) instances of untimely reconciliations were discovered.

Several checks (11) were outstanding for extended periods of time during the course of the fiscal year. Checks as early as January 2018 were outstanding through October 2019, one check for insurance in the amount of \$9,016 remained outstanding for a year but was subsequently reissued and ultimately voided. PCS-PAL has a Stale Checks policy; however, it only notes that the bank considers the instrument invalid after 180 days though no outline is provided for procedure.

JWB Recommendations

The FY2018 monitoring report provided a recommendation to update the Financial Policies and Procedures to reflect best practices and ensure proper internal controls be implemented. The Policies have been revised since the FY2018 report with the most recent version effective September 2020. Additional updates were made to the policies to expand in the areas of travel, payroll processing, bank reconciliations and outstanding checks, cash disbursement procedure, etc. The dates of annual reviews, revisions and effective dates made to the policies is suggested to be tracked in a log. We recommend the Code of Ethics policy incorporate procedures for disclosure of conflicts as well as a policy on nepotism, including definitions and how situations will be handled. Consideration for an acknowledgement form to be signed annually by staff and board members is also advised. Finally, an annual inventory of assets should be conducted and a log to



note asset location, acquisition cost and date, funder, disposition date and reason, useful life estimate, etc. should be implemented and maintained by the organization.

Agency Response

Reimbursement Review:

A copy of the missing invoice for \$1,956 was obtained directly from the vendor as of the date of our Financial Monitoring Report draft response. A copy was requested prior to the monitoring date however PAL did not receive this timely to include as requested by JWB.

Payroll Review:

The timesheet indicating an employee was overpaid did not reflect 6 hours of work time for a weekend camping trip. Staff did not clock in/out for the time worked that weekend. Email communication has been provided as of the date of our Financial Monitoring Report draft response in support of the employee's presence at the camping trip.

JWB Recommendations:

PCS-PAL will expand financial policies to further outline travel reimbursement and stale checks. Additionally, we will update the code of ethics to include nepotism, a conflict of interest acknowledgement form and details for conflict reporting. A list of PAL assets valued at over \$1,000 will be developed and maintained including disposition information. As revisions are approved by the Board and implemented, a log detailing the changes will be maintained to note revision details and effective dates.

JWB Follow-up

Payroll Review:

Additional documentation provided via email on January 25, 2021 indicates staff presence during the time period as noted within PAL's response above. Our original assessment noting the overpayment of gross salary is corrected; however, immediate review of payroll processing is suggested in order to accurately and completely document actual hours worked.



Erin Craig

Erin Craig, Senior Program Financial Analyst

3/3/2021 | 5:43 PM EST

Date

Lori Lewis

Lori N. Lewis, Program Finance Manager

3/3/2021 | 5:44 PM EST

Date

Laura Krueger Brock

Laura Krueger Brock, Chief Financial Officer

3/4/2021 | 8:53 AM EST

Date

Received by:

Neil Brickfield

Neil Brickfield, Executive Director of PCS-PAL

3/5/2021 | 11:52 AM EST

Date



Financial Monitoring Report

Agency: Suncoast Center, Inc. (SC)

Program(s): Family Services (FS)
Early Childhood Services (ECS)

Date of Visit: February 19, 2021

JWB Staff: Stacey Gill, Senior Program Financial Analyst; Erin Craig, Senior Program Financial Analyst

Agency Staff: Dustin Sode, Chief Financial Officer; Patrick Grant, General Ledger Accountant

Period Reviewed: FY2019 & FY2020

Funding/Lapse History

Program	Fiscal Year	JWB Contract Amount	Total Program Budget	% of Total Program Funding	Lapse (%)
FS	FY2020	\$5,056,821	\$8,071,373	62.7%	6.6%
FS	FY2019	\$5,397,812	\$8,944,306	60.3%	2.3%
ECS	FY2020	\$649,464	\$973,977	66.7%	20.3%

FY20 funding for FS and ECS of \$5,706,285 represents a 5.7% increase over FY19 funding. ECS was pulled out of FS as its own program budget in FY20. The FY20 lapse in both programs is due almost entirely to lapse in salaries and benefits. The Chief Financial Officer (CFO) explained that some of the salary lapse can be directly attributed to the impact of COVID as some staff opted to retire early and others resigned to relocate closer to family. Another impact of the pandemic was the difficulty in recruiting and hiring qualified staff which caused a delay in filling positions extending the time positions spent vacant. The FY19 lapse in Family Services of 2.3% was also due to lapse in salaries. While the lapse percentage is low, the former JWB CFO did approve the agency to build a deficit program budget in FY19 and FY20 in order to mitigate lapse.

Agency Audit

The independent auditor's opinion for both FY19 and FY20 were clean and there were no internal control weaknesses identified. In FY20 and FY19 there was change in net assets of (\$106,229) and \$691,456 which includes depreciation of \$383K and \$283K, respectively. The gain in FY19 was primarily due to receiving revenue in excess of the contracted amount from Central Florida Behavioral Health Network Funds. The loss in FY20 is due primarily to COVID and the difficulties the pandemic created in generating all public support (special event revenue, contributions and in-kind contributions.)



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

Suncoast Center has a thorough Finance/Accounting/Maintenance Department Procedures manual that is reviewed at least every three years or more, as needed, and includes the last date of review. There is a separate Procurement Policy that covers the bid process for purchases over \$50,000. The organization attempts to use P.R.I.D.E., or the Prison Rehabilitative Industries and Diversified Enterprises, whenever items can be purchased at a price equal to or lower than those from other sources. The bid process itself includes a formal invitation to bid, and the winning bid is determined by the Executive-Audit Committee. Staff reviews contracts (service and administrative) when they are up for renewal, though there is no formal process for doing so.

The agency budget to actual statement is part of the monthly financial statement package that is reviewed by the Board of Directors. Monthly program budget to actual reports are also provided to the managers responsible for the associated programs to review. In order to confirm accuracy and allowability, finance staff also reconcile GEMS to internal financial records on a monthly basis. There is a policy on fixed assets that addresses disposal of assets and specifies that approval from donors is necessary prior to any disposal. The organization is now using a new software, Company Mileage, to simplify local travel reimbursements. Staff cellphones are used to document their departure and arrival sites during the month in order for supervisors to review and approve within the system.

The cost allocation policy is incorporated with the Finance/Accounting/Maintenance Department Procedures manual. The allocation methodology used in the development of the FY21 JWB program budgets appear to align with this policy.

Conflict of Interests' statements are signed annually by both staff and the Board of Directors and are addressed in the Human Resources Manual and Board Policies, respectively.

Timeliness of Reimbursements

FY20 – FS submitted requests timely: 28 of 28
 FY20 – ECS submitted requests timely: 28 of 28
 FY19 – FS submitted requests timely: 27 of 27

Reimbursements for the both FS and ECS were timely 100% over the two years. SC consistently requests reimbursements on a timely basis. In FY19, 3 of the 27 requests were returned for



additional salary data uploads and corrections to travel expense requests. In FY20, 8 of the 28 FS requests were returned for additional salary data uploads, removal of audit costs, and removal of travel costs. In FY20, 4 of the 28 ECS requests were returned for removal of audit costs, additional salary data uploads, and a correction to the requested salary amount.

Reimbursement Review

A total of 20 operating expenses were pulled from reimbursement requests across various budget lines for the two programs under review. There were three incidents where the backup for expenditures did not include a handwritten signature or initial by the approver/supervisor though this is not required by policy

Payroll Review

The payroll verification consisted of 10 positions for the months of June 2020, 5 positions for the month of 6/2019 and 5 positions for the month of October 2019. There were no findings.

Bank Reconciliation Review

A total of four bank reconciliations were requested for review, two from FY19 and two from FY20. All bank reconciliations were completed on a timely basis and were signed off by the reviewer and approver.

JWB Recommendations

Management should include the required physical signature or initial as a process for approving expenditures in the Financial Policies & Procedures manual.

Management should develop a purchasing policy that addresses how to handle goods and services that are purchased under the \$50,000 Procurement Policy threshold.

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

Agency Response

Thank you for the review and suggestions. Suncoast Center does regularly review policies and procedures. Your recommendations will be taken into consideration during the next review. We have already changed one procedure that relates to approval signature on invoices. Those check requests and invoices were often scanned into the system prior to approval. Check requests will now be held until after they have been signed, so that all scans have proof of review. We appreciate our partnership with JWB and the services we are able to provide with your funding.



Stacey Gill

Stacey Gill, Senior Program Financial Analyst

3/15/2021 | 8:08 AM EDT

Date

Lori Lewis

Lori N. Lewis, Program Finance Manager

3/15/2021 | 9:53 AM EDT

Date

Laura Krueger Brock

Laura Krueger Brock, Chief Financial Officer

3/15/2021 | 11:10 AM EDT

Date

Received by:

Dustin Sode

Dustin Sode, Chief Financial Officer

3/15/2021 | 11:28 AM EDT

Date



Financial Monitoring Report

Agency: Tarpon Springs Housing Authority/Local Community Housing Corporation (LCHC)

Program(s): Cops ‘n Kids (CNK)

Date of Visit: January 7, 2021

JWB Staff: Erin Craig, Senior Program Financial Analyst; Stacey Gill, Senior Program Financial Analyst; Braxton Everett, Program Finance Associate

Agency Staff: Robbin Redd, Executive Director; Kara Milbrandt, Fiscal Administrator

Period Reviewed: FY2019

Funding/Lapse History

Program	Fiscal Year	JWB Contract Amount	Total Program Budget	% of Total Program Funding	Lapse (%)
CNK	FY2019	\$388,466	\$786,045	49.4%	8.3%
CNK	FY2018	\$350,899	\$745,226	47.1%	19.9%

In FY2019, JWB accounted for 95% of LCHC’s total revenues. The increase over FY2018 represents the second year of expansion funding awarded to Community Out of School Time (COST) programs. Not reflected in the budget totals above was the additional \$95,121 awarded by JWB through the competitive capital process to renovate the building for an additional classroom. The downward trend in lapse is attributable in part to late implementation of expansion dollars in FY2018. The additional allocation was provided in May 2018; however, submission of the budget amendment to implement the funds did not occur until September 10, 2018, which did not provide sufficient time to spend down as initially presented to JWB.

Agency Audit

The FY2019 audit noted a change in net position for the blended component unit LCHC of (\$72,948) and (\$136,894) overall for the Tarpon Springs Housing Authority (TSHA). The decrease in net position is attributed to a decrease in HUD grants and other revenue. No findings were noted by the auditor.



Compliance with Site Visit Request

The monitoring was conducted virtually relying on document uploads into SharePoint. LCHC staff responded to all requests and provided most of the documents requested; however, delays in uploading missing documents pushed the exit interview to Thursday, January 21, 2021. No formal policy for cost allocation has been created.

Management of Program Funds

LCHC operates under the Tarpon Springs Housing Authority (TSHA). Accounting Policies & Procedures were provided; however, the outline of the document is more instructional in regards to their technical system procedures rather than fiscal governance.

The original submission of the CNK FY2019 budget was late and an approved JWB budget was not in place until January 14, 2019. No budget amendments were requested during this contract period.

Timeliness of Reimbursements

LCHC requests submitted timely: 7 of 12 months

A delay in reimbursements for the first three (3) months of the fiscal year was due to submitting their budget late. Subsequent submissions for January 2019 through July 2019 were submitted untimely. Three (3) of the nine (9) requests were sent back for correction.

Reimbursement Review

A sample size of 13 operating expenses were pulled from reimbursements across various budget lines and periods for our review. No findings were identified for this portion of the review.

Payroll Review

The payroll verification consisted of six (6) different positions and employees for two full months of pay dates for November 2018 and February 2019. Review of payroll for these periods discovered gross salary was allocated to JWB at a higher pro rata share, in most cases allocated at 100% to JWB. The result is a pay back to JWB in the amount of \$2,403. A policy specifically



related to payroll procedures could not be found aside from instructions to enter into the payroll system.

Bank Reconciliation Review

A total of 13 bank reconciliations from October 2018 – October 2019 were reviewed for our financial monitoring. None of the reconciliations indicated a specific completion date nor were the reconciliations signed by those completing and reviewing the report. No policy could be found on the bank reconciliation procedure. Outstanding check detail is not carried forward month to month but is noted on calculator tape.

JWB Recommendations

The Accounting Policies and Procedures are not comprehensive of all aspects of financial operations and do not delineate actual policies for staff to follow nor are they formally endorsed by the board. JWB recommends the policies be updated and approved by the Board to reflect more systematic and detailed policies and procedures based on current and best practices. The dates of reviews and revisions made to the policies should be tracked in a log with reviews being completed annually, at a minimum. Completion of the bank reconciliations should be made through a module within the accounting system and signed off as completed and reviewed. Finally, the equipment log should be enhanced to note funder as applicable, location and disposition reason to ensure compliance with JWB funding requirements.

Example Financial Policies and a Cost Allocation Plan were sent via email on February 12, 2021, to the Executive Director and Fiscal Administrator to use as a reference for updating financial policies.

Agency Response

None.



Erin Craig

Erin Craig, Senior Program Financial Analyst

3/9/2021 | 6:07 PM EST

Date

Lori Lewis

Lori N. Lewis, Program Finance Manager

3/9/2021 | 6:25 PM EST

Date

Laura Krueger Brock

Laura Krueger Brock, Chief Financial Officer

3/10/2021 | 9:38 AM EST

Date

Received by:

A handwritten signature in black ink, appearing to read 'Robbin Redd', is written over a horizontal line.

Robbin Redd, Executive Director of LCHC

3/10/2021 | 5:26 PM EST

Date



Financial Monitoring Report

Agency: Young Mens Christian Association of Greater St Petersburg, Inc. (YStP)

Program(s): 21st Century (21C)
 Lealman YMCA Preschool Academy (LYPA)
 Literacy for Faith Based Organizations (LFBO)
 Promise Time (PT)
 The Middle School Academy (TMSA)
 YReads! (YReads)

Date of Visit: February 3 & 4, 2021

JWB Staff: Stacey Gill, Senior Program Financial Analyst; Erin Craig, Senior Program Financial Analyst; Braxton Everett, Program Finance Associate

Agency Staff: Max Burgess, Development Associate; Maureen Tyahla, Accountant/Payroll

Period Reviewed: FY2019

Funding/Lapse History

Program	Fiscal Year	JWB Contract Amount	Total Program Budget	% of Total Program Funding	Lapse (%)
21C	FY2019	\$84,961	\$309,825	27.4%	8.8%
21C	FY2018	\$233,237	\$759,392	30.7%	27.1%
LYPA	FY2019	\$475,000	\$876,355	54.2%	1.2%
LYPA	FY2018	N/A	N/A	N/A	N/A
LFBO	FY2019	\$688,899	\$694,899	99.1%	13.6%
LFBO	FY2018	\$120,000	\$120,000	100.0%	22.2%
PT	FY2019	\$204,687	\$238,031	86.0%	29.1%
PT	FY2018	\$215,794	\$215,794	100.0%	22.5%
TMSA	FY2019	\$400,000	\$400,000	100.0%	23.2%
TMSA	FY2018	N/A	N/A	N/A	N/A
YReads	FY2019	\$170,245	\$305,359	55.8%	8.8%
YReads	FY2018	\$170,245	\$305,852	55.7%	9.7%

The decrease in funding for the 21C program from FY18 to FY19 was due to the ending to the federal program and the shifting of sites and funds from that program to TMSA. The program lapse decreased in 21C, only to be offset by a 23.2% lapse in TMSA in FY19, primarily in salaries and benefits.

The LYPA was a new program that was procured in FY19, with a contract effective 3/1/2019, and had a relatively small lapse of 1.2%.



The increase in funding for LFBO from FY18 to FY19 was due to the FY18 being prorated for 3 months and the FY19 budget being the annualized costs. The program lapse decreased from 22.2% in FY18 to 13.6% in FY19. The FY19 lapse was primarily in salaries and benefits.

The slight decrease in funding for PT from FY18 to FY19 is due primarily to a decrease in the number of sites. The program lapse increased significantly from 22.5% in FY18 to 29.1% in FY19. The FY19 lapse was primarily in salaries and benefits.

Funding for the Yreads program stayed constant from FY18 to FY19, and the program lapse decreased slightly from 9.7% in FY18 to 8.8% in FY19. Similar to the other YStP programs, the FY19 lapse was primarily in salaries and benefits.

Agency Audit

The independent auditor's opinion was clean and there were no internal control weaknesses noted. The agency's performance improved dramatically from FY18 to FY19, with a FY18 change in net assets of (\$828K) compared to a change in net assets of \$639K in FY19, which includes depreciation in the amounts of \$1.2M and \$1M respectively. Total revenue increased approximately \$3M compared to an approximate \$1.6M increase in expenses.

Compliance with Site Visit Request

The Monitoring was conducted virtually relying on document uploads into SharePoint. The few items that were missing as of the day of visit, were uploaded to SharePoint for our review. No other issues with compliance.

Management of Program Funds

YStP has a Financial Policies and Procedures Manual. The manual is not dated; however, agency staff stated that it had been updated on February 4, 2021. The policies do not include a section for the procurement of significant assets or a policy for bidding procedures. The manual does include a section on how various costs are allocated across programs and sites. Expenses that benefit more than one program or cost center are allocated based on a shared cost methodology dependent on expense type: occupancy costs are allocated based on a square footage ratio and all other costs are allocated based upon relative FTEs. YStP has a policy that all basic financial reports for each program, such as a budget to actual report, are submitted to the Finance Committee and Board of Directors for review and approval. However, it is unclear how often these reports are required to be submitted, monthly or quarterly. YStP were able to provide JWB with quarterly profit and loss statements during FY19.

The agency tracks fixed assets but the listing provided to JWB during our financial monitoring did not include evidence of tracking by funder. We noted two assets greater than \$1,000, YStP's capitalization minimum, purchased during FY19 for LFBO were not included on the asset list. Agency was given permission from JWB to transfer assets from the closed LFBO program to other YStP programs.



Timeliness of Reimbursements

21C submitted requests timely: 6 of 9
 LYPA submitted requests timely: 8 of 8
 LFBO submitted requests timely: 9 of 10
 PT submitted requests timely: 12 of 12
 TMSA submitted requests timely: 10 of 12
 YReads submitted requests timely: 10 of 11

Reimbursements for the PT and LYPA programs were submitted timely. TMSA requests were submitted on a timely basis 83% of the time; 21C, 67%; LFBO 90% and Yreads 91%. All of the programs submitted requests that were returned for corrections. PT requests were returned three times during FY19 due to missing backup documentation. TMSA requests were returned once for reclassification of expenses. 21C requests were returned twice, once for salary corrections and once for a noted omission of expenses on the GEMS report. LYPA was returned twice, once for noted omission of expenses and once for the inclusion of unallowable costs. LFBO was returned twice, once due to missing uploaded documentation and once for salary corrections. Yreads was returned 3 times, once to correct participant expenses, once for a noted omission of expenses, and once for missing uploaded salary documentation.

Reimbursement Review

A total of 56 operating expenses were pulled from reimbursement requests across various budget lines and all six programs for review. Several findings were identified as a result of the reimbursement review.

An expense in the amount of \$6,030 was reimbursed as participant expense that should have been categorized as machinery and equipment in TMSA. The expense was made during September, 2019 when there was no available JWB funding in the capital line item. There is no monetary infraction associated with this finding.

An expense in the amount of \$1,886 was also reimbursed as participant expense that should have been more appropriately categorized as operating supplies in the LYPA. There is no monetary infraction associated with this finding.

The agency was unable to provide any supporting documentation for two operating expenses. One was for a participant expense in PT in the amount of \$209 and the other was for participant education materials in the Yreads program in the amount of \$10. The result is a payback to JWB in the amount of \$219.

One expense for \$360 under Books, Subscriptions, Dues & Memberships in the Yreads program, was for the previous fiscal year and results in a payback to JWB.



The agency paid sales tax in the amount of \$4.79 for staff in the LFBO program resulting in another payback to JWB.

The total payback to JWB is \$584.

Payroll Review

The payroll verification consisted of fifteen positions for the months of January and February 2019. Our review found numerous immaterial differences across all programs except for PT. While the differences were not material, there were many. JWB started requiring the agency to upload payroll registers as part of the reimbursement report after the time periods tested, in June, 2019. As a result, any discrepancies in salaries requested and actual payroll records should now be captured and corrected during the reimbursement review process.

Bank Reconciliation Review

The YStP policy on bank reconciliations states that they are to be completed timely and that they be reviewed, approved, dated and initialed by the designated reviewer. A total of 13 bank reconciliations from October 2018 – October 2019 were requested for review. All were completed on a timely basis. However, three of the 13 reconciliations did not include a review date. While the YStP has a policy for outstanding checks stating that all uncleared checks over six months will be investigated, JWB noted several stale checks were outstanding for over 18 months.

JWB Recommendations

Management should document updates to the Financial Policies & Procedures on the face of the manual.

Management should update the policy on fixed assets to include language addressing the disposal of assets. Management should also implement a procedure to verify that all assets are included on the inventory of fixed assets and include a field that identifies funder as this was not evident in our review.

Management should develop a more robust procurement policy that includes a formal bidding process for the purchase of assets, and how contracts are evaluated and reviewed.

Management should update the policy on stale checks and/or verify that the current policy is being followed.

Agency Response

We will be focusing our fixed management program in 2022 after our organization has a chance to recover from the virus.

As a member of a YMCA national purchasing program, we choose how we want to procure, and who we want to purchase from so setting up a program will not be part of our plan.



Our finance department in partnership with our Business Operations team will be working on updating our check registry policy and create a monthly audit to ensure proper processes are being followed.

Stacey Gill

Stacey Gill, Senior Program Financial Analyst

3/10/2021 | 11:55 AM EST

Date

Lori Lewis

Lori N. Lewis, Program Finance Manager

3/10/2021 | 12:17 PM EST

Date

Laura Krueger Brock

Laura Krueger Brock, Chief Financial Officer

3/10/2021 | 12:48 PM EST

Date

Received by:

Tim Staley

Tim Staley, Chief Operations Officer

3/10/2021 | 2:37 PM EST

Date