

Board of Directors Meeting

May 13, 2021

Program and Financial Monitoring Information

Item VII.B.

Recommended Action: Information Only

Strategic Plan Alignment: Administration

STATUS OF FUNDED AGENCY WRITTEN PLANS

Agency	Type of Plan	Subject of Plan	Beginning Date	Estimated Completion Date	Status
211 Tampa Bay Cares	Corrective Action Plan	Programmatic and Administrative Areas	November 6, 2020	May 6, 2021 Extended to September 3, 2021	CAP extended for 211 to demonstrate compliance with performance measures and monitor turnover.
Hope Villages of America, formerly Religious Community Services, Inc.	Corrective Action Plan	Programmatic, Administrative, and Financial Areas	August 13, 2019	February 15, 2020 Extended May 15, 2020 Extended August 15, 2020 Extended to June 30, 2021	Grace House funding terminated on February 28, 2021. Agency CAP effective through June 30, 2021 pending review of FY20 audit which has been received and financial monitoring which is scheduled for May 4, 2021.

Agency	Type of Plan	Subject of Plan	Beginning Date	Estimated Completion Date	Status
YMCA of Greater St. Petersburg-Lealman YMCA Preschool Academy	Corrective Action Plan	Programmatic, Administrative, and Financial Areas	May 18, 2020	December 31, 2020 Extended March 31, 2021 Extended to June 30, 2021	There is a staff shortage of 11 positions. All but two classrooms are now meeting NAEYC ratios. Staff retention plan is being reviewed and a meeting will be held regarding a cost allocation plan. 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	PROGRAM
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
PARC	Respite
YMCA of Greater St. Petersburg	Lealman YMCA Preschool Academy

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 Connect 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

CASA

Operation PAR

Children's Home Network

Directions for Living

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: Family Resources

Program: Youth Enrichment Program (YEP)

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

AGENCY OVERVIEW:

Family Resources, Inc. is a private and nonprofit organization established in 1970 to serve children and youth in Pinellas County. The agency derived from a telephone hotline that assisted run away teenagers during a family relationship crisis. Currently the organization manages a variety of programs for at risk youth and families in multiple counties including Pinellas and Manatee. These programs include short term residential shelters, transitional living programs for pregnant teens, truancy intervention courses, and afterschool programs.

PROGRAM DESCRIPTION:

The Youth Enrichment Program (YEP) serves youth ages 6-14 and sites are located in South St. Petersburg and Pinellas Park. The program promotes positive youth development to increase school and life success, focusing on six life skills: work, education, creativity, relationships, community, and health. Program activities include an array of artistic, academic, and personal enrichments after school and throughout the summer in a safe and caring environment.

AGENCY/PROGRAM ACCOMPLISHMENTS:

Although the YEP experienced significant challenges during COVID-19, the program was able to meet all programmatic performance measures. Furthermore, YEP was able to successfully pivot and offer key program components including tutoring and arts programming via virtual platform. As a result, youth and families were able to receive need afterschool and summer child care services during the pandemic.

STRATEGIC FOCUS AREA(s): School Success

FISCAL SNAPSHOT:

	FY18	FY19	FY20
Total Program Budget	\$642,000	\$685,698	\$687,013
JWB Allocation	\$507,055	\$559,521	\$559,521
Percent of Total Program Budget represented by JWB Allocation	79%	82%	81%
Lapse	\$60,195	\$59,454	\$141,205
Cost per Participant*	\$4,063 (\$642,000/158)	\$3,941 (\$685,698/174)	\$6,189 (\$687,013/111)

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

CAPITAL AWARD

In FY20 Family Resources, Inc.- YEP received non-operational capital funding of \$71, 444 for a HVAC and roof renovation project at Park Centre.

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	166	158	95%	166	174	105%	166	111	67%

PARTICIPANT DEMOGRAPHICS:

In FY20, YEP provided services to 111 youth. Of those, 52% were African American, 37% were White, 52% were male, and 62% were between the ages of five and nine. Seventeen percent of households did not have a known income, of the remaining, 60% had an income of less than \$30,000. The proportion of households with a Dual-Parent, Married and a Single-Parent, Female arrangement were almost evenly divided with 41% and 48% participants having that household arrangement, respectively. The YEP program mainly serves the areas of Pinellas Park and South St. Petersburg, which makes up 91% of the areas where participants reside, but the remaining come from Clearwater, Gulfport, and 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	60%	77%	60%	59%	70%	87%
Percent of youth who attend 70% or more of the program days.	70%	82%	70%	74%	70%	79%
Percent of students who miss less than 10% of unexcused school days	N/A	N/ A	Baseline	97%	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	70%	85%	Waived due to COVID
Percent of students with an improved score on the Florida Standardized Assessment (FSA) Mathematics	N/A	N/A	Baseline	78%	75%	Waived due to COVID
Percent of eligible participants who will be given the OST survey during the administration window	N/A	N/A	Baseline	96%	95%	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): 3/13/20

Interview Date(s): 9/24/20, 9/29/20, 9/30/20

Collaborative Meeting/Consultation Date(s): 10/16/19, 10/18/19, 3/25/20, 4/1/20, 4/15/20, 4/22/20, 4/29/20, 5/6/20, 5/13/20, 5/20/20, 6/3/20, 6/25/20, 7/24/20, 8/26/20

PCLB Monitoring Date(s): 10/24/19, 2/11/20, 5/7/20, 8/21/20

The YEP program models supports positive youth development by focusing on six quintessential life skill domains including education, creativity, relationship building, community, health and career preparedness. Moreover, after school and summer programming is facilitated by trained staff that incorporate learning activities, academic and personal enrichments as well as STEAM into the curriculum. For example, in an effort to support academic achievement, YEP offers access to year around tutors for participants. With this in mind, YEP aligns with the COST program model which includes organizational structure, intentional grade level programming, enrichment opportunities and family engagement.

On March 12, 2020, a program observation was conducted at the Thomas “Jet” Jackson (TJJ) location in St. Petersburg. Program observations allow JWB staff to assess daily activities related to program implantation. In addition, JWB staff have the added opportunity to speak with direct care staff regarding programmatic successes and challenges. At the time, YEP only offered transportation services at the Skyview location. Nonetheless, each facility is located within walking distance from their feeder schools. The YEP TJJ space is sectioned into four distinct classrooms. The facility is decorated with artwork completed by youth as part of the “Operation Graduation” program. When youth arrive to the facility, attendance is taken, and they go to their assigned rooms. JWB staff was welcomed by the Site Supervisor, which was recently hired. The Site Supervisor introduced himself and proceeded to explain the activities for the day. Overall, youth are assigned to classrooms by age, with younger youth occupying the front classrooms of the facility.

The first group observation consisted of primary elementary age youth. Program youth were observed receiving homework assistance while another group were working on a school assignment at the whiteboard. Moreover, the youth were attempting to complete a math problem from a homework assignment. At the end of the session you prepared for a snack. The snack consisted of a fruit cup and cheese, and youth rotated in the classroom by group to obtain the light sustenance. After snack, JWB staff observed the second, where youth were engaged in an arts and crafts activity. The room was decorated with various arts and crafts from current and past program participants. There were approximately ten youth in the class painting ceramic bowls, vases and masks. Each youth developed their own activity but shared paint. After painting was complete, the pottery went to be glazed for hardness. Every youth appeared to enjoy the activity discussing concepts and reasoning for using certain colors over others. Also, in addition to arts and crafts, youth practice “bullet” journaling. YEP staff stated that it has been instrumental in increasing youth participants organization skills. The last group observed participated in a character building activity. Youth watched an interactive cartoon video about the importance of sanitary practices and how to properly handwash. At the end of the activity, YEP staff conducted a question and answer session with the youth regarding what they learned from the activity.

COVID 19 Response and Impact:

In FY20, the COVID-19 pandemic forced YEP to close in March 2020 in adherence to Executive Order Number 20-69, advising citizens and businesses to adopt “far-reaching” social distance measures to slow the spread of the novel coronavirus. These measures included wearing a mask, avoiding private and public gatherings of more than 10 people, staying six 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. While closed, program services were provided via a virtual platform. YEP staff maintained contact with youth and families by establishing regular phone calls as well as virtual check ins. Additionally, YEP staff offered virtual arts programming and virtual tutoring so that students would remain engaged. With that said, YEP staff did experience challenges with maintaining contact with some families.

On June 1, 2020, after the issuance of Executive Order Number 20-139, YEP reopened, but at a limited capacity. Reopening the facility required the agency to completely modify the service model to include guidelines

recommended by the CDC and the Pinellas County Health Department. This included mandatory temperature checks for anyone entering the facility, mandating wearing of masks, restricting mixing of groups and ensuring youth and staff maintained six-foot of distance apart (social distancing). As a result, YEP had to update their systems to accommodate virtual programming. For example, to ensure optimal service delivery using an online platform, laptops and televisions had to be obtained. In addition, YEP purchased personal protection equipment (PPE) to ensure alignment with CDC COVID-19 health and safety guidelines.

To better understand the barriers posed by COVID -19 from a parent perspective, parent interviews included questions regarding the support provided by YEP during the pandemic. Additionally, the survey inquired about potential changes to services, including their opinion and recommendations regarding program improvement. The majority of parents reported program services were “excellent” during the pandemic. For example, parents reported that they appreciated that YEP staff called and checked on them during the pandemic. With that said, parents were also concerned about the potential for COVID-19 exposure. One parent reported that due to her child’s history of immune complications, she preferred her children to be at home. This is an example of the challenges confronted by YEP during the pandemic. Equally important, staff interviews also inquired about staff sentiment regarding COVID-19 related challenges. In general, YEP staff reported they were supported by the agency, agreeing that considering the circumstances, the agency did the best possible. Moreover, YEP staff agreed that the strength of the program is the “family” environment.

DATA QUALITY: N/A

Participant File Review Date(s):

Due to the COVID-19 pandemic, a participant file review was not conducted. A4L has regularly maintained strong data quality, and there is no reason to believe data quality would have suffered. A file review will be scheduled in FY21.

ANALYSIS OF PERFORMANCE:

YEP saw a reduction in the number of participants served this year, which is most likely due to the COVID-19 pandemic. As stated, the program was closed from March through May 2020, and upon reopening was at a significantly reduced capacity. Typically, YEP operates at a staff to student ratio of 1:15, but had to reduce this to 1:9 for the summer due to COVID-19 restrictions. In addition, groups needed to be separated further reducing the number of participants that could be enrolled. At YEP’s Pinellas Park location, programming is held in one large room, making separation of groups more challenging. The program was able to adapt, but this still significantly reduced their overall capacity, ultimately leading to lower numbers served. Targeted service levels are expected to return to normal as we move into the next fiscal year.

COVID-19 could have also impacted the percent of returning participants or, in other words, those who were served for more than one fiscal year. For FY20, 87% of participants were considered returning participants, a significant increase from the prior year where only 59% were returning. This increase could be due to the lower number of participants served throughout the fiscal year. It could also be due to a true increase in the returning participants. Between FY18 and FY19, YEP saw a drop in this performance measure from 77% to 59%. The cause of this decline was unknown, but with the substantial increase in FY20, the performance measure could be righting itself and coming to a more standard level. It is recommended YEP staff closely pay attention to this measure to further determine the cause for the fluctuation in this measure.

YEP also saw an increase in the percent of students attending the program regularly with 79% of participants attending 70% of program days or more. YEP regularly maintains high performance in this area, despite the pandemic, speaking to the program’s level of engagement with their participants. YEP saw a slight dip in the performance measure during FY19, 74% of participants attending 70% of program days or more, but attendance

easily has rebounded potentially noting a leveling off in this measure. As YEP regularly meets this measure with above 70% attendance, consideration should be given to increasing the target.

CONCLUSIONS:

Despite the challenges posed to the program this year, YEP has maintained a successful and engaging program. Some fluctuations in performance measures should be observed closely to determine if they were caused due to uncontrollable factors or were a true influence from the program. Additionally, consideration should be made on increasing the target for regular attendance.

Desmon Newton

Desmon Newton
Senior Program Consultant

Date: 4/28/2021 | 10:01 AM EDT

JoAnn DiLernia

JoAnn DiLernia
Senior Program Evaluator

Date: 4/28/2021 | 10:07 AM EDT

Karen Woods

Karen Woods
Program Administration Manager

Date: 4/28/2021 | 10:35 AM EDT

Karen Boggess

Karen Boggess
Program Evaluation Manager

Date: 4/28/2021 | 10:37 AM EDT

Judith Warren

Judith Warren
Chief Operating Officer

Date: 4/30/2021 | 9:10 AM EDT

Beth Houghton

Beth A. Houghton
Chief Executive Officer

Date: 4/30/2021 | 10:32 AM EDT



PROGRAM MONITORING REPORT

Agency: Family Resources, Inc.

Program: SafePlace2B

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

AGENCY OVERVIEW: Family Resources, Inc. is a well-established private, non-profit organization founded in 1970. The agency provides a constellation of services to children, youth, and families within Pinellas and Manatee counties. These services include assisting families in times of crisis through community-based programming which includes shelters for at risk children and youth, individual and family counseling services, conducting community outreach, and deploying youth development programs while also providing linkage to resources for ongoing support and services. Family Resources, Inc. also serves as the Children in Need of Services (CINS) and Family in Need of Services (FINS) provider for the Pinellas County area and is responsible for services related to addressing the challenges of families whose children are exhibiting “status offense” behaviors such as; running away, persistently disobeying the reasonable demands of parents/caregivers or who have been deemed habitually truant per Florida Statute F.S. 984.04.

PROGRAM DESCRIPTION: SafePlace2B facilities are centers which work to reunite vulnerable youth and their families. These short-term shelters are a crisis and early intervention program for vulnerable youth between the ages 10-17 who are running away from home, are homeless, or are at risk due to a breakdown of relationships in the family. The program provides temporary shelter, food, clothing, counseling, life skills training, and follow-up contact based on individual needs and circumstances.

AGENCY/PROGRAM ACCOMPLISHMENTS: In spite of the COVID-19 pandemic, SafePlace2B was able to continue to provide their services with no interruptions. Staff demonstrated their ability to quickly and easily adapt to new safety and health protocols even when facing many unknowns during the beginning of the pandemic. The program continued to adapt as the pandemic unfolded to new CDC and State-funder guidelines. Overall, the program worked diligently to implement new health screening and cleaning procedures and protocols in order to provide the safest environment possible for both participants and staff.

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

FISCAL SNAPSHOT:

	FY18	FY19	FY20	Comments
Total Program Budget	\$1,836,894	\$1,915,810	\$1,934,082	
JWB Allocation	\$309,630	\$318,919	\$328,487	
Percent of Total Program Budget represented by JWB Allocation	17%	17%	17%	
Lapse	\$0	\$0	\$0	
Cost per Participant*	\$6,123 \$1,836,894/300	\$6,261 \$1,915,810/306	\$7,736 \$1,934,082/250	

*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
Unduplicated Youth Participants	423	300	71%	250	306	122%	250	250	100%

PARTICIPANT DEMOGRAPHICS: The program served an equal number of females (50%) as males (50%). Upon shelter entry, half of youth resided in a single-parent female head of household. Youth ranged in age from 10 to 17 years with more than half (56%) between the ages of 10 and 14 years. This population profile mirrors that of the prior FY which speaks to the challenges experienced by youth and their families in early adolescence.

PROGRAM OUTCOMES*:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of children completing services will not have a new adjudication or adjudication withheld for delinquency or criminal offense within 180 days of case closure as measured by independent verification with Odyssey.	85%	100%	90%	100%	90%	100%
Percent of youth completing services will report attending school regularly at 30-day follow-up.	75%	79%	80%	70%	80%	86%
Percent of youth completing services will report living at home at 30-day follow-up.	90%	95%	90%	93%	90%	95%
Percent of youth completing services will report attending school regularly at 60-day follow-up.	75%	77%	80%	71%	80%	97%
Percent of youth completing services will report living at home at 60-day follow-up.	90%	95%	90%	94%	90%	87%
Percent of children who received at least one community-based referral prior to or upon discharge with which the program could verify connection to aftercare services at 30-day follow-up.	N/A	N/A	Baseline	64%	Baseline	41%

**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): 12/4/19, 2/7/20, 2/26/20

Interview Date(s): 9/14/20

Collaborative Meeting/Consultation Date(s): 12/4/19, 2/7/20, 2/26/20, 3/31/20, 7/16/20 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 Family Resources, Inc. during FY20 due to the COVID-19 pandemic and strong past performance in this area.

Both the North and South shelters conduct weekly treatment team meetings. These meetings are utilized to review each participants' status and progress, provide updates on treatment and discharge planning, and discuss

appropriate aftercare needs in order to ensure stability upon program exit. During this reporting period, JWB staff observed treatment team meetings at both the North and South shelters. Seventeen cases were reviewed during these meetings and were guided by a standardized case review template. These team meetings were observed to be well-structured and provided an in-depth review of each participants' presenting problems, situational factors such as truancy, and any interpersonal family difficulties. A particular focus was on any unmet mental health needs, family dynamics, the status of any family and individual counseling, as well as discharge planning. Facility walk-throughs were conducted and both shelters were observed to be clean and orderly with many age-appropriate activities available to the participants.

Staff interviews were conducted with program staff from both shelters. Staff tenure varied from two months to over six years. Staff reported readily available supervisory support and a clear understanding of program policies and operational procedures. Staff shared strengths of the program include linking the participants and their families to group counseling, providing a structure and routine to participants, and having a well-trained and diverse workforce. Challenges noted include the unwillingness of some families to participate in treatment and counseling, as well as COVID-related challenges arising from supervising virtual schooling. With the majority of participants enrolled in virtual school due to the pandemic, staff had to balance regular job duties with providing supervision and assistance with e-learning to participants during school hours.

COVID-19 Response and Impact: SafePlace2B was able to continually provide services in spite of the pandemic with no major changes to their service delivery model or staffing patterns. Both shelters remained opened and new cleaning procedures and protocols were implemented. The shelters follow the Department of Juvenile Justice's health screening protocols, including multiple temperature checks and deep cleanings throughout the day. The shelters obtained air purifiers that are used continuously, chemical foggers that are used daily, and automatic temperature screening stations for their facility entrances. Family counseling sessions were offered in a virtual format, and community partners who provide weekly groups transitioned to a virtual format as well. When one shelter had to stop intakes due to one positive COVID case, the other shelter was able to take any new referrals to ensure immediate placements as necessary. The program was able to respond to challenges as they arose, including assisting participants with e-learning. Program staff reported a decrease in referrals due to the temporary closure of truancy court, but intakes continued for runaway or homeless youth.

DATA QUALITY:

Participant File Review Date(s): 2/26/20

Annual participant file reviews are completed for the purposes of ensuring data integrity, accuracy of information, qualitative standards of documentation and programmatic methodology fidelity. For FY20, a total of 16 participants files were randomly selected, with seven from North Shelter and nine from South Shelter. Overall, the North Shelter demonstrated a data accuracy score of 94% with the South Shelter demonstrating a data accuracy rate of 93%. These are both 1% increases from FY19. These results confirm a relative maintenance of overall data integrity over the last two fiscal years. At a qualitative level the South Shelter file reviews revealed improvements in the standards of progress notes, treatment plans and discharge summaries in comparison to previous reviews.

ANALYSIS OF PERFORMANCE: Program performance is measured through verification of youth having no new criminal offenses within six months post shelter exit, and following up at 30- and 60- days after case closure to determine status of school attendance, living arrangement, and connection to aftercare services. In FY19, the program began measuring youth connection to aftercare services within 30 days of shelter exit. Particularly strong performance was evidenced in the prevention of delinquent/criminal offenses thereby exceeding the established target. Another robust area of performance was in the measure of youth remaining at home at 30 days following discharge with the program exceeding the proposed target. However, there was a considerable (7%) reduction in the percent of youth remaining at home at 60 days following discharge, representing the only outcome not met for FY20. Having exceeded the school attendance measures each of the

last three years, the target was increased in FY19. This promising trend continued in FY20, following a setback year in FY19. 4

Targeted service level (TSL) goals were met for FY20. A total of 250 youth were served across two shelter locations with 56% (139) served at the North Shelter and 44% (111) served at the South Shelter. The average length of shelter stay was approximately 20 days; an increase of two days from FY19. Median length of stay was 14 days. According to program staff, factors contributing to longer lengths of stay include an observed increase in the number of homeless youth and chronic parent-child conflicts that often make reunification problematic. Though satisfying the established TSL, about 18% fewer children were served in FY20 than FY19. The COVID-19 pandemic posed challenges to engagement and, despite the program's best efforts in connecting children with a community-based referral, the program's referral network was compromised, which is reflected in this outcome's reduction from FY19 (64%) to FY20 (41%).

Research has shown that ongoing connections to aftercare services are critical determinants for establishing and maintaining long term positive behavioral change for both youth and their families.¹ Research shows that youth with mental health treatment needs, similar to the participant population served by the shelters, actually present with the highest risk factors within the first 30 days following discharge and remain at an elevated risk for up to 90 days.² A data collection mechanism has been in function for two years that will allow for a comparison of participants who connected to aftercare services, or not, and those who returned to shelter placement. This enhancement is aimed towards the reduction of shelter recidivism rates and supporting ongoing connections to services.

¹ Nebbitt, V. E., House, L. E., Thompson, S. J., & Pollio, D. E. (2007). Successful transitions of runaway/homeless youth from shelter care. *Journal of Child and Family Studies*, 16(4), 545-555

² James, S., Charlemagne, S. J., Gilman, A. B., Alemi, Q., Smith, R. L., Tharayil, P. R., & Freeman, K. (2010). Post-discharge services and psychiatric rehospitalization among children and youth. *Administration and Policy in Mental Health and Mental Health Services Research*, 37(5), 433-445.

Kelly Grossman

Kelly Grossman
Senior Program Consultant

Date: 4/26/2021 | 4:34 PM EDT

Patrick Pidgeon

Patrick Pidgeon
Senior Technical Program Evaluator

Date: 4/26/2021 | 4:40 PM EDT

Karen Woods

Karen Woods
Program Administration Manager

Date: 4/26/2021 | 4:43 PM EDT

Karen Boggess

Karen Boggess
Program Evaluation Manager

Date: 4/26/2021 | 4:44 PM EDT

Judith Warren

Judith Warren
Chief Operating Officer

Date: 4/30/2021 | 9:27 AM EDT

Beth Houghton

Beth A. Houghton
Chief Executive Officer

Date: 4/30/2021 | 10:35 AM EDT



PROGRAM MONITORING REPORT

Agency: Learning Empowered, Inc. (formerly United Methodist Cooperative Ministries/Suncoast, Inc.)

Program: Quality Early Learning Initiative

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

AGENCY OVERVIEW: Learning Empowered, Inc. (formerly UCMC Suncoast) is a social service agency incorporated in 1975 as a nonprofit faith-based corporation. Learning Empowered, Inc. provides services to persons seeking to overcome obstacles in their lives including homelessness, hunger, family literacy, need for early learning preschool, and citizenship. Their mission statement is, “To alleviate the symptoms and address the causes of poverty through innovative educational programs.”

PROGRAM DESCRIPTION: The Quality Early Learning Initiative (QELI) centers provide educational services to children two months to five years of age in Pinellas County. The QELI program consists of three early learning centers. Students are referred to the program by JWB-funded home visitation programs including Healthy Families, Nurse-Family Partnership, Suncoast, and Kinship. Staff assist children with school readiness for kindergarten, increases in developmental skills, and parents are provided with education and services to support their child’s school success. All sites are accredited by the National Association for the Education of Young Children (NAEYC).

AGENCY/PROGRAM ACCOMPLISHMENTS: McCabe staff participated as a panelist on a June 2020 USF webinar entitled *Resilience: Balancing Stress and Self Care*. She shared practical tips for individual self-care and how the center was caring for staff during COVID-19 to assist in balancing stress and work. Two staff continued their education in Early Childhood Development with St. Petersburg College using the JWB scholarship. As an agency, Learning Empowered, Inc. pivoted to virtual learning with their English for Speakers of Other Languages (ESOL) classes, Ready to Rent Program, and Citizenship Programs. The Citizenship Program assisted 40 individuals to become United States Citizens. In addition, the agency assisted clients with utility payment support in the amount of \$15,000.

STRATEGIC FOCUS AREA: School Readiness

FISCAL SNAPSHOT:

	FY18	FY19	FY20
Total Program Budget	\$3,279,530	\$3,370,770	\$3,306,736
JWB Allocation	\$2,650,689	\$2,717,437	\$2,785,801
Percent of Total Program Budget represented by JWB Allocation	81%	81%	84%
Lapse	\$0	\$0	\$3
Cost per Participant*	\$14,975 (\$3,279,530/219)	\$15,825 (\$3,370,770/213)	\$17,683 (\$3,306,736/187)
Cost per Total of Children and Parents	\$6,533 (\$3,279,530/502)	\$9,973 (\$3,370,770/338)	\$12,293 (\$3,306,736/269)

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

CAPITAL AWARD: Capital awards are not included in the total program budget. In FY19, capital funding in the amount of \$31,630 was awarded to Learning Empowered for camera installation at St. Paul's, St. Mark's, and Children of the World. In FY20, the agency was awarded \$13,400 for updated kitchen equipment. The updated equipment allowed for production and distribution of food for all three centers from one centralized site.

TARGETED SERVICE LEVELS:

Targeted Service Level Type	FY18			FY19			FY20		
	Target	Actual	Percent	Target	Actual	Percent	Target	Actual	Percent
Number of children served	204	219	107%	203	213	105%	203	187	92%
Number of adults served	N/A	283	N/A	130	125	96%	130	82	63%

PARTICIPANT DEMOGRAPHICS:

In FY20, the QELI program served 82 parents and 187 children ages two months through five years. Of the 187 children served, 39% were White, 42% Black or African American, 32% Hispanic and 1% Asian. Over half of the children (62%) came from a single parent household, 37% from a dual parent household and 1% lived with relatives. Seventy-four percent (74%) of families had a reported annual household income below \$39,999 and 9% of the parents reported zero annual household income.

The children resided across Pinellas County with 26% in Clearwater, 51% in St Petersburg and 22% in Mid County Largo, Kenneth City, Pinellas Park and Seminole. The parents had different levels of education. Twelve percent (12%) of the parents did not graduate from high school, 39% had a high school diploma or equivalent, 32% attended some college or a vocational school, 13% held an AA/BA degree, and 1% obtained a Master's degree. Two parents (2%) did not provide the information about their education.

PROGRAM OUTCOMES*:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of children ages 0 to 1 year who meet or exceed the Widely Held Expectations on the Teaching Strategies GOLD assessment by the end of the school year.	80%	100%	90%	100%	90%	Waived due to the pandemic
Percent of children ages 1 to 2 years who meet or exceed the Widely Held Expectations on the Teaching Strategies GOLD assessment by the end of the school year.	80%	96%	90%	98%	90%	Waived due to the pandemic
Percent of children ages 2 to 3 years who meet or exceed the Widely Held Expectations on the Teaching Strategies GOLD assessment by the end of the school year.	80%	68%	90%	100%	90%	Waived due to the pandemic

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of children ages 3 to 4 years who meet or exceed the Widely Held Expectations on the Teaching Strategies GOLD assessment by the end of the school year.	80%	78%	90%	97%	90%	Waived due to the pandemic
Percent of children ages 4 to 5 years who meet or exceed the Widely Held Expectations on the Teaching Strategies GOLD assessment by the end of the school year.	80%	98%	90%	100%	90%	Waived due to the pandemic
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.	80%	95%	85%	98%	85%	Waived due to the pandemic

**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 Dates: 12/4/19, 2/17/2020, 2/18/2020, 2/19/2020, 3/11/2020

Interview Dates: Staff- 6/25/2020 and 6/26/2020; **Parents-** 9/17/2020 and 9/18/2020

Collaborative Meeting/Consultation Dates: 11/5/19, 11/19/19, 12/2/19, 12/18/19, 1/30/2020, 2/3/2020, 3/23/2020, 3/31/2020, 4/21/2020, 5/6/2020, 5/12/2020, 5/26/2020, 6/4/2020, 6/15/2020, 6/22/2020, 6/29/2020, 7/27/2020, 8/18/2020, 9/2/2020, 9/11/2020, 9/24/2020, 9/25/2020

Learning Empowered, Inc. was rebranded from UCMC Suncoast. As an organization, the agency wanted to evolve their branding to illustrate that their core competency area fell under a supported educational umbrella. Learning Empowered's work includes early childhood education, citizenship classes, English for speakers of other languages, and financial literacy. Learning Empowered, Inc. hired a new CEO to replace the retiring CEO just as FY20 began. The retiring CEO was able to spend a few weeks with the new CEO to acclimate him to the organization.

The agency had processes in place for training and communicating with the centers, some of which were attended by JWB staff as a program observation for insight into the procedural efforts of the agency. The Director of Early Learning oversaw center operations, staffing, and adherence to quality components. It should be acknowledged that each of the three centers has its own unique set of experiences, challenges, and successes depending upon location and center leadership. This report will communicate what the agency did as a whole and also report on each center with individualized program monitoring activities.

Collaborative quarterly meetings were held with the referring partners (Healthy Families, Nurse-Family Partnership, Suncoast, and Kindship) of the program. Each agency gave updates on staff vacancies and agency challenges and successes. The centers shared the openings they had for each classroom and which referring partner had the space to enroll. Other topics included orientation processes and problem solving for any challenges they may be facing with a family or referring agency staff. Discussions were held to communicate the need for families to commit to the program and the policies for attendance, family engagement, illness, etc. At one meeting,

QELI staff asked the referring partners to remind parents and help reinforce the center policies so that the family could get the most out of the program.

JWB staff facilitated a collaborative meeting with Children's Home Society to introduce the program to center leadership staff. A discussion of the program goals ensued and everyone was able to communicate their wishes for training and support needs for staff and families. Regular collaborative meetings between each center continued without JWB staff. The goal being to inform and connect about individual children, families, and teachers. JWB continued to support both agencies throughout the fiscal year in creating a foundational relationship of mutual respect and communication.

Collaborative meetings were also held between JWB and the agency throughout the year to converse about contractual submittals including targeted service levels, staffing structure, methodology, insurance, and COVID-19 related concerns. The foremost concern about COVID-19 was keeping their staff safe from the unknown of the virus. The agency was appreciative of the JWB Board's decision to compensate agencies during the onset of the virus whether they remained open or closed. Discussions on staffing shortages and possible waivers to the bachelor degree requirement occurred. The agency was finding that qualified staff, particularly with a bachelor degree was hard to find. JWB could offer waivers for staff who were obtaining their degree on an as needed basis. One such waiver was granted for a staff member who showed promise in completing a degree.

In February 2020, JWB staff attended the morning of an all staff training day. The morning was set up with two trainings. First, Children's Home Society was invited to train staff on trauma in response to an incident at St. Mark's (see below). The trainer gave an overview of being trauma-informed, ACES, secondary traumatic stress, and compassion fatigue. Staff listened to the presenter, but the majority did not actively participate. The presenter struggled to get answers when questions were asked. JWB staff discussed this with the Director of Early Learning and she explained that the staff had already been through an overview training of ACES and trauma. She had intended to have a deeper dive into the topics such as what to do with the children when they are melting down because of their exposure to trauma. They wanted practical solutions for the teachers in order to avoid any situations of a staff harming children. The second presentation was given by the Director of Early Learning and discussed effective communication with parents and coworkers. The presentation started with a game of Telephone. This time the staff were engaged, laughing, and answering questions throughout the training.

The QELI Leadership teams met on a monthly basis to ensure the centers were following agency procedures consistently and promote collaboration between the centers. JWB staff attended one meeting and they discussed finances when purchasing items for families and/or the center, family events, challenges or concerns, staff and family needs, NAEYC requirements.

JWB staff toured the McCabe Center with Florida House of Representatives Wengay Newton's Aide on 2/19/2020. Agency staff toured the group through the center. The center was decorated nicely in every classroom, some had three-dimensional art and photos of the children popping out of the wall for a dramatic effect. Teachers were engaged with the children in each classroom and on the playground. They were completing art in the toddler room, cleaning up in the threes, and playing catch and tag on the playground with the twos. The VPK classroom was talking about Black History Month and Jackie Robinson. Their creative art station was a baseball cap collage. The Aide commented that having the art correlate to the discussion was great. It was discussed that Mr. Newton himself toured the center the previous year and he was interested in his community, therefore wanted his Aide to tour this year.

JWB staff observed a VPK classroom at the McCabe Center on 3/11/2020. The observation included circle time and free play. There were two teachers and eight children during the visit. Staff used children's names throughout

the observation. The classroom was set up with low open shelves with plenty of age-appropriate materials for the children to choose from. Staff addressed minor behavior incidents in a positive manner. The children were pleasant and cooperative with each other. They even responded well to the peer “Mess Monitor” who checked the room after clean up and stated what areas still needed cleaning. One staff worked with small groups on letters and sounds while the other walked around to check in with children. She engaged them with open-ended questions about their play and also used the iPad to video tape for TSG observations as appropriate. Staff read a Dr. Seuss book with the children before they prepared to go outside. Staff pointed out rhyming words as she read and asked them to repeat the rhyme and add any words that rhymed with the pair. Children were happy to add to the list.

JWB staff made an unannounced visit to St Paul’s on 2/18/2020. Many staff were out or needed to be hired and the Center Director stepped in to teach in the VPK classroom because she had the correct credentials. The Family Engagement Specialist gave us a tour of the center. All the classrooms had at least two staff. The threes’ classroom only had one teacher leaving the classroom out of the quality NAEYC ratio for the day due to staff being out sick. It was reported that some staff and children were out with the flu. The classroom was still in compliance with licensing ratios. Both infant rooms had one teacher and met the PCLB and NAEYC ratio of 1:3. Classrooms were “buzzing” with activities. The children were actively engaged in each of the classrooms and on the playground.

The QELI programs are licensed by Pinellas County License Board (PCLB) and received inspections during the fiscal year. 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. For FY20, the three centers maintained a valid license with PCLB. All three centers had various Class III violations that were mainly in the area of paperwork for staff and children. Non-compliances included, but not limited to, staff training not completed in a timely manner, employment history not verified, children’s records were incomplete, hot water in infant and toddler rooms exceeded the proper temperature by a few degrees, and nap items not stored in a sanitary manner. Licensing reports are public record and may be viewed at the following website: <https://cares.myflfamilies.com/PublicSearch>. The non-compliances were fixed immediately or within the timeframe provided by the Licensing Specialist.

Two out of the three centers struggled with more serious non-compliances, fines, and/or complaints. To begin, St. Mark’s site received a Class I fine in December 2019 for a self-reported incident in November involving a teacher using inappropriate discipline with a one-year old child. A Class I fine results when there is or could be death or imminent harm to a child. The staff in question was observed on video pulling a child by the arm in an inappropriate manner and then hit the child on the arm with a large book. The incident was similarly reported to all the appropriate agencies. The Class I fine resulted in losing Gold Seal Status with the state of Florida and a probationary period with ELC. JWB staff discussed the agency’s plan to ensure an incident such as this would not happen again. Center leadership explained that a mandatory staff meeting was held a couple of days following the incident to address child abuse and discipline. Staff were also made aware of the signs for stress and burnout and what to do if they were experiencing any such items. In addition, the agency wanted to train all staff on ACES, self-help, and compassion fatigue with the assistance of Children’s Home Society.

The McCabe site struggled with multiple Class II violations. A Class II violation is less serious in nature than a Class I violation and could be anticipated to pose a threat to the health, safety and well-being of a child, although the threat is not imminent. They received a Class II violation on 1/8/2020 for failing to verify attendance at a transition from the playground to the classroom. In addition, on 1/13/2020, a self-reported incident of a staff stepping into an adjacent room while an infant was sleeping resulted in a Class II violation, failing to provide direct supervision of children in the infant room. The same complaint visit resulted in another Class II violation

because the adult-child ratio was not met in an infant room. There was one staff was supervising four infants and the licensing ratio is 1:3 for infants. Lastly, on 8/14/2020 there was a complaint visit made to the center. The McCabe Center was once again given a Class II violation for the center staff failing to immediately contact emergency services and the child's custodial parent or guardian in the event of a serious illness, accident, or injury to a child. A one year old fell in the morning when leaving the classroom to go to the playground and when the child woke from nap, was limping and hesitating to walk. The child's guardian was not notified of possible injury until the child was picked up in the early evening. The grandmother took the child to the emergency room where it was determined that the child's tibia was broken. The injury was reported to all appropriate agencies.

The agency closed when Pinellas County Schools closed due to COVID-19. It was reported that they surveyed parents to see who needed care and only had a handful of parents responded "yes". They reported that parents did not seem upset to the closure and found other people to care for their children during the unknown times of COVID-19. Also, staff were concerned about bringing the virus home to their families. Initially, the agency thought they would re-open sometime in May 2020. During the closure, JWB was informed that Center Directors and Family Engagement Specialists were reaching out to families at least once per week checking in to see if they had any needs. In addition, staff were making take home packets with children's activities that parents could pick up. They also used a classroom communication application, Zoom, Face Book, and Face Book Live to communicate with families. Some staff posted themselves reading a story aloud so that parents could use it as a bedtime story. Staff were also instructed to create lesson plans, complete online training, and document observations in Teaching Strategies Gold (TSG) from the pictures and/or videos that parents could send to them. In reality, very few parents sent in information to complete the TSG observation. Some staff came to the centers to provide deep cleaning to the kitchen and classrooms. The extent to which parents were engaged over web-based activities varied.

At the 5/12/20 quarterly meeting, the centers were still closed. It was reported that they were making activity packets for the children and parents to pick up at the centers. The teachers continued their online trainings and lesson planning. The agency drove to each teachers' house to offer them a teacher appreciation week gift. St. Mark's told the parents about the day and some made a parent parade to honk and wave to the teachers through their cars with their kids. One family gave the staff a small lunch as well. Staff continued to be concerned about the virus and were anxious about returning to work. The biggest concern being if they contracted the virus and took it back to their families. In addition, the agency was having a difficult time finding cleaning supplies and personal protective equipment. The decision was made for the agency to open for only essential workers in June 2020. They would abide by the recommended group size of ten in a classroom, including two teachers. They committed to having a car circle for drop off and pick up of children in order to reduce the number of people in the building which also included referral partners and therapists. They also reduced the hours of operation to allow more time for staff to get their own children and reduce the chances of having to combine groups of children at the end of the day. They anticipated conducting orientation meetings with new families via Zoom.

In May 2020, JWB was informed that the agency applied for a grant with Head Start at their St. Mark's center. This was a change to their methodology and had not been discussed previously with JWB which is an element in the contract. JWB's concern was coordination of the Center Director to supervise an extra four staff and up to 36 children. In addition, there had been a Class I fine at this center and Head Start has its own requirements for programming which would add to the management of the overall center which was already short staffed due to the pandemic. JWB had discussions with agency leadership about the partnership to understand how they would navigate the above concerns. The agency moved forward with the partnership, but the classrooms never opened due to lack of staffing as of February 2021.

All centers opened 6/1/2020 to serve only essential worker children. The agency defined essential workers as those who were working in the medical field, nursing homes, or a service that the community needed, such as

groceries or air conditioning services. Program leadership continued to report that staff were anxious after reopening. JWB leadership communicated that JWB would continue to fund the staff if a classroom or center had to close due to the virus. JWB staff encouraged the agency to work with CHS for training and self-care topics. JWB executive team member coordinated a meeting with Dr. Choe to have a conversation with the center's leadership team on 6/22/2020. Dr. Choe reiterated CDC guidelines with handwashing, wearing masks, personal hygiene, and staying home when sick. They discussed the agency procedures and that the Executive Director of PCLB observed one of the programs during their morning drop off routine and looked at the classrooms. She said they were doing a good job with following CDC guidelines for health and safety during this time. They discussed the importance of quarantining for 14 days if there was exposure to the virus. Staff were concerned that the possibility of opening and closing classrooms periodically would be more detrimental than just closing down the centers until the virus subsided. Dr. Choe explained to them that we all had to learn to live with the virus. JWB staff recommended that CHS conduct reflective supervision training for the leadership teams so they could assist the teachers with their strong emotions.

On 6/29/2020, the agency closed the McCabe center because they felt the center was in a "COVID hot spot" and it was difficult to physically distance the children. In addition, staff expressed difficulty in finding care for their own school-aged children and possibly exposing their elderly parents to the virus. JWB CEO determined if any center voluntarily closed, JWB would not provide funding during the closure. The agency then decided to re-open the center.

When the centers opened for the school year in August 2020, they left an infant room at each center closed for an isolation room. JWB encouraged them to find a different room so that parents would have a place to bring their infants because the community, historically needed infant care. After a few discussions, the centers found other areas where children could be held if needed for isolation. The centers opened to all families (even those not deemed essential workers) with reduced ratios to comply with CDC guidelines for group size. Family Engagement Specialists were meeting with families outside the center or on Zoom calls to assist them with any basic needs. Some families expressed that they needed assistance with food, diapers, technology, signing up for VPK to list a few.

Seven staff interviews were completed at the end of June 2020 with staff from McCabe and St. Paul's. They ranged in tenure from 5 months to six years. Interviews were completed with a variety of positions including Food and Safety Coordinator, Family Engagement Specialist, Lead Teachers, Center Director, and Floater. Staff's educational level was in line with the position. The Lead Teachers had bachelor degrees in the areas of Education, Psychology, and Behavioral Psychology, the Floater had an Early Childhood Professional Certificate. Staff reported that their job description reflected their actual duties and that the onboarding process to their position was helpful. Staff commented that both supervisors communicated well with monthly formal meetings and as needed for anything informal. One staff member commented that the McCabe Center Director was a strong leader which is needed there because the parents can be "tough communicators". She felt the center was organized and there were less fines from PCLB then the previous Center Director. Staff commented that St. Paul's supervisor was welcoming, checked in on them, and was always available to talk with. Staff gave the impression that the agency was supportive and took care of its employees. Challenges of the job varied from navigating different personalities of staff to wanting the parents to follow through with recommendations to assist their child. One staff saw that there were only challenges with COVID-19. Staff explained that it would have been nice to do live virtual learning, but many families didn't have computers to support a virtual platform and had to complete everything on their phone. Staff reported they felt supported by the agency during the pandemic but were definitely concerned returning to work and expressed mixed feelings when the centers reopened.

A total of ten parents were interviewed in September 2020, five were from McCabe, one from St. Mark's, and four from St. Paul's. The following paragraphs will report about each center separately.

The families at McCabe were all referred to the program by Healthy Families. They had children who had been with the center from one to three years. Parents stated that some of the benefits of the program were helping develop language skills, teaching colors and counting, and helping with potty-training. All stated that the teachers communicated about the children's day. One parent stated, "I know my child is loved and learning." There were mixed feelings about how the pandemic was handled by the agency. They understood the center closing to protect the families, but one parent lost her job due to the closure. In addition, many said they did not know the school was re-opening until they heard about it from a friend or caseworker. They all appreciated the extra precautions that were being taken to protect the families once they re-opened. There were mixed statements about communication from the Center Director. A couple parents felt that there was a lack of communication from the leadership, for example, she did not know the Family Engagement Specialist had changed. Or one parent said, "The Director is not someone you can engage with and talk to." However, another parent stated that the Center Director called her after a trip to the hospital for her child's asthma attack and "treated me like family." All parents agreed that the Class Dojo Application was a good way to communicate with them during the pandemic and after re-opening.

The family from St. Mark's was referred to the center from Healthy Families. They had been at the center for four years. Mom stated that the center was amazing and they treated her like family. She sees a difference in her child's social learning; her child used to be very shy and now seems more sociable. They also taught her the alphabet and sounds. In regards to the pandemic, the parent found it hard to have the center closed, but understood they were doing it to protect the children. She enjoyed the packets that were dropped off during the closure to keep her daughter engaged with the teacher. She also enjoyed the Class Dojo Application because the child's teacher sent activities and stories and then parents commented on it. She explained it as a "simpler Face Book for kids."

The families at St Paul's were referred from Healthy Families and one from Nurse-Family Partnership. They had been with the center from one to two years. Parents stated that some of the benefits of the program were the structure of the educational program, teaching the children songs and the pledge of allegiance, feeding them meals and snacks and developing their interaction skills. A couple of parents stated that having no tuition was a big benefit because child care is very expensive. It was also stated that the teachers were great and the Family Engagement Specialist assisted with finding resources. The pandemic caused hardships on the families. Parents were frustrated or sad that the center closed because of the need to work and their child missed the routine of the day, the teachers, and friends. In addition, when the center re-opened, the reduced hours were hard to navigate for some parents and one couldn't return because her job could not reduce her working hours and she couldn't figure out an alternative person to pick up her child. Communication during the closure was reported to be great. The teachers posted daily activities and videos on Face Book. They also kept in touch with phone calls, emails, and sometimes Zoom meetings. The parents expressed they were grateful for the opportunity to receive child care assistance through the program.

JWB supervisory staff connected the Family Engagement Specialist (FES) to the monthly Family Support Call in the summer of 2020 with the intent to partner the early learning child care centers with the Neighborhood Family Centers and community resources. At least one of the FES staff joined the call regularly and then shared with the other FES's.

Staffing was a prominent concern for all three centers throughout this reporting period. They struggled to find staff with proper credentials and/or experience. It was reported that staffing seemed more difficult due to unemployment benefits being higher during COVID-19. They utilized INDEED, St. Petersburg College, University of South Florida, Eckerd College, social media and the ELC to advertise their staff openings. In addition, they hired a Talent Acquisition Consultant to aid in the process. This staff worked diligently to hire for the agency, but found the pool of applicants to not be of high quality.

COVID 19 Response and Impact:

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

Due to the pandemic, the program closed the three early learning sites from 3/16/2020 to 5/31/2020. During this period of time, staff worked remotely to serve families in alternative ways, which included virtual education, making learning packets for pick up or drop off, and communicating with families to ensure all their basic needs were being met or to see if they needed any additional supports. The three centers reopened on June 1, 2020. They implemented all CDC guidelines and practiced health and safety protocols such as dropping off at the car circles and doing the healthy checks before anyone entered the buildings. The program lost seven staff during the pandemic. The challenges that the program experienced included not being able to establish contact with some families; exposure to COVID-19 and low ratios and/or optional capacity.

DATA QUALITY:

Participant File Review Date: 3/11/2020 at McCabe

A participant file review was completed on March 11, 2020 at the McCabe site. Participant file reviews at St. Paul's and St. Mark's were cancelled due to the COVID-19 pandemic.

A random sample of eight files including adult and child files were reviewed for compliance, data integrity, service delivery, performance measurement and overall accuracy of information entered into the JWB database. The McCabe site received a compliance score of 97% for the collection of required JWB forms. It was found from the review that the participant files were not organized. The files had many mistakes including wrong demographic information and the wrong program name on a Release of Information Form, and some paperwork was missing. For example, The Family Engagement Specialist had sticky notes scattered about and brief notes on a big calendar for her parent documentation. This made it difficult to review and understand what was happening with parent services. Attendance was not entered in a timely manner. Data entry errors were found on demographics, attendance and episode dates. As a result, the site received an overall data accuracy score of 79%.

Technical assistance was provided on-site. Review results and the recommendations for improvement were sent to the Director of Early Learning Programs. This was the third year that JWB staff recommended to the QELI leadership team to develop an internal process to review and monitor data collection and data entry quality. Due to the leadership transition and staff turnover, this plan had not been developed by the time the file review was conducted. A plan for improvement was drafted and later became a component of the program's CAP.

ANALYSIS OF PERFORMANCE:

Six performance measures were developed based on the Teaching Strategies GOLD (TSG) assessment and the Florida Voluntary Prekindergarten (VPK) Assessment. Due to the COVID-19 pandemic, the Office of Early Learning suspended the VPK assessment at children's centers. TSG assessment data was not collected on the children because of the center closure during COVID-19 lockdown and the low attendance rate after the centers reopened. As a result, JWB waived the performance measures for FY20.

CONCLUSIONS:

FY20 was a difficult year for many agencies as they navigated their way through the COVID-19 pandemic. For Learning Empowered, Inc., it was no exception. The agency struggled to keep staff calm and focused when they

decided to re-open in June 2020. In addition, they struggled with leadership building at all levels, staff recruitment, engagement with partner agencies, and enrollment. As a result, the agency was placed on a Corrective Action Plan (CAP) on 8/17/2020 for three months. The plan was to track performance concerns in the areas of incident reporting, following COVID-19 health and safety guidelines, low enrollment, recruitment/training/supervising staff, engaging parents, accurate and timely data collection, engagement with partners, cost allocation of JWB funding, and expanding programming when existing program needed improvement. The Director of Early Learning reported to JWB on a weekly. JWB staff determined that progress was not made in all the items and extended the CAP another three months, November 2020 to February 2021. At the time of the writing of this report, JWB determined that progress was still not acceptable and the contract would not be renewed in FY22. The agency was notified at the end of February 2021 and is working with JWB to transition the program from our funding. The centers will remain open and is coordinating with their Board to secure alternative funding including ELC scholarships for the families, fundraising, and private pay tuition. In addition, staff are assisting parents to apply for and attain ELC scholarships. JWB staff is meeting regularly with Learning Empowered's leadership during this transition period.

Cheryl Miller

Cheryl Miller
Senior Program Consultant

Date: 5/3/2021 | 1:09 PM EDT

Qian Fan

Qian Fan, Ph.D.
Senior Program Evaluator

Date: 5/3/2021 | 2:35 PM EDT

Karen Woods

Karen Woods
Program Administration Manager

Date: 5/3/2021 | 2:59 PM EDT

Karen Boggess

Karen Boggess
Program Evaluation Manager

Date: 5/3/2021 | 3:02 PM EDT

Judith Warren

Judith Warren
Chief Operating Officer

Date: 5/4/2021 | 8:54 AM EDT

Beth Houghton

Beth A. Houghton
Chief Executive Officer

Date: 5/4/2021 | 9:00 AM EDT



PROGRAM MONITORING REPORT

Agency: Learning Empowered, Inc.

Program: Children of the World Preschool

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

AGENCY OVERVIEW: Learning Empowered, Inc. (formerly UCMC Suncoast) is a social service agency incorporated in 1975 as a nonprofit faith-based corporation. Learning Empowered, Inc. provides services to persons seeking to overcome obstacles in their lives including homelessness, hunger, family literacy, need for early learning preschool, and citizenship. Their mission statement is, “To alleviate the symptoms and address the causes of poverty through innovative educational programs.”

PROGRAM DESCRIPTION: Children of the World Preschool provides a safe, culturally sensitive learning environment for students ages two through five years old of immigrants, refugees and non or limited English-speaking children in Pinellas County. The program is accredited by the National Accreditation Commission for Early Care and Education Programs. Staff ensure children are successfully acculturated while sustaining and respecting their heritage and assisting with school readiness for kindergarten.

AGENCY/PROGRAM ACCOMPLISHMENTS: The Center Director received a Trauma-Informed Endorsement through the Department of Children and Families by completing a 45-hour training. The Center Director sewed at least 50 masks for staff and parents at the beginning of the pandemic. She explained that she learned the craft in the Philippines with dress makers. As an agency, Learning Empowered, Inc. pivoted to virtual learning with their English for Speakers of Other Languages (ESOL) classes, Ready to Rent Program, and Citizenship Programs. The Citizenship Program assisted 40 individuals to become United States Citizens. In addition, the agency assisted clients with utility payment support in the amount of \$15,000.

STRATEGIC FOCUS AREA: School Readiness

FISCAL SNAPSHOT:

	FY18	FY19	FY20
Total Program Budget	\$512,150	\$524,273	\$528,748
JWB Allocation	\$315,776	\$325,186	\$334,942
Percent of Total Program Budget represented by JWB Allocation	62%	62%	63%
Lapse	\$2,449	\$10,394	\$41,176
Cost per Participant*	\$8,681 (\$512,150/59)	\$9,039 (\$524,273/58)	\$10,575 (\$528,748/50)

**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 children served	51	59	116%	51	58	114%	51	50	98%

PARTICIPANT DEMOGRAPHICS:

In FY20, Children of the World Preschool served 50 children ages two through five. Of the 50 children served, 80% were from a dual parent household and 20% single-parent household. Over half of the families (80%) reported an annual income below \$39,999. Eighteen percent of families reported an annual income of \$50,000 and above, and two percent declined to report their annual household income.

Historically, Asian (Vietnamese) was the major population served by the program. Recently, a more diverse immigrant and refugee population has been served. From FY16 through FY20, a declined enrollment of Asian children was seen from 64%, 59%, 46%, 41% to 36%; Meanwhile, there was a significant increase of white children from 11%, 29%, 46%, 55% to 60%, and Hispanic children from 11%, 15%, 17%, 28%, to 24%. About 1% of Black and African American children were enrolled. The demographic change in the community and the word-of-mouth recruitment approach might be the reasons for the diversity of the children served.

PROGRAM OUTCOMES*:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of children ages 2 to 3 years who meet or exceed the Widely Held Expectations on the Teaching Strategies GOLD assessment by the end of the school year.	80%	100%	90%	100%	90%	Waived due to COVID
Percent of children ages 3 to 4 years who meet or exceed the Widely Held Expectations on the Teaching Strategies GOLD assessment by the end of the school year.	80%	93%	90%	95%	90%	Waived due to COVID
Percent of children ages 4 to 5 years who meet or exceed the Widely Held Expectations on the Teaching Strategies GOLD assessment by the end of the school year.	80%	100%	90%	100%	90%	Waived due to COVID
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.	80%	100%	90%	100%	90%	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: 2/17/2020, 3/5/2020

Interview Dates: 8/27/2020, 8/28/2020 (staff and parents)

Collaborative Meeting/Consultation Dates: 12/10/19, 2/17/2020, 8/12/2020, 9/24/2020

Learning Empowered, Inc. was rebranded from UCMC Suncoast. As an organization, the agency wanted to

evolve their branding to illustrate that their core competency area fell under a supported educational umbrella. Learning Empowered's work includes early childhood education, citizenship classes, English for speakers of other languages, and financial literacy. Learning Empowered, Inc. hired a new CEO to replace the retiring CEO just as FY20 began. The retiring CEO was able to spend a few weeks with the new CEO to acclimate him to the organization.

JWB staff met with new CEO shortly after the fiscal year began to explain the contract, insurance, performance measures, and JWB's expectations for program monitoring. Collaborative meetings were also held between JWB and the agency throughout the year to converse about contractual submittals including targeted service levels, staffing structure, and, methodology.

Program staff updated JWB as needed through the year with incident reporting. The only incident reported was that a car went through their playground fence and damaged the swing set and AstroTurf during closed hours. The incident was also reported to other agencies and their insurance company. The children were able to continue playing outside in their courtyard until the fencing was fixed.

In February, JWB staff attended an all staff meeting which included staff from Children of the World and three other centers. The agency invited Children's Home Society to train staff on trauma-informed care. The trainer gave an overview of trauma, ACES, secondary traumatic stress, and compassion fatigue. The next presentation was given by the Director of Early Learning and discussed effective communication.

JWB staff also observed the three-year old classroom in March. There were two staff and ten children in attendance. The children sat for story time in a circle with their eyes and ears on the teacher. The teacher asked open-ended questions about the story to keep them interested and engaged. She also answered their questions as they came up. In addition, she explained new words when she came across them to build the children's vocabulary. During centers, the children had free access to all learning materials. The teachers interacted with the children and encouraged more in-depth play and conversations. One teacher explained what a tally mark was and how to use them to help count. The children began counting animals and then tallying them on paper. They smiled and laughed as they worked. Transitions were handled very carefully. Staff ensured that all children were accounted for by counting children before going outside and a couple times before going to the playground. The teachers addressed behaviors in a positive manner throughout the morning. Staff were required to have two documentations per child per week for their Teaching Strategies Gold assessment (TSG). Staff stated that it was time consuming to complete TSG. Each documentation took a long time to enter into the data base. Therefore, sometimes she used the Intentional Teaching Cards from TSG to facilitate an activity that she could then write about for documentation. The Center Director also encouraged the use of the Intentional Teaching Cards because she had used them herself as a VPK Teacher and found them to be very helpful. The Center Director also encouraged all the teachers to use Conscious Discipline throughout the classroom. She wanted children to know where the Safe Place was and how to use it for calming down. She explained to JWB staff that she incorporates Conscious Discipline into her staff meetings and expectations. She will model for staff by helping them calm down if they are agitated about a child's behavior.

Collaborative meetings were held between JWB and agency staff throughout the year to converse about contractual submittals including targeted service levels, staffing structure, methodology, budget, insurance, and COVID-19 related concerns. The foremost concern about COVID-19 was keeping their staff safe from the unknown of the virus. The agency was appreciative of the JWB Board's decision to compensate agencies during the onset of the virus whether they remained open or closed.

JWB staff facilitated a collaborative meeting with Children's Home Society (CHS) to introduce the program to center leadership staff. A discussion of the program goals ensued and everyone was able to communicate their wishes for training and support needs for staff and families. Regular collaborative meetings between the center and CHS continued without JWB staff. The goal being to inform and connect about individual children, families, and teachers. The Center Director expressed interest in the training for staff that CHS could provide. All parties discussed and agreed to the importance of the release of information. It was agreed upon that all would work towards building the relationship between the agencies and parents to improve the social/emotional learning for children and families. In addition, CHS would create a Memorandum of Understanding for the partners to review and sign.

The agency closed when Pinellas County Schools closed due to COVID-19. It was reported that they surveyed parents to see who needed care and only had a handful of parents responded "yes". They reported that parents did not seem upset to the closure and found other people to care for their children during the unknown times of COVID-19. Also, staff were concerned about bringing the virus home to their families. Initially, the agency thought they would re-open sometime in May 2020. During the closure, JWB was informed that the Center Director was reaching out to families at least once per week checking in to see if they had any needs. In addition, staff were making take home packets with children's activities that parents could pick up from the center.

When the center re-opened on June 1, 2020, they opened for essential worker children only. The agency defined essential workers as those who were working in the medical field, nursing homes, or a service that the community needed, such as groceries or air conditioning services. Children of the World re-opened with only nine children and closed a two-year old classroom. The classroom was being used as an isolation room in case a child had COVID-19 symptoms. It was reported that the nine children were attending consistently. The two-year-old classroom is presently closed due to lack of staff.

At the end of August, four staff were interviewed. They held various positions including Center Director, Lead Teacher, Assistant Teacher, and Food and Safety Coordinator. They ranged in education from High School diploma, Child Development Associate, Bachelor and Master's Degree and were employed two to twelve years. Only one staff member did not feel supported in their position. It was articulated that there had been an issue with another staff member that was not addressed at the Center Director level. JWB staff brought this to the attention of senior management and was told it would be investigated. All staff felt that the relationship between the teachers and families were a strength of the program. One said it "felt like family" at the center. All staff were appreciative that the agency closed during the beginning of the pandemic so that they could care for their own families. During the closure they had virtual training, regular meetings with the agency, and went to the center three times per week to either clean or prepare activity packets for the families to complete at home. Staff enjoyed seeing their families and chatting when they picked up the learning packets at the center.

Four parents were interviewed during the month of August. All four had their second child in attendance at the center, their first being in elementary school. One parent commented, "It's a generational thing" after she communicated that her niece also went to the preschool. Another parent stated that the Center Director made her family feel special because she remembered her younger child's name after four years of being there with her oldest child. All the parents rated the program as excellent. They felt the preschool, cared for the children, prepared them educationally for elementary school, and liked that there was diversity in the classroom. One parent stated that she liked that the children taught each other sometimes. A couple of the parents expressed that it was hard when the preschool closed due to the pandemic, but they understood the reason. They found alternate means of care for the two-month closure because they had to work. They returned when the Center Director communicated that the center would re-open. The parents articulated that they felt comfortable with the center's new practices with cleaning, no parents or visitors in the classrooms, wearing masks, and drop off/pick up outside.

One parent shared that the staff bought booties for the children to use on their shoes inside. She said, “They are doing good and protecting the kids.”

Children of the World is licensed by Pinellas County License Board (PCLB) and received inspections during the fiscal year. 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. For FY20, the center maintained a valid license with PCLB. The center had non-compliances such as children’s records not having complete information and the picnic table had rotting wood and exposed bolts. The non-compliances were fixed immediately or within the timeframe provided by the Licensing Specialist. Licensing reports are public record and may be viewed at the following website: <https://cares.myflfamilies.com/PublicSearch>.

COVID 19 Response and Impact:

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

Due to the pandemic, the program closed its early learning center from 3/16/2020 to 5/31/2020. During this period of time, while staff were not serving children and families in person at the center, they utilized a couple of methods of program delivery. This included virtual learning and take-at-home activities that could be picked up at the center or porch dropped. Center Director and staff communicated with families weekly by phone and email to see what additional supports they needed.

The program reopened on 6/1/2020. The program lost one of its seven staff during the pandemic (the staff resigned). The challenges that the program experienced included exposure to COVID-19, lower ratios and decreased operational capacity. Staff implemented all CDC guidelines and practiced health and safety protocols such as dropping off at the car circles and completing health checks before anyone entered the buildings. They were very helpful in explaining the ramifications of COVID to the families when they were all concerned about the current situation with COVID. Families were very appreciative for the work they do. By the time when this report was written, this center has not had any cases of COVID-19.

DATA QUALITY:

Participant File Review Date: 3/5/2020

On March 5, 2020, a review of ten participant files was completed. Files were reviewed for data integrity, service delivery, performance measurement and overall accuracy of information entered into the JWB database. Files were well organized and each file contained the assessment reports for review. The program received a perfect compliance score for the collection of required JWB forms. Each participant file sampled included the signed and dated Release of Information and Written Statement of Purpose forms. There was a 95% accuracy rate on critical fields which include participant names, date of birth and gender.

In addition to the participant data, JWB staff reviewed episode, attendance and assessment data. The episode open dates were consistent with the enrollment dates. VPK assessment data was accurately entered into the data system. Most attendance dates reviewed were entered accurately. The overall data accuracy score was 98%.

ANALYSIS OF PERFORMANCE:

Four performance measures were developed based on the Teaching Strategies GOLD (TSG) assessment and the Florida Voluntary Prekindergarten (VPK) Assessment. The program was able to meet all performance measure goals in the previous fiscal years. Due to the COVID-19 pandemic, the Office of Early Learning suspended the VPK assessment at children's centers. TSG assessment data was not collected on the children because of the center closure during COVID-19 lockdown and the low attendance rate after the centers reopened. As a result, JWB waived the performance measures for FY20.

CONCLUSIONS:

Children of the World Preschool continued to consistently provide a high level of assistance and support to their families at the center. Most of the staff have a longevity to the program. However, due to the pandemic, they did lose one teacher and have not been able to replace the position. Long term, the agency has not been able to replace the staff and the two-year-old room remains closed at the writing of this report. Families with two-year-old children have been placed on a waiting list until the room is staffed. While staffing is a concern throughout the county, the goal for JWB and the agency is to have the two-year old room re-open for families. JWB will continue to monitor staffing and its effect on the center.

Cheryl Miller

Date: 4/29/2021 | 12:38 PM EDT

Cheryl Miller
Senior Program Consultant

Qian Fan

Date: 4/29/2021 | 12:59 PM EDT

Qian Fan, Ph.D.
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Program Evaluation Manager

Judith Warren

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Judith Warren
Chief Operating Officer

Beth Houghton

Date: 4/30/2021 | 10:25 AM EDT

Beth A. Houghton
Chief Executive Officer



PROGRAM MONITORING REPORT

Agency: ARTZ 4 Life Academy Inc.

Program: Community Out of School Time

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

AGENCY OVERVIEW:

ARTZ 4 Life Academy Inc. was founded with a mission and commitment to utilize cultural and performing arts to positively impact children and families in the Clearwater community. Since 1991, the grassroots organization has used STEAM (Science, Technology, Engineering, Arts and Mathematics) education and cultural engagement to empower children to discover their talents. ARTZ 4 Life Academy Inc. seeks to alleviate disadvantages by creating an environment where children are safe, educational attainment is encouraged and families are supported.

PROGRAM DESCRIPTION:

ARTZ 4 Life Academy (A4L) aims to reinforce resilience to life's challenges by enhancing education, promoting diversity, and developing life skills through culture and performing arts. A4L serves grades K-8 in the Clearwater area and adjacent communities. The afterschool and summer programs offer tutoring, gender specific programs, arts exploration camps, STEAM activities, robotics, outreach education opportunities, community productions and performance ensembles.

AGENCY/PROGRAM ACCOMPLISHMENTS:

Despite the significant technical assistance A4L received throughout FY20, the program was able to meet all programmatic performance measures. Furthermore, A4L was able to withstand COVID-19 related challenges by incorporating various virtual platforms into daily activities. This allowed families to receive needed afterschool and summer child care services. In addition, A4L partnered with Kings Highway Elementary School to provide food to families in the Clearwater community.

STRATEGIC FOCUS AREA(s): School Success

FISCAL SNAPSHOT:

	FY18	FY19	FY20
Total Program Budget	\$400,799	\$455,218	\$509,711
JWB Allocation	\$338,592	\$407,264	\$407,264
Percent of Total Program Budget represented by JWB Allocation	84%	89%	80%
Lapse	\$38,310	\$5,916	\$52,426
Cost per Participant*	\$2,214 (\$400,799/181)	\$2,421 (455,218/188)	\$4,320 (\$509,711/118)

*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	115	181	157%	161	188	117%	170	118	69%

PARTICIPANT DEMOGRAPHICS:

In FY20, A4L provided services to 118 youth. Of those, 87% were African American, 51% were male, and 69% were between the ages of five and nine. The majority of households (47%) had an income of less than \$30,000, and had a household arrangement of a Single Parent, Female Head of Household (63%). While A4L serves participants from any part of the county, 86% of participants live in Clearwater.

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%	91%	70%	84%	70%	87%
Percent of participants who continue in the afterschool program for more than one year	90%	52%	65%	64%	65%	78%
Percent of students who miss less than 10% of unexcused school days	N/A	N/A	Baseline	96%	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	68%	85%	Waived due to COVID
Percent of students with an improved score on the Florida Standardized Assessment (FSA) Mathematics	N/A	N/A	Baseline	63%	75%	Waived due to COVID
Percent of students with no more than one school referral (elementary only)	N/A	N/A	Baseline	89%	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	75%	90%	Waived due to COVID
Percent of eligible participants who will be given the OST survey during the administration window	N/A	N/A	Baseline	107%	95%	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): 1/8/2020

Interview Date(s): 8/28/20, 9/2/20, 9/8/20

Collaborative Meeting/Consultation Date(s): 11/22/19, 2/7/20, 3/19/20, 3/25/20, 4/3/20, 4/8/20, 4/15/20, 4/17/20, 4/22/20, 4/29/20, 5/6/20, 5/13/20, 5/20/20, 5/22/20, 5/27/20, 6/3/20, 6/10/20, 6/19/20, 6/25/20, 7/8/20, 8/9/20, 8/17/20, 8/18/20

PCLB Monitoring Date(s): 11/18/19, 12/2/19, 5/11/20

The A4L program aligns with the COST program model which includes organizational structure, intentional grade level programming, enrichment opportunities, and family engagement. Additionally, the program supports academic achievement by offering homework assistance, tutoring, and various enrichments activities. On average, daily programming consists of artistic or cultural activities, music, and various physical activities. Furthermore, the agency hosts family engagement events to encourage parental involvement. Afterschool and summer child care services are offered year-round and have a youth development focus. Additionally, transportation is available to program participants, picking them up from school and transporting them to the center.

On January 8, 2020, a program observation was conducted at the A4L facility located in Clearwater, Florida. The A4L center is embedded in between Kings Highway and Sandy Lane elementary schools. The facility is largely comprised of two spacious rooms that can be divided into two separate spaces. Having the ability to divide the rooms is beneficial when there are multiple activities scheduled, or when needing to keep groups together for safety precautions. This was especially important when social distancing policies required staff and youth to remain in the same groups throughout the day. JWB staff was greeted by the Executive Director upon arrival and commenced the observation. One of the initial groups observed consisted of a group of youth receiving assistance with their homework. In addition to homework assistance, A4L staff also check the agendas of the participants to ensure assignments are correct and complete. On the contrary, during COVID-19, tutoring services were provided via virtual platform.

On the other side of the facility, JWB staff observed a presentation by Girls Scouts of West Central Florida (GSWCF). Overall, the GSWCF program offers girl led, hands on learning experiences to at risk girls in the community. JWB staff observed the initial presentation and introduction to the A4L students. GSWCF staff described the general purpose of the program and agency, as well as discussed responsibilities of being a Girl Scout. A4L youth were notably attentive during the presentation while GSWCF staff discussed marketing strategies, sales and the importance of working as a team. For example, GSWCF staff explained the importance of gaining product knowledge and how it can positively impact cookie sales. Youth participants were highly engaged and asked questions.

In the adjacent room, JWB staff observed youth preparing for a choreography activity. First, youth had “warm up,” which included instructor led neck stretches, toe touches, and lunges. After warm up, music was turned on and the youth completed various exercises including planks, crunches, jumping jacks, and push-ups until the song ended. During the exercise the instructor showed youth how to “keep time” or remain on tempo. Additionally, youth were taught the importance of tempo and its application to choreography. After the activity, all youth rotated outside for free play where they had various options such as basketball, freeze tag, and volleyball. At the conclusion of the program observation, JWB staff discussed other events such as the upcoming annual Spring Fest and The Family Blessing show.

In FY20, parent interviews included questions about the support provided by A4L during the pandemic.

Additionally, the survey inquired about potential changes to services, including their opinion and recommendations regarding program improvement. The majority of parents reported program services were outstanding during the pandemic. Furthermore, parents reported to like the A4L curriculum and other aspects of the program such as the field trips and arts and craft activities. Overall, the parents had a favorable outlook of the program. Staff interviews included questions about the agency's response to COVID-19, particularly regarding programmatic changes and the support they received. The interview also inquired about their opinion related to program challenges. Overall, A4L staff reported they were supported by the agency and agreed that the agency responded favorably during the pandemic. In addition, A4L staff reported that the organization is family and community oriented. However, when asked about programmatic challenges during the COVID-19, staff agreed that the pandemic impacted options for youth regarding field trips and enrichment activities. Also, staff reported that enrollment had declined.

A4L operates a licensed facility and, therefore, JWB waives a review of personnel files because this review is conducted as part of licensure. The provider received a total of three Pinellas County Licensing Board (PCLB) inspections — renewal, reinspection and routine — for the fiscal year. A review of the inspections found A4L non-compliant on November 18, 2019. During the review of personnel files, PCLB found staff files missing Level II background screening documentation, as well as incomplete Acknowledgement forms. Furthermore, an employment history verification was completed untimely for a staff member. A review of the children's records found various missing documents, as well. After receiving technical support from PCLB, a re-inspection was conducted on December 2, 2019. At that time A4L staff were able to submit all missing documents for staff and children's records bringing both areas into full compliance. Due to personnel file review findings by PCLB, JWB staff have conducted their own file review in FY21 to ensure compliance is maintained.

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. With that said, on May 11, 2020, a routine inspection was completed and the agency passed the inspection without any non-compliant findings. Furthermore, notwithstanding the non-compliance findings, the A4L program maintained full licensure with PCLB.

COVID 19 Response and Impact:

In FY20, the COVID-19 pandemic forced A4L to overcome various challenges throughout the year. The program was forced to close in March 2020 in adherence to Executive Order Number 20-69, advising citizens and businesses to adopt "far-reaching" social distance measures to slow the spread of the novel coronavirus. These measures included wearing a mask, avoiding private and public gatherings of more than 10 people, staying six 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. While closed, all A4L staff, except the Executive Director and Business Manager, worked remotely from home. During this time the facility was thoroughly cleaned and disinfected. In addition, A4L staff updated agency policies and procedures related to health, safety and sanitization. A4L staff working remotely maintained communication with families through phone calls, emails and texts. Furthermore, program staff partnered with Pinellas County Schools and assisted with community food distribution.

On June 8, 2020, after the issuance of Executive Order Number 20-139, A4L reopened, but at a limited capacity.

Reopening the facility required the agency to completely modify the service model to include guidelines recommended by the CDC and the Pinellas County Health Department. This included, but was not limited to, mandatory temperature checks for anyone entering the facility, mandating wearing of masks, restricting mixing of groups and ensuring youth and staff maintained six-foot of distance apart (social distancing). For example, parents were not allowed to enter the building during drop off or pick up. When parents arrived, A4L staff would take the attendance log to the car to be completed. Additionally, enrichment and tutoring activities had to be implemented via virtual platforms. For instance, during the summer A4L staff implemented a virtual STEM overlay for program youth. However, due to challenges with internet speed, some activities were not as efficient. As a result, the agency had to completely update hardware and software for their computer systems to ensure optimal service delivery using internet platforms.

In addition to technological upgrades and modifications, A4L staff took on daily tasks including practices related to increased sanitization and disinfection procedures. For example, according to CDC recommendations, equipment used by a group of youth must to be thoroughly cleaned before the next group could play with same equipment. These, along with other procedural changes, are noteworthy, considering the agency experienced staff hiring challenges prior to the pandemic. Nonetheless, A4L staff was able to overcome the aforementioned challenges by maintaining open communication with staff and families regarding health and safety updates. Moreover, the agency appeared to remain optimistic regardless of the challenges. Furthermore, A4L were willing to identify opportunities to adapt the service model to support the needs of youth and families.

DATA QUALITY: N/A

Participant File Review Date(s): N/A

Due to the COVID-19 pandemic, a participant file review was not conducted. A4L has regularly maintained strong data quality, and there is no reason to believe data quality would have suffered. A file review will be scheduled in FY21.

ANALYSIS OF PERFORMANCE:

Performance of A4L is typically conducted through analysis of participants' school information including school attendance and Florida Standards Assessment scores; however, due to the COVID-19 pandemic and programming at school and the center being virtual from March 2020 to May 2020, many of these measures would not accurately reflect the influence of the program on these outcomes. Additionally, Florida Department of Education waived testing of students during this time period causing data to be unavailable. For these reasons, a number of performance measures were waived. However, programmatic attendance and continued participation in the program could still be measured.

For FY20, A4L saw an increase in the percent of participants attending the program regularly with 87% of participants attending 70% of program days or more. A4L regularly maintains high attendance, and despite the pandemic have been able to do so this year. When observing the program, participants are highly engaged and appear to be happy to be at the program. This is evident through their sustained high attendance rates of upwards of 80%. As the goal for this program has been set at 70% for a number of years, there should be a consideration for increasing this target.

A4L also saw a significant increase in the percent of participants who were returning to the program, with 78% of participants having been served in more than one fiscal year. It is possible this is an artificial inflation of the proportion due to the lower number of people served. Typically, with out of school time programs, there is an influx of participants during the summer months. However, due to COVID-19 group size and the number of participants accepted into the program diminished. With a lower number of people served, the overall proportion

will be impacted. Despite the influence of COVID-19, this is the first time A4L Life achieved this measure. They will need to keep a close eye on this measure to determine if it was simply caused by change in the denominator or if more people were returning to the program.

CONCLUSIONS:

A4L experienced a number of challenges throughout the fiscal year including staffing and the COVID-19 pandemic. Regardless of these facts, the program was able to maintain very high attendance, and was able to meet their measure of returning participants for the first time. For future fiscal years, the target for regularly attending participants could be increased. A4L has regularly met their measure with over 80% of students attending regularly. This measure is ripe for examination and growth.

Desmon Newton

Desmon Newton
Senior Program Consultant

Date: 4/28/2021 | 9:07 AM EDT

JoAnn DiLernia

JoAnn DiLernia
Senior Program Evaluator

Date: 4/28/2021 | 9:14 AM EDT

Karen Woods

Karen Woods
Program Administration Manager

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Program Monitoring Report

Agency: Directions for Living

Program: Children's Outpatient Program (COP)

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

Agency Overview:

Directions for Living is a community mental health center incorporated in 1982. Directions provides a range of services which include adult behavioral health, children's behavioral health, child safety and family preservation, as well as prevention, wellness and recovery services. The stated mission of Directions is, "to be a welcoming and compassionate provider, advocate, and partner to children, adults, and families in need of integrated healthcare, social support, safety and hope for the future." The vision of the agency is, "Strong families. Thriving Children. Empowered adults." The agency has also established the *Directions' Five Promises* which highlight the following core values: "to make you our first priority, to listen to your story, to protect your privacy, to focus on your strengths, and to restore your hope". The agency embraces family centered and trauma informed approaches with the goal of integrating services to wrap clients in the care they need and put an end to the cycle of trauma.

Program Description:

Directions offers outpatient counseling, in-home/on-site counseling, psychiatric evaluations, medication management and/or targeted case management to children ages two years to late adolescence and their families. These services are delivered through evidence based practices to address a wide range of challenges including coping with trauma, grief and loss, attachment, serious mental illness, behavioral difficulty and/or substance use issues.

Agency/Program Accomplishments:

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: Prevention of Child Abuse and Neglect (PCAN)

Fiscal Snapshot:

	FY18	FY19	FY20	Comments
Total Program Budget	\$1,972,936	\$2,082,229	\$2,175,723	
JWB Allocation	\$658,693	\$678,454	\$698,808	In FY20 the program received a one time allocation increase in the amount of \$53,462 to support the provision of Telehealth Services
Percent of Total Program Budget represented by JWB Allocation	33%	33%	32%	
Lapse	\$25,539	\$18,847	\$103,259	
Cost per Participant*	\$1,810 (\$1,972,936/1,090)	\$2,103 (\$2,082,229/990)	\$2,867 (\$2,175,723/759)	

*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
Children	1,550	1,090	66%	1,600	990	62%	1,521	759	50%

Participant Demographics:

Overall the program served 759 participants which represents 50% of the targeted service levels (TSL). The impact on the program's TSL is primarily attributed to the collection of environmental conditions created by the COVID-19 pandemic. It is important to underscore that the agency strove to and maintained continued operations both through virtual platforms and via direct contacts in adherence with the Centers for Disease Control (CDC) guidelines. For participants served, 42% were female and 58% were male. More than half (63%) of all participants identified as White, 20% Black, 16% other and 1% unknown. About 17% self-identified as Hispanic. For the population served, 78% reported an annual household income less than \$30,000 and 37% were residing within one of the five identified high risk zones within Pinellas County. Approximately half of the children served were living in single-parent households (50%). About three fourths (72%) of the children served were 14 years and younger. The characteristics of the population served is consistent with the intended target population; presenting with interlocking risk factors that increase the likelihood for abuse and/or neglect.¹

Program Outcomes*:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of participants who successfully complete the program will have improved functioning (i.e., score of 4 or less) at the discharge as measured by the Children's Functional Assessment Rating Scale (CFARS).	70%	60%	80%	78%	70%	84%
Percent of participants will demonstrate improvement during treatment as measured by the CFARS.	Baseline	57%	50%	65%	50%	70%
Percent of children will have no new verified reports of abuse and/or neglect during program participation as measured by independent verification Florida Safe Families Network (FSFN).	90%	92%	90%	96%	90%	97%
Percent of children will have no new verified reports of abuse and/or neglect for a period of 12 months after case closure as measured by independent verification FSFN.	85%	98%	90%	96%	90%	98%

¹ Brown, J., Cohen, P., Johnson, J. G., & Salzinger, S. (1998). A longitudinal analysis of risk factors for child maltreatment: Findings of a 17-year prospective study of officially recorded and self-reported child abuse and neglect. *Child abuse & neglect*, 22(11), 1065-1078.

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of children will not experience an out of home placement during program participation as measured by independent verification FSFN.	90%	97%	90%	99%	90%	99%
Percent of children will not experience an out of home placement for a period of 12 months after case closure as measured by independent verification FSFN.	85%	99%	90%	99%	90%	98%

**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:

As a means to retrospectively evaluate the direct fiscal and programmatic sequelae of the COVID-19 pandemic, during the period from March 16th, 2020 through September 30th, 2020, JWB requested that individual providers complete a propriety, home grown, COVID-19 Impact Survey. The following subsections provide environmental context and an interpretation of the results of the COVID-19 Impact Survey submitted by the DFL COP Program. Including, accompanying general impressions around the efficacy of the program's response pertaining to the maintenance of adapted service delivery in the unprecedented ecological climate created by the unfolding pandemic.

Coronavirus disease 2019 (COVID-19) is caused by a novel virus that results in severe acute respiratory symptoms. On March 11, 2020, the World Health Organization classified the COVID-19 outbreak as a pandemic, with over 720,000 cases reported in more than 203 countries as of March 31st, 2020.² Following a global response designed to reduce infection transmission vectors, including community level isolation orders, social distancing measures and travel restrictions the US declared a pandemic emergency on March 13, 2020.³ Subsequently, states progressively moved towards the declaration of stay-at-home orders under the imperative of stemming the magnitude of the prolific spread of the virus and thereby reducing the likelihood of severe deleterious health impacts and large-scale exogenous shock experiences across the general population.⁴ However, despite stringent efforts to contain the pandemic infection rates continued at both variable linear and sub-exponential rates and as of September 21, 2020, the COVID-19 pandemic had resulted in approximately seven million reported cases in the United States with almost 200,000 associated deaths.⁵

Following suit with nationwide prevention measures, in close proximity with the guidelines set forth by the CDC, Florida issued a statewide stay at home order on April 1st 2020.⁶ In anticipation of the issuance of this order the Florida Department of education (DOE) implemented a uniform closure of all schools on March 23rd 2020.⁷ Consequently, routine operational activities, across all sectors of the County infrastructure, were forced to rapidly adapt to alternate modes of functioning. Effective March 19, 2020 in alignment with the overarching agency emergency response plan and emerging local ordinances, the agency shifted stance towards the broad implementation of virtual therapeutic interventions utilizing telehealth platforms alongside the application of

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

⁵ Cortis, D. (2020). On determining the age distribution of COVID-19 Pandemic. *Frontiers in public health*, 8, 202.

⁶ 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.

⁷ 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>

modified direct contacts, under CDC guidelines, with the highest risk portion of the population served. Despite the necessity of closing administrative and physical service sites, at the onset it should be recognized that the program, and indeed the agency as a whole, transitioned to the deployment of telehealth services in order to alleviate any interruption of service delivery and ensure ease of access to those families most in need.

In the first instance, it should be acknowledged that even under optimal environmental conditions adults and children with pre-existing mental health conditions are at elevated risk for poorer health outcomes in comparison to the general population.⁸ Secondly, as a result individuals with pre-existing mental health and substance abuse disorders are at increased risk for infection with COVID-19, are likely to experience significant difficulties in accessing care and possess elevated risk factors for both negative physical and psychological effects stemming from the pandemic.⁹ Furthermore, emerging studies have demonstrated that there is considerable evidence to support the occurrence of the magnification of anxiety and depressive symptomatology, as a result of the pandemic, among individuals who did not have pre-existing mental health conditions.¹⁰ As such, programs that are able to shift postures towards the provision of readily accessible mental health services represent a vital aspect of the interwoven health care needs of the population during such a pandemic event.¹¹ As of the date of the writing of this report COVID-19 cases have continued to accumulate however the accelerated development of efficacious vaccines and the onset of distribution to the general population holds significant promise as to a return to relative normalcy.¹² Nonetheless, it is likely that heightened levels of ongoing community level supports, including telehealth services, will be required given that it is anticipated that the societal landscape, created by the pandemic, will remain uneven well into the later months of 2021.¹³

The staged sequencing of the transition to telehealth for population served by the agency initially involved the completion of a comprehensive appraisal of the needs of individual families served and the technological infrastructure capacities of the organization. Following this review process the agency directed budgetary funds, in a highly focused manner, towards programmatic and agency technology enhancements to support the deployment and sustainability of telehealth services. In this area, the agency applied forethought to projected operational needs, given the uncertainty of the trajectory and duration of the pandemic, through the ultimate establishment of a sturdy infrastructure that ensured that all staff had ready access to all the supports, technology and equipment necessary to fulfill the functions of each position. Moreover, an expansive agency-wide training was conducted to ensure that all staff were well versed in the best practice tenets associated with the delivery of telehealth services.

Although the demographic profile of population served within mental health and child welfare systems tends to span across family compositions, socioeconomic class and ethnic groups studies have consistently revealed that single parent, African Americans and low income households tend to be disproportionately represented.¹⁴ Furthermore, in recognition of the growing prominence and reliance on telehealth services, during the course of the pandemic, research studies concluded that limitations in technology literacy and lack of access to resources pose a significant barrier for these at risk and socially disenfranchised populations.¹⁵ Additionally, research studies have concluded that the convergence of toxic environmental conditions, ecological instability, economic

⁸ Bambra, C., Riordan, R., Ford, J., & Matthews, F. (2020). The COVID-19 pandemic and health inequalities. *J Epidemiol Community Health*, 74(11), 964-968.

⁹ Cullen, W., Gulati, G., & Kelly, B. D. (2020). Mental health in the Covid-19 pandemic. *QJM: An International Journal of Medicine*, 113(5), 311-312.

¹⁰ Usher, K., Durkin, J., & Bhullar, N. (2020). The COVID-19 pandemic and mental health impacts. *International Journal of Mental Health Nursing*, 29(3), 315.

¹¹ Holingue, C., Kalb, L. G., Riehm, K. E., Bennett, D., Kapteyn, A., Veldhuis, C. B., & Thrul, J. (2020). Mental Distress in the United States at the Beginning of the COVID-19 Pandemic. *American journal of public health*, 110(11), 1628-1634.

¹² Ho, R. J. (2021). Warp-speed Covid-19 Vaccine development: beneficiaries of maturation in biopharmaceutical technologies and public-private partnerships. *Journal of Pharmaceutical Sciences*, 110(2), 615-618.

¹³ Yu, M. A., Shen, A. K., Ryan, M. J., & Boulanger, L. L. (2021). Coordinating COVID-19 vaccine deployment through the WHO COVID-19 Partners Platform. *Bulletin of the World Health Organization*, 99(3), 171.

¹⁴ Gilligan, M., Sutor, J. J., Rurka, M., & Silverstein, M. (2020). Multigenerational social support in the face of the COVID-19 pandemic. *Journal of Family Theory & Review*.

¹⁵ Triana, A. J., Gusdorf, R. E., Shah, K. P., & Horst, S. N. (2020). Technology literacy as a barrier to telehealth during COVID-19. *Telemedicine and e-Health*, 26(9), 1118-1119.

uncertainty and situational stressors during the pandemic has exacerbated risk factors, among the aforementioned population, for; 1) maladaptive parenting practices such as psychological aggression, 2) corporal punishment and 3) passive or overt neglectful behaviors.¹⁶ As such, reducing and mitigating disparities for the population served, as a means to bolster the agency's organizational mission and programmatic objectives, represented a crucial element of the COVID-19 response plan. In this area, the agency directed tangible resources to the most vulnerable participants served in the form of the provision of Zoom platform supported cell phones. Moreover, again exercising forethought around the prolonged technological needs of the population served, both in the context of and subsequent to the pandemic, a WiFi hot spot was created in the agency parking lot. The agency's application of deliberate and methodical strategic planning, directed towards maintaining continued operational functions, should be upheld and acknowledged as a significant contribution to the overall community during a period of unequalled need.

As illuminated throughout this report the role of mental health professionals is essential in relation to providing relief, support and well dosed psychological first aid to vulnerable populations faced with extraordinary environmental pressures such as those created by the pandemic. However, such vital work creates heightened levels of novel, diverse and significant work pressures and increases the risk of compassion fatigue among mental health practitioners, often leading to increased attrition rates.¹⁷ Over the course of the fiscal quarters covering the emergence and evolution of the pandemic, the agency experienced elevations in the rates of staffing attrition due to reservations in returning to work, in juxtaposition with personal life circumstances, among a portion of essential staff whose duties necessitated field based, albeit, highly contained, activities. Such hesitation, among this segment of the staff group, was likely due to: 1) infection rates during this period were continuing on an upward trajectory¹⁸ 2) the general consensus within the available research literature that health care and direct service providers were/are at significantly elevated risk for the contraction of COVID-19¹⁹ and 3) profound stress and anxiety levels, associated with fears of infection, being particularly prominent among populations enriched by direct care service providers and 4) service staff are not immune from the responsibilities of caring for their own children and family members.²⁰ Nonetheless, as will be expanded on further in the staff interview subsection of this report key informant feedback highlighted the agency's efforts to maintain a supportive working climate and bolster staff moral during the initial onset of the pandemic and beyond. Initiatives launched by the agency in this arena included, but were not limited to; 1) weekly and daily agency wide communications, 2) weekly *soundbites* facilitated by the Chief Executive Officer that provided point in time information and allowed for the creation of supportive networks between employees in a virtual environment, 3) review of survey data to gauge areas of need among the workforce and 4) the continuation of agency holiday traditions.

Program Monitoring Activities: 1/22/20, 9/18/20 and 9/20/20

Program Observation Date(s): N/A

Interview Date(s): 9/20/20

Collaborative Meeting/Consultation Date(s): 7/24/20

Administrative Review Date(s): N/A

Personnel File Monitoring Date(s): 9/24/20

- The completion of semi-structured, in depth staff interviews serves as one of the primary cornerstones of annual JWB program monitoring activities. The primary advantage of staff interviews is that more

¹⁶ Xu, Y., Wu, Q., Levkoff, S. E., & Jedwab, M. (2020). Material hardship and parenting stress among grandparent kinship providers during the COVID-19 pandemic: The mediating role of grandparents' mental health. *Child Abuse & Neglect*, 110, 104700.

¹⁷ Joshi, G., & Sharma, G. (2020). Burnout: A risk factor amongst mental health professionals during COVID-19. *Journal of Psychiatry*, 54, 102300.

¹⁸ Florida Department of Health, Division of Disease Control and Health Protection. Florida's COVID-19 Data and Surveillance Dashboard. Retrieved from <https://fdoh.maps.arcgis.com/apps/opsdashboard/index.html#/8d0de33f260d444c852a615dc7837c86> Accessed 12/29/20.

¹⁹ 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.

²⁰ Barzilay, R., Moore, T. M., Greenberg, D. M., DiDomenico, G. E., Brown, L. A., White, L. K., ... & Gur, R. E. (2020). Resilience, COVID-19-related stress, anxiety and depression during the pandemic in a large population of healthcare providers. *Translational psychiatry*, 10(1), 1-8.

detailed, qualitative contextual, information is provided than would be gathered through other data collection methods, such as surveys.²¹ In addition, such interviews provide valuable programmatic information that is particularly useful in relation to supplementing other methods of data collection.²² In recognition of the unheard of environmental conditions created during FY20, as a result of the COVID-19 pandemic, the standardized JWB staff interview template was modified to encapsulate questions that specifically addressed the aforementioned contextual features. During the final quarter of the fiscal year JWB staff conducted a total of four separate interviews composed of a combination of staff from COP. 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 associated with providing increased levels of supports to program participants, experiencing heightened levels of stress, during an extraordinary time. And, clearly recognized the unavoidable moderating effects of delivering clinical interventions through virtual platforms. Nonetheless, this very recognition was viewed as a particular strength with each staff person discussing the need to calibrate interventions and the delivery of clinical sessions to account for the limitations created by telehealth. For example, in the context of telehealth clinical service delivery, each staff person discussed the need to apply a broad range of complimentary therapeutic approaches including Trauma Focused Cognitive Behavioral Therapy (TFCBT), Solution Focused Therapy and Family Systems informed approaches. When further considering the unfolding needs of the population served by the program, during the course of the pandemic, the staff reflected on the prominence of anxiety related symptoms exacerbated by environmental insecurities and health related uncertainties. In further counterbalance, pertaining to the utility of telehealth, staff underscored the value associated with reducing barriers to accessing care and reported that engagement levels with assigned families had proven to be relatively robust.

Overall, the staff interviewed uniformly expressed strong levels of satisfaction with the high degrees of support provided both at an organizational and programmatic level. Furthermore, staff consistently described a well-established supervisory structure and echoed the ability to readily access supervisory staff for clinical consultation on an as needed basis. In summation each staff person articulated a clear understanding of the program's mission, policies and procedures both under routine operations and within the contextual features of the adapted service delivery model necessitated by the COVID-19 pandemic.

- Mental Health First Aid (MHFA) courses are internationally acclaimed, evidence based and accredited training programs that empower and equip individuals, across all disciplines and professions, to support a service recipients, friend or family member experiencing a mental health problem or experiencing any type of emotional distress that may lead to suicidal ideation.²³ MHFA holds numerous advantages over other evidence based emotional support programs and has been found to significantly increase community capacity building by utilizing local networks to provide mental health supports.²⁴ During COVID-19 pandemic the importance of infusing communities with the necessary resources to provide psychological first aid emerged as a critical need area as a means to lessen the incredible demands placed on resources. Moreover, employing early interventions, such as MHFA, during widespread calamities or outbreaks of serious infections has been shown to reduce ecological stress levels and by extension mitigate the emergence of primary and secondary traumas.²⁵

In accordance with the previously referenced considerations the agency launched the Lawrence Dimmitt IV MHFA training initiative in the Fall of 2020 with the objective of providing trainings to over

²¹ Greene, J. C. (1994). Qualitative program evaluation. *Handbook of qualitative research*, 530, 544.

²² Boyce, C., & Neale, P. (2006). Conducting in-depth interviews: A guide for designing and conducting in-depth interviews for evaluation input.

²³ Kitchener, B. A., & Jorm, A. F. (2016). Mental Health First Aid: an international program for early intervention. *Early Intervention in Psychiatry*, 2(1), 55-61.

²⁴ Sartore, G. M., Kelly, B., Stain, H. J., Fuller, J., Fragar, L., & Tonna, A. (2012). Improving mental health capacity in rural communities: Mental health first aid delivery in drought-affected rural New South Wales. *Australian Journal of Rural Health*, 16(5), 313-318.

²⁵ Minihan, E., Gavin, B., Kelly, B. D., & McNicholas, F. (2020). Covid-19, mental health and psychological first aid. *Irish journal of psychological medicine*, 37(4), 259-263.

3,000 Pinellas County residents.²⁶ The agency created broad awareness of the availability of this important initiative through an awareness campaign that leveraged coverage with various news outlets including; 1) WMHF radio, 2) ABC actions news, 3) WFLA channel 8, FOX 13 and 4) ABC Morning Blend.

- The ability to provide direct supports to the wider community during the pandemic was significantly complicated and constrained by the measures taken to reduce levels of face to face contact in order to contain the spread of the COVID-19 virus. The COVID-19 surge profoundly altered the way that community members were able to access services and at a global level the development of telephone helplines, that integrated social, emotional and economic supports, emerged as a key element within macrosystems of care.²⁷ At the local level, the development of a emotional support line that ultimately served approximately 730 individuals again demonstrated the agency's strong commitment to providing a multidimensional and encompassing response to the needs of the community.
- Beyond the tremendous psychosocial impacts and deleterious health indexes created by the pandemic substantial negative macroeconomic and microeconomic shifts occurred, ushered by the mandatory closure of businesses, social distancing requirements, the resultant shifts in consumerism and consequential rising unemployment rates.²⁸ Additionally, school closures further exacerbated food insecurities among low-income families with many students relying heavily on schools as settings for sources of healthy nutrition.²⁹ These cascading events magnified existing disparities and disproportionality increased hardships for low-income, food insecure-secure households that were already struggling to meet basic needs.³⁰ In recognition of the intricate interplay between emotional well-being and socioeconomic status program staff, across the agency, placed an increased emphasis on assisting families in linking to critical resources in order to access financial support and obtain assistance in meeting their basic needs.
- The socioeconomic impacts of the pandemic further magnified the vulnerabilities for low-income families in relation to maintaining sustainable housing and as a result, nationwide, created a substantial increase in rates of homelessness.³¹ This created a significant rise in the potential for these families to penetrate the Child Welfare system, particularly for those either exposed or infected with the virus. Moreover, this unfortunate phenomenon added to already pressed public health concerns with studies showing that homeless families were between two to three times more likely to contract the Coronavirus and that adults within this population subset were up to four times more likely to require critical medical care.³² In recognition of this cascading area of need the agency developed a collaboration with a local hotel to create a recuperation site to allow for recovery, social distancing and the completion of COVID-19 testing.³³
- Nationwide Mobile Mental Crisis Response teams have emerged as the vanguard model of intervention in relationship to providing effective interventions to those experiencing acute psychiatric incidents in the community.³⁴ However, often equipped with limited mental health expertise, law enforcement officers most often act as first responders to individuals experiencing a mental health crisis in a community based setting. Under these circumstances, individuals are often directly transported to crisis stabilization units

²⁶ Mental Health First Aid Training. Sourced from Directions for Living Press Release, September 24th 2020

²⁷ Peppou, L. E., Economou, M., Skali, T., & Papageorgiou, C. (2020). From economic crisis to the COVID-19 pandemic crisis: evidence from a mental health helpline in Greece. *European archives of psychiatry and clinical neuroscience*, 1-3.

²⁸ Barua, S. (2020). Understanding Coronanomics: The economic implications of the coronavirus (COVID-19) pandemic.

²⁹ Gundersen, C., Hake, M., Dewey, A., & Engelhard, E. (2020). Food insecurity during COVID-19. *Applied economic perspectives and policy*.

³⁰ Wolfson, J. A., & Leung, C. W. (2020). Food insecurity and COVID-19: Disparities in early effects for US adults. *Nutrients*, 12(6), 1648.

³¹ Coughlin, C. G., Sandel, M., & Stewart, A. M. (2020). Homelessness, children, and COVID-19: A looming crisis. *Pediatrics*, 146(2).

³² Culhane, D., Treglia, D., Steif, K., Kuhn, R., & Byrne, T. (2020). Estimated emergency and observational/quarantine capacity need for the US homeless population related to COVID-19 exposure by county; projected hospitalizations, intensive care units and mortality.

³³ Directions for Living. Year in Review, 2020. Sourced from Directions for Living Annual Board Meeting Presentation. Retrieved, March 29th 2021.

³⁴ State of Massachusetts Children's Behavioral Health Initiative (CBHI) Emergency Services Program Mobile Crisis Intervention Practice Guidelines , Retrieved July 17th 2020 from www.mass.gov/eohhs/docs/masshealth/cbhi/practiceguidelines-mci.doc

or hospital emergency rooms thus negating the opportunity for more immediate assessment and treatment in the community.³⁵ According to published reports during the early stages of the COVID-19 pandemic in mid-March 2020, concurrent with the widespread implementation of transmission mitigation measures, the proportion of mental health related hospital emergency departments visits among children and youth sharply increased and persisted at an elevated rate through October 2020.³⁶ These findings further highlight the critical importance of the provision of readily accessible mental health consultation services for pressured law enforcement departments that have been further strained by the unprecedented demands placed on officers during the pandemic.³⁷

In recognition of this vital need area the agency launched the pilot Telehealth Remote Access to Crisis Evaluation (TRACE) program in collaboration with the Largo police department that allows for law enforcement officers to have immediate access to mental health clinicians when responding to emergency calls in the community. The merits of this model are underpinned by a sturdy body of research that has demonstrated that such interventions reduce the need for unnecessary emergency rooms evaluations and represents a growing movement towards the optimal utilization of telehealth as a means to offset the prolonged residual demands that will likely persist in the field of mental health service delivery as a result of the pandemic.³⁸

- In response to the barriers presented 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 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 Affidavits of Good Moral Character. A total of five files were reviewed for this reporting report with the completed provider Self-Assessment producing evidence of the presence of core documentation requirements. Technical feedback was offered around the need to ensure that all staff Affidavits of Good Moral Character (AGMC) are notarized in order to ensure full contractual requirements. In addition, recommendations were provided as to the need to update staff Job Descriptions in order to fully align with current program methodology.

Participant File Review Date(s): 1/23/20

Data Quality :

A total of 13 participant files were randomly selected and reviewed with the primary intent of examining data integrity, the qualitative standards of clinical documentation, assessment of service delivery patterns and fidelity to the established program methodology. Overall, the program attained outcomes of 90% in the area of compliance, 98% in relation to the correct entry of critical fields and 97% in overall data accuracy. Comparatively, the previously referenced results in the areas of critical fields and data accuracy represent a marked improvement in comparison to the previous fiscal year's file reviews and provide indicators of increased attention to the Quality Assurance practices associated with data entry. The compliance rating was primarily impacted by a single case that was removed from the sample due to the absence of a valid consent for release of information. Onsite technical assistance was provided in the areas of; 1) ensuring release of information forms are correctly dated

³⁵ Lee, S. J., Thomas, P., Doulis, C., Bowles, D., Henderson, K., Keppich-Arnold, S., & Stafrace, S. (2015). Outcomes achieved by and police and clinician perspectives on a joint police officer and mental health clinician mobile response unit. *International journal of mental health nursing*, 24(6), 538-546.

³⁶ Fegert, J. M., Vitiello, B., Plener, P. L., & Clemens, V. (2020). Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: a narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child and adolescent psychiatry and mental health*, 14, 1-11.

³⁷ Drew, J. M., & Martin, S. (2020). Mental health and well-being of police in a health pandemic: Critical issues for police leaders in a post-COVID-19 environment. *Journal of Community Safety and Well-Being*, 5(2), 31-36.

³⁸ Fegert, J. M., Vitiello, B., Plener, P. L., & Clemens, V. (2020). Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: a narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child and adolescent psychiatry and mental health*, 14, 1-11.

with a corresponding witness signature, 2) reviewing completed consent forms to confirm that all program participants are listed and 3) matching signature dates to align with initial service delivery date.

From a qualitative viewpoint, overall, documentation across all of the records reviewed was found to be thorough, individualized and reflective of general service delivery patterns. In particular, progress note entries were consistently found to match each data upload service entry coding and were generally reflective of the narrative of clinical care.

Analysis of Performance:

The program is measured on the prevention child maltreatment and clinical progress both during services and following the conclusion of treatment. Providing meaningful supports to families through counseling, psychiatric services, parent psychoeducation, and family centered approaches can help mitigate familial stressors and promote a safe and stable environment for children³⁹. This research based connection is demonstrated by the program surpassing their targets related to children not enduring maltreatment or out-of-home placements. To measure clinical progress, COP uses the Children's Functional Assessment Rating Scale (CFARS). The CFARS is a standardized tool that assesses the cognitive, social, and role functioning of a child across 16 specific domains⁴⁰. The CFARS is not only used to assess progress, but compliments treatment planning process. The program's performance measures are related to the improved functioning at discharge and improved functioning during treatment. The program was able to exceed both of their targets for CFARS with 84% of children demonstrating functioning at discharge and 70% of children demonstrating improved function during services. It is important to underscore that when measuring clinical progression, the journey through the various stages of mental health treatment, particularly among those with trauma and depressive symptomatology, the symptom course can mark important change processes.⁴¹ However, this process of change may, at times, present as an apparent worsening of the overall symptom picture prior to the alleviation and resolution of clinical distress.⁴² Therefore, this paradox places further emphasis on the importance of measuring outcomes both during services and at the conclusion of the treatment process.

Research supports providing effective support to families through counseling, psychiatric services, parent education, and family centered services can help mitigate familial stressors and promote a safe and stable environment for children⁴³. This connection is demonstrated by the program surpassing their targets related to children experiencing no maltreatment (97%) or out-of-home placements (99%) during services and no maltreatment (98%) or out of home placements (98%) one year after services.

Conclusions:

The findings and qualitative impressions detailed in this report provide strong indicators of the maintenance of efficacious and high quality service delivery amidst extraordinary environmental systemic upheavals. These systemic changes represented an unparalleled event and caused a *once in a lifetime* disruption of daily life for the world's population.⁴⁴ At an operational level, the agency strove to maintain service delivery levels amidst inevitable fluctuations as a result of the rapid transformation of functional modalities necessitated by dramatic and sudden changes across social ecological systems, driven by the pandemic.

³⁹ Fortson, B. L., Kleven, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

⁴⁰ Ward, J., Dow, M., Saunders, T., Halls, S., Musanta, K., Penner, K., & Berry, R. (2008). CFARS: Child or adolescent behavioral health functional assessment.

⁴¹ Jayawickreme, N., Cahill, S. P., Riggs, D. S., Rauch, S. A., Resick, P. A., Rothbaum, B. O., & Foa, E. B. (2014). Primum non nocere (first do no harm): Symptom worsening and improvement in female assault victims after prolonged exposure for PTSD. *Depression and Anxiety*, 31(5), 412-419.

⁴² Lewis, C. C., Simons, A. D., & Kim, H. K. (2012). The role of early symptom trajectories and pretreatment variables in predicting treatment response to cognitive behavioral therapy. *Journal of Consulting and Clinical Psychology*, 80(4), 525.

⁴³ Fortson, B. L., Kleven, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

⁴⁴ Cuartas, J. (2020). Heightened risk of child maltreatment amid the COVID-19 pandemic can exacerbate mental health problems for the next generation. *Psychological trauma: theory, research, practice, and policy*, 12(S1), S195.

Paul Webb

4/21/2021 | 1:50 PM EDT

Date: _____

Paul Webb
Senior Program Consultant

Megan Seales

4/21/2021 | 1:58 PM EDT

Date: _____

Megan Seales
Senior Program Evaluator

Karen Woods

4/22/2021 | 9:05 AM EDT

Date: _____

Karen Woods
Program Administration

Karen Boggess

4/23/2021 | 7:28 AM EDT

Date: _____

Karen Boggess
Program Evaluation Manager

Judith Warren

4/30/2021 | 2:58 PM EDT

Date: _____

Judith Warren
Chief Operating Officer

Beth Houghton

4/30/2021 | 8:06 PM EDT

Date: _____

Beth A. Houghton
Chief Executive Officer



Program Monitoring Report

Agency: Directions for Living (DFL)

Program: Early Childhood Consultation (ECC)

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

Agency Overview:

Directions for Living is a community mental health center incorporated in 1982. Directions provides a range of services which include adult behavioral health, children's behavioral health, child safety and family preservation, as well as prevention, wellness and recovery services. The stated mission of Directions is, "to be a welcoming and compassionate provider, advocate, and partner to children, adults, and families in need of integrated healthcare, social support, safety and hope for the future." The vision of the agency is, "Strong families. Thriving Children. Empowered adults." The agency has also established the *Directions' Five Promises* which highlight the following core values: "to make you our first priority, to listen to your story, to protect your privacy, to focus on your strengths, and to restore your hope". The agency embraces family centered and trauma informed approaches with the goal of integrating services to envelope clients in the care they need and halt the cycle of trauma.

Program Description:

The program delivers theoretically sound and evidenced based prevention services for young children and their families who are at-risk for the development and/or intensification of emotional and/or behavioral problems and need more effective parenting strategies. Typical topics include age appropriate expectations, understanding both typical and atypical development, discipline, and how to interact with the child in a developmentally sensitive manner.

Agency/Program Accomplishments:

As will be expanded on further in the COVID-19 Response and Impact section of this report 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: Prevention of Child Abuse and Neglect (PCAN)

Fiscal Snapshot:

	FY18	FY19	FY20	Comments
Total Program Budget	\$263,960	\$260,199	\$292,269	
JWB Allocation	\$236,631	\$243,050	\$249,233	
Percent of Total Program Budget represented by JWB Allocation	90%	93%	85%	
Lapse	\$13,990	\$9,149	\$17,194	
Cost per Participant*	\$920 (\$263,960/287)	\$1,016 (\$260,199/256)	\$1,260 (\$292,269/232)	

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

Targeted Service Levels:

Targeted Service Level Type	FY18			FY19			FY20		
	Target	Actual	Percent	Target	Actual	Percent	Target	Actual	Percent
Adults	150	204	136%	201	172	86%	246	163	66%
Children	150	83	55%	105	84	80%	90	69	77%
Total	300	287	96%	336	256	76%	336	232	69%

Participant Demographics:

The program served a total of 232 participants, 163 adults and 69 children which represents 69% of the Targeted Service Levels (TSL). The reduction in program's the TSL can be traced to the environmental conditions created by the COVID-19 pandemic. These factors will be discussed at greater length in the COVID-19 section of this report. In relationship to the profile of the population served a significant portion (63%) of the program's adult participants served were female and the majority identified as White (61%) or Black (28%). Over half (64%) of the adults served reported an annual income of zero and 53% reported being a single parent household. The children served represented slightly more males (59%) than females (41%). More than half (63%) of all participants identified as White, 28% Black, 1% Asian 9% other and 1% unknown. The vast majority (73%) of the children served were ages five or younger. Finally, 46% percent of the ECC's participants were referred to the program by Eckerd Connects, the local lead agency for child welfare. An examination of the profile of the participants served provides confirmation that the program is reaching the intended target population. Moreover, is discussed in more detail in the COVID-19 section of this report the characteristics of the participants served are reflective of the most vulnerable section of the community in relation to the elevated risk factors created by the pandemic.

Program Outcomes*:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of adults will score within average (5, 6, 7) to above average (8, 9, 10) ranges at post-test on Construct A: Inappropriate Expectations of Children as measured by the Adult-Adolescent Parenting Inventory - 2 (AAPI-2).	85%	82%	85%	88%	85%	83%
Percent of adults will score within average (5, 6, 7) to above average (8, 9, 10) ranges at post-test on Construct B: Parental Lack of Empathy Towards Children's Needs as measured by the AAPI-2	85%	82%	85%	89%	85%	87%
Percent of adults will score within average (5, 6, 7) to above average (8, 9, 10) ranges at post-test on Construct C: Use and Value of Corporal Punishment as measured by the AAPI-2.	85%	94%	85%	95%	85%	94%

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of adults will score within average (5, 6, 7) to above average (8, 9, 10) ranges at post-test on Construct D: Parent-Child Role Reversal as measured by the AAPI-2.	85%	86%	85%	95%	85%	97%
Percent of adults will score within average (5, 6, 7) to above average (8, 9, 10) ranges at post-test on Construct E: Oppressing Children's Power and Independence as measured by the AAPI-2.	85%	89%	85%	92%	85%	97%
Percent of adults will have no new verified report of abuse and/or neglect during services as measured by independent verification with Florida Safe Families Network (FSFN).	90%	91%	90%	98%	90%	97%
Percent of children will not experience an out-of-home placement during services as measured by independent verification FSFN.	90%	96%	90%	98%	90%	98%
Percent of adults who completed the program will have no new verified report of abuse and/or neglect for a period of twelve months after case closure as measured by independent verification with FSFN.	85%	94%	90%	94%	90%	93%
Percent of children will not experience an out-of-home placement for a period of twelve months after case closure as measured by independent verification with FSFN.	85%	98%	90%	96%	90%	93%

**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:

Early Childhood Consultation (ECC) provides a dyad of tertiary and secondary parenting interventions with the overarching objective of ameliorating the maladaptive parentings stylistics and underlying viewpoints that increase the likelihood of abuse and/or neglect. Research has consistently concluded that interventions aimed towards the improvement of parental attitudes, increasing knowledge of appropriate child-rearing practices and

fostering empathy produces protective factors that mitigate such risks.¹ In accordance with the primary imperative of the prevention of maltreatment of children ages birth to age 5, the ECC program utilizes the evidence based Nurturing Parenting Program (NPP). The NPP training curriculum is delivered in sequential stages with each session providing progressive building blocks to support the development of appropriate parenting skills sets.² The program consists of two distinct components that provide differing levels of dosage and intensity of service delivery based on the identified needs of each program participant. During normal operational functioning the first component is typically set around a group based curriculum provided at an onsite location. The other component, referred to as the intensive model, offers individual sessions that typically involve both the child and caretaker. The intensive component of program adopts a flexible approach to service delivery to meet the needs of the population served and has the capacity to provide NPP sessions to the parent and child within the family home or onsite at a community location in the event that the child is not currently in the parent's care. However, the occurrence of the COVID-19 pandemic represented ahistorical event that created a confluence of economic, healthcare, human services and educational disruptions across all sectors; therefore, the modality for the program shifted to a predominately virtual service delivery approach. Furthermore, as will be discussed further at later points throughout this report these ensuing disruptions created a pronounced increase and exacerbation of risk factor profiles for the individuals served by the program.

To situate a better understanding of the direct fiscal and programmatic disruptions of the COVID-19 pandemic, during the period from March 16th 2020 through September 30th 2020, JWB requested that individual providers complete a COVID-19 Impact Survey. The following subsections aim to provide both macro and micro level contextual features in order to frame an interruption of the results of the COVID-19 Impact Survey submitted by the agency. Furthermore, this report's narrative is additionally informed by summary information provided by agency staff in relation to interwoven organizational and programmatic adaptations shaped around responding to the acute needs of the population served. The efficacy of said adaptations are underscored in relationship to the maintenance of adapted service delivery. Finally, it should be acknowledged that in order to provide consistency in the portrayal of the organization's operational and procedural responses to the COVID-19 pandemic core elements of this particular report mirror the content of the DFL Children's Outpatient program (COP) report completed on April 6th 2021.

Coronavirus disease 2019 (COVID-19) is caused by a novel virus that results in severe acute respiratory symptoms. On March 11, 2020, the World Health Organization classified the coronavirus disease 2019 (COVID-19) outbreak as a pandemic, with over 720,000 cases reported in more than 203 countries as of 31 March 2020.³ Following a global response designed to reduce infection transmission vectors, encompassing community level isolation orders, social distancing measures and travel restrictions the US declared a pandemic emergency on March 13, 2020.⁴ Subsequently, states progressively moved towards the declaration of stay-at-home orders under the imperative of stemming the magnitude of the prolific spread of the virus and thereby reducing the likelihood of severe deleterious health impacts and large-scale exogenous shock experiences across the general population.⁵ However, despite stringent efforts to contain the pandemic infection rates continued at both variable linear and sub-exponential rates and as of September 21, 2020, the COVID-19 pandemic had resulted in approximately seven million reported cases in the United States with almost 200,000 associated deaths.⁶

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

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

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

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

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

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

Following suit with nationwide prevention measures, in close proximity with the guidelines set forth by the Centers for Disease Control (CDC), Florida issued a statewide stay at home order on April 1st 2020.⁷ In anticipation of the issuance of this order the Florida Department of education (DOE) implemented a uniform closure of all schools on March 23rd 2020.⁸ Consequently, routine operational activities, across all sectors of the County infrastructure, were forced to rapidly adapt to alternate modes of functioning. Effective 3/19/20, in alignment with the overarching agency emergency response plan and emerging local ordinances, the agency adroitly shifted stance towards the broad implementation of virtual therapeutic interventions utilizing telehealth platforms alongside the application of modified direct contacts, under CDC guidelines, with the highest risk portion of the population served. Despite the necessity of closing administrative and physical service sites, at the onset it should be recognized that the program, and indeed the agency as a whole, effectively and swiftly transitioned to the effective deployment of telehealth services in order to mitigate any interruption of service delivery and ensure ease of access to those families most in need. At an operational level the agency maintained robust levels of service delivery with no interruptions to continuity of care, aside from inevitable fluctuations as a result of the rapid transformation of functional modalities necessitated by dramatic and sudden changes across social ecological systems, driven by the pandemic. These systemic changes represented an unparalleled event and caused a *once in a lifetime* disruption of daily life for the world's population.⁹ Specific to the target population served by the program the widespread closure and prolonged interruption of childcare center operations during FY20 created yet another level of demand and stress on parents and caretakers.¹⁰

In the domain of parental stress and parent-child relationships during the COVID-19 pandemic far reaching studies have showcased parental stress as a significant mediator between the perceived impacts of the coronavirus, parent-child relationships and maladaptive and harsh parenting approaches.¹¹ These findings provide strong indicators that a progressive acceleration of parental stress throughout the pandemic has acted as one of the most significant driving risk factors towards the occurrence of child maltreatment.¹² Moreover, it is very likely that the reach of the effects of the pandemic will continue into the future as parental stressors, psychological impacts and child development trajectories continue to unfold.¹³ Therefore, these findings underscore the importance of delivering high quality parenting programming that focuses on; 1) the fostering of positive and nurturing parenting skills, 2) empowering parents to provide warm and responsive caregiving, 3) the provision of psychoeducation in relationship to child development and 3) the creation of safe and secure caretaking environments.¹⁴

In order to create a further contextual framework for the deleterious intersection of risk factors created by the pandemic it should be recognized that emerging studies have demonstrated that there is considerable evidence to support the occurrence of the magnification of anxiety and depressive symptomatology, as a result of the pandemic, among individuals who did not have pre-existing mental health conditions.¹⁵ The linkage between

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

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

⁹ Cuartas, J. (2020). Heightened risk of child maltreatment amid the COVID-19 pandemic can exacerbate mental health problems for the next generation. *Psychological trauma: theory, research, practice, and policy*, 12(S1), S195.

¹⁰ Early Learning Coalition, COVID Impact Study. Retrieved from <https://elc pinellas.net/covid-19>. Accessed April 9th 2021.

¹¹ Menter, K., Ritchie, T., Ogg, J., Rogers, M., Shelleby, E. C., Santuzzi, A. M., & Wendel, M. J. (2020). Changes in Parenting Practices during the COVID-19 Pandemic: Child Behavior and Mindful Parenting as Moderators. *School Psychology Review*, 1-18.

¹² Lawson, M., Piel, M. H., & Simon, M. (2020). Child maltreatment during the COVID-19 pandemic: consequences of parental job loss on psychological and physical abuse towards children. *Child abuse & neglect*, 104709.

¹³ De Araújo, L. A., Veloso, C. F., de Campos Souza, M., de Azevedo, J. M. C., & Tarro, G. (2020). The potential impact of the COVID-19 pandemic on child growth and development: a systematic review.

¹⁴ Hoagwood, K. E., Gardner, W., & Kelleher, K. J. (2021). Promoting Children's Mental, Emotional, and Behavioral (MEB) Health in All Public Systems, Post-COVID-19. *Administration and Policy in Mental Health and Mental Health Services Research*, 1-9.

¹⁵ Usher, K., Durkin, J., & Bhullar, N. (2020). The COVID-19 pandemic and mental health impacts. *International Journal of Mental Health Nursing*, 29(3), 315.

child maltreatment and caretaker depression and anxiety has been well established in longitudinal research studies and brings into focus the further potential for compromised parenting that places children at increased risk for abuse and neglect as a result of the pandemic.¹⁶ It is likely that heightened levels of ongoing community level supports, including telehealth services, will be required given that it is anticipated that the topography of the societal landscape, created by the pandemic, will remain uneven well into the later months of 2021.¹⁷ Under these collective considerations the imperative of ensuring ready access to effective parenting programs through the medium of telehealth remains at the forefront of child abuse and prevention interventions.¹⁸

The staged sequencing of the transition to telehealth for population served by the agency initially involved the completion of a comprehensive appraisal of the needs of individual families served and the technological infrastructure capacities of the organization. Following this review process the agency directed budgetary funds, in a highly focal manner, towards programmatic and agency technology enhancements to support the effective deployment and sustainability of the delivery of telehealth services. In this area, the agency applied forethought to projected operational needs, given the uncertainty of the trajectory and duration of the pandemic, through the ultimate establishment of an infrastructure that ensured that all staff had ready access to all the supports, technology and equipment necessary to fulfill the functions of each position. Moreover, an expansive agency-wide training was conducted to ensure that all staff were well versed in the best practice tenets associated with the delivery of telehealth services.

Although the demographic profile of population served within mental health and child welfare systems tends to span across family compositions, socioeconomic class and ethnic groups studies have consistently revealed that single parent, African Americans and low income households tend to be disproportionately represented.¹⁹ Furthermore, in recognition of the growing prominence and reliance on telehealth services, during the course of the pandemic, research studies concluded that limitations in technology literacy and lack of access to resources pose a significant barrier for these at risk and socially disenfranchised populations.²⁰ Additionally, research studies have concluded that the convergence of toxic environmental conditions, ecological instability, economic uncertainty and situational stressors during the pandemic has exacerbated risk factors, among the aforementioned population, for; 1) maladaptive parenting practices such as psychological aggression, 2) corporal punishment and 3) passive or overt neglectful behaviors.²¹ As such, reducing and mitigating disparities for the population served, as a means to bolster the agency's organizational mission and programmatic objectives, represented a crucial element of the COVID-19 response plan. In this area, the agency directed tangible resources to the most vulnerable participants served in the form of the provision of Zoom platform supported cell phones. Moreover, again exercising forethought around the prolonged technological needs of the population served, both in the context of and subsequent to the pandemic, a WiFi hot spot was created in the agency parking lot.

As illuminated throughout this report the role of mental health professionals is essential in relation to providing relief, support and well dosed psychological first aid to vulnerable populations faced with extraordinary environmental pressures such as those created by the pandemic. However, such vital work creates heightened levels of novel, diverse and significant work pressures and increases the risk of compassion fatigue among Mental

¹⁶ Brown, S. M., Doom, J. R., Lechuga-Peña, S., Watamura, S. E., & Koppels, T. (2020). Stress and parenting during the global COVID-19 pandemic. *Child abuse & neglect*, 110, 104699.

¹⁷ Yu, M. A., Shen, A. K., Ryan, M. J., & Boulanger, L. L. (2021). Coordinating COVID-19 vaccine deployment through the WHO COVID-19 Partners Platform. *Bulletin of the World Health Organization*, 99(3), 171.

¹⁸ Repine, A., Macaulay, J., & Deutsch, S. A. (2021). COVID-19 and child abuse: practical steps to address child safety. *Consultant*.

¹⁹ Gilligan, M., Sutor, J. J., Rurka, M., & Silverstein, M. (2020). Multigenerational social support in the face of the COVID-19 pandemic. *Journal of Family Theory & Review*.

²⁰ Triana, A. J., Gusdorf, R. E., Shah, K. P., & Horst, S. N. (2020). Technology literacy as a barrier to telehealth during COVID-19. *Telemedicine and e-Health*, 26(9), 1118-1119.

²¹ Xu, Y., Wu, Q., Levkoff, S. E., & Jedwab, M. (2020). Material hardship and parenting stress among grandparent kinship providers during the COVID-19 pandemic: The mediating role of grandparents' mental health. *Child Abuse & Neglect*, 110, 104700.

Health practitioners, often leading to increased attrition rates.²² Over the course of the fiscal quarters covering the emergence and evolution of the pandemic the agency experienced elevations in the rates of staffing attrition due to reservations in returning to work, in juxtaposition with personal life circumstances, among a portion of essential staff whose duties necessitated field based, albeit, highly contained, activities. Such hesitation, among this segment of the staff group, was understandable given that: 1) infection rates during this period were continuing on an upward trajectory²³ 2) the general consensus within the available research literature that health care and direct service providers were/are at significantly elevated risk for the contraction of COVID-19²⁴ and 3) profound stress and anxiety levels, associated with fears of infection, being particularly prominent among populations enriched by direct care service providers and 4) service staff are not immune from the responsibilities of caring for their own children and family members.²⁵ Nonetheless, as will be expanded on further in the staff interview subsection of this report key informant feedback highlighted the agency's diligent efforts to maintain a supportive working climate and bolster staff moral during the initial onset of the pandemic and beyond. Initiatives launched by the agency in this arena included, but were not limited to; 1) weekly and daily agency wide communications, 2) weekly *soundbites* facilitated by the Chief Executive Officer that provided point in time information and allowed for the creation of supportive networks between employees in a virtual environment, 3) review of survey data to gauge areas of need among the workforce and 4) the continuation of agency holiday traditions.

Program Monitoring Activities:

Program Observation Date(s): N/A

Interview Date(s): 9/18/20 and 9/20/20

Collaborative Meeting/Consultation Date(s):

Administrative Review Date(s): 1/23/20, 7/24/20, 9/18/20 and 9/20/20.

Personnel File Monitoring Date(s): 9/24/20

- The completion of semi-structured, in depth staff interviews have historically served as one of the primary centerpieces of annual JWB program monitoring activities. As a mechanism for program monitoring direct staff interviews are often preferred to other approaches given that far more detailed, qualitative contextual, information is gathered compared to other data collection methods, such as surveys.²⁶ In addition, such interviews provide invaluable programmatic information that is particularly useful in relation to supplementing other methods of data collection.²⁷ As previously discussed program staff encountered a constellation of interlocking pressures that formed a unique set of demands beyond those typically experienced under normal operations. As such the completion of staff interviews during FY20 represented a key element of program monitoring due to the unheard of working environments created by the COVID-19 pandemic. In accordance with applying sensitivity to the converging stressors created for program staff, in connection to the COVID-19 pandemic, the standardized JWB staff interview template was adapted to encompass open ended questions that addressed the aforementioned contextual features. During the final quarter of the fiscal year JWB staff conducted a total of three separate interviews across the ECC staffing group.

As expounded on in the previous sections of this report cumulative social welfare evidence from the COVID-19 crisis has provided strong indicators that children and youth are more likely to be subjected to

²² Joshi, G., & Sharma, G. (2020). Burnout: A risk factor amongst mental health professionals during COVID-19. *Journal of Psychiatry*, 54, 102300.

²³ Florida Department of Health, Division of Disease Control and Health Protection. Florida's COVID-19 Data and Surveillance Dashboard. Retrieved from <https://fdoh.maps.arcgis.com/apps/opsdashboard/index.html#/8d0de33f260d444c852a615dc7837c86> Accessed 12/29/20.

²⁴ 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.

²⁵ Barzilay, R., Moore, T. M., Greenberg, D. M., DiDomenico, G. E., Brown, L. A., White, L. K., ... & Gur, R. E. (2020). Resilience, COVID-19-related stress, anxiety and depression during the pandemic in a large population of healthcare providers. *Translational psychiatry*, 10(1), 1-8.

²⁶ Greene, J. C. (1994). Qualitative program evaluation. *Handbook of qualitative research*, 530, 544.

²⁷ Boyce, C., & Neale, P. (2006). Conducting in-depth interviews: A guide for designing and conducting in-depth interviews for evaluation input.

maltreatment and exposure to family violence alongside experiencing limited access to the usual services that support vulnerable families and provide targeted services to meet their needs.²⁸ And, research has found that Adverse Childhood Experiences (ACE) scores, which are defined by different forms of abuse, neglect, and household dysfunction occurring before the age of 18 years have worsened in the current COVID-19 pandemic.²⁹ Moreover, the current global pandemic in and of itself can also be experienced as a complex traumatic event by the most vulnerable populations.³⁰ Under these considerations a salient feature illuminated by the staff interviews was the degree to which the agency as a whole has further emphasized its well established philosophical position around the practice of applying delicate attention to the principles of trauma informed care in relationship to the population served. This level of attention has been clearly illustrated by the program's utilization of the ACE questionnaire as a means to explore the trauma pictures of the children of the participants served in order to calibrate parenting interventions accordingly.

During the interviews one staff person in particular provided useful information related to the monitoring of child safety concerns, beyond the context of the program, through establishing close linkages with child welfare case management staff. Another staff person provided further recognition of the hardships created by the pandemic, for the population served, by highlighting the compounding nature of the stressors of isolation, environmental insecurities and financial impoverishment. When further considering the unfolding needs of the population served by the program, during the course of the pandemic, the staff person confirmed the prominence of anxiety related symptoms exacerbated by the aforementioned factors. In relation to the functionality of telehealth staff across each interview discussed the value associated with reducing barriers to accessing care and reported that engagement levels with program participants had proven to be robust.

Another staff person who was newly onboarded to the program at the point of the interview, having been with the agency for approximately three weeks, described a well-structured orientation, mentoring and training process, unhindered by the remote working environment, that provided a sound level of preparation for the completion of the functional requirements of the position.

In general, each staff person conveyed a strong appreciation of the program's objectives, the agency mission, policies and procedures both under standard operations and within the contextual features of the adapted service delivery model necessitated by the COVID-19 pandemic. Overall, the staff interviewed unanimously reported a high level of confidence related to the level of support provided both at organizational and programmatic levels. In particular, staff expressed high levels of satisfaction around the manner in which the agency had responded at an operational level in relation to the pandemic through a swift adaptive stance towards the creation of a highly efficient remote working environment.

- Beyond the tremendous psychosocial impacts and deleterious health indexes created by the pandemic substantial negative macroeconomic and microeconomic shifts occurred, ushered by the mandatory closure of businesses, social distancing requirements, the resultant shifts in consumerism and consequential rising unemployment rates.³¹ Additionally, school closures further exacerbated food insecurities among low-income families with many students relying heavily on schools as settings for

²⁸ Fegert, J. M., Vitiello, B., Plener, P. L., & Clemens, V. (2020). Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: a narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child and adolescent psychiatry and mental health*, 14, 1-11.

²⁹ Bryant, D. J., Oo, M., & Damian, A. J. (2020). The rise of adverse childhood experiences during the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*.

³⁰ Venkateswaran, K. D., & Hauser, C. T. (2020). Living with PTSD amid a global pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S71.

³¹ Barua, S. (2020). Understanding Coronanomics: The economic implications of the coronavirus (COVID-19) pandemic.

sources of healthy nutrition.³² These cascading events magnified existing disparities and disproportionality increased hardships for low-income, food insecure-secure households that were already struggling to meet basic needs.³³ In recognition of the intricate interplay between emotional well-being and socioeconomic status program staff, across the agency, placed an increased emphasis on assisting families in linking to critical resources in order to access financial support and obtain assistance in meeting their basic needs.

- In response to the barriers presented 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 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. Proportional to the size of the ECC staffing group a total of three files were reviewed for this reporting report with the completed provider Self-Assessment producing evidence of the presence of core documentation requirements. Technical feedback was offered around the need to ensure that all staff Affidavits of Good Moral Character (AGMC) are notarized in order to ensure fully contractual. In addition, recommendations were provided as to the need to update staff Job Descriptions in order to fully align with current program methodology.

Participant File Review Date(s): 1/23/20

Data Quality:

A total of seven participant files were randomly selected and reviewed with the primary intent of examining data integrity, the qualitative standards of clinical documentation, appraisal of patterns of service delivery and fidelity to the established program methodology. Overall, the program attained outcomes of 100% in the area of Compliance, 93% in relation to the correct entry of Critical Fields and 94% in the domain of Data Accuracy. In comparison to the previous fiscal year's file reviews the results in the areas of Critical Fields and Data Accuracy continue to indicate the need for more stringent attention to internal Quality Assurance practices in the areas of entering accurate demographic information and ensuring that records are closed in a timely fashion following the completion of services. At a qualitative level documentation across all of the records reviewed clearly captured; 1) session objectives, 2) deployed interventions corresponding to the program curriculum, 3) individual participant progress towards established goals, 4) an overall appraisal of risk and 5) follow up tasks and *homework* assignments to be completed prior to the next session.

Analysis of Performance:

As referenced previously in this report the improvement of parental attitudes and parenting stylistics are directly correlated with the mitigation of the maladaptive behaviors that increase the likelihood of child maltreatment. As such, the measurement of successful parenting interventions require the analog assessment of parenting competencies across key domains³⁴. The AAPI-2 measures these critical parenting approaching across the constructs of : (a) Inappropriate Expectations, (b) Lack of Parental Empathy, (c) Parental Value of Corporal Punishment, (d) Parent-Child Role Reversal, and (e) Oppressing Children's Power and Independence³⁵. For the ECC program the measures associated with the AAPI-2 constructs are utilized to determine the overall efficacy of program outcomes. The program administers an AAPI-2 pretest at point of entry into services and completes

³² Gundersen, C., Hake, M., Dewey, A., & Engelhard, E. (2020). Food insecurity during COVID-19. *Applied economic perspectives and policy*.

³³ Wolfson, J. A., & Leung, C. W. (2020). Food insecurity and COVID-19: Disparities in early effects for US adults. *Nutrients*, 12(6), 1648.

³⁴ Connors, N. A., Whiteside-Mansell, L., Deere, D., Ledet, T., & Edwards, M. C. (2006). Measuring the potential for child maltreatment: The reliability and validity of the Adult Adolescent Parenting Inventory—2. *Child Abuse & Neglect*, 30(1), 39-53.

³⁵ Lutenbacher, M. (2001). Psychometric assessment of the Adult-Adolescent Parenting Inventory in a sample of low-income single mothers. *Journal of nursing measurement*, 9(3), 291-308

a posttest following the conclusion of the intervention. A comparison between pretest and posttest scores allow for a valid and reliable measurement of improvements in parenting knowledge and skill sets which by extension creates elevated protective factors within the child-parent relationship.

A viewing of the FY20 results confirmed that the program was able to exceed their established targets across all constructs with the exception of the domain of inappropriate child expectations proportional to developmental stages. In this area research has demonstrated that parental expectations for children is strongly influenced by entrenched multigenerational influences acquired through rigid family system belief structures.³⁶ As such, creating a paradigm shift in this space often requires prolonged interventions beyond the scope of the program model. Notwithstanding the sturdy outcomes of the AAPI-2 measurements it is important to acknowledge that while the instrument measures improved parental competencies it is limited in scope related to measurement of sustained protective factors. Therefore, in order to further augment the validity of the AAPI-2 results findings from Florida Safe Families Network (FSFN) reports are examined to determine whether participants are found to be involved in any acts of child maltreatment either during services or at 12 months following the intervention. Measurement of potential involvement in the Child Welfare system for program participants further underpins the ability to evaluate the program's success in prevention of either initial points of contact or recidivism at a later period of time. As illustrated in the performance outcome table contained in this report the program successfully exceeded performance measures in the arena of the prevention of childhood abuse and maltreatment.

Conclusions:

A cumulative body of research has consistently concluded that the interwoven risk factors that magnify the severity of childhood maltreatment have been amplified within the unheard of environmental strains created by the worldwide COVID-19 pandemic. Despite this climate of uncertainty, economic pressures and societal upheaval the program should be acknowledged for maintaining fluid operational functionality under the imperative of ensuring service delivery among the most vulnerable members of our community.

³⁶ Cain, D. S., & Combs-Orme, T. (2005). Family structure effects on parenting stress and practices in the African American family. *J. Soc. & Soc. Welfare*, 32, 19.

Paul Webb

4/21/2021 | 1:57 PM EDT

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Paul Webb
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Megan Seales

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Megan Seales
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Karen Woods

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Karen Boggess
Program Evaluation Manager

Judith Warren

4/30/2021 | 3:01 PM EDT

Date: _____

Judith Warren
Chief Operating Officer

Beth Houghton

4/30/2021 | 8:10 PM EDT

Date: _____

Beth A. Houghton
Chief Executive Officer



PROGRAM MONITORING REPORT

Agency: Florida Department of Health, Pinellas County Health Department

Program: Healthy Families Pinellas

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

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

PROGRAM DESCRIPTION: Healthy Families Pinellas (HFP) is part of a national network of Healthy Families America programs, an intensive, evidence-based home visiting and family support program. Serving families countywide, the program focuses on educating and supporting families from pregnancy until the child is age five. The program offers enhanced services provided by specialty staff including nurses, mental health counselors, father services specialists, and resource specialists as part of the team.

AGENCY/PROGRAM ACCOMPLISHMENTS: During this reporting period, HFP once again became accredited by Healthy Families America (HFA) as a provider of high-quality HFA home visiting services. This accreditation is effective through June 2025 and recognizes HFP as a site that has achieved high standards for performance and commitment to quality. In spite of the COVID-19 pandemic, HFP worked diligently to continually engage families and provide much-needed support and resources. Innovative strategies were implemented in order to reach participants and maintain the relationships built between staff and the families.

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

FISCAL SNAPSHOT:

	FY18	FY19	FY20	Comments
Total Program Budget	\$7,319,649	\$7,667,680	\$7,896,917	Totals include program allocation and support group funds (\$6,815).
JWB Allocation	\$5,793,825	\$5,924,029	\$6,096,759	
Percent of Total Program Budget represented by JWB Allocation	79%	77%	77%	
Lapse	\$421,681	\$383,026	\$209,372	
Cost per Participant*	\$3,367 (\$7,319,649/2,172)	\$4,353** (\$7,667,680/1,760)	\$2,386 (\$7,896,917/3,309)	

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

**Cost per participant does not include the 1,534 adults who received Safe Baby education.

TARGETED SERVICE LEVELS:

Targeted Service Level Type	FY18			FY19			FY20		
	Target	Actual	Percent	Target	Actual	Percent	Target	Actual	Percent
Adults	1240	1207	97%	968	909*	85%	909	812*	90%
Children	1155	965	84%	968	851	87%	851	806	95%
Total	2395	2172	91%	1936	1760	86%	1760	1618	92%

*TSL does not include the adults who received Safe Baby education.

PARTICIPANT DEMOGRAPHICS:

In FY20, HFP served a total of 1618 participants, 51% adults and 49% children, achieving 92% of its proposed service goal. Families served by HFP are plagued with various societal issues including poverty, low income and likewise low educational status which is demonstrated with nearly 55% having a high school diploma or less. Additionally, approximately 54% of HFP families reside in the lowest opportunity areas of Pinellas county. This aligns with the program model focusing on servicing families with higher rates of poverty which is directly correlated to academic, behavior and social issues. The overall makeup of HFP's 1618 participants includes 99% females among adult participants with an average age of 27 years old. Similarly, 35% of participants served in FY20 were African American, 53% Caucasian and 12% were from other races. It is also worth noting, 6% of the adult participants were fathers engaged in the father services programming. Figure 1 and 2 provide a snapshot of race and ethnicity of HFP participants.

Figure 2: Race

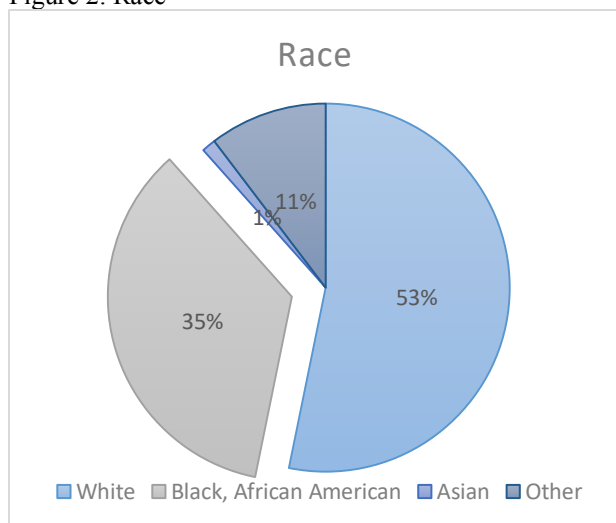
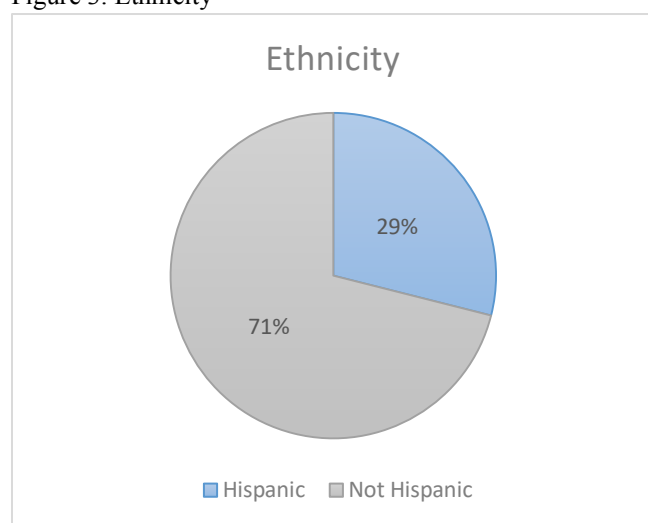


Figure 3: Ethnicity

**PROGRAM OUTCOMES*:**

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of children will have no new <u>verified report</u> of abuse and/or neglect <u>during services</u> as measured by independent verification with Florida Safe Families Network (FSFN).	85%	98%	95%	97%	95%	97%

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of children will not experience an <u>out-of-home placement during services</u> as measured by independent verification with FSFN.	95%	99%	95%	99%	95%	99%
Percent of children who complete the program will have no new <u>verified report</u> of abuse and/or neglect for a period of twelve months <u>following case closure</u> as measured by independent verification with FSFN.	90%	95%	95%	98%	95%	97%
Percent of children will not experience an <u>out-of-home placement</u> for a period of twelve months <u>following case closure</u> as measured by independent verification Florida Safe Families Network (FSFN).	95%	98%	95%	99%	95%	99%
Percent of children will be up to date on immunizations (as defined by Center for Disease Control (CDC) recommended immunization schedule) at <u>12 months</u> of age as verified by the immunization records.	95%	99%	95%	94%	95%	93%
Percent of children will be up to date on immunizations (as defined by CDC recommended immunization schedule) at <u>24 months</u> of age as verified by the immunization records.	95%	99%	95%	100%	95%	99%
Percent of parents will increase healthy parenting skills and behaviors related to social support as measured by the Healthy Families Parenting Inventory (HFPI).	Baseline	43%	50%	42%	50%	44%
Percent of parents will increase healthy parenting skills and behaviors related to problem solving/coping as measured by the HFPI.	Baseline	52%	50%	48%	50%	48%
Percent of parents will increase healthy parenting skills and behaviors related to mobilizing resources as measured by the HFPI.	Baseline	60%	50%	47%	50%	48%
Percent of parents will increase healthy parenting skills and behaviors related to parent/child interaction as measured by the HFPI.	Baseline	50%	50%	45%	50%	44%

Percent of parents will increase healthy parenting skills and behaviors related to parenting efficacy as measured by the HFPI.	Baseline	38%	50%	40%	50%	41%
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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): 12/10/19, 12/11/19, 1/14/20, 1/27/20, 2/5/20, 2/7/20, 3/3/20

Interview Date(s): 7/2/20, 7/6/20, 7/31/20

Collaborative Meeting/Consultation Date(s): 10/21/19, 10/24/19, 10/25/19, 10/29/19, 10/30/19, 11/18/19, 1/7/20, 1/16/20, 1/17/20, 1/23/20, 1/24/20, 2/14/20, 2/17/20, 2/27/20, 3/5/20, 5/13/20, 5/28/20, 6/25/20, 7/24/20, 7/31/20, 8/14/20, 8/27/20, 9/14/20, 9/18/20. This list does not include regularly scheduled conference calls with provider groups throughout the pandemic.

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

During this reporting period, DOH-Pinellas and the assigned JWB Program Consultant and Evaluator worked collaboratively via a variety of methods, including program observation and monitoring visits, consultation calls, and other collaborative meetings. JWB staff regularly attend the Healthy Families and Nurse-Family Partnership Management Team meetings and Pinellas County Home Visitation Collaborative meetings. Furthermore, JWB participated in the Coordinated Intake and Referral (CI&R) meetings following changes to the state Healthy Start model that led to restructuring how referrals are processed at the local level for a number of early intervention home visitation programs. As reported in previous monitoring reports, the program continued to see a decline in referrals since the implementation of the CI&R system. As a result of JWB-hosted consensus building workshops in late FY19, the need to reinstitute staff co-located in high volume obstetrician offices throughout Pinellas was identified. These positions, previously staffed by the Healthy Start Coalition, were removed from the obstetrician offices upon the implementation of the CI&R system. Based on these discussions, JWB increased funding to HFP for five full-time employees to be housed in obstetrician offices to replace the positions lost. These positions were established with a goal of more successful linkages and engagement of new and expectant parents in home visitation programs, including HFP. While there was a delay in staffing these positions as a result of the COVID-19 pandemic, preliminary findings indicate that the programs are receiving increased referrals.

During FY20 and based on statewide model updates, HFP redesigned some of its programmatic elements. Most notably, the program moved to a one-step eligibility process for engaging and enrolling families in services. This opened up the program to direct referrals from state agencies serving at-risk families, including child protective services. Additionally, referrals from community sources moved to only requiring a positive Healthy Start Prenatal Risk Screen, Healthy Start Infant Risk Screen, or Healthy Families Record Screen. An accelerated model of the program was also implemented, where those who have scored below a set threshold on the Healthy Families Florida Assessment Tool (HFFAT) could advance their programmatic level without meeting the minimum amount of time typically required. These updates were initially implemented July 1, 2020, on the state-funded Healthy Families Florida team. In Quarter Two of FY21, these updates were implemented across the entire program.

Another change implemented this fiscal year is in reference to the Unable to Locate (UTL) referrals from CI&R. Previously, referrals that were unreachable by CI&R staff were sent to HFP. Due to a low success rate of finding UTL referrals, HFP will only receive UTL referrals for families that score a 3 or more on the record screen. This is noteworthy as previously the program's Assessment Team was responsible for additional outreach to these

referrals in an attempt to locate and engage these families, with a conversion rate of less than five percent. Additionally, the utilization of the Father Services program component continued to prove to be a vital resource. As such, program staff requested to convert a vacant home visitor position to another Father Services Specialist position, bringing the total of dedicated staff to four full-time employees. Program staff continue to participate in and facilitate Pinellas Fatherhood Collaborative community meetings.

Program observations occurred during the first half of the year, including home visits and team meeting observations. Of the eight home visits observed, consistent themes emerged, particularly of the well-established rapport between program staff and participants. Program staff were observed to be engaged with the parents and children, often conducting activities and education side-by-side. It was noted by JWB staff that program staff consistently utilized the Growing Great Kids curriculum to guide the in-home parent education component of the visits. Also noted was the regular use at the applicable time-frames of the Ages and Stages Questionnaires (ASQ), which is used to monitor child development. Each visit consisted of parent education, activities with the children, the administration and review of the ASQ, as applicable, and the review of the Family Goal Plan. Program staff provided resources as needed at each visit, and often brought an activity to leave with the parents to use with the child at a later time. Overall, visits showed fidelity to the overarching program model and excellent delivery of services to clients.

Ten participant interviews were conducted with similar feedback to previous reporting periods. Participants reported that they were treated well by program staff and appreciated the education and resources provided to them. Many shared that they knew they could always call their assigned worker if they had questions and would receive a fast response. One participant shared that while initially they were skeptical of having a worker come into their home, they now look forward to it every week and view their assigned worker as a mentor. Another participant stated “it’s not about the baby goods they provide, it’s mentally too as we talk about everything. They are there for me and I have no one here.” Many participants shared that the additional components of the program, such as the nursing services and counseling, really assisted them and made the program stand out. Several of the participants interviewed shared that they were grateful for the program, particularly after feeling the impact of the pandemic, and they reported staff were able to provide much-needed linkages to financial resources. While they were appreciative of continued services albeit in a virtual format, many participants stressed that they missed seeing their assigned program staff in person.

Ten program staff were also interviewed and included home visitors, supervisors, and nurses. The tenure of staff varied from a couple of years to over 20 years with the program. Staff shared that there is an extensive orientation process that includes core training and shadowing peers, many additional training opportunities, and supportive supervision. Many staff shared that their supervisor has an open-door policy and that informal and formal supervision more than meets their needs. Program strengths were identified as the education provided to families, the activities provided during the home visit, and the relationships built with the families served. One staff shared that they viewed the staff as “extensions of the family, coming alongside them to help and support them.” Challenges shared during the interviews centered around coping with the COVID-19 pandemic and the adjustments needed to provide services in a virtual format. Overall, staff shared they felt equipped to perform their duties and were passionate about the work they do.

A personnel monitoring was conducted for all JWB-funded DOH-Pinellas programs in September 2020. The FY20 monitoring included six staff members from the HFP program. DOH-Pinellas utilizes direct FDLE background screening services to obtain clearance of state employees. Therefore, JWB is not able to review the screening results directly and must rely on DOH-Pinellas’ reporting of screening dates and results. Of the six HFP program staff reviewed, all program staff had their Level 2 background re-screening completed within the required five-year renewal time frame. Affidavits of Good Moral Character (AGMC) were provided with

signature for all staff reviewed, however it was noted that in some cases an obsolete or incorrect version of the affidavit was used and in one instance the form was only recently signed for a longer-term employee. During the FY19 review, it was requested by JWB for DOH-Pinellas to review all staff in JWB-funded programs to ensure a completed AGMC was on file and that Level II background screenings are being conducted every five years for all staff within the program. Due to a repeat finding to contractual compliance issues, JWB requested for DOH-Pinellas to provide a list of all program staff and the dates of a signed AGMC. It was also requested for DOH-Pinellas to provide a written programmatic-level procedure outlining the incorporation of the contractual requirements regarding AGMC and Level II screenings and renewals. Both of these required submittals were provided timely by HFP and met the requested requirements.

COVID-19 Response and Impact:

COVID-19 presented unprecedented challenges to the HFP program. These challenges include but are not limited to changes in service delivery, reassignment of staff, and the adaption of home visits to adhere to CDC guidelines. Specifically, due to COVID-19, HFP staff had to begin working remotely and were forced to halt all in-person home visits and transition to virtual visitation with most visits occurring telephonically. As an entity of DOH, HFP received approval from DOH leadership to perform video calls via Skype however the majority of participants opted for telephone use only. Despite the challenges of virtual visits, HFP staff strived to find innovative ways to engage participants. In order to enroll new families, staff would sometimes complete the visit via the telephone from the participants' driveway and then leave the enrollment paperwork in an envelope to be picked up at a later date. Some staff even conducted their visits from their vehicle after dropping off materials in order to obtain some visual contact with the participant during the visit, and others conducted socially-distant outdoor visits using all necessary precautions. Staff recognized the need to remain in closer contact with the families and attempted weekly contacts, regardless of the required frequency and assigned level of the family. This assisted in staffs' ability to assess family needs and provide support and linkages to resources as necessary. Additionally, staff dropped off activity packets and information to the families on a weekly basis.

Other engagement opportunities were provided by conducting three drive-thru parent groups with nearly 100 families participating. This provided an opportunity to have face-to-face contact with families while remaining socially distant. Other service components also adopted the virtual format. Upon the closure of the WIC offices, the Safe Baby Program staff called each family that had a virtual WIC appointment to review and present safe sleep information, discuss how to choose a caregiver, and provide information and education on Shaken Baby Syndrome.

In addition to shifting the way home visits are conducted, some HFP staff were forced to serve in different capacities during the COVID-19 pandemic. As staff of DOH, some staff were partially reassigned as first responders to provide support as Pinellas County saw drastic spikes in COVID cases. Such reassignments did not impact service delivery and by the end of the fiscal year, all staff had returned to their assigned positions.

DATA QUALITY:

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

ANALYSIS OF PERFORMANCE:

Healthy Families Pinellas, a nationally recognized evidence-based model for home visiting program, has a three pronged approach to accomplishing its overarching goal of preventing abuse and neglect of children. This is accomplished by: 1) encouraging positive pregnancy outcomes including stressing the importance of prenatal care and good nutrition; 2) improving child health and development so that the child is ready to learn and succeed in school; and 3) encouraging and modeling positive parent child interaction by working to prevent child abuse

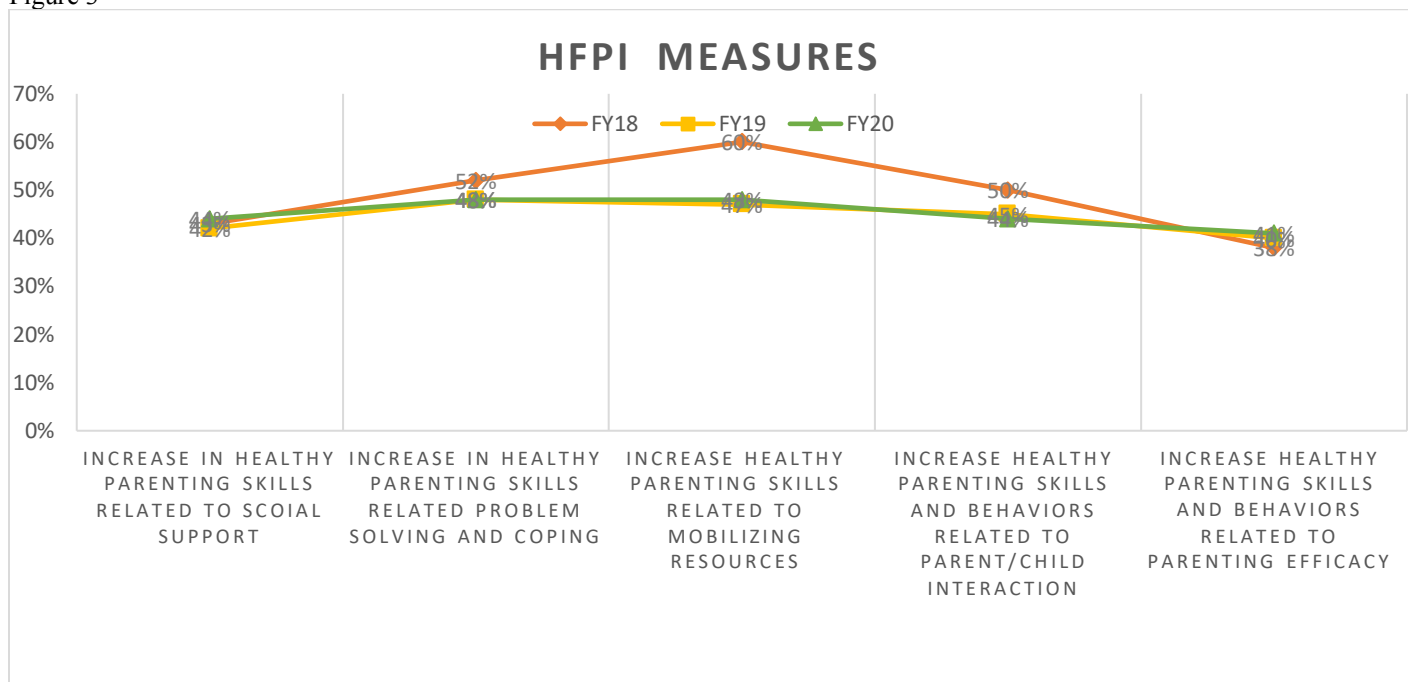
through parenting education and improved economic self-sufficiency. The program addresses prevention of child abuse and neglect by identifying families at two touch points, 1) prenatally and 2) post-delivery, who are at high risk of Child Abuse and Neglect (CAN) by utilizing the statewide Healthy Families risk assessment HFFAT (Healthy Families Florida Assessment Tool).

Centered in Pinellas County, Healthy Families Pinellas, utilizes a comprehensive home visiting program with hopes of impacting the high rate of maltreatment and abuse cases in Pinellas County. As noted in the FDOH Community Health Assessment, Pinellas County has a verified maltreatment rate per 1,000 for children ages 0-4 that exceeds the state rate. With this expected impact in mind, in FY20, like in past years, the program proposes to increase program participant's knowledge of effective parenting and child development, thereby improving the quality of the parent-child interaction and thus decreasing the likelihood that child abuse will ever occur.

Overall, HFP has reached and in many cases exceeded its primary goal of preventing abuse and neglect. Serving approximately 812 adults and 806 children in FY20, 97% of participants served by the program have no new verified reports of abuse and/or neglect during program participation. Similarly, only 1% percent of children served by the program experienced an out of home placement during services. It is also worth noting, that one year after completion of programming, 97% of children who completed the program had no new verified reports of abuse and/or neglect.

To examine and assess the impact the program is having on fostering positive pregnancy and parenting outcomes, the Healthy Families Parenting Inventory (HFPI) is disseminated to participants at six- and 12-month intervals. The HFPI is a validated tool used nationally by early childhood home visitation programs measuring nine parenting domains: social support, problem-solving, depression, personal care, mobilizing resources, role satisfaction, parent/child interaction, home environment, and parenting efficacy. Results suggest that overall, HFP increased parenting skills in the areas of problem solving, mobilizing resources and parent/child interactions as demonstrated in the chart below, and (see Figure 3). In the wake of COVID-19, the program made strides in working toward achieving related HFPI measures. In collaboration with JWB staff, performance measures and the impact of COVID-19 will be closely monitored and assessed throughout the next fiscal year.

Figure 3



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Senior Program Consultant

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Nakee Holloway

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Judith Warren

Judith Warren
Chief Operating Officer

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Beth Houghton

Beth A. Houghton
Chief Executive Officer

Date: 4/30/2021 | 11:48 AM EDT



PROGRAM MONITORING REPORT

Agency: InterCultural Advocacy Institute, Inc. (ICAI)

Program: Hispanic Outreach Center

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

AGENCY OVERVIEW: The InterCultural Advocacy Institute Hispanic Outreach Center (HOC) is a nonprofit organization originally founded in the year 2000 in partnership with the Clearwater Police Department. HOC became incorporated in 2009 as an independent organization. Services are multifaceted and delivered through a strengths-based and advocacy approach to youth and families that reside in the community and surrounding area.

PROGRAM DESCRIPTION: The provider is a multi-service and bilingual center that offers wrap-around services to assist immigrants from primarily Spanish-speaking countries, residing throughout Pinellas County, to adapt to the mainstream of community life. Victim advocacy, family support, and youth development for children and families are services offered. Legal assistance, counseling services, and a law enforcement liaison partnership are also offered onsite to create a seamless experience for clients.

AGENCY/PROGRAM ACCOMPLISHMENTS:

- In FY20 HOC received a JWB Capital Award of \$10,383 for technology enhancement.
- In FY20, the HOC food pantry located at Oak Grove Middle School successfully pivoted to a drive-through food distribution to serve culturally appropriate food to the Hispanic community. Reportedly, over 200 families were served each week.
- In FY20, the Abrazo a la Distancia taskforce successfully created a partnership with JWB and Pinellas County to empower, educate, and engage the Hispanic community during COVID-19 Pandemic. Over 10 PSAs in Spanish with Clearwater Police Department (CPD), Pinellas County Sheriff's Office (PCSO), St. Petersburg Police Department (SPPD), and Clearwater Fire & Rescue; held over 15 webinars to educate the Hispanic community on COVID-19; distributed over 900 tacos to first responders; delivered relief boxes to over 20 COVID-19 families; and distributed backpacks with PPE to over 250 students.
- **Virtual Programming:**
 - English classes, YLP programs, Legal Clinics, and Summer Camp were all conducted virtually to keep families and staff safe.
 - HOC provided a virtual summer camp to over 40 middle and high school students via Zoom, providing them with activity boxes and snacks weekly.
 - HOC partnered with the Clearwater Bar, Bay Area Legal, and the Latin Bar Association to provide free legal consultation in Spanish.
 - Over 25 participants were served in various topics such as criminal, family and immigration law.

STRATEGIC FOCUS AREA(s): Strengthening Community

FISCAL SNAPSHOT:

	FY18	FY19	FY20	Comments
Total Program Budget	\$804,747	\$814,329	\$810,077	The FY20 allocation does not include the RFA Capital Award of \$10,383 received for technology enhancement.
JWB Allocation	\$613,402	\$624,375	\$632,581	
Percent of Total Program Budget represented by JWB Allocation	76%	77%	78%	
Lapse	\$9,560	\$2,238	\$2,788	
Cost per Participant*	\$2,267 (\$804,747/355)	\$2,521 (\$814,329/323)	\$2,647 (\$810,077/306)	

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

CAPITAL AWARD: A capital award of \$10,383 was awarded to fund the HOC technology enhancement project.

TARGETED SERVICE LEVELS:

Targeted Service Level Type	FY18			FY19			FY20		
	Target	Actual	Percent	Target	Actual	Percent	Target	Actual	Percent
Youth	70	155	221%	114	162	142%	114	134	118%
Adults	145	200*	138%	130	161	123%	130	172	132%

*The number of adults in FY18 was significantly higher due to additional clients being served in the aftermath of Hurricane Maria

PARTICIPANT DEMOGRAPHICS:

- Among youth participants, 63% are female; among adult participants 93% are female
- 99% of participants are Hispanic
- Of the 306 participants that specified their household income, 81% had an annual household income of less than \$30,000
- 27% are in a single parent female headed household, 32% are in dual parent married household
- 58% of participants live in a low opportunity area

PROGRAM OUTCOMES:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Number of annual public events	N/A	N/A	4	4	4	4
Number of recurring group services	N/A	N/A	10	10	10	15
Percent of youth participants who continue in the program for more than one year	70%	64%	70%	55%	70%	81%
Number of eligible participants that take the annual program survey	Baseline	48	Baseline	35	Baseline	Waived due to

						COVID-19
Percent of goals achieved for adults who receive Victim Advocacy services	90%	93%	90%	88%	90%	100%
Percent of goals achieved for adults who receive Family Support services	90%	97%	90%	97%	90%	100%
Number of Customer Satisfaction Surveys administered	125	194	125	107	125	128

PROGRAM MONITORING ACTIVITIES:

Program Observation Date(s): 10/8/2019, 1/9/2020, 2/19/2020, 7/16/2020,

Interview Date(s): 8/17/2020, 9/24/2020

Collaborative Meeting/Consultation Date(s): 3/20/2020, 5/21/2020, 5/27/2020, 6/15/2020

In FY20, HOC, continuously offered services through public education, advocacy, and in their responsiveness to ongoing changes in the community. Throughout FY20, HOC served children and families by strengthening community through youth development 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.

HOC 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 HOC implemented a COVID-19 policy for continuity. Prior to COVID-19, HOC conducted an open house, which allowed attendees to tour the building, network, and socialize as they enjoyed a cultural experience through a historical overview, various ethnic foods, and music. Various community partners, city officials, and individuals recognized HOC for 20 years of service, community advocacy, and commitment to diversity. The Mayor of the City of Clearwater also provided a proclamation in recognition of Hispanic Heritage Month. This event proved to be a positive experience and a significant event for HOC.

Observation of the Oak Grove Middle School food pantry was visited during the school year. Youth participants, school staff, and HOC staff were observed working in collaboration to ensure healthy and culturally sensitive foods were served to children and families. The food pantry was organized, clean, and appeared to be free from any hazardous conditions. A program site visit of the HOC Tarpon site located on St. Petersburg College campus occurred. During this visit, it was learned that client connections were made by telephonic appointments and followed up through face to face visitations. Visitations could occur at the site location, housing authority which served as a partnership to HOC, or at a client's home. These visitations were deemed important in order to assesses a client need, in order to further provide the best service in areas such as legal, mental health, domestic violence or more. A tour of the site location to include an observation of HOC's English as a second language (ESOL) also took place. Adult participants were engaged and provided the necessary tools and instruction to learn English.

Additionally, observation of HOC's Youth Leadership Program (YLP) occurred during the summer. Youth were provided a virtual platform to obtain guidance on how to respond to both constructive criticism and non-constructive criticism. During this session youth participants not only demonstrated their understanding between the distinct differences, but also expressed how they felt when they received both types of criticism. Further discussion and engagement revolved around a video which offered tips on how to respond when criticized. Instructions involved staying calm, listening observably, being receptive, appreciative, asking for advice, and setting up a follow-up discussion as needed. This session was observed to be conducive to the educational

development of youth and relevant in the importance of effective communication and leadership skills. Overall, HOC youth participants were engaged and appeared to enjoy the session.

Throughout FY20, several collaborative meetings took place to provide technical assistance related to insurance requirements, the GEMS database system, and subcontract assessments. A parent interview conducted provided insight as to the importance of HOC's support to youth and families in the community. A staff interview of the Coordinator of youth programming was also conducted. In providing over three years of service to youth and families at HOC, and in having a back ground in domestic violence and youth counseling; it was learned that her passion to serve was a great opportunity for both this staff and HOC.

In FY19, HOC NFC was exempt from the initial contractual requirement to complete licensure by September 30, 2019. The requirement was changed effective October 15, 2018, because the Pinellas County Licensing Board (PCLB) determined that, based on the description of HOC's current program, which serves only middle and high schoolers, licensing was not mandatory. However, HOC NFC has fully engaged the accreditation process through the Council on Accreditation (COA) during FY20, and plans to become accredited by September 30, 2021.

COVID-19 19 Response and Impact:

Despite the impact of COVID-19 in Pinellas County, HOC was able to find innovative ways to hold programming in person without exposing any of its participants or staff to the virus itself. The center adapted to the needs of the community and became the focal point for many community needs. Food distribution, resource support and education, and services to support students struggling in a COVID-19 environment were provided in addition to PPE, hurricane, and school supply distribution. The center partnered with FSI Navigators from Personal Enrichment through Mental Health Services (PEMHS) and Gulf Coast Jewish Family and Community Services navigation staff to assist families' on-site with COVID-19 Cares Applications.

HOC did not experience any staff turnover and maintained capacity. While HOC exhibited resilience, perseverance and innovation the center did have its challenges operating in a COVID-19 environment. HOC experienced declines in programming capacity, decline in enrollment numbers, reduction in staff hours, etc. Add to that, the center experienced drastic reductions in enrollment for summer programming. These challenges did not prohibit the program from serving its community.

DATA QUALITY:

Participant File Review Date(s): 2/19/2020

A total of six randomly selected participant files were reviewed to assess best practices, accuracy, and consistency between the organization's files and the GEMS data system. Overall files were well organized, and showed consistent documentation to include authorization of consent forms, written statement of purpose forms, client rights and responsibility forms, and photo consent forms. There were no major data entry errors noted, and progress and service delivery were sufficient.

Personnel File Review Date(s):

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

ANALYSIS OF PERFORMANCE:

The Hispanic Outreach Center has three types 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 have been separated into two measures beginning with FY19. In FY20, the events offered by ICAI included a back to school outreach event, a health fair during Make a Difference Day, and family holiday activities such as breakfast with Santa. HOC also offered regular English for Speakers of Other Languages (ESOL) classes for adults (childcare is provided during class), immigration clinics, Learn With Your Child classes for parents with preschoolers, parenting classes, and Volunteer Income Tax Assistance (VITA). HOC also mobilized to serve as a partner assisting a significant number of families that were displaced from their homes during the closure of a mobile home park in Pinellas County.

Youth programming at HOC includes two components, a middle school program and a youth leadership program. Youth in the middle school programming meet weekly in small groups and are separated by grade and gender. Services include academic support as well as a curriculum which teaches resiliency, problem solving, and confidence. Participants may also volunteer and take leadership roles in a peer-led food assistance program weekly. Youth leadership programming occurs biweekly at the HOC Clearwater site and involves academically successful youth and their families working on communication, resilience, and educational success. Approximately, 81 percent of youth participants are reported to stay in programming for more than one year. The analysis in the future will only include 6th and 7th grade participants. This fiscal year, the OST survey was waived due to COVID-19, however previous youth assessments indicated that participants feel more motivated academically, get the chance to do new things, and that the staff treat them with care and respect.

Adult services include basic needs assistance and intensive support services which can be either family support and/or victim advocacy. Adults who receive family support services and victim advocacy services define goals to improve their quality of life. High levels of goal achievement (100%) are reported for both of these groups. In addition, adults are asked to rate the services they received. The number of surveys collected the last three years have been inconsistent and JWB will work with program staff on the target. The surveys collected demonstrated a high level of satisfaction with program services, with 98% rating the 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: 4/26/2021 | 4:51 PM EDT
Felicia Pizana
Senior Program Consultant

Nakee Holloway Date: 4/26/2021 | 5:19 PM EDT
Dr. Nakee Holloway,
Senior Program Evaluator

Karen Woods Date: 4/27/2021 | 7:49 AM EDT
Karen Woods
Program Administration Manager

Karen Boggess Date: 4/27/2021 | 7:51 AM EDT
Karen Boggess
Program Evaluation Manager

Judith Warren Date: 4/30/2021 | 2:55 PM EDT
Judith Warren
Chief Operating Officer

Beth Houghton Date: 4/30/2021 | 8:04 PM EDT
Beth A. Houghton
Chief Executive Officer



PROGRAM MONITORING REPORT

Agency: Young Mens Christian Association of Greater St Petersburg, Inc

Program: Lealman YMCA Preschool Academy

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

AGENCY OVERVIEW: The Young Men's Christian Association of Greater St. Petersburg (YGSP) is a private nonprofit organization established in 1920 to meet the holistic needs of the residents of Pinellas County. The organization has developed a range of programs created in response to the needs of the communities that they serve including fitness programs, aquatics, dance, sports, and child care programs. The YGSP currently maintains five facilities, 22 before and after school locations, and three preschool academies. The primary mission of the organization is to put Judeo-Christian principles into practice through programs that build a healthy spirit, mind, and body for all. The YGSP's foremost cause is to strengthen the foundation of the community to ensure neighbors, regardless of age, income or background, have the opportunity to learn, thrive and grow.

PROGRAM DESCRIPTION: Lealman YMCA Preschool Academy provides an early learning environment in the Lealman area for Pinellas County children aged six weeks to five years old using Creative Curriculum and Teaching Strategies Gold as its anchor. The preschool is located at the Lealman Exchange. Dedicated staff enhance the social, physical, emotional, and educational needs of each child by implementing developmentally appropriate daily activities. Children have access to dance, swim lessons, and other family events as enhancements to the curriculum.

AGENCY/PROGRAM ACCOMPLISHMENTS: The preschool remained open throughout the pandemic. The agency created Relief Camps at their YMCA facilities and Lealman Exchange for essential worker children beginning in April 2020. Staff from various programs provided a safe and educational space for children of essential workers during the week. The day included academic assistance for virtual learning and assisting with technological needs for hardware and software issues. The preschool collaborated with the school-age program to serve over 200 children during the beginning of the Safer At Home Orders through the summer at the Lealman Exchange. Eight new children found a permanent placement at the preschool due to the Relief Camp partnership.

STRATEGIC FOCUS AREA: School Readiness

FISCAL SNAPSHOT:

	FY18	FY19	FY20
Total Program Budget	N/A	\$876,355	\$1,144,288
JWB Allocation	N/A	\$475,000	\$475,000
Percent of Total Program Budget represented by JWB Allocation	N/A	54%	42%
Lapse	N/A	\$5,662	\$94,461
Cost per Participant*	N/A	\$6,900 (\$876,355/127)	\$6,731 (\$1,144,288/170)

**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 children Served	N/A	N/A	N/A	NA	123	NA	132	147	111%
Number of parents served	N/A	N/A	N/A	NA	4	NA	26	23	88%

PARTICIPANT DEMOGRAPHICS:

In FY20, the Lealman YMCA Preschool Academy Preschool served 147 children ages birth through five. Twenty-six parents received one-on-one parent services including referrals, education and consultation. Of the 147 children served, 33% were black or African American, 44% white and 14% Hispanic. Fifty-two percent (52%) of children were female and forty-eight percent (48%) male. Forty-six percent (46%) were from single-parent households, 51% from a dual parent household and 2% lived with relatives. Forty percent (40%) of families reported an annual household income below \$40,000, and 24% reported an annual household income of \$50,000 and above. Twenty-nine percent (29%) of families declined to provide their annual household income.

PROGRAM OUTCOMES*:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of children ages 1 to 2 years who meet or exceed the Widely Held Expectations on the Teaching Strategies GOLD assessment by the end of the school year.	NA	NA	NA	NA	80%	Waived due to the pandemic
Percent of children ages 2 to 3 years who meet or exceed the Widely Held Expectations on the Teaching Strategies GOLD assessment by the end of the school year.	NA	NA	NA	NA	80%	Waived due to the pandemic
Percent of children ages 3 to 4 years who meet or exceed the Widely Held Expectations on the Teaching Strategies GOLD assessment by the end of the school year.	NA	NA	NA	NA	80%	Waived due to the pandemic
Percent of children ages 4 to 5 years who meet or exceed the Widely Held Expectations on the Teaching Strategies GOLD assessment by the end of the school year.	NA	NA	NA	NA	80%	Waived due to the pandemic
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.	NA	NA	NA	NA	80%	Waived due to the pandemic

**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): 1/11/19, 6/10/19, 7/12/19, 6/23/2020, 7/22/2020, 7/27/2020

Interview Date(s): 7/17/2020 (staff), 7/22/2020 (parent), 8/26/2020 (parent)

Collaborative Meeting/Consultation Date(s): 1/31/19, 2/11/19, 8/15/19, 11/13/19, 12/9/19, 12/16/19, 1/9/2020, 3/24/2020, 4/2/2020, 4/6/2020, 4/10/2020, 5/7/2020, 5/15/2020, 6/1/2020, 8/17/2020, 8/19/2020, 9/14/2020

This program received funding in February 2019 and the decision was made by JWB leadership to have a multi-year report beginning in FY20 to coincide with the contract dates. JWB's 2017-2020 Strategic Plan included the strategy to "develop early learning centers that employ best practices in high-risk zones throughout Pinellas County." In response to this strategy, the Board released a Request for Qualifications (RFQ) for a Quality Early Learning Initiative (QELI) Center in July 2018. The YGSP was the top proposer and subsequently awarded funding by JWB on January 10, 2019 for an initial period of nineteen months (February 1, 2019-September 30, 2020). The YMCA Lealman Preschool Academy is a collaboration including Pinellas County, the Early Learning Coalition, Pinellas County Schools, and YGSP.

The center opened in January 2019. The agency had a ribbon cutting ceremony on January 11, 2019 to welcome partners and parents into the preschool. The preschool began with seven out of 11 classrooms opened. The other classrooms would open as they hired staff and met licensing regulations.

During the first few months of being opened, JWB staff held meetings with the new leadership staff to explain the contract requirements, performance measurement, accreditation requirements, and any items in need of clarification. Technical assistance was offered by JWB staff in completing the budget, data collection for adult and child participants, and data entry into the JWB data systems.

The Lealman YMCA Preschool Academy is licensed by the Pinellas County License Board (PCLB). Licensing standards cover an array of items including the supervision of children, review of personnel and children's files, safety of physical environment, and healthful food/nutrition guidelines. 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. The new preschool was given a temporary permit to care for children until full licensure was met. This meant that they would receive many visits from their Licensing Specialist until they met compliance with all regulations for full licensure. If regulations were not maintained during the temporary permit timeframe, PCLB staff may recommend to their board to extend the temporary permit or deny the application. JWB staff reviewed inspection reports and/or discussed the center's progress towards licensure with PCLB and center staff.

In FY19, PCLB inspected the center eight times. The inspections included routine visits, complaint visits, and follow-up inspections for any non-compliances. The center struggled with many non-compliances over the course of routine inspections. Non-compliances included no shade on one of the playgrounds, bottles not labeled with child's first and last name, toxics (lotion and body spray) on a diapering table within reach of children, staff not meeting training requirements in a timely manner, and children's records not being maintained with proper documentation. The above-mentioned non-compliances were considered Class 2 or 3, not imminent danger for children. Licensing reports are public record and may be viewed at the following website: <https://cares.myflfamilies.com/PublicSearch>. The non-compliances were fixed immediately or within the timeframe provided by the Licensing Specialist. A complaint visit was made to the center in June 2019. The center was found to be out of compliance with licensing ratios and daily attendance. Subsequently two Class 2 violations were given. The Center Director had a staff meeting to discuss rules and regulations with all staff which brought the items into compliance.

An unannounced visit by JWB staff was made to the center in June 2019. JWB staff observed a toddler classroom after nap. There were only four children in attendance at the time. The classroom was organized with low open shelves for the children to reach and use materials as they wanted. There were some displays on the wall including multicultural posters, family photos, birthday board, schedule, and artwork from the children. Many of the displayed items were up high on the walls which was out of view of the children. The teacher was very calm and patient with one child's negative behavior. The child did not want to wash hands and then spit out water several times while drinking. Staff used calming techniques by having the child breath deep breathes. She used similar positive guidance techniques throughout the observation. She let children know what she was going to do before doing it, i.e. wiping their nose, washing their face/hands, changing their diaper. Staff talked with each parent about their child's day when they came to pick up. She asked if they had seen her information in the communication App that they were using. One parent had looked at the information while the other two had not. Staff stated that the parents liked the App because they could see things "in real time" every day.

During the same visit, JWB staff toured the rest of the classrooms. Classrooms were maintaining licensing ratios, but not the quality ratios that JWB QELI sites were required to use. The Director explained that they were in the process of hiring more staff to ensure compliance, but did not have a timeframe for when that could be completed.

In July 2019, JWB staff observed a licensing visit at the center. There were three non-compliances noted and discussed with the Center Director. At this time the four classrooms remained closed and could not be licensed for care until the center could show an improvement towards meeting licensing standards. The center met licensing ratios, however, the Director communicated that they continued to search for qualified staff to meet the JWB quality ratios.

At the end of November 2019, preschool staff self-reported an allegation that a toddler teacher handled a child harshly. Subsequent investigation from PCLB resulted in a Class 1 fine from PCLB for inappropriate discipline practices. A Class 1 fine results when there is or could be imminent harm to a child. The staff in question assisted a child to hit himself with a book so he would know what it feels like to be hit. The incident was similarly reported to all the appropriate agencies. This violation and fine also resulted in the temporary permit for licensure to be extended to February 2020 rather than going to the PCLB Board for full approval in December. In addition, the YGSP leadership placed cameras in all classrooms for supervision and accountability. JWB staff spoke with center leadership about procedures for assisting teachers in the classroom if they feel overwhelmed or stressed. It was reported that a procedure was in place to assist by allowing the teacher to come out of the classroom for a break. The Center Director assured JWB staff that they would discuss disciplinary practices on a regular basis with all staff. This incident also caused a probationary period with the Early Learning Coalition for their School Readiness contract. The preschool was placed on probation until July 2020 and could not receive any more Class 1 violations or further disciplinary action could be taken.

Video cameras were installed at the center in March. However, the monitors were located in a room down a hallway from the Center Director's office. This did not allow for the staff to view the video footage on a regular basis. It was reported that the video footage could be streamed to the Center Director's phone, but that it was not looked at on a regular basis.

The center received full licensure in February 2020. By the end of March 2020, preschool staff self-reported another incident of staff treating children harshly in a toddler room. After the investigation from PCLB, the center received a Class 1 fine. It was found that a staff member used inappropriate discipline techniques which resulted in injury of a child. This injury required professional medical attention. The incident was also reported to all appropriate agencies. JWB staff met with center leadership to understand staffing and safety measures for children. It was reported that center leadership was often times in a classroom to meet licensing ratios. This

resulted in leadership not being able to walk through the classrooms or observe the video cameras to ensure an extra measure of safety. The center would be placed on a Corrective Action Plan from JWB and ELC extended their probationary period to December 31, 2020. The extended ELC probation included intensive training and coaching for all staff and leadership. The ELC training was set up to include Children's Home Society as a partner to wrap services around center staff for implementing appropriate behavior management, modeling techniques to do so, and applying coping skills in situations that may need it. The center was also notified that upon a third Class 1 fine in two years, their license to care for children could be suspended or revoked. JWB's Corrective Action Plan (CAP) included items for maintaining quality ratios and group size, maintaining compliance with PCLB and ELC, and developing best practice procedures for regularly using the video cameras for supervision and safety.

In response YGSP made changes to leadership roles to try to assist in increasing the quality of care for children. JWB staff conferred with the Executive Director of Early Learning about staffing and supervision. The plan was to find a Center Director with more experience in accreditation and running a large center. In addition to battling COVID-19 unemployment increases, the challenge to staffing the center was finding preschool teachers with a Bachelor's degree and sometimes it was a deterrent to have part time hours for assistant teachers.

JWB staff observed one of the virtual trainings offered by the ELC during the probationary period. Most of the staff and leadership team appeared engaged with the presenter. There were a few staff who did not appear interested, they turned their cameras on and off or had an infant with them causing lack of attention toward the presenter. JWB staff entered a small group session during the training where staff felt comfortable to discuss the lesson question. ELC informed JWB that staff satisfactorily completed the 20 hour training course. In addition to the training course, staff would also participate in a six month program with weekly visits from an ELC Behavior Specialist or Inclusion Specialist. The program also consisted of weekly assignments for classroom staff to complete in order to accomplish the goal of decreasing challenging behavior in the classroom. Unfortunately, the majority of staff left or were terminated shortly after the training was completed. This left a gap in knowledge learned about classroom and behavior management.

Five staff interviews were completed in July 2020. JWB staff had to explain the purpose of the interview to the preschool staff because the Director had not explained the purpose to them. Staff ranged in position from Executive Director of Early Learning to Floater. They ranged in tenure from two months to five years with the agency, not necessarily with the preschool. Staff was satisfied with how the agency handled the pandemic. However, some staff expressed challenges like *"things can be overwhelming and too fast"*, or *"lack of leadership and guidance"* when new staff were hired or *"lack of communication when something happened"*. For example, when a new child enrolled and the teacher was the last to know until the child walked into the classroom. Another example of an overwhelming situation was when children were combined in different classrooms as teachers left for the day. As of the writing of this report, only one of the interviewed staff remains teaching at the center.

An outdoor observation of the preschool took place on July 22, 2020. There was a big sign in the entryway asking COVID-19 screening questions before entering the building. Upon arrival inside the preschool, temperatures of adults and children were taken and adults were asked to sanitize hands. Children washed hands upon classroom entry. All staff were wearing facemasks. By July, the preschool allowed parents to drop off their children at the classroom door, but not enter the classroom due to COVID-19 concerns. This particular day was "Bring Your Bike to School Day." There were about 35-40, two to five year old children outdoors in the parking lot riding their bikes and scooters. The staff had cones and adults set up in the parking lot to designate the riding space. Children put on their helmets, if they had one, and began to ride freely, always turning around at the cones. Staff were attentive to the children and helped them as needed. There were also five parents who attended and participated with their child. The Family Engagement Specialist shared that the goal of today was to teach children

bicycle safety. Therefore, she would measure all children for a bike helmet and they would receive a free one at the center.

A parent was interviewed during the event. The parent explained that she had three children at the center ages infant, two, and four years old. They had been at the center for six months and she chose the center because it was within walking distance from her home. The parent expressed that she enjoyed being at the center and felt that the teachers and management staff assisted her with any small concerns she has had. She described her two year old son as “all boy” and full of energy. She explained that the teachers worked well with him and were patient and kind. She appreciated that they took care of any minor behavioral incidents and didn’t call her all the time. When asked how she felt the YGSP responded to COVID-19, she responded, “Excellent!” She shared that she was a healthcare worker and appreciated that they took temperatures upon arrival, wore masks, and asked the parents to wear masks indoors or give them one if they forget. They also had lots of handwashing and parents weren’t allowed in the classroom. The YGSP emailed her information about the new protocols and had continual communication about the virus if needed.

A parent emailed to express their gratitude about the care they received at the center. The parent commented that staff were “sweet” and patient with her child’s screaming. She appreciated the great experiences that they provided for her children and that the center maintained a sense of health and safety.

JWB staff toured the center again on July 27, 2020. COVID-19 protocols were adhered to with temperatures being taken, washing hands, all staff wearing masks, and remaining physically distanced whenever possible. Lealman staff toured JWB staff around the school. We did not enter classrooms because of COVID-19. Teachers and children smiled and some waved when the door opened. Only the infant and toddler rooms had two teachers. This meant that some of the classrooms still did not have the quality ratios that were expected in the CAP. Licensing ratios were maintained, however. A reminder to maintain quality ratios was given to center leadership.

In FY20, PCLB inspected the center nine times. The inspections included routine visits, complaint visits, and follow-up inspections for any non-compliances. The center continued to struggle with non-compliances over the course of routine inspections. Non-compliances included, but were not limited to, expired personnel paperwork, missing information on children’s paperwork, infant laid down in a crib with the bib still on, and incomplete staff training. The center also continued to struggle with complaints made to PCLB. In August 2020, a staff member was accused of mishandling a child on the playground. This allegation was not substantiated. JWB held a meeting with the agency to discuss the situation. Center leadership explained that they were visiting classrooms as often as they could to observe teachers and give them breaks. The video camera monitors, however, were still in a hallway away from the office and unable to be viewed regularly. The center was also struggling to recruit and maintain staff at the center. They spoke of stress within staff due to COVID-19 and challenging behaviors in children.

The agency decided to hire a consultant towards the end of FY20 to evaluate the preschool’s procedures, culture, and curriculum. At the time of writing of this report, the consultant was hired and observed at the center. During the consultancy, a complete turnover of center leadership occurred and some new procedures were implemented to assist increasing the quality of the center. The consultant remained through January 2021. JWB continues to work with the center and agency to meet the terms of the CAP and improve programming for children.

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 Lealman YMCA Preschool Academy.

The preschool remained open throughout the pandemic. They implemented all CDC guidelines as best practice and will continue them until further guidance from the CDC. They lost some staff at the beginning of the pandemic because they were not comfortable working with children and other people during the pandemic. The agency filled the staffing gaps by using other YGSP program staff. The staff kept in communication with parents through day to day contact, email blasts, and phone calls as needed. In addition, visitors were not allowed into the building unless they followed their COVID-19 protocols. The preschool also experienced a loss of enrollment of 25 participants. The agency stated, “The biggest lesson is that the public health crisis will put a strain on staff and enrollment numbers.”

DATA QUALITY:

Participant File Review Date(s): 8/15/19, 9/11/19

On August 15, 2019, a test review of five participant files was completed as a technical assistance activity for the center. JWB staff discussed the inconsistent data entry into the JWB system, collecting proper release of information forms, creating a closure summary, and suggested creating an internal process to conduct quality assurance checks for verifying the accuracy of the data entered.

On September 11, 2019, a formal file review was conducted based on a random sample of eleven participants. Participants’ files were reviewed for compliance, data integrity, service delivery, performance measurement and overall data entry accuracy. The program achieved a perfect compliance score of 100% for the collection of the required JWB forms. Each participant file included the signed and dated JWB Written Statement of Purpose and the Release of Information forms. Files were well organized. There was a 96% accuracy rate on participant’s critical demographic information such as names, date of birth, and gender.

In addition to the participant demographic data, JWB staff reviewed episode dates, attendance data and funding source of information. The episode open date was consistent with the enrollment date and episode open date. Some attendance entry errors were identified. Some files did not have the funding information as required by the contract. Technical assistance was provided on site accordingly.

In FY20, a participant file review was cancelled due to the impact of the COVID-19 pandemic.

ANALYSIS OF PERFORMANCE:

Six performance measures were developed based on the Teaching Strategies GOLD (TSG) assessment and the Florida Voluntary Prekindergarten (VPK) Assessment. Due to the COVID-19 pandemic, the Office of Early Learning suspended the VPK assessment at children’s centers. TSG assessment data was not collected on the children because of the lack of attendance. As a result, JWB waived the performance measures for FY20.

CONCLUSIONS:

In the first two years after its grand opening, the Lealman YMCA Preschool Academy worked towards leadership building, staff recruitment and retention, and meeting compliance requirements with partner agencies including PCLB, ELC and JWB. COVID-19 pandemic added extra challenges to the program in relation to staffing and enrollment. Regardless of the challenges, the program stayed open throughout. The program served not only the regularly enrolled children, but also the children of essential workers, a critical service to the community. JWB will keep working with the program to monitor quality delivery of the program, timely data collection, and children’s performance.

Cheryl Miller

Cheryl Miller
Senior Program Consultant

Date: 4/29/2021 | 5:04 PM EDT

Qian Fan

Qian Fan, Ph.D.
Senior Program Evaluator

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Karen Woods

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Karen Boggess

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Judith Warren

Judith Warren
Chief Operating Officer

Date: 4/30/2021 | 9:02 AM EDT

Beth Houghton

Beth A. Houghton
Chief Executive Officer

Date: 4/30/2021 | 10:23 AM EDT



Program Monitoring Report

Agency: PARC, Inc.

Program: Respite

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

Agency Overview:

PARC, Inc. is a non-profit organization whose mission is to provide the possibility for children and adults with developmental disabilities to exercise their independence and experience life to the fullest. PARC, Inc. offers a range of programs including respite, child care, community employment services, an autism behavioral assistance center and a number of residential facilities. Beyond campus-based services PARC, Inc. also provides transportation and community-based life skills development opportunities. PARC, Inc. has provided this growing range of over 40 programs to adults and children since 1953.

Program Description:

PARC's Respite Care program provides temporary relief for caregivers who have children from birth to 17 years with medical and/or developmental disabilities or children who are at risk of abuse and neglect, thus allowing the primary caregiver to have some time away from the everyday demands of caregiving. Respite occurs in the family home and can occur for a length of time that is authorized for each family. The families must reside in Pinellas County to be eligible for services.

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

Fiscal Snapshot:

	FY18	FY19	FY20
Total Program Budget	\$443,059	\$446,926	\$447,804
JWB Allocation	\$385,572	\$397,017	\$408,382
Percent of Total Program Budget represented by JWB Allocation	87%	89%	91%
Lapse	\$31,737	\$7,681	\$86,746
Cost per Participant*	\$1,952 (\$443,059/227)	\$1,995 (\$446,926/224)	\$1,947 (\$447,804/230)

**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
Children	120	128	107%	132	122	92%	132	128	97%
Adults	120	99	82%	132	102	77%	132	102	77%
Total	240	227	95%	264	224	85%	264	230	87%

Participant Demographics:

In FY20, 128 children aged birth to 17 years were served across 102 households. The median age for children served was 9, with 59% of all children served aged ten years or younger. Though 41% of children served lived in neighborhoods designated as having low or very low opportunity as defined by the Child Opportunity Index (COI), children served were equally distributed across all five COI areas. The median household income for children served in FY20 was \$23,485, which is 38% lower than children served in FY19 (\$38,000). Of households with available income data (81%), 46% were below 100% of the Federal Poverty Level (FPL) guidelines. Nearly one-third of all children served lived in single parent households (32%), with 59% of these children living in households below 100% of the FPL. Consistent with the research literature, single parent households often experience financial hardship due to the increased demands of caregiving responsibilities while struggling to sustain meaningful employment.

Program Outcomes:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of children will have no new verified report of abuse and/or neglect <u>during program</u> services as measured by independent verification with Florida Safe Families Network (FSFN).	95%	96%	95%	99%	95%	96%
Percent of children who complete the program will have no new verified report of abuse and/or neglect for a period of twelve months <u>after case closure</u> as measured by independent verification with Florida Safe Families Network (FSFN).	95%	92%	95%	99%	95%	98%
Percent of children will not experience an out-of-home placement during services as measured by independent verification Florida Safe Families Network (FSFN).	95%	99%	95%	100%	95%	98%
Percent of children who have completed the program will not experience an out-of-home placement for a period of twelve months following case closure as measured by independent verification Florida Safe Families Network (FSFN).	95%	92%	95%	99%	95%	100%

Percent of newly enrolled families will demonstrate an increase in protective factors from intake to first quarterly review as measured by the CANS (Child And Adolescent Needs Strength) Assessment.	Baseline	71%	60%	33%	60%	57%
Percent of families receiving respite services for six months and longer will maintain or increase protective factors from prior to current administration as measured by the CANS (Child And Adolescent Needs Strength) Assessment.	Baseline	Began the end of FY18	Baseline	48%	Baseline	54%
Percent of families will be satisfied with services as measured by the Follow Up Quality Assurance & Maintenance Eligibility Survey.	90%	98%	90%	100%	90%	99%

COVID 19 Response and Impact:

Coronavirus disease 2019 (COVID-19) is caused by a novel virus that results in severe acute respiratory symptoms, and it developed into a global pandemic impacting more than four million people during the first five months since it was initially identified in December 2019.¹ In alignment with international responses, designed to reduce infection rates, the US declared a pandemic emergency on March 13, 2020 resulting in many states progressively moving to declare stay-at-home orders with the overarching intent of mitigating the prolific spread of the virus and thus reducing the risk of overwhelming healthcare and social service systems.² In accordance with this nationwide response the state of Florida issued a Stay at Home Order on April 1st 2020 which significantly curtailed travel, social gatherings and the operations of nonessential businesses, public amenities and other settings.³ Consequently, many of the programs within the JWB portfolio were required to either completely cease service delivery or shift towards a remote staffing and virtual operational stance.

In order to retrospectively gauge the direct fiscal and programmatic consequences of 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. The following subsection provides a synopsis and interruption of the results of the COVID-19 Impact Survey submitted by the PARC, Inc. Respite Program alongside general findings from program monitoring activities during the aforementioned time period.

At the onset it should be acknowledged that the Respite program service delivery model inherently involves proximal contact with program participants in the context of a home based setting. Therefore, in accordance with the Centers for Disease Control (CDC) guidelines and the tenets of the Florida Stay at Home Order issued on April 1st 2020, the program effectively ceased direct service delivery operations from March 20th, 2020 through May 31st, 2020. During this period the Respite Program Manager implemented weekly telephonic contact with individual families in order to both offer ongoing support and monitor for any emergent, urgent needs in relation to the COVID-19 pandemic. In concert with Florida's sequentially phased reopening plan the program gradually resumed service delivery on June 1st, 2020. JWB staff offered input and support to PARC

¹ Johns Hopkins, C. S. S. E. (2020). Coronavirus COVID-19 Global Cases by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU). Dipetik April, 19, 2020.

² Kenyon, C. (2020). Flattening-the-curve associated with reduced COVID-19 case fatality rates-an ecological analysis of 65 countries. *Journal of Infection*, 81(1), e98-e99.

³Gostin, 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.

staff both during the program closure and throughout the process of developing a risk stratified plan to optimize safety precautions upon commencing the resumption of service delivery.

The initial phase of planning conducted by Respite staff was initiated during the month of May, 2020, involved the completion of a scan of both existing program participants and program staff in order to determine individual comfort levels pertaining to a return to operational service delivery, framed around CDC preventative protocols. Following this review approximately 35% of the existing staff group reportedly expressed significant reservations, due to the risk of potential exposure to the virus and around returning to work at that point in time.⁴ In a similar fashion a large portion of program participants chose to temporarily suspend services during the aforementioned temporal period. Attrition of staff occurred during this time period, as well.

It is fully recognized that the unfolding of the COVID-19 pandemic posed a myriad of unprecedented operational and procedural challenges for programs across the JWB funded portfolio, particularly for those providers delivering direct care services. The resultant impacts on service levels for the Respite program, throughout the remainder of the fiscal year, following the resumption of services, was significant with less than 40% of established contractual service levels attained. At a fiscal level the program encountered a budgetary lapse in the amount of \$86,746 which represents approximately 21% of the original JWB funding allocation. The root causes of the reduction in service levels and corresponding fiscal lapse are self-evident and may be largely attributed to the extraordinary societal ecological climate created by the COVID-19 pandemic.

Program Monitoring Activities

Program Observation Date(s): 2/21/20

Interview Date(s): 9/24/20 and 9/25/20

Collaborative Meeting/Consultation Date(s): 12/5/19, 12/10/19, 12/20/19, 1/30/20, 2/3/20, 2/19/20, 2/24/20, 3/4/20, 3/13/20, 3/14/20, 3/27/20, 4/2/20, 4/3/20, 4/16/20, 4/27/20, 5/11/20, 5/12/20, 5/14/20, 5/18/20, 5/28/20, 5/29/20, 7/1/20, 7/2/20, 7/9/20, 7/17/20, 8/7/20, 8/28/20 and 9/18/20.

Personnel File Monitoring Date(s): 9/17/20

Technical assistance activities were launched at the onset of FY17 and have continued through FY20. The scope of technical assistance during this epoch have revolved around the implementation of thorough standardized assessment processes, the adoption of an empirically valid assessment instrument to gauge families' needs and risk, application of a utilization management strategic plan to ensure appropriate usage of allocated funding based on the needs of individual families and guidance as to the need for improvements related to the orientation and training processes for direct care staff. As will be discussed in more detail in the following sections of this report the program has continued to demonstrate limitations across the aforementioned administrative and programmatic components.

- At the onset of the second quarter of the fiscal year the Assistant Program Manager was terminated from employment on 1/23/20 due to a number of performance concerns stemming from inconsistent data entry and administration practices related to the Child and Adolescent Needs and Strengths (CANS). The implications of the staff person's historical actions were viewed as having a significant impact on programmatic integrity particularly with regards to the poor fidelity around the administration of the CANS assessment which serves as a core aggregate program performance measure and determinant in the appraisal of level of care and service delivery allocations for individual program participants. The topic of the historical concerns around the administration of the CANS assessment and associated consequences will be explored in more detail in the Data Quality Section of this report.

The Assistant Program Manager position remained vacant until June 23rd 2020 further compounding existing programmatic oversight and administrative challenges in the context of the unfolding COVID-19 pandemic. However, the vacancy created an opportunity to hire a Masters Level practitioner to assist in

⁴ Barzilay, R., Moore, T. M., Greenberg, D. M., DiDomenico, G. E., Brown, L. A., White, L. K., ... & Gur, R. E. (2020). Resilience, COVID-19-related stress, anxiety and depression during the pandemic in a large population of healthcare providers. *Translational psychiatry*, 10(1), 1-8.

the application of more thorough assessments of risk levels, participant global needs and service delivery determinations. This credential and clinical experience was a recommendation made to program staff for this position and was filled with consideration for education in behavioral sciences, however, the program elected to hire a candidate without a Master's degree.

In order to provide program adequate oversight, PARC added an Administrative Assistant in FY19 and the Assistant Program Manager in FY18. JWB staff have encouraged attention to staffing models due to the number of clients served, the range of programmatically inherent administrative responsibilities and the number of direct care providers who require ongoing direct supervision.

- A central feature of JWB technical assistance over the previous fiscal years has been the completion of home based observations to view the program's intake, assessment and administration of the CANS instrument. Over the course of FY20 the completion of multiple home based observations were constrained due to the COVID pandemic however a single observation was completed during the second quarter of the fiscal year. The home based assessment was conducted by the Respite Program Manager and involved a family who had been involved with the service for a number of years and was in the process of being assigned to a replacement respite worker. The highlights and impressions of this particular observation are outlined in the following subsections.

A key practice element during home visitation assessments is the development of rapport and the maintenance of a constant, even pace through the interview process.⁵ In these domains the Program Manager was viewed as effectively engaging the parent bolstered by a long standing working relationship, pausing to respond to concerns while steadily moving through the interview process as a whole. In comparison to previous observations the application the CANS assessment domains to generate exploratory questioning and the soliciting of specific behavioral examples to illustrate areas of need and overarching strengths were noted as particular areas of growth in relationship to creating a fruitful dialogue. Furthermore, specific attention was devoted to the participant's communicative behaviors within the family system, during interpersonal interactions, at school and was viewed as a vital aspect of the assessment process in the context of preparing the newly assigned respite worker for how to best support an individual with extremely limited verbal communication abilities.

Over the course of previous fiscal years continuous technical assistance has been provided in relation to increasing the program's foci attention to the completion of an assessment of both proximal and dynamic risk characteristics for the participants served. Research findings have concluded that the CANS assessment is an empirically valid instrument that provides a reliable measure of risk across multiple domains.⁶ As such, technical assistance provided by JWB staff has frequently revolved around the utilization of the CANS assessment to gauge both historical, situational and contextual risk factors. In these domains the Program Manager was viewed as striving to develop a clear understanding of the distinction between intentional high risk behaviors and those that occurred as a direct result of the young woman's disability and/or attempts to communicate her needs. Moreover, clarifying questions were routinely deployed in order to identify behavioral antecedents and how to best manage any subsequent challenging behaviors that may occur. At a psychosexual developmental level, the Program Manager delicately discussed the young woman's sexual developmental stages and identified specific behaviors, common among many with profound intellectual disabilities, that the respite worker should be aware of. This particular aspect of the assessment process appeared to be managed in a tactful manner with lines of discussion that clearly set the parent at ease around a potentially uncomfortable topic.

⁵ Ferguson, H. (2014). Researching social work practice close up: Using ethnographic and mobile methods to understand encounters between social workers, children and families. *The British Journal of Social Work*, 46(1), 153-168.

⁶ Anderson, R. L., Lyons, J. S., Giles, D. M., Price, J. A., & Estle, G. (2003). Reliability of the child and adolescent needs and strengths-mental health (CANS-MH) scale. *Journal of Child and Family Studies*, 12(3), 279-289.

Overall the assessment process was found to be thorough however some limitations were present during the review of potential medical risk, in relationship to the completion of historical exploratory questioning, when the parent raised the issue of the participant's sister's serious allergy to nuts. Ideally, the subsequent line of questioning in this area would have covered an in depth review of proximity of risk around when the last allergic reaction occurred. Assessment in this area held particular relevance given that the sibling was reportedly often present during respite sessions and by extension required secondary supervision by the respite worker. Nonetheless, in counterbalance, the Program Manager, provided a clear explanation of the program's emergency medical policy and the corresponding capacities of Respite Care staff to provide first aid.

Research findings have concluded that effective Respite care best practice models generally revolve around service delivery that is inherently flexible and precisely targets the scheduling of the service during periods of increased need such as during early morning or evening transitions.⁷ Under these findings the limited deliberate targeting of the allocation of hours of service, based on areas of need uncovered during the assessment process, has been an area of concern over previous fiscal years with scheduling appearing to be primarily based on the availability of respite care staff as opposed to the specifically identified needs of the families. This challenge was again illustrated during the observation with discussion around the delivery of hours of service appearing to be mainly based on the scheduling availability of the Respite worker. As such JWB staff prompted around the importance of the inclusion of interview questions that prompted responses to "*what are the most difficult days and times of the week for you*" and "*when does your family need the most help*". JWB staff offered feedback following the observation as to a goal to develop a staffing capacity that is able to specifically respond to the scheduling needs of each family. This observation is offered with consideration to the challenge that workers in the Respite program are predominantly part-time employees with other work obligations.

- Studies have consistently concluded that the provision of high quality respite care services, for children with special needs, is highly dependent on the provision of a comprehensive staff training program given the particular demands of the population served.⁸ As such, a key area of ongoing focus, stemming from FY18 program monitoring activities and subsequent report period findings, has been recommendations that a specific training curriculum be tailored for respite staff given the unique aspects of their functional duties. As of the date of the writing of this report, JWB is in receipt of this training curriculum and the impacts of this training will be monitored going forward.
- A total of five separate staff interviews were conducted over the course of this fiscal year with the tenure of the staff interviewed ranging from less than six months to between five and ten years. General themes uncovered during the staff interviews revealed a lack of training specifically tailored to the respite program with several of the staff struggling to identify core agency training requirements. One staff person in particular expressed a position that additional training on the key elements of providing in home respite care to developmentally delayed children was a particular need area. Other staff described the initial orientation process as "*basic*" and staff were rather vague around the process of reviewing Job Descriptions during the onboarding process. However, it should be recognized that the program conducted a staff meeting on 9/29/20 in order to conduct an overview of revised Job Descriptions.

At an operational level staff were consistently able to articulate the basic CDC protocols associated with COVID-19 including, but not limited to, the completion of a symptom screening questionnaire, the application of universal sanitization precautions, utilization of Personal Protection Equipment (PPE) and temperature checks prior to each home visit. However, one staff person raised reservations regarding the

⁷ Doig, J. L., McLennan, J. D., & Urchuk, L. (2009). 'Jumping through hoops': parents' experiences with seeking respite care for children with special needs. *Child: care, health and development*, 35(2), 234-242.

⁸ Hewitt-Taylor, J. (2005). Caring for children with complex needs: staff education and training. *Journal of Child Health Care*, 9(1), 72-86.

established agency protocols given that temperature checks are self-reported by the families, do not necessarily occur in the presence of staff and are therefore unable to be verified at times. This same staff person also described a scenario where it was discovered that the child in the home was presenting with an elevated temperature following the commencement of the home visit. And, proceeded to disclose that respite sessions would, on occasion involve, accompanying the family, transported in a vehicle, to outings to a local park during which time the family members chose not to wear masks. Following the completion of the staff interviews JWB staff provided feedback to program management as to the need to routinely ensure that both staff and the participants served were routinely acting in accordance with established protocols.

- Following an incident that was reported on 12/5/19 involving a respite worker witnessing a caretaker consuming alcohol prior to transporting a child in their vehicle JWB staff provided technical assistance around the development of a policy to address the appropriate reporting processes and associated actions that should be taken following the occurrence of such an event. Of note the respite care worker failed to immediately notify the On Call Program Manager and the incident was not reported until the following business day. Ultimately an Abuse and Neglect report was filed with the DCF hotline and the program was advised by DCF staff to contact local law enforcement. Subsequently, the program developed and disseminated to staff an *Impaired Parent* policy and procedural guide. During the process of providing technical assistance it was discovered that despite the instance of a similar event the previous fiscal year the program had no firmly established guidelines for program staff around reporting protocols and responsibilities in the event that a caretaker was suspected of being under the influence of intoxicating substances. Moreover, this incident highlighted shortcomings around program staff appropriately contacting child welfare in response to an incident of potential abuse and/or neglect.
- JWB staff facilitated a collaborative meeting with Respite program staff and agency leadership to address the salient programmatic and operational concerns that have accumulated over the last three fiscal years. At the forefront of the discussion JWB staff presented the issue of staff training and the corresponding impacts on quality of care and the benefits of a specific curriculum designed to bolster staff competencies in the area of home based service delivery. In response agency leadership reported that improved internal structures have been developed to ensure staff compliance with core agency training requirements. Further discussion was generated around PARC staff's reported concerns that On-Call Coverage has historically been provided primarily by only the Program Manager. Agency leadership reported that the newly appointed Assistant Vice President of Children's services was now available to provide contingency coverage on an as needed basis. Finally, a brief discussion was held on the CANS assessment which, as previously referenced has been an ongoing area of concern related to both timely administration and fidelity. Again, as previously indicated, the topic of the CANS assessment will be discussed further in Data Quality section of this report.
- In response to the barriers presented 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 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 10 files were reviewed for this reporting report with the completed provider Self-Assessment producing evidence of the presence of core documentation requirements. Technical feedback was offered around the need to ensure that all staff Affidavits of Good Moral Character (AGMC) are notarized in order to ensure full contract compliance. In addition, recommendations were provided as to the need to update staff Job Descriptions in order to fully align with the current program methodology.

Participant File Review Date(s): 1/9/20**Data Quality:**

A total of five household participant files, representing a combined sum of 20 individual program participants, were randomly selected and reviewed with the primary intention of examining data integrity, the presence of updated forms corresponding to Quality Improvement recommendations generated over the last three fiscal years, scrutinizing patterns of service delivery and further appraising progress towards achieving full fidelity to the developed program methodology. Overall, the program attained outcomes of 100% in the area of Compliance, 97% in relation to the correct entry of Critical Fields and 92% in the domain of Data Accuracy. Comparatively, the aforementioned results are relatively consistent with the previous fiscal year's file review conclusions and at a superficial level provide indicators of consistent data entry practices.

However, despite acceptable data integrity findings, it should be recognized that the legitimacy of the results may have been compromised due to the acknowledged inconsistent data entry practices of the previous Assistant Program Manager. In addition, significant variations were again uncovered regarding the timely administration of the CANS assessment. The findings of the FY19 participant file review revealed that only 6% of program participants received the necessary number of CANS assessments within the quarterly and/or 6-month window, and over 20% of participants received only one assessment within a year from the start of service. Consequently, the ability to infer positive program outcomes was significantly compromised. The theme of inconsistent completion of the CANS assessment was found to have persisted into FY20, though to a lesser degree, and has been a constant area of concern since the implementation of the instrument in FY18. Moreover, the actual validity of the results of the CANS assessments for FY20 are believed to have been further compromised due to poor fidelity in the administration of the instrument by the Assistant Program Manager.

Analysis of Performance:

Respite offers temporary relief to caretakers who lack natural support and resources. One of the primary imperatives of the program is the strengthening of protective factors through the provision of respite care. Implementation of the CANS assessment is designed to further assist the program in the identification of protective factors, known to ameliorate the likelihood of abuse and/or neglect while also providing indicators as to the potential need for additional services. Preliminary results from FY18 demonstrated increased protective factors among 71% of families across a three month period following enrollment. However, the aforementioned compromised implementation fidelity resulted in only 78% and 40% of families served receiving two or more assessments within fiscal years 2019 and 2020, respectively.

To account for CANS administrations after 6 months of services, CANS administrations dating back to 04/01/2019 were included in FY20 analysis. Of the 102 families served in FY20, only 76% (78) were administered the CANS at least once dating back to 04/01/2019. Only 40% (41) were administered the CANS at least twice. Participants served should receive a CANS administration at intake and then at quarterly (i.e. 3 month) follow-up. Of the households served in FY20, 28 households had intakes that fell within the analysis window (i.e. 04/01/2019 on). Of those households 96% (27) were administered the intake CANS assessment at intake. However, only 14 intake assessments had a quarterly follow-up assessment, and only 8 (57%) demonstrated an increase in protective factors during that time.

Following the quarterly CANS administration, participants should take the CANS every six months. Of the 78 households administered the CANS in FY20, 63 had service periods long enough to qualify for inclusion in FY20 analysis. However, only 17% (11) of those households had at least two CANS administrations that fell within the six-month window. Of those 11 households, only 4 (36%) demonstrated an increase in protective factors during that time. The outcome measure analyzes the two most recent CANS administrations for participants with service periods of at least 6 months. During FY20, 37 participants had qualifying service periods and accompanying CANS administrations. Of these 37 participants, 54% (20) demonstrated an increase in protective factors between their previous two administrations.

Available literature provides cautions that children with special needs are at an elevated risk of neglect and/or maltreatment due to the associated demands of their care. As such, the efficacy of the program is, in part, measured by the prevention of incidents of child abuse both during and after program participation. In this regard the program has successfully exceeded its targets in prior fiscal years which led to the target values being increased for FY18. In FY20, 96% of children remained free from abuse and/or neglect during program, and 98% of children remained free from abuse and/or neglect at 12-month follow-up post case closure. Additionally, 98% of children did not experience an out-of-home placement during services and 100% of children did not experience an out-of-home placement at 12-month follow-up post case closure.

Paul Webb

4/29/2021 | 3:00 PM EDT

Date: _____

Paul Webb

Senior Program Consultant

Patrick Pidgeon

4/29/2021 | 4:06 PM EDT

Date: _____

Patrick Pidgeon

Senior Program Evaluator

Karen Woods

4/29/2021 | 4:26 PM EDT

Date: _____

Karen Woods

Program Administration Manager

Karen Boggess

4/29/2021 | 4:45 PM EDT

Date: _____

Karen Boggess

Program Evaluation Manager

Judith Warren

4/30/2021 | 2:50 PM EDT

Date: _____

Judith Warren

Chief Operating Officer

Beth Houghton

4/30/2021 | 8:01 PM EDT

Date: _____

Beth A. Houghton

Chief Executive Officer



Financial Monitoring Report

Agency: Community Action Stops Abuse, Inc. (CASA)

Program(s): Domestic Violence (DV)
Peacemakers (PM)

Date of Visit: February 26, 2021

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

Agency Staff: Mindy Forey, Chief Financial Officer; Jill Flansburg, Senior Grants & Compliance Manager

Period Reviewed: FY2019 & FY2020

Funding/Lapse History

Program	Fiscal Year	JWB Contract Amount	Total Program Budget	% of Total Program Funding	Lapse (%)
DV	FY2020	\$971,876	\$3,748,642	25.9%	14.9%
DV	FY2019	\$658,191	\$3,370,214	19.5%	19.1%
PM	FY2019	\$253,306	\$361,931	70.0%	7.6%

FY20 funding for DV increased 48% due to combining the PM program with DV late in FY19 which included the portion that was budgeted within the Religious Community Services The Haven contract. The FY20 lapse in DV is made up of salaries and benefits due to significant turnover as well as participant expenses, and the FY19 lapse in DV and PM is due primarily to lapse in salaries and benefits.

Agency Audit

The independent auditor's opinion for both FY19 and FY20 was clean and there were no internal control weaknesses noted. For FY20 and FY19 there was an excess in revenues over expenses of \$380,469 and \$491,401, without applying depreciation of \$687,748 and \$682,097, which resulted in a change of net assets of (\$307,279) and (\$190,696), respectively. The agency retained a new audit firm in FY20, Mayer Hoffman McCann P.C.

Compliance with Site Visit Request

The Monitoring was conducted virtually relying on document uploads into SharePoint. The few items that were missing were quickly uploaded to SharePoint for our review. No other issues with compliance.



Management of Program Funds

CASA's Financial Policies and Procedures Manual is exhaustive and addresses all aspects of accounting for the organization. The last major review and update was completed in 2016 and the agency is currently working with their finance committee to complete a review and update by 6/30/2021. They have a thorough purchasing policy with the threshold set at \$1,500. Staff and Board members are required to sign a conflict of interest statement annually. Program budget to actual reports are provided to program managers to review and the CFO investigates discrepancies, as well as reconciles the internal DV budget against the JWB grants management system on a monthly basis. In July 2020, CASA outsourced some of their financial duties which includes invoicing and preparing bank reconciliations. A senior accountant was recently hired and will take on these responsibilities after the CPA contract ends in July.

Timeliness of Reimbursements

FY20 – DV submitted requests timely: 3 of 9
 FY19 – DV submitted requests timely: 12 of 12
 FY19 – PM submitted requests timely: 12 of 12

In FY19, 100% of the reimbursements for both DV and PM were submitted timely. However, the timeliness of reimbursements for DV fell to 33% in FY20. In FY19, 3 of the 12 PM requests were returned for additional support and 5 of the 12 DV requests were returned additional support, expense reclassification and inclusion of unallowable expenses. In FY20, 3 of the 9 DV requests were returned for unallowable expenses and expense reclassification. Timeliness improved after outsourcing these duties to a CPA in July 2020.

Reimbursement Review

A total of 24 operating expenses (20 for DV and 4 for PM) across various budget lines were reviewed during the visit. A few findings were identified as a result of the reimbursement review.

One expense greater than \$400 was missing a director signature on the PPR as per policy. Another expense greater than \$10,000 was missing the BOD signature on the PPR, and the second signature on the check. Finally, a mileage report was submitted and approved that was outside of the monthly timeframe indicated by the policy. There are no monetary infractions associated with these findings.

Payroll Review

The payroll verification consisted of 6 positions, 4 DV staff for pay dates in September 2019 and June 2020 and 2 PM staff for pay dates in September 2019. There were no findings associated with our review.

Bank Reconciliation Review



CASA's policy on bank reconciliations states that they are to be completed on a timely basis, defined as 15 days after the statement is received, and will be coordinated by the CFO, with any discrepancies reported to the CEO. A total of 4 bank reconciliations were reviewed. One was not completed or reviewed on a timely basis and 2 were missing signatures to evidence review.

JWB Recommendations

Management should consider updating the Financial Policies & Procedures manual to include annual inventory of assets.

Management should consider adopting a formal contract review policy to monitor deliverables and ensure best pricing timely in order to determine whether there is a need to procure a new vendor and/or provider.

Agency Response

Thank you for the opportunity to examine our fiscal procedures. We always learn something from a monitoring review!

Timeliness of Reimbursements

During 2020, CASA was the recipient of a variety of COVID related funding that was additional to our typical budget. This included PPE and CARES/ CV awards. These federal awards were under condensed deadlines, not only for invoicing, but also for spending.

In trying to maximize use of these funds, and truthfully not understanding there was an expectation of firm deadlines with JWB funding, there were many months when we prioritized documentation for the time-sensitive supplemental awards. The timeline for use of those COVID awards have since expired and we do not anticipate this particular challenge will be repeated.

Additionally, CASA has been working on further developing our infrastructure and capacity. Last month we added capacity to our finance department with a new Senior Accountant responsible for managing monthly invoicing in a timely manner. We are also in the process of updating our financial accounting system, with a focus on improving controls, making processes more streamlined and efficient, and improving financial reporting. This will also help to improve finance department capacity and ensure accurate and timely reimbursement requests.

JWB Recommendations

Annual inventory of assets: CASA will work with the Board Finance Committee to draft an assets inventory policy/procedure.

Contract review policy: Although CASA does not have a formal policy, the Board Finance Committee has reviewed several contracts over the past 2 years. Activities have included looking at the contracts' scope of work and whether they meet CASA's needs ongoing. This year, the Committee is reviewing the PEO provider and copier leases.



Stacey Gill

4/23/2021 | 12:56 PM EDT

Stacey Gill, Senior Program Financial Analyst

Date

Lori Lewis

4/23/2021 | 1:57 PM EDT

Lori N. Lewis, Program Finance Manager

Date

Laura Krueger Brock

4/23/2021 | 2:09 PM EDT

Laura Krueger Brock, Chief Financial Officer

Date

Received by:

Mindy Forey

4/27/2021 | 8:24 AM EDT

Mindy Forey, Chief Financial Officer

Date



Financial Monitoring Report

Agency: Operation Par, Inc. (PAR)

Program(s): PAR Outpatient Service Array (POPSA)
Motivating New Parents (MNP)
PAR Child Development Centers (CDC)
I Can Problem Solve (ICPS)

Date of Visit: March 26, 2021

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

Agency Staff: John Newkoop, VP & Controller; Jana Law, Accountant

Period Reviewed: FY2019 & FY2020

Funding/Lapse History

Program	Fiscal Year	JWB Contract Amount	Total Program Budget	% of Total Program Funding	Lapse (%)
POPSA	FY2020	\$252,262	\$727,036	34.7%	18.9%
POPSA	FY2019	\$642,717	\$1,438,846	44.7%	6.3%
MNP	FY2020	\$173,071	\$176,926	97.8%	6.7%
MNP	FY2019	\$173,071	\$177,131	97.7%	8.3%
CDC	FY2020	\$390,455	\$574,194	68.0%	4.6%
CDC	FY2019	N/A	N/A	N/A	N/A
ICPS	FY2020	\$157,200	\$195,805	80.3%	0.1%
ICPS	FY2019	\$157,200	\$201,879	77.9%	36.1%

The CDC was previously included as part of the POPSA program but pulled out as its own program in FY20 which accounts for the decrease of \$390,455. The most significant lapse in FY20 was in POPSA due to one position being vacant for most of the fiscal year. The FY20 lapse in MNP was due to lapse in both salaries, benefits and travel, as visits were virtual during the pandemic. The FY20 lapse in CDC was also due to lapse in salaries and benefits. The FY19 lapse in POPSA, MNP and ICPS was due to lapse in salaries and benefits.

Agency Audit

The FY19 and FY20 audits were clean and there were no internal control weaknesses identified. In FY20 and FY19 there was change in net assets of \$438,429 and \$814,727, which includes



depreciation of \$806K and \$987K, respectively. The decrease in FY20 was primarily attributed to a decrease in net patient service revenue due to the pandemic.

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

Operation PAR has a very thorough Finance Policies and Procedures Manual that is reviewed and revised annually. There is a policy on fixed assets that addresses disposal of assets and specifies that approval is necessary prior to any disposal for items acquired with donor or grant funds. Each asset has a profile in the general ledger software system, Great Plains, that identifies the funder. Assets over the \$1,000 threshold are capitalized. There is also a well outlined purchasing policy that includes multiple levels of signatory or approval requirements; purchases up to \$200 must be approved by a program administrator or designee, \$200-\$499 by either a program administrator, director or VP and greater than \$500 by the program administrator, director or VP and the CFO. The bid policy includes processes at two levels, greater than \$10,000 and greater than \$250,000. The lower level requires two quotes and the process can be informal, though all quotes are documented and kept on file. The higher level requires a sealed and publicly solicited process. Per policy, contracts are awarded to the responsible firm whose proposal is the most advantageous, with price and other factors considered. The conflict of interest policy does not include the requirement that staff sign a statement annually. The policy for Board members must be signed annually.

Financial statements are generated monthly and are presented to the Finance Committee and the Board of Directors with explanations of major budget variances. Financial statements by program are also published to a shared drive that is accessed by program administrators. In order to confirm accuracy and allowability, finance staff also reconcile the JWB Grants Management System to internal financial records on a monthly basis and, when necessary, finance staff will meet with program directors to discuss any concerns.

Timeliness of Reimbursements

FY20 POPSA submitted requests timely: 7 of 12 (58%)
 FY20 MNP submitted requests timely: 8 of 12 (67%)
 FY20 CDC submitted requests timely: 8 of 13 (67%)
 FY20 ICPS submitted requests timely: 8 of 12 (67%)
 FY19 POPSA submitted requests timely: 11 of 12 (92%)
 FY19 MNP submitted requests timely: 11 of 12 (92%)
 FY19 ICPS submitted requests timely: 11 of 12 (92%)



The decrease in the submission of timely reimbursements was due to a staffing change in FY20. In FY20, 7 of the 12 POPSA requests were returned, 6 of 12 MNP requests were returned, 3 of 12 ICPS requests were returned and 8 of 13 CDC requests were returned. Most of these were returned for additional backup support, salary corrections or expense classification errors. In FY19, 4 of the 12 POPSA and 3 of 12 MNP and ICPS requests were also returned for additional backup support and expense classification errors.

Reimbursement Review

A total of 40 operating expenses (10 in each program) were pulled from reimbursement requests across various budget lines for the four programs under review. There were no findings.

Payroll Review

The payroll verification consisted of 7 positions for the months of September and 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 CFO.

JWB Recommendations

Management should consider a formal written contract review policy that documents when and how administrative and program contracts are reviewed.

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

Agency Response

PAR does have several policies and procedures regarding our contract review process. Copies are being attached.

Our Conflict of Interest Policy not only covers Board members but also officers and key employees. Because we have just under 500 employees, requiring an annual COI statement from them would be an administrative burden. Instead, we require all employees to complete our Ethics training annually. This training covers our conflict of interest policy and reminds employees to report any conflicts immediately.

Stacey Gill

4/28/2021 | 10:07 AM EDT

Stacey Gill, Senior Program Financial Analyst

Date



4/28/2021 | 10:26 AM EDT

Lori N. Lewis, Program Finance Manager

Date

Laura Krueger Brock

4/28/2021 | 10:48 AM EDT

Laura Krueger Brock, Chief Financial Officer

Date

Received by:

Amy Scholz

4/28/2021 | 11:04 AM EDT

Amy Scholz, Chief Financial Officer

Date



Financial Monitoring Report

Agency: The Children's Home Network (CHN)

Program(s): Kinship
Pinellas Support Team (PST)

Date of Visit: April 01, 2021

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

Agency Staff: Lisa Campbell, Fiscal Director; Julie Taylor, Revenue Manager

Period Reviewed: FY2019 & FY2020

Funding/Lapse History

Program	Fiscal Year	JWB Contract Amount	Total Program Budget	% of Total Program Funding	Lapse (%)
Kinship	FY2020	\$959,427	\$982,574	97.6%	12.0%
Kinship	FY2019	\$939,968	\$966,436	97.3%	5.7%
PST	FY2020	\$477,821	\$477,821	100.0%	28.3%
PST	FY2019	\$472,045	\$477,919	98.8%	2.3%

The slight increase in funding for both Kinship and PST in FY20 over FY19 can be attributed to the annual cost of living adjustments. FY20 lapse in Kinship is primarily from lapse in salaries & benefits due to turnover and lapse in participant expenses and travel due to COVID. The FY20 lapse in PST is primarily from lapse in salaries & benefits due to turnover and lapse in professional services due to COVID. The FY19 lapse in Kinship of 5.7% was also due to lapse in salaries, and in PST, professional services.

Agency Audit

The FY19 and FY20 audits were unmodified. However, there was a repeat finding in the FY20 audit of major federal programs related to the foster care program noting that the providers did not adhere to the visitation schedule, causing delays beyond the minimum time specified. A corrective action plan has been executed and accepted by the funder. There was a change in net assets of \$885,586 and \$1,112,988, including depreciation of \$357,944 and \$378,964 in FY20 and FY19, respectively.



Compliance with Site Visit Request

The Monitoring 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

CHN has a thorough Accounting Policy and Procedures Manual which are reviewed by the Board annually and are routinely reviewed and updated, as needed. There are detailed purchasing and bid procedures which includes purchasing approvals at three levels of review; quotes for amounts greater than \$10K, informal bids for amounts between \$25K and \$100K and a formal bid process for amounts greater than \$100K. Purchases less than or equal to \$10,000 require the following approvals: \$250 by supervisors, \$500 managers, \$2,500 directors and \$5,000 chiefs. A conflict of interest policy is in place and both staff and board members sign a statement annually.

The policy on fixed assets includes a capitalization threshold of \$3,000; however, CHN will capitalize at a lesser amount based on funder requirements.

The monthly financial statement package provided to the Performance Monitoring Committee (a subset of Board members) includes the agency budget to actual report and a budget variance analysis summary that highlights significant variances. Finance staff work with program managers monthly to better understand any discrepancies in program budget to actual results. In addition, the monthly reconciliation between internal financials and the JWB Grants Management System is also completed in order to determine if any budget amendments are needed. The procedure on Financial Statements/Internal Reports states that the Board Reports are presented by the Board Treasurer to the Board of Directors (BOD) at their quarterly meeting for review and approval.

Timeliness of Reimbursements

FY20 – Kinship submitted requests timely: 12 of 12

FY20 –PST submitted requests timely: 12 of 12

FY19 – Kinship submitted requests timely: 12 of 12

FY19 –PST submitted requests timely: 12 of 12

CHN consistently requests reimbursements on a timely basis. In both FY19 and FY20, no requests were returned for additional data uploads or corrections to requests.

Reimbursement Review

A total of 20 operating expenses (10 for Kinship and 10 for PST) across various budget lines were reviewed during the visit. There were no findings.

Payroll Review

The payroll verification consisted of 6 positions (4 for Kinship and 2 for PST) for the months of September and October 2019. There were no findings.



Bank Reconciliation Review

A total of four bank reconciliations were requested for review, two from FY19 (May and September, 2019) and two from FY20 (April and September, 2020). Two bank reconciliations were completed with no reviewed by signature. This occurred during the pandemic when staff were working remotely.

JWB Recommendations

Management should update the procedure on financial statements and internal reports to better reflect the actual frequency of Board meetings where financial statements are presented and reviewed.

Management should consider updating the capitalization procedure to include language addressing the requirement to notify funders when disposing of a fixed asset prior to the end of its useful life.

Agency Response

CHN has reviewed and agrees with the statements in this document.

Stacey Gill

4/28/2021 | 10:56 AM EDT

Stacey Gill, Senior Program Financial Analyst

Date

Lori Lewis

4/28/2021 | 11:00 AM EDT

Lori N. Lewis, Program Finance Manager

Date

Laura Krueger Brock

4/28/2021 | 12:21 PM EDT

Laura Krueger Brock, Chief Financial Officer

Date

Received by:

Lisa Campbell

4/28/2021 | 12:33 PM EDT

Lisa Campbell, Finance Director

Date



Financial Monitoring Report

Agency: Directions for Living, Inc. (DFL)

Program(s): Children's Outpatient (COP)
 Early Childhood Consultation Services (ECCS)

Date of Visit: March 19, 2021

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

Agency Staff: Wendy Merson, Chief Financial Officer; Mark Canat, Director of Finance; Doug Brunn, Sr. Director of Quality Management

Period Reviewed: FY2019 & FY2020

Funding/Lapse History

Program	Fiscal Year	JWB Contract Amount	Total Program Budget	% of Total Program Funding	Lapse (%)
COP	FY2020	\$698,808	\$2,175,373	32.1%	13.8%
COP	FY2019	\$678,454	\$2,082,229	32.6%	2.8%
ECCS	FY2020	\$249,233	\$292,269	85.3%	6.9%
ECCS	FY2019	\$243,050	\$260,199	93.4%	3.8%

FY20 funding for COP and ECCS represent moderate increases over FY19 due to cost of living increases. The FY20 lapse in both programs is due primarily to lapse in salaries and benefits due to turnover. The FY20 lapse in COP is also due to lapse in professional services for the contracted portion of psychiatric services and reduced travel during COVID. The FY19 lapse in COP of 2.8% was due to lapse in salaries. The FY19 lapse in ECCS of 3.8% was due to both lapse in salaries and professional services.

Agency Audit

The FY19 and FY20 audits were clean and identified no internal control weaknesses. In FY20 and FY19 there was change in net assets of \$200K and \$432K, which includes depreciation of \$118K and \$102K, respectively. Total revenue decreased approximately \$5.4M due to the termination of the Eckerd contract.



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

DFL has a thorough Financial Policies and Procedures Manual. It is normally reviewed annually but policies are reviewed and updated more frequently if changes occur, and each policy review or change is dated.

DFL has a bidding policy for assets in excess of \$10,000 requiring a minimum of 3 written bids with the selection made by consensus of the Executive Leadership Team. The purchasing policy includes multiple levels of approval starting at \$500, which requires supervisor approval. Directors must sign for purchases at or above \$2,500 and chiefs above \$5,000. There is a separate Cost Allocation Plan dated 4/1/2020 that clearly outlines how direct and indirect costs are identified to reporting units, or programs. Cost allocation methods used include usage, time, effort, clients served and FTEs. The general ledger software, Great Plains, allows for automatic allocation of expenses in most cases. The budgets for programs funded by JWB appear to be in line with the allocation plan.

The CFO is responsible for the annual budget, and both the CFO and COO ensure that program directors are directly involved in the planning process. Monthly review and analysis of budget to actual results are performed by the Controller shared with the CFO, COO and Leadership Team. Monthly financial statements are also provided to the Finance Committee and Board of Directors (BOD). Reports generated from the JWB Grants Management System are reconciled to the internal financials on a monthly basis as well.

Conflict of Interests' (COI) statements are signed annually by the BOD. Staff sign a COI upon hire and are responsible for communicating any changes to management.

Timeliness of Reimbursements

FY20 – COP submitted requests timely: 11 of 12
FY20 – ECCS submitted requests timely: 11 of 12
FY19 – COP submitted requests timely: 12 of 12
FY19 – ECCS submitted requests timely: 11 of 12

Reimbursements for both COP and ECCS were timely 92% in FY20; COP was timely 100% and ECCS 92% in FY19. In FY20, 2 of the 12 COP requests were returned for additional backup and removal of an accrued expense. 3 of the 12 ECCS requests were returned for additional payroll



and/or salary schedule and 1 for a correction to the fiscal year. In FY19, 5 of the 12 COP requests were returned for additional backup and 2 of the 12 ECCS request were returned for salary corrections.

Reimbursement Review

A total of 20 operating expenses (10 for COP and 10 for ECCS) were pulled from reimbursement requests across various budget lines for the two programs under review. There were no findings.

Payroll Review

The payroll verification consisted of 6 positions for the months of September 2019 and June 2020. One staff member was over reimbursed in the amount of \$254 due to the inclusion of a stipend payment and allocating a higher percentage to JWB than what was approved in the budget. The result is a payback to JWB in the amount of \$254.

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 a written policy stating that the funder of a capital asset be notified and allowed to approve the disposition of an asset prior to the end of the useful life.

Management should document the steps taken to designate a vendor as an approved vendor.

Management will work on incorporating budget data on quarterly program profit and loss statements submitted to JWB.

Management should consider a formal written contract review policy that documents when and how administrative and program contracts are reviewed.

Agency Response

No response provided.

Stacey Gill

Stacey Gill, Senior Program Financial Analyst

5/3/2021 | 2:45 PM EDT

Date



Lori Lewis

Lori N. Lewis, Program Finance Manager

5/3/2021 | 4:54 PM EDT

Date

Laura Krueger Brock

Laura Krueger Brock, Chief Financial Officer

5/4/2021 | 8:25 AM EDT

Date

Received by:

Wendy Merson

Wendy Merson, Chief Financial Officer

5/5/2021 | 11:34 AM EDT

Date