

Board of Directors Meeting

June 17, 2021

Program and Financial Monitoring Information

Item VII.C.

Recommended Action: Information Only

Strategic Plan Alignment: Administration

STATUS OF FUNDED AGENCY WRITTEN PLANS

Agency	Type of Plan	Subject of Plan	Beginning Date	Estimated Completion Date	Status
211 Tampa Bay Cares	Corrective Action Plan	Programmatic and Administrative Areas	November 6, 2020	May 6, 2021 Extended to September 3, 2021	CAP extended for 211 to demonstrate compliance with performance measures and monitor turnover.
Hope Villages of America, formerly Religious Community Services, Inc.	Corrective Action Plan	Programmatic, Administrative, and Financial Areas	August 13, 2019	February 15, 2020 Extended May 15, 2020 Extended August 15, 2020 Extended to June 30, 2021	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	Currently recruiting for eight positions. Infant room remains closed. All but one classroom have two teachers during the main portion of the day. Staff retention plan and cost allocation plans are complete. Pinellas County Licensing Board (PCLB) and Early Learning Coalition (ELC) items are in compliance.

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
Suncoast Center	Early Childhood Services
Suncoast Center	Family Services
PARC	Family Focus
Police Athletic League	COST
University of South Florida	Infant Mental Health
R'Club Child Care	Lew Williams
R'Club Child Care	HELP
R'Club Child Care	Special Services
Girl Scouts of West Central Florida	Girl Scouts
Lealman/Asian Neighborhood Family Center	Neighborhood Family Center
Pinellas County Department of Health	Dental Sealant
The Bethel Community Foundation	Truancy Intervention Program (TIPS)

FY21 Program Monitoring Report Schedule

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

	Youth Development Foundation of Pinellas County	YDF-AKA AKAdemy
	Pace Center for Girls	Pace Center for Girls
	YMCA of Greater St. Petersburg-revised to May packet	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

Hope Villages of America, formerly Religious Community Services (RCS), Inc.

Family Resources

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: Suncoast Center, Inc.

Program: Family Services

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

Agency Overview:

Suncoast Center, Inc. has been serving Pinellas County for over 70 years operating as a nonprofit provider of behavioral health services. Suncoast provides an array of evidence based programming to individuals and family members experiencing mental health and/or substance misuse challenges in their lives. The treatment approaches are recovery-oriented, person centered and focused on the needs of both the individual and family system. Medical treatment includes psychiatric evaluations and consultation, medication management, and laboratory services. Non-medical services include biopsychosocial assessment, treatment planning, individual and group therapy, crisis intervention, case management, psychoeducation, family support, rehabilitation and referral services. Suncoast Center's stated mission is "strengthening, protecting, and restoring lives for healthier community."

Program Description:

The Suncoast Center, Inc. Family Services program offers Child Advocacy Services, Sexual Assault Services, and a broad continuum of behavioral health services throughout Pinellas County. At an agency level Suncoast has special expertise in the application of trauma informed care, the provision of early childhood interventions, and family orientated services. Beyond office based care, the Family Services program has the capacity to offer flexible services in client homes, and in other community settings including schools, Head Start/Early Head Start settings, and maximizes service reach and access through the use of technologies such as teletherapy to meet the needs of families throughout Pinellas County.

Agency/Program Accomplishments:

As will be expounded on further in the COVID-19 Response and Impact section of this report recognition is given to the agency's swift response to the unparalleled challenges imposed by the pandemic and rapid expansion of existing telehealth infrastructures to match the emergent needs of the population served, and 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	\$8,515,691	\$8,994,306	\$8,071,373	During FY20 the agency was award a capital award in the amount of \$37,802
JWB Allocation	\$5,240,594	\$5,397,812	\$5,056,821	
Percent of Total Program Budget represented by JWB Allocation	62%	60%	63%	
Lapse	\$70,365	\$123,106	\$332,200	
Cost per Participant*	\$866 \$8,515,691/9,828	\$837 \$8,994,306/10,685	\$1,176 \$8,071,373/8,481	

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

Capital Award: During FY20 the agency submitted and received approval for a Capital Award in order to support broad safety enhancements across multiple physical program sites. The project primarily encompassed the installation of hurricane resistant windows.

Targeted Service Levels

Targeted Service Level Type	FY18			FY19			FY20		
	Target	Actual	Percent	Target	Actual	Percent	Target	Actual	Percent
Adults	2,013	3,327	165%	3,370	3,771	112%	3,227	4,352	135%
Children	4,987	6,501	130%	5,187	6,914	133%	6,501	4,129	63%
Total	7,000	9,828	140%	8,557	10,685	125%	9,828	8,481	86%

Participant Demographics:

Overall program served a total of 8,481 participants in FY20 which represents 86% of the proposed targeted service levels (TSL) for the year. The slight decline in the program's TSL may be attributed to the environmental conditions and situational factors generated by the COVID-19 pandemic. Among the participants served 2,717 (58%) were children and 1,425 (52%) were adults. The vast majority of the adults served were females (90%). However, the children served represented a more equal distribution between males (52%) and females (48%). In relationship to the configurations of family systems more than half (54%) of the children served resided within a single parent household. The age distribution of the children served ranged from ages five-nine (27%), ten-fourteen (40%) and fifteen-nineteen (32%). The significance of the majority of the children served falling into the adolescent category is underscored by research literature that has demonstrated that this age group is at elevated risk for the progressive development of serious emotional disorders absent early intervention.¹ With research showing half of all mental health conditions begin by the age of 14, with treatment generally occurring six to 23 years after the age onset². Across the households served 43% reporting annual incomes of less than \$10,000 and an additional 34% reported annual incomes of less than \$30,000. This diminished socioeconomic profile for the population served, in comparison to FY19 data, is consistent with the findings of the FY20 Asset Limited, Income Constrained, Employed (ALICE) report that concluded the pandemic has further exposed economic fragility and created widespread hardship among at risk populations.³ In summation, the characteristics of the population served is in close alignment with the intended target population; presenting with interlocking risk factors, amplified by the pandemic, that increase the likelihood for abuse and/or neglect.⁴

¹ Spidel, A., Lecomte, T., Greaves, C., Sahlstrom, K., & Yuille, J. C. (2010). Early psychosis and aggression: predictors and prevalence of violent behavior amongst individuals with early onset psychosis. *International journal of law and psychiatry*, 33(3), 171-176.

² Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of general psychiatry*, 62(6), 593-602.

³ Alice in Florida: A Financial Hardship Study. The United Way. Retrieved from https://www.uwof.org/sites/uwof.org/files/2020ALICEHighlightsReport_FL_FINAL-4.15.20.pdf. May 10th 2021.

⁴ 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.

Program Outcomes*:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of children who have completed counseling services and have transferred to ongoing psychiatric services (aftercare) will maintain or improve their functioning as measured by the Children's Global Assessment Scale (CGAS).	70%	93%	85%	100%	85%	84%
Percent of children (4 years of age and older) open at least 30 days improve their functioning as measured by the CGAS.	70%	67%	70%	80%	70%	72%
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%	99%	95%	98%	95%	97%
Percent of children who completed the program will have no new verified reports of abuse and/or neglect for a period of 12 months following case closure as measured by independent verification FSFN.	85%	98%	90%	97%	90%	98%
Percent of children will not experience an out-of-home placement during services as measured by independent verification FSFN.	90%	100%	95%	99%	95%	99%
Percent of children who have completed the program will not experience an out-of-home placement for a period of 12 months following case closure as measured by independent verification FSFN.	85%	99%	90%	99%	90%	99%

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

COVID 19 Response and Impact:

Under the overarching objective of contemplating the immediate and residual fiscal and programmatic sequelae of the COVID-19 pandemic, during the period from March 16th 2020 through September 30th 2020, JWB requested that individual providers complete a propriety, home grown, COVID-19 Impact Survey. The following introductory subsections of this report put forth environmental context and provide a framework for a broad analysis of the content COVID-19 Impact Survey submitted by the Suncoast, Inc Family Services program. Moreover, general impressions are put forth in relationship the efficacy of the agency's interwoven programmatic and administrative adaptations directed towards the maintenance of service delivery within the unprecedented 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 coronavirus disease 2019 (COVID-

19) outbreak as a pandemic, with over 720,000 cases reported in more than 203 countries as of 31 March 2020.⁵ 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, 2020.⁶ 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.⁷ 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.⁸ In alignment with evolving nationwide mitigation measures and in accordance with the guidelines set forth by the Centers for Disease Control (CDC), Florida issued a statewide stay at home order on April 1st 2020.⁹ In anticipation of the issuance of this order the Florida Department of education (DOE) implemented a uniform closure of all schools on March 23rd 2020.¹⁰ As a result, providers, across all sectors of the County infrastructure, were required to abruptly reconceptualize and significantly to alternate modes of functioning.

The COVID-19 pandemic and associated mitigation measures represented a formidable challenge to the maintenance of care continuity for community mental health providers who were confronted with the imperative of rapidly pivoting towards alternate methods of delivering critical services.¹¹ As an essential community mental health service provider, the agency swiftly deployed a series of interconnected environmental, organizational, administrative and programmatic measures to ensure continuity of care to the most vulnerable members of the community. At the onset it should be recognized that the agency created a sturdy operational foundation underpinned, in large part, by maintaining the physical presence of staff at key program sites. In order to maintain adherence to CDC social proximity protocols a methodical redistribution of work areas and a reorganization of office spaces was implemented. Other general organizational measures, aimed towards minimizing the probability of exposure for onsite staff, included the establishment of routine sanitizing processes and the installation of cleaning stations throughout all operational facilities. In addition, the agency ensured that personal protection equipment (PPE) was readily available for program participants whose care required onsite office visits. During the initial onslaught of the pandemic such combined methods of transmission prevention was upheld as the vanguard approach to the epidemiological management of COVID-19.¹² Finally, the agency entered into a new lease agreement at a new location in north-county. The strategic logic being twofold. Firstly, the creation of additional physical space to accommodate social distancing requirements for staff and secondly the positioning of staff to increase direct access to care following the easing of COVID-19 imposed constraints related to direct contacts with program participants.

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.¹³ 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

⁵ Omer, S. B., Malani, P., & Del Rio, C. (2020). The COVID-19 pandemic in the US: a clinical update. *Jama*, 323(18), 1767-1768.

⁶ COVID, I., & Hay, S. I. (2020). COVID-19 scenarios for the United States. *medRxiv*.

⁷ 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).

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

⁹ 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.

¹⁰ 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>

¹¹ Peng, D., Wang, Z., & Xu, Y. (2020). Challenges and opportunities in mental health services during the COVID-19 pandemic. *General Psychiatry*, 33(5).

¹² World Health Organization. (2020). *Rational use of personal protective equipment (PPE) for coronavirus disease (COVID-19): interim guidance, 19 March 2020* (No. WHO/2019-nCoV/IPC PPE use/2020.2). World Health Organization.

¹³ Bambra, C., Riordan, R., Ford, J., & Matthews, F. (2020). The COVID-19 pandemic and health inequalities. *J Epidemiol Community Health*, 74(11), 964-968.

accessing care and possess elevated risk factors for both negative physical and psychological effects stemming from the pandemic.¹⁴ 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.¹⁵ As such, programs that are able to effectively 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.¹⁶ 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.¹⁷ Nonetheless, it is likely that heightened levels of ongoing community level supports, including telehealth services, will be required given that it is anticipated that the topography of the societal landscape, created by the pandemic, will remain uneven well into the later months of 2021.¹⁸

As previously referenced at the time of the onset of the pandemic the agency had an established foothold in the domain of telehealth which provided a launching point for the rapid expansion of this modality towards integration across all service components. The agency effectively leveraged this existing capability and infrastructure by promptly identifying areas that required immediate attention in order to create increased scalability including securing additional virtual platform licenses and the provision of the necessary technology to support staff in the delivery of services. The overall agency response that resulted in the creation of an interwoven spectrum of options for remote and in-person care, increased integration of behavioral health services, prevention measures and interface with Child Welfare entities should be recognized as a significant accomplishment. Moreover, in the midst of continued uncertainties, pertaining to the lingering macro systemic impacts of the prolonged residual effects of the pandemic, the agency's transformation of approaches to care has created a solid operational stance from which to navigate the logistics of a landscape of care that is as of yet difficult to foresee.

A cumulative body of research has concluded that the early detection and specialized treatment of adolescents and young adults presenting with the symptoms of early onset psychotic disorders represents a critical aspect of improving long term functional outcomes.¹⁹ In many regards, for the general population, coping with the array of unique environmental demands created by the pandemic can be conceptualized as the navigation of multiple interlocking behavioral, cognitive and emotional elements.²⁰ For individuals suffering from the symptoms of psychosis the capacity to plot a course through these elements is significantly compromised due to preexisting impaired cognitive functioning that hinders their ability to comprehend complex life challenges and effectively manage them.²¹ Indeed, numerous studies have concluded that the substantial psychosocial stressors imposed by the pandemic has profoundly exacerbated clinical symptom pictures for individuals who meet the broad diagnostic criterion for psychotic disorders.²² Furthermore, people living with psychotic disorders are at greater

¹⁴ 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.

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.

¹⁶ 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.

¹⁷ 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.

¹⁸ 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.

¹⁹ Miu, A. S., Vo, H. T., Palka, J. M., Glowacki, C. R., & Robinson, R. J. (2020). Teletherapy with serious mental illness populations during COVID-19: telehealth conversion and engagement. *Counselling Psychology Quarterly*, 1-18.

²⁰ Panayiotou, G., Panteli, M., & Leonidou, C. (2021). Coping with the invisible enemy: The role of emotion regulation and awareness in quality of life during the COVID-19 pandemic. *Journal of Contextual Behavioral Science*, 19, 17-27.

²¹ Brown, E., Gray, R., Monaco, S. L., O'Donoghue, B., Nelson, B., Thompson, A., ... & McGorry, P. (2020). The potential impact of COVID-19 on psychosis: a rapid review of contemporary epidemic and pandemic research. *Schizophrenia research*.

²² Fischer, M., Coogan, A. N., Faltraco, F., & Thome, J. (2020). COVID-19 paranoia in a patient suffering from schizophrenic psychosis—a case report. *Psychiatry research*, 288, 113001.

risk of adverse outcomes, in comparison to the general population, including COVID-19 infection, severe medical complications and death. In comparison to other clinical disorders the likelihood of non-adherence to prescribed medication regimes is significantly elevated among outpatient populations receiving treatment for psychotic related symptomatology.²³ And, consequently there is strong evidence to support the superiority of long-acting injectable antipsychotic over oral antipsychotics in relationship to relapse prevention and symptom management.²⁴ Therefore, emergent research literature focused on the treatment of such disorders during the pandemic underscores the importance of; 1) outpatient mental health settings that embrace the complimentary combination of direct care and telepsychiatry, 2) the provision of ready access to long acting injectable antipsychotics under appropriate infection control procedures, 3) limiting the capacity of clinics to ensure adequate social distancing and 4) employing stringent screening protocols for onsite visits. As previously referenced, throughout the pandemic, the agency has maintained operational functioning at key program sites including the psychiatric outpatient and onsite pharmacy departments where the previously referenced strategies were effectively implemented in order to ensure continuity of care for individuals suffering from acute psychiatric conditions. Moreover, the agency has convened an ongoing series of internal Client Care meetings that, in part, explore best practice approaches, associated research and clinical strategies aimed at the early identification and efficacious treatment of early onset psychotic disorders. On an even broader scale, beyond attending to the critical psychopharmacological treatment needs of those with psychotic disorders, the agency also expanded access to psychiatric medications through the creation of an access line to allow program participants to receive prescribed medication by mail.

In recent years growing recognition has been provided to the phenomena of Compassion Fatigue (CF) and Secondary Trauma as pervasive concerns in all caring professions, most notably within the field of counseling. Secondary Trauma is defined as a clinician's indirect exposure to disturbing material through the clients sharing of a firsthand account or narrative of a traumatic event.²⁵ Collective trauma occurs when an entire society feels an overwhelming threat to their physical or emotional well-being.²⁶ Research literature has concluded that the COVID-19 pandemic is considered a collective trauma due to the intense threats experienced by many specific to meeting basic needs, ongoing physical isolation and the possibility of contracting a life threatening illness.²⁷ As such, given the significance and severity of the pandemic, it is essential that organizations provide resources for both immediate and ongoing support for the emotional well-being of employees.²⁸ Advancing from a strong appreciation of these converging areas of need the agency provided increased access to clinical supervision through virtual formats, launched weekly coffee chat sessions for social support, created relaxation opportunities such as chair yoga sessions and conducted regular managerial touch points with staff. In addition, the agency maintained ongoing group supervision through virtual platforms and provided foci trainings to assist staff in adapting to remote working environments. In consulting with agency clinical leadership additional advancements are planned related to infusing the principles of Trauma-Informed Self Care (TISC) into ongoing supervisory and organizational programmatic functions. This particular initiative is highly germane to the current environmental context and is consistent with emerging research that suggests that well placed organizational resources alongside

²³ Kane, J. M., Kishimoto, T., & Correll, C. U. (2013). Non-adherence to medication in patients with psychotic disorders: epidemiology, contributing factors and management strategies. *World psychiatry*, 12(3), 216-226.

²⁴ Corriss, D. J., Smith, T. E., Hull, J. W., Lim, R. W., Pratt, S. I., & Romanelli, S. (2011). Interactive risk factors for treatment adherence in a chronic psychotic disorders population. *Psychiatry Research*, 89(3), 269-274.

²⁵ Holmes, M. R., Rentrop, C. R., Korsch-Williams, A., & King, J. A. (2021). Impact of COVID-19 Pandemic on Posttraumatic Stress, Grief, Burnout, and Secondary Trauma of Social Workers in the United States. *Clinical Social Work Journal*, 1-10.

²⁶ Watson, M. F., Bacigalupe, G., Daneshpour, M., Han, W. J., & Parra-Cardona, R. (2020). COVID-19 interconnectedness: Health inequity, the climate crisis, and collective trauma. *Family process*, 59(3), 832-846.

²⁷ Duane, A. M., Stokes, K. L., DeAngelis, C. L., & Bocknek, E. L. (2020). Collective trauma and community support: Lessons from Detroit. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(5), 452.

²⁸ Malinen, S. K., Wong, J. H. K., & Näswall, K. (2020). Effective workplace strategies to support employee wellbeing during a pandemic. *New Zealand Journal of Employment Relations*, 45(2), 17-32.

self-care activities mediates the relationships between secondary trauma, compassionate fatigue and employee emotional well-being.²⁹

Program Monitoring Activities:

Program Observation Date(s): N/A

Interview Date(s): 9/25/20

Collaborative Meeting/Consultation Date(s): 12/2/20,1/10/20,1/29/20, 3/3/20, 3/16/20,4/2/20,4/22/20, 5/21/20, 7/10/20, 7/14/20,7/22/20, 9/10/20, 9/11/20

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 in depth staff interviews is that far more detailed, qualitative contextual, information is provided than would be gathered through other data collection methods, such as surveys.³⁰ As previously referenced, direct care staff have been faced with a constellation of pressures imposed by the pandemic creating increased demands across a multitude of domains. In recognition of the unheard of environmental conditions created during FY20, as a result of the COVID-19 pandemic, the standardized JWB staff interview template was modified with sensitivity to encapsulating questions that specifically attended to these domains. During the final quarter of the fiscal year JWB staff conducted a total of four separate interviews composed of a combination of clinical staff from within the various Family Services program components.

Consistent with the available research literature each therapist offered a recognition of the detrimental effects on the mental health of children with pre-existing emotional disturbances and fragile family systems exquisitely sensitive to environmental changes, particularly changes of such a significant magnitude as those brought about by the pandemic. When further considering the unfolding needs of the population served by the program, during the course of the pandemic, each therapist reflected on the prominence of anxiety related symptoms exacerbated by environmental insecurities and health related uncertainties. Additionally, prominent themes of discussion during each of the interviews revolved around the shifting landscape of need among program participants as a result of the prolonged and evolving duration of the pandemic. Specifically, the profound impacts of social isolation, disruptions in daily routines and the pronounced demands placed on parents as a result of school closures and virtual learning requirements.³¹

In relation to the functionality of telehealth the majority of the therapists interviewed underscored the value associated with reducing barriers to accessing care and reported that engagement levels with assigned program participants had proven to be relatively robust. However, consistent with available research, the therapists confirmed the unique limitations of telehealth such as challenges with maintaining participants' attention during sessions and modest difficulties related to supporting coping skills in relation to emotional regulation.³² Nonetheless, this very recognition was viewed as a particular strength among the staff with each 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 creative complimentary therapeutic approaches and adaptive engagement strategies. One therapist in particular discussed at length the utility of art therapy as a means to support clients during virtual sessions who may not have the ability to fully express their emotions through traditional forms of clinical dialogue. Recognition should be given to the

²⁹ Salloum, A., Choi, M. J., & Stover, C. S. (2019). Exploratory study on the role of trauma-informed self-care on child welfare workers' mental health. *Children and Youth Services Review*, 101, 299-306.

³⁰ Greene, J. C. (1994). Qualitative program evaluation. *Handbook of qualitative research*, 530, 544.

³¹ Lee, J. (2020). Mental health effects of school closures during COVID-19. *The Lancet Child & Adolescent Health*, 4(6), 421.

³² Racine, N., Hartwick, C., Collin-Vézina, D., & Madigan, S. (2020). Telemental health for child trauma treatment during and post-COVID-19: Limitations and considerations. *Child abuse & neglect*, 110, 104698.

impressive nature of this intervention given that art therapy, when engulfed by overwhelming and individualized traumas, allows for the cathartic expression of emotions, both negative and positive, that release gratitude, sadness, fear, anxiety, depression, anger, disbelief and grief while engendering a sense of control within a safe environment.³³ Therapeutic providers have been propelled into navigating how to adapt technology as a primary and essential platform for delivering services due to COVID-19. As a result of this transformation art therapy has emerged as a valuable element within clinical theoretical frameworks as a means to heal the numerous unmitigated traumas sustained by many individuals as a result of the pandemic.³⁴

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.

- Beyond the amplified 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.³⁵ 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.³⁶ 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.³⁷ In recognition of the intricate interplay between emotional well-being, care coordination and responding to the material needs of participants the agency reconfigured the program's Case Management team under centralized leadership to enhance the operational flow of information and the sharing of resources across interconnected departments.
- 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 five files were reviewed for this reporting report with the completed provider Self-Assessment producing evidence of the presence of core documentation requirements.

³³ Carr, S. M. (2020). Art therapy and COVID-19: supporting ourselves to support others.

³⁴ Braus, M., & Morton, B. (2020). Art therapy in the time of COVID-19. *Psychological Trauma: Theory, Research, Practice, and Policy*.

³⁵ Barua, S. (2020). Understanding Coronanomics: The economic implications of the coronavirus (COVID-19) pandemic.

³⁶ Gundersen, C., Hake, M., Dewey, A., & Engelhard, E. (2020). Food insecurity during COVID-19. *Applied economic perspectives and policy*.

³⁷ Wolfson, J. A., & Leung, C. W. (2020). Food insecurity and COVID-19: Disparities in early effects for US adults. *Nutrients*, 12(6), 1648.

Participant File Review Date(s): N/A

Data Quality: N/A

The program participant file reviews, scheduled for the second quarter of the fiscal year, were cancelled as a result of the statewide stay at home order enacted on April 1st 2020.

Analysis of Performance:

The program's overall performance is measured across two spheres by evaluating the clinical progress of individual participants and examining outcomes pertaining to the prevention of child maltreatment. The efficacy of treatment interventions are gauged utilizing the Children's Global Assessment Scale (CGAS) which is an empirically valid and reliable clinical instrument applied to assess the functioning of children and adolescents across multiple life domains.³⁸ Research studies have concluded that the CGAS holds higher levels of inter-rater reliability in comparison to similar instruments in relation to predictive values and measurement of change, including treatment effects, during periods of sustained elevated stressors across ecological systems.³⁹ Advancing from these conclusions the CGAS represents an important method of measuring treatment success, in the intermediate and long term, during profound situational pressures such as those created as a result of the pandemic. The program applies two distinct measures specifically related to the CGAS. The first examines functional levels during the first 30 days of treatment and the second assesses improvements at the point of the conclusion of services. Across each of these outcome areas the program exceeded the established target in the first area with an outcome of 72% and closely matched the target of 85% with an outcome of 84% in the second area.

When viewing the previously referenced CGAS results, particularly in the context of the pandemic, it should be noted that during the transition through the various stages of mental health treatment, particularly among those with trauma and depressive symptomatology, the symptom course can mark important change processes.⁴⁰ However, this process of change may, at times, present as an apparent worsening of the overall symptom picture prior to alleviation and resolution.⁴¹ Therefore, this phenomenon underscores the importance of measuring outcomes both during services and at the conclusion of the treatment process.

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.⁴² 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.⁴³ 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

³⁸ Dyrborg, J., Larsen, F. W., Nielsen, S., Byman, J., Nielsen, B. B., & Gautre-Delay, F. (2000). The Children's Global Assessment Scale (CGAS) and Global Assessment of Psychosocial Disability (GAPD) in clinical practice—substance and reliability as judged by intraclass correlations. *European child & adolescent psychiatry*, 9(3), 195-201.

³⁹ Lundh, A., Kowalski, J., Sundberg, C. J., Gumpert, C., & Landén, M. (2010). Children's Global Assessment Scale (CGAS) in a naturalistic clinical setting: Inter-rater reliability and comparison with expert ratings. *Psychiatry Research*, 177(1-2), 206-210.

⁴⁰ 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.

⁴¹ 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.

⁴² Gilligan, M., Suito, J. J., Rurka, M., & Silverstein, M. (2020). Multigenerational social support in the face of the COVID-19 pandemic. *Journal of Family Theory & Review*.

⁴³ 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.

punishment and 3) passive or overt neglectful behaviors.⁴⁴ Therefore, the second component of the program's performance measures, the prevention of child abuse and maltreatment, is particularly relevant for this reporting period. In the arena of the prevention of child maltreatment the program surpassed all established targets in this critical field in relationship to children experiencing no verified reports of maltreatment or out-of-home placements both during and after services.

Conclusions:

As illustrated in the performance chart, detailed in the body of this report, the Family Services program has maintained exceptionally high outcomes in the area of child maltreatment prevention and produced robust outcomes related to promoting the emotional well-being of program participants. Moreover, the FY20 outcomes, situated in the context of extraordinary environmental conditions, provide strong indicators of the presence of high quality programming that was effectively modified to continue to respond to the complex needs of program participants.

5/17/2021 | 3:03 PM EDT

Paul Webb Date: _____
 Paul Webb
 Senior Program Consultant

5/17/2021 | 4:52 PM EDT

Megan Seales Date: _____
 Megan Seales
 Senior Program Evaluator

5/17/2021 | 4:58 PM EDT

Karen Woods Date: _____
 Karen Woods
 Program Administration Manager

5/17/2021 | 5:42 PM EDT

Karen Boggess Date: _____
 Karen Boggess
 Program Evaluation Manager

5/18/2021 | 8:41 AM EDT

Judith Warren Date: _____
 Judith Warren
 Chief Operating Officer

5/18/2021 | 9:10 AM EDT

Beth Houghton Date: _____
 Beth A. Houghton
 Chief Executive Officer

⁴⁴ 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.



Program Monitoring Report

Agency: Suncoast Center, Inc.

Program: Early Childhood Services (ECS)

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

Agency Overview:

Suncoast Center, Inc. has been serving Pinellas County for over 70 years operating as a nonprofit provider of behavioral health services. Suncoast provides an array of evidence based programming to individuals and family members experiencing mental health and/or substance misuse challenges in their lives. The treatment approaches are recovery-oriented, person centered and focused on the needs of both the individual and family system. Medical treatment includes psychiatric evaluations and consultation, medication management, and laboratory services. Non-medical services include biopsychosocial assessment, treatment planning, individual and group therapy, crisis intervention, case management, psychoeducation, family support, rehabilitation and referral services. Suncoast Center's stated mission is "strengthening, protecting, and restoring lives for healthier community."

Program Description:

Suncoast Center ECS program, addresses the Prevention of Child Abuse and Neglect while also supporting School Readiness and Success. Each area is addressed by providing services of varying intensities that include in office, in-home and prevention services. Strength-based, individualized services are customized to the needs of the child and family. These services can include: case management, therapy services, intervention activities and/or prevention activities. All services are driven by client preferences and documented outcomes.

Agency/Program Accomplishments:

As will be expounded on further in the COVID-19 Response and Impact section of this report recognition is given to the agency's swift response to the unapparelled challenges imposed by the pandemic and rapid expansion of existing Telehealth infrastructures to match the emergent needs of the population served. Productive functioning of each program component through the development of alternate, accessible and sustainable operational approaches. It should be acknowledged, at the onset, that in order to provide consistency in the portrayal of the organization's operational and procedural responses to the COVID-19 pandemic many core elements of this particular report directly mirror the content of the Suncoast, Inc. Family Services program monitoring report approved on May 18th 2021.

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

Fiscal Snapshot:

	FY18	FY19	FY20	Comments
Total Program Budget	N/A	N/A	\$973,977	During FY20 the agency was award a capital award in the amount of \$37,802
JWB Allocation	N/A	N/A	\$649,464	
Percent of Total Program Budget represented by JWB Allocation	N/A	N/A	67%	
Lapse	N/A	N/A	\$131,813	
Cost per Participant*	N/A	N/A	\$3,015 (\$973,977/323)	

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

Capital Award: During FY20 the agency submitted and received approval for a Capital Award in order to support broad safety enhancements across multiple physical program sites. The project primarily encompassed the installation of hurricane resistant windows.

Targeted Service Levels

Targeted Service Level Type	FY18			FY19			FY20		
	Target	Actual	Percent	Target	Actual	Percent	Target	Actual	Percent
Adults	N/A	N/A	N/A	N/A	N/A	N/A	Baseline	91	N/A
Children	N/A	N/A	N/A	N/A	N/A	N/A	Baseline	232	N/A
Total	N/A	N/A	N/A	N/A	N/A	N/A	Baseline	323	N/A

Participant Demographics:

Overall program served a total of 323 participants in FY20. The ECS program was previously embedded as a component within the Suncoast Center Family Services program and separated into a distinct contract for FY20. As part of the separation, the identification of specific FY20 TSLs were held pending evaluation of the increased capacity and service delivery related to the expansion of the existing Memorandum of Understanding with Head Start. However, the multifactorial impacts of the pandemic spanning across both FY20 and FY21 has continued to pose limitations to the development of a representative service levels. TSL's were established for FY21 based on service delivery patterns over prior fiscal years.

Among the participants served, 232 (72%) were children and 91 (28%) were adults. Almost the entirety of the adults served were females (99%). For the children served the distribution was weighted more towards males (65%) than females (35%). The composition of families served was heavily represented by single female head of households (68%) and was combined with a variety of other configurations, including dual parents (12%) and relative kinship placements (10%). The majority of the children served were under five years old (72%) with the remainder ranging in age from five to nine years old (28%). The age distribution of the children served is reflective of early childhood epidemiological studies suggesting that emotional disturbances often first manifest as externalized behaviors in children under the age of five and negatively impact the healthy attainment of age appropriate developmental milestones, absent therapeutic intervention.¹ Moreover, studies have hypothesized that psychopathology among preschool age children is often undetected thus confounding early intervention efforts.² As such, the program's ability to pinpoint interventions for this age group represents a critical phase of prevention that serves to ameliorate the progression to more deleterious symptomatology.

Program Outcomes*:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
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).	N/A	N/A	N/A	N/A	95%	98%

¹ Herbrecht, E., Lazari, O., Notter, M., Kievit, E., Schmeck, K., & Spiegel, R. (2020). Short-Term and Highly Intensive Early Intervention FIAS: Two-Year Outcome Results and Factors of Influence. *Frontiers in Psychiatry*, 11, 687.

² Rose, S. L., Rose, S. A., & Feldman, J. F. (2009). Stability of behavior problems in very young children. *Development and Psychopathology*, 1(1), 5-19.

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of children who completed the program will have no new verified reports of abuse and/or neglect for a period of 12 months following case closure as measured by independent verification FSFN.	N/A	N/A	N/A	N/A	90%	Previously reported in Family Services
Percent of children will not experience an out-of-home placement during services as measured by independent verification FSFN.	N/A	N/A	N/A	N/A	95%	99%
Percent of children who have completed the program will not experience an out-of-home placement for a period of 12 months following case closure as measured by independent verification FSFN.	N/A	N/A	N/A	N/A	90%	Previously reported in Family Services

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

COVID 19 Response and Impact:

Under the overarching objective of contemplating the immediate and residual fiscal and programmatic sequelae of the COVID-19 pandemic, during the period from March 16th 2020 through September 30th 2020, JWB requested that individual providers complete COVID-19 Impact Survey. The following introductory subsections of this report put forth environmental context and provide a framework for a broad analysis of the content COVID-19 Impact Survey submitted by the Suncoast, Inc Family Services program. Moreover, general impressions are put forth in relationship the efficacy of the agency's interwoven programmatic and administrative adaptations directed towards the maintenance of service delivery within the unprecedented 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 coronavirus disease 2019 (COVID-19) outbreak as a pandemic, with over 720,000 cases reported in more than 203 countries as of 31 March 2020.³ Following a global response designed to reduce infection transmission vectors, encompassing community level isolation orders, social distancing measures and travel restrictions the US declared a pandemic emergency on March 13, 2020.⁴ Subsequently, states progressively moved towards the declaration of stay-at-home orders under the imperative of stemming the magnitude of the prolific spread of the virus and thereby reducing the likelihood of severe deleterious health impacts and large-scale exogenous shock experiences across the general population.⁵ However, despite stringent efforts to contain the pandemic infection rates continued at both variable linear and sub-exponential rates and as of September 21, 2020, the COVID-19 pandemic had resulted in approximately seven million reported cases in the United States with almost 200,000 associated deaths.⁶ In alignment with evolving nationwide mitigation measures and in accordance with the guidelines set forth by the Centers for

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

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

Disease Control (CDC), Florida issued a statewide stay at home order on April 1st 2020.⁷ In anticipation of the issuance of this order the Florida Department of education (DOE) implemented a uniform closure of all schools on March 23rd 2020.⁸ As a result, providers, across all sectors of the County infrastructure, were required to abruptly reconceptualize and significantly to alternate modes of functioning. These cascading systemic events both at a local, national and international level created a *once in a lifetime* disruption of daily life for the much of the world's population.⁹

Of particular significance, specific to the target population served by the program, the widespread closure and prolonged interruption of childcare center operations during FY20 created yet another level of demand and stress on parents and caretakers.¹⁰ Of even greater significance during the early stages of the COVID-19 pandemic clinical observations found that children were at significantly lower risk of contracting the virus and when infected experienced profoundly less severe symptoms than adults.¹¹ In contrast to these initial conclusions, a growing body of literature, gathered as the pandemic progressed, reduced the flummox among the medical community and determined that children were at equal risk of both infection and transmission when compared to the adult population, albeit with less presenting symptoms.¹² As a result the level of risk among children in relationship to elevating transmission vectors was initially underestimated during the primary stage of the pandemic.¹³ As such, corresponding to an increase in awareness related to the potential medical vulnerabilities of younger children, significant changes in daily routines and challenges navigating the closure of childcare centers parental stress levels were exacerbated to a degree beyond comparison.¹⁴ Moreover, advancing from a conceptual framework of family functioning within a systemic conceptual framework the contextual risks generated by the pandemic permeated the structures and destabilized the typical healthy functioning of many family systems.¹⁵ This phenomenon created profound levels of environmental press on family systems with preexisting frailties and functioning challenges.¹⁶

Across the interlocked domains of family systems functioning, 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.¹⁷ 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.¹⁸ Moreover, it is very likely that the reach of the effects of the pandemic will continue into

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

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

⁹ 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://elcpinellas.net/covid-19>. Accessed April 9th 2021.

¹¹ Zimmermann P, Curtis N. COVID-19 in children, pregnancy and neonates: a review of epidemiologic and clinical features. *Pediatric Infect Dis J* 2020; 39: 469–477

¹² Hyde, Z. (2020). COVID-19, children, and schools: overlooked and at risk. *Med J Aust*, 213(10), 444-446.

¹³ Swann, O. V., Holden, K. A., Turtle, L., Pollock, L., Fairfield, C. J., Drake, T. M., ... & Semple, M. G. (2020). Clinical characteristics of children and young people admitted to hospital with covid-19 in United Kingdom: prospective multicenter observational cohort study. *bmj*, 370.

¹⁴ Patrick, S. W., Henkhaus, L. E., Zickafoose, J. S., Lovell, K., Halvorson, A., Loch, S., & Davis, M. M. (2020). Well-being of parents and children during the COVID-19 pandemic: a national survey. *Pediatrics*, 146(4).

¹⁵ Freisthler, B., Gruenewald, P. J., Tebben, E., McCarthy, K. S., & Wolf, J. P. (2021). Understanding At-the-Moment Stress for Parents during COVID-19 Stay-at-Home Restrictions. *Social Science & Medicine*, 114025.

¹⁶ Prime, H., Wade, M., & Browne, D. T. (2020). Risk and resilience in family well-being during the COVID-19 pandemic. *American Psychologist*.

¹⁷ 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.

¹⁸ 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.

the future as parental stressors, psychological impacts and child development trajectories continue to unfold.¹⁹ Therefore, these findings underscore the importance of delivering high quality parenting programming that focus 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.²⁰ These imperatives served as the guiding tenets of service delivery for the ECS during the initial stages of the pandemic and beyond.

The COVID-19 pandemic and associated mitigation measures represented a formidable challenge to the maintenance of care continuity for community mental health providers who were confronted with the imperative of rapidly pivoting towards alternate methods of delivering critical services.²¹ As an essential community Mental Health service provider, the agency swiftly deployed a series of interconnected environmental, organizational, administrative and programmatic measures to ensure continuity of care to the most vulnerable members of the community. At the onset it should be recognized that the agency created a sturdy operational foundation underpinned, in large part, by maintaining the physical presence of staff at key program sites. In order to maintain adherence to CDC social proximity protocols a methodical redistribution of work areas and a reorganization of office spaces was implemented. Other general organizational measures, aimed towards minimizing the probability of exposure for onsite staff, included the establishment of routine sanitizing processes and the installation of cleaning stations throughout all operational facilities. In addition, the agency ensured that personal protection equipment (PPE) was readily available for program participants whose care required onsite office visits. During the initial onslaught of the pandemic such combined methods of transmission prevention was upheld as the vanguard approach to the epidemiological management of COVID-19.²² Finally, the agency entered into a new lease agreement at a new location in mid-county. The strategic logic being twofold. Firstly, the creation of additional physical space to accommodate social distancing requirements for staff and secondly the positioning of staff to increase direct access to care following the easing of COVID-19 imposed constraints related to direct contacts with program participants.

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.²³ The linkage between 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.²⁴ 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.²⁵ Nonetheless, it is likely that heightened levels of ongoing community level supports, including telehealth services, will be required given that it is anticipated that the topography of the societal landscape, created by the pandemic, will

¹⁹ 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.

²⁰ 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.

²¹ Peng, D., Wang, Z., & Xu, Y. (2020). Challenges and opportunities in mental health services during the COVID-19 pandemic. *General Psychiatry*, 33(5).

²² World Health Organization. (2020). *Rational use of personal protective equipment (PPE) for coronavirus disease (COVID-19): interim guidance, 19 March 2020* (No. WHO/2019-nCoV/IPC PPE_use/2020.2). World Health Organization.

²³ Usher, K., Durkin, J., & Bhullar, N. (2020). The COVID-19 pandemic and mental health impacts. *International Journal of Mental Health Nursing*, 29(3), 315.

²⁴ 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.

²⁵ 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.

remain uneven well into the later months of 2021.²⁶ Under these collective considerations the imperative of ensuring ready access to effective parenting programs through the medium of telehealth emerged at the forefront of child abuse and prevention interventions.²⁷

As previously referenced at the time of the onset of the pandemic the agency had an established foothold in the domain of Telehealth which provided a launching point for the rapid expansion of this modality towards integration across all service components. The agency effectively leveraged this existing capability and infrastructure by promptly identifying areas that required immediate attention in order to create increased scalability including securing additional virtual platform licenses and the provision of the necessary technology to support staff in the delivery of services. The overall agency response that resulted in the creation of an interwoven spectrum of options for remote and in-person care, increased integration of behavioral health services, prevention measures and interface with Child Welfare entities should be recognized as a significant accomplishment. Moreover, in the midst of continued uncertainties, pertaining to the lingering macrosystemic impacts of the prolonged residual effects of the pandemic, the agency's transformation of approaches to care has created a solid operational stance from which to navigate the logistics of a landscape of care that is as of yet difficult to foresee. Nonetheless, as of the beginning of FY21 the program again began to shift stance towards the delivery of services at specific Head Start and Early Head Start locations in concert with the reopening of centers and the gradual easing of onsite visitation restrictions. However, across the county childcare centers continue to operate at reduced capacity due to restrictions in classroom availability as the combined result of staffing limitations and ongoing social distancing requirements. It is anticipated that the program's footprint within child care centers will continue to increase proportional to reduced infection rates, the progressive alleviation of social distancing protocols and the eventual gradual return to full operational status. During this phased transition it is expected that the program will continue to operate utilizing a hybrid of service modalities, involving telehealth and direct contacts, in order to keep pace with the undulating climate of need.

In recent years growing recognition has been provided to the phenomena of Compassion Fatigue (CF) and Secondary Trauma as pervasive concerns in all caring professions, most notably within the field of counseling. Secondary Trauma is defined as a clinician's indirect exposure to disturbing material through the clients sharing of a firsthand account or narrative of a traumatic event.²⁸ Collective trauma occurs when an entire society feels an overwhelming threat to their physical or emotional well-being.²⁹ Research literature has concluded that the COVID-19 pandemic is considered a collective trauma due to the intense threats experienced by many specific to meeting basic needs, ongoing physical isolation and the possibility of contracting a life threatening illness.³⁰ As such, given the significance and severity of the pandemic, it is essential that organizations provide resources for both immediate and ongoing support for the emotional well-being of employees.³¹ Advancing from a strong appreciation of these converging areas of need the agency provided increased access to clinical supervision through virtual formats, launched weekly coffee chat sessions for social support, created relaxation opportunities such as chair yoga sessions and conducted regular managerial touch points with staff. In addition, the agency maintained ongoing group supervision through virtual platforms and provided foci trainings to assist staff in adapting to remote working environments. In consulting with agency clinical leadership additional advancements

²⁶ 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.

²⁷ Repine, A., Macaulay, J., & Deutsch, S. A. (2021). COVID-19 and child abuse: practical steps to address child safety. *Consultant*.

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

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

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

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

are planned related to infusing the principles of Trauma-Informed Self Care (TISC) into ongoing supervisory and organizational programmatic functions. This particular initiative is highly germane to the current environmental context and is consistent with emerging research that suggests that well placed organizational resources alongside self-care activities mediates the relationships between secondary trauma, compassionate fatigue and employee emotional well-being.³²

Program Monitoring Activities:

Program Observation Date(s): N/A

Interview Date(s): 9/25/20

Collaborative Meeting/Consultation Date(s): 12/2/20,1/10/20,1/29/20, 3/3/20, 3/16/20,4/2/20,4/22/20, 5/21/20, 7/10/20, 7/14/20,7/22/20, 9/10/20, 9/11/20

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 in depth staff interviews is that far more detailed, qualitative contextual, information is provided than would be gathered through other data collection methods, such as surveys.³³ In an acknowledgement of the extraordinary contextual features generated during FY20, formed as a result of the COVID-19 pandemic, the standardized JWB staff interview template was modified with sensitivity to encapsulating questions that specifically attended to these domains. During the final quarter of the fiscal year JWB staff conducted a total of four separate interviews of staff from within the ECS program.

The growing body of research conducted over the course of the pandemic, related to the provision of telehealth services for younger children, uncovered numerous themes for consideration including;1) implementing effective virtual sessions, 2) establishing and maintaining home based child engagement through technology and 3) ensuring parental involvement and engagement during each session.³⁴ In addition, available literature underscores the need to deploy asynchronous evidence based approaches in order to effectively treat externalized behaviors, such as oppositionality and aggression, in virtual environments.³⁵ Reflections on these emergent themes and considerations served as general areas of discussion and dialogue during the course of each staff interview.

Each of the staff interviewed confirmed the swift and effective repositioning of programmatic service delivery towards the medium of telehealth and no limitations were presented related to the broad implementation across the agency. In the domain of engagement understandable challenges were described pertaining to maintaining the attention of very young children, particularly those with emotional regulation deficits. However, JWB staff were impressed by the range of innovative approaches taken to compensate for these challenges such as the use of creative backdrops, the introduction of toys, the use of puppets to stimulate narratives and the application of visual materials through the virtual platforms. These approaches were further strengthened by the program providing tangible materials to parents to strengthen engagement during sessions such as interactive items, books and art supplies. And, are consistent with the blossoming literature that emphasizes the need to apply innovative best practice approaches in order to

³² Salloum, A., Choi, M. J., & Stover, C. S. (2019). Exploratory study on the role of trauma-informed self-care on child welfare workers' mental health. *Children and Youth Services Review*, 101, 299-306.

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

³⁴ Atiles, J. T., Almodóvar, M., Chavarría Vargas, A., Dias, M. J., & Zúñiga León, I. M. (2021). International responses to COVID-19: challenges faced by early childhood professionals. *European Early Childhood Education Research Journal*, 29(1), 66-78.

³⁵ McCarty, C. A., Vander Stoep, A., Violette, H., & Myers, K. (2015). Interventions developed for psychiatric and behavioral treatment in the children's ADHD Telemental Health Treatment Study. *Journal of Child and Family Studies*, 24(6), 1735-1743.

therapeutically navigate the unsettling narratives acquired by younger children during the pandemic, many of whom lack access to the verbal skills necessary to fully express their discomforts.³⁶

In counterbalance, to the understandable challenges around the direct engagement of children, staff discussed at length the process of shifting the focus of sessions towards more direct parental involvement which was viewed a beneficial byproduct of conducting sessions via telehealth. Several of the staff described this shift as a positive means to convey and encourage the rehearsal of parenting skills *in the moment* and place increased emphasis on the need for parents to act as the primary point of intervention. Such a stance is underscored in research literature that points to the need to combine behavioral family interventions with other empirically supported approaches in order to promote parent-child connectedness and solidify parental modeling.³⁷

In general terms each of the staff interviewed consistently articulated strong subjective impressions of the impressive gradients of support, rendered throughout the course of the pandemic, at both programmatic and organizational levels. Moreover, the staff group unanimously described a highly refined supervisory structure that encapsulates attention to staff well-being, attended to providing point in time updates to changeable environmental conditions and offered close attention to the clinical oversight of individual cases. Furthermore, each staff person expressed a sound appreciation of the agency's overarching mission statement, general policies and procedures in relationship to both routine operations and modified modes of service delivery connected to the COVID-19 pandemic.

- 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. The random sample selected for FY20 did not capture staff specifically assigned to the ECS program. Rather the sample was composed of a total of eight staff from across other various program components within the agency. However, the results produced by the reviews were found to be indicative of strong compliance with Human Resource departmental best practices.

Participant File Review Date(s): N/A

Data Quality : Unable to fully evaluate

The program participant file reviews, scheduled for the second quarter of the fiscal year, was cancelled as a result of the statewide stay at home order enacted on April 1st 2020.

Analysis of Performance:

Studies have concluded that an estimated 5-10% of all children present with varying degrees of developmental delays with etiologies rooted in environmental conditions, socioemotional disturbances, medical and or neurological conditions.³⁸ The Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire: Social Emotional (ASQ:SE) are widely adopted instruments, with strong psychometric properties, designed to screen for developmental performance across the domains of; communication, gross motor skills, fine motor skills,

³⁶ Eapen, V., Hiscock, H., & Williams, K. (2021). Adaptive innovations to provide services to children with developmental disabilities during the COVID-19 pandemic. *Journal of paediatrics and child health*, 57(1), 9-11.

³⁷ Taylor, T. K., & Biglan, A. (1998). Behavioral family interventions for improving child-rearing: A review of the literature for clinicians and policy makers. *Clinical child and family psychology review*, 1(1), 41-60.

³⁸ Kerstjens, J. M., Bos, A. F., ten Vergert, E. M., de Meer, G., Butcher, P. R., & Reijneveld, S. A. (2009). Support for the global feasibility of the Ages and Stages Questionnaire as developmental screener. *Early human development*, 85(7), 443-447.

problem solving skills and socioemotional competencies.³⁹ Over the course of FY20 the program gathered a total of 150 ASQ and 151 ASQ:SE screening results. The screenings were administered by a combination of parents, child care personnel and program staff. From the group of children screened using the ASQ 66% were found to fall below age appropriate developmental milestones and were identified as requiring an increased level of direct service delivery through ECS. An additional 42% were referred for external specialty services. Among the children screened utilizing the ASQ:SE a total of 75% were determined to be exhibiting social and emotional deficits and within this group 74% received increased levels of intervention through ECS, with 26% referred for external specialized services. These metrics illustrate the value of the program's utilization of both the ASQ and ASQ:SE results in relationship to accurately evaluating appropriate levels of care based on presenting needs.

A constellation of risk factors have been found to elevate the likelihood of childhood neglect and maltreatment with the variables of childhood developmental challenges and/or socioemotional difficulties further exacerbating risk.⁴⁰ Given this, programs that directly attend to the mitigation of these variables, alongside the provision of parental intervention, are supported as increasing protective factors related to prevention efforts.⁴¹ Furthermore, studies have concluded that effective interventions during key early childhood developmental periods create sustained protective factors that reduce the potential for maltreatment in the long term.⁴² Therefore, the efficacy of the ECS program is measured on the prevention childhood abuse maltreatment and clinical progress both during services and following the conclusion of treatment. The program exceeded established targets related to children experiencing no maltreatment (98%) or out-of-home placements (99%) during services. Analysis of maltreatment and removal after services for ECS participants will begin in FY21.

Conclusions:

The pathways to healthy childhood development are oft strewn with a multitude of hurdles including the behavioral characteristics of the child, parenting stylistics, family systems dynamics and the broader social environment.⁴³ These antecedents to positive childhood development have been profoundly impacted by the pandemic which is poised to imprint marked consecutive interruptions in the attainment of critical milestones and deflect the healthy trajectories of many children.⁴⁴ Therefore, programs that provide focal early childhood services represent a vital element of altering and remedying the deleterious impacts of the pandemic. Moreover, the potential for increased rates of childhood abuse and maltreatment during this period are of even graver concern. At a programmatic level strong tangible outcome across the domains of the mitigation of child abuse and neglect are highly illustrative of the importance of placing early childhood services as a centerpiece in prevention efforts. Furthermore, the program's strategic use of child development screening metrics to assess stages of development and develop appropriate levels of intervention is illustrative of a best practice framework. Finally, as detailed in the COVID-19 impact section of this report, recognition is 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 the program through the development of alternate, accessible and sustainable operational approaches.

³⁹ Kerstjens, J. M., Bos, A. F., ten Vergert, E. M., de Meer, G., Butcher, P. R., & Reijneveld, S. A. (2009). Support for the global feasibility of the Ages and Stages Questionnaire as developmental screener. *Early human development*, 85(7), 443-447.

⁴⁰ Ethier, L. S., Couture, G., & Lacharité, C. (2004). Risk factors associated with the chronicity of high potential for child abuse and neglect. *Journal of family Violence*, 19(1), 13-24.

⁴¹ Lee, S. J., Guterman, N. B., & Lee, Y. (2008). Risk factors for paternal physical child abuse. *Child Abuse & Neglect*, 32(9), 846-858.

⁴² Counts, J. M., Buffington, E. S., Chang-Rios, K., Rasmussen, H. N., & Preacher, K. J. (2010). The development and validation of the protective factors survey: A measure of protective factors against child maltreatment. *Child abuse & neglect*, 34(10), 762-772.

⁴³ Anderson, L. M., Shinn, C., Fullilove, L.A., Steck, S. C., Fielding, J. E., Normand, J. & Task Force on Community Preventive Services. (2003). The effectiveness of early childhood development programs: A systematic review. *American journal of preventive medicine*, 24(3), 32-46.

⁴⁴ Dreyer, B. P. (2020). Let Us Be Vigilant: COVID-19 Is Poised to Obliterate Gains in Healthy Child Development Globally. *Pediatrics*, 146(3).

6/1/2021 | 10:28 AM EDT

Paul Webb Date: _____

Paul Webb
Senior Program Consultant

6/1/2021 | 10:50 AM EDT

Megan Seales Date: _____

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Karen Woods Date: _____

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Program Administration Manager

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Karen Boggess Date: _____

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Program Evaluation Manager

6/1/2021 | 3:02 PM EDT

Judith Warren Date: _____

Judith Warren
Chief Operating Officer

6/1/2021 | 4:54 PM EDT

Beth Houghton Date: _____

Beth A. Houghton
Chief Executive Officer



PROGRAM MONITORING REPORT

Agency: PARC, Inc.

Program: Family Focus

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

AGENCY OVERVIEW: PARC, Inc. (PARC) is a non-profit organization whose mission is to provide opportunities for children and adults with developmental disabilities to exercise their independence and experience life to the fullest. They have various programs and services including life skills development, transportation, community employment services, autism behavior center, and residential facilities. PARC has been providing over 40 programs to adults and children since 1953.

PROGRAM DESCRIPTION: Family Focus provides early intervention services to children birth to five years of age who are diagnosed with, or are at risk of, developmental delays. Services are offered by trained staff in the child's home or preschool environment throughout Pinellas County.

AGENCY/PROGRAM ACCOMPLISHMENTS: PARC's leadership navigated a particularly challenging year while not only maintaining services during the COVID-19 pandemic, the program evaluated operations and implemented significant modifications to improve and streamline service delivery.

STRATEGIC FOCUS AREA(s): School Readiness

FISCAL SNAPSHOT:

	FY18	FY19	FY20	Comments
Total Program Budget	\$306,036	\$381,075	\$872,588	
JWB Allocation	\$267,000	\$271,032	\$279,163	FY18 allocation was increased by \$132,603 for expanded services.
Percent of Total Program Budget represented by JWB Allocation	87%	71%	32%	
Lapse	\$19,594	\$14,575	\$8,902	
Cost per Participant*	\$2,860 (\$306,036/107)	\$3,773 (\$381,075/101)	\$8,005 (\$872,588/109)	

*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	96	107	111%	96	101	105%	112	109	97%

PARTICIPANT DEMOGRAPHICS:

The Family Focus program served a total of 109 children ages birth to five during FY20. A large majority of children (76%) were boys. Over half of the children (60%) were white, 26% African American, and 15% Hispanic. Fifty-one percent (51%) of the children came from dual parent households while 46% from single-parent households. About 1% of the children lived with their relatives and 3% with non-relatives such as group homes. Fifty-five percent (55%) of the families reported an annual income below \$39,999 while 19% had an annual income of \$50,000 or above. Eighteen percent (18%) declined to report their annual household income.

PROGRAM OUTCOMES*:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of children enrolled in the Family Focus program achieve at least one target goal identified in their individualized Family Focus Goal Form.	85%	98%	90%	93%	90%	94%
Percent of children enrolled in the Family Focus Behavior program reduce at least one target behavior identified in their individualized Functional Behavioral Assessment & Family Plan.	85%	14%	85%	100%	85%	96%

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

PROGRAM MONITORING ACTIVITIES:

Program Observation Date(s): 6/19/20, 6/23/2020 (attempted), and 6/26/2020

Interview Date(s): 6/29/2020 and 7/16/2020

Collaborative Meeting/Consultation Date(s): 11/21/2019, 12/5/2019, 1/21/2020, 2/3/2020, 2/11/2020, 6/10/2020, 7/14/2020, 7/27/2020, 8/10/2020, 8/25/2020, and 9/21/2020: This list does not include regularly scheduled conference calls with provider groups throughout the pandemic.

Personnel File Monitoring Date(s): 9/17/2020

During FY20 the Family Focus leadership team worked collaboratively with JWB in dedication of a thorough program review which culminated in significant modifications to service delivery and organizational structure. Prior to FY20, PARC had expanded their service array by increasing behavioral supports. In doing so, JWB funding supported not only early developmental intervention services but also an enhanced continuum of behavioral services. The expansion of increased behavioral services was complex as PARC separated children into disparate programs based on funding source, rather than a specific program structure. For example, if a child was eligible for Medicaid they were placed in one program, if not eligible the child would be served through Family Focus and thus funded by JWB. To further complicate program assignment, children who required dosage beyond Medicaid approved limits would be served through both programs. This program organizational design resulted in significant overlap and a lack of clarity regarding program assignments, services, and funding relationships. As these challenges were identified, PARC revised their program structure by consolidating all services offered by the Behavior Department into a single program with the intention of streamlining service delivery, billing, and increasing clarity regarding the scope of services. This consolidation was mid-implementation as FY20 began. In light of the consolidation efforts, the program explored completion of the FY20 program methodology in partnership with JWB. The development of a methodology includes documenting a program's scope of work. In the case of Family Focus this process led to numerous meetings and consultations

as there remained challenges with clarity in many areas. An element of program services which complicated this work was related to the program's expansion into behavior services using a very specific modality of Applied Behavior Analysis (ABA). ABA is intended to be a specific intervention to modify behavior and requires specific training. What was discovered during the methodology effort was that behavior services had become a primary focus of the program and early intervention services were diminished as a result of program consolidation. Furthermore, the provision of the expanded behavior services also impacted the population served within the program. Whereas prior to expansion, services were focused on youth under the age of five, a portion of the population served under behavioral services often required ongoing and long term supports for children. As a result, the consolidation ultimately impacted the range ages of children being served under the revised structure. This required additional review to ensure JWB funds remained dedicated to the younger children as an investment dedicated to school readiness.

In June of 2020, JWB staff completed staff and participant interviews. The interviews confirmed the continued confusion over program service delivery, scope of program services, and mission. However, there appeared to be consensus through these interviews that the program's focus was no longer early intervention, but rather behavior modification services. This was noted as a challenge for some staff, particularly long-term early intervention service providers, as the program struggled to incorporate two separate service tracks into one streamlined service continuum. This feedback was communicated with program leadership.

Additionally, program observations occurred virtually in the summer. JWB staff observations included Positive Parenting Support Group services for parents whose children were receiving ABA. The group was facilitated by two staff and was attended by two parents. Staff appeared to have a strong rapport with those in attendance. Staff also appeared to be prepared, responsive to attendees, supportive to caregivers, and engaged throughout the session. There were no noted concerns with service delivery outside attendance. A second observation of groups occurred with similar outcomes.

The above noted efforts, both on the part of the organization's leadership and JWB, culminated with the submission of a proposal by PARC to again modify Family Focus services in July of 2020. In a solution focused discussion, PARC's leadership acknowledged the challenges identified throughout the reporting period and conducted a review of their core strengths. The proposal, which included the separation of clinical behavior services from PARC's Children Services Department's scope of work, was approved by JWB. The revisioning diverted clinical behavior services, such as ABA, from PARC to a partnering service provider, Lampert's Therapy Group. PARC leveraged this existing relationship to transition behavioral staff and services. The transition also aligned with Lampert's mission as a partner of PARC for other therapeutic services (occupational therapy, physical therapy, etc.). This change intentionally realigned the Family Focus program model and scope back to early intervention. Despite the change, JWB maintained the program's allocation in an effort to further enhance the delivery of early intervention services to north Pinellas County. The result of the change was a more consolidated program structure with clear services and improved job satisfaction, as reported by PARC leadership.

As a result of the pandemic, JWB completed a personnel monitoring virtually through the development of a Self-Assessment Tool. Through this tool, PARC completed a review of JWB-selected employee files and were asked to document standards typically reviewed during an onsite monitoring by JWB. In addition to the Self-Assessment, PARC was required to provide physical documentation regarding Level 2 backgrounds screenings and evidence of completed Affidavits of Good Moral Character, as required by contract. Based on the documentation provided and reviewed by JWB staff, feedback was communicated to agency leadership regarding increasing consistency of Affidavit of Good Moral Character completion as well as continuing efforts to ensure alignment with position descriptions, program methodology, and financial information reported to JWB. No

significant concerns were noted.

COVID 19 Response and Impact:

Pre-pandemic, the Family Focus program operated with an in-person community-based service delivery model. As a result of COVID-19, services were transitioned fully to a virtual format from March 20, 2020 till May 31, 2020. While virtual services added a level of increased participant access, this format was not ideal for early intervention services as very young children can be challenging to engage and maintain a level of engagement through a screen. In person services resumed on June 1, 2020 with daily screenings for staff, participants, and all household family members, when applicable for home-based service delivery. Virtual services remained an option for families on a case-by-case basis. Program leadership reported significant challenges experienced by staff including loss of contact with families, technology and internet barriers, and exposure to COVID 19. In addition to Family Focus services, program staff also assisted with food distribution, assisted families with technology needs, as well as provided referrals and linkages to other community resources as needed.

DATA QUALITY: N/A

Participant File Review Date(s): A file review was not completed during FY20 as a result of the COVID 19 pandemic, therefore, this information is not available. File reviews will occur in FY21.

ANALYSIS OF PERFORMANCE:

Children were screened through Ages and Stages Questionnaires (ASQ) and Ages and Stages Questionnaires: Social Emotional (ASQ-SE) to identify the areas of need. Based on the identified areas of deficiency, program staff set individual service goals for each child. Children's progress was evaluated every six months for the effectiveness of the intervention services. In FY20, 94% of the children with developmental delays achieved at least one target goal identified in their individualized Family Focus Goal form. Ninety-six percent (96%) of the children who received behavioral intervention services reduced at least one target behavior identified in their individualized Functional Behavioral Assessment and Family Plan.

CONCLUSIONS: While FY20 was a year of significant effort and transformation for the program and staff, it is believed the program entered FY21 better organized and prepared to provide early intervention services to children throughout Pinellas County. With this noted, the program does continue to respond to and address the ongoing COVID-19 pandemic. JWB staff continue to work with program leadership and staff to navigate the pandemic as well as the return to traditional program service delivery.

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Jennifer Artiaga, LCSW
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Qian Fan

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Karen Woods

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Danielle Hintz

Judith Warren
Chief Operating Officer

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Beth Houghton

Beth A. Houghton
Chief Executive Officer

Date: 6/1/2021 | 4:48 PM EDT



PROGRAM MONITORING REPORT

Agency: Pinellas County Sheriff's Police Athletic League

Program: Community Out of School Time

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

AGENCY OVERVIEW:

Pinellas County Sheriff's Police Athletic League (PCS - PAL) is a 501(c)(3) nonprofit organization established in 2001. The agency focuses on youth crime prevention by building trustful and meaningful relationships between law enforcement officers and Pinellas County youth. PCS – PAL collaborates with various public and private organizations including the Pinellas County Sheriff's Office to facilitate community support programs, mentoring and public awareness events.

PROGRAM DESCRIPTION:

The Police Athletic League (PAL) program serves at-risk youth ages 5-17 after school, during the summer, and holiday breaks in the Lealman community. The program creates opportunities for mentoring, academic support, physical activity, and exposure trips. PAL strives to provide a safe place where kids want to be by encouraging youth to feel at home. The program seeks to create a sense of stability in the lives of children where staff are recognized as family.

AGENCY/PROGRAM ACCOMPLISHMENTS:

For FY20, PAL received ongoing monitoring throughout the contract year. The organization received significant technical assistance with regards to program quality, budgetary soundness and programmatic performance. PAL encountered added program challenges this fiscal year brought on by the pandemic including program closures, COVID-19 exposure for staff and limited spacing capacity for youth. With that said, the organization was able to complete the requirements of the Corrective Action Plan and successfully reopen the program during the summer. Additionally, PAL provided much needed food to the community during the COVID-19 pandemic.

STRATEGIC FOCUS AREA(s): School Success

FISCAL SNAPSHOT:

	FY18	FY19	FY20
Total Program Budget	\$469,911	\$494,382	\$522,591
JWB Allocation	\$233,733	\$269,203	\$269,203
Percent of Total Program Budget represented by JWB Allocation	50%	54%	52%
Lapse	\$1	\$0	\$26,852
Cost per Participant*	\$2,398 (\$469,911/196)	\$1,901 (\$494,382/260)	\$2,795 (\$522,591/187)

**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	205	196	96%	205	260	130%	160	187	117%

PARTICIPANT DEMOGRAPHICS:

In FY20, PAL provided services to 187 youth. Of those, 49% were Black, 40% were White, and 12% were Hispanic. Fifty-eight (58%) percent of participants are male, and 47% were in middle school. Fifty-three (53%) percent of participants had a household income of less than \$30,000, and 50% came from a Single Parent, Female Head of Household. PAL mainly serves participants from the Lealman area, but participants also come from Clearwater, Gulfport, Largo, and Pinellas Park.

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%	39%	70%	53%	70%	76%
Percent of participants who continue in the afterschool program for more than one year	60%	51%	60%	48%	60%	67%
Percent of students who miss less than 10% of unexcused school days	N/A	N/A	Baseline	82%	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	82%	75%	Waived due to COVID
Percent of students with an improved score on the Florida Standardized Assessment (FSA) Mathematics	N/A	N/A	Baseline	61%	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	55%	70%	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): 11/7/19, 11/18/19, 1/24/20, 7/13/20, 7/16/20

Staff Interview Date(s): 9/14/20, 9/18/20

Collaborative Meeting/Consultation Date(s): 11/1/19, 12/11/19, 1/7/20, 1/23/20, 2/20/20, 3/4/20, 3/5/20, 3/16/20, 3/19/20, 3/25/20, 3/27/20, 4/1/20, 4/8/20, 4/15/20, 4/22/20, 4/29/20, 5/6/20, 5/8/20, 5/13/20, 5/20/20, 5/22/20, 5/27/20, 6/3/20, 6/10/20, 7/8/20, 7/22/20, 9/2/20, 9/9/20, 9/18/20, 9/24/20

Administrative Review Date(s): 1/7/20, 3/18/20, 3/23/20, 3/24/20

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

The PAL service model focuses on positive youth development by fostering a safe and caring environment where the individual strengths, interests and needs of youth are priority. In addition, the program provides an alternative setting for at risk youth to receive academic support, take part in constructive activities and build positive relationships with program coaches and peers. For example, during transportation from the school to the after school site, PAL staff facilitate “Guided Conversations.” The topics of discussion include goal setting, bullying or self-esteem building, and offer opportunities for participants to discuss events that occurred at home or during the school day. More importantly, these discussions allow for staff to identify potential events that could, if not addressed, lead to negative risk factors or undesirable behaviors at the afterschool program or home. According to Derzon and Lipsey (2000), family characteristics such as poor parenting skills, family size, home discord, child maltreatment, and antisocial parents are risk factors linked to juvenile delinquency.¹ With this in mind, it is likely that maintaining supportive relationships with caring adults could offset negative risk factors. Lastly, activities such as this align with the goal of the program to decrease negative factors that contribute to juvenile delinquency.

For FY20, the PAL program experienced programmatic challenges in various areas including staff recruitment/retention, program quality and inadequate policies and procedures. Initially, the organization was placed on a Performance Improvement Plan (PIP), however, after minimal progress in correcting the identified performance deficiencies, JWB staff transitioned the PIP to a Corrective Action Plan (CAP). Throughout the fiscal year PAL developed various policies or procedures associated with areas of needed performance improvement. For example, due to ongoing staff vacancies and turnover, PAL was required to develop a staff recruitment and retention plan. PAL submitted all required documentation and was responsive to all requests with regards to JWB recommendations and technical assistance. This is only one example of the types of documents requested by JWB staff to ensure continual program improvement. As a result, PAL completed all requirements of the CAP on September 30, 2020.

Program observations were conducted at the Lealman Sports Complex and The Landings. JWB staff conducted multiple program observations and site visits between the two locations. On July 13, 2020 JWB staff conducted a program observation at the Lealman Sports Complex site. JWB staff observed the morning drop off of youth by their parents. To decrease risk of infection PAL staff set up a car line drop off system for families. Parents drove onto the property and were directed by signs to drop their child off at a designated location. Temperature checks were completed by PAL staff and the youth were instructed to wash their hands. Additionally, mask notifications were noticeably located throughout the campus. Due to COVID-19 safety concerns, PAL required all youth to wear face coverings. Additionally, anyone entering the building were required to complete a temperature check, and confirmed that they had not experienced flu-related symptoms. JWB staff observed two classrooms where youth were completing different assignments. Some youth were on MyOn reading, while other youth were comparing similarities in various paragraphs. According to PAL staff, students received live instruction during Summer Bridge. After the Summer Bridge session concluded, students prepared for lunch and outdoor activities.

On July 16, 2020 JWB staff conducted a program observation at The Landings site. Due to COVID-19, PAL staff designated two spaces for drop off and pick up of youth. Prior to entering the building, JWB staff answered

¹ Derzon, J.H., and Lipsey, M.W. 2000. The correspondence of family features with problem, aggressive, criminal and violent behavior. Unpublished manuscript. Nashville, TN: Institute for Public Policy Studies, Vanderbilt University

questions related to COVID-19 exposure and completed a mandatory temperature check. When youth entered the building, they washed their hands and received a wristband verifying they completed the process. JWB staff observed sanitation materials throughout the building including hand sanitizer and gloves. Program participants were separated into two rooms, the computer lab and the large room. JWB staff observed some youth using MyOn, while other students completed projects assigned by their Summer Bridge teachers. For example, when youth would login to Teams they received daily activities and assignments. Additionally, The Landings site had a designated Pinellas County School staff to aid with Summer Bridge implementation. According to the staff member, each youth received live instruction, however, it varied depending upon the teacher, school and student. According to PAL staff, not all students attended public schools or participated in the Summer Bridge program. As a result, those students completed workbooks during the session. All in all, the students appeared engaged in the assignment and PAL staff circulated the room assisting when needed. All interactions between staff and youth were positive and PAL staff were responsive to youth requests. JWB staff interviewed parents of program participants to assess their experience regarding program changes during the pandemic. Overall, parents reported a need for the program expressing the importance of youth socialization after the “shelter in place” orders were lifted. Additionally, a parent reported she needed a place for her child to go while she was at work.

The PAL program received a total of three inspections — three licensing inspections and one substantial compliance inspection — at their two facilities by the Pinellas County Licensing Board (PCLB). PCLB licensing standards cover an array of items including, but not limited to, the supervision of children, review of personnel and children’s files, safety of physical environment, safe transportation of children, and healthful food/nutrition guidelines. PCLB ensures that all providers are given technical assistance when violations (non-compliances) are cited. A program can receive varying levels of violations and/or enforcement depending upon the concern. There are three classifications of violations with Class I being the most egregious. Fines may also be imposed when necessary. Due to COVID-19 and provider closures, some centers received virtual inspections and upon re-opening or, when it was deemed safe for Licensing Specialists to return, programs received on-site inspections. If a program could not be inspected during their renewal period, they would receive a provisional license. Provisional licenses were not considered to be punitive during the COVID-19 pandemic. As soon as PCLB was able to conduct an in person visit, a re-inspection was conducted with all areas monitored and a regular license was issued for the balance of the licensure year. Licensing Specialists would always inspect a program if a complaint was received.

A review of the reports found the Lealman Sports Complex facility to be non-compliant in areas of personnel records and transportation verification at the October 30, 2019 inspection. Challenges related to maintaining proper documentation of personnel files was also identified at the October 29, 2019 inspection conducted at the Landings facility. During a review of Personnel files, Attestation of Good Moral Character forms were found to be incorrect or not completed. Consequently, a corrective action was issued and a reinspection was completed on April 2, 2020 at The Landings facility. Though the facility was closed due to the COVID-19 pandemic, all updated check listed areas were found to be in full compliance.

On September 23, 2020 JWB staff conducted a virtual Personnel file review due to the challenges related to COVID-19 and general concerns regarding staff safety. JWB staff requested PAL staff to upload five personnel files for review. Along with the files PAL staff were instructed to complete a Personnel Monitoring – Assessment tool which identifies mandatory employee documents including the application, resume, Level II background screening and Affidavit of Good moral Character respectively. Overall the files were orderly and contained all the required documentation. Although PAL experienced challenges related to staffing and maintaining proper personnel file procedures, the program was able to correct all files and keep valid site licenses with PCLB.

COVID-19 Response and Impact:

During FY20, PAL had to reassess overall program implementation and service delivery. In March 2020, the Office of the Governor issued Executive Order (EO) Number 20-69, which advised citizens to adopt social distance measures to slow the spread of the novel coronavirus. These measures included, but were not limited to: wearing a mask, avoiding private and public gatherings of more than 10 people, staying six (6) feet apart when in groups and working from home. In addition, residents adopted increased hygiene practices and to avoid touching their eyes, nose, and mouth with unwashed hands. In response to the Executive Order, PAL closed, stopping all programs and facilities on March 16, 2020. During this time child care services were unavailable to the community.

While closed, PAL staff readied for the reopening of the program developing policies and procedures as well as distributing meals to the community. In total, PAL provided meals to about 250 families via drive through at The Landings housing complex. Program operations resumed on June 1, 2020 albeit at a limited capacity. Upon reopening PAL implemented updated health and safety protocols, including social distancing requirements, increased sanitization and disinfection procedures, and mandatory mask wearing for everyone. For example, to decrease potential COVID-19 exposure, parents were not allowed to enter the building during drop off and pick up of children. Furthermore, youth completed temperature checks and questionnaires related to COVID-19 infection in the parent's vehicle before entering the building. All changes to standard operational procedures were made in coordination with parents of program participants, JWB, and the Pinellas County Health Department.

JWB staff interviewed staff about their thoughts on the agencies' response to the COVID-19 pandemic. Overall, staff reported PAL responded effectively to the COVID-19 pandemic by implementing increased health and safety policies, procedures and issuing personal protection equipment. PAL staff also emphasized the positive impact the program has made in the community during the pandemic. With that said, PAL staff also expressed that COVID-19 was a barrier to program planning. Many field trips destinations and enrichment vendors closed, or were not available due to mandates therefore limiting a vital program element.

DATA QUALITY:

Participant File Review Date(s): 12/10/2019 – Overall Score: 93%; 9/17/20 – Overall Score: 99%

PAL has historically struggled with data, which, in part, led them to be placed on a PIP in July 2019. Throughout PAL's time on a PIP and subsequent CAP they diligently worked on their internal processes of collecting and reporting data. Just before being placed on a PIP, PAL struggled with the quality of their files and the consistency with which data was being entered into GEMS. However, throughout the later part of FY19 and the beginning of FY20, JWB worked very closely with PAL guiding them on best practices for file organization and data entry.

As JWB and PAL continued to work together, a file review check point was conducted in December 2019. A total of six files were used as a sample and provided to PAL before JWB staff were on site; additionally, three files were randomly selected while on site. This process was used to ensure that corrections were consistent among all files. The files were found to be organized, consistent, and containing all relevant information. At the end of FY19, PAL had established an internal file review process that was utilized and noted in a few of the files. Lastly, attendance documentation for both PAL locations was greatly improved from previous reviews. All months were available, entered into GEMS, and contained only minimal errors. The data quality score for this review was at 93%, up from 66% on their previous review, which was conducted in August of 2019.

To help determine whether data quality was being maintained, another file review was scheduled for September 2020. Due to COVID-19 this review was conducted virtually. As with the previous review, files were well

organized, contained all required documentation, and were mostly free of errors. It was evident that the program was working hard to maintain data quality and their files. The processes that had been implemented at the beginning of the fiscal year were still being used, and the data quality was strong.

ANALYSIS OF PERFORMANCE:

PAL has undergone a number of challenges and changes throughout the fiscal year, however, for the first time since being funded, PAL has met all available performance measures.

As previously stated, PAL was placed on a PIP in July 2019, which in addition to other items focused on performance and data quality. By February 2020, performance had not improved, leading the program to be placed on a CAP. While the program closure due to COVID-19 caused an extension of the CAP because a number of items could not be evaluated (i.e. program attendance) it also allowed PAL the time to work on compliance items, as well as the structure and administration of the program. By September 2020, PAL had completed all requirements of the CAP, program quality had improved, and despite COVID-19 restrictions participants were regularly attending the program.

During FY20, PAL saw a decline in the overall numbers served by the program, with 187 participants being served as compared to 260 the prior year. This decline is largely due to COVID-19. As with most Out of School Time (OST) programs, PAL typically sees an influx of participants over the summer, aiding them in attaining their targeted service levels. However, due to social distancing requirements PAL had to significantly limit the capacity at both program locations leading to the reduced number of participants.

Despite the reduction in people served, the work that PAL did on their PIP and CAPs in conjunction with the affects of COVID-19 and improved data quality led them to their positive performance. In FY20, 76% of PAL's participants attended the program regularly. This was up from 59% in FY19 and 39% in FY18 – a 95% improvement in performance since FY18. As part of their CAP, PAL established and implemented a tiered incentive system for those who attend 70%, 85%, and 100% of time within a given month. Incentives included food items (e.g. pizza), clothing items (e.g. t-shirts), or special trips (e.g. ice cream shop). Prior to COVID and the institution of the attendance incentive program (10/1/19 – 3/15/2020), 58% of participants were attending regularly, afterwards (6/1/2020 – 9/30/2020) almost 98% of participants were attending regularly. While this change in attendance could be partially attributed to the incentive program it could also be attributed to a possible change in the demographic of those attending (e.g. participants who signed up we more likely to attend regularly regardless of the incentive program). PAL will need to keep an eye on the attendance to ensure the incentive program continues to have positive effects.

In addition to participants attending regularly, PAL also was able to achieve their target for returning participants, with 67% of those served having also been served in the prior fiscal year. It is possible this is due to an improvement in the quality of programming, or could be due to the overall reduction in the numbers served. As previously stated, the influx of participants over the summer did not occur due to COVID-19. This prevented a number of new participants from coming into the program, as the summer program was mainly advertised to those who had already attended during the school year. This caused the denominator to decrease, and as a mathematical function the percentage of returning participants to increase. PAL should also watch this performance measure to ensure they are able to maintain performance as program capacity continues to increase.

CONCLUSIONS:

PAL has made significant strides over the course of the fiscal year, despite continuing to experience some struggles with staff turnover and the added challenges of COVID-19. PAL should remain diligent in their efforts to engage participants and families, while maintaining quality programming and strong data collection.

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Senior Program Consultant

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PROGRAM MONITORING REPORT

Agency: University of South Florida Board of Trustees

Program: Infant Family Center

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

AGENCY OVERVIEW: The University of South Florida (USF) College of Arts and Sciences operates the Infant Family Center (IFC) program under the direction of the Family Study Center. USF is accredited by the Southern Association of Colleges and Schools Commission on Colleges. USF was founded in 1956. The Family Study Center of USF St. Petersburg's foundation is centered around innovative projects and initiatives supporting coparenting and young children's development.

PROGRAM DESCRIPTION: The IFC offers infant and early childhood mental health screening, referral, assessment, consultation, therapy and groups for Pinellas County families with children ages birth through five years who are exhibiting behavioral, social-emotional, and development concerns. IFC promotes strong families in a coparenting framework that supports the social and emotional development of children during the first five years of life.

AGENCY/PROGRAM ACCOMPLISHMENTS: During the reporting period, IFC maintained active partnerships with numerous child and family serving organizations throughout Pinellas. In addition, the program utilized FY20 to enhance staff's clinical credentials including Advanced Resolution Therapy, Therapeutic Play Therapy, Reflective Supervision, and an Infant Mental Health Endorsement as a Clinical Mentor.

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

FISCAL SNAPSHOT:

	FY18	FY19	FY20
Total Program Budget	\$659,432	\$593,202	\$635,684
JWB Allocation	\$264,600	\$264,600	\$272,538
Percent of Total Program Budget represented by JWB Allocation	40%	45%	43%
Lapse	\$11,341	\$3,342	\$1,108
Cost per Participant*	\$2,243 (\$659,432/294)	\$1,977 (\$593,202/300)	\$2,876 (\$635,684/221)

*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	120	199	166%	150	189	126%	225	149	66%
Youth	100	95	95%	100	111	111%	100	72	72%
Total	220	294	134%	250	300	120%	325	221	68%

PARTICIPANT DEMOGRAPHICS:

IFC served a total of 221 participants, 149 adults (67%) and 72 children (33%). This represents a significant decrease in participants served compared to prior years. Families were mostly referred to IFC in FY20 from either a substance abuse provider (33%) or a child care center (20%). These referral sources were drastically impacted by the COVID-19 pandemic through reduced capacity and closures for more than half of the year. The adults who were served by the program were mostly (83%) female. The majority identified as White (82%), followed by Black (13%) and Other (5%). Thirteen percent (13%) reported they were Hispanic. The annual household income reported varied with 32% adults reporting \$10,000 to \$49,999, 30% reporting \$1 to \$9,999, 24% reporting \$50,000 and over, 11% reporting unknown income, and 2% reporting no income. More than half (55%) were Single Parent Female households. The children served by IFC represented slightly more males (51%) than females (49%). The children served identified as mostly White (56%) followed by Black (33%) and Other (5%). Nineteen percent (19%) of children identified as Hispanic. The children served were mostly (78%) under five years old.

PROGRAM OUTCOMES*:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of adults will improve their Children's Power and Independence sten scores from pretest to posttest as measured by the Adult-Adolescent Parenting Inventory (AAPI-2).	70%	70%	60%	60%	60%	76%
Percent of adults will improve their Parental Empathy Towards Children's Needs sten scores from pretest to posttest as measured by the AAPI-2.	80%	70%	65%	86%	65%	80%
Percent of adults will improve their Expectations of Children sten scores from pretest to posttest as measured by the AAPI-2.	70%	80%	60%	84%	60%	91%
Percent of adults will improve their Parent-Child Family Roles sten scores from pretest to posttest as measured by the AAPI-2.	70%	78%	60%	84%	60%	96%
Percent of adults will improve their Use of Corporal Punishment sten scores from pretest to posttest as measured by the AAPI-2.	50%	80%	65%	86%	65%	91%
Percent of caregivers will show an increase in protective factors as measured by the DECA (Devereux Early Childhood Assessment) and DECA I/T (Infants/Toddlers).	80%	60%	75%	57%	75%	70%
Percent of caregivers will report decreased stress levels from pre- to post-test as measured by the Parenting Stress Index 4-SF.	80%	70%	70%	72%	70%	55%

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of caregivers will show a more positive parent/child interactions from pre- to post-test as measured by the Parent Interaction With Children Checklist of Observations Linked to Outcomes (PICCOLO).	80%	90%	80%	71%	80%	67%
Percent of children will have no new verified report of abuse and/or neglect during program participation as measured by independent verification with FSFN.	90%	94%	90%	91%	90%	96%
Percent of children 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%	97%	85%	87%	85%	90%
Percent of children will not experience an out-of-home placement during services as measured by independent verification Florida Safe Families Network (FSFN).	90%	97%	90%	95%	90%	99%
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 FSFN.	85%	97%	85%	93%	85%	96%

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

PROGRAM MONITORING ACTIVITIES:

Program Observation Date(s): 11/20/2019

Interview Date(s): 7/15/2020 (Staff and Participant)

Collaborative Meeting/Consultation Date(s): 11/6/2019, 11/20/2019, 1/18/2020, 6/11/2020, 6/14/2020, 7/22/2020, 8/13/2020 and 9/25/2020. This list does not include regularly scheduled conference calls with provider groups throughout the pandemic.

The Infant Family Center is designed to provide clinical intervention and supports to children, birth through age five, and their families. Specific services provided include various assessments, parenting and behavioral consultation, parent groups, as well as child-parent therapy. A program visit was conducted in November of 2019 to tour the program's new location, co-located at USF next to the Family Study Center. The program shifted from the previously rented space at All Children's to allow additional program office space for staff and families. During this program visit JWB staff met with program leadership and staff to review elements of the program's methodology, services, as well as provide technical assistance relative to data entry processes and procedures. Given the nature of services provided and the sensitivity to families struggling in the midst of the pandemic, additional observations did not occur in FY20. With this said, JWB staff maintained contact with program leadership. Administrative and program development efforts did continue despite the pandemic. Specifically,

program leadership worked to collaborate with USF Health to explore implementation of USF Health's electronic health record, Epic. The goal of utilization of an electronic health record system centered around enabling the program to commence Medicaid billing, thereby increasing capacity of available services. This program expansion effort was a component of the original program application design. In coordination with the data system implementation efforts, the program also initiated the Medicaid application process. Implementation of Epic and Medicaid billing efforts continue into FY21.

As a provider dedicated to innovation and community services which are trauma informed, the program collaborated with the Foundation for a Healthy St. Petersburg on an effort to bring Reflective Supervision practices to social service organizations in Pinellas. Reflective Supervision is an approach to supervising staff that supports staff's thoughts and feelings associated with their work as a means to develop and strengthen skills and thereby enhance services. In the midst of the pandemic, JWB was able to leverage the program's expertise in Reflective Supervision to implement an expanded pilot with other JWB funded programs as a method to support the broader social service community as staff and agencies experienced additional stressors during COVID-19. In this model, IFC staff served as lead facilitators to groups of leadership and supervisory staff of social services agencies. During groups, IFC taught the framework of Reflective Supervision and then supported the attendees through their own implementation. The initial pilot began in May of 2020 with three community partners including; Religious Community Services d.b.a. Hope Villages of America, Gulf Coast Jewish Family Community Services, and Directions for Living. Based on the success of the expanded JWB supported pilot and the ongoing pandemic, JWB added designated funding to the programs FY21 program allocation to continue to offer this service.

Interviews were conducted by JWB staff in July of 2020. Participants interviewed conveyed behavioral challenges and circumstances in the home having led them to request the services of IFC. Participants reported the program supported families through virtual intake processes and represented themselves in a professional manner. One participant indicated the program had "saved our family" following the loss of a parent and the added stressors of the pandemic. Participants communicated services were provided through Zoom, Facetime, and via telephone. Participants articulated engagement of the children as a challenge in the virtual environment. Recommendations for improvements included a return to face to face service when appropriate.

Contractually, the agency has continued to remain responsive and timely regarding the submission of agency and program compliance documentation. A Personnel File Review was waived in FY20 as a result of the COVID-19 pandemic. As of the writing of this report, the FY21 review was completed.

COVID 19 Response and Impact: Given the nature of critical clinical mental health services provided by IFC, the program continued to provide services throughout the COVID-19 pandemic. IFC accomplished this by shifting services from an in-person service delivery model to a telehealth model effective 3/16/2020. This model continued through the close of the reporting period. In addition to providing traditional mental health services, the program reported an increase in community referrals to families throughout the pandemic. While the program was able to shift to a virtual service delivery model there were significant challenges reported in maintaining contact with participants, including difficulties with internet access and available devices. The program did attempt to modify engagement strategies including increased flexibility on scheduling and frequency of sessions. It should be noted that while the program modified service delivery to the extent possible, the population served in IFC includes young children often within the dyadic or triadic relationships of their caregivers. A virtual service delivery environment with young children in the context of others can be challenging to achieve via telephone and electronic devices. Children's attention is often limited to short periods of time which may limit the impact of clinical interventions. In addition, the program reported an overall decrease in referrals to the program. With the above challenges noted, the program was able to maintain staff without incident.

DATA QUALITY: A file review was not completed during FY20 as a result of the COVID 19 pandemic, therefore, this information is not available. As of the writing of this report, the FY21 file review has occurred.

Participant File Review Date(s): N/A

ANALYSIS OF PERFORMANCE:

IFC is evaluated across several areas to assess effectiveness including the improvement of parenting skills, prevention of child maltreatment, reduction of parental stress, and child skill development. In order to assess parenting skills, IFC utilizes the Adult Adolescent Parenting Inventory-2 (AAPI-2). The AAPI-2 is a valid tool the program utilizes to identify adults and adolescents at risk for inadequate parenting. The AAPI-2 measures five constructs: (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 Independence¹. The measures related to the AAPI-2 look for improvements on each construct upon completing program services. The FY20 results showed the program was able to exceed their targets in all constructs. This marks an upward trend in performance over the prior year for four out of the five constructs.

The program is also measured on the families' involvement within the child welfare system. This is a complementary measure to the AAPI-2, which assess risk of maltreatment versus verified maltreatment. The program was able to exceed all child maltreatment targets. Additionally, the FY20 results demonstrated an improvement in performance across all child maltreatment measures. IFC also utilizes the Parent Interaction with Children Observation Linked to Outcomes (PICCOLO), Parenting Stress Index 4-SF (PSI-4-SF), Devereux Early Childhood Assessment (DECA) to measure progress. The PICCOLO assesses positive parenting behaviors through observation that are associated with positive child outcomes.² The FY20 results demonstrated that 67% of caregivers in the program showed improved positive parent child interactions at the close of services as compared to the beginning of services. In addition, 55% of caregivers reported decreased levels as measured by the PSI 4-SF and 70% of caregivers demonstrated an increase in protective factors as measured by the DECA. While the program was able to improve outcomes in several areas, the FY20 results demonstrated a decline in results specifically in three areas: the AAPI-2 **Parental Empathy Towards Children's Needs** construct, PICCOLO and the PSI-4-SF. This decline in performance could be related to the increased demands of parenting during the COVID-19 pandemic such mental health, limited child care, financial and/or relationship concerns³.

CONCLUSIONS: In light of the global pandemic, the program modified service delivery to best maintain client and staff safety while supporting the continuation of critical mental health services. As noted above, the intended population of IFC includes young children often within the dyadic or triadic relationships of their caregivers. While service modification to a virtual environment was necessary, it proved challenging for this particular population including children under the age of five. Despite these factors the program was able to achieve nine out eleven performance measures. Ongoing monitoring of enrollment and performance will occur as the community recovers from the COVID-19 pandemic.

¹ 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

² Cook, G. A., & Roggman, L. A. (2009, January). PICCOLO (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes) Technical Report. Logan, UT: Utah State University. (Submitted to Administration for Children, Youth, & Families, US Department of Health and Human Services, Washington, DC).

³ Wu, Q., & Xu, Y. (2020). Parenting stress and risk of child maltreatment during the COVID-19 pandemic: A family stress theory-informed perspective. *Developmental Child Welfare*, 2(3), 180-196. <https://doi.org/10.1177/2516103220967937>

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PROGRAM MONITORING REPORT

Agency: R'Club Child Care, Inc.

Program: Lew Williams Center for Early Learning

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

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

PROGRAM DESCRIPTION: The Lew Williams Center for Early Learning is a multi-agency collaboration including Pinellas County Schools, the Juvenile Welfare Board of Pinellas County, Early Learning Coalition of Pinellas County, Lutheran Services of Florida Head Start/Early Head Start, and R'Club Child Care. The center provides high quality learning opportunities for children aged one to five years to prepare them for their formal educational careers in an accredited school. The program provides degreed teachers along with staff credentialed assistants. The funding supports the implementation of the curriculum, screenings, home visitation, and parental engagement. All children have access to health, dental, and supportive services to assist in school success.

AGENCY/PROGRAM ACCOMPLISHMENTS: Lew Williams Center continues to hold a Gold Seal Designation from the State of Florida and Accreditation from the National Association for the Education of Young Children (NAEYC). The Center Director was a panelist on USF's webinar Resilience: Balancing Stress and Self-Care. He gave practical tips for caring for center staff during the unprecedented times of the pandemic. He also stressed the importance of self-care because "you have to take care of yourself so that you can take care of your staff."

STRATEGIC FOCUS AREA: School Readiness

FISCAL SNAPSHOT:

	FY18	FY19	FY20
Total Program Budget	\$1,764,535	\$1,734,611	\$1,839,309
JWB Allocation	\$644,683	\$664,023	\$683,944
Percent of Total Program Budget represented by JWB Allocation	37%	38%	37%
Lapse	\$8,492	\$11,663	\$152,037
Cost per Child Participant*	\$11,609 (\$1,764,535/152)	\$13,767 (1,734,611/126)	\$14,714 (\$1,839,309/125)
Cost per Total of Children and Parents	N/A	\$11,720 (1,734,611/148)	\$9,530 (\$1,839,309/193)

**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	158	152	96%	158	126	80%	148	125	84%
Number of parents served	N/A	N/A	N/A	90	22	24%	90	68	76%

PARTICIPANT DEMOGRAPHICS:

In FY20, Lew Williams Center served 68 parents and 125 children ages one to five. Of the 125 children served, 82% were black or African American, 8% white and 6% Hispanic. Fifty-two percent (52%) of children were girls. Sixty-nine percent (69%) were from single-parent households, 26% from a dual parent household and 5% lived with relatives. Eighty percent (80%) of families reported an annual income below \$39,999 and 11% declined to provide their annual household income.

A majority of the parents served (93%) were females. The parents had different levels of education. Four percent (4%) did not graduate from high school, 47% had a high school diploma or equivalent, 26% attended some college or vocational school, and 13% held an AA/BA degree. Six parents (9%) 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 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%	100%	90%	100%	90%	Waived due to COVID
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%	80%	97%	80%	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%	99%	90%	94%	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%	99%	90%	98%	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%	83%	80%	83%	80%	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):** 2/25/2020,**Interview Date(s):** 2/25/2020, 9/10/2020 (staff and parents)**Collaborative Meeting/Consultation Date(s):** 11/21/19, 5/7/2020, 5/27/2020, 6/22/2020, 7/20/2020, 9/10/2020

Lew Williams Center for Early Learning provides educational programs for children one to five. The center was also established as an early childhood education demonstration site. The center has a Director of Professional Development who designed and implemented a professional development program for early childhood education interns from high schools and Pinellas Technical College. About 35 interns from Gibbs High School worked in the classroom learning skills and techniques for managing young children's educational and social/emotional needs. They earned Bright Futures volunteer hours for their efforts as well. In addition, the Director of Professional Development mentored eight interns in the Read to Me Program. The City of St. Petersburg paid interns to read and provide literacy activities to children for the school year and summer. A total of 612 books were given to children for their home libraries with this program, as well. The interns learned about early childhood development with the program and were given stipends for good grades which encouraged their studying and good grades.

Lew Williams Center for Early Learning has a Family Engagement Specialist to assist parents with their goals and needs. JWB worked with the center last fiscal year to fine tune the parent services and track them in the JWB database. It was our expectation that the parent services continue and more parents would be served. JWB staff offered technical assistance and training with entering parent service data in a timely manner and also how the database could produce reports for internal data quality management. The agency developed a form to clearly document services to parents after the training.

JWB staff made an unannounced visit to tour the center in February 2020. The center was decorated in a warm and welcoming manner for children and parents. There were books set up and a family tree mural on the wall. Staff were interacting nicely with the children in each classroom. During the observation one classroom transitioned outside. The teacher walked backwards to see the children and sang with them as they walked down the hallway. Other staff were observed to be reading to children in small groups as others played with materials of their choice. JWB staff interviewed a parent after she dropped her child off. The parent had been at the center since 2016 and had three children in attendance at the center. This parent spoke highly of the center and staff. She stated that the center was very family-friendly. She also appreciated that any concerns were handled quickly and in a positive manner.

Lew Williams' staff participated in an introductory virtual meeting with Children's Home Society (CHS). CHS was engaged by JWB in order to assist funded quality child care centers with approaches to managing children's behavioral problems. The agencies were able to introduce themselves and offer insights into their unique programs. A discussion of the program goals ensued and everyone was able to communicate their wishes for training and support needs for staff and families. The Center Director expressed interest in the training and support for staff that CHS could provide. All parties discussed and agreed to the importance of the release of information forms in order to obtain proper consent to release information. It was agreed that all would work towards building the relationship between the agencies and parents to improve the social/emotional learning for children 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.

Lew Williams center is housed at Pinellas Technical College which is part of Pinellas County Schools. They had to close when the school district closed due to the outbreak of COVID-19. The staff worked at other centers during

the months of March to June. See below in the *COVID 19 Response and Impact* for a detailed account of how R'Club responded to the pandemic.

On 8/11/2020, Lew Williams had to close the center due to storm damage to the outdoor ceiling and fence. Pinellas County Schools closed the building for inspection and repair to ensure safety of all occupants. The families were given the option of moving to another R'Club childcare site for care. The Lew Williams teachers relocated with their children to the new site during this time period. R'Club staff maintained constant contact with their families and JWB through the transitions. A limited number of families were able to make the transition to the new site due to transportation challenges. The Head Start classrooms were closed for the summer and therefore were not affected by the storm closure. However, when Head Start opened services again at the end of August, the teachers had to pivot to conducting online classes for all the children one through four years of age in their Head Start classrooms. Staff was able to quickly adapt to all new situations that were placed in front of them this fiscal year. Pinellas County Schools prioritized the repairs at the center and they were able to re-open at the end of September.

Lew Williams is licensed by Pinellas County License Board (PCLB) and received three inspections during the fiscal year. Licensing standards cover an array of items including, 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 be imposed when necessary. For FY20, the center maintained a valid license with PCLB. The center had non-compliances such as one staff member had not signed the Attestation of Good Moral Character, Acknowledgement form, and employment history not checked on or before the date of hire, and box fans were being used in classrooms. The non-compliances were considered Class III which are the least serious in nature. They 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>.

Five staff were interviewed in September 2020. They ranged in positions from Teacher to Coach. They ranged in tenure from three weeks to three years. All staff expressed that the supervisory team had an open-door policy and was available as a resource whenever needed. In addition, they reported that the staff was the strength of the program. One said, "we are like family" while the others reported that the center culture was to improve oneself professionally and personally. The challenges were the clientele that they served had high needs and the work that came with the Teaching Strategies Gold assessment of the children, it was time consuming. The staff who were at the center before the COVID-19 pandemic closure felt the agency responded well to the county-wide emergency and felt safe when they returned to the building.

Three parents were interviewed in September 2020. The parents articulated that Lew Williams had a good reputation in the community which influenced their decision to enroll their children. Parents thought the benefits of the program were teaching the children and the connection with the school system. Parents appeared to enjoy the staff and said they were wonderful, flexible with all the situations they encountered this year, and communicated well about the child's day. During the pandemic, it was conveyed that older children were engaged through an application that could be downloaded to the phone or computer. Parents could help their child with assignments and post it back to the teacher. They also communicated with staff through the application. Parents reported feeling safe and healthy at the center once it re-opened from the pandemic closure.

COVID 19 Response and Impact:

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

The center closed 3/16/2020 when Pinellas County Schools closed. Lew Williams re-opened 6/8/2020 at reduced capacity and reduced hours to maintain CDC guidelines. They surveyed their families to see who would return and found that many families were staying home due to the uncertainty of the virus. In fact, only 30 out of about 90 children returned in June. The center kept families in the same classroom to try to mitigate exposure to the virus if one family member tested positive. In addition, they had a car circle for drop off and pick up to minimize extra people in the building. It was reported that the car circle only went well because they had the extra monetary resources to have enough staff to do it. Enrollment increased as families became more comfortable with COVID-19 protocols and the precautions the center took to ensure the health and safety of the children and staff.

Additionally, the center implemented CDC guidelines such as temperature checks on staff and children prior to entering the building, COVID-19 survey every morning, adjusted ratios, required masks for all staff and children as age-appropriate, handwashing, no personal items from home, and individual supplies for children. They also suspended all adults, including parents from being in the building. This included prospective parents, therapists, behavior specialists, and enrichment programming staff. In addition, the agency created and implemented a COVID-19 Warning Waiver for families to read and sign. They provided alternative services when they were closed including virtual learning and weekly care calls to families. The agency purchased web cameras so that staff could provide virtual learning to children at home. Staff also created weekly activities for children that parents could pick up at the center and then complete at home.

Staff reported the program's biggest lessons learned were better use of technology for communication and collaboration, learning to be flexible with programming and adapting to the needs of the pandemic. The agency conveyed that they will continue to have virtual staff and management meetings as a permanent adaptation to programming.

DATA QUALITY:

FY20 participant file review was cancelled due to the impact of the COVID-19 pandemic. The program achieved a 93% data accuracy score in FY19. File review will resume in FY21.

ANALYSIS OF PERFORMANCE:

Five 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 center reopened. As a result, JWB waived the performance measures for FY20.

CONCLUSIONS:

Even when facing challenges caused by the pandemic or nature, this program consistently provided nurturing care for the learning and development for the children in their community, whether at their own center or another R'Club site. Additionally, the center continues to work collaboratively with Head Start and Pinellas County Schools.

Cheryl Miller

Cheryl Miller
Senior Program Consultant

Date: 5/17/2021 | 2:05 PM EDT

Qian Fan

Qian Fan, Ph.D.
Senior Program Evaluator

Date: 5/17/2021 | 2:06 PM EDT

Karen Woods

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Program Administration Manager

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Date: 5/17/2021 | 2:42 PM EDT

Judith Warren

Judith Warren
Chief Operating Officer

Date: 5/17/2021 | 4:13 PM EDT

Beth Houghton

Beth A. Houghton
Chief Executive Officer

Date: 5/17/2021 | 5:12 PM EDT



PROGRAM MONITORING REPORT

Agency: R'Club Child Care, Inc.

Program: Healthy Early Learning Program (Formerly Homeless Early Learning Program) (HELP)

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

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

PROGRAM DESCRIPTION: The HELP Program provides child care, early education and support services to children ages two months to five years and their families, particularly those families who are experiencing homelessness. The HELP Program is located in Clearwater at Community Pride Breeden Center and Community Pride Gateway Center. The program was designed to address childcare funding gaps experienced by homeless families and to remove barriers related to their child's enrollment, attendance, child care provider, and meaningful parent engagement. The program employs a Family Service Coordinator who provides support to the child by ensuring that the child is regularly attending preschool, adjusting to the program, and on track with developmental milestones.

AGENCY/PROGRAM ACCOMPLISHMENTS: Both centers continue to hold Gold Seal Designation from the State of Florida and APPLE Accreditation (Accredited Professional Preschool Learning Environment). The Family Services Coordinator acted as the liaison between the centers and the Early Learning Coalition (ELC) or Head Start and connected families to community services as needed. Staff also held family events such as holding a Fall Festival, providing turkey dinners for Thanksgiving, and participating in Adopt a Child for the holidays.

STRATEGIC FOCUS AREA: School Readiness

FISCAL SNAPSHOT:

	FY18	FY19	FY20
Total Program Budget	\$1,755,124	\$1,828,330	\$1,725,090
JWB Allocation	\$339,924	\$339,924	\$350,122
Percent of Total Program Budget represented by JWB Allocation	19%	19%	20%
Lapse	\$3,012	\$7,520	\$73,463
Cost per Participant*	\$7,283 (\$1,755,124/241)	\$7,847 (\$1,828,330/233)	\$9,375 (\$1,725,990/184)
Cost per Total of Children and Parents	N/A	\$7,714 (\$1,828,330/237)	\$8,892 (\$1,725,990/194)

*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 FY20, the program received \$19,759 in capital funding for security cameras and facility enhancements at both centers.

TARGETED SERVICE LEVELS:

Targeted Service Level Type	FY18			FY19			FY20		
	Target	Actual	Percent	Target	Actual	Percent	Target	Actual	Percent
Number of children served	206	241	117%	206	233	113%	206	184	89%
Number of adults served	N/A	N/A	N/A	36	4	11%	25	10	40%

PARTICIPANT DEMOGRAPHICS:

In FY20, the HELP program served 184 children ages birth to five, which included 26 children experiencing homelessness and 110 Head Start and Early Head Start children. JWB is in the process of obtaining a data sharing agreement with Lutheran Services Florida for Head Start and Early Head Start data, therefore, the detailed demographic and performance outcome data reported is limited to 74 non-Head Start track children.

Of the 74 children served, approximately 70% were black/African American, 12% white and 19% Hispanic. A majority of the children (65%) came from a single-parent household, 25% from a dual parent household, 7% from a relative/kindship care household, and 3% from non-relative household such as group homes. Sixty-one percent (61%) of families reported an annual income below \$39,999 and 5% with no income. Twenty-eight percent (28%) of the families declined to provide their annual household income. There were 58% girls and 42% boys served.

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.	70%	70%	80%	96%	80%	Waived due to COVID
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.	70%	69%	80%	95%	80%	Waived due to COVID
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.	70%	72%	80%	97%	80%	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.	70%	54%	80%	93%	80%	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.	70%	NA**	80%	NA**	80%	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.	Baseline	NA**	70%	NA**	70%	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:** Not completed due to COVID-19**Interview Date:** 7/20/20, 7/21/20**Collaborative Meeting/Consultation Dates:** 11/21/19, 2/6/20, 5/7/20, 5/27/20, 7/20/20, 8/31/20, 9/23/20

The HELP Program has a Family Service Coordinator to assist parents with their own goals and needs, including helping to find stable child care funding. Both centers partner with Head Start and about 60% of their participants were funded through them in FY20. The Breeden Center has Early Head Start and Head Start classrooms while the Gateway Center has only Head Start classrooms. R'Club uses the HELP program as a means to provide temporary child care scholarships while families apply for Head Start or ELC funding if they meet eligibility criteria. JWB worked with the centers this fiscal year to fine tune the parent services and track them in the JWB database. It was our expectation that the parent services continue and more parents would be served. JWB staff offered technical assistance and training with entering parent service data and producing reports for internal data quality management. The outcome of this training was that R'Club developed a form to clearly document services to parents.

Breeden and Gateway staff participated in an introductory virtual meeting with Children's Home Society (CHS). CHS was engaged by JWB to assist funded quality child care centers with approaches to managing children's behavioral problems. The agencies were able to introduce themselves and offer insights into their unique programs. A discussion of the program goals ensued and everyone was able to communicate their wishes for training and support needs for staff and families. The Center Directors shared the most important training would be trauma-informed care and creating a positive environment for children particularly during the COVID-19 pandemic. All parties discussed and agreed to the importance of the release of information forms in order to obtain proper consent. It was agreed that all would work towards building the relationship between the agencies and parents to improve the social/emotional learning for children 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.

Five staff members were interviewed in July 2020. They ranged in position from Assistant Teacher to Family Services Coordinator. Staff worked at the centers from one to 30 years and education ranged from High School diploma and being in school for the Child Development Associate certificate to a Bachelor Degree. All felt their supervisory team communicated well and were supportive. Staff expressed they were happy with the agency's response to the pandemic. They all felt safe because of the protocols that were implemented. Strengths of the program as communicated by staff was great teamwork and communication with parents and coworkers and being able to provide child care scholarships for parents. Everyone stated they enjoyed their job and the children. Challenges included not knowing what the parents were doing outside of the center and if the kids were bringing in the virus. Additionally, parent communication could be difficult particularly getting them to follow-through with suggested activities at home. One staff expressed that the program could improve parent engagement by sharing more resources and having the Family Services Coordinator on-site more often.

Three parents were interviewed. Two of the parents were in a homeless shelter when they were referred to the HELP program. The other one liked the center and joined. All families had multiple children attend the centers throughout the years. One family had been at the center for nine years. Parents stated the benefits of the program were the education for their children, staff were loving and caring, willing to help potty train, and the cost for care was affordable. All parents rated the program as "excellent." All parents articulated that the shift to combined centers in April was difficult on their child(ren), but they understood that it was necessary because of the pandemic. They were appreciative of the procedures at the school to keep everyone safe during the pandemic.

Breeden and Gateway are licensed by Pinellas County License Board (PCLB) and received inspections throughout the fiscal year. Licensing standards cover an array of items including 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 be imposed when necessary. For FY20, both centers maintained valid license with PCLB. The centers had non-compliances such as the hot water heater exceeding recommended temperature and missing parts on playground toys. The non-compliances were considered Class II which could potentially pose a threat to the well-being of a child. They 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>.

JWB and Program staff met to discuss the overall goals of the two centers and declining number of homeless children being served. It was determined that the overarching goal of the two centers was to serve their community with high quality child care and education while maintaining a partnership with Head Start and the Early Learning Coalition (ELC). Additionally, it was determined that the declining number of homeless children served was the result of ELC funding homeless children faster due to shifted priorities. The program had homeless families, families needing assistance with signing up for ELC, and families in need of other services. The outcome of the meeting was to change the name of the program to *Healthy Early Learning Program* and re-purpose the Family Services Coordinator position to assisting all families at the two centers rather than focusing on only the homeless population. Moreover, the methodology and program description would be updated.

COVID 19 Response and Impact:

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

The program remained open throughout the pandemic. Due to very few parents needing care and the two centers being in close proximity to one another, the program combined staff and children from April to August 2020 into one center. Care was provided continuously at the combined Breeden site at a reduced ratio and a lower operational capacity. Some of the teaching staff worked at other R'Club sites to fill in the gaps caused by the pandemic. The program implemented CDC guidelines such as: temperature checks on staff and children prior to entering the building, COVID-19 survey every morning, adjusted ratios, required masks for all staff and children as age-appropriate, handwashing, no personal items from home, and individual supplies for children. They also suspended all adults, including parents from being in the building. This included prospective parents, therapists, behavior specialists, and enrichment programming staff. In addition, the agency created and implemented a COVID-19 Warning Waiver for families to read and sign. They provided alternative services when they were closed including virtual learning and weekly care calls to families. The agency purchased web cameras so that staff could provide virtual learning to children at home. Staff also created weekly activities for children that parents could pick up at the center and then complete at home. The VPK children were celebrated with a drive-by graduation to keep a sense of normalcy for them during the pandemic.

Staff reported the program's biggest lessons learned were better use of technology for communication and collaboration, learning to be flexible with programming and adapting to the needs of the pandemic. The agency conveyed that they will continue to have virtual staff and management meetings as a permanent adaptation to programming.

DATA QUALITY:

FY20 participant file review was cancelled due to the impact of the COVID-19 pandemic. The program achieved a 91% data accuracy score in FY19. File review will resume in FY21.

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 center reopened. As a result, JWB waived the performance measures for FY20.

CONCLUSIONS:

The program remained flexible during the year as they faced challenges with the COVID-19 pandemic. They consistently provided nurturing care and learning activities for the children in their community. Most teaching staff was stable, however, there was turnover in the position of Family Services Coordinator. This position is critical in providing services to parents and assisting families with needs beyond child care as necessary. JWB will continue to monitor for parent services being provided and documented as necessary.



Cheryl Miller
Senior Program Consultant

Date: 6/1/2021 | 2:15 PM EDT



Qian Fan, Ph.D.
Senior Program Evaluator

Date: 6/1/2021 | 2:21 PM EDT



Karen Woods
Program Administration Manager

Date: 6/1/2021 | 3:12 PM EDT



Karen Boggess
Program Evaluation Manager

Date: 6/1/2021 | 3:13 PM EDT



Judith Warren
Chief Operating Officer

Date: 6/2/2021 | 8:27 AM EDT



Beth A. Houghton
Chief Executive Officer

Date: 6/2/2021 | 10:09 AM EDT



PROGRAM MONITORING REPORT

Agency: R'Club Child Care, Inc.

Program: Special Services

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

AGENCY OVERVIEW: R'Club has been serving children and families since 1976. R'Club incorporated as a nonprofit organization in response to a community need to provide after school care for elementary aged children. R'Club continued to expand with the growing community demand for youth development programs and services. They now serve children, birth through middle school and special needs, throughout Pinellas County. The central purpose and role of R'Club is defined in their mission statement: "Provide quality early learning and development programs that strengthen children, families and communities with a focus on Respect, Responsibility, Resourcefulness, and Responsiveness."

PROGRAM DESCRIPTION: Special Services works county-wide with child care providers and parents to address children's emotional and behavioral challenges, disability, health barriers, or prenatal exposures through on-site observation, discussion of behaviors and implementation of positive strategies. Program staff supports the child through monthly visits with caregivers, training and technical assistance, quarterly review meetings, and developmental screenings/assessments to guide services and measure impact.

Special Services has three service components: *Project Challenge* is dedicated to children with behavioral challenges, *New Beginnings* serves children who were prenatally exposed to drugs and/or alcohol and are exhibiting developmental or behavioral problems, and *Child Care Outreach* is for children with medical complexities or developmental delays that make success in mainstream early childcare settings difficult. The program also provides specialized training for child care providers in the community via independent trainers. Staff provide consultation services and primary activities to referred children based on the type of identified needs and which service component they are referred.

AGENCY/PROGRAM ACCOMPLISHMENTS: In spite of the COVID-19 pandemic, program staff worked diligently throughout this reporting period to maintain relationships with the participants, families, and center staff. Weekly phone calls occurred to provide support and to offer resources. While some changes to the service delivery model did occur, the Special Services program was able to continue to provide their unique services with minimal interruption.

STRATEGIC FOCUS AREA(s): School Readiness

FISCAL SNAPSHOT:

	FY18	FY19	FY20	Comments
Total Program Budget	\$924,405	\$941,401	\$984,436	
JWB Allocation	\$924,405	\$940,597	\$956,718	
Percent of Total Program Budget represented by JWB Allocation	100%	100%	97%	
Lapse	\$38,765	\$29,987	\$192,670	
Cost per Participant*	\$2,244 (\$924,405/412)	\$2,279 (\$941,401/413)	\$2,668 (\$984,436/369)	

*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	407	412	101%	407	413	101%	407	369	91%
Number of child care staff trained	256	480	189%	272	631	232%	272	352	129%

PARTICIPANT DEMOGRAPHICS:

In FY20, Special Services program served 369 children birth through five years old. Of the 369 children served, 55% were White, 28% Black or African American and 11% Hispanic. Compared to last year, it was a 2% increase of Black/African American, 1% decrease of White, and 4% decrease of Hispanic children served.

About two-thirds of the children were male (67%) and close to half of the children were from a single parent household (49%). Thirty-six percent (36%) of families had an annual household income below \$39,000 and 36% declined to provide their household income. A majority of the children (89%) were referred to the Special Services program by Pinellas County children's centers or family care homes.

In FY20, the program hosted 21 sessions of trainings with a total of 72 training hours provided to the community. The trainings were centered on preschool teaching strategies, child development, brain development, challenging behaviors prevention, parent engagement, trauma informed care, etc. Three hundred and fifty-two child care provider staff attended the trainings throughout Pinellas County. Providers who took the Project Challenge six-week training were eligible to become a specialized therapeutic provider.

PROGRAM OUTCOMES*:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of children ages eleven (11) to thirty-five (35) months at program entry will improve behavioral functioning as measured by a one (1) point decrease in total raw scores from pretest to post-test on the Temperament and Atypical Behavior Scale (TABS).	70%	78%	70%	82%	70%	81%
Percent of children ages 0-5 who are assessed as having potential developmental delays (as defined by scoring below the cut off established by BDI-2) will receive one or more referrals for developmental services.	95%	100%	95%	100%	95%	100%

Percent of children ages three (3) to five (5) years at program entry will demonstrate appropriate behavior as measured by at least a 5 point increase in Scale A (Social Skills) total raw score from pre to post on the Preschool and Kindergarten Behavior Scales (PKBS-2).	80%	82%	80%	81%	80%	86%
Percent of children ages three (3) to five (5) years who will demonstrate appropriate behavior as measured by at least a five (5) point decrease in Scale B (Problem Behavior) total raw score from pre to post on the Preschool and Kindergarten Behavior Scale (PKBS-2).	80%	74%	80%	74%	80%	77%
Percent of children will benefit from an improvement in their parent-child attachment interaction as measured by a three (3) point increase in scores from pre to post (ceiling effect accounted for) on the Infant/Toddler's Home Observation for Measurement of the Environment (HOME) Scale.	70%	100%	80%	100%	80%	100%
Percent of children will benefit from an improvement in their parent-child attachment interaction as measured by a three (3) point increase in scores from pre to post (ceiling effect accounted for) on the Preschoolers' Home Observation for Measurement of the Environment (HOME) Scale.	70%	100%	90%	100%	90%	100%

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

PROGRAM MONITORING ACTIVITIES:

Program Observation Date(s): 1/15/20, 2/4/20, 2/11/20

Interview Date(s): 9/4/20 (staff and parent)

Collaborative Meeting/Consultation Date(s): 12/17/19, 2/19/20, 7/1/20, 7/22/20 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 Special Services during FY20 due to the COVID-19 pandemic and strong past performance in this area.

During this reporting period, JWB staff conducted five classroom observations. It was observed during each session that the program staff first checked in with the classroom teacher to discuss the child's progress and any updates since the last observation. Staff observed the children and would write notes to document activities throughout the observation, as well as interact with the teachers and children as required. Two observations were of the Project Challenge component of the program. In both cases, it was evident that program staff had well-established rapport with the teachers and program staff readily provided recommendations. Two observations

were also conducted of the Child Care Outreach component. The two children, ages three years old and four years old, immediately engaged with program staff. Staff were observed to engage in side-by-side activities with the children, such as playing blocks and reading a book. The children were redirected as needed and staff provided the teachers with specific activities to address the children's needs. It was noted that in spite of a loud classroom with multiple activities occurring, staff remained focused, calm, and patient. Lastly, one observation occurred of the New Beginnings component. Like the other observations, it was evident that program staff had a great rapport with both the child and teacher. Staff offered consultation and connection to other potential services to address the child's needs. During the observations, teachers shared that "the program is a godsend" and "I don't know what we would do without it." Additional comments included praise about the abundant resources provided and the activities that are directly tailored to the child's needs.

Seven parent interviews were conducted. Parents reported enrolling in the program based on the school and daycare referrals in order to address the needs of their children, including issues with aggression, impulse control problems, challenges adjusting to the classroom setting, and language development. Many benefits of the program were shared by the parents interviewed and it was stated that it was appreciated that the program works with both the children, parents, and school providers. One parent shared they were grateful to have "someone to talk to me that understands" and that the staff provided really great resources. Additionally, it was noted that the staff were incredibly responsive and would go out the next day if their child had experienced some challenges. Overall, the coaching provided to address challenging behaviors was expressed as a program strength, as well as the assistance provided in navigating the systems of care. Throughout the interviews, parents shared they felt respected by program staff and that their communication exceeded expectations. One parent noted they knew they could call staff whenever it was needed and they would get a response, and another shared that staff "was not in a hurry and is always patient with me and taking their time to work through our issues."

Two program staff were also interviewed. Staff shared they felt that the program supervisor and lead staff were very supportive and the regular case and file reviews enhanced service delivery. Strengths of the program were noted to be strong, dedicated staff and the ability to fill a need in the community by providing coaching and technical assistance to classroom teachers and parents. An additional strength that was shared was staff's ability to provide immediate feedback to parents and teachers throughout and after an observation. Challenges include creatively engaging parents who do not necessarily want the assistance with their child and coordinating referrals with other agencies that have waitlists. Further challenges emerged as a result of the pandemic, including some center closures and other centers not allowing staff to conduct visits. In response to these challenges, program staff conducted weekly calls to parents and center directors and emailed resources as needed.

COVID-19 Response and Impact: In response to the COVID-19 pandemic, the Special Services program had to adapt their service delivery model. Program staff worked remotely and staff meetings and trainings were conducted virtually. Because some centers were closed and others were not allowing staff to visit on-site, phone and virtual visits were implemented. Additionally, on-site visits were limited to 30 minutes in order to avoid potential exposures and were often conducted outdoors. For those children whose parents chose to keep them home from the centers, program staff connected with them via phone conferences. While there was no impact to the staffing patterns, program staff did encounter challenges in establishing contact with and engaging families virtually. Weekly phone calls were made to the families and resources were provided to both the families and child care staff in order to assist with engagement. Permanent changes to the service delivery model are not anticipated.

DATA QUALITY:

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

ANALYSIS OF PERFORMANCE:

Six performance measures have been developed based on five research-based screening and assessment tools to evaluate children's progress and program effectiveness. The program missed only one performance measure target. However, the program met and exceeded the rest of the five performance measure targets. The details are discussed below.

The ***Temperament and Atypical Behavior Scale (TABS)*** is a screening and assessment tool to detect critical temperament and self-regulation issues that may be indicative of developmental delays or future behavior issues. It is used with children ages 11 to 35 months participating in the Project Challenge service component. The improved behavioral functioning of the children is indicated by a decreased score after the intervention service. It is expected that 70% of the children would show at least one-point decrease in score after a 12-month intervention service. It was found that 81% of the children in FY20 met and exceeded the 70% targeted performance goal and showed improved behavioral functioning.

The ***Battelle Developmental Inventory, Second Edition (BDI-2)*** is a comprehensive developmental assessment tool based on the concepts of developmental milestones for infants and young children ages birth to seven years old. It is expected that at least 95% of the children who demonstrated potential developmental delays as indicated by the BDI-2 assessment outcomes would receive at least one referral for developmental services to ELC, FDLRS, Early Steps, etc. as appropriate. The referral was usually made by Special Services staff after the BDI-2 assessment. Sometimes, however, the referral was made by child care providers or parents before the BDI-2 assessment. To demonstrate a true referral rate, staff discussed it with the JWB staff and started documenting every referral received by the child since FY16. The program achieved 100% referral rate every fiscal year since FY17.

The ***Preschool and Kindergarten Behavior Scales, Second Edition (PKBS-2)*** is a behavior rating scale designed specifically for evaluating social skills and problem behaviors of children ages three to six years. It was believed that improved behavioral functioning of the children should be indicated by improved social skills and decreased behavioral issues. Two performance measures were developed based on this instrument with one assesses children's social skills and the other assesses children's behavioral issues. It is expected that 80% of the children would demonstrate improved behavior by a five-point increase in social skills **and** a five-point decrease in problem behavior after a 12-month intervention service. The FY20 results showed that 86% of the children demonstrated improved social skills as indicated by a five-point increase in social skills; however, only 77% of the children showed decreased behavioral issues as indicated by a five-point decrease in problem behavior. The difference suggested that a negative behavior, once it was developed, was comparatively harder to reduce than helping children develop positive social skills.

Home Observation for Measurement of the Environment (HOME) is a systematic assessment of the caring environment in which the child is reared. It measures the quantity and quality of stimulation and support available to a child in the home environment. An Infant/Toddler HOME instrument was used for children ages birth through 2 years old, and a Preschoolers' HOME instrument was used for children ages three through six years old. It is expected that the children's caring environment will see at least three points increase in scores after the six to 12 months intervention service. The FY20 results demonstrated that 100% of the children, including all infants, toddlers and preschoolers who were enrolled in the program had at least three points increase in their

caring environment. The program exceeded the preset performance measure targets of 80% and 90% for the infants/toddlers, and preschoolers respectively.

CONCLUSIONS:

Many young children's social, emotional, behavioral, or mental well-being has been impacted by the pandemic. Trauma faced at this developmental stage may have long-term consequences across their lifespan. The Special Services program continued to provide services with minimal interruption even when facing the challenges caused by the pandemic. Their services helped to support parents and caregivers in recognizing young children's social, emotional, behavioral, and mental challenges and thus to ensure their well-being.

Kelly Grossman

Kelly Grossman
Senior Program Consultant

Date: 6/1/2021 | 8:59 AM EDT

Qian Fan

Qian Fan, Ph.D.
Senior Researcher

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Karen Woods

Karen Woods
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Danielle Hintz

Judith Warren
Chief Operating Officer

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Beth Houghton

Beth A. Houghton
Chief Executive Officer

Date: 6/3/2021 | 1:41 PM EDT



PROGRAM MONITORING REPORT

Agency: Lealman & Asian Neighborhood Family Center, Inc.

Program: Lealman and Asian Neighborhood Family Center

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

AGENCY OVERVIEW: The Lealman and Asian Neighborhood Family Center (LANFC) provides services to adults and youth who primarily reside in the Lealman community. In 2009, the agency became incorporated as the Lealman and Asian Neighborhood Family Center, and successfully obtained accreditation through the Council on Accreditation 2015.

PROGRAM DESCRIPTION: LANFC serves families in ZIP codes 33714, 33709, 33781 and families from the Asian community. Family support services include assistance with basic needs, child care referrals, unemployment, and goal achievement. Youth receive after school programming, homework help, enrichment activities, summer programming, and leadership opportunities. Community classes include English Speakers of Other Languages (ESOL), Information Technology (IT), and Cooking Matters. Assistance is available in Vietnamese, Cantonese, Chinese, Thai, Laotian, Hmong, and more.

AGENCY/PROGRAM ACCOMPLISHMENTS:

- In FY20, LANFC successfully expanded their food pantry outreach during the pandemic to over 5,200 individuals of which over 3,000 were families with children.
- In FY20, LANFC received a JWB Capital Award of \$25,698 to fund their air-conditioning project.
- In FY20, LANFC provided rental and utilities assistance for twelve families impacting the lives of 20 children and three seniors.
- In FY 20, LANFC Family Support Specialists effectively supported an unprecedented number of individuals and families with unemployment applications and Supplemental Nutrition Assistance program applications (SNAP).
- In FY20, LANFC actively offered families with immigration and citizenship obstacles, opportunities to obtain citizenship.

STRATEGIC FOCUS AREA: Strengthening Community

FISCAL SNAPSHOT:

	FY18	FY19	FY20	Comments
Total Program Budget	\$864,953	\$807,941	\$807,013	The FY20 allocation does not include the Capital Award of \$25,698.
JWB Allocation	\$657,217	\$672,205	\$684,098	

Percent of Total Program Budget represented by JWB Allocation	76%	83%	85%	
Lapse	\$15,952	\$21, 996	\$62,657	
Cost per Participant*	\$2,582 (\$864,953/335)	\$2,581 (\$807,941/313)	\$3.918 (\$807,013/206)	

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

CAPITAL AWARD: A capital award of \$25,698 was awarded to fund the LANFC air-conditioning project.

TARGETED SERVICE LEVELS:

Targeted Service Level Type	FY18			FY19				FY20		
	Target	Actual	Percent	Target	Actual	Percent	Target	Actual	Percent	
Youth	150	191	127%	176	125	103%	176	125	71%	
Adults	100	144	144%	150	85	87%	150	81	54%	

PARTICIPANT DEMOGRAPHICS:

- Among youth participants, 49% are female; among adult participants 63% are female
- 71% of participants are Asian, approximately 20% are White, with only 1% Black/African American
- 8% of participants served are Hispanic, nearly a 50% decrease when compared to FY19.
- Of the 206 participants that specified their household income, 89% had an annual household income of less than \$30,000
- 58% are in a dual-parent married household, 33% are in a single parent female headed household
- 71% of participants live in one of the five high-risk zones

PROGRAM OUTCOMES:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Number of annual public events	N/A	N/A	7	7	7	5
Number of recurring group services	N/A	N/A	3	4	3	6
Percent of youth who continue in the program for more than one year	80%	81%	80%	77%	80%	87%
Percent of youth who attend 70% of the program days	70%	71%	70%	83%	70%	93%
Percent of eligible participants who will be given the OST survey	Baseline*	100%	85%	100%	85%	Waived due to COVID-19
Percent of children who were given the math intervention improve their score from initial to final score	90%	100%	90%	100%	90%	Not administered due to COVID-19 ¹
Percent of goals achieved for adults who receive Family Support services	80%	95%	80%	91%	80%	91%
Number of Customer Satisfaction Surveys administered	50	382	200	274	200	Not administered due to COVID-19

¹ Math intervention assessments and scores were not able to be calculated given that children were not allowed in the center at 6-month post test period due to CDC social distancing requirements.

PROGRAM MONITORING ACTIVITIES:**Program Observation Date(s):** 11/23/2019, 2/7/2020**Interview Date(s):** 9/22/2020, 9/23/2020**Collaborative Meeting/Consultation Date(s):** 10/19/2019, 10/23/2019, 3/9/2020

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

Prior to COVID-19, program monitoring activities occurred and included JWB's staff attending the LANFC Thomas Chance Annual Thanksgiving Community Dinner. This cross-cultural event was observed to provide youth and adult participants of varying ages, races, genders and ethnicities with an opportunity to fellowship, effectively communicate, and gain a better understanding of the LANFC through touring the center and speaking with program staff. Overall, the occasion was observed to be a positive platform for community partners, individuals, and families. The LANFC Eighth Annual Luncheon was also attended by JWB staff. This annual fundraiser, highlighted the agency's accomplishments, community partnerships, and honored the work of the previous Executive Director.

Program youth participants also performed a dance in which they displayed confidence, stage presence, and competence. Throughout FY20, additional program monitoring activities included collaborative discussions, parent interviews, and further observation of the structural occupancy of the LANFC. The majority of cooperative discussions provided technical assistance in the obtainment of licensure for the afterschool program through the Pinellas County Licensing Board. Due to delays in reconstruction of the LANFC kitchen and fire alarm system, JWB program provided periodic programmatic, building, and financial consultation as needed. LANFC had a contractual requirement to initially complete their licensure by September 30, 2019. However, due to structural and programmatic challenges, this contractual obligation was extended to March 31, 2020, September 30, 2020, and subsequently November 30, 2020.

LANFC was able to successfully obtain licensure effective December 4, 2020. LANFC is expected to receive its first inspection for compliance in early FY21. In FY20, two parent and program staff interviews were conducted to gain parental perspective of program services and viewpoints of program staff. LANFC parents explained their children received homework assistance during afterschool programing, obtained ESOL (English Speakers of Other Languages) instruction, and received summer enrichment. It was also learned that one youth had been a LANFC participant for five years and the other for seven years.

Both parents expressed LANFC had not only been a safe place but beneficial to their children's growth and development and but was also a program both youth participants enjoyed attending. Program staff interviewed involved the Literacy Specialist and Administrative-Youth Worker. Both program staff conveyed a commitment to providing quality afterschool and summer enrichment services, and in making a difference in the lives of youth. Program staff were observed to have a wealth of experience in the field of education, in community support, and in providing youth development respectfully.

Personnel File Review Date(s):

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

COVID 19 Response and Impact:

COVID-19 presented challenges to LANFC program and service delivery. The program had to stop serving clients for a brief period because of an employee contracting COVID-19. After reopening, face to face delivery was limited because of social distancing. Social distancing meant the program had to limit the number of youths who could attend the Summer Camp and the After-School Program. Under normal circumstances, LANFC serves approximately 200 youth, however, due to COVID-19 the program had substantial decline in youth enrollment with a decrease nearly 50%. LANFC shifted its traditional family services, as well.

Specifically, in order to continue to provide family support services safely, participants had to have an appointment. LANFC was innovative in serving its community during COVID-19 by serving as a lunch distribution site for schools as well as meeting the overarching food insecurity needs present in the Pinellas County. LANFC, like most programs, experienced unprecedented challenges but adapted to meet the overarching and shifting needs of its community and clients.

DATA QUALITY:

Participant File Review

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

ANALYSIS OF PERFORMANCE:

LANFC has three prongs of service: Community, individual youth, and individual adults. The number of community events offered annually and the types of group services offered by the center are tracked and the details of events and services are reported in the GEMS data system. In FY20, the events and services offered included a Thanksgiving community dinner and a soul food dinner. Community members also have access to a computer lab, food pantry, and free classes such as computer basics and English for Speakers of Other Languages (ESOL).

Youth programming focuses on academic support and youth enrichment. Participants receive homework assistance, tutoring, literacy assistance, computer lab time, arts and crafts time, and outdoor time.

The majority of youth participants are reported to stay in programming for more than one year (87%) and attend the program (93%) regularly. Ongoing regular attendance of a program has been demonstrated in research to have a positive effect on youth development and their academics². In the next fiscal year, gains in math and reading performance will be analyzed for youth program participants.

Youth participants at LANFC would typically participate in the annual Out-of-School-Time (OST) Survey which is administered to youth participants to assess programming strengths and better understand participants' experiences, outcomes, and goals.

The OST Survey and measure was waived due to COVID-19. In FY20, adults who received family support services defined goals to improve their quality of life and 91% of these goals are reported to be achieved by those that completed their family support plan. In addition, in previous years adults are asked to rate their

² Afterschool Alliance. (2015). Building Literacy in Afterschool, Issue Brief No. 67. Retrieved from http://afterschoolalliance.org/documents/issue_briefs/issue_building_literacy_67.pdf

satisfaction with the services they received. These surveys have been extensively collected and reported on, however due to COVID-19 and the shift to virtual programming and social distancing the program did not collect satisfaction surveys in FY20.

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Felicia Pizana
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Nakee Holloway Date: 6/4/2021 | 11:50 AM EDT

Dr. Nakee Holloway
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Karen Woods Date: 6/4/2021 | 12:10 PM EDT

Karen Woods
Program Administration Manager

Karen Boggess Date: 6/4/2021 | 12:11 PM EDT

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Danielle Hintz Date: 6/4/2021 | 12:21 PM EDT

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Chief Operating Officer

Beth Houghton Date: 6/4/2021 | 12:59 PM EDT

Beth A. Houghton
Chief Executive Officer



PROGRAM MONITORING REPORT

Agency: Florida Department of Health, Pinellas County Health Department

Program: Pinellas School Based Sealant

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

AGENCY OVERVIEW: The Florida Department of Health in Pinellas County (DOH-Pinellas) is a government entity established as the seventh county Health Department in the State of Florida in 1936. DOH-Pinellas employs over 700 employees throughout the county and provides multiple health services to the community. The County Director continues to be Ulyee Choe, D.O. who was appointed in 2015. DOH-Pinellas has established 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: The Pinellas School Based Sealant (PSBS) program serves children attending designated elementary, middle, and high schools in Pinellas County. Children with parental consent receive a dental assessment, sealants, fluoride, oral health education and, if applicable, a referral for further treatment. Services are provided by a team of dental hygienist via portable dental equipment.

AGENCY/PROGRAM ACCOMPLISHMENTS: In response to the COVID-19 pandemic, the PSBS program added additional precautions to their program model in order to prevent the spread and infection of COVID-19. Additionally, the program was awarded a grant from the State of Florida’s Public Health Dental Program to purchase additional supplies and expand services to Head Start locations.

STRATEGIC FOCUS AREA(s): School Success

FISCAL SNAPSHOT:

	FY18	FY19	FY20
Total Program Budget	\$678,700	\$665,101	\$724,087
JWB Allocation	\$154,500	\$154,500	\$159,135
Percent of Total Program Budget represented by JWB Allocation	23%	23%	22%
Lapse	\$7,242	\$0	\$10,612
Cost per Participant*	\$90 (\$678,700/7,554)	\$72 (\$665,101/9,273)	\$175 (\$724,087/4,147)

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

TARGETED SERVICE LEVELS:

Targeted Service Level Type	FY18			FY19			FY20		
	Target	Actual	Percent	Target	Actual	Percent	Target	Actual	Percent
Youth	7,550	7,554	100%	7,550	9,273	108%	7,550	4,147	55%
Children receiving sealant	N/A	4,454	N/A	N/A	4,558	N/A	N/A	1,989	N/A
Children receiving fluoride treatments	N/A	7,534	N/A	N/A	8,181	N/A	N/A	3,966	N/A
Total number of teeth sealed	N/A	19,744	N/A	N/A	19,418	N/A	N/A	7,490	N/A

PARTICIPANT DEMOGRAPHICS:

The program serves children ranging from infants to high school age. Participants served during FY20 were in a school-based or Head Start setting. All schools served were designated Title 1 schools, meaning that at least 40% of the students at each school come from a low-income household. Of the participants served, 96% were elementary students and 3% were at Head Start locations. No middle school or high school students were served in FY20 due to COVID-19. Additionally, PSBS offers services at WIC locations, however, these locations were not able to be accessed during FY20, due to the COVID-19 pandemic.

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of the children evaluated for retention of sealants will have retention	N/A	N/A	N/A	98%	95%	99%

PROGRAM MONITORING ACTIVITIES:

Program Observation Date(s): 11/1/19, 11/7/19, 11/13/19

Interview Date(s): 11/7/19

Collaborative Meeting/Consultation Date(s): 11/1/19, 11/13/19, 1/30/20, 4/21/20, 6/8/20, 7/7/20, 7/29/20, 7/30/20, 8/21/20, 8/25/20. This list does not include regularly scheduled conference calls with provider groups throughout the pandemic.

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

The Pinellas School Based Sealant program was observed by JWB staff during the first quarter of FY20 at several school locations. Services continue to be observed to be implemented with fidelity and consistency to the program methodology. JWB staff observed both direct dental services and group education components. For the group education components, program staff were observed to actively engage the youth while providing education about the importance of dental hygiene, as well as providing an overview of what the youth would experience during the dental service. For the direct dental services, staff were observed to be professional and friendly with youth

and were consistent with all cleaning protocols in between services. Program staff were patient and compassionate with youth who were anxious or nervous about the service. They were observed to take extra time to explain the services and provide additional accommodations, such as sitting up for the initial exam, to ease the youths' fears. An additional group education component was observed during the Great American Teach-In at one elementary school. During this observation, program staff provided education during multiple assemblies with over 30 youth in attendance during each session. Program staff provided education on how to properly brush and floss teeth, nutrition, as well as careers in the dental field.

Due to the nature of services and age of youth served, JWB staff do not conduct formal participant interviews. However, JWB staff did hear general feedback during the observations that the youth were surprised how easy the visit went and that it was a good experience. JWB staff also spoke with program staff during the observations. Staff reported being satisfied with their roles and felt one of the key program strengths was the ability to bring services into the schools. A challenge noted was navigating parents who do not follow up with the program's recommendations for additional dental care for the youth.

A personnel monitoring was conducted for all JWB-funded DOH-Pinellas programs in September 2020. The FY20 monitoring included three staff members from the PSBS 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 three PSBS 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 signatures for all staff reviewed, however it was noted that in some cases an obsolete or incorrect version of the affidavit was used and in one instance the form was recently signed. During the FY19 review, it was requested by JWB for DOH-Pinellas to review all staff in JWB-funded programs to ensure a completed AGMC was on file and that Level 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 PSBS and met the requested requirements.

COVID-19 Response and Impact: Due to the COVID-19 pandemic, program services ceased on March 16, 2020. Service delivery most often occurs in Pinellas County Schools, therefore operations stopped upon the closure of the schools and lasted until after the first nine weeks of the new school year. Some PSBS staff were asked to serve in different capacities during the COVID-19 pandemic. As staff of DOH, some staff were partially reassigned as first responders to provide support as Pinellas County saw drastic spikes in COVID cases. Such reassignments did not impact service delivery and by the end of the fiscal year, all staff had returned to their assigned positions.

During the last quarter of FY20, JWB staff worked with the program on connecting to additional sites to provide services. Program staff presented at a JWB-hosted call with early learning providers to provide a program overview about what services could be offered at early learning center sites. Modified programming resumed in August 2020 at Head Start programs where program staff provided screenings, fluoride applications, and oral hygiene instructions. Sealants were not provided in order to minimize exposure time and reduce aerosolization. Preventative services were also provided at some early learning center sites. Additional disinfectant equipment was purchased in order to safely resume program services, including increased personal protective equipment (PPE). All hygienists were fit-tested and were required to wear N95 PPE masks while treating children. Additionally, only one to two children were allowed to be in the area during the service and social distancing

precautions were put into place.

Program services resumed at Pinellas County Schools in the first quarter of FY21. Long-term programmatic changes are not anticipated.

DATA QUALITY:

Participant File Review Date(s): 1/30/20

JWB does not receive individual level data for those served in the Sealant program, however, releases of information are collected so that JWB staff can review participant files. Sixty files were reviewed in total along with summary stats for the entire school. Files all represented youth served from King's Highway Elementary. Given the nature of program services, individual participant documents are limited, but files were found to be well organized and consistently contained expected documentation. Consent forms were easy to understand and both the consent form and follow-up sheet were bilingual.

ANALYSIS OF PERFORMANCE:

In FY20, the PSBS program screened 4,147 children, in 44 schools, serving a little more than half their target of 7,550. This is an almost 55% reduction in the number of children served compared to last fiscal year. This reduction is largely due to the COVID-19 pandemic. As previously stated, the closure of the program for all of quarter 3 and a significant reduction in services during quarter 4 led to the lower numbers of participants served. Similarly, the program provided significantly fewer dental sealants (7,490) as compared to the prior fiscal year (19,418). Upon resuming program activities, PSBS only fluoride treatments were provided, further reducing the number of teeth sealed. The majority of teeth sealed (68%) were first molars followed by premolars (30%) and lastly second molars (3%).

In addition to providing dental screenings, sealants, fluoride treatments, and dental education, the PSBS program identifies children that have urgent dental needs. PSBS staff follow-up with the parents/guardians of student that are identified as needing urgent dental care to determine if the child has received dental care and whether or not they received the care from DOH-Pinellas or a private dentist. If PSBS staff is unable to determine that follow-up care has occurred, the child is referred to Pinellas County School District who will then contact the parent/guardian. These efforts are critical extra steps to ensure that the children's dental needs are met and are not compounding.

The program is able to track the retention of sealants they have applied for some children. This is an indicator of quality application, and despite numbers served declining, the program saw a 99% retention rate for children they were able to assess allowing them to meet the new performance measure.

Kelly Grossman

Kelly Grossman
Senior Program Consultant

Date: 5/14/2021 | 8:42 AM EDT

JoAnn DiLernia

JoAnn DiLernia
Senior Program Evaluator

Date: 5/16/2021 | 10:38 AM EDT

Karen Woods

Karen Woods
Program Administration Manager

Date: 5/17/2021 | 8:56 AM EDT

Karen Boggess

Karen Boggess
Program Evaluation Manager

Date: 5/17/2021 | 11:08 AM EDT

Judith Warren

Judith Warren
Chief Operating Officer

Date: 5/17/2021 | 11:12 AM EDT

Beth Houghton

Beth A. Houghton
Chief Executive Officer

Date: 5/17/2021 | 11:31 AM EDT



PROGRAM MONITORING REPORT

Agency: The Bethel Community Foundation, Inc.

Program: Truancy Intervention Program Services (TIPS)

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

AGENCY OVERVIEW: The Bethel Community Foundation, Inc. (BCF) is a nonprofit agency, founded in 1996, that has developed collaborative working relationships with an array of community grass roots organizations, schools, community centers, mental health and substance abuse agencies, and other related community-based entities. BCF also operates Pinellas County's only Truancy Center. Through a long-standing collaboration with the St. Petersburg Police Department, students located off campus during school hours are brought to BCF's Truancy Center for processing. This includes completing a comprehensive risk screening with the student and meeting the student's parents to explore factors that contribute to truancy and how TIPS can be of service to the family.

On a programmatic level, BCF operates as a Children in Need of Services/Family in Need of Services (CINS/FINS) provider and a Truancy Intervention Program Services provider (TIPS) from two St. Petersburg locations. Both BCF programs are responsible for providing services related to addressing the challenges of families whose children or youth are exhibiting "status offense" behaviors such as; running away, persistently disobeying the reasonable demands of parents/caregivers per Florida Statute F.S. 984.0 or who have been deemed habitually truant per Florida Statute F.S. 1003.21.

PROGRAM DESCRIPTION: TIPS serves youth with school, truancy, family and/or pre-delinquent issues. Services include gender specific life skills classes, anger management/parenting classes, clinical counseling, case management and mentoring. Life Skill classes and counseling by a licensed therapist are offered in the evenings. Mentoring is provided weekly at the youth's school. Summers include a stipend-based School-to-Work Readiness training designed to prepare 14-16-year-old students for employment.

AGENCY/PROGRAM ACCOMPLISHMENTS: In spite of challenges that occurred as a result of the COVID-19 pandemic, BCF TIPS has done an exceptional job making necessary program adjustments to continue serving participants and their families. The transition to virtual service delivery was as seamless as possible and the program staff worked diligently to provide additional supports and resources to program participants and their families. As the pandemic progressed, service delivery was further adapted to successfully resume some in-person services that met all CDC guidelines.

STRATEGIC FOCUS AREA(s): School Success

FISCAL SNAPSHOT:

	FY18	FY19	FY20	Comments
Total Program Budget	\$388,957	\$473,677	\$574,069	
JWB Allocation	\$209,523	\$294,243	\$369,243	
Percent of Total Program Budget represented by JWB Allocation	54%	62%	64%	
Lapse	\$17,342	\$12,298	\$12,595	
Cost per Participant*	\$1,430 (\$388,957/272)	\$1,716 (\$473,677/276)	\$2,007 (\$574,069/286)	

*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 in TIPS	70	140	200%	75	141	188%	140	149	106%
Number of children receiving interdiction screenings	125	65	52%	100	66	66%	90	46	51%
Number of Parents Served in TIPS	N/A	132	N/A	N/A	135	N/A	N/A	137	N/A

PARTICIPANT DEMOGRAPHICS:

In FY20, the TIPS program served more males (53%) than females (47%). The majority of children were Black/African American (64%) followed by White/Caucasian (26%) and lastly, another race (10%). It is also worth noting, that (97%) of children were in middle school or high school. The parent/caregivers served by TIPS were largely females (91%) and were largely from a single parent household. Additionally, more than half (64%) of the participants reported their annual income to be under \$30,000. With a strong collaborating relationship with the Sixth Judicial Court, TIPS received approximately 55% of its participants from truancy court.

PROGRAM OUTCOMES*:

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of participants will have no new adjudications or adjudications withheld during services.	70%	97%	70%	97%	70%	95%

Performance Measure Description	FY18		FY19		FY20	
	Target	Actual	Target	Actual	Target	Actual
Percent of participants who have completed the program will demonstrate a decrease in unexcused absences during services when compared to unexcused absences prior to services. The number of unexcused absences prior to services should be compared for the same number of valid school days that the youth participated in the program.	N/A	43%	60%	54%	60%	School data waived due to COVID-19

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

PROGRAM MONITORING ACTIVITIES:

Program Observation Date(s): 10/18/19, 11/22/19, 3/6/20, 5/20/20

Interview Date(s): 8/17/20

Collaborative Meeting/Consultation Date(s): 10/9/19, 10/18/19, 11/22/19, 1/14/20, 2/20/20, 6/4/20, 6/11/20, 7/23/20, 8/4/20. 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 BCF during FY20 due to the COVID-19 pandemic and strong past performance in this area.

Multiple organizational changes occurred during this reporting period. At the end of this fiscal year, the long-time BCF Executive Director retired and the Associate Director assumed that role. Over the prior year, the Associate Director was trained and worked side-by-side with the Executive Director in order have a seamless transition. Additionally, personnel changes occurred in the Navigator positions. This reporting period was the first full year after the program expanded with three additional Navigators and a site expansion to Sanderlin Neighborhood Family Center (NFC). The co-location of services at the Sanderlin NFC eliminated barriers for families to receive services, including counseling services that are now offered at this site.

TIPS works in partnership with the Pinellas County Schools (PCS) System and the Sixth Judicial Circuit Court (SJCC) juvenile division to address the needs of students found to be habitually truant per Florida Statute F.S.1003.21. SJCC holds truancy review hearings based on information presented by PCS representatives approximately twice per month. During these hearing, TIPS Navigators either receive new referrals or provide status reports to the court on the progress of program participants. JWB staff conducted program observations at three separate hearing dates during this reporting period, prior to the pandemic, where over 10 cases were presented by TIPS staff and multiple referrals were made to the program. The TIPS Navigators provided a general overview to the court of the program participants' progress, including school attendance, behaviors in the home, and participation in available supports and recommended interventions, such as engagement with counseling services. Program staff were observed to be well-versed in the participants' cases and had positive rapport with both the participant and family members. Additionally, recommendations to the court were observed to be goal-oriented while accounting for the ongoing risk factors and strengths of the participant. Dispositions for the cases observed ranged from court graduation to continuation of services for ongoing monitoring. In three cases, short-term shelter placement was ordered, and in two cases, the parent was ordered to shadow the student at school for a set number of days.

Two Life Skills classes were also observed. Due to the COVID-19 pandemic, these observations occurred

virtually. One of these sessions focused on channeling anger into positive motivation and learning to identify people who can help you. The second session focused on developing problem-solving skills and the importance of positive self-talk. Program staff report a good response from participants, however they noted there were more challenges with engagement due to the virtual setting.

JWB staff completed parent interviews during this reporting period. Parents interviewed reported being very satisfied with the services offered by the program and felt that the staff excelled at developing positive relationships with the participants. One parent shared that the assigned Navigator was a “positive male figure in my son’s life and he really helped my son process things about his father.” Another parent shared how the School to Work program taught the necessary skills for their child to obtain a job and gain insight into “life after high school.” Overall, the parents interviewed rated the program’s services as “excellent” and would recommend the program to others in need.

Staff interviews were also conducted during this reporting period. The staff interviewed shared that they felt the orientation and training provided more than met the needs of their roles. One staff that onboarded during the pandemic shared that while there were inherent challenges to learning the program in a virtual environment, they felt their supervisor and other staff were always available to answer questions. Staff shared that supervision occurred both formally and informally and that there were ample opportunities to staff cases and discuss any challenges with cases. Staff also shared that they felt the new Executive Director fostered a positive atmosphere and culture in the office and brought “essential qualities” to the position. Strengths of the program were identified as being able to meet the needs of the youth served and providing support to the family unit. Challenges noted included keeping the family engaged in a virtual environment.

COVID-19 Response and Impact: As a result of the COVID-19 pandemic, program services initially moved to a virtual or telephonic format on March 16, 2020. This includes youth mentoring, parent coaching, life skills classes, individual counseling, and anger management sessions. Due to the closure of the schools and the restriction on visitors during the new school year, staff have been unable to conduct school visits for service delivery. The closure of the schools negatively impacted program referrals as many referrals originate from the School Social Workers and Counselors. Additionally, referrals were also impacted by the cancellation of the Truancy Court docket and Juvenile Diversion Court. Further, defining truancy in a virtual schooling environment was another challenge encountered by the program, as well as trying to assist families who did not have internet accessibility or equipment to support the virtual platforms.

As the pandemic progressed during this reporting period, service delivery was further adapted. The program utilized a rotation schedule where staff would work in the office three days per week and remotely for two days per week. Parents were given the option of a traditional office intake appointment or a telephone interview when enrolling their child into services. All office appointments followed CDC guidelines including social distancing and face masks being worn during the entire visit. The School to Work program was conducted in-person with appropriate spacing in accordance with CDC guidelines and visits would occur socially-distanced, in person if the family preferred. Program staff utilized a variety of strategies to maintain participant engagement, including distributing pre-recorded life skills classes, utilizing virtual platforms for individual counseling, and providing weekly parental updates. Moving forward, the program has decided to permanently maintain some of these changes. Because families have expressed that some virtual services are easier to schedule and it removes transportation issues as a barrier to services, some life skills classes, anger management sessions, and individual counseling will continue to offer a virtual option.

DATA QUALITY:**Participant File Review Date(s): 3/10/20**

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

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

ANALYSIS OF PERFORMANCE:

The TIPS program in FY20, despite operating in a COVID environment, was able to successfully and efficiently serve the children and families of Pinellas referred for services. Of note, the TIPS program served 149 children in FY20 exceeding its target of 140. Additionally, during FY20, the program completed 46 children's interdiction screenings. The program only met 51% its target of 90 children receiving interdiction screenings with the decline in screening being largely attributed to COVID-19.

The TIPS program has two performance measures: school attendance and juvenile justice involvement. As abovementioned, the program receives referrals from the Sixth Judicial Truancy Court. These referrals represent students with extensive absences and engrained habits that other interventions were not successful in addressing. Due to COVID-19, the program's school attendance measure was waived given the complexity around school data. The program's second outcome measure assesses participants involvement in the Criminal Justice system who are subsequently adjudicated. Specifically, the measure assesses the percent of participants who have no new adjudications or adjudications withheld during services is not able to be reported on at this time. In FY20, as in similar years, the program met and exceeded this measure. Specifically, in FY20, only 5% of the children served by TIPS had adjudication records. Chronic absenteeism is largely correlated to the school to prison pipeline. The TIPS program is making strides in addressing the complex needs of its population and its work toward diversion from the Criminal Justice System.

CONCLUSIONS:

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

Kelly Grossman

Kelly Grossman
Senior Program Consultant

Date: 5/28/2021 | 9:44 AM EDT

Nakee Holloway

Dr. Nakee Holloway
Senior Program Evaluator

Date: 5/28/2021 | 9:45 AM EDT

Karen Woods

Karen Woods
Program Administration Manager

Date: 5/28/2021 | 10:14 AM EDT

Karen Boggess

Karen Boggess
Program Evaluation Manager

Date: 5/28/2021 | 10:15 AM EDT

Danielle Hintz

Judith Warren
Chief Operating Officer

Date: 6/3/2021 | 8:56 AM EDT

Beth Houghton

Beth A. Houghton
Chief Executive Officer

Date: 6/4/2021 | 10:29 AM EDT



Financial Monitoring Report

Agency: Religious Community Services (RCS)

Program(s): RCS Grace House (GH)
The Haven of RCS (Haven)

Date of Visit: May 4, 2021

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

Agency Staff: Jessica Carrasco, Controller; Shannon Matthews, Vice President of Finance and Administration; Melinda Perry, Chief Operating Officer

Period Reviewed: FY2020

Funding/Lapse History

Program	Fiscal Year	JWB Contract Amount	Total Program Budget	% of Total Program Funding	Lapse (%)
GH	FY2020	\$383,393	\$596,082	64.3%	6.7%
GH	FY2019	\$372,226	\$607,493	61.3%	1.8%
Haven	FY2020	\$452,250	\$1,721,253	26.3%	8.3%
Haven	FY2019	\$368,407	\$1,607,978	22.9%	2.0%

The increase in funding for GH and Haven over FY19 funding was due to a Cost of Living Adjustment (COLA). The FY20 lapse in both programs is due almost entirely to lapse in salaries. The travel and conference also played a key role in lapse for the Haven program as travel and conferences were restricted due to COVID.

Agency Audit

The FY20 audit received an unmodified opinion and no internal control weaknesses were identified. The auditors reported that the recommendation from the FY19 audit finding had been adopted and implemented by management. In FY20 there was change in net assets of (\$70,936) which includes depreciation of \$304,855.

Compliance with Site Visit Request

The monitoring visit was conducted virtually relying on document uploads into SharePoint. All documents were uploaded by the due date and were complete.

Management of Program Funds



RCS updated their Accounting Procedures Manual based on the recommendation from JWBs FY2019 financial monitoring. It is now also a policy that these policies are reviewed at least every year and includes an edit and approval log indicating the date of revision.

The agency budget to actual statement is part of the monthly financial statement package that is presented to the executive committee on a monthly basis and to the board bi-monthly. Monthly program budget to actual reports are produced and reviewed by program management. Finance staff reconcile reports from the JWB Grants Management System to internal records on a monthly basis.

There is a purchasing and procurement policy that establishes how the agency acquires goods, services agreements and contracts. The bid process is initiated when goods or services exceeding \$2,000 with an expected useful life of at least one year are needed. A minimum of three bids must be obtained which may be verbal or written depending on the type of item being purchased defined in the policy. Purchases can be initiated by a designated department staff person but materials or services must be approved by the department head before an order has been submitted.

Conflict of Interest statements are signed upon hire and are addressed in the Human Resources Manual. While staff and board members do not sign the policy each year, they are instructed to disclose any conflicts as they arise.

Timeliness of Reimbursements

FY20 – GH submitted requests timely: 12 of 12

FY20 – Haven submitted requests timely: 11 of 12

Reimbursements for GH and Haven were timely 96% for FY20. For GH, nine reimbursements were returned for misclassification of expenses (6) and for additional backup documentation (3). For Haven, eight reimbursements were returned for misclassification of expenses (6) and for additional backup documentation (2).

Reimbursement Review

A total of 20 operating expenses, 10 for GH and 10 for Haven, were pulled from reimbursement requests across various budget lines for the two programs under review. There was one finding due to the inclusion of sales tax for the Haven program. The result of this finding is a payback to JWB of \$69.65.

Payroll Review

The payroll verification consisted of 2 GH positions and 4 Haven positions for the months of May 2020, 3 GH positions and 3 Haven positions for the month of September 2020. No findings were identified.

Bank Reconciliation Review



A total of four bank reconciliations were requested for review for FY20. All four of the bank reconciliations were reviewed and approved in a timely manner

JWB Recommendations

Management should consider including a stale check policy in their accounting procedures manual.

Management should include a policy on the review and approval of payroll.

JWB Prior Year Recommendations

Recommendation: Financial Policies and Procedures should be updated to include additional detail around purchasing and procurement, adding a section that outlines policies and procedures for financial reporting and reconciliations, as well as a section concerning how inventory is managed and tracked. These procedures should address internal controls and should be sent to the finance committee or Board for review due to the significant changes implemented.

Status: The recommendation was adopted in FY20.

Recommendation: Monthly reconciliations should include a review of the expenses submitted to JWB for both programs to confirm expenses are allocable and allowable prior to submission.

Status: The recommendation was adopted in FY20.

Recommendation: Position Management should be maintained and updated monthly to remove and add staff to positions prior to submitting reimbursement requests.

Status: The recommendation was adopted in FY20.

Recommendation: Agency staff responsible for reviewing and approving bank reconciliations, should both sign and date the monthly report in order to indicate that proper procedures were followed.

Status: The recommendation was adopted in FY20.

Agency Response

Timeliness:

Internal controls have been implemented for reviewing accuracy of expense classification as well as timeliness of submission. This improvement is reflected in the current contract year and will continue. It is a priority of HVA to ensure 100% of the reimbursement requests are submitted on time and accurate.

Reimbursement review:

All reimbursement requests include full and complete backup with each submission and are now reviewed by the Controller, VP Finance and Administration, and COO prior to submission to



verify unallowable expenses. Guidance and education continue to be provided to program staff regarding allowable expenses as well.

JWB Recommendations:

Stale check policy and payroll approval/review policy- Management is currently reviewing the HR Manual and Finance and Accounting Policy Manual. Policy recommendations will be developed and implemented.

Braxton Everett

Braxton Everett, Program Financial Analyst

6/14/2021 | 8:41 AM EDT

Date

Lori Lewis

Lori N. Lewis, Program Finance Manager

6/14/2021 | 11:53 AM EDT

Date

Laura Krueger Brock

Laura Krueger Brock, Chief Financial Officer

6/14/2021 | 11:53 AM EDT

Date

Received by:

Melinda Perry

Melinda Perry, Chief Operating Officer

6/14/2021 | 12:40 PM EDT

Date



Financial Monitoring Report

Agency: Family Resources, Inc. (FRI)

Program(s): Intensive Care Management: Elementary Truancy Specialist (ICM)
SafePlace2B (SP2B)
Youth Enrichment Program (COST)

Date of Visit: May 5th, 2021

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

Agency Staff: Lisa Davis, CEO; Nik Sharxhi, CFO; Sherry Hudson, Budget Specialist

Period Reviewed: FY2019 & FY2020

Funding/Lapse History

Program	Fiscal Year	JWB Contract Amount	Total Program Budget	% of Total Program Funding	Lapse (%)
ICM	FY2020	\$71,000	\$71,315	99.6%	17.5%
ICM	FY2019	\$71,000	\$71,267	99.6%	11.0%
SP2B	FY2020	\$328,487	\$1,934,082	17.0%	0.0%
SP2B	FY2019	\$318,919	\$1,915,810	16.6%	0.0%
YEP (COST)	FY2020	\$559,521	\$687,013	81.4%	25.2%
YEP (COST)	FY2019	\$559,521	\$685,698	81.6%	10.6%

Funding has remained flat for ICM and YEP in FY20. SP2Bs slight increase in FY20 was due to receiving a Cost of Living Adjustment (COLA). Lapse in both YEP and ICM has primarily been due to vacancies and turnover in positions; with the increase in FY20 being directly attributed to COVID related shut downs.

Agency Audit

The FY20 and FY19 audits received an unmodified opinion and no internal control weaknesses were identified. For FY20 and FY19 there was a change in net assets of (\$92,993) and \$92,185, which includes depreciation of \$338,603 and \$354,338 respectively. The agency participated in the Paycheck Protection Program (PPP) in FY20 and the loan was subsequently forgiven.



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

FRI has a thorough Accounting Policies and Procedures Manual which are reviewed by the Board and updated on an annual basis. The policy on fixed assets includes a capitalization threshold of \$5,000 and are tracked with an internal spreadsheet by serial numbers, where possible. This policy also states that capital assets will not be disposed of until they are at the end of their useful life. Their purchasing policy is well defined and includes multiple levels of signatory or approval requirements. Per FRI policy, the Board determines the CEO purchasing level who is then given authority to determine other purchasing authorization thresholds within the agency. These authorization levels include: <\$200 for designated employees, <\$500 for supervisors, <\$1,000 for managers, <\$2,500 for VP's, <\$5,000 for the CFO, <\$10,000 for the CEO and no limit for the Board. Special circumstances, are purchases that require the CEO to authorize payments >\$10,000 are presented to the Finance Committee. Anytime a purchase is made, a purchase order (PO) must be completed and signed by the authorized staff based on value. Conflict of Interests' statements (COI) are signed annually by the employees and Board members, per policy. The competitive bid policy outlines processes at two levels - purchases greater than \$2,500 and purchases greater than \$10,000. Per policy, requests for purchases greater than \$2,500 require a minimum of 3 bids and written records of the competitive bids received for purchases greater than \$10,000 are maintained. Documentation of all bids is kept on file by the Finance department and the Maintenance Coordinator. Reoccurring purchases are covered by contract and must be approved by the President/CEO or the chair of the Board of Directors.

The agency budget to actual statement is part of the monthly financial statement package and is presented every other month to the Board during their meetings. Financial statements by program are reconciled monthly to ensure alignment with reimbursements. In addition, the Budget Specialist reconciles the monthly statements between internal financials and the JWB Grants Management System to determine if any budget amendments are needed.

Timeliness of Reimbursements

FY20 ICM submitted requests timely: 12 of 12 (100%)
 FY20 SP2B submitted requests timely: 12 of 12 (100%)
 FY20 YEP submitted requests timely: 12 of 12 (100%)
 FY19 ICM submitted requests timely: 12 of 12 (100%)
 FY19 SP2B submitted requests timely: 12 of 12 (100%)
 FY19 YEP submitted requests timely: 12 of 12 (100%)



All program reimbursements were submitted timely for both fiscal years. In FY20, four YEP reimbursements were returned to update salaries and benefits, correct an expense description and to attach additional payroll backup. ICM had five reimbursements returned, reasons ranging from additional documentation and corrections to salaries. SP2B had no returns. In FY19, four YEP reimbursements were returned for additional documentation and expense reclassification, ICM requests were returned twice for additional payroll documentation and SP2B had no returned requests.

Reimbursement Review

A total of 20 operating expenses (10 in each program) were pulled from reimbursement requests across various budget lines for YEP and ICM. There were no findings. For SP2B, 2 competitive capital expenses and 3 services were reviewed. No findings were identified.

Payroll Review

The payroll verification consisted of 10 positions (4 for ICM and 6 for YEP) for the months of June 2019 and September 2020. No findings were identified.

Bank Reconciliation Review

A total of four bank reconciliations were requested for review, May 2019, September 2019, June 2020 and September 2020. All four reconciliations were performed on a timely basis and signed off by the reviewer and approver.

JWB Recommendations

Management should consider updating the policies and procedures to include a bank reconciliation policy or statement that specifies what is considered timely and identifies position responsible for approval. Also, management should consider creating an accounting policy to address stale-dated checks after a specified period of time.

Agency Response

A new company policy outlining processes and procedures pertaining to monthly bank reconciliations and stale dated checks will be presented to the Board of Directors for approval at our next scheduled meeting in July 2021.



Tiara Bethel

Tiara Bethel, Program Financial Analyst

6/11/2021 | 2:29 PM EDT

Date

Lori Lewis

Lori N. Lewis, Program Finance Manager

6/11/2021 | 4:42 PM EDT

Date

Laura Krueger Brock

Laura Krueger Brock, Chief Financial Officer

6/11/2021 | 5:30 PM EDT

Date

Received by:

Nik Sharxhi

Nik Sharxhi, Chief Financial Officer

6/14/2021 | 10:32 AM EDT

Date