

FAA Comprehensive Programmatic Monitoring Tool - FY23

Agency Name:		Date:			
Agency Operations					
	Policies & Procedures	Yes	No	N/A	Comments
1	Did the agency have a policy that prohibits the unauthorized use of and/or disclosure of protected health information, defined as individually identifiable health information other than permitted or required by this Contract or as required by law. (Confidentiality Form)				
2	Screening and Intake Procedures: Did the Agency have written screening and/or intake procedures which provide assurance that during the Screening /Intake Process, clients would receive information about the nature of the services offered, the procedures, fees if applicable, hours involved, and their choices, rights, and responsibilities while receiving services?				
3	Did the Agency have a written eligibility criteria that included the following, but is not limited to: a. Client must be a resident of Palm Beach County. b. Eligibility for Economic Stability and Poverty Program (including Securing Our Future Initiative SOFI) must be income based according to the Federal Poverty Levels and adhere to the SOFI guidelines.(Contract Article - Programmatic Requirements) c. Eligibility for Homelessness must be according to the Federal HUD Guidelines. (Contract Article - Programmatic Requirements)				
4	For agencies providing homeless services , did the agency meet HHA attendance requirements? (60% of general meetings/70% of subcommittee meetings)				
Record Keeping & Reporting					
	Client Records	Yes	No	N/A	Comments
5	For agencies providing economic stability services, was the OSCARS system used to determine client eligibility?				
6	For agencies providing homeless services, did the client go through the coordinated entry system (evidenced by intake form)?				
7	Were the client records, organized in a manner that gave a comprehensive profile of the services provided?				
8	Were client records kept in a secure or locked area to ensure confidentiality, including password-protected client electronic data? Records were maintained in accordance with the Public Records Law, Chapter 119, Florida Statutes. (Contract Article -Programmatic Requirements)				
9	Did the case record contain an intake form or application containing demographic, and photo ID (if applicable)?				

10	Did the case record contain an authorization for the release of personal information? Has it been updated annually?					
11	Did the case record contain a Consent for Treatment or Services and FAA Network Consent to Disclose Confidential Information in Client Record forms? (If Applicable) Were they renewed at least annually?					
12	Did the intake or application document the needs of the client?					
13	Did the Agency create a service plan and was the plan reviewed and updated in accordance with Agency policy?					
14	Did the service plan outline goals related to the client's needs?					
15	Did the client receive appropriate services as outlined in their service plan?					
16	Did the service plan outline the time frames for attainment of each goal?					
17	Did the case record/client file contain regularly dated progress notes which reference contact with client in accordance with Agency policy? (Validate by: Reviewing case files.)					
18	Did the case record/client file contain a Closure or Termination Report? (Validate by: Reviewing client record.)					
19	If the client's case was closed or terminated did the file include the reason for closure or termination? (i.e. service concluded, referral to another Agency)					
20	Did the Closure or Termination Report/Form include a brief summary of the services provided. If applicable, did agency outline the client's next steps and agency follow-up?					
21	Was the Closure or Termination Report dated and signed by the individual making the report?					
Tracking						
Tracking						
22	Did the Agency have an internal tracking system in place to track the clients served under the FAA Contract?	Yes	No	N/A	Comments	
Service Delivery						
Service Delivery						
23	How many clients have been served to date (per service)? Is the agency projected to meet the number served identified in the contract? (Contract Exhibit A-Scope of Work)	Yes	No	N/A	Comments	
24	Did Agency provide services in accordance with their contract? (Contract Exhibit A-Scope of Work)					
25	Did the Agency request an amendment to the scope of work and did the Agency obtain written approval from the County? (Contract Article - Modification of Work)					

INTERVIEW QUESTIONS

Board Interview	Responses
How long have you served on the Board?	
How did you initially become interested in this Agency?	
Please explain the process for being selected as a Board Member?	
How often does the Board meet and what makes up a quorum?	
Is there an attendance requirement to remain on the Board?	
What are some pressing issues facing your Board in regards to the services provided?	
What are improvements you feel could be made to the Agency or its services?	
As a Board Member, have you ever visited the facilities' locations and/or talked with line staff and clients?	
Please explain how the Agency impacts the community and/or the constituents it represents?	

INTERVIEW QUESTIONS

Client Interview	Responses
How long have you been receiving services from this agency?	
What brought you to this agency? Do you know what is expected of you? Have your rights been explained? Do you know what your client rights are? Do you know how to file a grievance?	
Did staff discuss your service plan with you? What are some of your goals?	
How often do you have contact with program staff? Is this sufficient?	
Do you feel your needs are being met? Are there any areas that the agency can improve?	
Would you recommend the Agency to a friend, relative or acquaintance?	

INTERVIEW QUESTIONS

Staff Interview	Responses
How long have you been working for this agency?	
Would you refer a friend or relative to work at this agency?	
Do you have a general awareness of the program's personnel policies?	
Do you understand and know how to use the program's personnel grievance procedure?	
Do you receive an annual (or regularly scheduled) employee performance evaluation?	
Do you feel that the worksite is free of job or employee discrimination? If you do not feel that the worksite is free of job or employee discrimination, are you aware of protocols for handling discrimination claims?	
Do you feel that you are involved in problem area identification and the development of solutions to problems within the Agency or program?	

Agency : _____

= Yes ✓
 X = No

FAA Service Delivery Monitoring Tool - FY23

Service Delivery

	Service Delivery	Yes	No	N/A	Comments
	How many clients have been served to date (per service)?				
	Is the agency projected to meet the number served identified in the contract? (Contract Exhibit A-Scope of Work)				
Item#	Services Section: Scope of Work Exhibit "A"	Client ID	Client ID	Client ID	Client ID
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Agency: _____

✓ = Yes
X = No

Client File Review									
Item#	Services	Client ID	Client ID	Client ID	Client ID	Client ID	Client ID	Client ID	Client ID
1	For agencies providing economic stability services, was the OSCARS system used to determine client eligibility?								
2	For agencies providing homeless services, did the client go through the coordinated entry system (evidenced by intake form)?								
3	Were the client records, organized in a manner that gave a comprehensive profile of the services provided?								
4	Were client records kept in a secure or locked area to ensure confidentiality, including password-protected client electronic data? Records were maintained in accordance with the Public Records Law, Chapter 119, Florida Statutes. (Contract Article -Programmatic Requirements)								
5	Did the case record contain an intake form or application containing demographic, and photo ID (if applicable)?								
6	Did the case record contain a Consent for Treatment or Services and FAA Network Consent to Disclose Confidential Information in Client Record forms? (If Applicable) Were they renewed at least annually?								
7	Did the case record contain an authorization for the release of personal information? Has it been updated annually?								
8	Did the intake or application document the needs of the client?								
9	Did the Agency create a service plan and was the plan reviewed and updated in accordance with Agency policy?								
10	Did the service plan outline goals related to the client's needs?								
11	Did the client receive appropriate services as outlined in their service plan?								
12	Did the service plan outline the time frames for attainment of each goal?								

Item#	Services	Client ID	Client ID	Client ID	Client ID	Client ID	Client ID	Client ID
13	Did the case record/client file contain regularly dated progress notes which reference contact with client in accordance with Agency policy? (Validate by: Reviewing case files.)							
14	Did the case record/client file contain a Closure or Termination Report? (Validate by: Reviewing client record.)							
15	If the client's case was closed or terminated did the file include the reason for closure or termination? (i.e. service concluded, referral to another Agency)							
16	Did the Closure or Termination Report/Form include a brief summary of the services provided. If applicable, did agency outline the client's next steps and agency follow-up?							
17	Was the Closure or Termination Report dated and signed by the individual making the report?							

Agency: _____

= Yes
 = No
 N/A = Not Applicable

Personnel File Review (Comprehensive)

Item#	Services	Staff	Staff	Staff	Staff	Staff
1	Did Personnel Records include an original application?					
2	Did Personnel Records include a resume?					
3	Did the staff have required credentials/certification for their positions if required?					
4	Did Personnel Records include an Annual Performance Review in accordance to the Agency's policies?					
5	Did Personnel Records include Background and Criminal Checks? Were the background checks renewed in accordance to regulations and Agency's policies? If an individual received an initial exemption for a disqualifying offense, was the exemption renewed ? (DCF: 5 years) (DCF, Florida Statutes and Contract Articles - Warranties and Licensing.)					
6	Did Personnel Records include a Job Description signed and dated by the employee. Employee's supervisor if required per agency policies?					
7	Agency shall provide key personnel appropriate training according to their staff qualifications:					
8	I. Agency will ensure, during the term of the contract, key personnel (personnel who provide direct services and program supervisors/managers who provide and/or supervise direct services staff) receive the following training:					

Item#	Services	Staff	Staff	Staff	Staff	Staff
	a. Adverse Childhood Experiences (ACEs)- REQUIRED					
	b. Cultural Competency Training - REQUIRED					
	c. Motivational Interviewing (MI) - REQUIRED					
	d. Trauma Informed Care (TIC) - REQUIRED					
	e. Lesbian, Gay, Bi-Sexual, Transgender, Questioning, (LGBTQ) - OPTIONAL					
	f. Racial Equity Training - OPTIONAL					
9	2. Behavioral Health Agencies Only-Agency shall ensure that staff receive all trainings listed. (a and b below in addition to a-d above).					
	a. Wrap Around Training (if applicable)					
	b. Recovery Capital Index (if applicable)					
10	STAFF TRAINING: Did the Agency have documentation that orientation was provided to new staff ?					
11	Did the personnel file contain a signed receipt of acknowledgement of the agency's Drug-Free Workplace policy? (Contract Article -Drug-Free Workplace). See Employee Manual, employee files.					
12	Did the Agency provide a copy of the Standards of Conduct to the employee? Was this document dated and signed? (Contract Article - Severability)					

Agency Name:

Date:

Governing Board

	Yes	No	N/A	Comments
1				Were any concerns noted during the review of the Agency's Board minutes? If so, document in the comment section.
Policies & Procedures				
2				Did the Agency have all required insurances? Workers Compensation, Commercial general Liability, Business automobile Liability, and Professional Liability? (PBCC is listed as the certificate holder/additional insured. (List the name of the insurance company) (Contract Article - Insurance)
3				Did the Agency provide copies of any external programmatic monitoring reports and/or fiscal audits that were conducted by Federal, State or Local Funders? (Contract Article - Warranties and Licensing Requirements)
4				If findings or concerns were noted, were Agency responses/corrective actions provided? Were the findings or concerns resolved?
5				Did the Agency have an Excellence or Sound Nonprofit First Certificate or will have completed certification within 18 months of their initial County Contract? (Contract Article -Certification/Nonprofits First)
6				Was the Agency provided a Nonprofit First exemption by the Department of Community Services? If so, was the Agency certified by an oversight body recognized by the Agency's industry or did the Agency receive two (2) consecutive monitoring reports from FAA with no findings?

Personnel, Staff, and Volunteer Training

	Yes	No	N/A	Comments
7				If applicable, did personnel records include a current annual performance review?
8				If applicable, did personnel records include professional certifications/licenses?
9				Did the personnel records include a level 1 or 2 background screening based on Florida Statutes and the population served (Contract Article- Warranties and Licensing Requirements)? If an individual received an initial exemption for a disqualifying offense, was the exemption renewed ? (DCF: 5 years)
10				1. Agency will ensure, during the term of the contract, key personnel (personnel who provide direct services and program supervisors/managers who provide and/or supervise direct services staff) receive the following training: a. Adverse Childhood Experiences (ACEs)- OPTIONAL b. Cultural Competency Training - OPTIONAL c. Motivational Interviewing (MI) - OPTIONAL d. Trauma Informed Care (TIC) - OPTIONAL e. Lesbian, Gay, Bi-Sexual, Transgender, Questioning, (LGBTQ) - OPTIONAL f. Racial Equity Training - OPTIONAL

11	2. Behavioral Health Agencies Only-Agency shall ensure that staff receive all trainings listed. (a and b below in addition to a-d above).				
	a. Wrap Around Training (if applicable)				
	b. Recovery Capital Index (if applicable)				
12	STAFF TRAINING: Did the Agency have documentation that orientation was provided to new staff?				
13	Did the Agency have a volunteer handbook and was there evidence that volunteers received training based upon this handbook? Volunteer Florida Statute 435:				
14	Prior to volunteering, was a Level 1 criminal background screening performed for each volunteer providing less than 20 hours of direct services per month, to vulnerable populations?				
15	Prior to volunteering, was a Level 2 criminal background screening performed for each volunteer providing more than 20 hours of direct services per month, to vulnerable populations?				
16	Did the Agency and/or program have a high turnover of agency staff? Defined as 25% or more during the past 12 months or based on national industry standards. Was there a FAA funded staff position vacancy for over 90 days or more?				
	Facility Management	Yes	No	N/A	Comments
17	<u>Behavioral Health Only:</u> Is Agency up-to-date with behavioral health/substance use facility licensure requirements?				
18	Did the Agency have a current fire inspection (completed within the past 12 months)? Were there any violations? If violations were noted, were they corrected and approved by a County or Municipal Fire Rescue?				
	Communication	Yes	No	N/A	Comments
19	Did the Agency submit an Incident Notification Form in a timely manner, notifying the County of incidents outlined in the FAA contract (i.e. FAA client incidents, key staff resignations, change in services or locations that could impact service delivery, etc.)?				
	Quality Assurance	Yes	No	N/A	Comments
20	<u>Partnership Agreement:</u> If applicable, were there any unresolved issues from prior year? If so, what is the status on the unresolved issues (i.e. findings) from the last monitoring report?				
	Fiscal	Yes	No	N/A	Comments
21	Did the Agency have a Financial Reconciliation Statement? (Contract Exhibit C-Reconciliation Statement)				
22	Did the Agency submit monthly reimbursements in accordance with the contract? (Contract Article - Programmatic Requirements)				
23	Did the Agency have separate financial ledger for the Program expenditures including direct and indirect cost allocations in accordance with GAAP by individual services categories and by administration and program costs? (Contract Article - Programmatic Requirements)				
26	Did the Agency properly maintained books, documents and records for costs of services to individuals expended in the performance of this contract for a period not less than five years? Agency had a Financial Audit report with Schedule for Financial Assistance. (Contract Article - Programmatic Requirements)				

27	Agency had a Financial Audit report with Schedule for Financial Assistance? (Contract Article-Programmatic Requirements)			
28	Did the Agency provide the Final Reconciliation-Exhibit H of contract within 30 days of contract end date? (Contract Article - Programmatic Requirements)			
29	No Contingent fees. (Contract Article - Contingent Fees)			
30	Did the Agency maintain a copy of the fully executed contract within its records?			
31	Has the Agency been previously monitored? (List date)			
32	Were there any findings?			
33	Were the findings recertified?			
34	When was the independent audit completed?			
35	Did the Agency obtain non profits first certification the previous calendar year? (Obtain copy)			
36	Is the Agency currently in the process of being certified for current calendar year? (Obtain Self-Assessment and/or Executed Agreement with NPF)			
37	Was a budget provided and approved by the County?			
38	What is the budget make up? (Personnel/operating-program/admin)			
39	Are administrative/Indirect Costs within the 15% cap?			
40	Did the Agency provide a staff allocation sheet?			
41	Did the personnel expenses reflect the allocations?			
42	Were timesheets kept for each employee? Were the timesheets signed by the employee and his/her supervisor?			
43	Were expenses allowable per the approved budget?			
44	Did the revenues match County records?			
45	What is the net revenue or deficit to date? If net revenue, why? How will these funds be used?			
46	What are the other funding sources? (If applicable)			
47	What documentation was reviewed? (By service)			
48	What was the total number of clients/units served? (By service)			
49	What was the sample size? (By service)			
50	List the clients reviewed.			
51	Were there any discrepancies?			
52	The Agency has not pledge County's credit, or made it a guarantor of payment or surety for any contract, debt, obligation, judgment, lien or any form of indebtedness. (Contract Article -Arrears)			
53	Did the Agency provide unit of service as defined in contract? (Contract Exhibit B-Unit Rate Cost Sheet)			
54	Payments to Financially –Assisted Agencies, Non-profit agencies seeking County Assistance (FAA) must be chartered or registered with the Florida Department of State, have been incorporated for at the least one agency fiscal year and have pointed services for at least six months. County assistance shall not exceed 25 % of the agency's total operating budget, unless otherwise approved by the Board of County Commissioners. If approved for funding, a formal agreement shall be executed, and payment will be made by reimbursement of documented expenses. The County Administrator shall establish additional procedures to clearly descry. (Administrative Code 305.07)			

Agency Name:

Date:

Policies & Procedures

	Yes	No	N/A	Comments
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2				For agencies providing homeless services , did the agency meet HHA attendance requirements? (60% of general meetings/70% of subcommittee meetings)

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		Yes	No	N/A	Comments	
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Service Delivery						
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21	How many clients have been served to date (per service)? Is the agency projected to meet the number served identified in the contract? (Contract Exhibit A-Scope of Work)					
22	Did Agency provide services in accordance with their contract? (Contract Exhibit A-Scope of Work)					
23	Did the Agency request an amendment to the scope of work and did the Agency obtain written approval from the County? (Contract Article - Modification of Work)					