

**JWB CHILDREN’S SERVICES COUNCIL OF PINELLAS COUNTY
A.S.S.E.T. COMPREHENSIVE PROGRAM REVIEW**

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JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY
A.S.S.E.T.
(Agency Self-Study Efficacy Tool)
Comprehensive Review Procedures

I. Introduction

These procedures are designed to provide guidance to funded agencies, JWB staff, and peer reviewers regarding all aspects of the A.S.S.E.T. process. JWB will operate within these established procedures as it conducts each A.S.S.E.T. Comprehensive Review; selects, trains, and monitors peer reviewers; and renders certification decisions.

II. A.S.S.E.T. Overview

The Juvenile Welfare Board (JWB), in alignment with its Strategic Plan developed a standards-based comprehensive review process for funded agencies to assist them in facilitating strong services for the children, families, and communities of Pinellas County (1998). The review process, A.S.S.E.T. (Agency Self-Study Efficacy Tool), integrates and encourages quality improvement and public accountability practices in the delivery of results-based outcomes. This process uses best practice standards in building administrative capacity to deliver effective services.

In 2008, the restructuring of A.S.S.E.T. resulted in the blending of the A.S.S.E.T. review and annual contract monitoring. These two previously separate monitoring activities are now combined in this edition of the A.S.S.E.T. Comprehensive Review. The A.S.S.E.T. component focuses on administrative capacity and the contract monitoring focuses on compliance and service delivery activities.

Nationally accredited agencies in good standing and who have been certified may be waived from the comprehensive review process. JWB recognizes those agencies that have accreditation with the Council on Accreditation for Children and Family Services (COA), Commission on Accreditation of Rehabilitative Facilities (CARF), and the Joint Commission on the Accreditation Health Care Organizations (JCAHO). These agencies will continue to receive annual site reviews and will be requested to submit documents that confirm their accreditation status and any actions being taken in response to recommendations for improvement. Accredited agencies experiencing performance issues may be required to participate in a full A.S.S.E.T. review.

JWB funded agencies not currently nationally accredited by either COA, CARF, or JCAHO will participate in the comprehensive A.S.S.E.T. review at least once every three years. These agencies will continue to receive annual site reviews in the intervening years. A team consisting of JWB staff and funded agency personnel will conduct each review. Key elements of the review process include the following:

- JWB funded agency staff will be offered opportunities for self-study training in advance of conducting a four-month self-appraisal and assessment of their performance against the A.S.S.E.T. standards, service delivery, and contract compliance.

- Agencies will conduct a thorough examination of their policies, procedures, and organizational structure. Each agency is required to submit supportive documentation for addressing core administrative functions that include: Governance, Organizational Management, Quality Improvement, Risk Management, Financial Management, and Human Resource Management. In addition, programs should be prepared to demonstrate quality service delivery and compliance with the terms outlined within the JWB contract.
- Agencies will have the opportunity to meet with the A.S.S.E.T. Coordinator prior to or during the four-month self-study period to confirm those standards that are applicable to their review.
- Agencies will submit their materials to the JWB within the four-month timeframe. A review team will be assigned to conduct an on-site assessment and review of the agency. This review will occur approximately two months after submitting the A.S.S.E.T. materials.
- A.S.S.E.T. site reviews will be conducted by a team of reviewers that at a minimum include: a team leader (JWB staff), peer reviewer(s) (funded agency representative), a fiscal reviewer (JWB staff), and the contract manager (JWB). The total number of reviewers will be based upon the size of the agency and number of programs funded by JWB.
- Agencies may receive pre-site visits for the purpose of either reviewing additional on-site evidence or to facilitate observation of program activities. Agencies will be notified prior to the visit in order to coordinate relevant activities and review of on-site evidence.
- Agencies will receive a written report and notification of certification status within six weeks following the on-site review. This report will provide a summary of strengths and recommendations requiring action for further improvement.
- Agencies are expected to conduct business in accordance to certification criteria.
- Agency certification may be revoked if A.S.S.E.T. requirements are not maintained. (i.e. poor program performance, lack of fiscal integrity, and non-adherence to general conditions of the JWB contract).
- Agencies who do not achieve certification will be required to meet the terms of a corrective action plan. Upon completion of the plan, A.S.S.E.T. certification may be recommended.
- Any agency that does not currently receive funding from JWB will be required to submit additional materials when responding to a JWB Request for Proposal. In addition, the agency will receive an on-site review to confirm organizational capacity to administer effective services. This process may lead to the determination of a provisional A.S.S.E.T. status. If funding is received, the agency must participate in a full A.S.S.E.T. review within three years of initial funding and every three years thereafter.

III. A.S.S.E.T. Comprehensive Program Review

A. Eligibility

JWB funded agencies (including those agencies applying for first time funding) will participate in the A.S.S.E.T. Comprehensive Review. Agencies currently funded by JWB with national accreditation* in good standing and who are currently A.S.S.E.T. certified may receive an exemption from the A.S.S.E.T. Comprehensive Review but will be expected to participate in annual site visits. Agencies with national accreditation applying for first time funding will be required to participate in a provisional A.S.S.E.T. review. After successfully completing a full A.S.S.E.T. certification within three years of initial funding, the agency may be exempted from participation in subsequent A.S.S.E.T. reviews.

*National accrediting bodies recognized by JWB include: Council on Accreditation (COA), Joint Commission on the Accreditation of Health Care Organizations (JCAHO), and Commission on Accreditation of Rehabilitation Facilities (CARF).

B. Agency Self-Study

1. Agency Responsibility

The agency self-study process serves to guide agencies through a period of self-evaluation and change and provides a systematic means for organizational improvement. It is an opportunity for agencies to involve key stakeholders in a thorough examination of their policies, procedures, practices, and organizational structure for the purpose of producing increased programmatic outcomes.

During the self-study process agencies have several key responsibilities that include:

- Attending JWB self-study workshops to address the content, format, and applicability of the A.S.S.E.T. standards and JWB's process for self-study, site visits, and certification decisions.
- Gathering and documenting key types of evidence that support conformance with the A.S.S.E.T. standards.
- Conducting assessments of both the agency and program(s) current level of functioning.
- Submitting identified evidence to JWB at the conclusion of the agency self-study or otherwise pre-determined date.

The A.S.S.E.T. Standards Instruction Sheet provides specific step-by-step self-study instruction. (Page 16)

2. Time Frame

Agencies participate in A.S.S.E.T. at least once every three years. The JWB A.S.S.E.T. Coordinator will notify each agency of the timetable in which they are to conduct their self-study. In addition, the JWB A.S.S.E.T. Coordinator will contact the agency to negotiate a date for the site review.

3. Extensions

In preparing for the A.S.S.E.T. site review, each agency is held accountable to a four-month self-study timeframe. Therefore, requests for extensions are not typically honored. On rare occasions, due to extenuating circumstances resulting in a significant event, an agency may request an extension for submitting their A.S.S.E.T. evidence. Requests must be submitted in writing to the JWB A.S.S.E.T. Coordinator clearly outlining the reasons for the extension. Extension requests must be received no later than 30 days prior to the scheduled evidence submission date. Requests will be reviewed with the A.S.S.E.T. team, the JWB Contract Manager, and the Director of Contract Management, Finance and Research. A decision will be awarded within three business days of receipt of the request. The agency will receive a telephone call followed by a written response confirming the extension decision.

Site review dates are established by the JWB A.S.S.E.T. Coordinator in consultation with the review team and agency representative. Site review dates will be scheduled during the agency's normal workweek. JWB encourages the agency to identify days or periods of time during the tentative scheduling timeframe that may pose insurmountable problems for the agency. Examples of such events may include major fundraising/community events and religious holidays. Once site review dates are established (typically 30 days prior to), a change in the dates for the site review will not be considered.

C. Site Review Process

The site review follows the self-study assessment phase. Typically, site visits will last two full days, but may be adjusted depending on the size of the agency and number of programs scheduled for review.

1. Review Team Selection

Selection of the A.S.S.E.T. review team will be guided by the principle of matching background and experience of reviewers to each organization's characteristics and service patterns. The review team will consist of a minimum of four reviewers: a JWB Team Leader, one agency representative (peer reviewer), a JWB Contract Manager, and Fiscal Analyst. The size of a review team may be increased depending upon the individual characteristics of each agency/program. These review teams will be selected by the JWB A.S.S.E.T. Coordinator and approved by each agency representative prior to the scheduled site review date. In making assignments of reviewers to a particular organization, JWB will make every effort to assure that there is no conflict of interest (prior employment, personal relationship). Reviewers will sign a confidentiality statement and conflict of interest disclaimer on an annual basis. Reviewers will not accept any appointments or activities where a prior or current relationship with personnel or Board Members exists.

Agencies may contact the A.S.S.E.T. Coordinator to discuss any concerns regarding the assigned review team members. This should occur soon after the members of the team are provided to the agency. Changes of review team members will not take place 30 days prior to the formal site review.

2. Pre-Site Review Activities

The review team is provided up to 60 days to review evidences, coordinate site review logistics that include travel, scheduling, division of labor, and to meet with other assigned A.S.S.E.T. team members to determine preliminary agency assessment ratings. Team Leaders are strongly encouraged to make initial contact with the agency immediately upon receipt of the agency evidence. At that time, the Team Leader will establish communication with the assigned agency personnel and the review team members to determine sites to be visited, personnel to be interviewed, and number of participant records to be reviewed. The Team Leader will distribute copies of the site review schedule to the agency representative and to the other review team members no later than two weeks prior to the scheduled site visit. In addition, if reviewers require additional evidences from the agency, the request must be made to the agency no later than two weeks prior to the scheduled site review date. (Team Activity Chronology, Appendix B)

3. Site Review

During the entrance meeting, the A.S.S.E.T. review team will orient agency attendees to the purpose of the A.S.S.E.T. review process and the role of the team, as well as their qualifications. In addition, the two-day schedule highlighting the major components of the review process will be discussed.

While conducting the site review, the review team will provide an impartial evaluation of the program's self-assessment against the A.S.S.E.T. administrative standards, service delivery performance, and contract compliance. Additional information may be offered by the agency or program or requested by the review team to more clearly demonstrate a program's conformance with a standard. In addition, the review team will gather data on program operations and performance through observation, interviews, and participant record reviews.

A typical site review will include the following activities:

- Entrance meeting with the agency Executive Director and key stakeholders
- Facility tour/site visits to satellite offices (Safety and Emergency Checklist (Appendix G))
- Interviews with staff at all levels, including volunteers
- Interviews with the Board Chair and representatives of the governing body
- Interviews with service participants
- Observation of service practices
- Exit meeting with the agency Executive Director and key stakeholders

The A.S.S.E.T. Interview Guidelines included in this handbook (Appendix C and C.1) serve to provide consistency among the review team when conducting interviews.

In addition, a Site Review Checklist is provided (Appendix H) as a guide for both review team members and the agency or program representatives. The checklist captures the critical components required during each site review and allows both the team members and agency representatives to ensure all mandatory activities are carried out.

Materials and information gathered during the course of a site review are considered confidential. The content may only be discussed among assigned review team members and other professionals who are involved in the process.

Confidential information may include:

- Reports or descriptive narratives
- Legal information
- Proprietary materials
- Forms and templates
- All participant information

Once the site review is complete, the review team has the responsibility to report on their findings. An exit meeting presented by the review team will summarize agency and program strengths and discuss areas for improvement. Actual numerical ratings will not be discussed during the exit meeting, nor will pass or fail assessments.

D. Reporting Protocols

The review team will draft a written report. (A.S.S.E.T. Review Report Format, Appendix I and I.1). The report will be delivered to the JWB A.S.S.E.T. Coordinator no later than two weeks following the site review. The Team Leader should retain a copy of the final report for future reference if warranted.

The A.S.S.E.T. report will summarize key administrative findings of agency and program strengths identified by the review team and will clearly document areas requiring additional action for improvement. The A.S.S.E.T. review team is not authorized to make final recommendations regarding A.S.S.E.T. certification or funding commitments.

The agency will receive a copy of the final written site review report 4 – 6 weeks from the conclusion of the site review.

IV. Roles and Responsibilities

A. A.S.S.E.T. Coordinator

The role of JWB A.S.S.E.T. Coordinator during the review process includes:

- Provide training and other guidance pertaining to the AS.S.E.T. standards and the review process.
- Negotiate self-study timeframes, schedule site visits, and assign appropriate review teams.
- Distribute review findings to agencies.

- Facilitate supportive networking opportunities that may include the identification of additional resources for funded agencies.
- Recruit reviewers, conduct training, and evaluate individual reviewer performance.
- Analyze and revise the A.S.S.E.T. process for continuous improvement.

B. Contract Manager

The role of the JWB Contract Manager is to review all program services. The role of the Contract Manager during the review process includes:

- Serve as a member of the review team.
- Review for contract compliance.
- Review for adherence to program methodology.
- Analyze performance reported in SAMIS.
- Conduct participant file reviews.
- Verify SAMIS user access.
- Contribute to the development of the final report.
- Serve as a general resource consultant for the team.

C. Fiscal Analyst

The role of the Fiscal Analyst during the review process includes:

- Serve as a member of the review team.
- Select and review reimbursement samples.
- Select and review personnel files.
- Review agency's fiscal and personnel policies.
- Review and analyze agency's financial data.
- Contribute to the report for fiscal and personnel management.
- Serve as a resource consultant to the team.

D. Web-Based A.S.S.E.T. Submission Help Desk

The role of the web-based A.S.S.E.T. submission help desk during the review process includes:

- Answer phone calls related to using the web-based A.S.S.E.T. program.
- Provide technical assistance and training.
- Provide access to the web-based program.

Technical support is available Monday through Friday during normal business hours.

E. Review Team

The review team consists of JWB staff and funded agency peer reviewers. JWB may increase the number of review team members based upon the size of the agency and the number of programs to be reviewed. In all cases, a JWB staff will assume the responsibility of Team Leader. Once a team is established, a division of responsibilities will be negotiated among team members to organize and expedite the review process.

Roles for review team members include:

- Review the agency's evidence prior to site review dates.
- Meet together prior to the scheduled site review to discuss preliminary findings.
- Attend and participate in entrance meetings.
- Conduct on-site tours, interviews, and records review.
- Attend and participate in exit meetings.
- Participate in the development of the written report findings.

Each reviewer plays an important role in the overall accountability of the A.S.S.E.T. Comprehensive Review process. Each team member has the responsibility to objectively assess and facilitate the agency's conformance with all applicable A.S.S.E.T. standards. A.S.S.E.T. reviewers must perform their tasks and responsibilities in a manner that maintains and supports the credibility of the reviewers, the JWB, and the A.S.S.E.T. process.

Agency peer reviewers volunteer to participate in the A.S.S.E.T. Comprehensive Review process. Benefits gained from the review experience include an opportunity to learn from other organizations, personal and professional development, an opportunity for professional networking, and the exchange of ideas and "best practices." JWB offers mandatory training to each A.S.S.E.T. reviewer prior to receiving an initial site review assignment. Travel for site reviews and meals will be the responsibility of each reviewer.

1. Team Leader

The Team Leader will be a JWB staff member. The Leader's duties include:

- Distributing evidences to each reviewer assigned.
- Contacting peer reviewers to divide the labor according to skill and preference.
- Making logistical arrangements with the agency delegate at least one month prior to the scheduled site visit (i.e. site visit schedule, request for schedule changes, and request for additional records).
- Providing guidance regarding final ratings to other team members.
- Facilitating the entrance and exit meetings.
- Providing mentoring to new reviewers.
- Drafting the final agency site review report.

During the site review, the Team Leader is expected to:

- Coordinate the work of the team.
- Assure that all expected elements of the entrance and exit meetings are covered.

- Assure that all activities required for the reliable assessment of conformance are completed.
- Verify that team members conduct themselves in accordance with JWB's expectations.
- Apprise the A.S.S.E.T. Coordinator immediately of any emergencies, unresolved questions, issues, or serious problems with staff or consumers.
- Assure that all team members reach consensus on all assessment ratings.
- Assure the preliminary report is complete and accurate.
- Assure that agency personnel have been fully apprised of areas of conformance where the team has been unable to find adequate evidence.

2. Contract Manager

During the site review, the Contract Manager is expected to:

- Conduct a thorough review of programmatic services funded by JWB.
- Monitor compliance with the JWB contract.
- Participate in all entrance and exit meetings.
- Participate in the development of the written report findings.

3. Fiscal Analyst

During the site review, the Fiscal Analyst is expected to:

- Conduct a thorough review of all fiscal and personnel related evidence.
- Participate in all entrance and exit meetings.
- Participate in the development of the written report findings.

4. Qualifications

To be eligible as an A.S.S.E.T. reviewer, an individual must either be employed by JWB or work for a JWB funded agency. Applications are accepted on a year-round basis. Blank referral and nomination forms can be found at the back of this manual (Appendix L) or by contacting JWB.

A.S.S.E.T. reviewer training will be provided by JWB on an annual basis.

The following minimum requirements* must be met:

- Three years experience in program leadership
- A minimum of a BA/BS degree in a human service related field
- Commitment to the promotion and enhancement of quality services to children, families, and communities
- Ability to travel within Pinellas County
- Copy of current resume or curriculum vitae on file

A successful reviewer will possess the following personal attributes:

- Objectivity
- Interpersonal Skills
- Leadership Skills
- Facilitative Skills
- Ethical Principles
- Problem Solver
- Writing Skills

*Special consideration will be afforded to individuals who possess a unique set of professional experiences and/or skills. Every effort will be extended to interview any person expressing an interest in becoming an A.S.S.E.T. reviewer.

5. Time Commitment

A.S.S.E.T. reviewers must be willing to commit to the following:

- Participation in at least one review a year.
- Participation in an initial two-day training program provided by JWB.
- Participation in annual (one-day) “refresher” training provided by JWB.
- Commitment to the role of reviewer for at least one year.
- Commitment to the concept or philosophy of Quality Improvement.
- Secure a replacement in the event a crisis precludes the reviewer from performing a review.

6. Ethical Guidelines

Reviewers will not accept an assignment to an organization where a prior or current relationship with personnel or Board members might affect, or appear to affect, objectivity during a review. In addition, each A.S.S.E.T. reviewer will be required to sign a Confidentiality Agreement and Conflict of Interest Statement, (Appendix M), on an annual basis. Protection of client confidentiality and discretion in handling information about JWB funded agencies cannot be compromised. Discussing the business of one agency with others outside the context of conducting official site review business is not acceptable.

7. Training

An initial two-day training course is required of all A.S.S.E.T. reviewer applicants. The goal of training is to assist reviewers in developing the skills needed to conduct an objective, fair, and thorough review. Training is designed to educate reviewers in interpreting the A.S.S.E.T. standards and to gain a thorough understanding of the Comprehensive Review process. In addition, information about assessment, reliability, consistency, data gathering, interviewing techniques, and leadership skill building are included in the training curriculum.

Refresher training will be provided for all A.S.S.E.T. reviewers on an annual basis.

8. Shadowing

The goal of shadowing is to orient “first-time” Team Leaders and reviewers to the A.S.S.E.T. review process. Shadowing should enhance the understanding of workload demands, the organization of specific review logistics, and the time management skills needed to perform an accurate and thorough review. When shadowing, it is imperative for reviewers to participate in all A.S.S.E.T.-related activities. Every new A.S.S.E.T. reviewer who has received training is strongly encouraged to shadow a review team prior to accepting their first assignment. (Shadowing Procedures, Appendix K)

9. Evaluations

A formal evaluation process will be conducted at the conclusion of each site review. This will allow for an on-going collection of feedback and evaluation that will generate A.S.S.E.T. Quality Improvement activities.

Both the A.S.S.E.T. review team and the agency representative(s) will complete evaluations regarding key aspects of the Comprehensive Review process.

V. Certification Process

If an agency receives an assessment rating of 1 or 2 in all administrative standards and a satisfactory rating for contract compliance and adherence to the service delivery methodologies, the agency and programs under review will be recommended for certification.

If an agency receives an assessment rating of 1 or 2 in all administrative standards but receives an unsatisfactory rating for contract compliance and adherence to the service delivery methodologies, the agency and programs under review will not be recommended for certification. A Corrective Action Plan* will be issued and certification will not be considered until the satisfactory completion of that plan.

If an agency receives an assessment rating of 3 in one or more administrative standard but receives a satisfactory rating for contract compliance and adherence to the service delivery methodologies, the agency and programs under review will not be recommended for certification. A Corrective Action Plan will be issued and certification will not be considered until the satisfactory completion of that plan.

If an agency receives an assessment rating of 3 and receives an unsatisfactory rating for contract compliance and adherence to the service delivery methodologies, the agency and programs under review will not be recommended for certification. A Corrective Action Plan will be issued and certification will not be considered until the satisfactory completion of that plan.

The A.S.S.E.T. report is forwarded to the JWB Executive Director. The Executive Director will review report findings and may award certification or require the completion of a Corrective Action Plan prior to a certification decision.

The Corrective Action Plan must be created within 30 days following receipt of the A.S.S.E.T. report. The JWB Contract Manager is responsible for contacting the agency to discuss and write the Corrective Action Plan. Once established, a copy of the plan is forwarded to the A.S.S.E.T. Coordinator. The agency will be expected to complete the Corrective Action Plan within a maximum period of four months. (This includes the 30-day period for plan development.)

Depending upon the nature of the issue(s) identified by the review team, additional technical support or training may be offered to the agency to facilitate its improvement. This need would be addressed with the contract manager and identified within the agency correction action planning process. A technical assistance team (TA team) would be assembled, based upon their specific knowledge and skills, to provide directed support to the agency.

*Corrective Action Plan – A plan that identifies specific strategies and actions to resolve serious internal areas of non-compliance within an agency or program. The plan identifies the action to be taken within a specified timeframe (usually immediate).

Once the agency has made the improvements and changes identified on the Corrective Action Plan, the incorporation and implementation of recommended modification(s) will be monitored for up to six months prior to the TA team and Contract Manager recommending A.S.S.E.T. certification. This entire process must be concluded within a maximum period of 10 months.

Lastly, the A.S.S.E.T. Coordinator meets with the Contract Manager, reviews the supportive evidence, and forwards certification recommendations to the JWB Executive Director for certification approval. The agency may receive a three-year A.S.S.E.T. certification from the date of the signed letter by the Executive Director.

In the event a Corrective Action Plan is not met within the specified timeframe, the agency is at risk of one or more of the following:

- Compliance report to the JWB Board of Directors
- A limited contract renewal
- Revocation of certification
- Contract termination
- Other actions as directed by the Board

Please Note:

If an agency is on or placed on corrective action during their A.S.S.E.T. self-study and site review cycle, the Corrective Action Plan must be satisfactorily completed prior to being awarded A.S.S.E.T. certification.

A. A.S.S.E.T. Certification or Recertification

Each agency successfully completing the Comprehensive Review process will receive:

- Three-year A.S.S.E.T. certification or recertification
- Annual acknowledgment by the JWB Board of Directors
- A plaque to commemorate their achievement

An agency will receive a three-year certification or recertification based on the following:

- The agency receives an assessment rating of 1 or 2 in all administrative standards and a satisfactory rating for contract compliance and adherence to the service delivery methodologies, the agency and programs under review will be recommended for certification.
- The agency is able to demonstrate substantial fulfillment of the standards.
- Present conditions represent an established pattern of program operation and these conditions are likely to be maintained or improved upon.
- The agency meets the general conditions of their contract.

B. Revocation

JWB may rescind A.S.S.E.T. certification for one or more of the following reasons:

- Failure to meet general conditions of the JWB contract or maintain fiscal integrity.
- Agency operations fail to maintain health or safety standards.
- Corrective Action Plan is not adequately implemented within the specified timeframe.
- Failure to maintain standards-based performance previously determined acceptable through an A.S.S.E.T. Review.

The agency Board of Directors and Executive Director will be notified in writing of revocation. Revocation will result in one or more of the following, depending on the magnitude of the issue:

- The JWB Board of Directors will be notified.
- The agency may receive a limited contract.
- Agency may receive additional sanctions.
- Contract termination.
- Other actions as directed by the JWB Board of Directors.

VI. APPEAL PROCESS

Agencies may appeal any decision that impacts their funding status.

A written letter of appeal should be mailed to: A.S.S.E.T. Coordinator at JWB Children Service's Council of Pinellas County.

JWB must receive the written letter of appeal within five (5) working days following receipt of written notification of the decision in question. The appeal must include relevant documentation and evidence that supports the claim, and must be based upon the agency's belief that the review team did not appropriately adhere to or apply the A.S.S.E.T. policies and procedures. An agency may not add or submit new evidence that was not available during the review process. The agency's written appeal will be considered in the analysis of the grievance, and every attempt will be made to resolve the concern at the staff level.

- A meeting will be held with the agency representative and JWB A.S.S.E.T. Coordinator. If unresolved,
- A meeting will be held with the agency representative, A.S.S.E.T. Coordinator, and JWB Contract Manager. If still unresolved,

- A meeting with the agency representative, JWB Senior Managers and the JWB Executive Director will be held.

The JWB Executive Director may:

- Entertain a verbal discussion (involving the agency, JWB staff, review team members).
- Render a decision based on the facts provided.
- Request additional information.

The decision of the Executive Director shall be final.

VII. Quality Improvement

Feedback pertaining to the Comprehensive Review Process is welcome and should be directed to the A.S.S.E.T. Coordinator. Data collected will become a critical component of JWB's continuous process for improvement. (Questionnaires, Appendix Q)

VIII. Inquiries

Requests for information about JWB's A.S.S.E.T. Certification, policy and procedures, or for more information about negotiating timeframes for self-study and site reviews, please contact:

A.S.S.E.T. Coordinator
JWB Children's Services Council of Pinellas County
(727) 547-5636 or e-mail to mstone@jwbpinellas.org

The A.S.S.E.T. manual, in its entirety, can be found on the JWB website at <http://www.jwbpinellas.org/ASSET/asset.htm>

A.S.S.E.T. APPLICATION

Agency Name: _____

Executive Director: _____

Agency Address: _____

Phone Number: _____ Fax: _____

E-mail: _____

Agency Mission: _____

Other Accreditations:

N/A: _____

Name: _____

Date of Accreditation: _____ ■ If yes, please attach most recent report.

Number of years funded by JWB: _____ Total JWB agency funding \$ _____

Contract Management site review includes the following program(s):

(Please list.)

Program Name: _____

Program Name: _____

Program Name: _____

Program Name: _____

Program Name: _____

Program Name: _____

Agency liaison contact for A.S.S.E.T. review:

Name: _____

Phone: _____ Fax: _____

E-mail: _____

A.S.S.E.T. STANDARDS INSTRUCTION SHEET

I. Introduction

There are six Administrative Standards:

- Governance
- Organizational Management
- Quality Improvement
- Risk Management
- Financial Management
- Human Resource Management

A Summary of Self-Study Findings has been provided (Page 19) and must be submitted by the agency with the written narratives and required evidence. This provides an opportunity for agencies to communicate with the Review Team to identify key changes that occurred as a result of the agency self-study process.

Each Administrative Standard must be addressed by submitting a written narrative that specifically describes how the agency fully meets each Quality Indicator. The required evidence is identified at the end of the Administrative Standards section.

Each Administrative Standard is segregated into three distinct components:

- a. Full statement defining the Standard's overall intent.
- b. Quality Indicators that delineate how the overall intent is achieved.
- c. Interpretive Guidance that provides additional insight into the meaning of the Quality Indicator.

II. Narrative Page

A concise narrative page must accompany each individual standards page; briefly, yet accurately explaining the relationship between the evidence provided by the agency and the Quality Indicator, how the agency meets the overall intent of the standard, and the reason the agency assessment score was chosen.

The narrative page also allows the agency an opportunity to list additional evidence for on-site review.

III. Quality Indicators

- ◆ Each Quality Indicator directly relates to the overall standard definition (top of each standards page).
- ◆ To demonstrate the program meets each Quality Indicator, required evidence (Page 56) must be submitted.
- ◆ Ratings of **Fully Meets**, **Meets**, or **Needs Improvement** follow each Quality Indicator. These ratings refer to evidence of conformance.
- ◆ The agency will indicate with an X whether it **Fully Meets**, **Meets**, or **Needs Improvement** with each Quality Indicator.

- **Fully Meets** – The evidence available fully contributes to the overall intent of the standard and reflects organizational excellence. There is written evidence and active implementation practices that support consistent adherence to the Standard. All written plans are comprehensive and include all identified elements. In addition, all Quality Indicators containing identified elements are fully addressed.
- **Meets** – The written evidence and implementation practices contribute to the overall intent of the standard. However, there are minor inconsistencies with either the comprehensiveness of written evidence or in practice that could be improved. The majority of identified elements are contained either in all written plan(s) or Quality Indicators.
- **Needs Improvement** – Certain aspects of the evidence are not fully developed or there are significant inconsistencies with policy or practice implementation. Not enough or inadequate evidence to fully support the Quality Indicator. The majority of identified elements are missing rendering either all plans or Quality Indicators incomplete.

♦ At times, an N/A* (not applicable) will be offered. A Quality Indicator may only be exempted by contractual agreement or approval by JWB.

*On rare occasions, a Standard or specific Quality Indicator may not be applicable to a certain agency. In that event, the agency representative must contact the A.S.S.E.T. Coordinator to discuss the non-applicability of the standard or specific Quality Indicator under a standard in question within the four-month self-study timeframe. In addition, the review team may determine that a specific Standard is not applicable to a particular agency. Again, the team must contact the A.S.S.E.T. Coordinator to discuss the non-applicability of the particular Standard or specific Quality Indicator under a Standard. Non-applicability may not be determined solely by the agency or the assigned review team.

IV. Required Evidence

The required evidence (Page 56) for each Standard is listed at the end of the Administrative Standards section. The required evidence listed also identifies the corresponding Quality Indicator(s) that it supports. In addition, there is evidence listed that must be available on-site for review by the team (Page 57). As indicated, the agency may identify additional evidence to be reviewed on-site at the bottom of the narrative page.

V. Assessment

It is the agency's responsibility to assess its level of conformance (rating of 1, 2, or 3) to each Administrative Standard using the Assessment Rating Sheet (Page 20). A collective impression of all Quality Indicators will assist in determining the overall assessment rating for each individual Standard.

At the top right hand corner of each Standards page, the agency is responsible for entering the appropriate self-study assessment score.

For example:	Governance
	Agency Assessment <u> 2 </u>

VI. Evidence Delivery

The agency is responsible to collect and organize all required documented evidences for submission. This will include those documents identified that need to be available on-site for review as well. Procedures for submitting evidence utilizing JWB's SharePoint technology will be provided during self-study training. A help desk will be available to answer questions as they arise during the self-study period to further support agencies participating in A.S.S.E.T.

JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY

Agency Summary of Self-Study Findings

As part of your self-study submission, please answer the following questions. The assigned review team will assess actions taken towards improvement and incorporate their findings in the final A.S.S.E.T. report.

Please limit your responses to one page, front and back.

1. Briefly describe the areas of strength identified as a result of your A.S.S.E.T. self-study process.
2. What are your conclusions about the effectiveness of the organizational management of your agency?
3. What areas of improvement did you identify as a result of your self-study process?
4. What steps have you taken to make improvements? What is your projected timeframe for completion?

A.S.S.E.T. ASSESSMENT RATING SHEET
TO ASSESS THE AGENCY AGAINST THE OVERALL INTENT OF THE STANDARD

<p>1=FULLY MEETS</p>	<p>Each Quality Indicator fully contributes to the overall intent of the standard. Essential elements are in place to provide competent administrative functioning in supporting quality service delivery. At a minimum this includes:</p> <ul style="list-style-type: none"> • All essential policies are reviewed, current, and Board approved. • All essential plans are reviewed, current, and Board approved. • Each Quality Indicator is clearly understood by staff, board, volunteers, participants, and community members as relevant. • All required policies and plans are clearly understood and consistently implemented. • All Board members, staff, and volunteers receive orientation and training. • New or significantly revised processes or activities that have been operational for more than six months may be considered a fully meets (1) if the supportive documentation warrants. • A comprehensive review of all written evidence and interviews clearly confirms full conformance to the standard. <p>All written plans are comprehensive and include all elements identified in the Quality Indicator.</p>
<p>2=MEETS</p>	<p>Each Quality Indicator is met and contributes to the overall intent of the standard. Essential elements are in place to provide effective administrative functioning in supporting quality service delivery; however, there are a few:</p> <ul style="list-style-type: none"> • Elements of the policies, plans, and actions that require either further development or strengthening. • Quality Indicators that are not fully understood by staff, board, volunteers, participants, and community members as relevant. • Minor inconsistencies that exist in the implementation or knowledge of required practices. • New or significantly revised processes and activities that have been operational for only 3-6 months. They may be considered meeting the standard, depending upon the supportive documentation provided (i.e. written material, interviews, observation). • Board members, staff, and volunteers who have not received orientation and training. <p>The majority of identified elements are contained in written plan(s) and policies.</p>
<p>3=NEEDS IMPROVEMENT</p>	<p>While several Quality Indicators are met and may contribute to the overall intent of the standard, other key required elements are incomplete or have not been fully implemented, significantly affecting administrative functions in supporting quality service delivery. These may include:</p> <ul style="list-style-type: none"> • Informal policies, procedures, and actions where a formal system is required. • Policies and plans that are not Board approved. • Quality Indicators that are inconsistently communicated to staff, board, volunteers, and participants and are therefore, poorly understood. • Evidence of a consistent pattern where practice deviates from policies, procedures, and designated actions. • Outdated policies and procedures that have not been reviewed or revised, and lack relevance to administrative operations or service delivery. • New or significantly revised processes or activities that have been operational for less than three months. <p>The majority of identified elements identified in the Quality Indicator are missing, rendering the plan incomplete.</p>

Interpretive Guidance:

When determining operational timeframes, team members should confirm when a new process or practice was formally adopted and initiated. This may include: policies, procedures, plans, service methodologies, and any other relevant action related to the A.S.S.E.T. Standards. Team members should differentiate between the timely review and revision of policies, plans, and other written documents that have been in existence and operating versus newly developed materials that have been minimally established.

The final decision in all cases should be a combination of the professional judgment of the review team supported by relevant standard-based evidence.

A significant revision may occur when a process or activity either has not been routinely modified or the agency makes major changes with operations and programming.

JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY

**A.S.S.E.T. SELF-STUDY
NARRATIVE TOOL**

STANDARD: A-1 ♦ GOVERNANCE

The organization is governed by a Board that plans, sets policies, develops resources, and provides effective leadership to achieve its mission and strategic goals.

Narrative: *(Describe how your program meets the overall intent of the standard)*

Additional evidence to be reviewed on-site: *(List additional evidence to be offered to the review team on-site)*

A-1 ♦ GOVERNANCE

Agency Assessment: _____
Reviewer Assessment: _____

The organization is governed by a Board that plans, sets policies, develops resources, and provides effective leadership to achieve its mission and strategic goals.

Quality Indicators

A1.1 The Board has defined roles and responsibilities that are separate and distinct from the Executive Director that include at a minimum:

- **By-laws**
- **Job description for Executive Director**
- **Board responsibilities**
- **Board orientation**
- **On-going training**

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

Through interviews and appropriate documents, the review team will confirm that there is a clear distinction between Board and management functions that is understood by all. The team will also confirm that Board members receive an orientation and have on-going opportunities for additional training as needed.

A1.2 Board membership includes diverse skills, knowledge, and expertise to effectively guide the organization and meet the needs of the community.

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The Board must establish requirements for membership and a process for recruitment and screening. The process and criteria for Board selection should seek to ensure diversity with respect to gender, ethnicity, culture, skills, expertise, and economic status. Board diversity should support agency mission. Interviews with Board members should confirm this process.

Quality•Partnership•Accountability

A1.3 Board members receive formal orientation within six weeks of initial appointment. Orientation includes at a minimum:

- Agency mission
- Strategic Plan
- Roles and responsibilities
- Policies and by-laws
- Program services

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The process for providing formal orientation will be confirmed through interviews with Board members and staff. The team should review all relevant documents (i.e. orientation manual) that support this process. Additionally, the team should verify the timeliness of the orientation.

A1.4 Board members receive annual training consistent with their defined responsibilities.

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The process for providing training will be confirmed through interviews with Board members and staff. The team should review all relevant documents (i.e. attendance logs, training agendas) that support this process. There may be variability in how organizations accomplish educating Board members (i.e. trainings could occur as a component to regularly scheduled Board meetings).

A1.5 The Board adheres to ethical standards of practice that at a minimum include:

- **Conflict of interest policies and protocol**
- **Active attendance**
- **Adherence to key roles and responsibilities**
- **Active fiscal oversight**

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will conduct interviews with Board members and relevant staff and review conflict of interest policies and forms. The team should also compare attendance criteria (by-laws) with actual attendance records (board minutes). Finally, interviews with Board members should confirm that fiscal reports are regularly provided and reviewed.

A1.6 The Board actively participates in the organizational strategic planning process.

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

Interviews with key Board members and staff will confirm participation in the planning process. This may include reviewing meeting minutes, attendance logs, and agendas.

A1.7 The Board has approved the strategic plan which supports the mission of the organization.

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The strategic plan sets the direction of the organization. The review team will confirm approval of the strategic plan (Board agenda and minutes).

A-1 ♦ GOVERNANCE (continued)

A1.8 On an annual basis, the Board conducts a review of the strategic plan implementation and progress made towards achieving plan goals.

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will conduct interviews with Board members and staff regarding how and when this occurs during the year. If revisions are made, the team will confirm Board approval. Team will review relevant documents that reflect reporting on progress and strategies to be implemented. The review team will review all relevant documentation (i.e. progress reports, Board minutes) and confirm through interviews with both key staff and Board members.

A1.9 The Board annually approves policies that guide organizational operations. These policies at a minimum include:

- **Fiscal**
- **Personnel**
- **Technology**

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The approval of policies must be noted in Board minutes. Interviews will confirm how and when this occurs and reflect who was involved. The team should confirm if revisions were made to policies and how this was presented and communicated to the Board and other stakeholders.

A1.10 The Board actively participates in on-going resource development activities that support the agency's mission and strategic plan.

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

Interviews with key Board members and staff will confirm how resource development is managed by the agency. Resource development activities can include a range of involvements (i.e. strategic planning, grant development, fundraising). The review team should assess how the organization develops a flexible and diverse base of funding that supports sustainability and ensures availability of vital services.

A1.11 The Board provides fiduciary oversight of financial operations. This includes at a minimum:

- **Annual review and approval of budget**
- **Resource development plan and goals**
- **Annual review and approval of audit**
- **Review and approval of the agency investment policy and performance (if applicable)**
- **Review of monthly financial statements**

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

Interviews with key Board members and staff will confirm the process for review and evaluation of financial status. The review team will also confirm that adequate information is provided to the Board for monitoring of key fiscal operations. This information should support their ability to make informed financial decisions.

A-1 ♦ GOVERNANCE *(continued)*

A1.12 The Board receives regular quality improvement progress reports that at a minimum include:

- **Program service performance**
- **Safety and emergency activities (i.e. planning, procedures)**
- **Strategic plan progress**
- **Financial stability/resource development**
- **Risk management (i.e. risk reduction)**
- **Human Resource management**

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will review the process for evaluation of services and how this is communicated to the Board and back to the staff. The review team will conduct interviews and review written reports.

A1.13 The Board evaluates the Executive Director on an annual basis.

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The JWB Fiscal Analyst will be responsible for reviewing the supportive documentation. The review team will confirm that the process occurs annually through interviews with the Board and Executive Director.

JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY

**A.S.S.E.T. SELF-STUDY
NARRATIVE TOOL**

STANDARD: A-2♦ ORGANIZATIONAL MANAGEMENT

The organization is directed by a management structure that effectively implements policies and plans in support of the mission and strategic direction.

Narrative: *(Describe how your program meets the overall intent of the standard)*

Additional evidence to be reviewed on-site: *(List additional evidence to be offered to the review team on-site)*

A-2 ♦ ORGANIZATIONAL MANAGEMENT

Agency Assessment: _____
Reviewer Assessment: _____

The organization is directed by a management structure that effectively implements policies and plans in support of the mission and strategic direction.

Quality Indicators

A2.1 The organization has a written strategic plan that incorporates:

- A review of the agency mission, its relevance, and key values
- Assessment of strengths and challenges
- Key goals, strategies, and timeframes for achievement
- Quality improvement indicators
- The inclusion of key stakeholders in the continued development of plan revisions and implementation

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The strategic plan sets the direction of the organization. The review team will conduct interviews and review the strategic plan to ensure all elements are incorporated.

Key stakeholders can include staff, Board, volunteers, participants, and community members depending on the relevance to this indicator.

A2.2 Management reviews strategic plan implementation which at a minimum includes:

- Providing annual progress reports to Board, staff, and other key stakeholders that identify key accomplishments and challenges.

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will conduct interviews with management staff and will confirm with Board and staff how this information is communicated (i.e. written reports, staff meetings). The review team should confirm that the process for review and development is inclusive (i.e. who, how often). The review team will conduct interviews and review reports that address the progress made on meeting strategic goals.

Key stakeholders can include staff, Board, volunteers, participants, and community members depending on the relevance to this indicator.

Quality•Partnership•Accountability

A2.3 On a regular basis, management monitors the implementation of fiscal policies to ensure their efficiency and effectiveness.

- **Annual opportunities for staff and key stakeholders to provide input for improvement to policies.**
- **Key changes or modifications to fiscal policies and procedures should be communicated to the Board, staff, and stakeholders on a regular basis.**
- **Annual evaluation of policy relevance and implementation.**

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will conduct interviews with management staff and Board members. The team should confirm the management review of fiscal policies and reporting on a regular basis. The review should include how this process facilitates decision-making and keeps the Board apprised of key organizational information.

Key stakeholders can include staff, Board, volunteers, participants, and community members depending on the relevance to this indicator.

A2.4 On a regular basis, management monitors the implementation of personnel policies to ensure their efficiency and effectiveness.

- **Annual opportunities for staff and key stakeholders to provide input for improvement to policies.**
- **Key changes or modifications to personnel policies and procedures should be communicated to the Board, staff, and stakeholders on a regular basis.**
- **Annual evaluation of policy relevance and implementation.**

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will conduct interviews with management staff and Board members. The team should confirm the management review of personnel policies and reporting on a regular basis. The review should include how this process facilitates decision-making and keeps the Board apprised of key organizational information.

Key stakeholders can include staff, Board, volunteers, participants, and community members depending on the relevance to this indicator.

A-2 ♦ ORGANIZATIONAL MANAGEMENT *(continued)*

A2.5 On a regular basis, management monitors the implementation of technology policies to ensure their efficiency and effectiveness. Monitoring includes:

- **Annual opportunities for staff and key stakeholders to provide input for improvement to policies.**
- **Key changes or modifications to technology policies and procedures should be communicated to the Board, staff, and stakeholders on a regular basis.**
- **Annual evaluation of policy relevance and implementation.**

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will conduct interviews with management staff and Board members. The team should confirm the management review of technology policies and reporting on a regular basis. The review should include how this process facilitates the decision-making process and keeps the Board apprised of key organizational information.

Key stakeholders can include staff, Board, volunteers, participants, and community members depending on the relevance to this indicator.

A2.6 Management oversees the implementation of an agency-wide quality improvement strategy that impacts decision-making at all levels. The strategy includes:

- **Inclusion of appropriate stakeholders in the review of key data reports.**
- **Revision of organizational policy and practice.**
- **On-going evaluation and reporting of agency performance and practice.**
- **Monitoring the implementation of improvement strategies.**

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will conduct interviews with management and staff. The team will review documentation that supports the inclusion, revision, and evaluation of quality improvement strategies. (The team should seek specific examples of revisions made and impact on agency performance.)

Key stakeholders can include staff, Board, volunteers, participants, and community members depending on the relevance to this indicator.

A-2 ♦ ORGANIZATIONAL MANAGEMENT *(continued)*

A2.7 Management oversees the implementation of the agency risk management plan. Documentation at a minimum will support:

- **The review and assessment of the risk management plan.**
- **The review and modification of key risk management strategies.**
- **The on-going evaluation of the plan's effectiveness.**

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will conduct interviews with management and staff. The team will review the documentation supporting the process for assessment, modification of key strategies, and on-going evaluation.

A2.8 Management ensures that communication strategies promptly and accurately inform and educate the Board, staff and other key stakeholders regarding the agency's mission, strategic direction, and services.

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will conduct interviews and review the various methods used to support the agency communication strategy.

Key stakeholders can include staff, Board, volunteers, participants, and community members depending on the relevance to this indicator.

A-2 ♦ ORGANIZATIONAL MANAGEMENT *(continued)*

A2.9 Management ensures that the staff is provided training opportunities consistent with their job responsibilities and agency expectations. Training opportunities at a minimum include:

- **Formal orientation**
- **Formal supervision**
- **Annual performance evaluations**
- **On-going professional growth and development options**

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will conduct interviews and review policies, manuals, training logs, and performance evaluations to confirm staff have opportunities for training.

A2.10 The organization has a written advocacy plan that addresses:

- **Community education regarding the agency mission and services.**
- **Building community partnerships to meet participant needs.**
- **Barriers to services.**
- **Involvement in public policy issues.**
- **Reporting on legislative actions.**

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will conduct interviews which should include community partners. The team should review any relevant documents that support the agency's involvement in community education, public policy, and legislative actions (as appropriate).

A-2 ♦ ORGANIZATIONAL MANAGEMENT *(continued)*

A2.11 The organization reviews the status of the written advocacy plan on an annual basis.

- **Actions**
- **Results**

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

Interpretive Guidance:

The review team will conduct interviews with Board members and key agency staff. The review team will review Board minutes and the written advocacy plan.

A2.12 The organization complies with all IRS regulations if conducting direct lobbying.

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

Not Applicable

Interpretive Guidance:

The review team will conduct interviews with staff responsible and review IRS filing documentation if appropriate; otherwise this will be designated as not applicable by JWB.

A 2.13 The organizational management team demonstrates competencies required to effectively administer agency operations.

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

Interpretive Guidance:

The review team should identify whether management conducts an evaluation of organizational capacity (i.e. who's involved, how often it occurs). Further, the team should confirm how this information is used in implementing change (if appropriate).

**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY
A.S.S.E.T. SELF-STUDY
NARRATIVE TOOL**

STANDARD: A-3 ♦ QUALITY IMPROVEMENT

The organization has a comprehensive system for analyzing performance and implementing quality improvement in support of the mission, strategic goals, and program service outcomes.

Narrative: *(Describe how your program meets the overall intent of the standard)*

Additional evidence to be reviewed on-site: *(List additional evidence to be offered to the review team on-site)*

A-3 ♦ QUALITY IMPROVEMENT

Agency Assessment: _____
Reviewer Assessment: _____

The organization has a comprehensive system for analyzing performance and implementing quality improvement in support of the mission, strategic goals, and program service outcomes.

Quality Indicators

A3.1 The organization has a formal quality improvement plan that includes at a minimum:

- **Staff assignment and responsibility**
- **Scope of activities (i.e. collection and analysis of data elements)**
- **Stakeholder participation and responsibility**
- **Internal monitoring and reporting guidelines**
- **Assessment and evaluation timelines to formally report on progress and challenges**
- **Methods for implementation and monitoring of quality improvement activities and changes**

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will conduct interviews with staff to assess their understanding of the quality improvement plan. The team should further confirm the process for implementation of the plan (i.e. who's involved, frequency of meetings, data collected and reporting procedures).

A-3♦ QUALITY IMPROVEMENT (continued)

A3.2 Management supports the development and implementation of a quality improvement process that is inclusive of all agency operations and program services. At a minimum this will include:

- Program service performance
- Safety and emergency planning
- Strategic plan progress
- Financial stability/resource development
- Risk management (i.e. risk reduction)
- Personnel management

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will conduct interviews with organizational leadership and evaluate the scope of information being assessed. The team will also review any relevant supportive documentation.

A3.3 Management ensures adequate resources are available to support the quality improvement process throughout the organization. At a minimum this includes:

- Clear expectations (i.e. roles and responsibilities)
- Staff orientation and training
- Dedicated staff resources
- Dedicated technology capability

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will conduct interviews and review relevant documentation that shows support for implementing the quality improvement procedure (i.e. budgets, technology assessments, meeting minutes).

A-3 ♦ QUALITY IMPROVEMENT *(continued)*

A3.4 Program services are formally evaluated on an annual basis. Critical components of the review include:

- **Measurable objective performance**
- **Trends in service data**
- **The adequacy of resources to meet program outcomes**
- **Service delivery strategy implementation**
- **Contract requirement attainment**

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will conduct interviews and confirm program evaluation process and reporting, and results of change.

A3.5 Management reports findings and communicates quality improvement results to the Board, staff and other stakeholders at least annually.

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will conduct interviews and confirm process for providing feedback (i.e. reports, staff meetings).

**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY
A.S.S.E.T. SELF-STUDY
NARRATIVE TOOL**

STANDARD: A-4♦ RISK MANAGEMENT

The organization analyzes and manages risks in support of strengthening the agency and protecting its resources and assets while in compliance with all legal and regulatory requirements.

Narrative: *(Describe how your program meets the overall intent of the standard)*

Additional evidence to be reviewed on-site: *(List additional evidence to be offered to the review team on-site)*

A-4 ♦ RISK MANAGEMENT

Agency Assessment: _____
Reviewer Assessment: _____

The organization analyzes and manages risks in support of strengthening the agency and protecting its resources and assets while in compliance with all legal and regulatory requirements.

Quality Indicators

A4.1 The organization conducts a risk management assessment on an annual basis that includes:

- **Comprehensive identification of organizational risks**
- **Assessment and analysis of agency risks (i.e. employment practices, security of information, health and safety issues, insurance and liability)**
- **Assignment of risk reduction strategies**
- **Implementation of strategies**
- **Monitoring and evaluation of strategies for effectiveness**
- **Methods for communicating results throughout the agency (i.e. Board, staff, volunteers)**

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will conduct interviews with staff/committee responsible for risk management. The team will also review any reports or other relevant documents confirming assessment process.

A4.2 The organization has adequate capacity and resources to support the prevention and improvement of the risk management system.

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will conduct interviews with organizational leadership. The team will further review any relevant documentation that supports this process.

A-4♦ RISK MANAGEMENT (continued)

A4.3 Risk assessment findings and planned improvements are routed through the agency-wide quality improvement process on a regular basis.

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will conduct interviews and review any related reports.

A4.4 The organization assesses insurance needs and ensures appropriate levels and types of coverages are in place on an annual basis. At a minimum this will include:

- **Property and casualty**
- **Worker's compensation**
- **General liability**
- **Officers or Directors liability**
- **Professional liability (if applicable)**
- **Transportation or auto (if applicable)**
- **Fidelity Bond Coverage**

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will conduct interviews and review confirmation of insurance policies. The team should confirm who is responsible for ensuring all insurance policies are in place and appropriate. Further, the team should request any documentation that supports their assessment.

A4.5 The organization maintains and implements written technology policies. These at a minimum will include:

- Data collection and entry
- Data utilization and integrity
- System back up
- Individual use
- Security
- Staff training
- Disaster preparedness or recovery
- Business continuity planning
- Annual security training
- Annual needs assessment

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will conduct interviews and review policies and training logs. The team should confirm how policies are communicated to staff, the frequency of review, and how implementation is monitored. (If any one of the above policies is not in place, then the team should render this quality indicator as Needs Improvement.)

A4.6 The organization reviews and modifies (as needed) the technology policies on an annual basis.

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will interview staff, confirm the process for review, and access supportive documentation of any changes to the technology policies. The team should further confirm how changes were communicated throughout the organization and whether they were reviewed and approved by the Board.

A4.7 The organization ensures the development and implementation of policies that protect participant rights and confidentiality. These policies will include:

- Access and use of participant files
- Releases of participant information
- Research procedures involving participants
- HIPAA compliance, if applicable

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will interview staff, review policies (i.e. file reviews, participant interviews), and confirm implementation with the Contract Manager. The team should also confirm whether the organization is covered under HIPPA and utilize the checklist provided in Appendix F to ensure compliance.

A4.8 Annually the organization reviews and modifies (as needed) all contracts and service agreements for continued relevance and effective use of agency resources.

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will interview organizational leadership and review contracts if appropriate (i.e. sub-contracts for services if JWB funded). The intent is to ensure that all contracts and agreements (not exclusive to JWB agreements) are thoroughly assessed and up to date.

**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY
A.S.S.E.T. SELF-STUDY
NARRATIVE TOOL**

STANDARD: A-5 ♦ FINANCIAL MANAGEMENT

The organization is fiscally accountable and employs management practices that adhere to all legal, regulatory, and business requirements.

Narrative: *(Describe how your program meets the overall intent of the standard)*

Additional evidence to be reviewed on-site: *(List additional evidence to be offered to the review team on-site)*

A-5 ♦ FINANCIAL MANAGEMENT

Agency Assessment: _____
Reviewer Assessment: _____

The organization is fiscally accountable and employs management practices that adhere to all legal, regulatory, and business requirements.

Quality Indicators

A5.1 The financial status of the agency is assessed at least annually by the management team. Assessment activities include a review of:

- **Diversification of funding**
- **Sustainability**
- **Resource development**
- **Potential for funding reduction**

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will conduct interviews with key organizational staff and Board members on financial management practices. The review team should review financial reports submitted to the Board and other stakeholders. (Agencies experiencing financial challenges should monitor and assess with greater frequency.)

A5.2 Management establishes an annual budget in cooperation with the Board to ensure that resources are available to implement agency strategic plan priorities and deliver services in support of the mission.

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will conduct interviews to confirm process. The team will review all relevant documents supporting budget development and approval.

A-5 ♦ FINANCIAL MANAGEMENT *(continued)*

A5.3 The organization establishes and implements internal fiscal controls that safeguard agency assets. (Utilize attached checklist.)

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

Interpretive Guidance:

Fiscal Analyst will conduct a review of internal controls and related checklist items while on-site. The review team will communicate with fiscal analyst regarding the findings and any concerns.

A5.4 Organizational staff reviews all contract/agreements to monitor compliance for all stated conditions.

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

Interpretive Guidance:

The review team/fiscal analyst will conduct interviews with the staff to confirm how contracts are monitored and the process for reporting compliance (i.e. to whom, when, how often).

A5.5 The agency has Board approved financial policies.

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

Interpretive Guidance:

Fiscal analyst will review all fiscal policies using the financial management checklist and report his or her findings to the team.

A-5♦FINANCIAL MANAGEMENT *(continued)*

A5.6 The agency implements Board approved financial policies.

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

Interpretive Guidance:

Fiscal analyst will review all fiscal policies for implementation using the financial management checklist and report his or her findings to the team.

**FINANCIAL MANAGEMENT
CHECKLIST**

Name of Agency:	Review Period:
------------------------	-----------------------

**The program has the following applicable policies and procedures:
(CHECK ALL THAT APPLY.)**

Accounting Policy & Procedure Fixed Assets
 Expenditures for Goods and Services/A/P Purchasing
 Cash & Cash Receipts Third Party Billing
 Budget Payroll

Internal Control Documentation	Organizational Controls	
Key Control	Yes (Y)/No(N)	Briefly Describe Process
1. There is an established Chart of Accounts. a.) The chart of accounts provides for identifying program expenses and revenues separately.		
2. The Internal Control processes are appropriate for the organizational structure and the size of the agency.		
3. Is there a written code of conduct for employees?		
4. Is this code reinforced by training, top-down communications, and periodic written statements of compliance from key employees?		
5. All accounting records are stored in a secure area.		
6. The agency's auditor does not perform any other fiscal activities for the agency.		
7. The agency's financial statements are reviewed and approved at each Board meeting.		
8. The organization has an established audit committee that is independent of agency management.		
9. The audit committee at a minimum will: a.) Select audit firm. b.) Review annual audit. c.) Review audit finding(s) (if relevant). d.) Recommend approval and/or modification to the Board.		

**FINANCIAL MANAGEMENT
CHECKLIST (continued)**

Internal Control Documentation	Review and Audit	
Key Control	Yes (Y)/No(N)	Briefly Describe Process
1. The prior site visit yielded recommendation(s).		
2. An independent audit was completed in the last year.		
3. The Audit is an unqualified audit.		
4. The last audit yielded findings and recommendations.		
5. The previous year's recommendations were implemented.		
6. The audit notes reflect responsible financial management.		
7. Proof of a positive fund balance and sufficient cash flow in audited financial statements.		

Internal Control Documentation	Capital Assets & Expenditures	
Key Control	Yes (Y)/No(N)	Briefly Describe Process
1. Additions to capital assets, including establishment of useful lives, are to be in accordance with entity policies (including capitalization threshold) and are properly authorized.		
2. Subsidiary ledger of complete physical inventory is maintained so that any item of property can be located and identified.		
3. Subsidiary records are reconciled to control accounts regularly.		
4. Retirements and disposals are properly authorized and recorded.		
5. Segregation of duties between recording of transactions, custody of assets, and approval of transactions.		
6. A complete physical inventory of all property and equipment is made at least annually.		
7. The agency received JWB Renovation and Community Priorities funding.		

**FINANCIAL MANAGEMENT
CHECKLIST (continued)**

CONCLUSION OF CONTROLS		
List of Controls NOT Present	Describe Compensating controls, if any	Potential Finding

Internal Control Documentation	Expenditures for Goods and Services/Accounts Payable	
Key Control	Yes (Y)/No(N)	Briefly Describe Process
1. Segregation of duties between the purchasing function, personnel receiving goods or services, those recording transactions and preparing checks for signature, and those signing checks.		
2. Purchase orders are matched with receiving reports and invoices before checks are prepared for signature.		
3. Authorized personnel approve requests for purchases before they are sent to accounting for payment.		
4. Disbursements are supported by appropriate documentation (invoices, purchase orders, receipts, etc.).		
5. Check signers thoroughly review supporting documentation (purchase order, receiving report) before signing check.		
6. Check signers are up to date and properly authorized.		
7. Checks are only written to properly authorized vendors.		
8. Invoices and check requests are properly cancelled when they are approved for payment (e.g., stamped "paid", initialed by check signer, marked with check number).		
9. Checks are mailed or distributed by someone other than the preparer and signer.		
10. There is a way to ensure expenditures do not exceed appropriations.		

**FINANCIAL MANAGEMENT
CHECKLIST (continued)**

Internal Control Documentation	Expenditures for Goods and Services/Accounts Payable	
Key Control	Yes (Y)/No(N)	Briefly Describe Process
11. Checks are pre-numbered, the sequence is regularly accounted for, and unissued checks are controlled and kept in a secure location.		
12. Bank statements are reconciled monthly by someone other than the person who writes and records checks.		
13. Purchasing department requires records of bids and contracts and other documents to demonstrate compliance with agency policies and procedures.		
14. Spoiled, voided, and/or outstanding checks are accounted for properly.		
15. Accounts Payable is reconciled to the general ledger accounts monthly.		

CONCLUSION OF CONTROLS		
List of Controls NOT Present	Describe Compensating controls, if any	Potential Finding

Internal Control Documentation	Cash & Cash Receipts	
Key Control	Yes (Y)/No(N)	Briefly Describe Process
1. There is a segregation of duties between: a.) persons receiving payments (cashier), b.) the person reconciling cash to documentation of receipts/printout and preparing deposit, c.) the person making the deposit, d.) the person receiving the validated deposit slip and posting/recording receipts in the general ledger.		
2. Deposits are made daily, unless total cash received daily is below a threshold determined by the entity.		
3. Validated deposit tickets or slips are obtained for each deposit made.		

**FINANCIAL MANAGEMENT
CHECKLIST (continued)**

Internal Control Documentation	Cash & Cash Receipts	
Key Control	Yes (Y)/No(N)	Briefly Describe Process
4. Cash collected by other offices/departments is brought to the treasurer, is recorded daily, and reconciled to pre-numbered receipts or other support.		
5. There is a segregation of duties between the person(s) responsible for bank reconciliations and: <ul style="list-style-type: none"> • Cash collections • Bank deposit • Posting journal entries to the general ledger 		
6. Physical access to cash receipts is limited, including cash registers, vaults, safes, and use of lockbox.		
7. Bank statement(s) are reconciled monthly and reviewed by the Finance Officer, Treasurer, or designee.		
8. Accounts receivable subsidiary ledger is reconciled to the general ledger account monthly.		
9. Petty cash is maintained in accordance with policies and procedures.		
10. Documentation is maintained on in-kind revenue/donations.		
11. Policy and procedures are in place for recording in-kind revenue, restricted revenue, and unrestricted revenue.		

CONCLUSION OF CONTROLS		
List of Controls NOT Present	Describe Compensating controls, if any	Potential Finding

**FINANCIAL MANAGEMENT
CHECKLIST (continued)**

Internal Control Documentation	Third Party Billing	
Key Control	Yes (Y)/No(N)	Briefly Describe Process
1. Policy and procedure for billing (i.e. Medicare, Medicaid, insurance, etc.)		
2. Procedure to ensure claims are filed in a timely manner.		
3. Internal controls are in place for billing system (segregation of duties).		
4. Procedure is in place on how agency conducts third party billing.		
5. Procedure is in place for refunding overpayments.		
6. Procedure to ensure personal loans are prohibited to employees.		

CONCLUSION OF CONTROLS		
List of Controls NOT Present	Describe Compensating controls, if any	Potential Finding

Internal Control Documentation	Budget	
Key Control	Yes (Y)/No(N)	Briefly Describe Process
1. There is an annual budgeting policy and procedure.		
2. Segregation of duties is maintained by having budget recorded by someone independent of approval and preparation, and budget components reviewed in detail by someone independent of preparation.		
3. Department heads receive timely, monthly budget reports in sufficient detail to manage departments.		
4. Reports are prepared for the Board of Directors, which relate the budget, monthly and year-to-date financial status.		
5. There is a written procedure for compliance with JWB reimbursement.		

**FINANCIAL MANAGEMENT
CHECKLIST (continued)**

CONCLUSION OF CONTROLS

List of Controls NOT Present	Describe Compensating controls, if any	Potential Finding

Internal Control Documentation

Payroll and Related Liabilities

Key Control	Yes (Y)/No(N)	Briefly Describe Process
1. All employees have a personnel file documenting compliance with the hiring policy, rate of pay, and other documents for compliance with applicable laws and regulations.		
2. Documentation of time worked in a pay period (timecard/sheet) is signed (physically or through electronic permissions) by both the employee and supervisor.		
3. Changes in employment (additions and termination), in salary and wage rates, and in amounts of payroll deductions are reviewed by someone independent of payroll input.		
4. Segregation of duties between input of employee information (hiring, termination, pay rate, etc.) into system, input of time worked, approval of check run, and mailing/distribution of paychecks.		
5. Periodic reconciliation of subsidiary ledger to control account, to previous payrolls and to time records.		
6. Procedures to ensure that payroll taxes are paid in a timely manner and that payroll tax returns are filed when due.		
7. Consideration of a policy to require individual with payroll responsibilities to take vacations and are other employees required to perform those duties when an employee is absent.		

**FINANCIAL MANAGEMENT
CHECKLIST (continued)**

Internal Control Documentation	Payroll and Related Liabilities	
Key Control	Yes (Y)/No(N)	Briefly Describe Process
8. Audit report is obtained from the agency providing payroll services, amounts on report are verified against information submitted.		

CONCLUSION OF CONTROLS		
List of Controls NOT Present	Describe Compensating controls, if any	Potential Finding

For use by JWB Fiscal Analyst only:

Legend:	
Existence/Occurrence	(E/O)
Existence/Non-Occurrence	(E/NO)
Non-Existence	(N/E)
Not Applicable	(N/A)

**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY
A.S.S.E.T. SELF-STUDY
NARRATIVE TOOL**

STANDARD: A-6 ♦ HUMAN RESOURCES MANAGEMENT

The organization ensures there is an efficient system of Human Resources management that operates in accordance with all federal, state, and local statutes and regulatory requirements.

Narrative: *(Describe how your program meets the overall intent of the standard)*

Additional evidence to be reviewed on-site: *(List additional evidence to be offered to the review team on-site)*

A-6♦ HUMAN RESOURCES MANAGEMENT

Agency Assessment: _____
Reviewer Assessment: _____

The organization ensures there is an efficient system of Human Resources management that operates in accordance with all federal, state, and local statutes and regulatory requirements.

Quality Indicators

A6.1 The organization has established a formal Human Resources management system.

The system incorporates:

- **A formal set of personnel policies and practices available to all staff and volunteers.**
- **Personnel policies and practices that are understood and applied fairly to all staff and volunteers.**
- **An annual review and revision of policies and practices that is inclusive of all staff.**

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will conduct interviews, review personnel policies manual, and other relevant documents in support of effective implementation. Fiscal analyst will conduct a review of the personnel policies, records and confirm that all required documentation is in place using the personnel management checklist. The fiscal analyst will communicate with the review team regarding the status of personnel policies, records, and areas of concern.

A-6♦ HUMAN RESOURCES MANAGEMENT *(continued)*

A6.2 An effective human resource system will include:

- **An annual assessment of staffing trends:**
 - **Staff diversity**
 - **Identification of personnel turnover and duration of staff vacancies**
- **Recruiting, screening, selecting, and retaining qualified staff and volunteers***
- **Job satisfaction**
- **Maintenance of personnel records**
- **Implementation of affirmative action plan**
- **Demonstrated efforts to improve staff retention (if applicable)***

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

*The review team will conduct interviews. The team will review documentation that supports the assessment of staffing diversity, implementation of affirmative action, job satisfaction, and any other related materials. *If the review team confirms the organization has identified concerns regarding staff turnover, they should ask for demonstrated efforts to improve staff retention.*

A6.3 Annual findings of staffing trends are reported to the Board. Findings are incorporated into Quality Improvement/Strategic Planning for further action if applicable.

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will conduct interviews with Board/staff to confirm process for reporting and review any relevant documents. The team will also review how this is incorporated into the quality improvement or strategic plan process if necessary.

A-6♦ HUMAN RESOURCES MANAGEMENT *(continued)*

A6.4 The organization provides formal orientation and on-going training for all staff.

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

Interpretive Guidance:

Interviews with staff will confirm they have received both orientation and on-going training opportunities that include agency overview, program activities, general policies, diversity, and other training to support current job responsibilities and organizational expectations.

A6.5 Staff receive an annual performance appraisal and opportunities for professional growth.

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

Interpretive Guidance:

The review team (fiscal analyst) will confirm performance appraisals in the personnel files. Interviews will be conducted with staff to confirm professional growth opportunities.

A6.6 The organization ensures that there is a safe and supportive work environment. This will include at a minimum:

- **Compliance with all health and safety regulations**
- **A written set of safety and security practices that include:**
 - **Transportation and vehicle safety**
 - **Personal safety**
 - **Facility safety**
- **A written plan for emergency preparedness, recovery, and business continuity (i.e. natural disasters, medical emergencies)**
- **Staff training (i.e. harassment policies, safety plans, fire drills)**
- **An annual evaluation of safety policies, procedures, and staff understanding and practice**

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will conduct interviews, review all relevant plans, and conduct a general facility inspection using provided checklist (See Appendix G). The team will also review the business continuity plan and procedures (see Appendix E). Team will confirm how the agency conducts inspections, how often, who is responsible for follow up with concern areas, and whether formal reports are produced and communicated to all relevant stakeholders. (If any one of the above key elements is not met, then the team should render this Quality Indicator as Needs Improvement.)

A6.7 The organization has a written volunteer management plan that incorporates:

- **Description of how volunteers will be utilized**
- **Recruitment policies and procedures**
- **Application and screening procedures**
- **Formal orientation**
- **Job descriptions**
- **Supervision**
- **Formal recognition**
- **Opportunities to provide input into agency/program operation**
- **Performance Appraisals**

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

___ Not Applicable

Interpretive Guidance:

The review team will conduct interviews with staff responsible for volunteers. If the agency does not utilize volunteers, this indicator will be designated as non-applicable by JWB.

A-6♦ HUMAN RESOURCES MANAGEMENT (continued)

A6.8 The organization fully implements all elements of the volunteer management plan.

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

___ Not Applicable

Interpretive Guidance:

The review team confirms through interviews with staff and volunteers that each element of the plan is in place and occurring on a regular basis. Volunteer files should be randomly selected and reviewed for all appropriate documentation. If the agency does not utilize volunteers, this indicator will be designated as non-applicable by JWB.

A6.9 Individual files are maintained for each volunteer and contain the following:

- **Job Description and scope of work**
- **Basic demographic information**
- **Performance Appraisals**
- **Hours worked**
- **Training documentation**
- **Agency forms (i.e. background check, confidentiality agreement)**

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

___ Not Applicable

Interpretive Guidance:

The review team will conduct a sampling of volunteer file; otherwise, this will be designated as non-applicable.

A-6♦ HUMAN RESOURCES MANAGEMENT *(continued)*

A6.10 Organization-wide personnel policies and practices comply with all applicable legal standards.

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

The review team will conduct interviews with all levels of employees. The personnel policies will be evaluated by the JWB contract manager and fiscal analyst and the findings will be incorporated in the final A.S.S.E.T. report.

A6.11 The agency implements a written affirmative action plan that, at a minimum, includes the following components:

- **Organizational profile**
- **Group analysis**
- **Placement of incumbents in a group (see affirmative action plan in glossary)**
- **Determining availability**
- **Comparing incumbency to availability**
- **Placement goals (good faith recruitment process)**

___ Fully Meets the Indicator

___ Meets the Indicator

___ Needs Improvement

Interpretive Guidance:

It is the intent that agencies not only have developed an affirmative action plan (see Appendix P) but also take steps to implement the plan. If an agency has a plan but lacks evidence of implementation, a rating of Needs Improvement is warranted. If the agency does not have an affirmative action plan, a rating of Needs Improvement is also warranted.

A-6♦ HUMAN RESOURCES MANAGEMENT *(continued)*

A6.12 The organization has a process for filling vacancies in a timely manner to prevent interruption of services or disruption to agency operations.

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

Interpretive Guidance:

*The team will conduct interviews to confirm process for the filling of vacant positions.
The team may assess current rate of staff turnover compared to rate of hire.*

A6.13 The agency has personnel management policies.

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

Interpretive Guidance:

Fiscal analyst will review all personnel policies using the personnel management checklist and report his or her findings to the team.

A6.14 The agency implements personnel management policies in practice.

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

Interpretive Guidance:

Fiscal analyst will review implementation of all personnel policies using the personnel management checklist and report his or her findings to the team.

**PERSONNEL MANAGEMENT CHECKLIST
POLICIES AND PROCEDURES**

The program has and applies all of the following applicable personnel management policies and procedures:

1. There are written personnel policies and procedures.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Policies are approved by the Board of Directors.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Copies are distributed to the employees and available for review.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Policies are reviewed on an annual basis for continued relevance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. There is a policy and procedure for provisional period before regular employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. There is a policy and procedure for suspension.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. There is a policy and procedure for grounds for dismissal and appeals.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. There is a policy and procedure for filing grievances.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. There is a policy and procedure for filing complaints.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. There is a policy and procedure for hours of work.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. There is a policy and procedure for leave/holidays.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. There is a policy and procedure for family and medical leave if applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. There is a policy and procedure for insurance plans - health/life/property.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. There is a policy and procedure for travel.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. There is a policy and procedure for retirement plans.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. There is a policy and procedure for training and/or education.	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. There is a policy and procedure for leave without pay.	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. There is a policy and procedure for administrative leave (military, bereavement, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. There is a policy and procedure for drug free workplace.	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. There is a policy and procedure for domestic violence.	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. There is a policy and procedure for jury duty.	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. There is a policy and procedure for performance appraisals.	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. There is a policy and procedure for compensatory time/overtime.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. There is a policy and procedure for American Disabilities Act.	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. There is a policy and procedure for the Family Medical Leave Act (FMLA).	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. There is a policy and procedure for Equal Employment Opportunity.	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. There is a policy and procedure for addressing Sexual Harassment in the Workplace.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PERSONNEL MANAGEMENT CHECKLIST
POLICIES AND PROCEDURES (continued)**

28. There is a policy for truthful disclosure without retaliation (whistle-blower policy).	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. There is a policy and procedure for background screening of agency staff and volunteers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. There is a policy that reviews background screening findings for the purposes of hiring or maintaining employment based upon the nature of offenses and job responsibilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. The following federally mandated posters are conspicuously displayed in the office(s): <ul style="list-style-type: none"> • Anti-Fraud Notice • New Florida Minimum Wage Law • Discrimination • Unemployment Compensation • Worker’s Compensation • Equal Employment Opportunity 	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. The following state mandated and recommended posters are conspicuously displayed in the office(s): <ul style="list-style-type: none"> • Family and Medical Leave Act (FMLA) • Employee Polygraph Protection Actions (EPPA) • Equal Employment Opportunity (EEO) • Safety and Health in the Workplace (OSHA 3165) • Fair Labor Standards Act (FLSA) • Minimum Wage • Uniform Services Employment & Reemployment Rights Act 	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONNEL RECORDS CHECKLIST

Personnel records include the following documentation:

1. Application/resume.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Job description.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Background checks (Level II screening, fingerprint, FDLE, etc.), if mandated by law.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Letter of job offer, salary, and fringe benefits.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Letter signed acknowledging acceptance of position.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. W-4 (payroll deduction authorization) form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. I-9 (immigration) form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8. Health insurance form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9. Life insurance form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10. Retirement plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11. Annual performance evaluations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12. Supervisory letter acknowledging salary increase.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
13. A signed receipt in file that the employee received a copy of the personnel policy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14. Level II Screening (if required).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
15. BEST certification (if required).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
16. A signed conflict of interest statement (if required).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Required Evidence

The following evidence must be submitted:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Agency By-laws
(Quality Indicators A1.1 and A1.5) |
| <input type="checkbox"/> | <input type="checkbox"/> | Board Agendas with accompanying minutes
(Quality Indicators A1.5, A1.6, A1.7, A1.8, A1.9, A1.10, A1.12, A2.2, A2.3, A2.4, A2.5, A2.11, A3.5, A4.6, A5.2, A5.5, and A6.3) |
| <input type="checkbox"/> | <input type="checkbox"/> | Board Responsibilities
(Quality Indicators A1.1 and A1.5) |
| <input type="checkbox"/> | <input type="checkbox"/> | Board Roster with descriptions of membership
(Quality Indicator A1.2) |
| <input type="checkbox"/> | <input type="checkbox"/> | Confidentiality Policies (i.e. rights and responsibilities, HIPAA)
(Quality Indicator A4.7) |
| <input type="checkbox"/> | <input type="checkbox"/> | Disaster Preparedness and Recovery Plan
(Quality Indicator A6.6) |
| <input type="checkbox"/> | <input type="checkbox"/> | Fiscal Policies
(Quality Indicators A2.3, A5.3, A5.5, and A5.6) |
| <input type="checkbox"/> | <input type="checkbox"/> | Personnel Policies
(Quality Indicators A6.1, A6.8, A6.12, and A6.13) |
| <input type="checkbox"/> | <input type="checkbox"/> | Progress Reports and Assessments
(Quality Indicators A1.8, A1.9, A1.12, A2.13, A3.4, A3.5, A4.3, A4.4, A4.8, A5.1, A5.4, and A6.2) |
| <input type="checkbox"/> | <input type="checkbox"/> | Quality Improvement Plan
(Quality Indicators A2.6, A3.1, A3.2, A3.4, and A4.3) |
| <input type="checkbox"/> | <input type="checkbox"/> | Risk Management Plan
(Quality Indicators A2.7, A4.1, and A4.3) |
| <input type="checkbox"/> | <input type="checkbox"/> | Strategic Plan
(Quality Indicator A2.1) |
| <input type="checkbox"/> | <input type="checkbox"/> | Technology Policies
(Quality Indicators A2.5, A4.5, and A4.6) |
| <input type="checkbox"/> | <input type="checkbox"/> | Volunteer Management Plan
(Quality Indicators A6.7 and A6.8) |
| <input type="checkbox"/> | <input type="checkbox"/> | Written Safety/Security Practices
(Quality Indicator A6.6) |

The following evidence must be available on-site:

- Advocacy Plan (i.e. IRS documentation)
(Quality Indicators A2.10 and A2.12)
- Affirmative Action Plan
(Quality Indicator A6.10)
- Board Orientation Manual
(Quality Indicators A1.1 and A1.3)
- Board Recruitment Process
(Quality Indicator A1.2)
- Board Training (i.e. logs and/or sign-in sheets)
(Quality Indicators A1.1 and A1.4)
- Committee Meeting Minutes
(i.e. Quality Improvement, Technology and Risk Management)
(Quality Indicators A3.5 and A5.2)
- Communication Strategies (i.e. emails, newsletters)
(Quality Indicator A2.8)
- Executive Director Evaluation
(Quality Indicator A1.13)
- Executive Director Job Description
(Quality Indicator A1.1)
- Personnel Appraisals
(Quality Indicators A2.9 and A6.5)
- Staff Meeting Minutes
(Quality Indicators A2.1, A2.2, A2.3, A2.4, A2.5, A2.6, A2.7,
A2.11, A3.5, and A4.6)
- Staff Orientation
(Quality Indicator A2.9)
- Staff Training (i.e. logs and/or sign-in sheets)
(Quality Indicators A2.9 and A6.4)

JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY A.S.S.E.T. POLICIES

Introduction

The JWB Children's Services Council requires an organizational standards-based review process for funded agencies to assist them in the process of administering quality services. The A.S.S.E.T. review model consists of a period of agency self-study (up to four months) and a comprehensive site review. A review team consisting of JWB staff and funded agency personnel will conduct each review.

1. JWB funded agencies will complete the A.S.S.E.T. Comprehensive Program Review at least once every three years.
 - A. Every JWB funded agency is required to participate in the A.S.S.E.T. certification process within the first three years of funding.
 - B. Once an agency has received A.S.S.E.T. certification, JWB will accept national accreditation in lieu of further re-certifications. In order to receive a waiver from A.S.S.E.T. certification, an agency is expected to remain in good standing with its accrediting body. JWB recognizes the following national accreditations:
 - Council on Accreditation
 - Commission on Accreditation of Rehabilitation Facilities
 - Joint Commission on Accreditation of Healthcare Organizations
 - C. An agency whose national accreditation is in jeopardy, suspended, or if JWB identifies a decline in any area of performance, will be required to participate in an A.S.S.E.T. review. Any such change in accreditation status requires written notification to JWB within five working days.
2. Any agency seeking new funding from JWB that is not currently A.S.S.E.T. certified will be required to participate in a provisional A.S.S.E.T. review.
 - A. Newly funded agencies who have been awarded provisional status will be required to participate in a full A.S.S.E.T. review within a three-year time period.
3. Upon receiving A.S.S.E.T. certification, JWB expects agency operations to continue in alignment with A.S.S.E.T. Standards.
 - A. Any agency that does not achieve an A.S.S.E.T. certification will be required to meet the terms of a Corrective Action Plan including a re-review of all actions taken and implemented.

- B. The JWB Board of Directors will be notified of all Corrective Action Plans and receive informational updates regarding progress towards compliance.
4. An appeal process will be reserved for agencies that do not achieve certification.
 5. Certified agencies are expected to conduct business in accordance to the A.S.S.E.T. standards.
 - A. JWB may rescind A.S.S.E.T. certification for one or more of the following reasons:
 - Failure to meet performance objectives.
 - Failure to meet general conditions of the JWB contract or maintain fiscal integrity.
 - Agency operations fail to maintain health or safety standards.
 - Corrective Action Plan is not adequately implemented within the specified timeframe.
 - Failure to maintain standards-based performance previously determined acceptable through an A.S.S.E.T. Review.
 - B. As a result of certification being revoked, an agency will be subject to a Corrective Action Plan and is not eligible for JWB funding beyond their current allocation. Both the JWB and agency's Board of Directors will be notified.
 6. Depending upon the magnitude of the issue, revocation may affect an agency's on-going funding status.

JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY REVIEW TEAM* ACTIVITY CHRONOLOGY

8 weeks prior to site visit

Team Leader

- Upon receipt of agency evidence, establish and maintain contact with funded agency personnel.
- Clarify characteristics of the assigned review (i.e. full/abbreviated review, provisional review, particular application of standards/requirements, etc.).
- Define parameters of study (i.e. identify site(s) to be visited, personnel to be interviewed, consumer records to be drawn, etc.).
- Establish and maintain contact with team members within the first week of receiving evidence and distribute evidences to all team members (including fiscal analyst).
- Discuss number of programs to be reviewed and sites to be visited.
- Establish date with team to meet together as a group.

Team Members

- Begin review of agency evidences.
 - List additional evidences needed for full compliance.
 - List questions to ask team leader.
 - Alert work supervisor of commitment, date, and times.
-

6 weeks prior to site visit

Team Leader

- Meet with the team members to discuss evidence reviews.
- Determine additional evidence needed.
- Divide tasks among reviewers.
- Discuss with reviewers any self-study questions and non-routine aspects of on-site activities with reviewers.
- Discuss opportunities for pre-site observation or related review activities.

Team Members

- Focus on assigned standards.
 - Contact team leader with any questions you may have.
-

4 weeks prior to site visit

Team Leader

- Contact agency to request evidences deemed critical by the review team.
- Contact agency to negotiate schedule, staff to be interviewed, records to be reviewed, etc.
- Distribute additional requested evidence to the team members.

Team Members

- Review additional evidences.
 - Begin determining pre-assessment ratings.
-

Two weeks prior to site visit

Team Leader

- Make final contact with team members to discuss travel, meeting times, and address questions.
- Distribute final site review schedule to agency and team members.
- Make final contact with agency to confirm on-site activities.
- Contact the JWB A.S.S.E.T. Coordinator to inform of status of site review preparation.

Team Members

- ❑ Contact team leader for any last minute questions.
- ❑ Confirm date, time and directions to agency site.

Site visit: Day one

All review team members (JWB reviewers, JWB Contract Manager, peer reviewers, and JWB fiscal analyst)

- ❑ Arrive at site early enough to meet and discuss entrance meeting.
- ❑ Conduct entrance meeting with Executive Director and other relevant participants to discuss purpose of review, negotiated schedule, and timeframes.
- ❑ Conduct site review activities such as facility tours, records reviews, fiscal review, interviews, and review of additional evidence.
- ❑ Complete scheduled activities for the day.
- ❑ Make necessary schedule changes for next day.
- ❑ Provide a briefing between the agency CEO/Executive Director or delegate and review team to discuss preliminary findings.
- ❑ Discuss findings and areas requiring clarification and the following day's activities with all reviewers.

Site visit: Day two

All review team members (JWB reviewers, Contract Manager, peer reviewers, and fiscal analyst)

- ❑ Complete scheduled tasks and site review activities.
- ❑ Team convenes at the conclusion of the site review to discuss preliminary findings.
- ❑ Meet with agency CEO/Executive Director or delegate (30 minutes) to apprise of areas of compliance for and non-compliance. Request clarification for all unanswered questions.
- ❑ Last call for submission of evidence.
- ❑ Team assembles to discuss details of exit meeting to include agency strengths and areas for growth. Assign group representative to lead discussion.
- ❑ Conduct a 30 – 60 minute exit meeting whereby agency strengths and areas for development are identified.
- ❑ Certification decisions are not discussed any time with the agency.

Within 2 weeks of completing site review:

- ❑ Team leader, with input from the review team, generates a written report summarizing the team's findings against the A.S.S.E.T. Administrative Standards.
- ❑ Contract Manager, with input from other assigned reviewers, generates a written summary report specific to service delivery methodology and contracted compliance activities.
- ❑ A draft report, encompassing both of the above components, is forwarded to each review team member for review and affirmation.
- ❑ Reviewer's sign off on the review signature sheet and return it to the team leader.
- ❑ Team lead forwards the report, with signatures, to the JWB A.S.S.E.T. Coordinator.
- ❑ Reviewers are requested to complete Q.1 evaluation forms and return to JWB.
- ❑ A.S.S.E.T. Coordinator releases report to the agency within 4 – 6 weeks from the conclusion of the site visit. Copies of the report are distributed to the JWB Executive Director and JWB Contract Manager.

* The Review Team consists of all JWB reviewers, funded agency peer reviewers, the JWB Contract Manager, and the JWB Fiscal Analyst.

JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY INTERVIEW QUESTIONS

INTRODUCTION

These questions should serve as guidance for interviewing Board, staff and other key stakeholder's regarding the administrative functioning of the organization. These questions are suggestions; they are not meant to be limiting or asked in a linear order. The review team needs to decide based upon the quality indicator and standard, key questions to be addressed during the on-site review. These questions provide a framework to support the interview process.

GOVERNANCE STANDARD

1. When did you last receive a report on Strategic Plan progress?
2. Do you feel that the Strategic Plan directly supports the mission of the organization? If so, how?
3. What is the role of the Board chair?
4. What is the role of the Executive Director?
5. How do these roles complement each other?
6. What is the Board's primary function?
7. Describe the decision-making process of the organization? Board structure?
8. What type of orientation did you receive as a new Board member? Or what type of orientation do new Board members receive? Do you feel that the orientation was comprehensive? Do you have any suggestions for improvement?
9. How would you describe the participation of Board members? Preparation for meetings? What type of information do you receive to make decisions? How would you describe the quality of the minutes? How would you describe the quality of the staff interaction and communication with the Board? Are there areas you would like to see for improvement?
10. What types of reports do you receive on a regular basis? Fiscal? Quality Improvement? Risk Management? Program Services?
11. Does the Board have a conflict of interest policy? How often are they signed?
12. Does the Board have sufficient diversity and/or representation to meet organizational needs? What changes, if any, need to be made regarding the Board structure? Functioning?
13. Has a community representative ever participated in Board functions? When?
14. Have Board members ever received compensation from the organization? If so, how and for what?
15. What types of training have you received as a Board member? How often? Has the training you received assisted you in your role?
16. Does the Board approve the budget? Does the Board approve agency policies? How often does this occur?
17. What role does the Board play in resource development?

18. How well is the organization performing? What is the current status of the agency's fiscal health? Does the agency have any risk management issues or concerns that you are aware of?
19. Does the Board evaluate the Executive Director? What is the process and how often does this occur?

Organizational Management

1. Describe the process for developing and updating the Strategic Plan? When was this last done? Describe the level of inclusion to either plan development or revision? Describe the key elements that are reviewed? What are the current strategic priorities of agency? How are the responsibilities for plan implementation assigned? What will be the key challenges moving forward? How does the plan get communicated? To whom?
2. How is progress on plan implementation communicated? To whom and how often? Describe current progress on achieving your goals? Examples of progress?
3. How is the fiscal health of the organization monitored and managed? How often are fiscal policies reviewed? Who is involved? How are changes communicated to staff? Board? Describe any recent actions or changes that have occurred (if any)? How often does fiscal information go to the Board? How financially literate is the Board? How active are they in asking fiscal questions? Do you have any Board sub-committees that deal with fiscal issues? Audit Committee? Does the Board approve the budget? When?
4. How is the personnel system of the organization monitored and managed? When were the policies last updated? Who was involved? Board approval? How were changes communicated?
5. How are the organization's technology policies monitored and managed? When were they last reviewed and modified? How inclusive was the process? How were changes communicated? To whom? How is this confirmed to ensure a clear understanding and adherence?
6. How is the agency-wide quality improvement process monitored and managed? What type of organizational structure is in place to facilitate quality improvement? How is information gathered and used for decision-making? Whose responsibility is it to monitor? Are reports produced? How often? Can you provide some examples of changes that have occurred?
7. How is the risk management process monitored and managed? How often are strategies reviewed and evaluated? What type of documentation is collected? Are there any current risk management concerns? If so, what are they? What actions are being taken?
8. Describe your organization's communication strategies. What methods are used in getting information to staff, Board, and other key stakeholders? Are these strategies ever evaluated? What feedback do you receive from staff, Board, and others regarding the effectiveness of agency communication? Quality of information provided? Timeliness?

9. How does the organization ensure that staff receive adequate orientation and training opportunities? How are professional growth opportunities provided? How is this documented? How effective would you say your current process is? Feedback from staff? Surveys?
10. Describe the organization's approach to advocacy. How does the organization focus its community advocacy efforts? Who is responsible for development and management of the advocacy plan? How inclusive is the process? How often is it reviewed? How is the plan evaluated? Does the organization comply with IRS regulations for direct lobbying (if applicable)?
11. Does the organization conduct an assessment of its management capabilities and evaluate the need for modification? How would you describe your current capabilities? Have any areas been identified for improvement?

QUALITY IMPROVEMENT

1. How does the Board receive/review Quality Improvement data?
2. Do you see the agency QI process impacting positive organizational change? If so, how?
3. Did the Board take any action or make recommendations during the A.S.S.E.T. self-evaluation process?
4. Describe how the quality improvement process works throughout the organization. Who is involved? How often do they meet? What type of data is collected and how is it utilized to support decision-making? How often is progress monitored? Can you describe any changes that have occurred as a result of your QI system?
5. How does management support this process? What types of resources are allocated to support the process? How is training ensured? Who is responsible for managing the process? How are program services evaluated? Are trends identified? Who is responsible for monitoring compliance with agency contracts? How are quality improvement results communicated to the Board, staff, and other stakeholders? How often does this occur?

RISK MANAGEMENT

1. How is risk management assessed and implemented throughout the organization? Who is responsible for managing the process? What data or information is collected? How often? For what purpose? Who is involved? What type of training do stakeholders receive? How often are strategies evaluated? What do you think are the agency's primary risks or greatest areas of exposure? What are the key prevention strategies? How often are the processes evaluated? By whom?
2. How do you ensure that the organization has the adequate capacity to prevent and manage risk?
3. How are risk management findings communicated throughout the organization?
4. Who is responsible for ensuring the organization has appropriate insurance coverages? What types of coverage does the organization currently have?

5. Who is responsible for managing the technology policies? How do you ensure they are comprehensive enough? How often are they reviewed? How does staff receive training? How does staff have access to the current policies? Does staff have opportunities to provide input into policy development? What plans do you have regarding systems backup? What protections are in place to ensure proper security of information? Do you have a business continuity plan?
6. How does the organization protect confidentiality? Release of information? What types of training do stakeholders receive? Who monitors and manages HIPAA compliance (if applicable)?
7. Who is responsible for reviewing and monitoring contracts and service agreements?

FINANCIAL MANAGEMENT

1. How does the organization assess its financial health? Who is responsible? Who is involved? What information is used in the assessment/evaluation? How would you describe the organization's current level of funding diversification? What are the current strategies to ensure funding stability and sustainability? How does the organization manage resource development? How effective has this been? How active has the Board been in resource development? Are there any current strategies in the Strategic Plan to enhance agency resources?
2. How is the budget developed? How is the Board involved in the process? When does this process usually begin? When does the Board usually take action?
3. Does the organization have Board approved fiscal policies? Who monitors for implementation? How often are they reviewed? By whom? Does the organization have internal fiscal controls? Who's responsible for managing? Does the organization have someone who monitors contracts for adherence? How would you describe your organization's financial management capability? Are there any areas that need to be improved?

HUMAN RESOURCE MANAGEMENT

1. How does your organization manage HR functions? Do you have personnel policies in place? Who monitors for compliance? How does the organization inform staff of the policies? How often are they reviewed? Who is usually involved? How often do they go to the Board? How are changes communicated? How do you ensure that personnel files are managed properly and contain all relevant information? What types of items are typically found in your personnel files?
2. How would you describe the diversity of your staff? What is your current rate of staff turnover? What are your staff retention strategies? How long are positions typically open? Who is responsible for monitoring and implementation of affirmative action?
3. How are personnel related issues/concerns reported to the Board? Do you have current or recent staff grievances?
4. How is staff orientation conducted? What information is usually covered? Are written materials provided?

5. Does staff receive annual performance appraisals?
6. How does the organization ensure safety? What policies are in place? What training occurs? How often are policies and safety practices evaluated? Do you have any current safety concerns? How often do you do drills? Does the organization have emergency plans in place? A Business Continuity plan? How are these plans communicated?
7. Does the organization utilize volunteers? Is there a formal volunteer plan? Who is responsible for managing the plan and volunteers in your organization? What do you use volunteers for? How are they oriented and trained? Who provides supervision to volunteers? How are volunteer files maintained? What opportunities for feedback do volunteers have? Surveys? How are volunteers recognized? What type of information should be in volunteer files? Do you conduct background screening on volunteers?
8. Who is responsible for the development of the affirmative action plan? What actions, if any, need to be taken regarding affirmation action within the organization? What challenges exist?
9. Do you conduct background screening of staff? Who is responsible for monitoring the policies on background screening? What is your policy regarding reviewing the screening findings as they relate to hiring or maintaining of employment based upon the nature of offenses and job responsibilities?

**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY
BASIC A.S.S.E.T. INTERVIEW QUESTIONS**

- What role did you play (if any) in preparing for the self-study?
- What did you/organization learn as a result of the self-study process?
- How would you describe the mission of this organization to someone? What role do you play in helping to achieve its success?
- How effective do you feel the governance of the organization is? What are the key roles and responsibilities of the board from your perspective?
- How would you describe the communication process that occurs within the organization? What strategies are used in maintaining this process and which ones do you feel are the most effective? Can you provide an example of how staff has been actively engaged and listened to?
- What changes (if any) have taken place since the self-study? Examples? New things being implemented? How long? How are they working? How will you know?
- Describe your key job responsibilities? Tell me about a typical day/week for you? What type of support do you receive to meet your responsibilities? Do you have opportunities to provide input? How often do you get training? Supervision?
- In your opinion are there any additional things that need to be changed or developed that would benefit either your ability to do your job or enhance the operation of the agency?
- How do you know that you're being effective in your job?
- What types of benefits do you see occurring with participants that use the services of this organization?
- Do you feel people in the community are aware of what you do and why?
- What needs are not being addressed and why? Are steps being taken to address those issues? By whom?

**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY
INTERVIEW NOTES**

Standard: _____ Comment: _____

Standard: _____ Comment: _____

Standard: _____ Comment: _____

Standard: _____ Comment: _____

Standard: _____ Comment: _____

**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY
INTERVIEW NOTES**

Standard: _____ Comment: _____

Standard: _____ Comment: _____

Standard: _____ Comment: _____

Standard: _____ Comment: _____

Standard: _____ Comment: _____

**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY
CONTINUITY PLAN CHECKLIST**

- Data is backed up. (Does the agency use an offsite server? How often data is updated? Who is responsible for managing the process?)
- Current contact information is available in hard copy format.
- A list of alternative suppliers and buyers is available.
- Procedures ensure that premises are secured. (Alternative location designated?)
- Equipment is fully maintained. (Copies of maintenance agreements are located in secure place?)
- Employees are cross-trained.
- All insurance plans are current.
- The Continuity Plan is available to all staff electronically and in hard copy. (How is the plan communicated? Is it updated regularly? How often? By Whom?)
- Staff is able to work off-site.
 - Off-site server
 - Virus protection
 - Maintenance agreements are in place
 - Keep a hard copy of contacts
(Staff, agencies, vendors, insurance agents, policy and numbers)
 - Alternative suppliers
- A special disaster kit is available. (Extra keys, radio, flashlights, contacts list)
- A detailed plan for action has been developed and communicated. (Resources needed have been identified? Planning has involved different types of scenarios?)
- Expectations and responsibilities are clearly outlined and have been communicated. (Are there training logs that support staff attendance?)
- A checklist to ensure steps are followed has been developed.
- A list of contacts to notify in an emergency is available to all staff.
- A map of premises is available.
- A company spokesperson has been identified.

JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY GUIDELINES TO DETERMINE HIPAA COMPLIANCE
--

YES**NO**

<input type="checkbox"/>	<input type="checkbox"/>	Is this agency a "Covered Entity" under HIPAA? If YES:
--------------------------	--------------------------	---

<input type="checkbox"/>	<input type="checkbox"/>	Is there a "Notice of Privacy Practices"?
--------------------------	--------------------------	---

Do these practices include:

<input type="checkbox"/>	<input type="checkbox"/>	Uses and Disclosures
<input type="checkbox"/>	<input type="checkbox"/>	Statement of Individual Rights
<input type="checkbox"/>	<input type="checkbox"/>	Statements of the "Covered Entity's" Duties
<input type="checkbox"/>	<input type="checkbox"/>	Information on Complaints
<input type="checkbox"/>	<input type="checkbox"/>	Contact Information
<input type="checkbox"/>	<input type="checkbox"/>	Effective Date

<input type="checkbox"/>	<input type="checkbox"/>	Does the agency have privacy and security policies and procedures?
--------------------------	--------------------------	--

<input type="checkbox"/>	<input type="checkbox"/>	Does the agency have a designated staff to manage HIPAA procedures?
--------------------------	--------------------------	---

<input type="checkbox"/>	<input type="checkbox"/>	Have agency staff received HIPAA training? If YES, when? _____
--------------------------	--------------------------	---

<input type="checkbox"/>	<input type="checkbox"/>	Have agency volunteers received HIPAA training? If YES, when? _____
--------------------------	--------------------------	--

Additional Comments:

**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY
SAFETY AND EMERGENCY MANAGEMENT
CHECKLIST**

This tool has been created for both agency/program personnel and A.S.S.E.T. reviewers. Agencies may use this checklist when gathering evidence for the Safety and Emergency Management Standard. Reviewers may use this checklist as a guide when reviewing evidences and during on-site facility tours.

Safety	YES	NO
The program complies with all statutory requirements pertaining to health and safety. These requirements include: (please indicate) (i.e. CPR, first aid, HIV, field safety)		
Safety/security practices address: <ul style="list-style-type: none"> •Physical environment •Personnel safety •Facility safety •Transportation and vehicle safety 		
Staff, participants, and other key stakeholders are aware of safety practices.		
Emergency exit signs are clearly posted.		
Safety concerns are assessed and evaluated against agency policy and practices.		

Emergency	YES	NO
The agency has a preparedness and recovery plan that includes at a minimum: <ul style="list-style-type: none"> •Natural disaster planning •Medical emergency procedures •Procedures in the event of threat of violence 		
Staff are trained in preparedness and recovery. (i. e. communication tree, notification of participants, alternate work site)		
Emergency numbers are posted and visible for easy access.		
A variety of quarterly drills are conducted to prepare for emergencies. (i. e. tornado, hurricane, workplace violence, medical emergencies, fire)		
When a drill or actual crisis has occurred, there is a documented process to review actions taken.		
Fire evacuation routes are clearly marked.		

General Maintenance	YES	NO
Furniture and property are appropriate for the population served.		
Routine maintenance checks include: <ul style="list-style-type: none"> •Cleanliness •Safety •Condition of furnishings 		
Resources are made available to maintain and/or improve facilities.		

**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY
A.S.S.E.T. SITE REVIEW CHECKLIST**

This site review checklist is used as a guide for both peer review team members and agency/program representatives. It captures critical components required during each site visit. Upon completion of the site visit, both the team leader and agency representative must sign off indicating all necessary activities were carried out. **This form is mandatory and is to be submitted with the final A.S.S.E.T. report.**

Agency Name: _____

Yes No

Entrance Meeting with agency/program representation to orient agency attendees to the purpose of the A.S.S.E.T. review process, the role of the team, and the agreed upon schedule of activities.

Yes No

On-site tour of sites under review. Number of sites visited? _____

Yes No

Interviews with agency/program staff, participants, board members, and volunteers from all programs under review.

Yes No

Random record reviews for each program under review.

Yes No

Meeting with the Executive Director or his/her delegate at the end of the first day to fully apprise of the status of the review, discuss changes in scheduling for the next day, and discuss areas of compliance for which the team has been unable to find adequate evidence of compliance.

Yes No

Meeting with the Executive Director or his/her delegate prior to the Exit Meeting to fully apprise of the status of the review findings and discuss areas of compliance for which the team has been unable to find adequate evidence of compliance.

Yes No

Exit Meeting, discussing both agency/program strengths and areas for development.

Agency Representative

A.S.S.E.T. Team Leader

**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY
A.S.S.E.T. REVIEW FINDINGS**

AGENCY NAME:

SITE REVIEW DATES:

REVIEW TEAM MEMBERS:

REPORT SUBMITTED BY:

DATE OF REPORT:

Summary of Overall Impressions:

**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY
A.S.S.E.T. REVIEW FINDINGS**

AGENCY: _____

Summary of the Agency's Administrative Capacity:

**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY
A.S.S.E.T. REVIEW REPORT**

Standard A-1 Governance					
The organization is governed by a Board that plans, sets policies, develops resources, and provides effective leadership to achieve its mission and strategic goals.					
Overall Assessment Rating _____					
		Fully Meets Indicator 1	Meets Indicator 2	Needs Improvement 3	Comments
A1.1	The Board has defined roles and responsibilities that are separate and distinct from the Executive Director.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A1.2	Board membership includes diverse skills, knowledge, and expertise to effectively guide the organization and meet the needs of the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A1.3	Board members receive formal orientation within six weeks of initial appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A1.4	Board members receive annual training consistent with their defined responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A1.5	The Board adheres to ethical standards of practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A1.6	The Board actively participates in the organizational strategic planning process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A1.7	The Board has approved the strategic plan which supports the mission of the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A1.8	On an annual basis, the Board conducts a review of the strategic plan implementation and progress made towards achieving plan goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A1.9	The Board approves fiscal, personnel, and technology policies that guide organizational operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A1.10	The Board actively participates in on-going resource development activities that support the agency's mission and strategic plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A1.11	The Board provides fiduciary oversight of financial operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A1.12	The Board receives regular quality improvement progress reports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A1.13	The Board evaluates the Executive Director on an annual basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sub-Totals					

Standard A-2 Organizational Management

The organization is directed by a management structure that effectively implements policies and plans in support of the mission and strategic direction.

Overall Assessment Rating _____

		Fully Meets Indicator 1	Meets Indicator 2	Needs Improvement 3	Comments
A2.1	The organization has a written strategic plan incorporating all key elements listed in the Quality Indicator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A2.2	Management reviews strategic plan implementation and provides annual progress reports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A2.3	Management regularly monitors the implementation of fiscal policies to ensure their efficiency and effectiveness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A2.4	Management regularly monitors the implementation of personnel policies to ensure their efficiency and effectiveness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A2.5	Management regularly monitors the implementation of technology policies to ensure their efficiency and effectiveness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A2.6	Management oversees the implementation of an agency-wide quality improvement strategy that impacts decision-making at all levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A2.7	Management oversees the implementation of the agency risk management plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A2.8	Management ensures that communication strategies promptly and accurately inform and educate the Board, staff and other key stake holders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A2.9	Management ensures that the staff is provided training opportunities consistent with their job responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A2.10	The organization has a written advocacy plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A2.11	The organization reviews the status of the written advocacy plan on an annual basis – actions and results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A2.12	The organization complies with all IRS regulations if conducting direct lobbying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A2.13	The organizational management team demonstrates competencies required to effectively administer agency operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sub-Totals					

Standard A-3 Quality Improvement					
The organization has a comprehensive system for analyzing performance and implementing quality improvement in support of the mission, strategic goals, and program service outcomes.					
					Overall Assessment Rating _____
		Fully Meets Indicator 1	Meets Indicator 2	Needs Improvement 3	Comments
A3.1	The organization has a formal quality improvement plan incorporating all key elements listed in the Quality Indicator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A3.2	Management supports the development and implementation of a quality improvement process inclusive of all agency operations and program services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A3.3	Management ensures adequate resources are available to support the quality improvement process throughout the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A3.4	Program services are formally evaluated on an annual basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A3.5	Management reports findings and communicates quality improvement results to the Board, staff, and other stakeholders annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sub-Totals					

Standard A-4 Risk Management

The organization analyzes and manages risks in support of strengthening the agency and protecting its resources and assets while in compliance with all legal and regulatory requirements.

Overall Assessment Rating _____

		Fully Meets Indicator 1	Meets Indicator 2	Needs Improvement 3	Comments
A4.1	The organization conducts a risk management assessment on an annual basis incorporating all key elements listed in the Quality Indicator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A4.2	The organization has adequate capacity and resources to support the prevention and improvement of the risk management system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A4.3	Risk assessment findings and planned improvements are routed through the agency-wide quality improvement process on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A4.4	The organization assesses insurance needs and ensures appropriate levels and types of coverages are in place on an annual basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A4.5	The organization maintains and implements written technology policies incorporating all key elements listed in the Quality Indicator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A4.6	The organization review and modifies (as needed) the technology policies on an annual basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A4.7	The organization ensures the development and implementation of policies that protect participant rights and confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A4.8	Annually the organization reviews and modifies (as needed) all contracts and service agreements for continued relevance and effective use of agency resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sub-Totals					

Standard A-5 Financial Management

The organization is fiscally accountable and employs management practices that adhere to all legal, regulatory, and business requirements.

Overall Assessment Rating _____

		Fully Meets Indicator 1	Meets Indicator 2	Needs Improvement 3	Comments
A5.1	The financial status of the agency is assessed at least annually by the management team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A5.2	Management establishes an annual budget in cooperation with the Board.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A5.3	The organization establishes and implements internal fiscal controls that safeguard agency assets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A5.4	Organizational staff reviews all contract/agreements to monitor compliance for all stated conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A5.5	The agency has Board approved financial policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A5.6	The agency implements Board approved financial policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Sub-Totals				
Standard A-6 Human Resources Management					
The organization ensures there is an efficient system of Human Resources management that operates in accordance with all federal, state, and local statutes and regulatory requirements.					
Overall Assessment Rating _____					
		Fully Meets Indicator 1	Meets Indicator 2	Needs Improvement 3	Comments
A6.1	The organization has established a formal Human Resources Management system incorporating all key elements listed in the Quality Indicator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A6.2	The organization's Human Resource system includes all key elements listed in the Quality Indicator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A6.3	Annual findings of staffing trends are reported to the Board and incorporated into Quality Improvement/Strategic Planning (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A6.4	The organization provides formal orientation and on-going training for all staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A6.5	Staff receive an annual performance appraisal and opportunities for professional growth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A6.6	The organization ensures that there is a safe and supportive work environment that includes all key elements listed in the Quality Indicator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A6.7	The organization has a written volunteer management plan incorporating all key elements listed in the Quality Indicator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A6.8	The organization fully implements all elements of the volunteer management plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A6.9	Individual files are maintained for each volunteer and contain all required documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A6.10	Organization-wide personnel policies and practices comply with all applicable legal standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A6.11	The agency implements a written affirmative action plan incorporating all key elements listed in the Quality Indicator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A6.12	The organization has a process for filling vacancies in a timely manner to prevent interruption of services or disruption to agency operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A6.12	The organization has a process for filling vacancies in a timely manner to prevent interruption of services or disruption to agency operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A6.12	The agency has personnel management policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A6.13	The agency implements personnel management policies in practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sub-Totals					

REPORT TEMPLATE

INTERPRETIVE GUIDANCE

The review team will utilize the following formula for determining the overall rating of each Administrative Standard.

FULLY MEETS THE STANDARD

An agency receives a *Fully Meets* on every Quality Indicator

MEETS THE STANDARD

An agency achieves one or more *Meets* and no more than one *Needs Improvement* in any combination of Quality Indicators

NEEDS IMPROVEMENT IN THE STANDARD

An agency receives two or more *Needs Improvement* in any combination of Quality Indicators

**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY
A.S.S.E.T. REVIEW REPORT**

Agency: _____

Address: _____

Dates of Site Review: _____

I have participated in the development of this report and concur with its content.

Reviewer Name: _____
(Please print)

Reviewer Signature: _____ Date: _____

Please fax to: The JWB Children's Services Council of Pinellas County
 Attention: A.S.S.E.T. Coordinator
 6698 68th Avenue North
 Pinellas Park, Florida 33781
 Fax: 727-547-5610
 Email – mstone@jwbpinellas.org

**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY
COMPLIANCE & QUALITY REVIEW REPORT**

AGENCY NAME:	
PROGRAM NAME	
REVIEW DATES:	
REVIEW TEAM MEMBERS:	
REPORT SUBMITTED BY:	
DATE OF REPORT:	

Program Description**Summary of Overall Impressions:****Significant Accomplishments**

**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY
COMPLIANCE & QUALITY REVIEW FINDINGS**

AGENCY: _____

PROGRAM: _____

Summary of Compliance & Quality Findings

Requirements

**JWB CHILDREN’S SERVICES COUNCIL OF PINELLAS COUNTY
COMPLIANCE & QUALITY REVIEW REPORT**

Contract General Conditions and Special Conditions

		Fully Meets	Partially Meets	Needs Improvement	Comments
1	The program adheres to general contract conditions (see Attachment # 1 of contract).				
2	The program adheres to all special contract conditions (see Section I item VIII of contract).				
3	Documents are submitted to JWB (board membership roster, board meeting schedule, board meeting minutes, audit, management letter, program methodology, subcontracts, fee schedule, insurance certificate, and continuity of operations plan).				
4	All staff in the program have a current level 2 or its equivalent background check. Also applies to volunteers who work directly with youth.				
5	All year round staff working directly with youth ages 11 to 17 have been BEST certified. Staff listed on the JWB BEST training waiting will meet this requirement.				

Program Methodology

		Fully Meets	Partially Meets	Needs Improvement	Comments
1	Program fidelity is documented and observed.				
2	Program theory and philosophy of change remains appropriate.				
3	Services are delivered in the geographic areas identified in the program methodology and Attachment 3 of the contract.				
4	The population served is in alignment with the program methodology.				
5	Days and hours of operation are as identified in the program methodology.				
6	Participant eligibility is adequately documented.				
7	Service availability and accessibility is in alignment with program methodology.				
87	The duration and intensity of services is in alignment with the service grid.				
9	Advocacy, outreach, recruitment, and intake activities in alignment with program methodology.				
10	The assessment process is strength-based and assures that participants are appropriate for services and activities.				
11	Services are meeting participants' needs as determined through participant interview and file review.				
12	Participants are referred to appropriate community resources. Referral patterns are tracked and analyzed.				

Contracted Service Levels, Measurable Objectives, and Other Deliverables

		Fully Meets	Partially Meets	Needs Improvement	Comments
1	The program attained all contracted service levels in previous full contract period.				
2	The program is on target to meet contracted service levels in this contract period.				
3	Measures are completed in accordance with contract Attachment # 2.				
4	Measurable objectives are documented and accurately reported in SAMIS and/or reported manually.				
5	Program outcomes are consistent with activities and service delivery.				
6	Program met all measurable objectives in the previous full contract period.				
7	The program is on target to meet all measurable objectives in this contract period.				
	Group activities are accurately reported in SAMIS.				

Program Staff and/or Volunteer Management

		Fully Meets	Partially Meets	Needs Improvement	Comments
1	Staff vacancies are refilled within 90 calendar days				
2	Provision of staff development, training, and supervision is evident. A staff training log is maintained.				
3	Changes in program staffing are reported to JWB in a timely manner.				
4	Volunteer hours are tracked in SAMIS as identified in Attachment # 2 of contract.				
5	Program adheres to their volunteer management policy and procedures.				
6	Current job descriptions for all program positions are on file with JWB.				
7	Agency and program organizational charts are up to date.				
8	Staff qualifications meet or exceed minimum position requirements.				
9	New hires received diversity training within six months of hire and all other staff received diversity training at least once annually.				
10	Staff and/or volunteers are diverse in a manner reflective of participants.				
11	Staff to participant ratios by service component are in alignment with the program methodology.				
12	Volunteers are screened, receive formal program orientation, training (diversity), written job duties, supervision, recognized for their contributions, and records are maintained.				

Data Collection and Reporting

		Fully Meets	Partially Meets	Needs Improvement	Comments
1	Program adheres to SAMIS Business Rules.				
2	There is an organized systemic method for collecting data on individual participants. The agency/program's management information system ensures data integrity.				
3	Staff access to SAMIS is up-to-date. Staff has access to appropriate modules. Print SAMIS Users Report and secure agency sign-off.				
4	Information reported in SAMIS aligns with documentation in participant files.				
5	Appropriate staff trained in all necessary SAMIS modules.				
6	Cases are closed in a timely manner.				
7	Program is appropriately utilizing episodes of service.				
8	Reason for participation aligns with program methodology.				
9	As applicable, group activities accurately reflect the services provided.				
10	Program and agency staff adhere to SAMIS security procedures.				
11	Review of participant deletion report does not indicate inappropriate deletions.				

Program Management

		Fully Meets	Partially Meets	Needs Improvement	Comments
1	Participant confidentiality is maintained. Mechanisms are in place to protect participant rights and dignity.				
2	Program periodically monitors subcontractors and/or vendors.				
3	A quality improvement plan is actively utilized. Program identifies barriers and implements corrective strategies.				
4	Program monitors its strategic plan at least once annually.				
5	Strategic plan guides the program practice.				
6	National accreditation is in good standing.				
7	Organizational structure supports program mission.				
8	Program conducts program evaluation and implements results/risks management. Program has an established mechanism in place for collecting and analyzing data.				
10	Safety and emergency management. There is a written emergency plan. Staff is trained in preparedness, security, and safety practices. Fire evacuation routes are posted in each room/office. Exit signs are posted. Emergency numbers are posted. Quarterly drills are conducted and evaluated. Facility and environment are safe, free of hazards, and clean. Vehicle maintenance and transportation safety plans (if applicable) are maintained. Services are accessible to individuals with varying disabilities. Routine maintenance checks are conducted.				
11	As applicable, program is in compliance with HIPPA (see check list).				

A.S.S.E.T. Standards To Be Reviewed In Non-A.S.S.E.T. Review Periods
 (See A.S.S.E.T. Review Report for Specific Indicators)

		Fully Meets	Partially Meets	Needs Improvement	Comments
1	The organization is governed by a Board that plans, sets policies, develops resources, and provides effective leadership to achieve its mission and strategic goals.				
2	The organization is directed by a management structure that effectively implements policies and plans in support of the mission and strategic direction.				
3	The organization has a comprehensive system for analyzing performance and implementing quality improvement in support of the mission, strategic goals, and program service outcomes.				
4	The organization analyzes and manages risks in support of strengthening the agency and protecting its resources and assets while in compliance with all legal and regulatory requirements.				
5	The organization ensures there is a sound system of financial accountability and management in place that operates in accordance with all legal and regulatory requirements.				
6	The organization ensures there is an efficient system of human resource management that operates in accordance with all federal, state, and local statutes and regulatory requirements.				

PERFORMANCE AS REPORTED IN SAMIS OR MANUALLY REPORTED BY THE SERVICE PROVIDER

This report to be queried from SAMIS and reported out electronically

Agency Name: _____ **Program Name:** _____

Contracted Service Levels (CSL)

	Last FY			Current FY as of xx/xx/xx		
	CSL	Actually Served	Result	CSL	Actually Served	Result

Primary Youth
 Primary Adults
 Total Primary Participants

Secondary Youth
 Secondary Adults
 Total Secondary Participants

Total Primary & Secondary Participants

Participants Carried Over From Last FY

Primary Youth ___ Primary Adults ___ Secondary Youth ___ Secondary Adults ___ Total ___

Group Activity

	Last FY		Current FY as of xx/xx/xx	
	Goal	Actual	Goal	Actual

Youth
 Adults
 Total Served
 # Events

Measurable Objectives as Reported in SAMIS & Manual

Last FY

MO #	MO Language	# Measured	# Met	Result
------	-------------	------------	-------	--------

Current FY as of xx/xx/xx

MO #	MO Language	# Measured	# Met	Result
------	-------------	------------	-------	--------

Fiscal Performance

Last FY Current FY

Total Program Budget
JWB Base Allocation
JWB One Time Only Allocation
Total JWB Allocation
JWB Allocation Lapsed
Average Cost Per Participant Served

Current ratio based upon last audit
current assets/current liabilities

Quick ratio based upon last audit
Cash + Accounts Receivable/Current Liabilities

Average Length of Stay

Participant files reviewed (# active, # closed)

Accreditation

A.S.S.E.T. Certification Period (current status)

Collaborations and Partnerships

Subcontractors/Vendors

Contract Special conditions

Waivers granted (General conditions, SAMIS Business Rules)

Requirements identified in previous A.S.S.E.T. or Compliance & Quality Review

**JWB CHILDREN’S SERVICES COUNCIL OF PINELLAS COUNTY
COMPLIANCE & QUALITY REVIEW REPORT**

Agency: _____
Program: _____
Address: _____

Dates of Site Review: _____

The reviewers identified below participated in the development of this report and concur with its content.

Reviewer Name: _____
(Please print)

Reviewer Signature: _____ Date: _____

Reviewer Name: _____
(Please print)

Reviewer Signature: _____ Date: _____

Reviewer Name: _____
(Please print)

Reviewer Signature: _____ Date: _____

Please forward to: The JWB Children’s Services Council of Pinellas County
Attention: xxxxxx, Senior Contract Manager
14155 58th Street North
Clearwater, Florida 33760
Fax: 727-547-5610

Standard	Fully Meets	Partially Meets	Needs Improvement	Comment
Contract General Conditions & Special Conditions (5 indicators)				
Program Methodology (12 indicators)				
Contract Service Levels, Measurable objectives, & Other Deliverables (7 indicators)				
Program Staff and/or Volunteer Management (12 indicators)				
Data Collection & Reporting (11 indicators)				
Program Management (11 indicators)				
Administrative Standards (6 indicators)				

Fully Meets = Program met every indicator

Partially Meets = Program received a partial rating in one or more of the indicators

Needs Improvement = Program received a needs improvement in one or more of the indicators

Issues and Procedures

- ___ Previous A.S.S.E.T. and Compliance Reviews were discussed with agency/program staff.
- ___ Previous review requirements were successfully implemented.
- ___ An exit conference was conducted with agency and program staff.
- ___ This report has been reviewed by the Performance Unit Manager.
- ___ Performance information as reported in SAMIS and/or manually by the Service Provider attached.
- ___ Fiscal and personnel file review report and supporting documents attached.
- ___ Record review form attached (Participant files, group activity, volunteer files).
- ___ Interview forms attached.
- ___ Report cover letter is attached.
- ___ Prescriptive training needs, if any, discussed with program and JWB Training Department staff.
- ___ Program continues to be in alignment with JWB strategic plan.
- ___ No changes in program methodology are recommended at this time.
- ___ No changes in contracted services levels are recommended at this time.
- ___ No changes in measurable objectives are recommended at this time.

Please explain any issue/procedure not checked above:

Overall Rating

- ___ Program is in full compliance.
- ___ Program is in partial compliance (level 1) and requires prescriptive training and technical assistance.
- ___ Program is experiencing compliance infractions of a more severe nature (level 2). Provider must demonstrate compliance within six months. Prescriptive training, technical assistance, and more frequent monitoring will be conducted.
- ___ Program is required to implement a corrective action plan (level 3).

XXXXXXXXXXXXXXXXXXXXX
Senior Contract Manager Signature

November 2008

**Lisa Sahulka, Director of Contract Management, Finance,
and Research**

JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY CORRECTIVE ACTION PLAN

A comprehensive report will be developed that summarizes an agency's administrative and service capabilities. Strengths and areas of non-compliance will be highlighted in the report.

If an agency receives an overall assessment of a "3" in any administrative standard or corrective action is identified by the Compliance and Quality Review portion of program services, a corrective action plan will be developed within 30 days following receipt of the A.S.S.E.T. report.

- **Corrective Action Plan** - a plan that identifies specific strategies and actions to resolve serious internal areas of non-compliance within an agency. The plan identifies the action to be taken within a specified timeframe (usually immediate).

The JWB Contract Manager is responsible for contacting the agency to discuss and create the corrective action plan. Once created, a copy of the plan is forwarded to the A.S.S.E.T. coordinator. The agency will be expected to complete the action improvements within a maximum period of 4 months. (This includes the 30-day period for plan development.)

Once the agency has made the improvements/changes identified on the corrective action plan, the incorporation and implementation of recommended change(s) will be monitored for up to 180 days (two quarters) prior to the contract manager recommending A.S.S.E.T. certification. The entire process must be concluded within a maximum period of ten (10) months.

The Contract Manager will recommend certification to the A.S.S.E.T. coordinator via:

- A memo documenting the changes have been successfully implemented,
- Evidence attachments that support an increased assessment rating, and
- A meeting to discuss applicable evidence and certification recommendation.

The A.S.S.E.T. coordinator will review and forward the recommendation to the JWB Executive Director for A.S.S.E.T. certification approval. The agency will receive certification from the date of the signed letter by the Executive Director.

In the event a corrective action plan is not met within the specified timeframe, the JWB Programs and Finance Department may take additional action. This action may include:

- Compliance report to the JWB Board of Directors
- A 6-month contract renewal
- Additional sanctions
- Revocation of certification
- A funding denial
- Or any other action as directed by the Juvenile Welfare Board

**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY
PROCEDURES FOR SHADOWING
AN A.S.S.E.T. REVIEW**

The goal of shadowing is to orient “first time” team leaders and reviewers to the A.S.S.E.T. review process. Shadowing should result in a greater understanding of the workload demands, organization of the specific logistics of the review (reading of evidence, meeting with team members, and site review activities) and time management skills needed to thoroughly and accurately perform an A.S.S.E.T. review.

The following procedures are to be implemented in order to fully benefit from the “shadowing” experience:

1. Prior to assuming an A.S.S.E.T. leader or reviewer assignment, a trained reviewer/leader may request to shadow a scheduled review team.
2. The request must be made to the A.S.S.E.T. Coordinator at least one month prior to the scheduled review.
3. The A.S.S.E.T. coordinator will be responsible for contacting the team leader, review members, and funded agency under review for authorization to participate on the team. The reviewer will be notified of the decision to participate within three working days. At the discretion of the A.S.S.E.T. coordinator, the shadowing reviewer may be paired with a different team.
4. The shadowing reviewer must commit to full participation with the established review team.
5. The shadowing reviewer must adhere to reviewer expectations as outlined in the Peer Reviewer Curriculum. (i.e. arrive on time, professional dress, non-discriminatory actions, beepers off, etc.)
6. The shadowing reviewer should read all evidence provided by the agency. Reading the evidence will prepare the reviewer for future team meetings and assist in his or her understanding of discussion among team members.
7. The shadowing reviewer should actively participate in all team meetings. This provides an opportunity to ask questions, seek clarification, and get a feel for time consumption.
8. The shadowing reviewer should use the Team Leader as the major point of contact.
9. The shadowing reviewer should participate in site review activities (interviewing, file reviews, observation of program activities).
10. The team leader supervises all activities of the shadowing reviewer.
11. The reviewer who is shadowing should be introduced to the agency at the entrance meeting and his or her role should be clearly explained (even though the agency has already granted permission for the reviewer to shadow).
12. The shadowing reviewer will evaluate his or her peers and the review process.
13. The shadowing reviewer will participate in the development of the written A.S.S.E.T. report and in the team meetings scheduled for discussion for rating assessment consensus to create the final written document.

14. If the shadowing reviewer feels the team is engaging in activities that are inconsistent with the policies and procedures, the reviewer should immediately notify the A.S.S.E.T. coordinator for clarification. At times, specific procedures are altered to meet the needs and individuality of each funded agency.
15. All evidence gathered by the shadowing reviewer must be returned to the team leader who is responsible for returning the evidence directly to the agency.
Evidence may not be kept.
16. Feedback from the shadowing reviewer is not only welcomed but encouraged.

**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY
PEER REVIEWER**

Minimum Requirements:

- A bachelors degree in a human service related field
- A minimum of three years experience in program leadership or program management*
- Commitment to the promotion and enhancement of quality services
- Ability to travel and access to reliable transportation within Pinellas County, and JWB employee (off provisional status or prior reviewer certification) or employee of a JWB funded agency

Personal Attributes:

- ◆Leader
- ◆Objective
- ◆Good Facilitative Skills
- ◆Problem Solver
- ◆Good Interpersonal Skills
- ◆Ethical
- ◆Good writing skills

Time Commitment:

Peer reviewers should be willing to commit to the following:

- Participate in one peer review a year
- Participation in initial and annual peer review training

Benefits:

- An opportunity to learn from other organizations
- Professional development
- An opportunity for professional networking
- Enhanced knowledge of the A.S.S.E.T. process
- The exchange of ideas and “best practices”

Ethical Guidelines:

- All peer reviewers will be asked to sign a Confidentiality Agreement.
- Peers will not accept an assignment to an organization where a prior or current relationship with personnel or Board members might affect, or to appear to affect, the objectivity during the review.

**Special consideration will be afforded individuals who possess a unique set of professional experiences and skills. Every effort will be extended to review all applicants expressing an interest in becoming an A.S.S.E.T. reviewer.*

**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY
A.S.S.E.T. PEER REVIEWER REFERRAL FORM**

Name of Nominee: _____

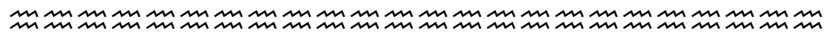
Current Position: _____

Organization: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____



Referred by: _____

Current position: _____

Organization: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Please summarize the qualifications of the Nominee: _____

Attached is a copy of the nominee's resume

Supervisor

Date

**JWB CHILDREN’S SERVICES COUNCIL OF PINELLAS COUNTY
CONFIDENTIALITY AGREEMENT
AND CONFLICT OF INTEREST**

A. Confidentiality

As a JWB A.S.S.E.T. Reviewer, I understand that protection of client confidentiality and discretion in handling information about JWB funded agencies cannot be compromised. All proprietary or non-public information that is disclosed or submitted orally, in writing, or by any other media is to be used solely for the JWB Children’s Services Council A.S.S.E.T Comprehensive Review Process. As a condition of serving in the capacity of Reviewer for the JWB Children’s Services Council, I agree to adhere fully with this expectation.

I agree that, outside the A.S.S.E.T. Comprehensive Review Process:

- I will not release or disclose any information gathered during the review process without the written consent of the agency or as required by law.
- I will not make copies of the information or any part thereof without the written consent of the agency.
- I will not gain commercial or financial value from the availability of information.
- I will use the information only for the purpose of Peer Reviewing and the A.S.S.E.T Comprehensive Review.

Confidential information shall include, but not be limited to, all data, materials, documents, narratives, proprietary materials, or products submitted for the agency self-study; observations, reports, and interview notes of the site review; and verbal disclosures of agency personnel.

B. Conflict of Interest

I will not accept (and will disclose to JWB) any appointments or activities where a prior or current relationship with agency personnel or Board Members may possibly constitute or reasonably be presumed to constitute a conflict of interest and/or compromise of objectivity during a review.

I have read above agreements, understand the JWB Children’s Services Council’s expectations, and agree to adhere to their intent.

Signature

Date

Print Name

Date

Witness

Date

**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY
PROVISIONAL A.S.S.E.T. REVIEW**

Agencies not currently funded by JWB must participate in a provisional A.S.S.E.T. review. Components of a provisional review consist of the submission of information and a formal site review to confirm organizational capacity to administer effective services. This may include interviews with key staff and Board members, and the on-site review of additional relevant information. This process seeks to ensure that JWB funding is provided to agencies with a sound organizational structure including consistent performance, accountability, and quality.

A. The following documents must be submitted prior to the on-site review:

- Staff Roster
- Organizational Chart
- References from up to three funders, not more than three years prior
- The most recent:
 - Audit (This audit shall be conducted consistent with American Institute of Certified Public Accountants (AICPA) Standards for Non Profit Organizations or other mutually agreed upon standard.)
 - Management letter
 - Financial statement
 - Form 9-90

B. The organization will be required to provide a written narrative that includes:

1. The organization's current capacity to administer proposed activities. This should include:
 - Management qualifications
 - Accreditations or discussion of quality improvement system, data collection and evaluation activities
 - Staff, Board, volunteer and partner diversification
 - Staffing roles and responsibilities including utilization/supervision of any proposed new staff
 - Organization's role in any proposed partnership, collaboration or cooperative initiatives
2. The organization's programmatic capacity to implement proposed services/activities. This should include:
 - Qualifications and training of proposed key staff
 - Retention and supervision of staff
 - Realistic salaries for staff to implement services
 - Adequate facilities (space) and equipment

3. The organizations experience delivering proposed or similar services.
4. The organization's financial health in relation to the fiscal management of proposed services. This should include:
 - Fiscal capabilities of supporting current and proposed program/staff expansion
 - Current fiscal oversight and reporting processes
5. A description of how the Board's activities directly contribute to effective governance of the agency's mission and strategic focus. Provide specific examples of how Board actions have contributed to growth and development of the agency.
6. A description of your agency's Quality Improvement process and how this process contributes to the effective management and utilization of agency resources. Provide specific examples of how this process has impacted program performance.
7. A description of your agency's Risk Management process. What are the agency's key strategies? Provide specific examples of how this has affected the agency's delivery of services.
8. A description of how your agency manages its Human Resources. What strategies are used to retain a diverse workforce? Provide specific information regarding the turnover rate of staff within the past three years.

C. The agency will be required to provide a written response to the following questions:

1. Do you receive any monitoring oversight? If yes, please submit the most recent report(s).
2. Has the organization ever lost funding due to contract compliance issues? Prior to the term of the grant?
3. Has an agency license, certification, or accreditation ever been revoked?
4. What is the full range of programs the organization offers?
5. Has the organization had any "going concern" notes in the audit within the past three years?

D. The following checklists must be completed and submitted prior to the on-site review. These checklists can be found within the A.S.S.E.T. standards A-5 and A-6.

- A-5 FINANCIAL MANAGEMENT
- A-6 PERSONNEL MANAGEMENT

The following documents are required to be available on-site:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Advocacy Plan |
| <input type="checkbox"/> | <input type="checkbox"/> | Board committee responsibilities |
| <input type="checkbox"/> | <input type="checkbox"/> | Board minutes (last six months) |
| <input type="checkbox"/> | <input type="checkbox"/> | Board roster with membership description |
| <input type="checkbox"/> | <input type="checkbox"/> | Strategic Plan |
| <input type="checkbox"/> | <input type="checkbox"/> | Disaster preparedness and recovery plan |
| <input type="checkbox"/> | <input type="checkbox"/> | Fiscal Policies |
| <input type="checkbox"/> | <input type="checkbox"/> | Operational policies |
| <input type="checkbox"/> | <input type="checkbox"/> | Personnel policies |
| <input type="checkbox"/> | <input type="checkbox"/> | Policies on participant services |
| <input type="checkbox"/> | <input type="checkbox"/> | Technology policies |
| <input type="checkbox"/> | <input type="checkbox"/> | Written Quality Improvement Plan |
| <input type="checkbox"/> | <input type="checkbox"/> | Job description for the Executive Director |
| <input type="checkbox"/> | <input type="checkbox"/> | By-laws |
| <input type="checkbox"/> | <input type="checkbox"/> | Affirmative Action Plan |
| <input type="checkbox"/> | <input type="checkbox"/> | Volunteer Management Plan (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Written safety/security practices |

JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY PROVISIONAL A.S.S.E.T. REVIEW REPORT

AGENCY NAME: _____

SITE REVIEW DATES: _____

REVIEW TEAM MEMBERS: _____

REPORT SUBMITTED BY: _____

DATE OF REPORT: _____

Assessment Status

		Satisfactory	Unsatisfactory	Comments
1	Current Administrative Capacity	<input type="checkbox"/>	<input type="checkbox"/>	
2	Experience (Programmatic)	<input type="checkbox"/>	<input type="checkbox"/>	
3	Organization's Experience Level	<input type="checkbox"/>	<input type="checkbox"/>	
4	Organization's Fiscal Health	<input type="checkbox"/>	<input type="checkbox"/>	
5	Monitoring Oversight (DCF)	<input type="checkbox"/>	<input type="checkbox"/>	
6	Prior Contract Compliance Issues	<input type="checkbox"/>	<input type="checkbox"/>	
7	Range of Programs	<input type="checkbox"/>	<input type="checkbox"/>	
8	Board Governance	<input type="checkbox"/>	<input type="checkbox"/>	
9	Quality Improvement Process	<input type="checkbox"/>	<input type="checkbox"/>	
10	Risk Management Process	<input type="checkbox"/>	<input type="checkbox"/>	
11	Human Resource Management	<input type="checkbox"/>	<input type="checkbox"/>	
12	Information Systems	<input type="checkbox"/>	<input type="checkbox"/>	
13	Financial Management	<input type="checkbox"/>	<input type="checkbox"/>	

**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY
PROVISIONAL A.S.S.E.T. REVIEW FINDINGS**

AGENCY NAME: _____

Summary of Overall Impressions:

**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY
PROVISIONAL A.S.S.E.T. REVIEW FINDINGS**

AGENCY NAME: _____

Summary of the Agency's Administrative Capacity:

**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY
PROVISIONAL A.S.S.E.T. REVIEW REPORT**

Agency: _____

Address: _____

Dates of Site Review: _____

I have participated in the development of this report and concur with its content.

Reviewer Name: _____
(Please print)

Reviewer Signature: _____ Date: _____

Please fax to: The JWB Children's Services Council of Pinellas County
Attention: A.S.S.E.T. Coordinator
6698 68th Avenue North
Pinellas Park, Florida 33781
Fax: 727-547-5610
Email – mstone@jwbpinellas.org

**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY
JWB GLOSSARY
FOR A.S.S.E.T. COMPREHENSIVE REVIEW**

Action Plan - a detailed outline of how a quality improvement team or other entity proposes correcting the root cause of the problem. It is a series of statements that specify the exact actions to be taken.

Advocacy - to act with or on behalf of others through direct intervention, empowerment, or representation.

Affirmative Action (AA) - an approach with a goal to gain representation and upward mobility for ethnic minorities and women. It is focused on the special efforts for targeted groups who are underutilized and opens the door to establish the basis for diversity.

Placement of incumbents in a group: the positioning of job titles, description, profiles, class specifications, etc, into a correct EEO category (group) to perform a work force analysis. (i.e. diversity coordinator (incumbent) is placed in the EEO category of Professional; Director QMT placed into an EEO Category of Officials and Managers, etc). After placement in a group, they must be displaced by minorities and females.

Affirmative Action Plan - the written plan incorporating a set of specific and results-oriented procedures to which the employer commits itself. This is intended to eliminate and remedy past discrimination against or underutilization of minorities and women.

Agency By-laws - operating rules adopted by the organization for the regulation of internal affairs; in particular, the actions of the governing body and its relationship to the chief executive officer and any advisory board associated with the organization.

Articles of Incorporation - the legal filing of documents with the state that allow the organization to represent itself as an incorporated agency in Florida.

Asset/Asset Based - assets are protective factors that provide strength and enable young people to make positive and healthy choices even under difficult circumstances. Further, the presence or absence of assets influences how successfully youth may recover from adversity. Asset-based usually refers to focusing upon building and expanding strengths rather than reducing or controlling negative factors.

Chart of Accounts - a list of all accounts that a business maintains in its general ledger.

Confidentiality - an ethical and practice principle regarding protecting the disclosure of information without consent. Confidentiality applies to many areas of agency/program service such as personnel and volunteer records, participant records and activities, and computer records.

Corrective Action Plan - a plan that identifies specific strategies and actions to resolve serious internal areas of non-compliance within an agency. The plan identifies the action to be taken within a specified timeframe.

Cost/Benefit Analysis - a decision-making tool used to assess service costs against the benefits received from program participants.

Crisis/Disaster Preparedness - an agency's readiness to deal with natural and other disasters, generally incorporated into a plan. At a minimum, these generally include disaster drills, clear access to emergency numbers, and review of safety incidents and practice for staff and participants.

Cultural Competence - the ability of individuals to see beyond the boundaries of their own cultural interpretations. To be able to maintain objectivity when faced with individuals from other cultures different from their own. To be able to interpret and understand the behaviors and intentions of people from other cultures without judgment and without bias.

Culturally Relevant - practice that is designed and provided to be relevant to the participants of service. Generally this includes being mindful of such factors as race, ethnicity, gender, language, acculturation, religion, family structure, and varying abilities.

Data Integrity - ensuring that information collected and reported by agency staff is free from errors and is a valid and accurate reflection of what staff and participants have reported and done.

Demographic Data - information regarding characteristics of participants or providers, such as gender, race, socio-economic status, marital status, and educational level.

Diversity - refers to any mixture of items characterized by differences and similarities; concepts which promote the inclusion of a variety of backgrounds, styles, perspectives, values and beliefs of individuals as an asset to an organization.

Diversity Orientation - refers to new Board members, staff, and volunteers participating in an introductory orientation that includes at a minimum the following: Diversity in the Workplace; Equal Employment Opportunity; Affirmative Action; and any other related areas. This orientation prepares individuals for a more formal skill-building training experience.

Diversity Plan - a written plan outlining the numerous processes and practices within an organization to foster a climate that respects the individuality of each employee and ensures that the decisions are the product of diverse input. The plan can include the process of creating and maintaining a positive environment that enables personnel of all backgrounds to function effectively to achieve the agency's goals and mission.

Diversity Training - this specialized training facilitates a broad awareness and understanding of diversity (gender, gender orientation, varying abilities, race, ethnicity, etc.). Training is required within the first six months of employment that includes topics such as: skill building strategies for the development of individual cultural competence and strategies for creating an organizational culture that values diversity. Training on related subjects should be provided annually to all employees.

Emergency - an unexpected situation or sudden occurrence of a serious and urgent nature that demands immediate attention.

Fidelity Bond Coverage - insurance coverage that protects the insured organization from theft of property (not often money or cash equivalents) by employees (including a director or officer).

Formal - pertains to written processes and activities that are officially recognized and accepted as agency practice.

Identified Population - the population that the service providers have identified as needing and potentially benefiting from the services of the program or agency.

Interpretive Guidance - additional information provided to both the agency and review team to guide in determining the meaning, context, and direction when assessing various aspects of service, found at the end of each A.S.S.E.T. standards page.

Informal - pertains to loosely defined processes and activities that while implemented, lack formal recognition: typically through verbal conversation versus written communication.

Intake - the entry point at which eligibility is assessed against established criteria and a preliminary evaluation of the reason for seeking service occurs.

Key Staff - A key staff is defined as an agency or program employee who has an integral responsibility to the overall successful functioning of operations or service delivery.

Key Stakeholder - persons who may include agency staff, board members, volunteers, participants, and community members.

Logic Model - refer to the definition, “Theory/Philosophy of Change”.

Management Information System (MIS) - an administrative tool used to gather, process, analyze, maintain, and disseminate data to effectively carry out the goals of the organization. The MIS system may be manual or automated.

Memorandum of Understanding - a signed agreement between two or more service providers that defines and describes their collegial actions and activities. Generally this agreement also defines resource sharing and administrative oversight.

Mission Statement – A concise description of an organization’s primary purpose that defines the primary organizational purpose.

Model of Review - the A.S.S.E.T. Comprehensive Review process is based on a shared review model that includes an agency self-study, a site visit from a trained mixed peer review team, and a decision-making review board comprised of the JWB Executive Director and community professionals. The model is designed to be inclusive and collegial.

On-site Visit - part of the A.S.S.E.T. Comprehensive Review process where trained A.S.S.E.T. reviewers interview agency personnel, program participants, and other stakeholders, review additional agency evidence, and tour the various sites and facilities to fill in information gaps to assist in determining conformance to the standards.

Orientation - introductory information to become familiar with agency/program facts, principles, values, procedures, and policies.

Organizational Chart - a visual representation of staff and volunteers who work in a program or agency and their lines of supervision and reporting.

Out-of-Date - a document that has not been reviewed, updated, or revised according to agency policy.

Outreach - contact initiated by a provider of service to identify persons in need of services, to provide information to them about services and benefits, and to encourage them to use the appropriate services.

Participant Rights - a set of formally defined rights that are provided to participants of services making them aware of protections that are built into the service. Generally these include the right to privacy, the right to refuse service, and the right to grievance (as well as the process and limits of these rights).

Plan - a written detailed method for the accomplishment or attainment of a specific procedure/activity/practice.

Policy - a high level overall course of action designed to influence and to determine decisions and actions.

Privacy - the right of a program participant to expect protection from unauthorized sharing of personal information with other individuals/agencies without explicit signed permission.

Procedure - an act composed of steps or methods for conducting a course of action set forth by policy.

Program Evaluation - a process to determine whether the program is achieving its objectives and whether the results can be attributed to the interventions provided.

Program Specification - refer to definition “Theory/Philosophy of Change”.

Provisional ASSET Review – a preliminary evaluation of an organization’s administrative capacity and capability, associated with new agencies not currently funded by JWB responding to an RFP or other form of funding request.

Public Service Announcement (PSA) - a media announcement in the community regarding service availability. These media may include radio and television, newspapers, brochures, and signs.

Quality Improvement - an inclusive process where staff and other stakeholders use data to improve service and to modify identified challenges.

Release of Information - a signed and dated document that specifies whom the participant has agreed to allow the agency to provide information to, under what circumstances, and for what length of time.

Research Protection - a formal review process where potential harm to participants of an evaluative or research project are considered and minimized. This process also involves disclosure to participants about potential benefits and risks and culminates in written consent.

Review - a formal process whereby written meeting minutes describe a systematic analysis of all components of said plan, resulting in change or improvement authorized by senior management personnel.

Risk - any uncertainty about a future event that threatens an agency’s ability to accomplish its mission.

Risk Management - a systematic process of evaluating and reducing risk to personnel, participants, volunteers, and the agency.

Safety - freedom from danger, risk, or injury.

Security - free from danger or risk of loss. Something that gives or assures safety.

Self-Study – initial component of the A.S.S.E.T. Comprehensive Review process that provides a systematic means for organizational improvement. The self-study allows the agency an opportunity to conduct a thorough assessment of all agency/program policies and procedures for the purpose of improving outcomes.

Staff Ratio - the number of staff providing service to number of participants, or the number of providers per supervisor. These ratios are defined by national accreditation and professional practice standards.

Strategic Plan - a regularly reviewed plan that supports the agency mission and purpose and addresses community needs. The plan includes goals, responsibilities, and timeframes.

Strength-based intake - an intake procedure whereby the participant's or the participant's family's strengths (i.e. positive qualities, attitudes, values, skills, and abilities), resources, and existing support systems are assessed and recognized to ensure participants are matched with services/programs within the agency that are most appropriate to their needs.

Theory/Philosophy of Change - the basis for service provision, defining the components of service that are believed to maximize the benefits of the service to participants. Refers to a programs emphases, goals, implicit or explicit assumptions, and service activities for achieving these expectations. Also referred to as "Logic Model" or "Program Specification."

Training Log - a written record of training and other educative events provided to staff and volunteers over a given period of time.

Volunteer - someone providing time or services to a group, agency, or organization on an unpaid basis. A volunteer may include an advisory board – a group who provides guidance, advice, and support for program activities (void of fiduciary and policy-making decisions) or any person who performs or gives a service on his or her own free will on an unpaid basis. (i.e. a board member serving outside the roles and responsibility put forth by agency by-laws.)

Waiting List - a recorded document with the names of potential participants who are seeking the services of the program but who cannot be accommodated due to program capacity issues/resources.

**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY
ASSET COMPREHENSIVE REVIEW PROCESS
QUALITY IMPROVEMENT FEEDBACK QUESTIONNAIRE
AGENCY**

AGENCY: _____

AGENCY REPRESENTATIVE: _____

SITE REVIEW DATES: _____

Please read the following statements and circle the most appropriate response. Feel free to comment on the last page.

JWB sponsored training assisted us in our preparation for participation in the A.S.S.E.T. review.

Strongly Agree	Strongly Disagree	NA
1 2 3	4 5	6

We sought Technical assistance from JWB in preparation for the A.S.S.E.T. Comprehensive Review.

Strongly Agree	Strongly Disagree	NA
1 2 3	4 5	6

The A.S.S.E.T. standards were easy to interpret.

Strongly Agree	Strongly Disagree	
1 2 3	4 5	

Participation the self-study process has helped to identify areas for improvement within our organization.

Strongly Agree	Strongly Disagree	
1 2 3	4 5	

Adequate notice was given when establishing dates for the site review.

Strongly Agree	Strongly Disagree	
1 2 3	4 5	

Reviewers arrived fully prepared to conduct the agency site review.

Strongly Agree

Strongly Disagree

1 2 3 4 5

The review team demonstrated positive interactions and exchanges with the agency staff.

Strongly Agree

Strongly Disagree

1 2 3 4 5

Site review activities were well organized.

Strongly Agree

Strongly Disagree

1 2 3 4 5

The review team provided clear feedback during the exit meeting regarding the status of their findings.

Strongly Agree

Strongly Disagree

1 2 3 4 5

The length of the site review was

Too short _____

Too long _____

Just right _____

Other _____

Additional comments:

Thank you for your time!

Team members divided the workload appropriately.

Strongly Agree

Strongly Disagree

1 2 3 4 5

The team followed the timeline outlined in the Peer Review Chronology, Appendix B.

Strongly Agree

Strongly Disagree

1 2 3 4 5

Please list any standards that you found difficult to interpret or apply. Describe the difficulty.

List any challenges you experienced with the A.S.S.E.T. review process.

Thank you for your time!