Quarter Report Training

Presented By:
Contract Compliance and Program Performance (CCPP)
&
Strategic Planning Research Evaluation (SPRE)
Teams

Palm Beach County Florida

Palm Beach County COMMUNITY SERVICES
Helping People Build Better Communities

Topics To Be Covered

- ✓Process
- ✓Common Terms
- ✓Outcome Report
- ✓Utilization Report
- ✓ Other Required Reports
- ✓ Questions

Process

POC-Point of Contact

Quarterly Report Due Dates

Quarter Period	Due Date
October 1-December 31	January 15
January 1-March 31	April 15
April 1-June 30	July 15
July 1-September 30	October 15

IMPORTANT

*If due date falls on a weekend or a County observed holiday, reports are due next business day.

Quarterly Report Submission

Please use the standardized document naming and email subject line for the following:

Utilization Report:

FY_ Quarter number_Utilization Report_ Abbreviated Agency Name_Program Name

Outcome Reports:

FY_ Quarter number_Outcome Report_ Abbreviated Agency Name_Program Name

Examples:

FY22_Q2_Utilization Report_ABC_XYZ

FY22_Q2_Outcome Report_ABC_XYZ

Please submit files in excel spreadsheet format. No PDF's Accepted!

Please send your contractually required reports to

CSD-ContractsManager@pbcgov.org

Common Terms-Definitions

Term	Definitions
Unduplicated Client	An individual who is counted only one time during the contract year receiving one or more services. The Client should be counted only once in the contract year regardless of how many times he/she received services.
Existing/ rollover client	Clients served in one quarter and rolled over to the next quarter or a client served in one quarter and returned back for another episode of care in another quarter within the fiscal year.
Drop-out Client	Client-driven; Client is a no-show, failed to communicate/respond to follow up requests for rescheduled appointments after receiving at least one (1) service.
Discharged Clients	Client who exit program after receiving services.
Contract Year	Fiscal Year period.
Life of the contract	Total life of contract, includes Initial contract period + all renewal periods + extensions (as needed)
Contract	An executed agreement between Palm Beach County and a second party

Quarter Reports

1. Program Outcome Report
2. Utilization Report

1

Program Outcome Report

10/2023

Quarterly Outcome Report

Palm Beach County

FY 2024

Agency:		**Date Submitted:**		**Number of Unduplicated Clients (Per Contract)**	
				Percentage of Client YTD Attainment	#DIV/0!
Service Category:		**Completed by:**			

Reporting Period:	Quarter 1	Quarter 2	Quarter 3	Quarter 4

Program Name:	
Outcome #1	
Indicator #1	

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
# of **unduplicated** clients receiving services (New Clients in the quarter).					0
# of **existing/ rollover** clients from previous quarter who are active in the program.					0
# of **active clients** in program during the quarter	0	0	0	0	0
# clients **pending evaluation** (have not met time frame based on outcome)					0
# clients **dropped out** of program (inactivity/non-compliant/admin discharge)					0
# **unable to be evaluated** (data missing, change funding source, other - explain in narrative)					0
# **previously evaluated** for the indicator in previous quarter within fiscal year (if applicable)					0
# **meeting time frame** to be evaluated for the indicator	0	0	0	0	0
# **attaining** the indicator					0
% Attainment for the Quarter	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**

Agency:		Date Submitted:		Number of Unduplicated Clients (Per Contract)	
				Percentage of Client YTD Attainment	#DIV/0!
Service Category:		Completed by:			
Reporting Period:	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Program Name:					

- Enter “Agency” name as written in contract
- Enter the date the report was submitted
- Number of Unduplicated Clients to serve per contract
- Enter “Service Category” as written in Scope of Work
- Enter the name of person who completed the report
- Highlight or circle the appropriate reporting quarter
- Enter the “Program Name” as written in Scope of Work

Outcome #1					
Indicator #1					
Quarters	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**YTD**
# of **unduplicated** clients receiving services					**0**
# of **existing/ rollover** clients from previous quarter who are active in the program.					
# of **active clients** in program beginning of the quarter	**0**	**0**	**0**	**0**	
# clients **pending evaluation** (have not met time frame based on outcome)					
# clients **dropped out** of program (inactivity/non-compliant/admin discharge)					**0**
# **unable to be evaluated** (data missing, change funding source, other - explain in narrative)					**0**
# **previously evaluated** for the indicator (if applicable)					**0**
# **meeting time frame** to be evaluated for the indicator	**0**	**0**	**0**	**0**	**0**
# **attaining** the indicator					**0**
% Attainment for the Quarter	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**

- Enter the Outcome exactly as stated in the logic model/scope of work
- Enter the Indicator exactly as stated in the logic model/scope of work

Automatic Calculations-

- “ # of Active Clients”
- “ # Meeting the time frame”
- “% Attainment for the Quarter”

Instructions

Outcome	Complete using exact Outcome from Logic Model. Write out the outcome to its entirety.
Indicator	Complete using exact Indicator from Logic Model. Write out the outcome to its entirety including the percentage.
# of **unduplicated** clients receiving services	Enter the number of unduplicated clients for each quarter served. This number will help with the annual reporting. Unduplicated Clients would be considered as NEW clients served in the quarter. From Quarter 2-4 the number of unduplicated clients will eventually be your new clients. All Clients served in Quarter 1 will be considered as an unduplicated Client.
# of **existing/ rollover** clients from previous quarter who are active in the program.	Enter the number of Clients who have rolled over from the previous quarter or returned for services again during the fiscal years within quarters 2-4.
# of **active clients** in program during the quarter	No entry; self calculates.
# clients **pending evaluation** (have not met time frame based on outcome)	Enter the number of Clients who are not eligible to be evaluated because duration of service requirements have not yet been met but were served during the quarter for the service referenced in indicator. For some indicators, services must be delivered for a designated time frame before progress can be assessed. In that case, the indicator will state the amount of service time needed before each Client's progress will be included in the report.

Instructions

# clients **dropped out** of program (inactivity/non-compliant/admin discharge)	Enter the number of Clients who dropped out of the program during the quarter. Dropped-out = i.e.. Client-driven; Client is a no-show, failed to communicate/respond to follow up requests for rescheduled appointments.
# **unable to be evaluated** (data missing, change funding source,- other - explain in narrative)	Enter the number of Clients who cannot be evaluated but would have been eligible to be evaluated. This exclusion may include Clients who 1) attended the program sporadically, not enough data and cannot be evaluated; 2) became eligible for services provided by another funding source, 3) failed to complete post-test, closed for non-compliance. Other exclusions may apply; when in doubt, discuss with a SPRE Team Member. **Explain in the narrative report. If applicable, include any quality/process improvement strategies for retention or other identified deficiencies.**
# **previously evaluated** for the indicator (if applicable)	Enter the number of Clients who have been reported for this indicator in the past for the contract year. Depending on the nature of the service, some Clients' progress may be assessed multiple times for a particular indicator in the contract year. When in doubt please discuss with a SPRE Team Member.
# **meeting time frame** to be evaluated for the indicator	No entry; self calculates.
# **attaining** the indicator	Enter the number of Clients who attained the indicator during the current reporting quarter.
% Attainment for the Quarter	No entry; self calculates.

EXAMPLE:

Outcome #1	Clients improve social emotional functioning				
Indicator #1	80% of clients will improve their level of functioning at discharge as measured by a decrease of at least 1 point on the CFARS/FARS from their baseline at admission				
Quarters	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**YTD**
# of **unduplicated** clients receiving services (New Clients in the quarter).	25	10	5	10	**50**
# of **existing/ rollover** clients from previous quarter who are active in the program.		9	10	6	
# of **active clients** in program during the quarter	**25**	**19**	**15**	**16**	
# clients **pending evaluation** (have not met time frame based on outcome)	4	10	5	5	
# clients **dropped out** of program (inactivity/non-compliant/admin discharge)	1		2	1	**4**
# **unable to be evaluated** (data missing, change funding source, other - explain in narrative)	5			2	**7**
# **previously evaluated** for the indicator in previous quarter within fiscal year (if applicable)			1		**1**
# **meeting time frame** to be evaluated for the indicator	**15**	**9**	**7**	**8**	**39**
# **attaining** the indicator	10	9	5	8	**32**
% Attainment for the Quarter	**66.7%**	**100.0%**	**71.4%**	**100.0%**	**82.1%**

Note: Must explain in narrative why outcome not met for quarter

Unduplicated Clients

Outcome #1	Clients improve social emotional functioning					
Indicator #1	80% of clients will improve their level of functioning at discharge as measured by a decrease of at least 1 point on the CFARS/FARS from their baseline at admission					
Quarters		**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**YTD**
# of **unduplicated** clients receiving services (New Clients in the quarter).		25	10	5	10	**50**

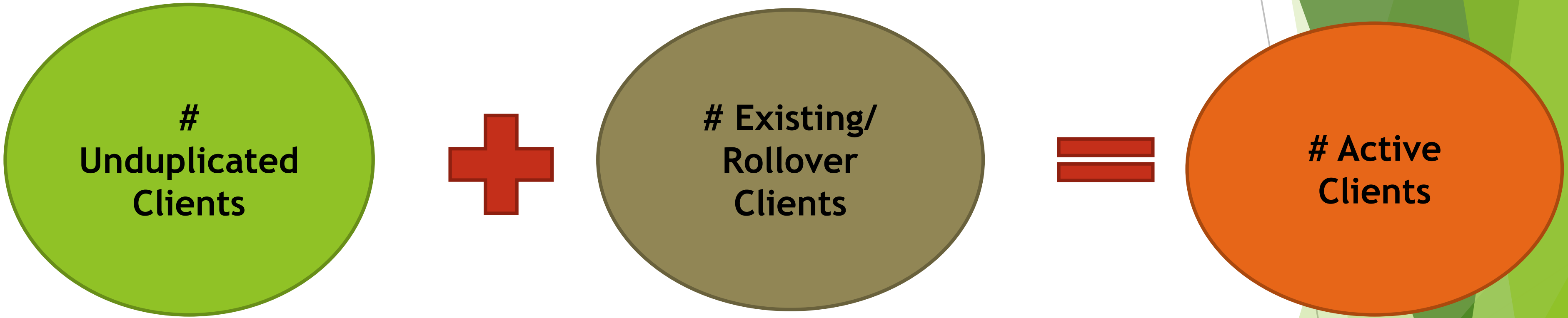
An individual who is counted only one time during the contract year receiving one or more services. The Client should be counted only once in the contract year regardless of how many times he/she received services.

Existing/Rollover Clients

Outcome #1	Clients improve social emotional functioning				
Indicator #1	80% of clients will improve their level of functioning at discharge as measured by a decrease of at least 1 point on the CFARS/FARS from their baseline at admission				
Quarters	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**YTD**
# of **unduplicated** clients receiving services (New Clients in the quarter).	25	10	5	10	**50**
# of **existing/ rollover** clients from previous quarter who are active in the program.		9	10	6	

The number of Clients who have rolled over from the previous quarter or returned for services again (new episode of services) during the fiscal years within quarters 2-4.

Active Clients



* # of Active Clients are based on enrollments at the beginning of the quarter

Pending Evaluation

Outcome #1	Clients improve overall social emotional functioning.				
Indicator #1	80% of clients will improve their level of functioning at discharge as measured by a decrease score of at least 1 point on the CFARS from their baseline score at admission.				
Quarters	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**YTD**
# clients **pending evaluation** (have not met time frame based on outcome)	4	10	5	5	

Clients who are not eligible to be evaluated because duration of service requirements have not yet been met but were served during the quarter. For some indicators, services must be delivered for a designated time frame before progress can be assessed. In that case, the indicator will state the amount of service time needed before each Client's progress will be included in the report.

Note: This number is negated from the # of Clients meeting the timeframe to be evaluated.

Drop Out Clients

Outcome #1	Clients improve overall social emotional functioning.					
Indicator #1	80% of clients will improve their level of functioning at discharge as measured by a decrease score of at least 1 point on the CFARS from their baseline score at admission.					
Quarters		Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
# clients **dropped out** of program (inactivity/non-compliant/admin discharge)		1	0	2	1	**4**

The number of Clients who dropped out of the program during the quarter.

Dropped-out = i.e. Client-driven; Client is a no show, failed to communicate/respond to follow up requests for rescheduled appointments.

Unable to be Evaluated Clients

Outcome #1	Clients improve overall social emotional functioning.					
Indicator #1	80% of clients will improve their level of functioning at discharge as measured by a decrease score of at least 1 point on the CFARS from their baseline score at admission.					
Quarters		**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**YTD**
# **unable to be evaluated** (data missing, change funding source, other - explain in narrative)		5	0	0	2	**7**

Enter the number of Clients who cannot be evaluated, but would have been eligible to be evaluated.

This exclusion may include Clients who 1) attended the program sporadically, not enough data and cannot be evaluated; 2) became eligible for services provided by another funding source, 3) administrative discharge. Other exclusions may apply; when in doubt, discuss with the CSD Staff.

Previously Evaluated Clients

Outcome #1	Clients improve overall social emotional functioning.				
Indicator #1	80% of clients will improve their level of functioning at discharge as measured by a decrease score of at least 1 point on the CFARS from their baseline score at admission.				
Quarters	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
# **previously evaluated** for the indicator (if applicable)	0	0	1	0	**1**

The number of Clients who have been reported for this indicator in the past for the same episode of care within the contract year. Depending on the nature of the service, some Clients' progress may be assessed multiple times for a particular indicator in the contract year. When in doubt, discuss it with the CSD Staff.

Note: There are times when the client may return for another episode of care and the evaluation of the outcome may restart. Understand that the outcome may be duplicative; however, the client must stay unduplicated and placed in "rollover/existing client".

Ultimate Goal

Total Active Clients

- # pending evaluation

- # drop-out

- # unable to be evaluated

- # previously evaluated

= # meeting time frame

% Attaining the indicator

Outcome #1	Clients improve overall social emotional functioning.				
Indicator #1	80% of clients will improve their level of functioning at discharge as measured by a decrease score of at least 1 point on the CFARS from their baseline score at admission.				
Quarters	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**YTD**
# **meeting time frame** to be evaluated for the indicator	**15**	**9**	**7**	**8**	**39**
# **attaining** the indicator	10	9	5	8	**32**
% Attainment for the Quarter	**66.7%**	**100.0%**	**71.4%**	**100.0%**	**82.1%**

 # attaining the indicator ÷ **# meeting time frame** = **% Attainment for the Quarter**

Narrative Report

Outcome Narrative -Outcome #1
1. Explain your methodology for obtaining the outcome calculation.
2. Were there any challenges that impacted the results of any unmet indicator? If so, what is the action plan to address these challenges?
3. Did you have any Clients who were unable to be evaluated due to data missing, change funding source, or other? If So, Why?

Quarterly Success Story : Please provide us with one success story in the quarter.

Detailed Demographics and Outcome

The SPRE Team will be conducting Quality Assurance checks of detailed reports against the program outcome reports on a quarterly basis.

Data Software data collection/pulls.

- Client Track (Homeless and Economic Stability Category)
- SAMIS (Economic Stability Category)
- Demo Outcome Spreadsheet (Behavioral Health Category)

***Agencies are required to pull their data within the quarter and send it along with the "Program Outcome Report" for quality assurance purposes. Trainings are available for system data pulling.**

CMIS Data Explorer Training Date: January 17 @ 1-2 pm (Virtual)
https://pbc-gov.webex.com/pbc gov/j.php?MTID=m3093b594640d82363bbd67d88419c767 [pbc-gov.webex.com]

What Gets Measured Gets Done

"What gets measured gets done; If you don't measure results, you can't tell success from failure; If you can't see success, you can't reward it; If you can't reward success, you're probably rewarding failure; If you can't see success, you can't learn from it; If you can't recognize failure, you can't correct it; If you can demonstrate results, you can win public support."

Source: Prajapati Trivedi. (1994). Improving Government Performance: What Gets Measured, Gets Done. Economic and Political Weekly, 29(35), M109–M114. http://www.jstor.org/stable/4401682

Data Verification Form

The **Financially Assisted Agencies (FAA)** which is funded by Ad Valorem dollars. This funding is managed through the Administration section of the Community Services Department. Strategies and priorities of the funding are determined in collaboration with the Citizens Advisory Committee on Health and Human Services (CAC/HHS) and other divisions within the department. During the Fiscal Year (FY), nonprofit agencies that have been contracted with FAA funding are required to keep track of their program participant demographic and outcome data using one of the assigned databases: SAMIS, Client Track, or manual data entry. At the end of the fiscal year, the data entered into the databases is assembled into an Annual FAA Demographics and Outcomes Report that is shared with County and Department Administration, the Citizens Advisory Committee (CAC), contracted nonprofit agencies, and the public.

Please verify the data below for the **FY2023 Demographic and Outcome** data for your agency FAA program was collected between **October 1, 2022, and September 30, 2023.**

1. **Agency Name:** ______________________
2. **Program Name(s):** ______________________
3. **FY23 Target Number Unduplicated Served:** ☐
4. **FY23 YTD Number Unduplicated Served:** ☐
5. **Please verify the demographics:**

Category	Characteristic	#	%
Gender	Female		
	Male		
	Other/Unknown		
	TOTAL:		
Veteran	Veteran		
	Non-Veteran		
	Unknown		
	TOTAL:		
Race	White or Caucasian		
	Black, African American, or African		
	American Indian, Alaska Native, or Indigenous		
	Asian or Asian American		
	Native Hawaiian or Pacific Islander		
	Two or More Races (Multi-racial)		
	Other/Unknown		
	TOTAL:		
Ethnicity	Hispanic/Latin(a)(o)(x)		
	Non-Hispanic/Non-Latin(a)(o)(x)		
	Other/Unknown		
	TOTAL:		
Age	17 and under		
	18 to 24		
	25 to 39		
	40 to 59		
	60 and above		
	Unknown		
	TOTAL:		

6. **Please verify your outcome attainment information:**

Outcome #1:

____

Attained for FY23: YES or NO

Outcome #2:

____

Attained for FY23: YES or NO

Outcome #3:

____

Attained for FY23: YES or NO

7. ***If the number to be served OR outcome percentage were not met, please give a brief explanation as to why this happened:**

Please check this box to omit the explanation for why the number to be served or outcome percentage were not met from the final published report: ☐

8. ***Program Highlights for FY23 Agency would like to share:**

- ______________________
- ______________________
- ______________________

** Please note that anything with a red asterisk is a **REQUIRED** field to be filled out by AGENCY.*

Please proceed to the next page for the required signatures.

Required Signatures

By signing below, you agree to the following:

1. The data attached for the aforementioned program(s) has been reviewed and verified by the agency that submitted it.
2. The data has been deemed complete and accurate by the agency and can therefore be utilized to report on their demographics and outcomes for the fiscal year mentioned above.
3. Corrections based on evaluations will not be made.

Name of Individual Who Verified Data (Print) ____ Date ____

Signature of Individual Who Verified Data ____ Date ____

Executive Director Name (Print) ____ Date ____

Executive Director Signature ____ Date ____

Finalized form with completed data review, completed narrative, and completed signatures should be forwarded as a PDF to CSD email below:

CSD-ContractsManager@pbcgov.org

AGENCY shall complete a Data Verification Form by the deadline provided after the end of the contract year. The Data Verification Form certifies that the data provided is final and can be published in the FAA annual report. The Data Verification Form is located on the FAA webpage.

Questions?

Quick Break

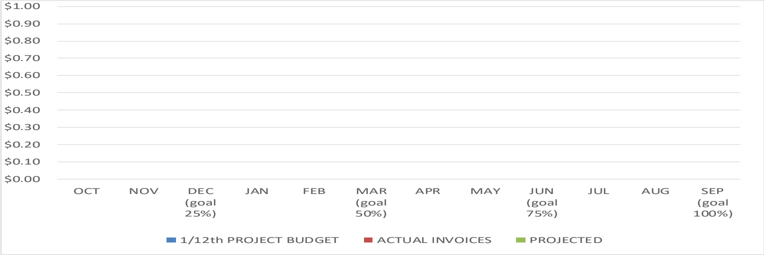
2

Utilization Report

Utilization Report

AGENCY NAME:		**DATE:**	
		PROGRAM CATEGORY	
PROGRAM NAME:		**UNIT COST ($)**	

Program Amount	
Contract Utilization YTD: Billed $/Contract Amount	**#DIV/0!**
Total Billed YTD	$0.00
Total Projected $ rest of year	$0.00
$ amount not utilized **(Negative # = overutilization)**	$0.00



Utilization Details

FY 2022	1/12th PROJECT BUDGET	ACTUAL INVOICES	PROJECTED	BALANCE REMAINING	% UTILIZED YTD	TOTAL # FAA CLIENTS SERVED	# of UNITS BILLED
OCT	$0.00			$0.00	#DIV/0!		#DIV/0!
NOV	$0.00			$0.00	#DIV/0!		#DIV/0!
DEC (goal 25%)	$0.00			$0.00	#DIV/0!		#DIV/0!
JAN	$0.00			$0.00	#DIV/0!		#DIV/0!
FEB	$0.00			$0.00	#DIV/0!		#DIV/0!
MAR (goal 50%)	$0.00			$0.00	#DIV/0!		#DIV/0!
APR	$0.00			$0.00	#DIV/0!		#DIV/0!
MAY	$0.00			$0.00	#DIV/0!		#DIV/0!
JUN (goal 75%)	$0.00			$0.00	#DIV/0!		#DIV/0!
JUL	$0.00			$0.00	#DIV/0!		#DIV/0!
AUG	$0.00			$0.00	#DIV/0!		#DIV/0!
SEP (goal 100%)	$0.00			$0.00	#DIV/0!		#DIV/0!
TOTAL	$0.00	**$0.00**	**$0.00**			**0**	**#DIV/0!**

NARRATIVE - **To be updated with each report.**

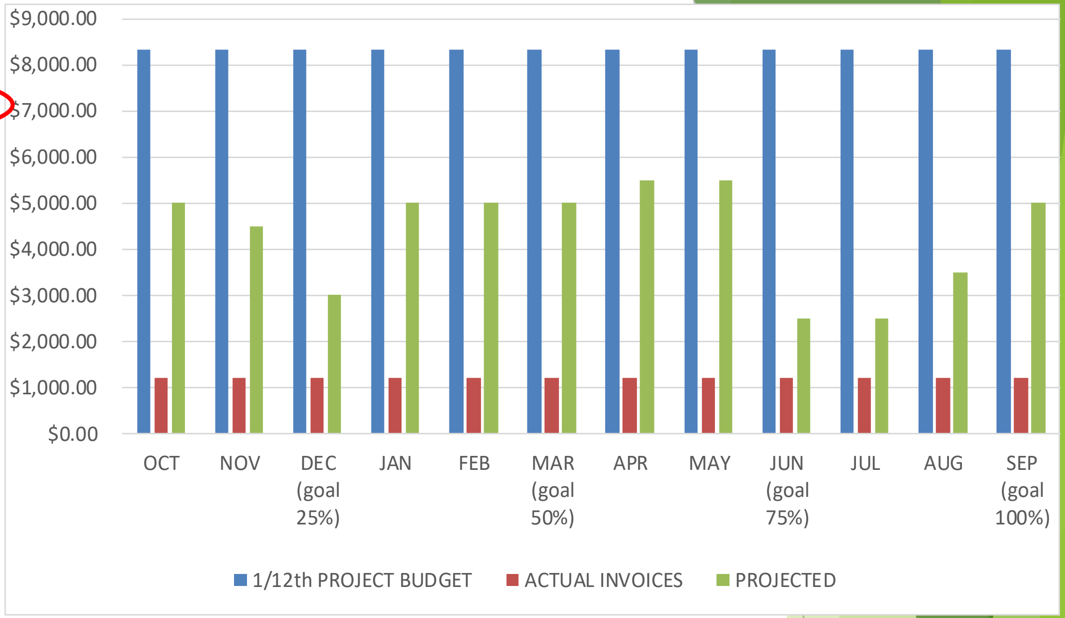
PROGRAMMATIC UPDATES: Please summarize any programmatic updates during the quarter.

Utilization Report

AGENCY NAME:		DATE:	
		PROGRAM CATEGORY	
PROGRAM NAME:		UNIT COST ($)	

- Enter “Agency” name as written in contract
- Date the report was submitted
- Enter “Service Category” as written in Scope of Work
- Enter the “Program Name” as written in Scope of Work
- Enter the Unit Cost amount as written in “Exhibit B”

Program Amount	
$	100,000.00
Contract Utilization YTD: Billed $/Contract Amount	**14%**
Total Billed YTD	$14,400.00
Total Projected $ rest of year	$52,000.00
$ amount not utilized (Negative # = overutilization)	$85,600.00



Enter Program Amount as written in “Exhibit B”

Note: The other fields are auto populated

Utilization Details

FY 2022	1/12th PROJECT BUDGET	ACTUAL INVOICES	PROJECTED	BALANCE REMAINING	% UTILIZED YTD	TOTAL # FAA CLIENTS SERVED
OCT	$8,333.33	$1,200.00	$5,000.00	$98,800.00	1%	
NOV	$8,333.33	$1,200.00	$4,500.00	$97,600.00	2%	
DEC (goal 25%)	$8,333.33	$1,200.00	$3,000.00	$96,400.00	4%	
JAN	$8,333.33	$1,200.00	$5,000.00	$95,200.00	5%	
FEB	$8,333.33	$1,200.00	$5,000.00	$94,000.00	6%	
MAR (goal 50%)	$8,333.33	$1,200.00	$5,000.00	$92,800.00	7%	
APR	$8,333.33	$1,200.00	$5,500.00	$91,600.00	8%	
MAY	$8,333.33	$1,200.00	$5,500.00	$90,400.00	10%	
JUN (goal 75%)	$8,333.33	$1,200.00	$2,500.00	$89,200.00	11%	
JUL	$8,333.33	$1,200.00	$2,500.00	$88,000.00	12%	
AUG	$8,333.33	$1,200.00	$3,500.00	$86,800.00	13%	
SEP (goal 100%)	$8,333.33	$1,200.00	$5,000.00	$85,600.00	14%	
TOTAL	$100,000.00	**$14,400.00**	**$52,000.00**			**0**

- Actual Invoices- Enter the dollar amount billed on the invoice.
- Projected – Enter possible amount(s) for upcoming months.
- Total # Clients Served - Enter the number of Clients served during that particular month.

NARRATIVE - To be updated with each report.
PROGRAMMATIC UPDATES: Please summarize any programmatic updates during the quarter.
This section should provide information on what is going on in the program. You may discuss impacts of utilization which may include clients needing more/ less services, staffing pattern or other information that the COUNTY should know about.

Contact Information

For Any Technical Assistance:

Program Outcome Reports:

Economic Stability/Mobility- Stessy Cocerez- SCocerez@pbcgov.org
SOFI- Angela Cruz- ACruz1@pbcgov.org
Homeless/Human Services- Adam Reback- AReback@pbcgov.org
Behavioral Health- Dr. Poulomy Chakraborty Pchak@pbcgov.org

Program Utilization Report:

Elena Klimenko- EKlimenko@pbcgov.org

Please send your contractually required reports to

CSD-ContractsManager@pbcgov.org

Thank You!

Any questions?