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December 13, 2023

Mr. Scott Goyer, President/CEO  
YMCA of the Suncoast  
2469 Enterprise Rd.  
Clearwater, FL 33763

Dear Mr. Goyer:

Enclosed is the report for your Older Americans Act, Title IIID Disease Prevention & Health Promotion Program (#EA-023), specifically Enhanced Fitness. This Enhanced Fitness In-person class monitoring visit and Desk Review were conducted on November 22 and 27, 2023, by Terri Toner, Health and Wellness Coordinator.

This report is intended to provide an overview of the program's operations as of the dates of the monitoring visits. The cooperation of Karrie Grassia and Summer Cruff and teacher, Kevin Archibald throughout the in-person visits was greatly appreciated.

All monitoring standards were adequately achieved.

The monitor did make recommendations on Standards #3. A and #7. B.

Your commitment to serving the Health and Wellness needs of older adults in Pasco and Pinellas Counties is greatly appreciated. Your staff are commended for their quality and meaningful work throughout the year. Should you have a question or concern about the monitoring report, please do not hesitate to contact our office.

Sincerely,

A handwritten signature in black ink, appearing to read "Ann Marie Winter".

Ann Marie Winter  
Executive Director

Encl.

CC: Summer Cruff, VP of Healthy Living, YMCA of the Suncoast  
Karrie Grassia, Director of Community Health Programs, YMCA of the Suncoast



## 2023 OAA IID Disease Prevention & Health Promotion Programmatic Monitoring Standards

<b>Date of Visit(s):</b>	November 22 and 27, 2023
<b>Date of Report:</b>	December 13, 2023
<b>Provider:</b>	Young Men's Christian Association (YMCA of the Suncoast)
<b>Monitor:</b>	Terri Toner, Health and Wellness Coordinator
<b>Contract Review Period:</b>	January 01, 2023 through December 31, 2023
<b>Participants:</b>	Summer Cruff, Karrie Grassia, Kevin Archibald

Standard #1	Compliance Measure
<p>A staff member is designated to act as liaison and facilitator for health promotion programs between volunteer organizations and community agencies.</p>	<p>Achieves <input checked="" type="checkbox"/> ]            Partially Achieves <input type="checkbox"/> ]            Not Achieved <input type="checkbox"/> ]            Not Applicable <input type="checkbox"/> ]            Follow-Up Required <input type="checkbox"/> ]</p>
<p><b>Description:</b>            The most current organizational chart illustrated in the 2023 OAA Title IID Grant Application denotes several key individuals working with the program in both Pinellas and Pasco Counties. The following positions are reflected: "President/CEO", "Senior VP/COO", "VP of Healthy Living", &amp; "Director of Community Health Programs". Generally, the Program's Director of Community Health Programs is the liaison between YMCA of the Suncoast and the AAAPP.</p> <p>On June 1, 2023, an email from Summer Cruff was received to update the position of Director of Community Health Programs to Ms. Karrie Grassia. Ms. Grassia is now the Health and Wellness Coordinator's primary contact for programmatic purposes. Summer Cruff was promoted to V.P. of Healthy Living. The program has appropriate levels of staff &amp; supervision.</p>	

Standard #2	Compliance Measure
<p>All programmatic reports are correct and submitted timely to AAAPP.</p> <p>a. DOEA Monthly Report            b. AAAPP OAA Quarterly Report</p>	<p>Achieves <input checked="" type="checkbox"/> ]            Partially Achieves <input type="checkbox"/> ]            Not Achieved <input type="checkbox"/> ]            Not Applicable <input type="checkbox"/> ]</p>

c. AAAPP Quarterly Volunteer Report	Follow-Up Required [ ]
<p><b>Description:</b></p> <p>a. The Director of Community Health Programs submitted DOEA monthly reports throughout CY2023 punctually and reconcile easily to inputted CIRTS data.</p> <p>b. The IIID Provider is required to submit a Quarterly report every 10<sup>th</sup> of January, April, July, and October. As of the date of this monitoring report, the provider has successfully submitted all and quarterly reports covering the 1<sup>st</sup> through 3<sup>rd</sup> quarter, detailing their intent to meet client targeting, and budgetary proposals, per the approved service provider application.</p> <p>c. Provider was advised they will receive a request to complete this report in January of 2024 and covering CY2023.</p>	

<b>Standard #3</b>	<b>Compliance Measure</b>
<p>Highest Level Evidence-Based Programs meet program requirements:</p> <ol style="list-style-type: none"> <li>a. Marketing is appropriate and contains mandatory elements.</li> <li>b. Required licensure is current and on file.</li> <li>c. Credentials of program facilitators.</li> <li>d. Provider has procedures in place to ensure the fidelity of programs and procedures are followed.</li> <li>e. The Program utilizes appropriate DOEA Sign-In Sheets and accurately accounts for eligible clientele.</li> </ol>	<p>Achieves [X]</p> <p>Partially Achieves [ ]</p> <p>Not Achieved [ ]</p> <p>Not Applicable [ ]</p> <p>Follow-Up Required [ ]</p>
<p><b>Description:</b></p> <p>During CY2023 and as of the date of this monitoring visit, the YMCA of the Suncoast has conducted a total of (9) episodes of Enhanced Fitness, a highest level Evidenced Based Program within the entire PSA. They will conclude the remaining 3 classes projected in December of 2023 per their proposal.</p> <p><b>The monitor reviewed a sample of the aforementioned for compliance with requirements:</b></p> <p>Classes Selected:</p> <ol style="list-style-type: none"> <li>1. <i>Pinellas – Enhanced Fitness – Dates (02/06/23 – 05/26/23) – City of Clearwater – Countryside Recreation Center-26 Starters/25 Completers (96%)</i></li> <li>2. <i>Pasco – Enhanced Fitness – Dates (05/15/23 – 09/01/23) – J.P. Gills YMCA- 13 Starters/9 Completers (69%)</i></li> </ol> <p><b>a. Marketing is appropriate and contains mandatory elements:</b></p> <p>All (2) Evidenced Based (EB) events reviewed were appropriately marketed. Marketing contained the mandatory required information: “Event Title”, “Date”, “Time”, “Length of Event”, “Location, “How to Register” &amp; “Instructions on if Further Information is Needed”. On both flyers, there was no address to the location of the course observed and should be included.</p>	

**The AAAPP recommends that the address of the location be included for marketing purposes.**

The start and end dates were included.

**b. Required licenses are on file:**

For the Enhanced Fitness program, the AAAPP is in receipt of the YMCA's acknowledgement of current license for the Enhanced Fitness Program.

**c. Credentials of program facilitators:**

Program records listed the trainers for the programs reviewed. Appropriate credentials were on file for these trainers.

**d. Provider has procedures in place to ensure the fidelity of programs:**

To ensure program fidelity, the provider has established and uses the following forms for all EB Events:

1. Prior to the provider's monthly report being submitted to the AAAPP for reconciliation, the YMCA attests to reviewing the fidelity of each completed class and for purposes of requesting reimbursement.
2. Additionally, Director of Community Health Programs completes a final fidelity review before processing the monthly report for submission to the DOEA Contract Manager.

The records reviewed for the (2) courses verified:

1. All classes met the standards for maximum number of participants.
2. All classes and records complied with DOEA standards.
3. All required client forms were completed and on file.
4. All clients met eligibility requirements.
5. The number of program participants and completers varied slightly in the Provider's monthly report and post-checklist.

- *City of Clearwater Countryside Recreation Center-26 Starters/25 Completers, YMCA previously reported 25 Starters/24 Completers*
- *J.P. Gills YMCA-13 Starters/9 Completers, YMCA previously reported 14 Starters/9 Completers.*

6. The programs were billed correctly in CIRTS.

**e. The Program utilizes DOEA Sign-In Sheets and accurately accounts for eligible clientele:**

In review of the (2) courses, it was observed that the provider is utilizing the appropriate and applicable sign-in sheets.

Standard #4	Compliance Measure
The Program records/inputs data appropriately	Achieves [X ]
a. Services are accurately recorded in CIRTS.	Partially Achieves [ ]

<p>b. Information is entered into the NCOA CHA Community online data system when applicable.</p>	<p>Not Achieved <input type="checkbox"/>  Not Applicable <input type="checkbox"/>  Follow-Up Required <input type="checkbox"/></p>
<p><b>Description:</b></p> <p>a. E-CIRTS Data on a monthly basis is inputted accurately and reflects the full completion of Evidenced Based (EB) classes and units.  b. Not Applicable</p>	

<p><b>Standard #5</b></p>	<p><b>Compliance Measure</b></p>
<p>Provider is serving or has a plan to serve the number of proposed units as identified in the service provider application.</p>	<p>Achieves <input checked="" type="checkbox"/>  Partially Achieves <input type="checkbox"/>  Not Achieved <input type="checkbox"/>  Not Applicable <input type="checkbox"/>  Follow-Up Required <input type="checkbox"/></p>
<p><b>Description:</b></p> <p>The Provider will have served the proposed number of Units for CY2023. We appreciate the efforts made by the provider on being able to fully execute and expend their budget in delivery of the Enhanced Fitness Classes.</p>	

<p><b>Standard #6</b></p>	<p><b>Compliance Measure</b></p>
<p>The provider establishes collaborations and partnerships with other agencies to assist with Evidence Based Disease Prevention and Health Promotion activities. Documentation is maintained for partnerships listed in the DOEA Report.</p>	<p>Achieves <input checked="" type="checkbox"/>  Partially Achieves <input type="checkbox"/>  Not Achieved <input type="checkbox"/>  Not Applicable <input type="checkbox"/>  Follow-Up Required <input type="checkbox"/></p>
<p><b>Description:</b></p> <p>The Monitor reviewed back-up documentation regarding partnerships the Program has created and/or maintained. Not all partnerships have formal agreements or MOUs/MOAs. The review of one distinct partnership occurred and the correspondence reflecting an agreement is acceptable. All documentation is maintained by the YMCA of the Suncoast for partnerships listed in the monthly DOEA Report.</p> <p><b>Partnerships reviewed were:</b></p> <ol style="list-style-type: none"> <li>1. City of Clearwater-The Aging Well Center and Countryside Recreation Center</li> </ol>	

Standard #7	Compliance Measure
Consumer satisfaction and effective delivery of service has been verified through: <ol style="list-style-type: none"> <li>a. Client Interview</li> <li>b. Review of consumer satisfaction surveys. (Evaluations and/or pre and post surveys)</li> </ol>	Achieves [X] Partially Achieves [ ] Not Achieved [ ] Not Applicable [ ] Follow-Up Required [ ]
<b>Description:</b>  a. The Monitor did have the opportunity to speak to three participants and gathered their feedback on the course they participated in. <b>Please see Attachments I.A, I.B, I.C.</b> b. The provider does collect Satisfaction Surveys for quality assurance purposes. <b><u>The AAAPP recommends that the YMCA create a system where surveys are reviewed consistently and analyzed for quality assurance purposes, and filed appropriately, per EB Course.</u></b>	

Standard #8	Compliance Measure
Verify that all corrective actions and follow-up have been appropriate, adequately and timely implemented.	Achieves [X] Partially Achieves [ ] Not Achieved [ ] Not Applicable [ ] Follow-Up Required [ ]
<b>Description:</b> Historically, the provider has no corrective actions or need for follow-up.	

Standard #9	Compliance Measure
Service observation indicates appropriateness in the manner it is being conducted. <ol style="list-style-type: none"> <li>a. Provider follows the fidelity of the program.</li> <li>b. Provision of space allotted for class was appropriate.</li> <li>c. Participants were allowed to engage and participate.</li> </ol>	Achieves [X] Partially Achieves [ ] Not Achieved [ ] Not Applicable [ ] Follow-Up Required [ ]

**Description:**

- a. The monitor observed an "Enhanced Fitness" class and completed a EB Class Fidelity Checklist. The monitor met with the Class Instructor, Kevin Archibald. Please see "Fidelity Checklist for Evidenced Base Classes" accompanying this report as **Attachment II**. To also maintain fidelity, Provider created A Pre-checklist, including a signature area for attendees on the sign-in sheets, a post-checklist, as well as an Evaluation Class survey. The Post Checklist is newly created for the 2 classes monitored.
- b. The space observed was appropriate.
- c. The monitor observed promotion of and consistent interaction by each of the participants.

Standard #10	Compliance Measure
Participant completion analysis. <ul style="list-style-type: none"><li>a. Provider has a plan to achieve appropriate participant class completion percentages</li><li>b. Provider demonstrates effectiveness regarding participant class completion percentages</li></ul>	Achieves [ X] Partially Achieves [ ] Not Achieved [ ] Not Applicable [ ] Follow-Up Required [ ]
<p><b>Description:</b></p> <ul style="list-style-type: none"><li>a. The provider does have a plan to achieve appropriate participant class completion percentages.</li><li>b. Based on review of the Annualized monthly report and a tabulation of the entire year to date, the provider has achieved an overall excellent completer rate of 93.45%. By comparison, the required completer rate of the Enhanced Fitness Program is 40%. The AAAPP appreciates the attention given to participants for purposes of maintaining their ability to achieve the full benefits of the course.</li></ul>	

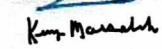
Signatures

  
\_\_\_\_\_  
Terri Toner, Health & Wellness Coordinator

12/13/23  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Jason Martino, Director of Planning

12/13/23  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Kerry Marsalek, Chief Operating Officer

Dec 18, 2023  
\_\_\_\_\_  
Date



**OAA CLIENT INTERVIEW QUESTIONNAIRE**

**Attachment I.A**

**AGENCY:** YMCA of the Suncoast

**SERVICE:** Older Americans Act (OAA), Title IIID Health Promotion & Disease Prevention Services

**How did you hear about the service you are currently receiving?** Magazine

**How long have you been receiving services from this agency?** 3 Years

**Do you have a particular contact person you speak with about services?** Yes

**Do you know how to contact him/her?** Yes

**Have you ever had to make a complaint about the services you receive or the person providing the services?** No

**What is specifically being done for you?** Nothing

**Do you feel this service allows you to remain home independently?** Yes

**Do you receive any other type of assistance?** No

**How do you rate the quality of the service you are currently receiving and/or the agency providing it?**

Excellent  Good  Fair  Poor

**Why?** Great service and nice staff

**If you could change anything about the service you receive or the agency providing it, what would you change?** No change

**Interviewer observations:** Attendees enjoyed class and participated well.

**Client:** D. A.

**Submitted by:** Terri Toner, Health and Wellness Coordinator

**Date:** 11/22/23



**OAA CLIENT INTERVIEW QUESTIONNAIRE**

**Attachment 1.B**

**AGENCY:** YMCA of the Suncoast

**SERVICE:** Older Americans Act (OAA), Title IIID Health Promotion & Disease Prevention Services

**How did you hear about the service you are currently receiving?** From a friend

**How long have you been receiving services from this agency?** 3 Years

**Do you have a particular contact person you speak with about services?** No

**Do you know how to contact him/her?** No

**Have you ever had to make a complaint about the services you receive or the person providing the services?** No

**What is specifically being done for you?** Overall body health and balance

**Do you feel this service allows you to remain home independently?** Yes

**Do you receive any other type of assistance?** No

**How do you rate the quality of the service you are currently receiving and/or the agency providing it?**

Excellent  Good  Fair  Poor

**Why?** Dedicated Instructors

**If you could change anything about the service you receive or the agency providing it, what would you change?** Nothing

**Interviewer observations:** Attendees enjoyed class and participated well.

**Client:** L. B.

**Submitted by:** Terri Toner, Health and Wellness Coordinator

**Date:** 11/22/23



**OAA CLIENT INTERVIEW QUESTIONNAIRE**

**Attachment I.C**

**AGENCY:** YMCA of the Suncoast

**SERVICE:** Older Americans Act (OAA), Title IIID Health Promotion & Disease Prevention Services

**How did you hear about the service you are currently receiving?** Research and Senior Wellness Office

**How long have you been receiving services from this agency?** One year

**Do you have a particular contact person you speak with about services?** Senior Wellness Office

**Do you know how to contact him/her?** Senior Wellness Office

**Have you ever had to make a complaint about the services you receive or the person providing the services?** No

**What is specifically being done for you?** Personal strength, Improved Wellness

**Do you feel this service allows you to remain home independently?** Absolutely

**Do you receive any other type of assistance?** No

**How do you rate the quality of the service you are currently receiving and/or the agency providing it?**

Excellent  Good  Fair  Poor

**Why?** I previously paid \$50 (3x weekly) for Physical Therapy for a year and this program is 100% better!

**If you could change anything about the service you receive or the agency providing it, what would you change?** Absolutely nothing

**Interviewer observations:** Attendees enjoyed class and participated well.

**Client:** A. R.

**Submitted by:** Terri Toner, Health and Wellness Coordinator

**Date:** 11/22/23



**Area Agency on Aging**  
of Pasco - Pinellas, Inc.

**Attachment II.**

**Fidelity Checklist for Pasco & Pinellas County OAA Title IIID Evidenced Based Classes**

<b>Date Fidelity Monitored:</b>	11/22/23
<b>Course Start Date:</b>	9/6/23-12/6/23
<b>Name of Instructor(s):</b>	Kevin Archibald
<b>Location of Course:</b>	Aging Well Center
<b>Fidelity Monitored by:</b>	Terri Toner, Health and Wellness Coordinator

<b>Section 1. (General)</b>				
		<b>Yes</b>	<b>No</b>	<b>Comments</b>
<b>1.</b>	<b>Is a sign-in sheet being maintained for the course?</b>	X		Hard copy sign-in at class, then Y inputs into database.
<b>2.</b>	<b>Did all participants at the start of the class complete course specific required paperwork?</b>	X		

<b>Section 2. (Facility/Venue/Environment)</b>				
		<b>Yes</b>	<b>No</b>	<b>Comments</b>
<b>1.</b>	<b>Does the space provide accommodate the class in total, comfortably?</b>	X		
<b>2.</b>	<b>Does the space provided have accessible restrooms?</b>	X		
<b>3.</b>	<b>Was the space adequately lighted?</b>	X		
<b>4.</b>	<b>Was the space quiet so class instruction could be easily heard?</b>	X		

<b>Section 3. (Class Fidelity)</b>				
		<b>Yes</b>	<b>No</b>	<b>Comments</b>
<b>1.</b>	<b>Did the instructors complete required training and obtain credentials?</b>	X		
<b>2.</b>	<b>Was the appropriate amount of instructors' present?</b>	X		

3.	Did the instructors start the class timely?	X		
4.	Did instructors follow the curriculum per required fidelity?	X		
5.	Did instructors have appropriate class materials for participants, if applicable?			Not applicable
6.	Was the class conducted in the required time interval?	X		
7.	Were participants encouraged to participate, interact in meaningfully?	X		Invited attendees count on rep's for wt. bearing x 2, and other segments

Reviewer's Additional Comments	
<p>Class had 17 attendees.</p> <p>Class was well lit and provided ample space for attendees.</p> <p>Participants interacted meaningfully.</p>	









# CY2023 Annual Programmatic Monitoring Report - YMCA - Enhanced Fitness

Final Audit Report

2023-12-18

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