



COE DEVELOPED CSBG
ORGANIZATIONAL STANDARDS

Category 4 Organizational Leadership

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Introduction

The purpose of this technical assistance guide is to help a Community Action Agency (referred to as an agency or CAA) assess its compliance with Category Four of the Organizational Standards (4.1-4.6) that pertain to organizational leadership. The first section below provides general considerations to help an agency plan the review process. The next six sections address each of the organizational standards in this category and provide resources to help an agency:

- Understand the intent and definition of the standard;
- Identify materials to document compliance with the standard;
- Benchmark and evaluate performance with regards to the standard; and
- Access supports to help with compliance and improve performance.

This particular category includes several different processes that do not fit neatly into another category. Your organizational leadership is of course needed across all nine categories in the Organizational Standards with six particular areas of emphasis highlighted here. Overall the goal for this category is to ensure that you have the leadership and management processes in place to meet the current and future needs of the organization. This “leadership” is loosely defined because board, executive, and management all have responsibilities to ensure that the organization is on the track and will remain so.

This category starts with the mission, flows into performance management activities, and finishes with the organizational assessment and planning necessary to ensure continuity. Well-functioning leadership systems ensure that CAAs will continue to be the cornerstone of the fight to address poverty.

This Technical Assistance Guide helps an agency answer two questions: (1) Are we in compliance with the requirements of the Organizational Standards, and (2) How well did we perform in these areas? It is important to note that agencies are only required to comply with the standards and that guidance and materials for how to assess performance are intended as a capacity-building resource.

Considerations for the Review Process

This section of the Technical Assistance Guide provides questions to help agencies think through the planning of the review process. Questions to consider before the review process begins include:

- **How is the review process for Category Four connected to the overall process for assessing the Organizational Standards?** Staff involved in reviewing the leadership standards should ensure their efforts are consistent with the overall process for standards assessment in regards to interpreting the standards, recording findings, managing and storing documents, and conducting any necessary follow-up activities to achieve compliance.
- **Are there opportunities to incorporate the review process into related activities?** While there is value to conducting the assessment as a “stand alone” process, agencies can look for opportunities to increase efficiency by including it in already planned activities. For example, incorporating assessment and documentation of the standards into agenda and packet planning for board meetings to ensure that everything that needs a vote or review by the board gets accomplished in the appropriate time frame.

- **What is the appropriate level of effort for the review process?** Agencies should consider the costs and benefits of expending different levels of effort in reviewing Category Four. The standards within this category have differing time frames and connect with other parts of the Standards so determining the scope of your review may depend on how recent other assessment and discussions are and what the opportunities are to “fold it in” to another process.
- **Who should participate in the review process?** It is possible for one staff person to complete the assessment alone. However, the agency may consider assembling a small team to conduct a more in-depth analysis. Again the Organizational Leadership category encompasses a broad range of activities and processes, so a team approach is likely to be helpful. Always start with any previous reviews, self-assessments, or monitoring reports to determine who should be involved and to provide continuity over time.

When the staff selected to conduct the review process are ready to begin, there are several additional questions they should consider. These include:

- **How will the staff assess whether the standards are met?** Staff should always begin the review process by reviewing all guidance from the State CSBG Lead Agency on the interpretation of the organizational standards and the documentation required to show they are met. Even if the agency decides not to conduct the complete review process suggested in this Guide, it is strongly suggested that the staff use the five point assessment scale included at the end of each section to rate the organization’s performance. This exercise helps ensure that there is consensus about whether the standard is met and provides a benchmark against which the agency can rate future performance.
- **How will the staff document compliance with the standards?** Staff should determine how they will record the results of the review and organize related files and materials to document compliance. The *Assessment Worksheet Template* included at the end of this Guide offers one option. Staff should begin by determining whether the agency meets each of the organizational standards in Category Four using guidance from the State CSBG Lead Agency and, if conducting a full performance evaluation, how well it rates using the evaluation questions and assessment scale included in this Guide. Brief summaries of the findings should be recorded to document the rationale for state monitors and provide a benchmark against which to assess future performance. Staff should then list the supporting materials that document compliance (e.g. reports, web pages, board minutes) and determine how to file the materials in a way that is easily accessible to state monitors (e.g. a document list and flash drive with scanned and uploaded files).
- **How will staff manage recommendations that result from the review process?** Standards that are assessed as unmet or that staff believe are potentially questionable should be addressed immediately with an action plan that concisely explains the problem and the specific steps that must be taken to achieve compliance. In addition, it is strongly suggested that staff should use the review process and resources in this Guide to make recommendations to the agency on how to improve based on their findings. Even if the review process focuses on simple compliance with the standards rather than a more extensive evaluation, it is likely that staff can identify ways to strengthen or develop in the six

standards areas. There should be a clear “follow up” process established that details the rationale for the recommendation, specific actions to take, and who is responsible.

- **How will staff archive results from the review process?** When the review of the standards is complete, staff should archive the results with those of the other categories. A good archive will include notes on how the review was conducted, who participated, any issues or “lessons learned” that are helpful to note for future reviews, and clear instructions for how to find all documents and materials referenced in the findings. Again, even if the review process has a more limited focus on compliance, it is recommended that staff include their evaluation of each standard on the five point assessment scale along with brief notes explaining the rationale for the finding to help benchmark performance for future reviews.

Category 4 Standards

- Standard 4.1** The governing board has reviewed the organization’s mission statement within the past 5 years and assured that:
1. The mission addresses poverty; and
 2. The organization’s programs and services are in alignment with the mission.
- Standard 4.2** The organization’s Community Action Plan is outcome-based, anti-poverty focused, and ties directly to the community assessment.
- Standard 4.3** The organization’s Community Action Plan and strategic plan document the continuous use of the full Results Oriented Management and Accountability (ROMA) cycle or comparable system (assessment, planning, implementation, achievement of results, and evaluation). In addition, the organization documents having used the services of a ROMA-certified trainer (or equivalent) to assist in implementation.
- Standard 4.4** The governing board receives an annual update on the success of specific strategies included in the Community Action Plan.
- Standard 4.5** The organization has a written succession plan in place for the CEO/ED, approved by the governing board, which contains procedures for covering an emergency/unplanned, short-term absence of 3 months or less, as well as outlines the process for filling a permanent vacancy.
- Standard 4.6** An organization-wide, comprehensive risk assessment has been completed within the past 2 years and reported to the governing board.

4.1 The governing board has reviewed the organization's mission statement within the past 5 years and assured that:

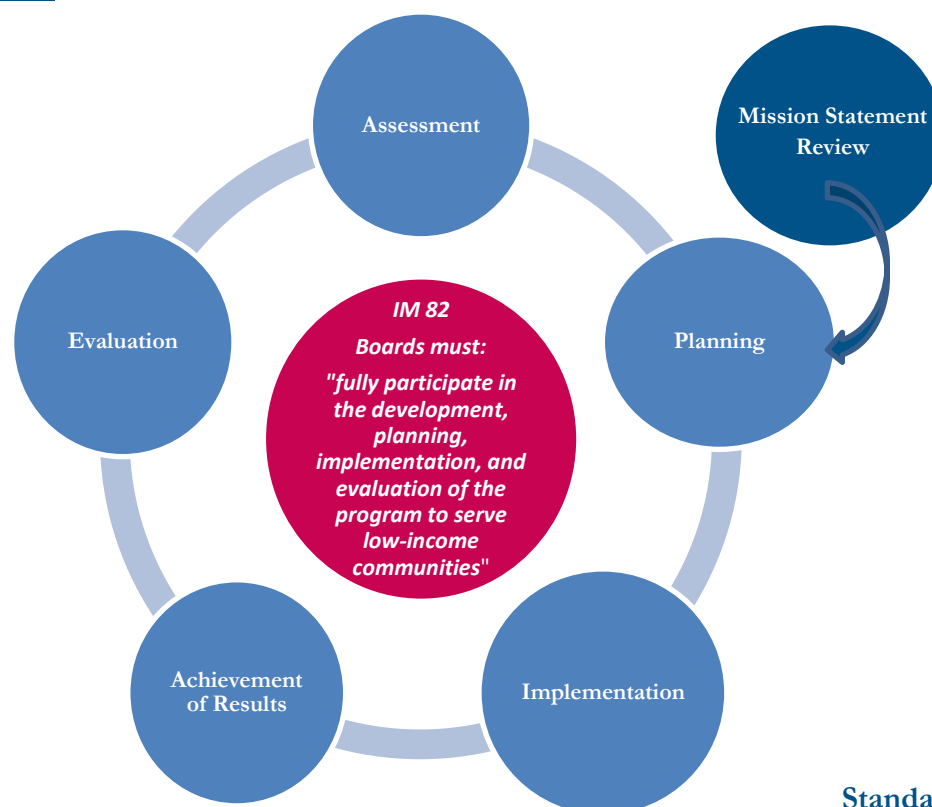
1. The mission addresses poverty; and
2. The organization's programs and services are in alignment with the mission.

A. Guidance on the Definition and Intent of the Standard

This Standard refers to the mission statement in place for the CAA and outlines some basic requirements for that mission statement. The CAA's mission of the agency is a guiding principle for the governing board. This, among other reasons, is why Standard 4.1 was included in the Leadership category. The mission statement does not have to use the word poverty to meet Standard 4.1, but needs to address the issue of poverty in some way. Terms such as increased self-sufficiency, economic security, ladders of opportunity, and others may be used.

Mission is the guiding principle of all nonprofits, so periodic review of the mission statement is good nonprofit management that is not specific to Community Action Agencies. All CAA work should be mission driven. Standard 4.1 requires review every 5 years. Best practice calls for review to occur more frequently. However, the 5 year requirement here aligns with the 5 year requirement for CAA Strategic Plans noted in Category Six. This review should include an assessment of how well the CAA's programs and services align with the mission. Without periodic review CAAs may experience mission-drift. Having this touchstone can help limit that potential.

ROMA Cycle



B. Guidance on Compliance and Documentation

The review team should always begin the process of documenting compliance with Organizational Standards by reviewing all available guidance from the State CSBG Lead Agency on the interpretation of the standard and required documentation. Specific issues the review team should consider that may affect compliance with Standard 4.1 include:

- **The review of the mission is “in process” at the time of review.** A CAA may find itself assessed for compliance with Standard 4.1 while the strategic planning process (or other methodology for reviewing mission) is in progress or being completed at a future meeting. In this case, it is suggested that the CAA inform the State CSBG Lead Agency of the planned process and timeline and any associated timelines for the State’s confirmation of compliance. It may be helpful to create a list of all items requiring board attention by time frame to ensure smooth agenda and board packet planning as well as easier documentation organization for the organizational Standards.
- **The board has reviewed the mission, but has not addressed its alignment with programs and services.** The Standard requires that the review process include determining that the programs and services are in alignment with the mission so evidence of that discussion should be present in the board minutes or meeting notes. This determination that services and programs are/are not in alignment with the mission is a governing board activity, not staff or State CSBG Lead Agency activity. The State CSBG Lead Agency would be looking for documentation that the board has this discussion, not that the services are/are not in line with the mission.

There are three requirements in this Standard that the governing board has reviewed the mission statement 1) within the past 5 years; 2) assured that this mission addresses poverty; and 3) the services offered are in alignment with the mission. The documentation could include:

- Minutes from a board meeting or board retreat that shows that the governing board reviewed the mission statement and that the Standard’s requirements were met.
- Strategic Plan that includes the mission statement, the process of review and other comments.
- The mission statement itself with Board review date noted.

C. Beyond Compliance: Benchmarking Organizational Performance

There are several things that you can do to formalize your review process and ensure you are operating a truly mission-driven organization.

- **Does your agency have written policies and procedures in place to structure your mission review process?** Written policies and procedures will formalize the process and make it easier to plan for and document the review. Policies and procedures could include timing, how the review will be conducted, who is involved, and how it fits in with other agency processes such as strategic planning.
- **Is your mission infused into all aspects of agency operations?** Neither board nor staff should have to search for the mission statement because it is ingrained in everyday activities.

It guides meetings, appears as part of your branding in publications or materials, and can be articulated by staff and board.

- **Is your mission a factor in the decision-making process at your organization?** The current programs and services are reviewed as part of meeting the Standard, but ideally the mission guides the decision-making process to ensure that new programs fit with the mission before they are undertaken. Seeking new programs, significant adjustments, or new partners should be mission driven.

D. Resources

Module 2 in ROMA curriculum – The Agency’s Mission

Harvard Business Review (2011). *How to Create an Effective Non-Profit Mission Statement*
http://blogs.hbr.org/cs/2011/03/how_nonprofit_misuse_their_mis.html

4.2 The organization's Community Action Plan is outcome-based, anti-poverty focused, and ties directly to the community assessment.

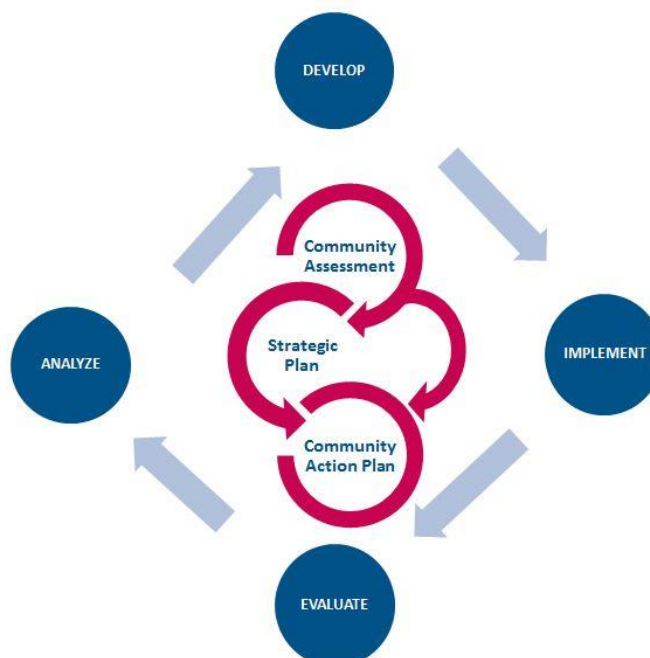
A. Guidance on the Definition and Intent of the Standard

This Standard refers to the Community Action Plan (sometimes called the CSBG Workplan or CSBG Plan) required to be turned into the State CSBG Lead Agency as a condition of award of CSBG dollars. The *CSBG Act 42 U.S.C. § 9908: US Code – Section 9908 Application and plan* requires “an assurance that the State will secure from each eligible entity in the State, as a condition to receipt of funding by the entity through a community services block grant made under this chapter for a program, a **community action plan** (which shall be submitted to the Secretary, at the request of the Secretary, with the State plan) **that includes a community-needs assessment** for the community served, which may be coordinated with community- needs assessments conducted for other programs;”

This Standard notes that this Community Action Plan must have a few required elements: that it is outcome-based (focused on outcomes or changes in status); anti-poverty focused (per the requirements and uses of CSBG); and tied to the community assessment (as noted in the CSBG Act cited above). The State CSBG Lead Agency determines the format of Community Action Plans submitted by CAAs, so there may be changes to the template to ensure that these three elements are readily identifiable.

In practice, Standard 4.2 and 4.4 should be thought about together as one cyclical process – you develop the Community Action Plan, evaluate your results against the plan, and analyze to develop the next year's plan.

The Community Action Plan is a required and foundational element for CSBG funds. Standard 4.2 was included in the Organizational Standards to reflect that requirement.



B. Guidance on Compliance and Documentation

As noted above, the review team should always begin the process of documenting compliance by reviewing guidance from the State CSBG Lead Agency on the interpretation of the standard and required documentation. Specific issues the review team should consider that may affect compliance with Standard 4.2 include:

- **The format prescribed by the State CSBG Lead Agency does not easily identify the 3 elements.** The CAA must follow the prescribed format for their Community Action Plan given to them by their State CSBG Lead Agency. If the State tool does not provide an opportunity to tie to the Community Assessment, a memo documenting CAP activities, outcomes, and needs may need to be developed.
- **The agency's Community Action Plan only addresses one or two of the three requirements.** The Standard requires that the plan be 1) outcome-based, 2) anti-poverty focused, and 3) tied to the community assessment. Each should have documentation of being present.
- **Developing a common understanding of "outcome-based".** While output measures are necessary, they are not the goal of the Community Action Plan. In addition to outputs (how many of something happened), outcomes (changes in status for individuals, families, or communities) are essential to the Community Action Plan and help "tell the story" of Community Action and its strategies. Clear understanding of what it means to be "outcome-based" is essential.

Documentation of this Standard would need to ensure that all three elements are present and could include:

- Community Action Plan
- Logic Model
- Community Assessment

C. Beyond Compliance: Benchmarking Organizational Performance

There are several things that you can do to ensure alignment between the Community Needs Assessment, Community Action Plan, and strategic plan.

- **Is the process to create the Community Action Plan tightly connected to the Community Needs Assessment and Strategic Plan?** Having threads between these three important documents makes evaluation of the Standards easier and as improves the articulation of why the CAA engages in the services and strategies it does. The Community Needs Assessment forms the basic understanding as to what the environment in the community is like, the Community Action Plan notes the specific strategies and interim outcomes to show success, and the Strategic Plan is the aspirational target of where the CAA wants to go. To show the connection between the Community Action Plan, the Strategic Plan, and the Community Assessment, common formats, organizing principles, or executive summaries may be used.

- **Are staff from different parts of the agency engaged in the development of the Community Action Plan?** Engaging multiple levels of staff in the development of the Community Action Plan makes it more realistic and comprehensive. Management, program staff, and frontline staff will all have different data and experiences to inform the process.

D. Resources

Information Memorandum 49 Program Challenges, Responsibilities and Strategies
http://www.nascsp.org/data/files/csbg_roma/im-49.pdf

4.3 The organization’s Community Action Plan and strategic plan document the continuous use of the full Results Oriented Management and Accountability (ROMA) cycle or comparable system (assessment, planning, implementation, achievement of results, and evaluation). In addition, the organization documents having used the services of a ROMA-certified trainer (or equivalent) to assist in implementation.

A. Guidance on the Definition and Intent of the Standard

This Standard is intended to document the performance management process of each CAA through implementation of the ROMA cycle. This Standard is not about training on ROMA, but implementing ROMA principles on a continuous basis.

The ROMA cycle includes: Assessment, Planning, Implementation, Achievement of Results, and Evaluation. Through its process of Community Assessment, Strategic Planning, Community Action Plan development and implementation, data collection and analysis, a CAA implements the full ROMA cycle. Standard 4.3 asks CAAs to document this implementation. See the tool noted in the Resources section entitled *Documenting Standard 4.3* for an easy to use tool to document compliance with Standard 4.3.

The second part of Standard 4.3 asks a CAA to document use of a certified ROMA trainer. The CSBG Network routinely trains and certifies trainers across the U.S. Standard 4.3 asks CAAs to consult with a trainer to ensure that ROMA principles are included in implementation.

Information Memorandum 49, issued February 21, 2001 by the Office of Community Services notes that our Network must ask and answer the questions “Why are we here, who are we helping, what are we helping them to become, and how will we know and describe success, both theirs and ours?” The ROMA cycle is how we answer each of those questions.

ROMA is the foundation of our work and how we know that our programs are strong and effective. By consistently examining the evidence and making improvements in the next cycle, ROMA is how we truly manage our performance as well as tell the Community Action story.

This standard is not about ROMA training or requiring each CAA to have a ROMA trainer on staff. ROMA training is important to staff development as it is foundational to how Community Action does business and there are benefits to having a certified trainer on staff. However, this Standard is focused on the implementation of ROMA principles.

Note: The concept of an “equivalent” or “comparable” system is included here due to the allowance for a State to use a performance management system other than ROMA. If a state uses ROMA, then all CAAs must use ROMA and a certified ROMA trainer as well.

The ROMA framework is both general good management as well as specific to Community Action. Standard 4.3 was included to reflect this performance management framework as well as to:

- Ensure the implementation of the full ROMA cycle, not just particular elements or as a reporting mechanism.
- Help provide a common framework for the development of foundational elements such as the community assessment, Community Action Plan, and strategic plan.

B. Guidance on Compliance and Documentation

As noted above, the review process should always begin with checking in with your State CSBG Lead Agency on any guidance on documentation. They should review any requirements, templates, and timing of elements such as the Community Assessment, Strategic Plan, Community Action Plan, and annual report given by the State. Specific issues that the review team should consider that may affect compliance with 4.3 include:

- **All elements of the ROMA cycle (assessment, planning, implementation, achievement of results, and evaluation) are not complete at the time of review.** Being a cycle, there is no beginning or end to ROMA, so a point in time assessment may create complications if the agency is not clear in how it documents this Standard. You may be in process of completing your Strategic Plan and/or Community Action Plan at the time of assessment so you may not have completed all elements of the cycle in the current round.

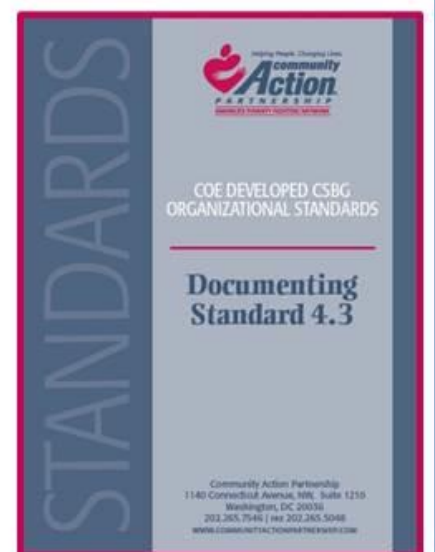
Documentation for this Standard could include:

- Documentation tool or other narrative speaking to the full ROMA cycle and the involvement of a certified ROMA trainer;
- Agreement with a ROMA trainer; and
- Meeting summaries with trainer

Documenting Standard 4.3

Including:

- Simple table to document your CAA's use of each step of the ROMA cycle
- Form to help document interaction with a ROMA Trainer
- Checklist for ROMA Trainers to help frame discussion with CAAs
- Sample Memorandum of Understanding between a State CSBG Office, State Community Action Association, and CAAs on the use of the full ROMA cycle and the capacity of ROMA Trainers



C. Beyond Compliance: Benchmarking Organizational Performance

There are several things that you can do to infuse the ROMA cycle throughout your agency to improve your CAA's performance management system. Consider these questions:

- **Does your CAA have a ROMA trainer on staff and encourage staff to become ROMA trainers?** Having a ROMA trainer on staff not only makes complying with the Standard easier, but can help ensure that ROMA principles are infused into agency operations. This Standard addresses the basics of utilizing ROMA (or comparable system), with the intention of leading to greater ROMA implementation.
- **Are ROMA principles applied at the program and the front line levels of the agency?** ROMA is not just as a concept for the management level. ROMA concepts should be understood across the agency, as those that work directly with customers may be better prepared to collect better data if they know how important it is to the agency as a whole.

D. Resources

Documenting Standard 4.3

http://www.communityactionpartnership.com/storage/cap/documents/OSCOE/Toolkits/standard_4.3.pdf

Information Memorandum 49 Program Challenges, Responsibilities and Strategies

http://www.nascsp.org/data/files/csbgs_roma/im-49.pdf

Balanced Scorecard Institute (2012). *Improving Performance, Scoring Success: Using Balanced Scorecards for Organizational Excellence*. Toolkit that walks through a planning and outcome management process using all five stages of the ROMA cycle to create a scorecard.

https://www.dropbox.com/s/jils51vhlk0lc2u/BalancedScorecard_Toolkit.pdf?dl=0

Progress Resources (2014). *Utilizing a Strengths-Based Approach to Implement ROMA Throughout the CAA*. Toolkit discussing a “results orientation” at all levels of the CAA by using strengths-based practices.

http://www.communityactionpartnership.com/storage/cap/documents/toolkits/utilizing_a_strengths_based_approach_to_implement_roma_throughout_the_caa.pdf

4.4 The governing board receives an annual update on the success of specific strategies included in the Community Action Plan.

A. Guidance on the Definition and Intent of the Standard

This Standard refers to the Community Action Plan that each CAA turns into the State CSBG Lead Agency, which is sometimes called the CSBG Plan or CSBG Work Plan. Specifically, the Standard ensures the governing board has received an update each year on how well the CAA is meeting the plan. This is intended to capture that the Community Action Plan is one of the documents that is re-visited as the CAA goes through its performance management process.

The *CSBG Act 42 U.S.C. § 9908: US Code – Section 9908 Application and plan* requires “an assurance that the State will secure from each eligible entity in the State, as a condition to receipt of funding by the entity through a community services block grant made under this chapter for a program, a **community action plan** (which shall be submitted to the Secretary, at the request of the Secretary, with the State plan) that includes a community-needs assessment for the community served, which may be coordinated with community- needs assessments conducted for other programs;”

Additionally, *Information Memorandum (IM) 49*, issued February 21, 2001 by the Office of Community Services, states that the “entity and its board complete regular assessment of the entity’s overall mission, desired impact(s) and program structure...based upon the periodic assessments described above, the entity and its board as identified years (or multi-annually) specific improvements, or results, it plans to achieve in the lives of individuals, families, and or the community as a whole”. By taking the time, at least annually, to circle back to the plan and measure how the CAA performed is a vital part of identifying improvements that can positively impact individuals, families, and communities.

Lastly, *Section 678 B of the CSBG Act* note that CSBG be administered through tripartite boards that “fully participate in the development, planning, implementation, and evaluation of the program to serve low-income communities.” *Information Memorandum (IM) 82*, issued March 23, 2005 by the Office of Community Services gives additional clarity on what that means for tripartite board members. IM 82 states: “boards should request, and be provided with, information concerning actual changes or improvements that have occurred among clients and the community as a result of agency assistance. To determine the relative ‘success’ of the agency, its staff and programs, boards may compare the nature and level of these outcomes with performance expectations, or targets, which were developed during the agency’s planning cycle”.

The State CSBG Lead Agency dictates the format of the Community Action Plan and it must include the specific elements noted in Standard 4.2. The CAA should ensure that the format, timing, and required elements dictated by the State are useful and accessible to your board and help you comply with both 4.2 and 4.4.

Receiving an update on planned vs. actual performance in the Community Action Plan is one such way that the board fully participates and closes the Results Oriented Management and Accountability (ROMA) cycle. Standard 4.4 was included to show the performance management process in action as well as to:

- **Ensure board oversight of the Community Action Plan.** While the Community Action Plan is developed and submitted by staff, it is a document that shows the general direction of the agency and is required to continue CSBG funding.

B. Guidance on Compliance and Documentation

Review of any guidance from your State CSBG Lead Agency is the first step in any assessment process for the CSBG Organizational Standards. Staff should review any requirements, templates, and timing of submission of Community Action Plan given by the State. Specific issues that the review team should consider that may affect compliance with 4.4 include:

- **What qualifies as “updated”?** Updates can be written or verbal, as long as they are noted in the minutes/board packet. This update may be a written report or staff presentation followed by board discussion.
- **The update is “in process” at the time of assessment.** A CAA may find itself assessed for compliance with Standard 4.4 while the analysis and update is being prepared, but has not yet been received by the governing board. In this case, it is suggested that the CAA inform the State CSBG Lead Agency of their planned process and timeline (that falls within the annual timeframe from the previous update) and confirm any timelines for the State’s confirmation of compliance. It may be helpful to create a list of all items requiring board attention by time frame to ensure smooth agenda and board packet planning and easier documentation organization for the Organizational Standards.

The documentation for this standard could include:

- Board minutes showing the date that the update was given to the board
- Board packet with any reports, materials given, or time on the agenda for updates
- Report or update document

C. Beyond Compliance: Benchmarking Organizational Performance

There are several things that you can do to formalize updates to the governing board on the Community Action Plan and use it as part of your CAA’s performance management.

- **Does your CAA have written policies and procedures in place for the Community Action Plan?** Policies and procedures for how and how frequently updates on the success of the strategies in the Community Action Plan are communicated to the governing board will formalize the process and make it easier to plan for and document compliance with this Standard. You may also consider whether these updates go straight to the full board or whether there is additional detailed analysis at the committee level.
- **Does your CAA have a process to review the Community Action Plan more frequently at the Board level?** More frequent review of the progress of the plan will allow a CAA board to stay more up to date on agency progress. More frequent update may occur at the committee level to allow more thorough discussion. More frequent review may allow for results to impact planning for subsequent Community Action Plans.

- **Linking your Community Assessment, Community Action Plan, and Strategic Plan** with clear threads that show how the needs, the vision, and the steps and interim outcomes to get there are all connected.

D. Resources

Information Memorandum 49 Program Challenges, Responsibilities and Strategies
http://www.nascsp.org/data/files/csbg_roma/im-49.pdf

Information Memorandum 82 Tripartite Boards
<http://archive.acf.hhs.gov/programs/ocs/csbg/guidance/im82.html>

4.5 The organization has a written succession plan in place for the CEO/ED, approved by the governing board, which contains procedures for covering an emergency/unplanned, short-term absence of 3 months or less, as well as outlines the process for filling a permanent vacancy.

A. Guidance on the Definition and Intent of the Standard

This Standard refers to having a succession plan in place. There are four elements to this succession plan that are required by the Standard – 1) it covers the CEO/ED position; 2) it be approved by the governing board; 3) it covers an unplanned short absence; and 4) includes a process for filling a permanent vacancy. All of these elements are part of an effective risk management strategy.

As the governing agent of the CAA, it is the board's responsibility to make sure that their primary employee – the Chief Executive – has both procedures in place for leadership continuity during an absence as well as a policy for how the board will manage a transition. Having a succession plan is almost like having an insurance policy to fall back on in the event of an absence because key contacts, processes, and lines of authority are pre-determined and do not need to be chaotically pieced together.

The Standard requires that a succession plan be in place and describes the basic elements it must cover. While it would be helpful to re-visit this process, as outlined in Section C below, it is not required in the Standard. Once the succession plan is in place it can simply be kept on file and no updates, re-visits, or further board action is required.

There is no one model for a succession plan. Typical plans include the name of an interim leader in a short term, unplanned absence, locations of critical organizational documents, communication plan, and contacts. Standard 4.5 also calls for a process for long term vacancy. Here no individual is named, but a process for filling the position would be articulated.

B. Guidance on Compliance and Documentation

As noted above, the review team should always begin the process of documenting compliance with the Organizational Standards by reviewing all available guidance from the State CSBG Lead Agency on the interpretation of the standard and required documentation. Specific issues that the review team should consider that may affect compliance with Standard 4.5 include:

- **The agency only has some of the elements of a succession plan in place.** The succession plan should include provisions for both a plan for short-term absences as well as the policies the board will use to fill a permanent vacancy. While they need not be a singular document, they do need to be readily identified and available. Absences and transitions, especially at the Executive level, can be chaotic so making sure that board and staff know where to turn is key to managing the process.
- **The board has not approved the succession plan.** The Standard requires certain elements of a CEO/ED succession plan be in place as well as approval by the governing

board. As the supervisor of the CEO/ED, it is important that the plan be bought into by the board and a formal action to approve the succession plan represents that ownership.

There are multiple requirements in this Standard so documentation must cover all elements. The documentation could include:

- The succession plan/policy to determine that the required elements are included, AND
- Board meeting minutes showing that the succession plan was approved by the governing board through a vote.

C. Beyond Compliance: Benchmarking Organizational Performance

There are several things that you can do to bring more intentionality, expand the scope, and improve your succession plan.

- **Has your succession plan been reviewed and/or refreshed recently?** The succession plan should not be placed on the shelf until an emergency arises, but should be periodically reviewed to ensure that the people and procedures referenced in your backup plan are still applicable. People come, go, and change positions within your CAA so lines of authority and information may need to be updated for the plan to be effective should it need to be put into place. Key contacts, account numbers, or codes may change as well.
- **Are the key tenets of your succession plan communicated?** Ensuring that appropriate board and staff are knowledgeable of the succession plan and its elements will help ease the chaos of a transition or absence. If the succession plan needs to be put in place, the people named should be aware that they are being called upon and what the expectations will be. Both board and staff should know where to turn without having to guess where they might find information about succession (or if it exists).
- **Are other key positions in your agency also covered by succession plans?** While the Standard specifically calls on the CEO/ED position, absences and transitions are stressful and chaotic at any level. Knowing what the backup plan is for other key positions like board chair, CFO, or program directors would also ensure leadership continuity and continued functioning.
- **Is succession planning built into a conscious leadership development process?** Ideally the agency would take an active role in developing the people, skills, and roles that your CAA needs for the future. Investing in future leaders is a key part of sustainability planning.

D. Resources

TransitionGuides (2012). *Preparing for Your Community Action Agency's Future: Sustainability, Succession & Transition – Part 2 Executive Succession Planning Guide*. Part 2 of this three part guide specifically focuses on “succession essentials” – getting a backup plan in place and a board policy for vacancies with a step-by-step process and templates

https://www.dropbox.com/s/vweo5gy7s22orwi/Preparing_Part2_Succession.pdf

Webinar related to the *Preparing for Your Community Action Agency's Future...* guide.

<https://communityactionevents.webex.com/communityactionevents/lst.php?RCID=e3a974949b23d794a77be1d6bfac2cef>

Brown Buckley Tucker (2012). *Batter Up! Building Your Leadership Bench* – guide for structuring a leadership development program, inclusive of succession planning.

https://www.dropbox.com/s/9ajkl6we4swxiqw/Leadership%20Bench_Viewing_Final.pdf

Nonprofit Risk Management Center (2015). Infographic on Succession Planning.

<https://www.nonprofitrisk.org/infographics/Succession%20Planning.pdf>

4.6 An organization-wide, comprehensive risk assessment has been completed within the past 2 years and reported to the governing board.

A. Guidance on the Definition and Intent of the Standard

This Standard refers to a comprehensive assessment of the risks that all CAAs face. This goes beyond finances or administration of a particular grant, and should capture a wide range of agency issues. This risk assessment should cover all pertinent aspects of your operations and could include topics such as: governance, financial management, contracts and procurement, human resources, communication, service delivery, protecting vulnerable populations, transportation, and property.

Risk management is how we deal with uncertainty, which begins with the identification and assessment of potential risks. The risk assessment is likely to be conducted by staff, but the board will have oversight responsibility and thus Standard 4.6 ensures that this risk assessment not only takes place, but is reported to the governing board.

While *Information Memorandum (IM) 112*, issued August 18, 2009 by the Office of Community Services was specifically issued to address concerns with American Reinvestment and Recovery Act (ARRA) funds, the importance of a risk assessment continues to apply. While no longer required to “certify” your risk assessment through the IM 112 form, the governing board should still determine whether those basics are still in place (such as audit and monitoring findings; financial and operational controls to prevent fraud, waste, abuse, and mismanagement; administrative, fiscal, and programmatic policies and procedures that are reviewed for compliance with CSBG Act, IMs, terms and conditions, and OMB circulars; etc.)

The nature of CSBG is to move beyond individual programs to an agency-wide perspective and so Standard 4.3 requires that the risk assessment be comprehensive and organization-wide. In addition to this need for an agency-wide picture, other reasons for including Standard 4.6 are that it:

- Ensures regular review of risks across the CSBG Network by all types and sizes of CAAs. Only by assessing risk regularly can you hope to mitigate them.
- Ensures that agencies review all types of risk associated with their management and operations instead of focusing on particular departments or programs.

B. Guidance on Compliance and Documentation

There is no one requires assessment tool or resource to be used for Standard 4.6. A comprehensive tool as the combination of several department specific tools (HR, Finance, Transportation, Child Welfare, etc.) may suffice. The Community Action Partnership has a free tool developed in collaboration with the Nonprofit Risk Management Center (NRMC) that is comprehensive in nature and meets the intent of Standard 4.6. To access the tool and other resources from the NRMC that CAAs may find useful when conducting the risk assessment please go to <http://bit.ly/NRMConlinetool>

My Assessment

Each module of your risk assessment is listed below along with its current status. Click on the link corresponding to the module.

You may view your Risk Assessment Report at any time during the assessment process by clicking on the View Report button.

[View Report](#)
[Organize My Report](#)


Risk Assessment Module

Introduction to Risk Management

Governance

Financial Management

Contracts and Procurement

Human Resources

Communication Risks

Service Delivery Risks

Protecting Vulnerable Populations

Transportation

Property

Status

Completed
[Restart](#)
[Review](#)
Completed
[Restart](#)
[Review](#)
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Risk Resources

**Additional CAP Risk Resources
are just a click away**

► [My Risk Management Policies](#)

Library

► [6 Tips for Making Risk Management Stick](#)

► [Getting and Giving References...Safely](#)

Assessment of Organizational Standards should always begin with a review of any guidance on compliance and/or documentation provided by the State CSBG Lead Agency. They should review any definitions of “comprehensive” set by the state or required categories. Specific issues that the review team should consider that may affect compliance with Standard 4.6 include:

- **The risk assessment or timing of report to the governing board is “in process” at the time of assessment.** A CAA may find itself assessed for compliance with Standard 4.6 while the risk assessment is in progress or the risk assessment has been completed but the next board meeting where the risk assessment will be reported has not yet occurred. In this case, it is suggested that the CAA inform the State CSBG Lead Agency of the planned process and timeline and any associated timelines for the State’s confirmation of compliance. It may be helpful to create a list of all items requiring board attention by time frame to ensure smooth agenda and board packet planning as well as easier documentation for compliance with the Standard.
- **The agency conducted a risk assessment for some but not all areas of management and operations.** The Standard specifically notes that the risk assessment must be agency-wide and comprehensive so it would not meet the standard to do a finance and human resource risk assessment and not cover program operations, governance, facilities, etc.

- **The risk assessment is a collection of assessments, not a singular process.** It is acceptable within the standard to assemble several assessments or tools as long as once collected they meet the time frame of every two years and the definitions of agency-wide (not just particular programs) and comprehensive (covering all pertinent aspects of operations).
- **The risk assessment was made available, but not reported to the board.** Reported refers to the process and results being communicated to the governing board, though not necessarily a formal report. The risk assessment could be reported to the governing board through electronic means, as a hard copy report, or reported verbally and may be in its entirety or a summary of the findings. However, a notification that the risk assessment has been done without any other board discussion or action items would not meet the threshold for “reported”. Additionally, there is no requirement that the State CSBG Lead Agency have access to the report, only that they confirm that it was reported to the governing board through a mechanism such as minutes noting that a report or discussion took place. The results of the risk assessment belong to the organization and it is up to the CAA to report as they see fit.

There are two requirements in this Standard - (1) that an agency-wide and comprehensive risk assessment be conducted within the prescribed time frame, and (2) that it has been reported to the governing board. The documentation could include:

- Board meeting minutes showing both the date and that the risk assessment was discussed to demonstrate (2); and
- Reports from the risk assessment (if the CAA feels it should share), risk assessment policies and procedures, or a listing of the elements covered in the risk assessment process to demonstrate that (1) is met.

C. Beyond Compliance: Benchmarking Organizational Performance

There are several things you can do to formalize the risk assessment process, work through results, and make the process of documenting Standard 4.6 easier. Consider:

- **Does the agency have written policies and procedures for conducting the risk assessment?** This helps formalize the process and makes it easier to conduct and document. Policies and procedures could include the timing, what tool (tools) will be used, and what functional areas will need to be covered by the risk assessment.
- **Does your agency have a committee with responsibility for the risk assessment?** Either creating a committee or charging a standing committee of your governing board to receive the report, analyze results, and suggest risk management activities based on the risk assessment helps the board fulfill its oversight responsibilities more thoroughly. A committee can analyze more detail than the full board and make recommendations.
- **Does your agency continually assess risk to your organization?** By making it a part of everyday discussion instead of a big process to complete all at once, an agency may have an easier time completing and thoughtfully responding to the results of the risk assessment. This may mean a heavy lift on the first round but updates, revisits, or checking paperwork as you continue will become easier as a result.

- **Does your agency have an overall risk management plan?** A plan in place to assess and respond to risk assures that risks are treated consistently. This can be through a written plan and/or by having a compliance officer or other “risk champion” to oversee the risk assessment, management, and mitigation process.

D. Resources

My Risk Assessment – customized tool from Community Action Partnership and Nonprofit Risk Management Center that has assessment questions, and automates a report with recommendations
http://www.communityactionpartnership.com/index.php?option=com_content&task=view&id=88&Itemid=272#ONLINE

Archived webinar on accessing the above “My Risk Assessment” tool and other resources available through the Nonprofit Risk Management Center
https://www.csbgta.org/index.php?option=com_member&task=toolkit&act=view&id=500&Itemid=17

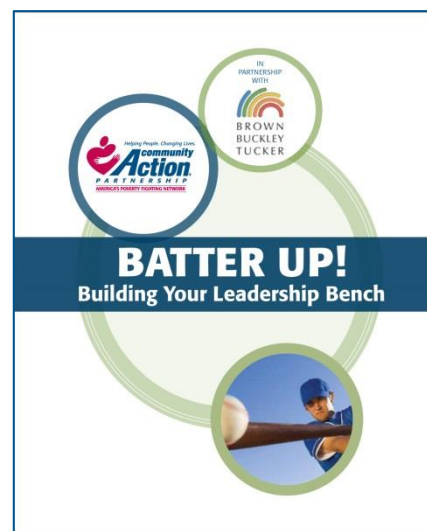
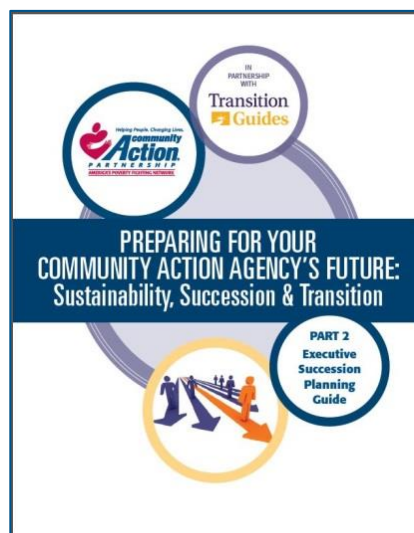
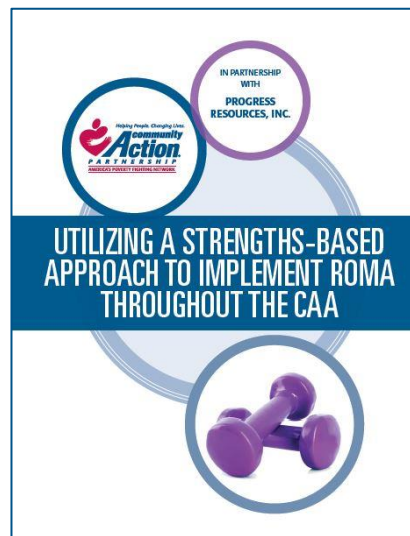
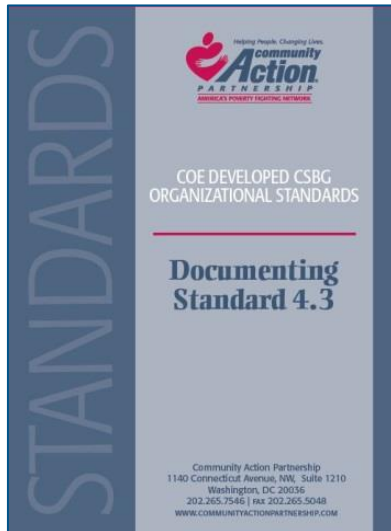
Two part webinar series on conducting a risk assessment using the above “My Risk Assessment” tool and what to do with your results
http://www.communityactionpartnership.com/index.php?option=com_content&task=view&id=88&Itemid=272#NRM723

Brown, Buckley, Tucker (2014). *Organizational Self-Assessment for Risk Mitigation*. Webinar.
https://www.csbgta.org/index.php?option=com_member&task=toolkit&act=view&id=619&Itemid=17

Sohl, Kay. *Quick Reference Guide to Risk Assessment Basics*. Guide book to Information Memorandum 112 with accompanying webinar.
https://www.csbgta.org/index.php?option=com_member&task=toolkit&act=view&id=285&Itemid=17

Nonprofit Risk Management Center (2009). *Hallmarks of a Risk Aware Nonprofit* has 12 “hallmarks” of an organization with best practices in risk management and provides tools related to each
<http://www.nonprofitrisk.org/tools/hallmarks/intro.shtml>

Have you checked out the resources mentioned in this guide?
Find these and more at www.csbgta.org or
www.communityactionpartnership.com



	Documentation Used	Unacceptable	Unsatisfactory	Satisfactory	Advancing	Outstanding	Action to be Taken	Individual(s) Responsible	Target Date(s)
Standard 4.1 The governing board has reviewed the organization's mission statement within the past 5 years and assured that: 1. The mission addresses poverty; and 2. The organization's programs and services are in alignment with the mission	•								
Standard 4.2 The organization's Community Action Plan is outcome-based, anti-poverty focused, and ties directly to the community assessment.	•								
Standard 4.3 The organization's Community Action Plan and strategic plan document the continuous use of the full Results Oriented Management and Accountability (ROMA) cycle or comparable system (assessment, planning, implementation, achievement of results, and evaluation). In addition, the organization documents having used the services of a ROMA-certified trainer (or equivalent) to assist in implementation.	•								

	Unacceptable	Unsatisfactory	SATISFACTORY	Advancing	Outstanding
Standard 4.1	Our organization does not have a mission statement, or it has not been reviewed since it was developed more than 5 years ago.	Our organization has a mission statement, but it does not include both elements and/or documentation of review within the past five years is not available.	The governing board has reviewed the organization's mission statement within the past 5 years and assured that: 1. The mission addresses poverty; and 2. The organization's programs and services are in alignment with the mission.	Our governing board routinely reviews and applies the mission in making decisions about development of the Strategic Plan	The governing board reviews and applies the mission statement as part of the Community Action Plan annually.
Standard 4.2	Our Community Action Plan does not tie to our Community Assessment and/or only refers to outputs and not outcomes	Our Community Action Plan does not include at least one of the three required elements.	The organization's Community Action Plan is outcome-based, anti-poverty focused, and ties directly to the community assessment.	Our organization develops its Community Action Plan utilizing updated data in years that the full Community Assessment is not conducted.	Our organization has a system in place to track outcomes of the Community Action Plan, such as a scorecard.
Standard 4.3	ROMA or equivalent cycle is not used in our organization, or is not evident in our organization's materials.	Our organization documents the use of the ROMA cycle (or equivalent) but did not access a ROMA trainer (or equivalent) to guide implementation. Or, our organization accessed a trainer, but does not have documentation. Our organization may not have documented all steps of the ROMA (or equivalent) cycle. Our organization may have received general ROMA training, but did not access a trainer in a consultative capacity.	The organization's Community Action Plan and strategic plan document the continuous use of the full Results Oriented Management and Accountability (ROMA) cycle or comparable system (assessment, planning, implementation, achievement of results, and evaluation). In addition, the organization documents having used the services of a ROMA-certified trainer (or equivalent) to assist in implementation.	Our organization has a ROMA trainer on staff to continuously provide support for incorporating the ROMA cycle into activities.	Our organization actively encourages staff to become ROMA trainers and/or apply for master trainer status. ROMA principles are demonstrated by board, management, program, and frontline staff.

Category 4 – Organizational Leadership – Assessment Scale

	Documentation Used	Unacceptable	Unsatisfactory	Satisfactory	Advancing	Outstanding	Action to be Taken	Individual(s) Responsible	Target Date(s)
Standard 4.4 The governing board receives an annual update on the success of specific strategies included in the Community Action Plan.	•								
Standard 4.5 The organization has a written succession plan in place for the CEO/ED, approved by the governing board, which contains procedures for covering an emergency/unplanned, short-term absence of 3 months or less, as well as outlines the process for filling a permanent vacancy.	•								
Standard 4.6 An organization-wide, comprehensive risk assessment has been completed within the past 2 years and reported to the governing board.	•								

	Unacceptable	Unsatisfactory	SATISFACTORY	Advancing	Outstanding
Standard 4.4	Our organization did not update our board on the Community Action Plan.	Our governing board received an update on the Community Action Plan, but not each year and/or the documentation in the minutes is not present.	The governing board receives an annual update on the success of specific strategies included in the Community Action Plan.	Our governing board receives updates on the success of strategies included in the Community Action plan on a semi-annual basis.	Our organization has a policy in place for receiving an update to the Community Action Plan and publishes the update for the community.
Standard 4.5	Our organization does not have a succession plan in place and/or it does not include elements for both a short-term absence and a permanent vacancy.	Our organization has a succession plan in place which includes both elements, but does not have the approval (or documentation of the approval) of the plan by the governing board.	The organization has a written succession plan in place for the CEO/ED, approved by the governing board, which contains procedures for covering an emergency/unplanned, short-term absence of 3 months or less, as well as outlines the process for filling a permanent vacancy.	Our organization has a succession plan in place for the CEO as well as other management positions and board officers.	Our organization has a succession plan in place for the CEO as well as other management positions and board officers and a leadership development program is in place to develop bench strength.
Standard 4.6	A risk assessment has not been conducted at our organization or it was conducted but not agency-wide and/or reported to the governing board.	Our organization has conducted a risk assessment, but it was not within the past two years and/or the report to the board was not documented in the minutes.	An organization-wide, comprehensive risk assessment has been completed within the past 2 years and reported to the governing board.	Our organization has written procedures for how the risk assessment will be conducted and how issues raised will be followed up on and addressed.	Our governing board has a committee (or articulated in a standing committee's scope) for addressing issues and overseeing improvements based on the risk assessment report. Our organization has an overall risk management plan and/or a compliance officer.

Category 4 – Organizational Leadership – Assessment Scale

For all the latest information on Organizational Standards, check out the **“Updates on CSBG Organizational Standards and ROMA Next Generation”** quicklink on Community Action Partnership’s website at www.communityactionpartnership.com



The screenshot shows the Community Action Partnership website. A red arrow points to the 'quicklinks' section on the left sidebar. The main content area features a banner for the 'COMMUNITY ACTION PARTNERSHIP ANNUAL CONVENTION' held in San Francisco in August 2015. Below this, there is a section for the '2016 MANAGEMENT AND LEADERSHIP TRAINING CONFERENCE' in New Orleans, LA, scheduled for January 6-8, 2016. The right sidebar contains links to the 'NATIONAL TRAINING CENTER', 'RESOURCES', and 'LEARNING COMMUNITIES RESOURCE CENTER'. The footer includes contact information for the Community Action Partnership and the PurchasingPoint logo.

quicklinks

- Partnership Membership Form
- Updates on CSBG Organizational Standards and ROMA Next Generation
- Annual Convention
- Certified Community Action Professional (CCAP)
- Subscribe to the eNews
- Community Action Code of Ethics
- New Reality Initiative
- Community Economic Development Website
- Managing My Money Financial Literacy Website
- 2015 Community Action Partnership Fact Sheet

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Thanks to everyone who helped make the Convention a success. Presentations will be posted on the [Convention webpage](#) as they are made available.

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- Glossary of Terms
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