



COE DEVELOPED CSBG
ORGANIZATIONAL STANDARDS

Category 4

Organizational

Leadership

for Public CAAs

Community Action Partnership
1020 19th Street N.W., Suite 700
Washington, DC 20036
202.265.7546 | FAX 202.265.5048
WWW.COMMUNITYACTIONPARTNERSHIP.COM

Table of Contents

Introduction to Category 4	1
Considerations for the Review Process	1
Category 4 Standards	4
Standard 4.1	5
A. Guidance on the Definition and Intent	5
B. Guidance on Compliance and Documentation	7
C. Beyond Compliance: Benchmarking Organizational Performance	8
D. Resources	8
Standard 4.2	9
A. Guidance on the Definition and Intent	9
B. Guidance on Compliance and Documentation	10
C. Beyond Compliance: Benchmarking Organizational Performance	10
D. Resources	11
Standard 4.3	12
A. Guidance on the Definition and Intent	12
B. Guidance on Compliance and Documentation	13
C. Beyond Compliance: Benchmarking Organizational Performance	14
D. Resources	14
Standard 4.4	15
A. Guidance on the Definition and Intent	15
B. Guidance on Compliance and Documentation	16
C. Beyond Compliance: Benchmarking Organizational Performance	16
D. Resources	17
Standard 4.5	18
A. Guidance on the Definition and Intent	18
B. Guidance on Compliance and Documentation	18
C. Beyond Compliance: Benchmarking Organizational Performance	19
D. Resources	20
Standard 4.6	21
A. Guidance on the Definition and Intent	21
B. Guidance on Compliance and Documentation	21
C. Beyond Compliance: Benchmarking Organizational Performance	22
D. Resources	22
Standards Review Worksheet Template	25
Assessment Scale	26

This publication was created by National Association of Community Action Agencies – Community Action Partnership in the performance of the U.S. Department of Human Services, Administration for Children and Families, Office of Community Services Grant Numbers 90ET0434 and 90ET0445. Any opinion, findings, and conclusions, or recommendations expressed in this material are those of the authors and do not necessarily reflect the views of the U.S. Department of Health and Human Services, Administration for Children and Families.

Introduction

The purpose of this Technical Assistance Guide is to help a Community Action Agency (referred to as a department to distinguish it from a nonprofit 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 a department plan the review process. The next six sections address each of the Organizational Standards in this category and provide resources to help a department:

- 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. 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 the department has the leadership and management processes in place to meet its current and future needs. This “leadership” is loosely defined because board, executive, and management all have responsibilities to ensure that the department is on 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 departments 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 departments 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, departments 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 tripartite board/advisory body 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?** Departments 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 the 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 department 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 department 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 department 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 tripartite board/advisory body has reviewed the department’s mission statement within the past 5 years and assured that:
1. The mission addresses poverty; and
 2. The CSBG programs and services are in alignment with the mission.
- Standard 4.2** The department’s Community Action Plan is outcome-based, anti-poverty focused, and ties directly to the community assessment.
- Standard 4.3** The department’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 department documents having used the services of a ROMA-certified trainer (or equivalent) to assist in implementation.
- Standard 4.4** The tripartite board/advisory body receives an annual update on the success of specific strategies included in the Community Action Plan.
- Standard 4.5** The department adheres to its local government policies and procedures around interim appointments and processes for filling a permanent vacancy.
- Standard 4.6** The department complies with its local government’s risk assessment policies and procedures.

4.1 The tripartite board/advisory body has reviewed the organization's mission statement within the past 5 years and assured that:

- 1. The mission addresses poverty; and**
- 2. The CSBG programs and services are in alignment with the mission.**

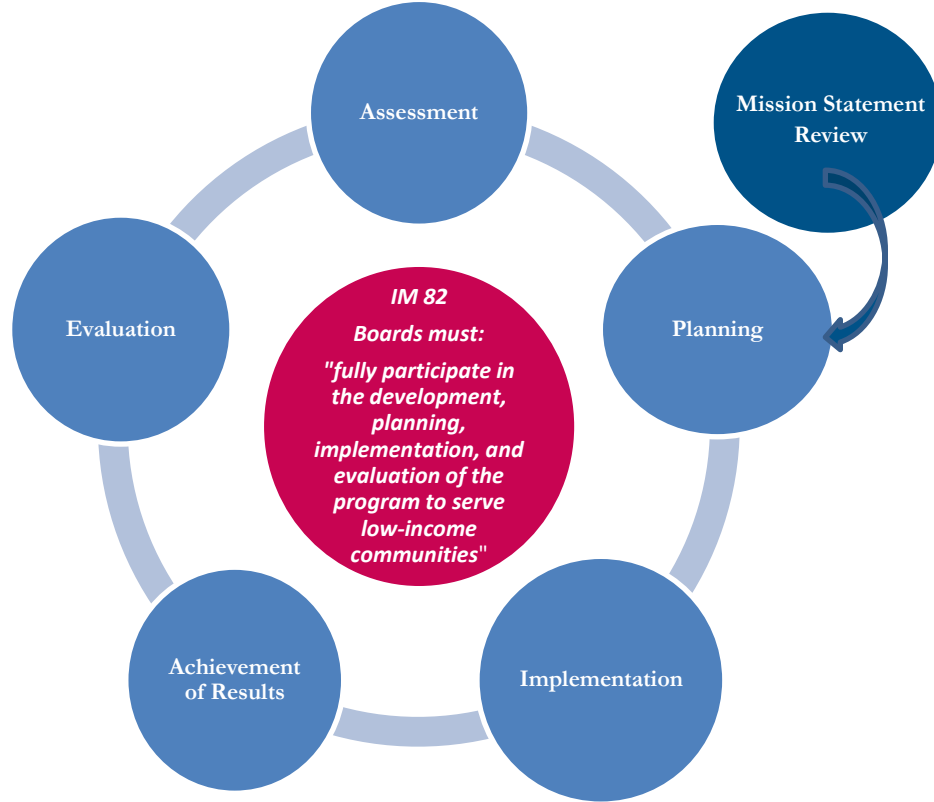
A. Guidance on the Definition and Intent of the Standard

This Standard refers to the mission statement in place for the department and outlines some basic requirements for that mission statement. The mission of the department is a guiding principle for the tripartite board/advisory body. 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 nonprofit and public sector organizations, so periodic review of the mission statement is good organizational 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 department's programs and services align with the mission. Without periodic review departments may experience mission-drift. Having this touchstone can help limit that potential.

Some public CAAs may not have their own mission statement and instead operate under the mission of their larger parent agency. Additionally, departments may not have formal authority to develop their own mission statements or may have to coordinate their development with the parent agency. In the first case, the mission of the parent public agency may not have a sufficient anti-poverty focus as required by the Standard. In such situations, it is important for the department to develop a mission statement that focuses on its CSBG programs and services to guide its work and ensure compliance with the Standard. In the second case, the department can still develop an "unofficial" mission statement or similar equivalent that applies to its CSBG funded programs and services. Even if the mission statement is not formally endorsed by the parent agency, it can serve as the functional equivalent of one in articulating the department's anti-poverty focus. Regardless, in both instances the department should always coordinate with its parent agency to ensure it understands the importance of compliance with the Organizational Standards and is aware of any new mission statement the department develops.

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 department may find itself assessed for compliance with Standard 4.1 while its strategic planning process (or other methodology for reviewing the 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 tripartite board/advisory body 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 had this discussion, not that the services are/are not in line with the mission.
- **The department operates under its parent agency’s mission statement, which does not have an anti-poverty focus.** In this case, the department should develop its own mission statement that complies with the Standard. If the department does not have the authority to develop its own mission statement, it should apprise the State CSBG Lead Agency of the situation and work with its parent agency to explore options for developing an equivalent or “unofficial” mission statement that satisfies the Standard.

There are three requirements in this Standard that the tripartite board/advisory body 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 tripartite board/advisory body reviewed the mission statement and that the Standard’s requirements were met.
- A 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 the department can do to formalize its review process and ensure it is a truly mission-driven organization.

- **Does the department have written policies and procedures in place to structure the 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 the mission infused into all aspects of department operations?** Neither board nor staff should have to search for the mission statement. Ideally, it is ingrained in everyday activities. It guides meetings, appears as part of branding in publications or materials, and can be articulated by staff and board.
- **Is the mission a factor in the department's decision-making process?** 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.
- **Does the department communicate the mission and its importance to sub-contractors?** Departments may sub-contract out some or all of their CSBG funding to other service providers. In such cases, it is important that sub-contractors understand the anti-poverty focus of Community Action and how their work fits into the broader mission of the department.

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

CAPLAW webinar *Public CAA Essentials* slides
http://www.capl原因.org/conferencesandtrainings/webinardocuments/2016/Webinar5_PublicCAA_Essentials.pdf

CAPLAW article *Mission Possible: Understanding & Developing an Effective Mission Statement*, Fall 2010
http://caplaw.org/resources/articlesbytopic/Governance/CAPLAW_EffectiveMissionStatement_Fall2010.pdf

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

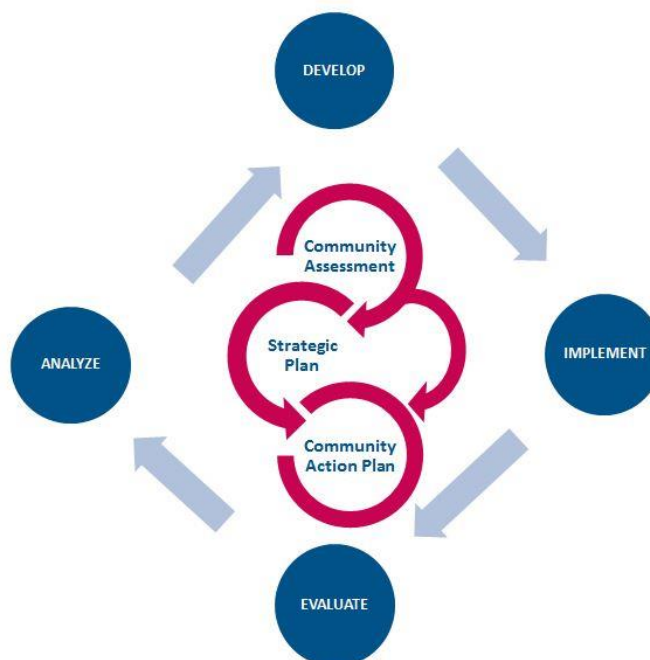
A. Guidance on the Definition and Intent of the Standard

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 funding. 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, Standards 4.2 and 4.4 should be thought about together as one cyclical process – the department develops the Community Action Plan, evaluates its results against the plan, and uses this analysis to develop the next year's plan. Departments can also review the discussion of the community assessment (Category Three) and strategic plan (Category Six) in the related Technical Assistance Guides for additional context.

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 three elements.** The department 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 department'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.
- **The department's Community Action Plan includes outputs but not outcomes.** Outputs refer to “what is produced” by programs and services. Outcomes refer to the “changes or benefits” that result. For example, providing job training to 50 customers is an output, while having 30 of those customers secure jobs as a result of the training is the outcome. While Community Action Plans can include outputs – indeed, they are a critical component – they need to focus on the ultimate outcomes that programs and services aim to achieve.

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

- A copy of the Community Action Plan with a brief narrative that explains how it addresses all three elements of the Standard;
- A Logic Model associated with the Community Action Plan that includes all three elements; or
- A section of the Community Assessment that discusses how it connects to the Community Action Plan and addresses the three elements of the Standard.

C. Beyond Compliance: Benchmarking Organizational Performance

There are several things the department can do to ensure alignment between the Community Assessment, Community Action Plan, and Strategic Plan.

- **Is the process to create the Community Action Plan tightly connected to the Community 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 department engages in the services and strategies it does. The Community 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 describes the outcomes the department aims to achieve and strategies it will use. 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 department 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.
- **Does the department share the Community Action Plan with its sub-contractors?** Departments may sub-contract out some or all of their CSBG funding to other service providers. Providing these sub-contractors with the Community Action Plan (along with the community assessment and strategic plan) and explaining its components helps illustrate how their activities align with the department's overall anti-poverty agenda.

D. Resources

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

4.3 The department'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 department 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 all CAAs 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 department implements the full ROMA cycle. Standard 4.3 asks departments 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 department 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 the Community Action 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 Community Action’s work and how CAAs know that their programs are strong and effective. By consistently examining the evidence and making improvements in the next cycle, ROMA is how departments truly manage performance and tell the Community Action story.

This standard is not about ROMA training or requiring each department 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 the State CSBG Lead Agency on any guidance on documentation. The review team should consider 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 assess 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. The department may be in process of completing its Strategic Plan and/or Community Action Plan at the time of assessment and may not have completed all elements of the cycle in the current round.

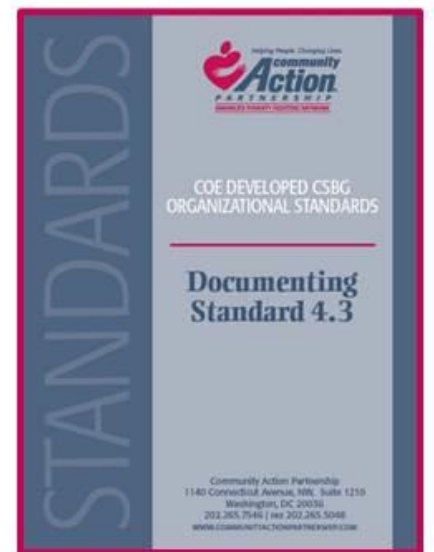
Documentation for this Standard could include:

- A completed documentation tool (see below) or other narrative speaking to the full ROMA cycle and the involvement of a certified ROMA trainer
- Agreement with a ROMA trainer
- 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 a department can do to infuse the ROMA cycle throughout its activities to improve its performance management system. Consider these questions:

- **Does the department 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 the departments 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 department?** ROMA is not just a concept for the management level. ROMA concepts should be understood across the department, as those that work directly with customers may be better prepared to collect better data if they know how important it is to the organization 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/csbgr_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 tripartite board/advisory body 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 tripartite board/advisory body has received an update each year on how well the department 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 department 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 department performed is a vital part of identifying improvements that can positively impact individuals, families, and communities.

Lastly, *Section 678 B of the CSBG Act* notes 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 tripartite board/advisory body fully participates and implements 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 the 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 department 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 department 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 a department can do to formalize updates to the tripartite board/advisory on the Community Action Plan and use it as part of its performance management system.

- **Does the department 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 tripartite board/advisory body will formalize the process and make it easier to plan for and document compliance with this Standard. The department may also consider whether these updates go straight to the full board or whether there is additional detailed analysis at the committee level.

- **Does the department have a process to review the Community Action Plan more frequently at the tripartite board/advisory body level?** More frequent review of the progress of the plan will allow a department 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.
- **Does the department have a scorecard or similar instrument to track results of its programs and services?** A scorecard that compiles key outputs and outcomes across all department programs and services is a powerful performance management tool that also enables leadership and the board to track progress of the Community Action Plan, strategic plan, and other key activities.

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 department adheres to its local government's policies and procedures around interim appointments and processes for filling a permanent vacancy.

A. Guidance on the Definition and Intent of the Standard

This Standard addresses the importance of a succession plan for filling vacancies in the executive function. Unlike nonprofit CAAs which typically develop their own succession plans, departments are governed by the policies and procedures used by their parent agency or local government for filling a vacancy in the executive director or equivalent position. The Standard for public agencies does not specify what these policies and procedures should entail, only that the department adheres to the ones that are in place.

In spite of this difference between nonprofit agencies and public departments, effectively managing the succession process is crucially important. A smooth leadership transition ensures continuity of services, focus on outcomes and strategic direction, and the general stability of the department. Some departments may have limited direct influence on managing such transitions because new executive directors or the equivalent are appointed by the leadership of the parent public agency or another authority outside of the department. However, even such cases, department leadership can plan for expected and unexpected vacancies, ensure they are aware of and prepared to implement the appropriate policies and procedures, and work with the leadership of their parent agency to manage the transition process when it inevitably occurs.

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 department cannot document that it complied with its local government policies and procedures.** In some cases, the department may comply with the policies and procedures but may not have maintained documentation with compliance (e.g. during a leadership transition that occurred before the Organizational Standards were implemented). In such cases, the department should be able to reconstruct such records (e.g. develop a narrative that explains how it adhered to the policies and procedures) or have its compliance certified by its parent agency.
- **The department adheres to some but not all of its local government policies and procedures.** Because several years may pass between leadership transitions in the executive function, the department may not have updated or otherwise maintained required policies and procedures as required by its local government (in cases where the local government requires such updates). For example, the department may not have updated key documents since the previous transition. In such cases, the department should ensure that it reviews all requirements and documents all updates necessary to bring it into compliance.
- **The parent agency does not have policies and procedures for filling vacancies and interim appointments.** In this case it is up to the department to show that it reviewed local

policies and procedures and no policies and procedures relating to succession exists. There is not a requirement that the department create one to be in compliance, though such an effort may be considered by the department as a good practice.

- **The department does something different than established procedure.** This is potentially a compliance issue especially if the department is doing less than what is required by their local government policy. If allowed by local government, doing more (such as succession planning for board or other key staff), should not be considered out of compliance with Standard 4.5.

The department needs two components to show it is in compliance with this Standard: (1) local government policies and procedures, and (2) evidence that it complies with them. These could include:

- A copy of the local government policies and procedures related to filling temporary and permanent vacancies in the department's executive function; and
- A brief narrative on how the department adheres to the policies and procedures along with any necessary documentation (e.g. required planning documents).

C. Beyond Compliance: Benchmarking Organizational Performance

There are several questions the department can consider to help it think through going beyond compliance for executive transitions:

- **Has the department's succession plan been reviewed and/or refreshed recently?** Even if the department's parent agency doesn't require a regular review of the succession plan, leadership can still ensure they are familiar with the policies and procedures, that all key elements are in place, and that the department is prepared for all contingencies, especially for short or long term unplanned vacancies.
- **Are other key positions in the department also covered by succession plans?** While the Standard specifically addresses the executive function, absences and transitions of other senior staff can still present challenges and risks for the department. In addition, the department may have more direct authority over replacing other senior leaders so it should ensure that there are plans in place to manage short and long term vacancies.
- **Does the department have an internal leadership development plan?** Even if the department doesn't have authority over appointments to the executive position, it can still create a leadership development plan to cultivate emerging leaders from its existing staff and new hires. Leadership can be exercised by staff at all levels and is integral to the creation of high-performing organizations, so departments can be proactive by ensuring that staff have access to trainings, other leadership development resources, and that there is a clear plan in place to develop a leadership "bench" for the future.

D. Resources

Transition Guides (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 The department complies with its local government's risk assessment policies and procedures.

A. Guidance on the Definition and Intent of the Standard

Like all organizations, CAAs face a wide range of potential risks that come with their management and operation. However, while nonprofit agencies are required by Standard 4.6 to conduct a comprehensive risk assessment every two years, public departments need to comply with their local government policies and procedures. These policies and procedures may focus on particular areas such as finance and human resources, but may also include a wide range of issues such as data security, emergency management, and public records maintenance.

Many local governments have comprehensive risk assessment policies and procedures, such as an enterprise risk management system. However, some may have distributed responsibility for risk assessment and management across different units within the department's parent agency or other parts of local government. In such cases, it is important for the department to know all risk assessment policies and procedures that apply to ensure compliance with the Standard.

Even if a department relies in significant part on an external unit of its parent agency or other part of local government to help it assess and manage risks, it is still important for leadership and staff to be familiar with the risks to which it is exposed. Risk-related policies and procedures can apply to staff at all levels, so it is important to have a clear understanding of how these issues impact the department, staff roles and responsibilities, and how to maintain compliance.

B. Guidance on Compliance and Documentation

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. Specific issues that the review team should consider that may affect compliance with Standard 4.6 include:

- **The department is in compliance with some but not all of local government risk assessment policies and procedures.** As mentioned above, there may be different risk assessment policies and procedures for different departmental functions (e.g. human resources, finance) and activities. In such cases, the department must comply with all applicable policies and procedures. The review team may have to coordinate with multiple units within the department to ensure that all risk-related requirements are addressed and documented.
- **The local government does not have formal policies and procedures for risk assessment.** In some instances, the local government itself may lack formal policies and procedures for risk assessment. In such cases the department should apprise the State CSBG Lead Agency of the situation and request guidance. The review team should also inquire with the local government to see if the policies and procedures are referred to be different terms (e.g. oversight policies) or incorporated into other types of management practices (e.g. contract management). In cases where the local government does not have policies and procedures for risk assessment, the Standard does not require the department to create them.

- **The department does something different than established procedure.** This is potentially a compliance issue especially if the department is doing less than what is required by their local government policy. For this reason, it is important for the review team to have a clear understanding of all local government risk assessment policies and procedures that apply to the department. If allowed by local government, doing more (such as creating a risk management team or advisory board committee), should not be considered out of compliance with Standard 4.6.

The department needs two components to show it is in compliance with this Standard: (1) local government policies and procedures, and (2) evidence that it complies with them. These could include:

- A copy of the local government policies and procedures related to risk assessment; and
- A brief narrative on how the department adheres to the policies and procedures along with any necessary documentation (e.g. results of a risk assessment process).

C. Beyond Compliance: Benchmarking Organizational Performance

There are several questions the department can consider to help it think through going beyond compliance for risk assessment. These include:

- **.Does the department communicate the importance of and provide support for compliance with risk assessment policies and procedures?** Departments can ensure that appropriate staff are aware of risk-related issues involved with their work, familiar with the required policies and procedures, and receive any necessary training or other support to mitigate risks.
- **Does the department actively prioritize and address key risks?** While local government policies and procedures may only require a department to assess certain risks, leadership may go “beyond compliance” by independently creating a risk management team or similar body to identify and mitigate risks. In addition, departmental leadership can designate certain staff to track and manage key risks and develop a risk management plan, even if it is not required by policies and procedures.
- **Does the department seek out peer-to-peer guidance on risk assessment and management?** Other departments can be excellent sources of peer advice on risk assessment and management, especially if there is variance in local government policies and procedures. In some cases, the department may identify best practices to recommend to its local government.

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>

CAPLAW toolkit *Do the Right Thing: How to Cultivate a Culture of Compliance and High Ethical Standards* (2016). <http://caplaw.org/resources/PublicationDocuments/DotheRightThing.html>

	Documentation Used	Unacceptable	Unsatisfactory	Satisfactory	Advancing	Outstanding	Action to be Taken	Individual(s) Responsible	Target Date(s)
Standard 4.1 The tripartite board/advisory body has reviewed the department's mission statement within the past 5 years and assured that: 1. The mission addresses poverty; and 2. The CSBG programs and services are in alignment with the mission	•								
Standard 4.2 The department's Community Action Plan is outcome-based, anti-poverty focused, and ties directly to the community assessment.	•								
Standard 4.3 The department'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.	•								

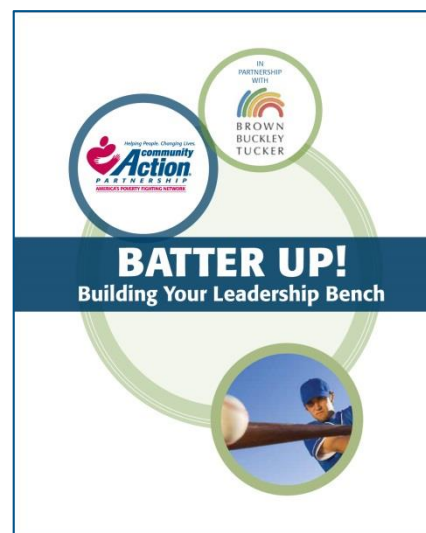
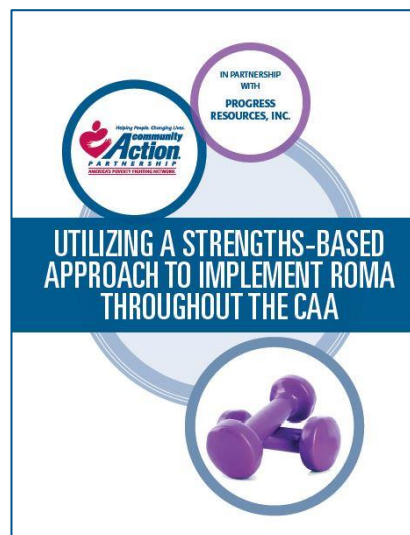
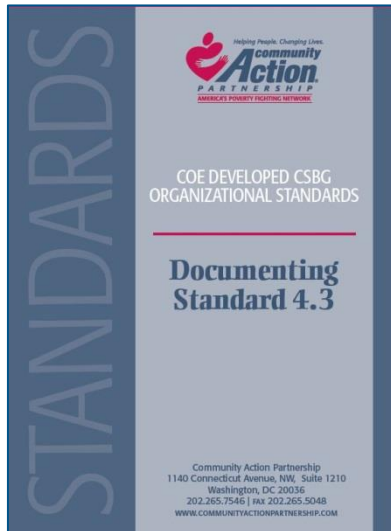
	Unacceptable	Unsatisfactory	SATISFACTORY	Advancing	Outstanding
Standard 4.1	Our department does not have a mission statement, or it has not been reviewed since it was developed more than 5 years ago.	Our department has a mission statement, but it does not include both elements and/or documentation of review within the past five years is not available.	The tripartite board/advisory body has reviewed the department's mission statement within the past 5 years and assured that: 1. The mission addresses poverty; and 2. The CSBG programs and services are in alignment with the mission.	Our tripartite board/advisory body routinely reviews and applies the mission in making decisions about development of the Strategic Plan.	The tripartite board/advisory body reviews and applies the mission statement as part of the Community Action Plan annually. Sub-contractors are also made aware of the mission.
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 department's Community Action Plan is outcome-based, anti-poverty focused, and ties directly to the community assessment.	Our department develops its Community Action Plan utilizing updated data in years that the full Community Assessment is not conducted.	Our department 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 department, or is not evident in our department's materials.	Our department 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 department'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 department has a ROMA trainer on staff to continuously provide support for incorporating the ROMA cycle into activities.	Our department 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 tripartite board/advisory body receives an annual update on the success of specific strategies included in the Community Action Plan.	•								
Standard 4.5 The department adheres to its local government's policies and procedures around interim appointments and processes for filling a permanent vacancy.	•								
Standard 4.6 The department complies with its local government's risk assessment policies and procedures.	•								

	Unacceptable	Unsatisfactory	SATISFACTORY	Advancing	Outstanding
Standard 4.4	Our department did not update our board on the Community Action Plan.	Our tripartite board/advisory body received an update on the Community Action Plan, but not each year and/or the documentation in the minutes is not present.	The tripartite board/advisory body receives an annual update on the success of specific strategies included in the Community Action Plan.	Our tripartite board/advisory body receives updates on the success of strategies included in the Community Action Plan more frequently than annually.	Our department 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 department does not adhere to any local government policies and procedures around interim appointments and processes for filling a permanent vacancy.	Our department adheres to some, but not all, of local government policies and procedures around interim appointments and processes for filling a permanent vacancy.	The department adheres to its local government's policies and procedures around interim appointments and processes for filling a permanent vacancy.	Our department adheres to local government policies and procedures and also has succession plans in place for other management positions and board officers.	Our department adheres to local government policies and procedures, has succession plans in place for other key positions, and has a leadership development program in place to develop "bench" strength.
Standard 4.6	Our department does not adhere to any local government policies and procedures around risk assessment.	Our department adheres to some, but not all, of local government policies and procedures around risk assessment.	The department complies with its local government's risk assessment policies and procedures.	Our department has written procedures for how issues raised by the risk assessment will be followed up on and addressed.	Our department has a committee (or similar structure) for addressing issues and overseeing improvements based on the risk assessment report. Our department has an overall risk management plan and/or a compliance officer.

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





Community Action Partnership
1020 19th Street NW, Suite 700
Washington, DC 20036

202.265.7546 | fax202.265.5048
www.communityactionpartnership.com