

Organizational Standards

Community Services Program

Wyoming Department of Health

Tuesday, February 11, 2020

10:00 AM MST

Agenda

- Overview
 - Why?
 - Averages
 - Trends
 - High-level
 - By Category
 - Completing the TAP
 - Questions
-

Overview

- CSP's benchmark = 70% met (compliance)
 - 100% met is not required
- What happens if we choose not to meet a standard, or cannot meet a standard?
 - High-risk Grantee/Tripartite Board
 - Continuous monitoring from CSP
 - Potential QIPs
 - Continuous noncompliance, unresolved QIPs could lead to a reduction or termination of funding
 - Nothing, if still within compliance of 70%
- Your board should understand that importance of the Organizational Standards, and strive to meet as many as possible in order to remain good stewards of CSBG funds

Trends: High-Level View

- Average: 27% met
- Two or three part standards
 - Demonstrated a policy was in place, but did not demonstrate the policy was followed
 - **7.2 (0% met)**
 - **Private: Demonstrate the employee handbook or personnel policies are available to employees and staff is notified of any changes.**
 - Document where the employee handbook is located; can be listed in the handbook
 - Documentation of notifications to staff: staff meetings, emails, etc.
 - **Public: Demonstrate the department follows local government policies in making the handbook available to staff and notifying staff of changes.**
 - The policy
 - Documentation the policy is followed
 - Documentation staff is notified of any changes
- Standards with no time frame should be relevant to the past year or current fiscal year if available

Trends: Category 1: Consumer Input and Involvement

- **1.3: The organization/department has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the governing/tripartite board. (6% met)**
 - 3 part minimum:
 - *System or strategy in place*
 - *Data is collected and analyzed*
 - *Data is reported to the tripartite board*
 - Public entities
 - Subgrantees are the customer
 - To go above and beyond the standard, subgrantees' customer satisfaction data can be collected

Trends: Category 2: Community Engagement

- **2.4: The organization/department documents the number of volunteers and hours mobilized in support of its activities. (6% met)**
 - No requirement to use volunteers, just to document hours if utilized
 - Information should be collected for the Annual Report as well
 - 2 part minimum:
 - *Number of volunteers*
 - *Number of hours volunteers provided*
 - The tripartite board is a volunteer board
 - Board members should log number of hours they put towards CSBG
 - Volunteer log template is now available on CSP website
 - <https://health.wyo.gov/publichealth/rural/wyoming-community-services-program/>

Trends: Category 3: Community Assessment

- **3.5: The governing/tripartite board formally accepts the completed community assessment. (19% met)**
 - Demonstrates the board is actively involved with the CNA
 - Possible Documentation:
 - *Narrative in the completed CNA documenting the board has formally accepted the needs assessment*
 - *Board chair signature stating the board has accepted the needs assessment*
 - *Board minutes with the action item to accept the CNA and documenting the board has approved*

Trends: Category 4: Organizational Leadership

- **4.4: The Tripartite Board receives an annual update on the success of specific strategies included in the Community Action Plan (13% met)**
 - Documentation should provide evidence that the board received an update, or discussed the specific strategies listed in the CAP
 - Documentation could include a copy of the board meeting minutes, or email receipt confirmation of the Quarterly Performance Reports, or other document addressing strategies and services listed in the CAP

Trends: Category 4: Organizational Leadership, cont.

- 4.6:
 - **PUBLIC: The department complies with its local government's risk assessment policies and procedures (14% met)**
 - 2-part minimum
 - *A risk assessment policy exists*
 - *The department is following said policy*
 - *Documentation could include a copy of the policy, along with evidence that CSBG has been assessed for risk accordingly (an email/narrative signed by compliance personnel, etc.)*
 - **PRIVATE: An organization-wide, comprehensive risk assessment has been completed within the past 2 years and reported to the governing board (0% met)**
 - 2-part minimum
 - *A risk assessment has been completed for the organization (not just CSBG if diversified funding) and it was reported to the board*
 - *Documentation could include a copy of the risk assessment with a date stamp and board chair signature, or board meeting minutes documenting the risk assessment presentation*

Trends: Category 5: Board Governance

- **5.5: The Tripartite Board meets in accordance with the frequency and quorum requirements and fills board vacancies as set out in its bylaws (6% met)**
 - 2-part minimum
 - *Evidence that frequency, quorum, and vacancy filling requirements exist*
 - *Board is meeting those requirements*
 - *Documentation could include a copy of the bylaws with these components, and board meeting minutes documenting filling a board vacancy, along with date stamps to fulfil frequency requirements (2 consecutive board meeting minutes likely)*
- **5.9: The Tripartite Board receives programmatic reports at each board meeting (19% met)**
 - Evidence that board members are receiving an update on the CSBG programs
 - *Documentation could include board meeting minutes with recording of discussion about programs, email confirmation of the programmatic report sent to each member, a copy of the Quarterly Performance Reports (or similar document) with board chair signature as evidence discussion was had*

Trends: Category 6: Strategic Planning

- **6.1: The organization/department has an agency-wide strategic plan (or comparable planning document) in place that has been reviewed and approved by the Tripartite Board within the past 5 years (19% met)**
 - 2-part minimum
 - *A strategic plan or comparable document is in place, dependent upon the Grantee structure*
 - *The Tripartite Board reviewed/approved the document with a date stamp relevant within the last 5 years*
 - *Documentation should include the actual strategic plan or comparable document, either with a signatory page stating the board approved such, or board meeting minutes documenting the strategic plan or comparable document was reviewed and approved.*
- **6.5: The Tripartite Board has received an update on progress meeting the goals of the strategic plan (or comparable document) within the last 12 months (6% met)**
 - Evidence that the Tripartite Board received an update on the goals of the strategic plan
 - Documentation could include board meeting minutes outlining the discussion of such, or a copy of the email confirmation of the sent board agenda/packet beforehand

Trends: Category 7: Human Resource Management

- **Private only: 7.1: The organization has written personnel policies that have been reviewed by an attorney and approved by the governing board within the past 5 years. (11% met)**
 - 3 part minimum:
 - *Demonstrate the organization has written personnel policies*
 - *Personnel policies have been reviewed by an attorney within the past 5 years*
 - *The board has approved personnel policies within the past 5 years*
 - Possible documentation could include:
 - Personnel policies that include review and approval dates by the attorney and governing board
 - A statement or invoice from the attorney reflecting the review
 - Board meeting minutes documenting approval of the personnel policies

Trends: Category 7: Human Resource Management, cont.

- 7.4

- **Private: The governing board conducts a performance appraisal of the CEO/executive director within each calendar year. (11% met)**
 - Evidence the board has conducted a appraisal of the CEO/executive director
 - *Board minutes*
 - *Board communication to CEO/executive director*
- **Public: The department follows local government procedures for performance appraisal of the department head. (0% met)**
 - Department head is the Grants Coordinator, CSBG Point of Contact, or equivalent position
 - 2 part minimum
 - *Documentation of the policy*
 - *Documentation the policy is followed*

Trends: Category 7: Human Resource Management, cont.

- 7.8
 - **Private: All staff participate in a new employee orientation within 60 days of hire (11% met)**
 - 2 part minimum
 - *Policy related to orientation*
 - *Dated documentation noting attendance*
 - **Public: The department follows local governmental policies for new employee orientation (0% met)**
 - 2 part minimum
 - *Copy of the policy/procedure*
 - *Documentation the policy/procedure is being followed*
- **7.9: The organization/department makes available staff development/training (including ROMA) on an ongoing basis (19% met)**
 - Documentation could include: training plan(s), documentation of trainings, documentation of attendance, registration confirmation
 - Trainings should be ongoing- documentation should be relevant to the past year

Trends: Category 8: Financial Operations and Oversight

*****Organizational Standards 8.1 through 8.5 all relate to the agency's/department's annual audit or audit of financial statements*****

- **8.1:**
 - **PRIVATE:** The organization's annual audit or audit of financial statements is completed by a Certified Public Accountant on time in accordance with Title 2 of the Code of Federal Regulations, Uniform Administration Requirements, Cost Principles, and Audit Requirement and/or the State Audit Threshold requirements **(11% met)**
 - **PUBLIC:** The department's annual audit is completed through the local governmental process in accordance with Title 2 of the Code of Federal Regulations, Uniform Administration Requirements, Cost Principles, and Audit Requirement and/or State Audit Threshold **(29% met)**

Wyoming Department of Health, Fiscal Policy 2001

Requirements for WDH

1. Subrecipients expending \$750,000 or more in federal funds (not just WDH) during their fiscal year must have a single audit every year.²
2. Subrecipients expending \$500,000 to \$749,999 in federal funds during their fiscal year must have an independent audit every three (3) years and provide a review of financial statements each year for which an audit is not conducted.
3. Subrecipients expending \$100,000 to \$499,999 in federal funds during their fiscal year must have an independent audit every five (5) years and provide a review of financial statements each year for which an audit is not conducted.
4. Subrecipients expending less than \$100,000 in federal funds during their fiscal year must provide financial statements to WDH for review each year.
5. Financial statements must be submitted within nine (9) months after the end of the entities fiscal year.
6. Exemptions:
 - WDH reserves the right to delay or temporarily exempt a subrecipient from this policy, in the case of start-up, size of agency, hardship, or other unforeseen reason if it is in the best interest of WDH and/or the subrecipient's purpose to do so. The

Trends: Category 8: Financial Operations and Oversight, cont.

- 8.2: All findings from the prior year's annual audit have been assessed by the organization and addressed where the governing board has deemed it appropriate **(6% met)**
- 8.3: The organization's auditor presents the audit to the governing board **(12% met)**
- 8.4: The governing board formally receives and accepts the audit **(12% met)**
- 8.5: The organization has solicited bids for its audit within the past 5 years **(44% met)**

Trends: Category 8: Financial Operations and Oversight, cont.

- **8.7: PRIVATE: The Tripartite Board receives financial reports at each regular meeting that include:**
 - 1. Organization-wide report on revenue and expenditures that compares budget to actual, categorized by program; and**
 - 2. Balance sheet/statement of financial position (6% met)**
 - 3-part minimum
 - *Evidence that board members receives financial reports at each regular meetings, that report contains information on budgeted versus actual costs, and a statement on the agency's financial position*
 - *Documentation should include a copy of board meeting minutes where this report is presented and discussed, as well as a copy of the financial report itself*
- **8.13: The organization/department has a written policy in place for record retention and destruction (31% met)**
 - Evidence that a policy exists, and that it covers both retention and destruction
 - *Documentation could include a copy of the policy with both components*

Trends: Category 9: Data and Analysis

******All Grantees received points for 9.1 and 9.2, as those reports can be ran directly in CAP60, thus no uploaded documentation is needed******

- **9.3: The organization/department has presented to the Tripartite Board for review or action, at least within the past 12 months, an analysis of the agency/department's outcomes and any operational or strategic program adjustments and improvements identified as necessary (6% met)**
 - 2-part minimum
 - *Evidence that board members received information on the outcome attainment for the completion of a program year, and analysis occurred*
 - *Changes to strategic plan or Community Action Plan are not necessary, but if occurred, should be documented*
 - *Documentation could include board meeting minutes where this occurred, and revised planning documents*

Trends: Category 9: Data and Analysis, cont.

- **9.4: The organization/department submits its annual CSBG **Annual Report data** and it reflects client demographics and organization-wide outcomes **(0% met)****
- Evidence that the organization/department completed their data reporting for the Annual Report
 - *Documentation could include an email confirmation from CSP that your agency's data/SmartForms has been received*

Completing the TAP

- TAPs were issued January 17th, 2020
- Grantees/Tripartite Board should discuss the TAP, and come up with a plan to be able to meet the missed Organizational Standards
- Once a plan has been created and documented on the TAP, send it to CSP for approval (*on or before April 1, 2020*)
 - It is recommended that you do not begin uploading documentation into CAP60 for those missed standards until CSP approves (via email) the TAP
 - You have until April 1, 2020 to complete the TAP and receive approval from CSP
- April 1, 2020 to June 15, 2020 is the upload period
 - Upload all documentation into CAP60 after CSP approved TAP
- June 15, 2020 CSP will conduct a final review
 - This will be the score the Grantee/Tripartite Board receives for the fiscal year

Questions/Comments

- When there are two parts to a standard and one is met, why don't agencies get .5 points?
- Please explain your timeframes example 2 and 5 years what are expiration dates somethings seem not due but marked not met.
- Fiscal policies say updated as necessary and approved. What do the minutes have to say if no updates were necessary to vote on?

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