2025

ANNUAL TRAINING CONFERENCE
SEPTEMBER 22 – 26 | CHICAGO, IL

New Manager Orientation Part III
Risk Assessments, Monitoring, and TTA
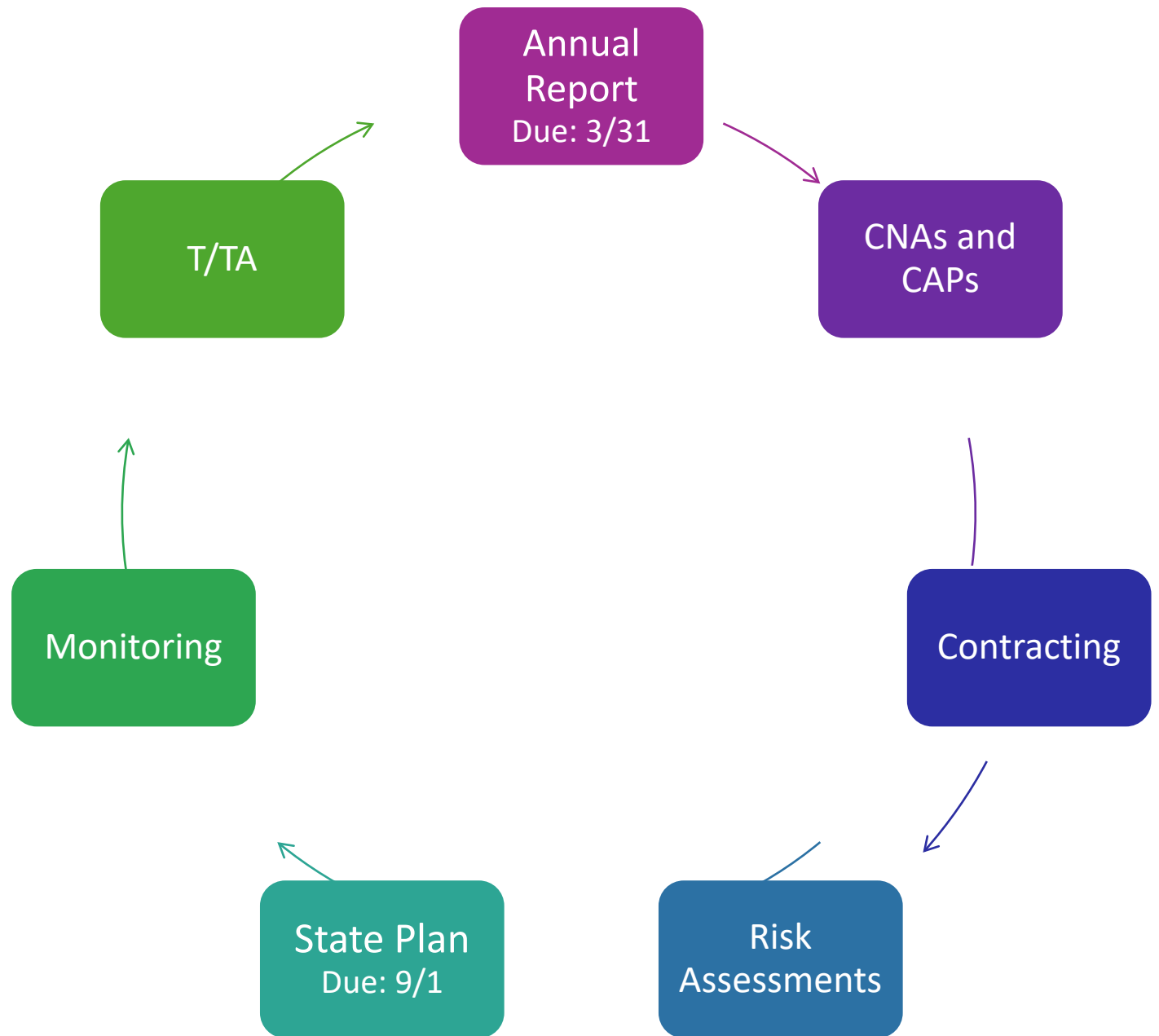
"Amplifying Our Impact"

NASCSP

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Core State CSBG Activities

Annual Report
Due: 3/31

CNAs and CAPs

Contracting

Risk Assessments

State Plan
Due: 9/1

Monitoring

T/TA

What is a Risk Assessment?

A **Risk Assessment** measures and prioritizes hazards within the constraints of the defined risk levels and tolerance thresholds or acceptable risks—it identifies how big the risks are in order to focus our attention on the most important threats and opportunities.

Key Purposes:
- Risk Assessments are required per Uniform Guidance (2 CFR Part 200).
- Identify potential issues before they impact performance or compliance.
- Allocate state resources based on risk level.
- Encourage early corrective action and continuous improvement.

Core Elements:
- Reviews several aspects of a CAA (i.e., financial systems, internal controls, governance, audit results, and past monitoring findings, etc.)
- Risk is typically scored or rated (e.g., low, moderate, high)
- Results inform monitoring schedule, contract conditions, and technical assistance plans

Federal Requirements

2 CFR 200.332(c) provides some **factors** that pass-through entities should consider when evaluating a subrecipient's potential risk of noncompliance.

1. Prior Experience
2. Audit Results
3. New Personnel or new or substantially changed systems
4. Results of Monitoring

Information from all interactions with the subrecipient: monitoring, grant reviews, report submission, audits, etc.

What is Monitoring?

Monitoring is a CSBG Act requirement that requires state offices to conduct a structured review of Community Action Agencies (CAAs) to ensure they comply with federal and state requirements.

Key Purposes:
- Verify adherence to the CSBG Act, Uniform Guidance, and state rules.
- Confirm proper use of CSBG funds and sound program management.
- Identify areas for improvement and share best practices.
- Detect early signs of financial or programmatic challenges.

Core Elements:
- Reviews several aspects of a CAA (i.e., programmatic performance and service delivery, financial management systems, Organizational Standards, governance, client files, etc.)
- Monitoring report outlining findings, concerns, and recommendations
- Requirement for T/TA or Corrective Action Plans, if needed.

Monitoring and Corrective Action

Overview of State Responsibilities

1. Enter into CSBG subaward agreement with CAAs
2. Monitor and conduct follow-up as required
3. Inform of deficiency and require correction
4. Provide T/TA and/or QIP
5. Provide notice and hearing on record if deficiency not corrected
6. Determine if cause exists to reduce or terminate funding
7. Initiate reduction in or termination of funding if cause exists
8. Opportunity for federal review by HHS

Monitoring

The State would monitor an agency for compliance with CSBG Act requirements as well as contract requirements and other state requirements.

- A state CSBG office is to conduct the following reviews of a CEE:
  - Full on-site review at least once every 3 years;
  - On-site review of newly-designated entities after first year;
  - Other reviews as appropriate; and/or
  - A prompt follow-up review

In addition to the reviews detailed in the CSBG Act, states must also conduct annual reviews of agency's compliance with CSBG Organizational Standards as detailed in CSBG IM 138

- This is in addition to regular reviews. Organizational Standards Monitoring does not "stand in" for the reviews required in the Act.

- 42 U.S.C. § 9914

What is T/TA?

Training and Technical Assistance (T/TA) is the process through which the state and other support organizations provide **instruction**, **guidance**, and **support** to CAAs to help **build organizational capacity**, **comply with federal and state requirements**, **improve program performance**, and **enhance service delivery**.

Key Purposes:
- Strengthen CAA operations, leadership, and service delivery.
- Help agencies meet CSBG requirements, Organizational Standards, and Uniform Guidance.
- Address findings from monitoring or risk assessments.
- Foster peer learning and statewide consistency in practice.

Core Elements:
- Identify training needs.
- Customized T/TA based on specific challenges (i.e., governance, fiscal management, ROMA, etc.).
- Strengthen internal systems, leadership, and performance management.
- Helps agencies meet federal and state requirements and ensure continuous improvement.

Training and Technical Assistance

- Assessing Network Needs
  - Monitoring Deficiencies
  - Organizational Standards Issues
  - Annual Report Analysis
  - Conversations!

- Planning:
  - State T/TA Plan
  - T/TA Schedule
  - RPIC
    - RPIC TTA Plan

- Implementing and Offering T/TA

State Spotlight

Jaimi Clifford, ME – Risk Assessment
Lorie Easter, IA – Monitoring
Matt Fitzgerald, VA – Monitoring
Elizabeth Rackham, ID – T/TA
Becky Sadd, CO – T/TA

Maine

- Annual Risk Assessment – Done typically in January-March
  - Questions include input from our Audit Division, CSBG Programmatic requirements, Fiscal Procedures, Organizational Standards, Monitoring, staffing and other general items.
- Comprehensive Risk Assessment – Done as a desk review as preparation for the triennial on-site visit
  - Questions include the same listed above but expanded.

CSBG Pre-Monitoring Risk Assessment

CSBG State Office Staff	
Date Assessment Conducted	
Date Manager Approved	

Purpose: The *CSBG Pre-Monitoring Assessment* is a point in time instrument utilized by the CSBG State Office to prioritize the current years monitoring schedule and identify the type of monitoring that will be conducted. Items on this *assessment* correspond with items on the Desk Review and On-Site Review Tools and should be used as part of a comprehensive CSBG Monitoring Process. Agency compliance is assessed in the areas of: **Board Governance,**

Instructions: Pre-Monitoring Assessments should be completed annually for all agencies. If an agency has received an Onsite Review in the past 1-2 years, this assessment should be used to determine whether a supplemental visit is needed. In the "Y/N" column, select **Y** (designating "yes") indicating there is a concern or issue, select **N** (designating "no") to indicate compliance. Enter any relevant comments in the comment column. **If Y is selected for any of the items, a justification in the comment column is required. The point value will automatically populate once Y or N is selected.** Note, the point values may differ by

Scoring: Point assignments for each section are indicated under the Section title.

Provider Information

Agency Name	
Agency Type (public, private non-profit)	
Contract #	
Date of Last On-site Monitoring Review	

Area	Y/N	Score	Comments
DHHS Audit High Risk Designation (Yes = 3; No = 0)			
Provider has been designated as "high risk" by DHHS Audit?	No		

Section 1. Fiscal Procedures

Area	Y/N	Score	Comments
Fiscal Procedure Score (Yes = 3;			
When compared to the prior year, are there any reductions in the agency's **Total Operating Budget** exceeding 25%?	No		
Did the agency have unexpended funds?	Yes		
Has the agency returned unexpended funds?	Yes		
Has the agency's spending pattern noticeably changed?	No		

Section 2. Program Performance

Area	Y/N	Score	Comments
Program Performance Score (Yes = 1; No =0)			
Does the agency submit the Annual Report after required due dates?	No		
Does the agency submit the Organizational Standards after the required due date?	No		
Does the agency submit the expenditure reports after the required due dates?	No		
Does the agency submit the Contract after the required due dates?	No		
Does the agency submit the contract deliverables after the required due dates?	No		

Section 3. Monitoring Follow up

Organizational Standards/Open Monitoring Findings (Yes = 1; No = 0)

Organizational Standards

For unmet Organizational Standards, does the agency submit the CIP/TAP/QIP information after the required due date?	No		

Monitoring

For outstanding CSBG monitoring findings, does the agency submit monitoring finding status update reports	No		
If the agency has monitoring findings with other DHHS Programs such as HeadStart, does the agency submit required documentation per its resolution plan after the required due date? Specify the date the program was contacted in the comment	No		

Section 4. Key Staffing

Key Staffing Score (Yes = 1; No =

Are there any recent key staffing vacancies in either the Executive Director, Program Manager, or Fiscal positions, within the last 6 months? If so, list the vacancy and	No		

Section 5. General Items

General Items Score (Yes = 2; No

Has a whistleblower complaint been received in the past 12 months?	No		
If the agency has been in the press or media in the past 12 months, was the agency presented in an unfavorable manner?	No		
Total Score (Total of 29 points		
*Score of 12 or more **may** require an onsite visit. Status of this assessment should be reviewed		

6. Onsite Visit Recommended?

Based on the results of the Pre-Monitoring Assessment score, does the CSBG State Office recommend an onsite visit in the current monitoring year?	
If yes, please provide a brief narrative explanation?	
If the agency has been designated as "high risk" by DHHS Audit, but has scored below the 8 point threshold recommending an On-Site, provide a justification as to why an On-Site is not needed.	

Maine C... (Page 1)

Assessment Completed
Date Assessment

Purpose: The CSBG Pre-Monitoring Assessment is a poi...
Instructions: Pre-Monitoring Assessments should be com...
Scoring: Point assignments for each section are indicated...

Agency Name:
Agency Type: ☐ Public
Contract #
Date of last On-site
 If the agency received monitoring findings from prior visit...
 Is an onsite visit required per Public Law 105-285 Secti...

AGENCY RISK AS ASSESSED BY MAINE DHHS AUDIT

Agency has not been designated as "high risk" by Maine D...
Agency has been designated as "high risk" by Maine DHH...

AGENCY EXECUTIVE DIRECTOR/CEO EXPERIENCE ADMIN...

Agency Executive Director/CEO has administered program...
Agency Executive Director/CEO has administered program...
Agency Executive Director/CEO has administered program...

AGENCY EXPERIENCED STAFF VACANCIES WITHIN THE L...

Senior Manage...
Program Man...
Frontline...

CONTRACT DELIVERABLES	YES	NO	Possible Score	Actual Score	Comments
Agency meets contract deliverables as written, on time, and without errors.			0	0	
Agency meets contract deliverables as written, mostly on time, and with little errors.			3	0	
Agency has failed to meet contract deliverables as written, always late, with errors.			5	0	
			AGENCY SUB SCORE:	0	

BOARD OF DIRECTORS	YES	NO	Possible Score	Actual Score	Comments
1/3 MUST be low income individuals or their representatives					
1/3 public officials or their designees,	☐	☐	-	-	
the remaining shall be private sector individuals (business, industry, education, labor and religious organization)					
Minimum of 15 to Maximum of 30 members	☐	☐	-	-	
Agency's Board of Directors meet at minimum of 6 times per year.	☐	☐	-	-	
Does the Agency send in board agendas and ratified meeting minutes within a timely manner.	☐	☐	-	-	
Does the Agency's Board of Director Meetings have quorum in attendance at the majority of meetings.	☐	☐	-	-	
			Total of No's from above		
All of the board requirements have been met.			0	0	
Most of the board requirements have been met.			2	0	
Half of the board requirements have been met.			3	0	
Very few of the board requirements have been met.			4	0	
None of the board requirements have been met.			5	0	
			AGENCY SUB SCORE:	0	Comments
Board Monitoring reports are submitted each quarter.			0	0	
Board Monitoring reports are NOT submitted each quarter			5	0	
			AGENCY SUB SCORE:	0	

3. ORGANIZATIONAL STANDARDS		Possible Score	Actual Score	Comments
Agency has met 100% of the Organizational Standards		0	0	
Agency has met 90-99% of the Organizational Standards		2	0	
Agency has met 80-89% of the Organizational Standards		3	0	
Agency has met 70-79% of the Organizational Standards		4	0	
Agency has met less than 70% of the Organizational Standards.		5	0	
		AGENCY SUB SCORE:	0	Comments
Agency submitted Organizational Standard Self-Assessment on time according to contract requirement and/or		0	0	
Agency submitted Organizational Standard Self-Assessment within 5 days after contract requirement and/or extension		3	0	
Agency submitted Organizational Standard Self-Assessment later than 5 days after contract requirement and/or		5	0	
		AGENCY SUB SCORE:	0	Comments
The agency does not have any improvement plan in place.		0	0	
Agency has a Continous Improvement Plan (CIP) in place.		1	0	
Agency has a Technical Assistance Plan (TAP) in place.		3	0	
Agency has a Quality Improvement Plan (QIP) in place.		5	0	
		AGENCY SUB SCORE:	0	

4. ANNUAL REPORT – CLIENTS SERVED

No change, or increase in clients served.	
Under 10% reduction in clients served.	
10% – 20% reduction in clients served	
Over 20% reduction in clients served.	

5. ANNUAL REPORT – NATIONAL PERFORMANCE INDICATOR

Agency met 91–100% of its NPIs.	
Agency met 81–90% of its NPIs.	
Agency met 71–80% of its NPIs.	
Agency met 61–70% of its NPIs.	
Agency met 60% or less of its NPIs.	
Agency submitted annual report on time according to contract requirement	
Agency submited annual report within 5 days after contract requirement an	
Agency submitted annual report later than 5 days after contract requiremen	

ROMA TRAINED PROFESSIONAL ON STAFF

Agency has one or more ROMA Trained Professionals on staff
Agency has no ROMA Trained Professionals on staff

7. OTHER PROGRAMMATIC MONITORING

Agency has NO findings from any monitorings conducting by other program
Agency has one finding from a monitoring conducting by another program.
Agency has two findings from monitorings conducting by other programs.
Agency has three findings from monitorings conducting by other programs.
Agency has four findings from monitorings conducting by other programs.
Agency has five or more findings from monitorings conducting by other prog

OTHER PROGRAMMATIC CONCERNS

Agency has not received whistle blower complaint in the past 12 months.
Agency has received whistle blower complaint in the past 12 months.
Agency has not been in the press/media in the past 12 months in an unfavo
Agency has been in the press/media in the past 12 months in an unfavorabl
Agency participates in Economic Opportunity Council (EOC) Meetings on a
Agency does not participate in Economic Opportunity Council (EOC) Meetin
Agency has established eligibility process that meets CSBG income guideli
Agency does not have an established eligibility process that meets CSBG i

8. AGENCY FISCAL DIRECTOR EXPERIENCE ADMINISTERING THIS PROGRAM

	Possible Score	Actual Score	Comments
Agency Fiscal Director has administered agency's finances over 5 years.	1	0	
Agency Fiscal Director has administered agency's finances 2-5 years.	3	0	
Agency Fiscal Director has administered agency's finances under 2 years and/or high turnover of this position	5	0	
AGENCY SUB SCORE:		0	

10. BUDGET

	Possible Score	Actual Score	Comments
Budget has not been modified.	0	0	
Budget has been modified 1 - 2 times.	3	0	
Budget has been modified 3+ times.	5	0	
AGENCY SUB SCORE:		0	Comments
Less than 25% of budget is funded by CSBG.	0	0	
25-50% of the agency's overall budget is funded by CSBG.	2	0	
50-75% of the agency's overall budget is funded by CSBG.	3	0	
Over 75% of the agency's overall budget is funded by CSBG.	5	0	
AGENCY SUB SCORE:		0	

11. QUARTERLY/MONTHLY EXPENDITURE REPORTS

	Possible Score	Actual Score	Comments
Reports submission is always timely and without errors.	0	0	
Report submission is mostly timely and without errors.	2	0	
Report submission is sometimes timely and without errors.	3	0	
Report submission rarely timely and without errors.	4	0	
Report submission is never timely and without errors.	5	0	
AGENCY SUB SCORE:		0	

12. SINGLE AUDIT

	Possible Score	Actual Score	Comments
Single audit with NO identified required/suggested adjustments.	0	0	
Single audit with one identified required/suggested adjustment.	1	0	
Single audit with two to three identified required/suggested adjustments.	3	0	
Single audit with over three identified required/suggested adjustments.	5	0	
AGENCY SUB SCORE:		0	Comments
Single audit with NO identified material weaknesses.	0	0	
Single audit with one identified material weakness.	2	0	
Single audit with two to three identified material weaknesses.	4	0	
Single audit with over three identified material weaknesses.	5	0	
AGENCY SUB SCORE:		0	Comments
Single audit with NO identified significant deficiencies.	0	0	
Single audit with one identified significant deficiency.	2	0	
Single audit with two to three identified significant deficiencies.	4	0	
Single audit with over three identified significant deficiencies.	5	0	
AGENCY SUB SCORE:		0	

	YES	NO	Possible Score	Actual Score	Comments
AGENCY SUB SCORE:				0	
12. OTHER FISCAL AREAS OF CONCERN					
When compared to the prior year, the agency's Total Operating Budget remained the same or increased.			0	0	
When compared to the prior year, are there any reductions in the agency's Total Operating Budget exceeding 25%?			1	0	
Agency spent full CSBG Contract Award			0	0	
Agency has not spent full CSBG Contract Award, returned unexpended funds.			1	0	
Agencys spending pattern has not changed noticeably.			0	0	
Agency's spending pattern has changed noticeably. (Under/Over spent from prior year by 25%)			1	0	
Agency complies with 2 C.F.R. Part 200 audit reports and management letters.			0	0	
Agency has not complied with 2 C.F.R. Part 200 audit reports and management letters.			3	0	
AGENCY SUB SCORE:				0	

13. PENDING LITIGATION			Possible Score	Actual Score	Comments
Agency is not facing pending litigation.			0	0	
Agency is facing pending litigation.			5	0	
AGENCY SUB SCORE:				0	
AGENCY SCORE:				0	

DHHS AUDIT RISK ASSESSMENT	0
PROGRAMMATIC TOTAL AGENCY SCORE:	0
FISCAL TOTAL AGENCY SCORE:	0

SCORING INFORMATION

Total Maximum Score is 116; Total Minimum Score is 3; Midpoint is 58

3-39 is low risk; 40 to 79 is medium risk; 80 and above is high risk

A score of 50 or above could result in an onsite visit

DHHS RISK	0	Level 1
	3	Level 2

PROGRAMMATIC	2 to 20	Level 1
	21 to 43	Level 2
	44 to 67	Level 3

FISCAL	1 to 16	Level 1
	17 to 32	Level 2
	33 to 46	Level 3

ONSITE VISIT RECOMMENDATION

Based on the results of the ANNUAL INTERNAL SUBGRECIPIENT RISK ASSESSMENT, does the	☐ Yes	☐ No	

If yes, please provide a brief narrative explanation:

If the agency has been designated as "high risk" by Maine DHHS Audit Division, but has scored below the 8 point threshold recommending an On-Site, provide a justification as to why an On-Site is not needed.

Results?

It is from this process that Maine will evaluate the results and determine if any onsite visits that are already not in rotation need to be scheduled or any areas of need that can be targeted with T/TA
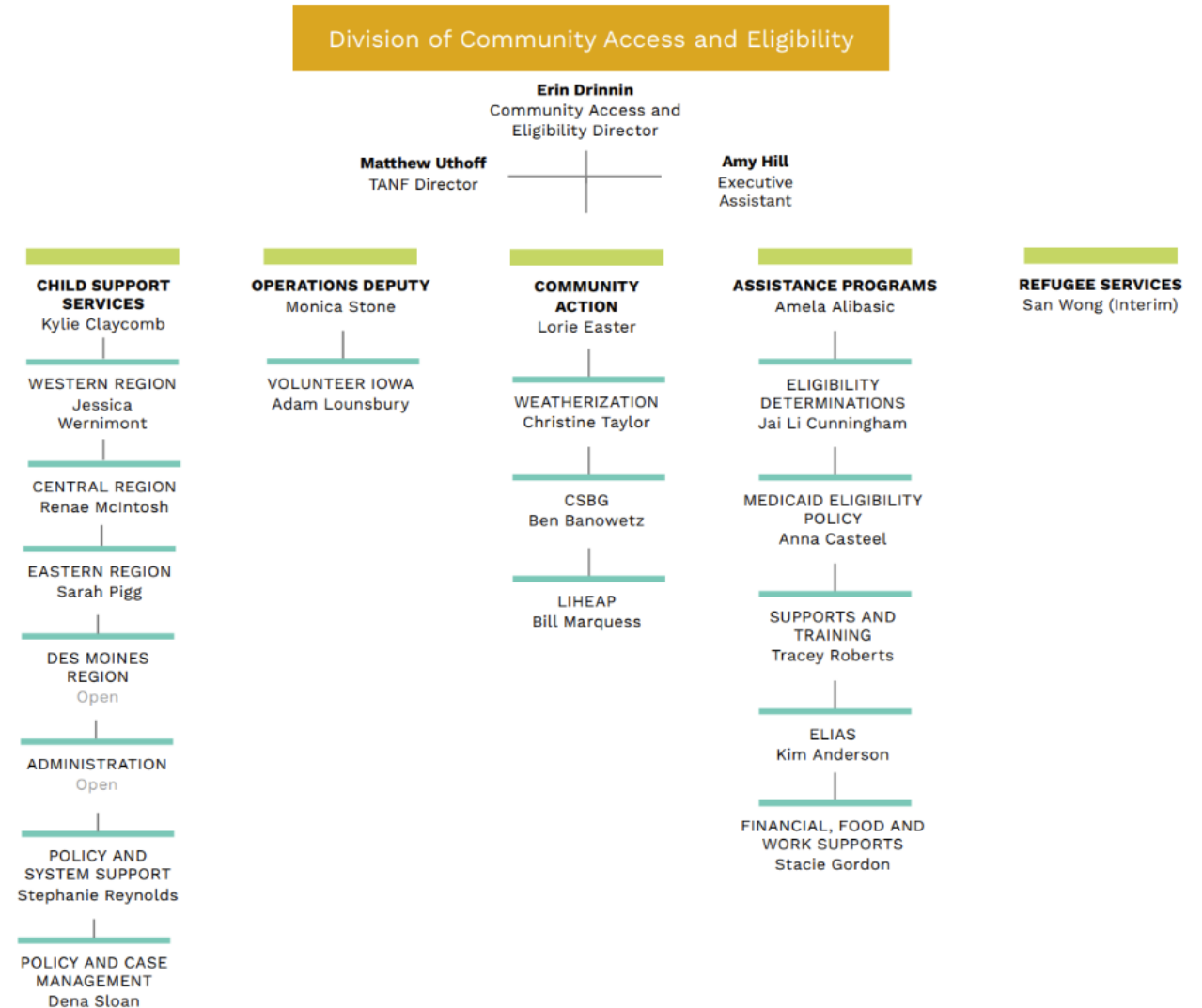
CSBG Staff

Lorie Easter

Director Community Action Agencies Subdivision

Ben Banowetz

CSBG Program Manager

Table of Organization

Division of Community Access and Eligibility

Erin Drinnin
Community Access and Eligibility Director

Matthew Uthoff
TANF Director

Amy Hill
Executive Assistant

CHILD SUPPORT SERVICES
Kylie Claycomb

WESTERN REGION
Jessica Wernimont

CENTRAL REGION
Renae McIntosh

EASTERN REGION
Sarah Pigg

DES MOINES REGION
Open

ADMINISTRATION
Open

POLICY AND SYSTEM SUPPORT
Stephanie Reynolds

POLICY AND CASE MANAGEMENT
Dena Sloan

OPERATIONS DEPUTY
Monica Stone

VOLUNTEER IOWA
Adam Lounsbury

COMMUNITY ACTION
Lorie Easter

WEATHERIZATION
Christine Taylor

CSBG
Ben Banowetz

LIHEAP
Bill Marquess

ASSISTANCE PROGRAMS
Amela Alibasic

ELIGIBILITY DETERMINATIONS
Jai Li Cunningham

MEDICAID ELIGIBILITY POLICY
Anna Casteel

SUPPORTS AND TRAINING
Tracey Roberts

ELIAS
Kim Anderson

FINANCIAL, FOOD AND WORK SUPPORTS
Stacie Gordon

REFUGEE SERVICES
San Wong (Interim)

Iowa Community Action Agencies

Iowa

16 Community Action Agencies

99 Counties

All 16 CAA have LIHEAP

15 WAP

14 Head Start

9 WIC

Array of other Services and Programs

Iowa Community Action Agencies
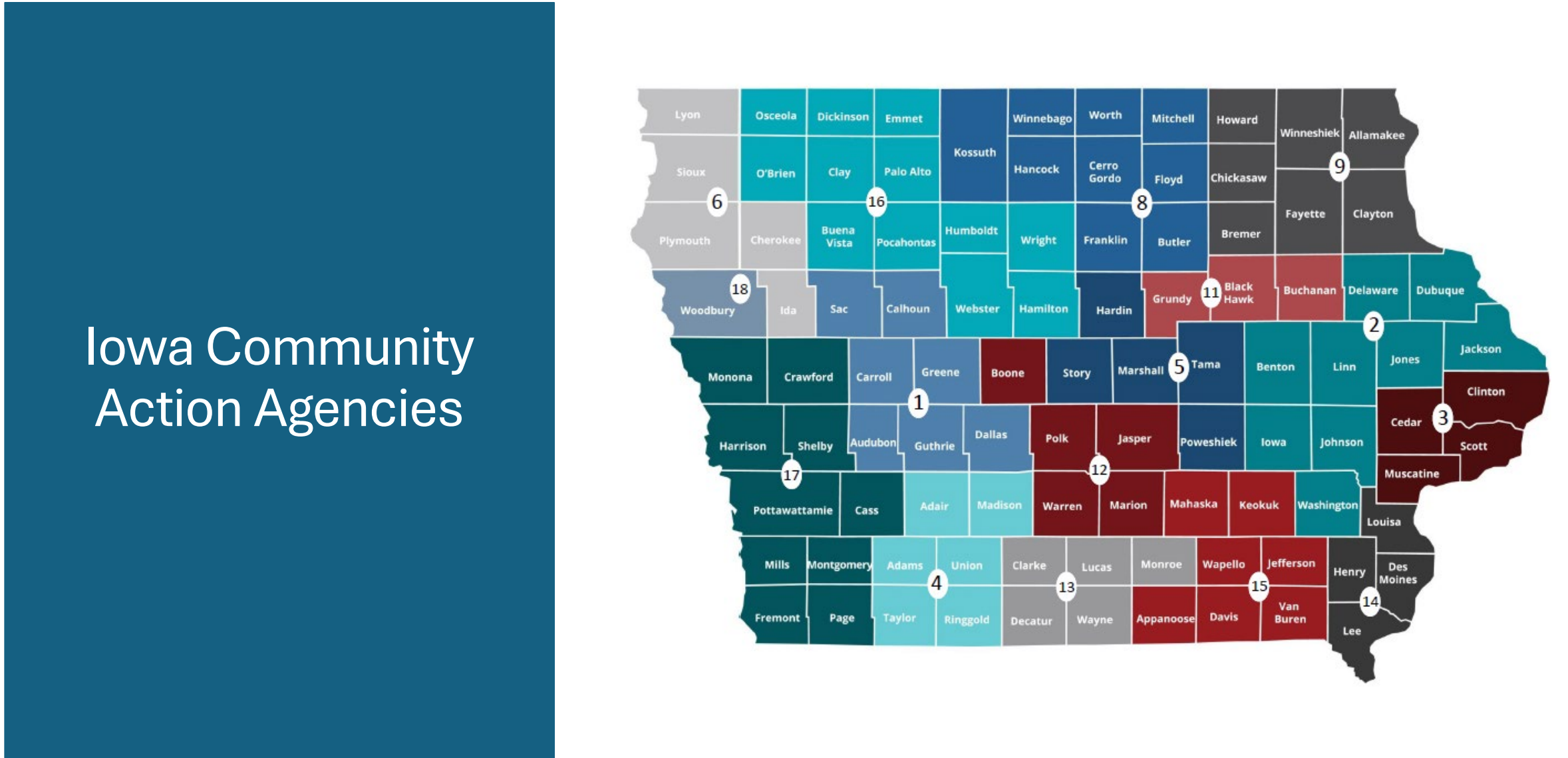
CSBG Monitoring Iowa

❄️ Three Year Monitoring Cyle (Operation & Organizational Standards)

👥 Annual CSBG Organizational Standards Self- Assessment

💵 Annual Fiscal Monitoring

PREPARATION

- Confirming Date

- Engagement Letter

- Agency Questionnaire

- Upload Material

OPERATIONS & ORG STANDARDS REVIEW

- HYBRID APPROACH – DESK REVIEW
  - [Agency Questionnaire](#)
  - Read 2-year + of Board Minutes
  - Review Board Manual
  - Review Agency Policy & Procedure Manual
  - Review Board Bylaws
  - Review Fiscal Policy & Procedure Manual
  - Review Need Assessment
  - Review Agency Strategic Plan

OPERATIONS & ORG STANDARDS REVIEW

HYBRID APPROACH – ONSITE

Interviews with

- Executive Director
- CSBG Personnel
- Human Resource
- Fiscal
- ROMA (Data Person)

Review Material/Documents

Verify Data

Exit Interview

MONITORING TOOLS

CSBG Program Operation Review

CSBG Organizational Standards Assessment

Board Review Template

POST REVIEW

Issue Letter and Report

If Deficiencies the Report will outline deficiencies and next steps.

Possible Next Steps
- Corrective Action Plan
- TAP
- QIP

Provide T/TA, as needed

Agenda

- CSBG Monitoring Requirements
- Virginia Monitoring Philosophy
- Virginia Monitoring Components
- Post Monitoring
- Corrective Action Plans/ Quality Improvement Plans
- How to prepare for a monitoring

Federal Monitoring Requirements

- **CSBG Act Requirements:**
  - Full on-site review at least once every 3 years;
  - On-site review of newly-designated entities after first year;
  - Other reviews as appropriate; and/or
  - A prompt follow-up review

- **The federal CSBG Act requires states to monitor CAAs on:**
  - Performance goals;
  - Administrative standards;
  - Financial management requirements; and
  - State requirements
  - CSBG terms and conditions

Virginia Monitoring

Philosophy:
- Mutual respect
- Open communication
- Joint problem solving

Goal:
- Provide CAA feedback on effectiveness of programs
- Assist leaders with making changes
- Early warning system
- Build upon strengths
- Provide State with data to assess statewide network
- Note trends to provide more effective T/TA

Virginia Monitoring Components

```
Notification and Scheduling → Optional Entrance Meeting → Board and Staff Surveys → Desk Review of Documents
                                                                                          ↓
Interviews → Board Meeting → Optional Exit Meeting
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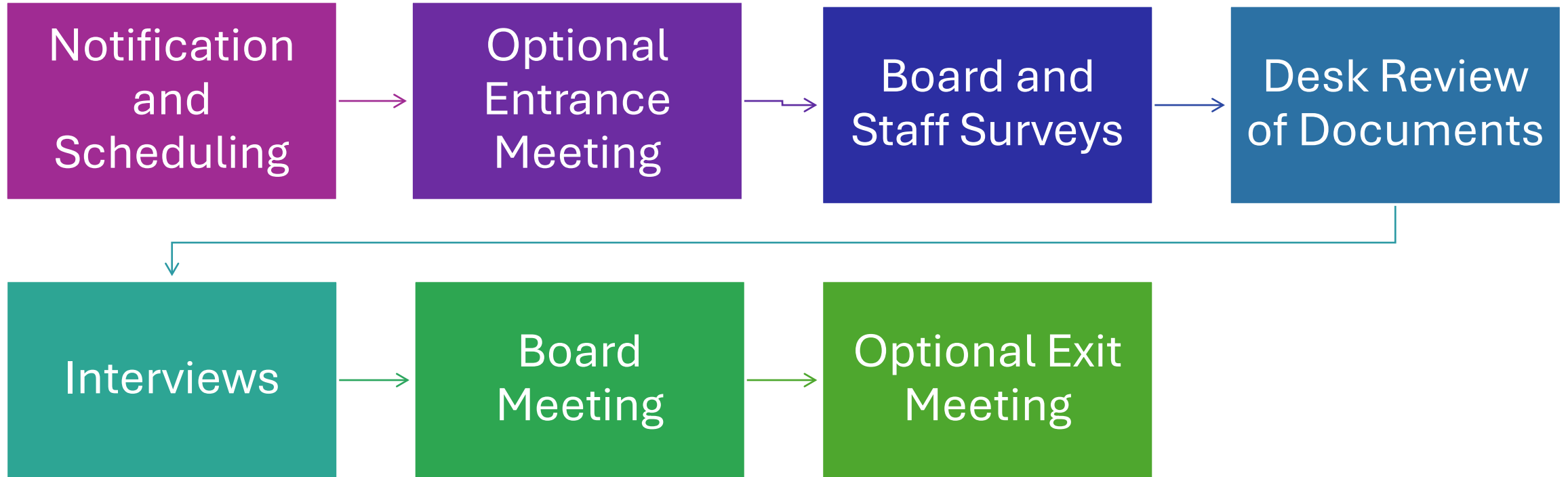
Monitoring Components

Notification and scheduling
- At least 45 days in advance agency will be notified
- OEO will work with agency to determine date of visit
- After final dates are scheduled the monitoring packet will be emailed to staff

Optional Entrance Meeting
- Opportunity for OEO to:
  - Review monitoring procedures
  - Answer any questions
  - Assist the agency to prepare for visit

Monitoring Components

- **Surveys**
  - Board Survey – helps us learn more about the boards role and their processes/procedures – at least 80% board response
  - Staff Survey – helps us learn more about the agency, their role within the agency and the programs where they work – should be completed by all staff who are paid by CSBG/TANF.*
- **Desk Review**
  - Documents on Monitoring Checklist will be due two weeks prior to the interviews.
  - Documents will be either uploaded to CSBG Reporter or emailed
  - One week prior to the interviews OEO will request additional documentation to be provided within 48 hours. (fiscal documentation, client files, personnel files)

Monitoring Components

- **Interviews**
  - Board interview
  - Fiscal Team Interview
  - Management Team Interview
- **Board Meeting**
  - OEO staff will attend a board meeting to observe
- **Exit Meeting**
  - This is an optional opportunity to hear initial thoughts from the visit and provide any additional information that may be needed prior to the 10-day email

Post Monitoring

- **10-day email**
  - This email outlines our findings, concerns and recommendations
  - Staff will have a week to respond to 10-day email and provide any additional information that may be needed
- **Monitoring Report**
  - A formal monitoring report will be provided within 30 days, it will be sent to the board chair and ED.

Monitoring Definitions

- **Findings**: instances of non-compliance with statutes, regulations, policies, or procedures established by the agency itself, the Commonwealth of Virginia, or federal agencies.

- **Concerns**: conditions that have the potential to lead to findings or problems for the agency, including deficiencies in agency management and governance systems.

- **Recommendations**: "best practices" that can contribute to increased agency effectiveness.

Follow Up After Monitoring

Corrective Action Plan

A **CSBG Corrective Action Plan** is a critical tool for organizations receiving Community Services Block Grant funding to address deficiencies and improve compliance. By outlining specific actions, setting clear timelines, and ensuring accountability, a CAP helps organizations not only correct problems but also strengthen their operational effectiveness and sustain funding.

- Corrective Action Plans are required for all findings.
- Corrective Action Plans are due within 60 days of an issued monitoring report and require board approval.
- If issues in a Corrective Action Plan are not resolved in the issued timeline, the agency will be placed on a QIP.

Quality Improvement Plan

- Section 678C(a)(4) of the CSBG Act allows for the implementation of a quality improvement plan by an eligible entity to correct an identified deficiency or deficiencies.
- Examples of instances in which a State may exercise discretion on whether a quality improvement plan is appropriate or necessary may include, but are not limited to the following:
  - A deficiency for which an eligible entity has previously instituted a corrective action plan and has repeated findings;
  - A deficiency that involves evidence of fraudulent reporting or use of funds, or other evidence of criminal wrongdoing and therefore presents a risk requiring immediate action.

How to Prepare for the monitoring

- **Keep Organizational Standards up to date:**
  - **Importance of Compliance:** Stress the significance of maintaining up-to-date organizational standards.
  - **Agency Understanding of CSBG:** Encourage ongoing training and familiarity with the CSBG requirements**.**

- **Ensure File Readiness:**
  - **Best Practices:** Organize files – keep consistent
  - **Client Files, Personnel Files, Match Documentation, Fiscal Documentation**

- **Ensure Staff Readiness:**
  - **Best Practices:** Share interview questions with staff and board who will be involved
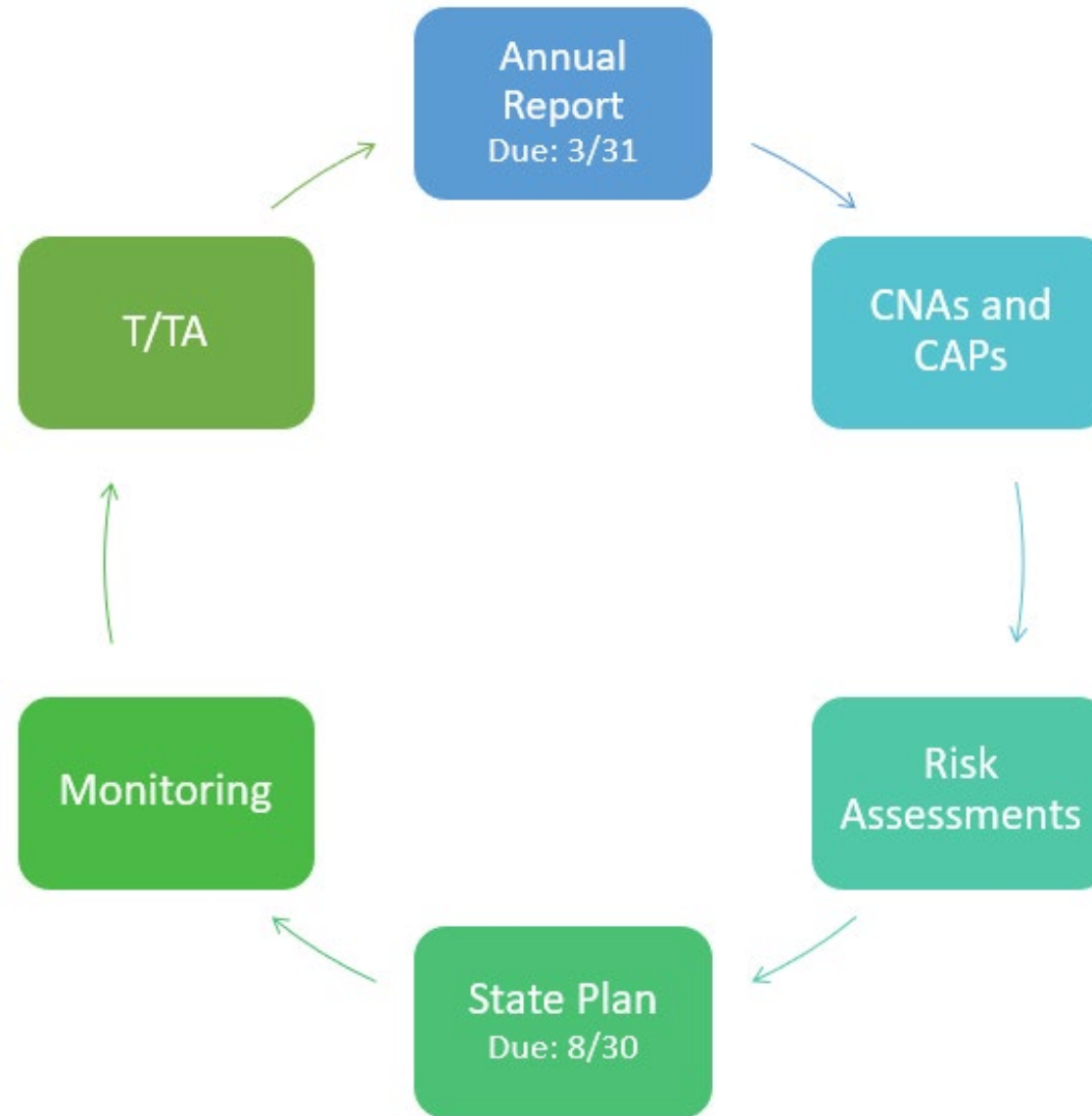
Idaho Department of Health and Welfare

State CSBG Allocation:
- $3.9 million (Minimally Funded State)

CSBG Eligible Entities:
- 6 Community Action Agencies
- 1 Migrant and Seasonal Farmworker Organization

State Office Staff
- 1.25 CSBG

State Association
- Unstaffed

Area of 83,569 sq miles over 44 counties with a population just under 2 million.

ASCI Scores

Training and Technical Assistance
• 2019 **76**
• 2021 **74**
• 2025 **94**

Communication
• 2019 **66**
• 2021 **76**
• 2025 **91**

Customer Satisfaction Index
• 2019 **65**
• 2021 **73**
• 2025 **86**

Drivers of Change:

- Using Performance Management to engage with intention
- Connection and collaboration
- Understanding that we are all working as a network towards the same goal
  – Assisting and supporting low-income Idahoans!-

Assessing the Training Needs

Identify where the state is in the **current moment** and what **upcoming challenges** may present themselves.

- Training Surveys
- Monitoring results
- Organizational Standards
- Risk Assessments
- Annual Reporting
- Community Action Plans with CNAs and Strategic Plans
- Communication with the eligible entities

At my agency our Community Action Planning skills (including Targeting for FNPIs):

35%
Need network wide training - we have the basics down

17%
Need targeted, agency specific training

17%
N/A - I do not work in Programs

17%
Could use additional support, it is not the highest priority right now

13%
We do not need any training, we are proficient in this area

Is there a specific category of the Organizational Standards that you would like more support in?

36%
Strategic Planning - Section 6

14%
Consumer Input and Involvement- Section 1

14%
Community Assessment - Section 3

14%
Organizational Leadership - Section 4

14%
Board Governance - Section 5

7%
Data and Analysis - Section 9

Treemap | Bar

< 9 of 13 >

Planning-

Review state priorities to identify what training can be provided by the state for the upcoming year.

- Who is the audience
- Who is best placed to provide the training
- What is the core takeaway
- Where/ How can we facilitate this for success
- When does this fit in the cycle of CSBG
- What does success look like

Not everything SHOULD be addressed by the State Office.

Planning

Use previously dedicated time to provide training

- Monthly meetings

- Quarterly calls

Prioritize one or two areas to challenge and grow in a program year.

75%
Very effective

13%
Extremely effective

13%
Somewhat effective

Evaluation

Using tools such as Microsoft Forms, Survey Monkey, or Mentimeter to gather immediate feedback.

Have a plan for what you are going to do with the results.

CO Training and Technical Assistance (T/TA)
Targeted Training and Technical Assistance

- Build capacity

- Address findings

- Strengthen overall

  program performance

The Results Oriented Management and Accountability Cycle

Assessment
Community needs and resources, agency data

Planning
Use agency mission statement and assessment data to identify results and strategies

Implementation
Services and strategies produce results

Achievement of Results
Observe and report progress

Evaluation
Analyze data, compare with benchmarks
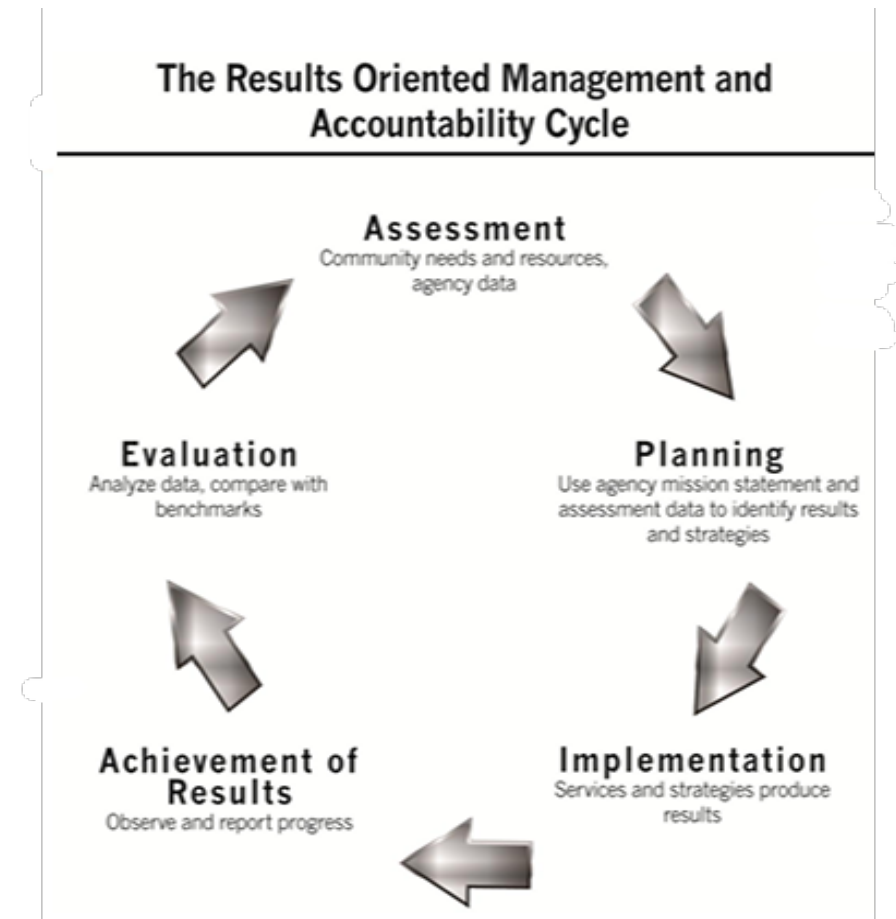
CO Training and Technical Assistance (T/TA)
How to decide what T/TA is needed

- Annual T/TA surveys (often coordinated with your State Association)

- Review of most frequently missed Org Standards

- Monitoring findings

- Requests from grantees

CO Training and Technical Assistance (T/TA)

Please select at least 1 and up to 3 topics connected to your agency's training needs for this category.

Weighted Average

Community En...
Consumer Invo...
Customer Satis...
Stakeholder An...
Partnerships/C...
Volunteers
Engaging At-Ris...
Ensuring Input/...
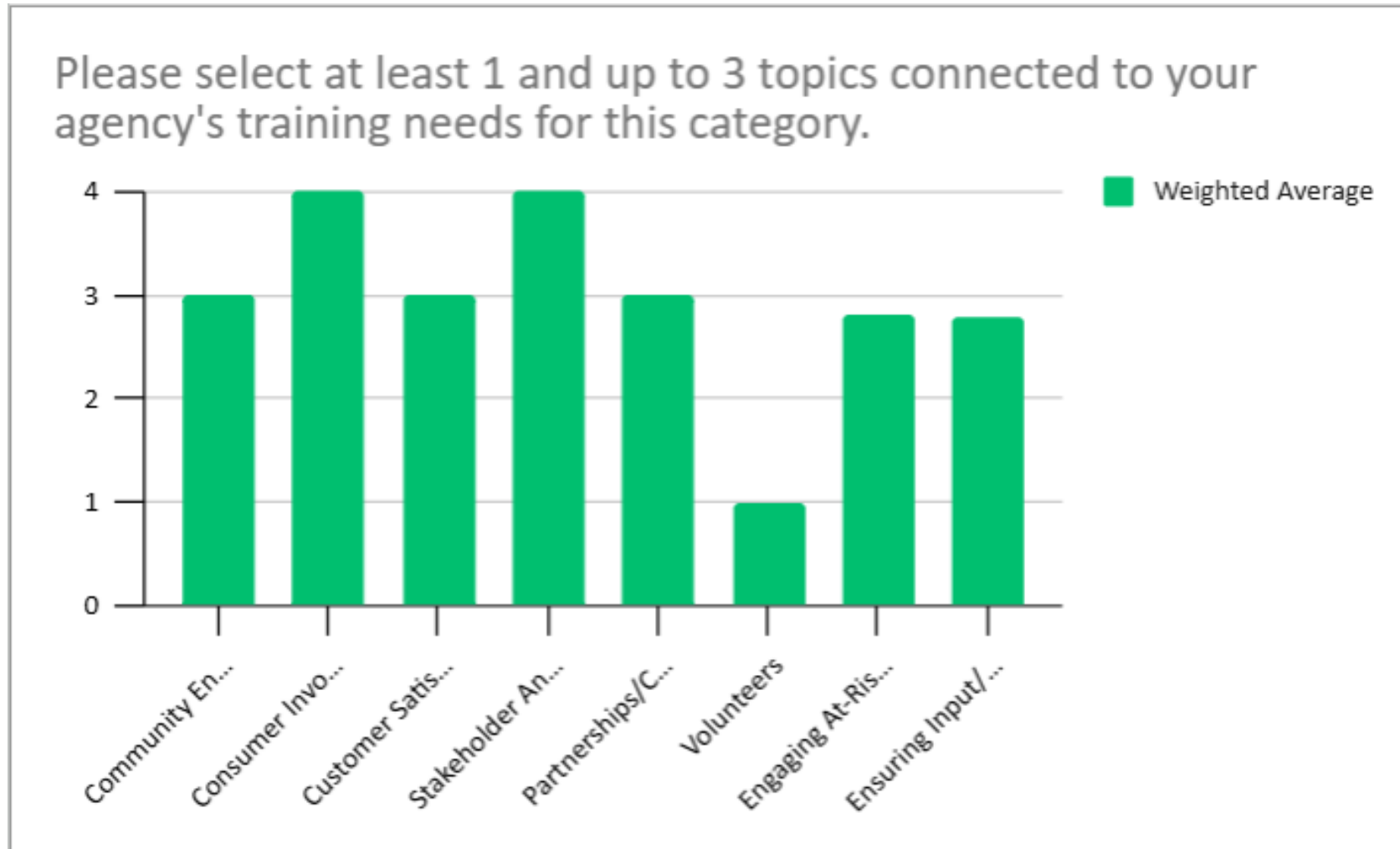
Annual Training & Technical Assistance Survey

CO Training and Technical Assistance (T/TA)

Most frequently missed Organizational Standards

Most Frequently Not Met Standards for 2024		
% missed	Topic	Full Standard
30%	tripartite board	Standard 5.8
26%	tripartite board	Standard 6.5
26%	audit	Standard 8.4
22%	tripartite board	Standard 8.3
22%	tripartite board	Standard 8.7
22%	tripartite board, strategic plan	Standard 9.3
19%	customer satisfaction	Standard 1.3
19%	community assessment	Standard 2.2
19%	community assessment	Standard 3.2
19%	community assessment	Standard 3.3
19%	tripartite board	Standard 4.1
19%	tripartite board	Standard 5.6
19%	compensation made public	Standard 7.5
19%	whistle blower policy	Standard 7.7
19%	annual audit	Standard 8.1

CO Training and Technical Assistance (T/TA)

CSBG Colorado State Plan

Section 6 - Organizational Standards

- 2024 - 29%
- 2026 goal- 38%
- 2027 goal- 42%
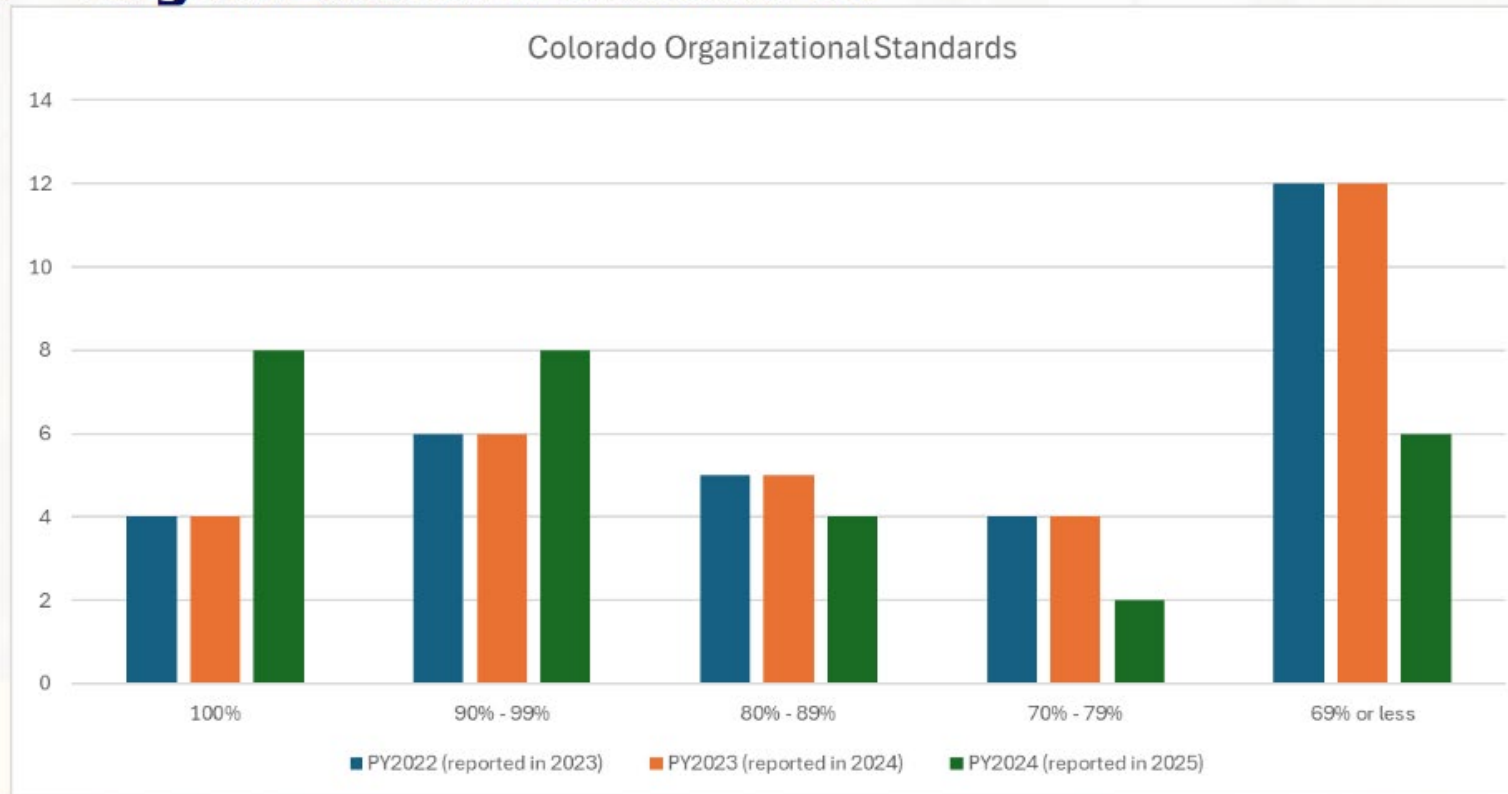
Strengthen Overall Performance

CO Training and Technical Assistance (T/TA)

Listening

- Monitoring Visits

- Specific/individual requests for one-on-one T/TA

- Information shared with/by state association staff

- National Level – any updates or changes

Questions

Our Presenters

- Jaimi Clifford, ME – CSBG State Coordinator

- Lorie Easter, IA – Director of Community Action Agencies Unit

- Matt Fitzgerald, VA – Manager

- Elizabeth Rackham, ID – CSBG Program Specialist

- Becky Sadd, CO – CSBG Program Manager

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Please scan here to complete the evaluation for this session!