# **Quality Community Action Association System: Self-Assessment** Submitted by: The Charter Oak Group, LLC Submitted to: Tri-State Assessment Group Date: August 1, 2002

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#### I. Description of Self-Assessment Process and Instructions

#### A STEP-BY-STEP APPROACH

#### Purpose of Self-Assessment

The self-assessment process is the foundation of the Quality Community Action Association System (QCAAS). It is intended to help participating organizations develop a picture of organizational quality, recognize best practices, and identify possible opportunities for improvement. The self-assessment process is one step in a journey that can lead to a variety of other efforts, including inviting input from an outside review team, engaging an external facilitator or an expert in one or more improvement areas, forming internal quality improvement teams, or planning a board retreat. Each organization will develop a strategy appropriate to the organization's condition when it begins the assessment process and where it wants to go.

#### Review Areas

The self-assessment instrument is divided into the following six content areas: governance; operational management and organizational structure; planning marketing, fundraising and community investment; information technology; human resources; and finance and budget. Each content area is broken down into multiple individual items, each of which must be scored in order to give a composite picture of each area.

#### Completing the Self-Assessment Instrument

The participating organization determines who completes the self-assessment instrument. In some cases, organizations may want to do a preliminary assessment using only their executive team. Other organizations may wish to assemble a cross-functional self-assessment team, with team members drawn from all units and levels within the organization. Another alternative is to provide the self-assessment form to all staff and board members. It is also possible to involve individuals from partner organizations and community members.

## Documentation and Validation of Information to Complete the Self-Assessment

While the self-assessment package has been designed as a stand-alone instrument, the participating organization may wish to further explore, document, or validate where the organization stands in relationship to particular questions. Such additional investigation can only strengthen the validity of the results, and may be useful in preparing for the site review if the organization plans on participating in that part of the assessment system. Again, the degree to which further validation is undertaken is associated with the organization's level of participation. Additional documentation is not a requirement of the self-assessment process. If such documentation is not considered when the self-assessment is first undertaken, it can be utilized later in the improvement cycle. See Step 6 of The Twelve Steps.

## Self-Scoring the Self-Assessment Instrument

The self-assessment instrument is designed so that the organization can score itself. Once all staff who have been asked to complete the instrument have done so, the instruments can be scored, either by a designated individual within the organization, or, if applicable, the crossfunctional self-assessment team.

Each area has a number of individual items that must be scored using the descriptions for each of the five levels. With each score, it is helpful to capture an explanation that summarizes the reasons for that score. This information should be recorded on the score sheet at the end of each area. Total the individual scores and divide by the total number of items to obtain an average for the whole area. Next to the average score, indicate the lowest and highest scores for the individual items. This will help indicate the consistency of quality within the area. For a description of how to use these area scores, see Steps 6 through 12 of The Twelve Steps.

#### Scoring By the CAP Quality Institute

The Institute can also score the self-assessment instrument. This may be particularly helpful if the participating agency had a large number of staff complete the self-assessment instrument. The Institute will score the instruments and provide confidential results to the participating organization.

#### Using the Self-Assessment as Preparation for the Site Review

For those organizations that will be participating in the site review, the results of the self-assessment set the stage for this review. Section III contains a brief description of the peer site review process. The QCAAS Peer Site Review Manual follows the format of the self-assessment and guides the peer reviewers through document reviews and interviews that will enable them to validate the results of the self-assessment. Any opportunities for improvement identified during the self-assessment process may be flagged prior to the site review but should not be addressed until after the review. See Step 7 of The Twelve Steps.

#### Confidentiality

Sharing of information contained in the completed self-assessment is up to the organization. In consultation with Anita Lichtblau from CAPLAW, a strong confidentiality agreement has been developed. Each site review team member will sign the agreement before beginning a site review. The importance of confidentiality will also be discussed at the beginning of the review with the agency management team. However, there is great value in the collection and reporting of aggregate or average scores on each question across agencies (without identifying individual organizations). This data will allow participating organizations to use the industry averages as benchmarks and will assist in the development of standards for those organizations that wish to develop them. Therefore, the Institute strongly encourages participating agencies to report their aggregate data, with the assurance that it will not be used in any way that identifies the source of the data.

#### Accessing Peer Expert Resources

When a participating organization identifies a need for peer expert assistance in a particular content area, the organization should consult the Institute's peer expert list. The list will provide the organization with the names and contact information of several individuals who are recognized experts in each content area. If the organization wishes, the Institute can make the initial contact with the peer expert and arrange for the initial visit or contact with the organization.

## Using the Self-Assessment: A Continuum of Participation

The self-assessment process is very flexible and allows for the participating organization to determine the level of participation by those inside the agency, e.g., management and staff, and those outside it, e.g., a facilitator, partner agencies, peer review teams, experts. The self-

assessment may be conducted solely by the executive team (perhaps at a management retreat), or it might involve more extensive participation by management and staff teams throughout the agency. The self-assessment can involve only individuals from within the agency, or it may utilize a peer review team or even key partner agencies.

Every level of participation is designed to provide specific benefits. Therefore, every participation level is a distinct, positive step toward improving the quality of agency operations and the degree to which those operations play a positive role in the community. The level of participation is based partly on the organization's current status and partly on what it hopes to accomplish after the self-assessment. It is important to remember that the self-assessment is only a beginning. The self-assessment is a diagnostic tool, like a medical check-up. Every organization should be prepared to take action on the basis of the results of the self-assessment, even if it is only to schedule periodic monitoring to determine if anything changes in the months following the self-assessment. More ambitious agencies will use the self-assessment as the opportunity to engage in a process of continuous improvement and will closely monitor changes that occur as the result of improvement projects.

#### The Twelve Steps

The twelve steps described below will lead an organization through the conduct of the self-assessment, identification of improvement opportunities, development of an action plan, monitoring of the effect of the action plan, and back to another self-assessment. Although these steps define a complete quality assessment and improvement cycle, it is not necessary for all agencies to complete each step. Agencies may combine or skip steps, or they may defer more advanced steps until the agency has the resources to undertake them. The agency need not decide in advance how far it wants to go; it may conduct the self-assessment and then decide whether to use it as a snapshot of the agency or as the first step in a cycle of monitoring and improvement. The twelve step process will also change depending on whether the self-assessment is accompanied by site review by an external peer review team.

## Step 1

**Action:** Determine the organization's current status and how it would benefit from the assessment process.

**Purpose**: Clarify the resources available to expend on this effort, the level of effort already being expended on quality improvement, and the organization's readiness.<sup>1</sup>

**Process**: Conduct a management meeting to review current agency status. The agency may want to develop a written statement of where the agency currently is, e.g., it has been doing ROMA training, or it is working on responses to questions or findings from a funder's recent monitoring visit. The statement might include how this self-assessment would complement, replace, or contribute to existing initiatives.

<sup>&</sup>lt;sup>1</sup> Readiness includes commitment of board and senior managers, other efforts under way, and staff awareness of the value of such a project.

**Action:** Define the level of involvement among staff, management, and board members, as well as among outsiders, e.g., facilitators, peer review team, partner organizations;

and the general organizational structure for accomplishing the assessment.

**Purpose**: Clarify the scope of the project, what resources will be required, and what activities

are likely to follow the assessment.

**Process**: Use the management meeting from Step 1 to consider whether the organization can

sustain the necessary level of effort to accomplish the self-assessment and the purpose defined for the assessment. At the end of Step 2, the agency should have a project plan for completing the assessment, lacking in many details, but sufficient to

determine feasibility and clarify the purpose.

#### Step 3

**Action**: Assign an individual or team to each of the six areas<sup>4</sup> and have them determine what

information they will need and what actions they must take to accomplish their part

of the self-assessment.

Purpose: Ensure that each area is covered and that the organization can refine its plan for

accomplishing the self-assessment after the detailed requirements for assessing each

area have been determined.

**Process**: Make the assignments and set a date by which each individual or team must review

the area and identify what steps it will take to complete the review. Bring all area individuals and teams together to review their findings and refine the overall plan

accordingly.

## Step 4

Action: Area teams and individuals collect necessary information and documentation and

draft their assessment using the assessment tool.

Purpose: Obtain a first view of the organization's status in each of the six areas as a starting

point for a meeting to review all of the areas and form a comprehensive picture of

the organization.

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<sup>&</sup>lt;sup>2</sup> Types of participation within the organization include:

<sup>•</sup> Senior management team during a retreat

<sup>•</sup> Senior management team and board members or committees

Management or staff and management teams with senior management steering committee

<sup>&</sup>lt;sup>3</sup> The organization may choose to score the self-assessment itself, with no outside involvement. Alternatively, it might score the self-assessment itself in preparation for the site review. The self-assessment could also be scored by the Institute, with a review of the results facilitated by an outside expert.

<sup>&</sup>lt;sup>4</sup> If the organization is small, it may assign an individual or team to more than one area.

**Process:** 

The individuals and teams will first need to collect information, documents, and materials from reports, automated systems and others in the organization. They should then review the materials using the self-assessment tool as a guide. After making their first attempt at scoring the area, they should look at any items of uncertainty, consult with others and collect additional information, and review their initial scores, making changes as necessary.

#### Step 5

Action:

Bring the individuals and teams together to share their draft assessments and discuss their findings in relation to findings in the other areas.

**Purpose:** 

This step ensures that areas with shared concerns are in alignment and that other perspectives provide balance and additional insight into the draft assessments made by the individuals or teams assigned to the area.

**Process:** 

Allow ample time for this activity. This may require a series of meetings or a retreat over several days. Everyone involved in the self-assessment should be able to form a comprehensive picture of the organization from the presentation and discussion of the six individual areas. This process, in particular, may benefit from having a facilitator conduct the meetings, whether that is someone from inside or outside the organization.

#### Step 6

**Action:** 

Assess the overall health of each area and identify any areas at risk. For at risk areas, determine whether there is other information that would cause you to reassess the level of risk presented by deficiencies in an area.

**Purpose:** 

Before engaging in a systematic review of the results of the entire self-assessment, it is important to determine if any one or more areas are so much at risk that they jeopardize the entire agency. If an at-risk area is identified, it is then necessary to look at the individual items that are deficient and to determine which items would yield the greatest return for the agency. This is also the opportunity to factor in the score from the site review and any other external feedback.

**Process:** 

Calculate an average score for each area and the percent of individual items in each area scoring less than 3. An area with an average score **less than 3** or with more than 30 percent of its individual items scoring **3 or less** is considered at risk.

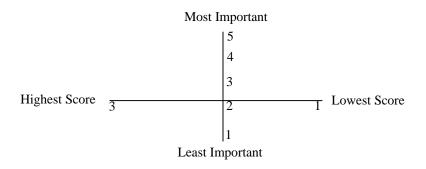
For each area at risk, list the individual items and place the site reviewer's score and any other scores or information next to the self-assessment scores. Even if the agency does not have an outside site review team's scores, there is often additional information from program audits and other assessments that might relate to the scoring of items in a particular area. When you have factored in all of the relevant information, develop a final score for each item in each area. Finally, identify high risk areas based o the calculations defined above.

**Action:** Rate the importance of each of the items for the well being of the agency.

**Purpose:** The self-assessment, to this point, has considered the various infrastructure areas solely on how each rates relative to the standards expressed in the scales. While it is assumed that all of the items and areas are important to the well being of the agency, some aspects of infrastructure may be more or less important to an agency's health at a particular time. In this step, assess importance to the agency regardless of the

rating.

**Process:** Ignore, for the moment, the rating for each item in the at-risk category. Only think about the item's importance to the agency on a scale of 1-5, where 1 = not very important (it would be nice eventually) and 5 = most important (a live or die issue). Assign an importance score to each at-risk item with a score of **3 or less**. Also, go back to the areas that were not at risk and assign importance scores to each item scoring **2 or less**. Then plot the items on a quadrant graph like the one below. The items in the upper right quadrant are those with the lowest scores and the highest importance. These items offer the greatest opportunity for improvement.



#### Step 8

**Action:** Determine ease of accomplishment.

**Purpose:** In order to decide which improvement items to address first, the agency will need a sense of how difficult they will be to accomplish in terms of resources and time.

**Process:** Review the list of potential improvement items and rate them according to the amount of resources each item will require and the time each will take to complete. Use the same kind of quadrant graph as in Step 7. Plot time horizontally from long term (left) to short term (right), and plot resource requirements vertically from high (bottom) to low (top). The items in the upper right quadrant will be those than can be accomplished most quickly **and** with the least expenditure of resources.

**Action:** Choose final action items.

**Purpose:** Now that the agency has determined which areas and items are most at risk, which items will yield the greatest returns for the agency, and what it will cost in terms of time and resources to address those items, the agency is ready to select the final items for improvement. This requires an in-depth understanding of the internal dynamics of the agency.

**Process:** In order to determine what kind of improvement projects to select from the final list, the agency will have to determine its capacity to undertake change. This requires an assessment of everything else the agency is facing, the commitment of executive leadership, the resilience of staff and their capacity to absorb more change. Using the matrices developed in Steps 7 and 8, select items for completion in the short term (six months) and the long term (a year or more). If possible, include items that can be accomplished quickly and easily, as well as those that will require greater commitment from the organization. Consider also a mix of improvement projects that can be done by individual units and those that are best worked on by crossfunctional teams.

#### Step 10

**Action:** Develop an action plan.

**Purpose:** A successful quality improvement effort requires detailed planning that includes identification of resources required, individuals responsible, dependencies, milestones, measures and timeframes.

**Process:** Depending on the scope of the effort, the organization may need only a team with a clear charge or an elaborate project management plan. Major improvement efforts involving substantial resources may require the use of project management software to track the utilization of resources. To learn more about project management approaches see the Project Management Institute's website at www.snecpmi.org.

## Step 11

**Action:** Monitor progress under the action plan and assess the effects of the improvement efforts.

**Purpose:** Having identified improvement efforts in some of the agency's most at-risk areas, the agency must ensure that it is making progress in its improvement efforts before it can turn its attention elsewhere. Structured, systematic monitoring is the only means of ensuring that improvement efforts are having the intended effect.

**Process:** The improvement team should present reports to a management team on the milestones, measures and timelines identified in the action plan. See Step 10.

Action: Conduct new self-assessments for at-risk areas every twelve months. Conduct

complete self-assessment every two years.

Purpose: If any areas are still at risk, they should remain a priority until the agency is

confident that they no longer jeopardize the health of the organization. When there are no more areas at risk, the self-assessment then focuses on continuous

improvement.

**Process:** When all at risk areas have been brought to the threshold level, the organization

should raise the bar for the next full self-assessment. For example, it may define improvement opportunities as any area with an average score of less than 3.5 or more than 25 percent of the individual items scoring less than 3.5. In this way, successive cycles of improvement projects and self-assessment will continue to raise the overall

quality of the organization.

#### II. ASSESSMENT TOOL: THE SIX AREAS

#### A. Governance

#### 1. Board Composition

1—at risk	Composition of the board is not in compliance with state and federal requirements.
2—inadequate but making progress	Composition of the board is in compliance in some areas, and there is a written plan for reaching compliance.
3—adequate <sup>5</sup>	The board complies with all state and federal requirements.
4—adequate and making strides toward excellence  5—excellent	3, plus one or more of the following is used: innovative recruitment efforts in line with strategic objectives, ongoing training, or board member mentoring to ensure an active membership.  The board is in full compliance with state and federal requirements and does two or more of the following: innovative recruitment efforts in line with strategic objectives, ongoing training, or board member mentoring to
	ensure an active membership.
Score: (Description of current status)	

- f. A process for removal of board members is stated.
- g. A quorum for meetings is established.
- h. The requirement that the board meet regularly (at least 6 times annually) is stated.
- i. The requirement that board meetings are open to the public is stated.
- j. The requirement that the board keep written minutes is stated.
- k. Provision is made for appointment of board committees, including an executive committee, and requirement that committee membership reflect the tripartite composition of the board is stated.
- 1. Operating procedures for the conduct of board meetings are described, e.g., convening board meetings, duties of officers and election procedures, adoption of a meeting agenda, adherence to rules of order and any state laws.
- m. The requirement that executive committee actions must be ratified by the full board at its next regular meeting is
- n. Procedures prohibit voting by proxy at meetings of the board or of its committees.
- o. There is a policy that prohibits alternates for board members (if allowed under the by-laws) from holding board offices and from being counted toward a quorum or casting a vote if the primary board member is present.
- p. The role of the board in the planning process is stated.
- q. Roles of the board are clearly spelled out in the agency's by-laws.

<sup>&</sup>lt;sup>5</sup> In order to score 3, the organization must meet each of the following state and federal requirements:

a. The number of seats on the board is stated.

b. Procedures for selecting board members and alternates are described, and the terms of service are stated.

c. The requirement that board members selected to represent a specific geographical area must reside in that area is stated.

d. Procedures for filling vacancies on the board created by removal, resignation, or death of a board member are stated.

e. Performance standards, e.g., attendance, for board members and alternates are stated.

## 2. Role of the Board

1—at risk	The board sees some planning documents and some general budget plans
	but has no comprehensive view of the agency's direction when planning,
	budgeting or making personnel decisions.
2—inadequate but making	The board sets policy for the majority of the following: approving annual,
progress	strategic and fiscal plans; major personnel policies; and budgets.
3—adequate	The board sets policy for the agency and approves annual, strategic and
	fiscal plans, as well as major personnel policies and budgets; oversees
	legal matters; and reviews the agency's fiscal status at each meeting.
4—adequate and making	3, plus some plans are reviewed in draft by committees before full board
strides toward excellence	consideration.
5—excellent	3, plus all plans are reviewed in draft by committees before full board consideration.
Score:	
(Description of current	
status)	

#### 3. Keeping the Board Informed

1—at risk	The board rarely is provided or considers any objective information about
	finances or programs except in crises.
2—inadequate but making	The board receives occasional financial reports and exception reports on
progress	program activity but usually only when there are significant problems that
	threaten to become crises.
3—adequate <sup>6</sup>	The board receives monthly financial information and exception reports
	on all program activity.
4—adequate and making	3, plus information is presented in plan-to-actual for some programs.
strides toward excellence	Board members also receive information regarding improvement
	activities in some programs. Agendas are sent to board members in
	advance of all meetings, and materials that require substantial time to
	absorb are sent to board members in advance of all meetings.
5—excellent	4, plus information is presented in plan-to-actual for all major programs.
	Board members also receive information relative to improvement
	activities in all agency programs.
Score:	
(Description of current	
status)	

<sup>&</sup>lt;sup>6</sup> To score 3, all major reports must be sent to board members before the meeting. In addition, minutes that include the following must be kept of all board and subcommittee meetings:

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a. Date, time and place of meeting

b. Who was present and absent

c. Determination that a quorum was present

d. The business conducted at the meeting

e. The exact wording of motions made and passed

f. The identity of the makers of motions, seconders of motions, and results of votes taken

g. The major points of discussion regarding any motions.

# 4. Board Decision Making

1—at risk	The board has little or no involvement in planning and budget making.
2—inadequate but making	The board views and passes on strategic plan and budget documents but
progress	has little involvement in their development.
3—adequate	The board uses a systematic approach to decision making on budget and
	strategic plan.
4—adequate and making	3, plus uses community needs assessment and program outcome
strides toward excellence	information.
5—excellent	4, plus there is regular monitoring of budget and outcomes against plan.
Score:	
(Description of current	
status)	

# 5. Board Training and Orientation

1—at risk	The board does not engage in any formal training for either old or new members.
2—inadequate but making progress	The board has an orientation for new members but little or no training for members on an ongoing basis.
3—adequate	The board has an orientation and a structured approach to mentoring new members and has occasional training or retreats for all members.
4—adequate and making	3, plus there are a board manual and regularly scheduled training or
strides toward excellence	retreats for all. Members may go to national meetings or have contact with
	members of other CAA boards.
5—excellent	4, plus members go to national meetings and have contact with members
	of other CAA boards.
Score:	
(Description of current	
status)	

# 6. Relationship with Executive Director

1—at risk	There is no regular evaluation of the executive director.	
2—inadequate but making	The board evaluates the executive director occasionally based on	
progress	generally stated goals and objectives.	
3—adequate	The executive director is evaluated periodically based on specific goals	
	and objectives stated in writing after discussion with the board.	
4—adequate and making	The board evaluates the executive director annually with some evaluation	
strides toward excellence	components based on measurable objectives. There are some long-term	
	objectives as well as annual ones.	
5—excellent	The board's annual evaluation of the executive director is based on	
	measurable annual and long-term objectives, with a portion of	
	compensation based on meeting those objectives.	
Score:		
(Description of current		
status)		

## **A.** Governance Scores

Individual Items	Score
1. Board Composition	
2. Role of the Board	
3. Keeping the Board Informed	
4. Board Decision Making	
5. Board Training and Orientation	
6. Relationship with Executive director	
Total	
Average (Total divided by 6)	
Range of above (the highest score– the lowest score) Example: 25	

## B. Operational Management and Organizational Structure<sup>7</sup>

#### 1. Intake

1—at risk	Written intake policies, which include priorities for the selection of clients and the requirement to document all contacts with clients, with appropriately maintained waiting lists are regularly maintained for few if any programs.
2—inadequate but making	There are some intake policies with appropriately maintained waiting
progress	lists.
3—adequate	There are intake policies for all programs with up-to-date waiting lists.
4—adequate and making strides toward excellence	3, plus some common intake among a few key programs.
5—excellent	There is a common intake policy with appropriate waiting lists for all major programs.
Score:	
(Description of current	
status)	

#### 2. Collaboration<sup>8</sup>

1—at risk	The agency does not collaborate unless required to do so by a funder.
2—inadequate but making	The agency collaborates in a few programs where the program design
progress	would clearly be ineffective without such collaboration.
3—adequate	The agency seeks out collaboration in all programs to ensure their effectiveness.
4—adequate and making	The agency seeks out collaboration in all programs to ensure their
strides toward excellence	effectiveness and in some instances to support program improvement.
5—excellent	The agency seeks out collaboration in all programs to ensure their effectiveness and support program improvement.
Score:	
(Description of current	
status)	

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<sup>&</sup>lt;sup>7</sup> For the items in this area of the self-assessment, assign the score that is accurate for a majority of the programs run by the agency. A score of five means that the highest level is achieved for all of the agency's programs. The notes section in the row for the score should reflect any substantial variation among programs.

<sup>8</sup> This item refers to informal, verbal agreements to collaborate. The agency might collaborate with other

<sup>&</sup>lt;sup>o</sup> This item refers to informal, verbal agreements to collaborate. The agency might collaborate with other community agencies, religious institutions and other faith-based groups, state, county, or city service agencies, or contractors that perform services for the agency such as intake.

## 3. Collaborative Agreements<sup>9</sup>

1—at risk	The agency does not enter into collaborative agreements.
2—inadequate but making progress	The agency enters into collaborative agreements for specific programmatic purposes with few specifics and no assessment of effectiveness.
3—adequate	The agency enters into written collaborative agreements with clearly stated expectations and some assessment of fulfillment of the agreements' terms.
4—adequate and making strides toward excellence	The agency actively pursues written collaborative agreements with clearly stated expectations and assesses fulfillment of the agreements' terms.
5—excellent	The agency actively pursues written collaborative agreements with assessments jointly developed by the collaborators to determine fulfillment of the agreements and their effectiveness.
Score:(Description of current status)	

#### 4. Outreach<sup>10</sup>

1—at risk	There is no outreach.
2—inadequate but making	There are some simple forms of outreach mostly tied to specific program
progress	needs.
3—adequate	There is a written plan and active outreach that attends to most individual
	programmatic outreach needs.
4—adequate and making	There is a written plan and active outreach for individual programmatic
strides toward excellence	needs, and there is some separate planning and pursuit of agency outreach
	goals.
5—excellent	There is a written plan and active pursuit of integrated programmatic and
	agency goals.
Score:	
(Description of current	
status)	

<sup>&</sup>lt;sup>9</sup> This item refers to formal, written contracts between the agency and other organizations or businesses to collaborate in providing services to the community.

<sup>10</sup> Outreach activities might include going door-to-door, placing posters in local stores or distributing a regularly

Outreach activities might include going door-to-door, placing posters in local stores or distributing a regularly published newsletter to appropriate local agencies, businesses, and libraries. Outreach might be conducted by those who are visible in the community, such as ministers, health workers or teachers.

# 5. Involvement in Program Development

1—at risk	Programs and projects are designed and developed by a few individuals in
	the agency.
2—inadequate but making	Programs and projects are designed and developed by a few individuals
progress	with occasional input from staff, partners or community.
3—adequate	Programs and projects are designed and developed by a team that may
	include staff from different functional areas, e.g., budgeting, monitoring,
	program management, and will frequently include community or partners.
4—adequate and making	3, plus community and partners are nearly always included in the
strides toward excellence	planning process.
5—excellent	Programs and projects are designed and developed by a team that includes
	staff, partners, and customers. All programs are tied to the agency's
	strategic plan through a review process. This process includes the
	participation of a program committee of the board, which evaluates
	whether programs and projects are consistent with strategic objectives.
Score:	
(Description of current	
status)	

# 6. Determining Program Design

1—at risk	The requirements of the funder are the sole determinant of program	
	design.	
2—inadequate but making	The requirements of the funder and some sense of community needs	
progress	determine program design.	
3—adequate	The requirements of the funder, previous program evaluations or	
	performance of similar programs, and community needs are the primary	
	drivers of program design.	
4—adequate and making	3, plus consistency with the mission determine program design.	
strides toward excellence		
5—excellent	4, plus consistency with the agency's strategic plan determine program	
	design.	
Score:		
(Description of current		
status)		

## 7. Program Monitoring and Assessment

1—at risk	Program monitoring is conducted only when funders require it for		
	compliance purposes.		
2—inadequate but making	Monitoring is conducted in accordance with internal and funder		
progress	requirements in some programs.		
3—adequate	Monitoring is conducted for all programs in accordance with internal and		
	funder requirements and to provide information that supports corrective		
	action plans.		
4—adequate and making	Monitoring is conducted for all programs in accordance with ROMA and		
strides toward excellence	any internal and funder requirements and to provide information that		
	supports corrective action plans.		
5—excellent	Monitoring is conducted for all programs in accordance with ROMA and		
	any internal and funder requirements and to provide information that		
	supports corrective action and program improvement plans. <sup>11</sup>		
Score:			
(Description of current			
status)			

## 8. Operational Policies

1—at risk	Programs have few or no written policies and procedures. <sup>12</sup>
2—inadequate but making progress	There are some written policies and procedures for some programs but not for others.
3—adequate	There are written policies and procedures for nearly all programs, and they are distributed to all appropriate program staff.
4—adequate and making strides toward excellence	All programs have written policies and procedures for program operation, which are distributed to all program staff and are the basis of staff training. Programs and policies are reviewed when necessary to reflect changes in program requirements.
5—excellent	All programs have written policies and procedures for program operation, which are distributed to all program staff and are the basis of staff training. The policies and procedures are reviewed regularly and updated to reflect improved practices and current standards, such as those reflected in the best practices of peer programs or those identified as benchmarks in the field.
Score:(Description of current status)	

<sup>&</sup>lt;sup>11</sup> Corrective action plans are required by funders when programs fail to meet desired or mandated levels of performance. Program improvement plans, in contrast, are internally dictated and designed, regardless of level of performance.

<sup>12</sup> Policies and procedures govern the way in which programs are administered. For example, they might define the

<sup>&</sup>lt;sup>12</sup> Policies and procedures govern the way in which programs are administered. For example, they might define the minimum time for responding to inquiries or the specific elements that will be covered during an orientation session.

#### 9. Program Integration

1—at risk	There are no linkages among programs.	
2—inadequate but making	There are formal linkages among some programs and informal linkages	
progress	among others.	
3—adequate	There are formal linkages among most programs and informal linkages	
	for the remaining programs.	
4—adequate and making	There are formal linkages among nearly all programs, and common intake	
strides toward excellence	information is shared among programs.	
5—excellent	There are formal linkages among all programs, and there are common	
	intake and database connections. Information flows freely to the benefit	
	of the client, and staff can advise clients of other benefits and	
	opportunities.	
Score:		
(Description of current		
status)		

## 10. Performance Measurement<sup>13</sup>

1 -4 -2-1-	D	
1—at risk	Performance measures are used to report required information to funders.	
2—inadequate but making	Performance measures required by the funder are used, and occasionally	
progress	some other measures are collected and reported for some programs.	
3—adequate	Performance measures required by the funder are used and additional	
	output and process measures are collected to support achievement of	
	funder-required outcomes or outputs for all major programs. ROMA is	
	being started.	
4—adequate and making	Performance measures required by the funder are used, and output,	
strides toward excellence	process, and intermediate outcome measures are collected to support	
	achievement of funder-required outcomes and outputs for all major	
	programs and some continuous improvement activities. ROMA is	
	partially implemented.	
5—excellent	4, plus an array of measures, including customer satisfaction, is used to	
	track progress toward desired outcomes, to support program improvement	
	and to assess staff performance. ROMA is fully implemented.	
Score:		
(Description of current		
status)		

<sup>&</sup>lt;sup>13</sup>A performance measurement system consists of an array of performance indicators that track the organization's success in attaining its goals. It should derive from the organization's strategic plan and provide critical data about key processes and results. Performance indicators measure work performed and results achieved based on goals established by the program. Performance indicators should be consistent with and pertinent to the organization's mission and goals. The following terms are used to describe program measurement:

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<sup>•</sup> Input is the amount of resources actually used to produce outputs and outcomes.

<sup>•</sup> Output refers to the amount of products produced and services delivered.

<sup>•</sup> Process (workload) refers to the amount of work that goes into a program.

<sup>•</sup> Outcome refers to the end result desired by the program.

<sup>•</sup> Intermediate outcomes are outcomes expected to lead to the ends desired but are not themselves ends, e.g., customer satisfaction and quality measures, response or cycle time.

## 11. Customer Satisfaction

1—at risk	Customer satisfaction information is only collected for programs where it
	is mandated and is not generally used.
2—inadequate but making	Customer satisfaction information is collected for some non-mandated
progress	programs but in an inconsistent manner, e.g., in the methodologies, the
	timing, or the regularity with which data are collected. Reporting and use are also inconsistent.
3—adequate	Customer satisfaction information is collected for most programs and is reported individually by program. It is reviewed and used by program at least annually.
4—adequate and making strides toward excellence	Customer satisfaction information is collected with some integration among programs and is reported and used during the year for continuous improvement. <sup>14</sup>
5—excellent	Customer satisfaction is collected with full integration among programs and is reported and used both quarterly and annually in planning and continuous improvement.
Score:	
(Description of current	
status)	

#### 12. Purchasing and Contract Management

1—at risk	There are no purchasing or contracting standards. <sup>15</sup>	
2—inadequate but making	Written purchasing and contracting standards exist but are ill defined and	
progress	adherence is inconsistent.	
3—adequate	Written purchasing and contracting standards exist and are followed.	
	Contracts are reviewed and assessed regularly.	
4—adequate and making	Written purchasing and contracting standards exist and are followed.	
strides toward excellence	Contracts are reviewed and assessed regularly. Some performance-based	
	standards are used.	
5—excellent	Written purchasing and contracting standards exist and are followed, with	
	competitive bids sought wherever appropriate. Written, objective	
	(measurable) standards are used for reviewing or renewing contracts.	
	Performance-based standards are used whenever appropriate, linked to	
	incentives and sanctions to encourage high performance.	
Score:		
(Description of current		
status)		

<sup>&</sup>lt;sup>14</sup> Continuous improvement refers to an organization's constant effort at improving processes, programs, and services. The process of continuous improvement is a cycle consisting of the following steps: measuring and reporting performance, analyzing data and defining improvement goals, determining causes for weak performance, designing corrective measures, implementing corrective strategies, and assessing the effectiveness of improvement efforts.

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<sup>&</sup>lt;sup>15</sup> Purchasing and contracting standards might include a list of preferred vendors reflecting agency values, e.g., preference for community-based or women-owned businesses, the level of oversight, or the amount of competition required depending on contract amount. See OMB Circular A-110, Sections 40-48, as well as the National Association of Purchasing Management for a list of purchasing standards.

# 13. Confidentiality and Client Privacy<sup>16</sup>

1—at risk	There are no privacy policies governing confidentiality and client privacy.
2—inadequate but making progress	There are some policies but they are poorly documented or inconsistently applied.
3—adequate	These policies are fully documented and applied within individual programs.
4—adequate and making strides toward excellence	The policies are integrated and applied agency wide.
5—excellent	4, plus sensitivity to client privacy in day-to-day interactions, e.g., interviews conducted where they cannot be overheard.
Score:(Description of current status)	

<sup>16</sup> See Appendix A, Privacy and Security, for a more complete discussion of these issues. Rev. 2.1 19

# B. Operational Management and Organizational Structure Scores

Individual Items		Score	
1.	Intake		
2.	Collaboration		
3.	Collaborative Agreements		
4.	Outreach		
5.	Involvement in Program Development		
6.	Determining Program Design		
7.	Program Monitoring and Assessment		
8.	Operational Policies		
9.	Program Integration		
10.	Performance Measurement		
11.	Customer Satisfaction		
12.	Purchasing and Contract Management		
13.	Confidentiality and Client Privacy		
Tota	Total		
Ave	Average (Total divided by 13)		
Ran	Range (the highest – the lowest) Example: 25		

## C. Planning, Marketing, Fundraising, and Community Investment

## 1. Mission and Planning

1—at risk	There is a mission statement <sup>17</sup> available within the agency but it is not	
	used in any planning activities.	
2—inadequate but making	There is a mission statement that has been reviewed in the past 3 years; it	
progress	may be prominently placed in the agency where staff and customers can	
	see it.	
3—adequate	There is a mission statement that has been reviewed in the past 3 years	
	and is used as the starting point for planning many agency programs and	
	meeting community needs.	
4—adequate and making	The mission statement is reviewed at regular intervals and is used as the	
strides toward excellence	starting point for planning all programs and meeting community needs.	
	There is some external communication of the mission statement.	
5—excellent	The mission statement is reviewed every year and is used as a starting	
	point for planning and as one important point of reference for evaluating	
	all programs and ensuring they meet community needs. The mission	
	statement is widely disseminated externally.	
Score:		
(Description of current		
status)		

## 2. How Current and Relevant Is the Strategic Plan<sup>18</sup>

1—at risk	There is no agency wide strategic plan.	
2—inadequate but making progress	There is a plan but it has not been updated in 3 or more years and is shared with very few people in the agency.	
3—adequate	The plan is updated annually and is shared with senior staff and the board.	
4—adequate and making strides toward excellence	3, plus the plan is shared with all staff.	
5—excellent	4, plus the plan is shared with the community.	
Score:(Description of current status)		

<sup>&</sup>lt;sup>17</sup> A mission statement formulates the organization's overarching vision or its enduring statement of purpose. The mission statement is outcome-oriented and provides direction to the organization.

<sup>&</sup>lt;sup>18</sup> A strategic plan analyzes the organization's past and present to envision what and where it wants to be in the future, e.g., in five years, as well as how it intends to get there. It generally includes a mission statement, a statement of long-term goals, and a formulation of strategies for achieving these objectives. It should contain performance indicators that are explicitly related to the goals identified in the plan and that can be used to track progress toward meeting these goals. It also should provide recent baseline values to indicate where the program currently stands in regard to key strategic objectives and to provide the starting point for the plan.

#### 3. Use of the Strategic Plan

1—at risk	There is no strategic plan.
2—inadequate but making	There is a strategic plan with goals <sup>19</sup> that are loosely associated with
progress	operational plans for programs.
3—adequate	The goals are connected to operational planning, <sup>20</sup> with key measures to
	track progress toward those goals.
4—adequate and making	The goals are linked to nearly all operational plans with measures.
strides toward excellence	
5—excellent	The goals are linked to all operational plans with program measures,
	budgets, and evaluation strategies.
Score:	
(Description of current	
status)	

## 4. Development of the Strategic Plan

1—at risk	The strategic plan is developed by one or two people.
2—inadequate but making	It is developed by management staff.
progress	
3—adequate	It is developed by management staff and the executive committee of the
	board.
4—adequate and making	It is developed by the groups listed in 3 plus at least one of the following
strides toward excellence	groups: community, other board members, other staff, or clients.
5—excellent	It is developed by the groups listed in 3 plus two or more of the groups
	listed in 4.
Score:	
(Description of current	
status)	

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<sup>&</sup>lt;sup>19</sup> Goals are the more specific purposes of an organization that flow from the mission. A goal is a quantifiable statement that provides guidance regarding the outcomes an organization intends to achieve. Performance indicators measure work performed and results achieved based on goals established by the program. They track the progress in achieving those goals.

<sup>20</sup> An operational plan is a planning and management tool that guides the operation of the organization over a

<sup>&</sup>lt;sup>20</sup> An operational plan is a planning and management tool that guides the operation of the organization over a twelve-month period. It is drawn from the strategic plan and reflects the detailed approach to the work. While the organization's strategic plan outlines its vision and directions for the future, its operational plan details the range and scope of programs and services it provides to achieve the objectives outlined in the strategic plan. It links strategic plans to daily operations so that the day-to-day work of the organization is consistent with the mission, will lead to the vision, and addresses the key strategic directions.

## 5. Community Needs Assessment<sup>21</sup>

1—at risk	There is little or no needs assessment data, and the agency has no system
	for integrating available data into strategic or operational plans.
2—inadequate but making	There are needs assessments for specific programs whether or not
progress	required by funders, but no system exists for utilizing the programs'
	needs assessment data on an agency level or for disseminating findings
	within the agency. The data are only used to meet program requirements.
3—adequate	There is a regularly conducted, broad-based community needs assessment
	that is coordinated with the program needs assessments.
4—adequate and making	There is a regularly conducted, broad-based community needs assessment
strides toward excellence	that is used in developing the agency strategic plan and in formulating
	program goals and objectives.
5—excellent	The agency's needs assessment and strategic plan are utilized in seeking
	funding through governmental and private funding sources. Information
	from the needs assessment is shared with local policy makers and
	legislators.
Score:	
(Description of current	
status)	

<sup>&</sup>lt;sup>21</sup>Needs assessment refers to a systematic effort at evaluating what the service requirements of the community are. It is aimed at determining what services it is essential to provide, what is available, and what is missing. This can be done through surveys, focus groups, or community meetings.

## 6. Marketing

1—at risk	There is no agency marketing plan <sup>22</sup> and no systematic program-by-
	program marketing plan.
2—inadequate but making	There are marketing efforts for individual programs that are mostly
progress	outreach to meet program goals and requirements.
3—adequate	There are marketing plans for individual programs and some cross-
	program marketing plans. These plans are used by agency senior
	management.
4—adequate and making	Program marketing plans are coordinated with the agency marketing
strides toward excellence	plan, which goes beyond outreach to at least one other objective.
	Marketing plans are sometimes evaluated for effectiveness. The agency
	may use its marketing plan to develop its image as a community leader.
5—excellent	A bottom-up and top-down process with central coordination is used to
	look for marketing opportunities at all levels of agency activity.
	Marketing plans are also periodically evaluated for effectiveness. The
	agency may use its marketing plan to develop its image as a community
	leader.
Score:	
(Description of current	
status)	

## 7. Expanding Funding

1—at risk	The agency manages existing contracts to meet contract compliance requirements.
2—inadequate but making progress	The agency seeks opportunities for funding existing program expenses or for new funds for programs, but these efforts are not related to the strategic plan and are only conducted as opportunity arises.
3—adequate	The agency has a strategic plan and uses it to seek some funding or program expansion, but not as an integrated effort.
4—adequate and making strides toward excellence	The agency has a strategic plan and uses it to seek appropriate funding opportunities, with some resources provided by the board.
5—excellent	The agency's strategic plan and fundraising plan are fully integrated, with adequate resources provided by the board and senior management.
Score:(Description of current status)	

<sup>&</sup>lt;sup>22</sup> A marketing plan is part of and aligned with the organization's strategic plan. It contains information about the organization and its programs and services, marketing objectives and strategies, as well as an explanation of how the success of marketing activities is measured. It describes all the marketing activities to be performed during a specified time period (usually one year), as well as background information and research results used to select those marketing activities. Finally, it documents the costs associated with the planned marketing activities and the measurements that will be used to determine success.

# 8. Fundraising

1—at risk	The agency does not do any fundraising.
2—inadequate but	A mailing goes out to request money, and individual programs hold small-
making progress	scale events. All activities are ad hoc or related to specific program
	needs.
3—adequate	Annual appeals are agency wide and involve both board and staff. This
	may or may not include special events. Funding is tracked in a database.
4—adequate and making	There is an annual fundraising goal connected to the strategic plan. A
strides toward excellence	multi-year fundraising effort is planned to meet strategic goals. The
	database can be used to develop focused appeals.
5—excellent	4, plus there are plans to actively seek endowments or other planned
	giving.
Score:	
(Description of current	
status)	

# C. Planning, Marketing, Fundraising, and Community Investment Scores

Individual Items	Score
1. Mission and Planning	
2. How Current and Relevant is the Strategic Plan	
3. Use of the Strategic Plan	
4. Development of the Strategic Plan	
5. Community Needs Assessment	
6. Marketing	
7. Expanding Funding	
8. Fundraising	
Total	
Average (Total divided by 8)	
Range (the highest – the lowest) Example: 25	

## **D.** Information Technology

## 1. IT Planning and Policy

1—at risk	Each program makes its own decisions, or IT planning is done on an ad hoc basis through the budget or in conjunction with other administrative decisions.
2—inadequate but	IT decisions are made informally in consultation with one or two people
making progress	who are perceived as having some expertise in this area.
3—adequate	There is an IT committee or team <sup>23</sup> that meets occasionally to address IT
	issues as they arise.
4—adequate and making	There is an IT committee or team that meets regularly to plan and identify
strides toward excellence	specific program and agency-wide IT needs.
5—excellent	There is an IT committee or team that develops and reviews an IT strategic
	plan in conjunction with the agency's overall strategic planning process.
Score:	
(Description of current	
status)	

## 2. IT Training

1—at risk	Systematic computer training is not provided.
2—inadequate but	Computer training occurs intermittently and informally when staff asks for
making progress	help.
3—adequate	Computer training generally occurs when new software is introduced and
	when an individual is new to the agency or is given new tasks involving unfamiliar software.
4—adequate and making strides toward excellence	A training needs inventory <sup>24</sup> is occasionally undertaken to identify computer training needs, and training is planned and executed to meet agency needs.
5—excellent	A training needs inventory is administered regularly to identify computer training needs, and training is planned and executed to meet agency and individual staff needs.
Score:	
(Description of current	
status)	

For small agencies, there may be no single person responsible for IT, but there is a recognized team that meets with or without the help of consultants to address IT-related issues.

24 A training needs inventory generally lists and prioritizes where training is needed, who needs to be trained, and

what specifically employees must learn in order to be more productive.

## 3. IT Administration

1—at risk	There is no systematic approach to tracking and managing hardware and software.
2—inadequate but making progress	There are lists of hardware and software purchased but no inventory of where and to what extent hardware and software are being used and by whom.
3—adequate	There is an inventory of current hardware and software that includes information on upgrades and modifications to systems.
4—adequate and making strides toward excellence	There is an inventory that is updated regularly and is used to identify agency needs.
5—excellent	There is an inventory that is updated regularly, is used to identify agency needs, and feeds planning of upgrades and transitioning of legacy systems.
Score:	
(Description of current status)	

## 4. IT Security

1—at risk	There is no IT security plan in place.
2—inadequate but	Security policies and procedures have been developed for some of the
making progress	following where appropriate: individual records to maintain
	confidentiality, financial records, network, e-mail, and Internet.
3—adequate	Security policies and procedures have been developed for general
	security concerns <sup>25</sup> and all of the following where appropriate:
	individual records to maintain confidentiality, financial records, network,
	e-mail, and Internet. Policies and procedures in those areas have been
	disseminated and are being followed.
4—adequate and making	Security policies and procedures have been developed for all appropriate
strides toward excellence	areas. Policies and procedures in those areas have been disseminated and
	are being followed. Some policies and procedures are regularly updated.
5—excellent	Security policies and procedures have been developed for all appropriate
	areas. Policies and procedures in those areas have been disseminated and
	are being followed. All policies and procedures are updated regularly.
Score:	
(Description of current	
status)	

<sup>&</sup>lt;sup>25</sup> General security concerns include such issues as how the agency prevents and reacts to a computer break-in, where backups are stored, and who is allowed to access the server and other hardware.

# 5. Agency Web Site

1—at risk	There are no efforts at constructing a web site at this time.
2—inadequate but making	There are plans for a web site but nothing built yet.
progress	
3—adequate	There is a website that provides basic information about programs and
	services but does not allow any direct access to agency programs.
4—adequate and making	There is a website that provides basic information about programs and
strides toward excellence	allows limited direct access to services, e.g., online applications.
5—excellent	There is a website that provides basic information about programs. It also
	allows direct access to applications for the community and for partners
	collaborating with the agency.
Score:	
(Description of current	
status)	

# 6. Data Integration

1—at risk	There is no data integration.
2—inadequate but making progress	There are electronic databases for some programs but others are primarily paper-based.
3—adequate	There are electronic databases for nearly all programs
4—adequate and making strides toward excellence	There is some integration of program data or a common intake form that can be shared among the various databases.
5—excellent	There is full integration of program data. There may also be integration with financial databases.
Score:(Description of current status)	

# 7. IT Support

1—at risk	There is very little formal or informal support available; staff are largely
	on their own when things go wrong.
2—inadequate but making	There is some formal or informal support available, but staff frequently
progress	have to wait and do not always obtain the right help.
3—adequate	Support is generally available with timely responses to immediate needs,
	but IT only reacts to expressed needs.
4—adequate and making	Support is mostly reactive, but some support comes in the form of special
strides toward excellence	training sessions based on identification of common problems tracked by
	IT specialists.
5—excellent	Support is a balance of reactive and special training designed to prevent as
	well as fix problems.
Score:	
(Description of current	
status)	

## 8. Telecommunications

1—at risk	There is no plan or assessment of this area.
2—inadequate but making	There has been an assessment but few changes have been made to
progress	improve connectivity, voice mail, phones, or mobile phone usage.
3—adequate	There has been an assessment, and a written plan has started to be
	implemented.
4—adequate and making	There has been an assessment, and a written plan has been fully
strides toward excellence	implemented
5—excellent	There has been an assessment, and a written plan has been fully
	implemented. There are regularly scheduled reviews to assess the plan's
	effectiveness.
Score:	
(Description of current	
status)	

# **D. Information Technology Scores**

Individual Items	Score
1. IT Planning and Policy	
2. IT Training	
3. IT Administration	
4. IT Security	
5. Agency Web Site	
6. Data Integration	
7. IT Support	
8. Telecommunications	
Total	
Average (Total divided by 8)	
Range (the highest – the lowest) Example: 2—5	

# E. Human Resources

## 1. Employee Compensation

1—at risk	No formal salary structure exists.
2—inadequate but making progress	Formal salary structure exists, but it is not competitive with the market.
3—adequate	This is a formal salary structure that is competitive with the market
4—adequate and making strides toward excellence	Formal salary structure includes some performance-based incentive provisions.
5—excellent	Formal, comprehensive, performance-based compensation system is in effect.
Score:(Description of current status)	

# 2. Employee Benefits

1—at risk	Only those benefits required by law are provided.
2—inadequate but making	Benefits include basic vacation and sick leave.
progress	
3—adequate	Vacation, sick, and health benefits are competitive with the market
4—adequate and making strides toward excellence	Benefits include some innovative elements beyond (3), such as flextime, on-site daycare, or education benefits.
5—excellent	Multiple innovative elements are contained in a comprehensive benefit package.
Score:	
(Description of current	
status)	

## 3. Hiring Practices

1—at risk	No standard hiring practices are in place. <sup>26</sup>
2—inadequate but making	Some standard hiring practices are in place, but they are not fully
progress	documented.
3—adequate	There is a documented set of standard hiring practices.
4—adequate and making	3, plus some innovative hiring practices are used, e.g., multiple sources
strides toward excellence	of referrals and multi-media approach to advertising positions.
5—excellent	4, plus comprehensive succession planning is used.
Score:	
(Description of current	
status)	

## 4. Employee Recognition

1—at risk	The agency has no program in place.
2—inadequate but making progress	The agency uses an inconsistent, piecemeal approach to employee recognition.
3—adequate	A formal employee recognition program <sup>27</sup> is in place.
4—adequate and making strides toward excellence	3, plus some innovative elements, e.g., compensation based on the acquisition and demonstrated use of new skills, are used, and the program is linked to at least one other managerial system.
5—excellent	3, plus multiple innovative elements are used, and the program is systematically linked to other organizational development efforts.
Score:(Description of current status)	

<sup>&</sup>lt;sup>26</sup> Standard hiring practices include complying with union contracts, posting vacancies internally first, documenting

and communicating duties and qualifications, and orienting new employees

27 A formal employee recognition program includes a description of the awards, as well as the process and procedures for nomination and selection of awardees. Such a program can include awards for individuals and teams, which can be monetary or non-monetary, formal or informal.

## 5. Communication and Information Sharing

1—at risk	A systematic communication process is lacking.
2—inadequate but	Top-down communication is used, little information is shared, and little or
making progress	no input is solicited from staff.
3—adequate	A formal, mostly top-down communication program, e.g., newsletters or
	periodic e-mails, is in place.
4—adequate and making	A formal communication program that is informed by principles of
strides toward excellence	knowledge management <sup>28</sup> is in place.
5—excellent	A fully developed knowledge management approach is used.
Score:	
(Description of current	
status)	

#### 6. Team Building

1—at risk	Teams are not used.
2—inadequate but making progress	There are isolated efforts at using teams.
3—adequate	Cross-functional teams <sup>29</sup> are used for some projects.
4—adequate and making strides toward excellence	3, plus there is a formal system for training management in team building principles.
5—excellent	Cross-functional teams are an integral part of the organizational culture.
Score:(Description of current status)	

<sup>&</sup>lt;sup>28</sup> Knowledge management systematically deals with all aspects of knowledge in the organization. This includes knowledge creation, codification, and sharing, and how these activities promote learning and innovation. It encompasses a set of management processes and initiatives geared towards ensuring that the organization has the knowledge it needs and that it makes the most of the knowledge resources it has.

<sup>29</sup> Cross-functional teams are work groups composed of workforce members from several different work units in the

<sup>&</sup>lt;sup>29</sup> Cross-functional teams are work groups composed of workforce members from several different work units in the organization who possess different skills and perform various job functions. The groups can help solve complex problems, provide customer focus, encourage creativity, promote organizational learning and serve as a single point of contact. Cross-functional teams can also provide organization-wide accountability and participation and tap the varied expertise and experience available.

### 7. Organizational Decision Making

1—at risk	A systematic decision making framework is lacking.
2—inadequate but	A strictly top-down decision making approach is used.
making progress	
3—adequate	Decisions are generally made at the appropriate level of responsibility
4—adequate and making	3, and occasionally participatory decision making <sup>30</sup> is used.
strides toward excellence	
5—excellent	A fully participatory decision making approach is employed.
Score:	
(Description of current	
status)	

### 8. Internal Customer Satisfaction

1—at risk	The importance of internal customer satisfaction is not acknowledged.
2—inadequate but	Internal customer satisfaction is measured occasionally, e.g., through a
making progress	survey.
3—adequate	The organization uses systematic but limited internal customer
	satisfaction measurement.
4—adequate and making	Innovative elements <sup>31</sup> and a systematic approach to customer satisfaction
strides toward excellence	are used.
5—excellent	Many innovative elements and a systematic approach to customer
	satisfaction are used; in addition, the organization sets challenging
	standards that are compared against actual performance and are openly
	reported.
Score:	
(Description of current	
status)	

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<sup>&</sup>lt;sup>30</sup> Participatory decision making is defined as moving decision making power as close to the location of service delivery as possible. It is based on the beliefs that those closest to the customers will make the best decisions, that front-line employees should have more say about policies and programs affecting the delivery of services, that those responsible for carrying out decisions should have a voice in determining those decisions, and that change is most likely to be effective and lasting when those who implement it feel a sense of ownership and responsibility for the process.

<sup>31</sup> Innovative elements of an internal customer satisfaction program might include the use of a multi-dimensional

<sup>&</sup>lt;sup>31</sup> Innovative elements of an internal customer satisfaction program might include the use of a multi-dimensional customer satisfaction survey instrument, periodic group interviews, focus groups to supplement routine surveying, user-friendly customer satisfaction reports regularly distributed to staff, and a team charged with fostering internal customer satisfaction.

### 9. Diversity

1—at risk	Diversity concerns are not acknowledged.
2—inadequate but making progress	Diversity concerns are reflected only in hiring practices.
3—adequate	A consistent concern for diversity is reflected in both hiring and everyday practices; limited, sporadic diversity training is available.
4—adequate and making strides toward excellence	The organization has a comprehensive diversity plan <sup>32</sup> and program with regular, periodic training.
5—excellent	Diversity awareness is integrated into all aspects of organizational life.
Score: (Description of current status)	

#### 10. Human Resource Policies and Procedures<sup>33</sup>

1—at risk	There are no documented policies or procedures.
2—inadequate but making progress	There are documented policies or procedures, but the documentation is fragmented.
3—adequate	Formal personnel policies are documented.
4—adequate and making strides toward excellence	3, plus some systematic effort is made to ensure that employees are aware of the policies.
5—excellent	3, plus a systematic and comprehensive approach is used for the distribution and communication of human resource policies and procedures.
Score: (Description of current status)	

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<sup>&</sup>lt;sup>32</sup> A diversity plan forms part of the strategic plan and usually incorporates an assessment of the status quo; a statement of goals, objectives, and expected outcomes; actions taken and to be taken; and measures that track success towards achieving the stated goals.
<sup>33</sup> Human resource policies and procedures might cover issues such as hiring and firing, orientation, grievances,

<sup>&</sup>lt;sup>33</sup> Human resource policies and procedures might cover issues such as hiring and firing, orientation, grievances, attendance, benefits and compensation, discipline, substance abuse, and workplace violence.

## 11. Human Resources Development

1—at risk	The human resource function is inconsistent.
2—inadequate but	There is a person responsible for human resources, but little additional
making progress	support.
3—adequate	The human resource function is formalized and centralized within the
	agency.
4—adequate and making	3, plus there is some visible representation of the human resource
strides toward excellence	function in resource planning and development efforts.
5—excellent	3, plus the human resource function is represented in all agency
	development processes.
Score:	
(Description of current	
status)	

## 12. Workplace Safety

1—at risk	There are no workplace health and safety policies and procedures <sup>34</sup> in
	place.
2—inadequate but	There is sporadic documentation to comply with OSHA requirements.
making progress	
3—adequate	Written health and safety policies are in place.
4—adequate and making	3, plus training for high-risk and other staff is offered.
strides toward excellence	
5—excellent	4, plus a comprehensive employee wellness program <sup>35</sup> is in place.
Score:	
(Description of current	
status)	

<sup>&</sup>lt;sup>34</sup> Health and safety policies and procedures should address relevant OSHA requirements, emergency procedures (fires, bombs, evacuation), training guidelines, exposure control plans, and the identification of high-risk employees. <sup>35</sup> A comprehensive employee wellness program might include counseling and career development services, recreational or cultural activities, nonwork-related education, day care, job rotation or sharing, and flexible work

hours.

### 13. Job Descriptions

1—at risk	There are no job descriptions.
2—inadequate but	Basic job descriptions are available upon request.
making progress	
3—adequate	Current job descriptions that clearly articulate the roles and
	responsibilities of the individuals are routinely provided to staff.
4—adequate and making	3, plus key responsibilities are described that can be linked to
strides toward excellence	performance evaluations.
5—excellent	3, plus key responsibilities are described that <i>are</i> linked to performance
	evaluations.
Score:	
(Description of current	
status)	

### 14. Staff Development and Training

1—at risk	Staff development is limited to position-specific job training.
2—inadequate but	1, plus orientation <sup>36</sup> for new employees is provided.
making progress	
3—adequate	The organization provides opportunities for staff development on an on-
	going basis.
4—adequate and making	A written outline of a training plan <sup>37</sup> is in place.
strides toward excellence	
5—excellent	A formal staff development plan is in place that is linked to strategic
	planning efforts and approaches to individual compensation.
Score:	
(Description of current	
status)	

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<sup>&</sup>lt;sup>36</sup> Orientation for new employees should include the distribution of an employee handbook, a discussion of the organization (organization chart, mission, vision, and values), disciplinary procedures, basic expectations (workplace and management philosophies), and an introduction to programs, departments, and relevant data systems.

systems.

37 A training plan should be aligned with the agency's strategic plan. It should incorporate needs assessment, training vision, goals and objectives, procedures for identifying trainees, method of training, and method of evaluating the results of the training.

## 15. Performance Appraisal

1—at risk	There are no performance appraisals conducted.
2—inadequate but making progress	Limited, non-systematic evaluations are conducted.
3—adequate	Periodic appraisals using a standard appraisal tool are conducted.
4—adequate and making strides toward excellence	Periodic appraisals using a standard appraisal tool are conducted by supervisors who are trained in the appraisal process.
5—excellent	A two-way, participatory evaluation process <sup>38</sup> is used.
Score:(Description of current status)	

<sup>&</sup>lt;sup>38</sup> A two-way participatory appraisal process emphasizes communication and feedback. It consists of goal and objective setting (to clarify job expectations and performance standards), timely and effective feedback (to enhance two-way communication regarding all aspects of job performance), development (to plan, discuss, and implement professional development), and recognition (to reward performance and motivate the employee).

## E. Human Resources Scores

Individual Items	Score	
1. Employee Compensation		
2. Employee Benefits		
3. Hiring Practices		
4. Employee Recognition		
5. Communication and Information Sharing		
6. Team Building		
7. Organizational Decision Making		
8. Internal Customer Satisfaction		
9. Diversity		
10. Human Resource Policies and Procedures		
11. Human Resources Development		
12. Workplace Safety		
13. Job Descriptions		
14. Staff Development and Training		
15. Performance Appraisal		
Total		
Average (Total divided by 15)		
Range (the highest – the lowest) Example: 25		

### F. Finance and Budget

#### 1. Financial Controls<sup>39</sup>

1—at risk	No or few systematic financial controls are in place.
2—inadequate but making progress	Some systematic controls are in place, but there are some gaps.
3—adequate	All routine financial controls are in place.
4—adequate and making strides toward excellence	There are some efforts to adopt new or innovative financial controls.
5—excellent	Many innovative financial controls are in place at all levels of the organization.
Score:(Description of current status)	

### 2. Involvement in Financial and Budget Report Development<sup>40</sup>

1—at risk	Only finance department provides input in preparing reports.
2—inadequate but making	Finance department and either planning or program staff participate.
progress	
3—adequate	Finance department plus planning and program managers or staff participate.
4—adequate and making	3, plus some strides toward an integrated approach, e.g., with IT or HR.
strides toward excellence	
5—excellent	3, plus all those with major functional responsibilities are involved in an integrated approach.
Score:	
(Description of current	
status)	

<sup>&</sup>lt;sup>39</sup> Financial controls are procedures for ensuring the proper accounting for and management of financial transactions. Routine financial controls include procedures for payments, cash receipts, requisitions, procurement, and separation of duties, e.g., recording and making deposits, a hierarchy of approvals, the existence of an internal finance review committee.

<sup>&</sup>lt;sup>40</sup> Financial reports include balance sheets, income statements, and cash flow reports. Budget reports include information at the unit, program, or organizational level regarding projected and actual revenues and expenditures for the report period.

## 3. Distribution of Financial and Budget Reports

1—at risk	There is little or no distribution of financial or budget reports.
2—inadequate but making progress	There is some routine, timely distribution of reports, but either not all reports are provided to all who need them or not all reports are routinely
3—adequate	distributed.  There is routine distribution of all reports to all who need them.
1	-
4—adequate and making strides toward excellence	3, plus some innovative report functions, such as drill-down capability for additional details or alternate data displays.
5—excellent	4, plus there is the ability to link reports with performance data.
Score: (Description of current status)	

## 4. Support for Use of Financial and Budget Reports

1—at risk	Not assistance is provided.
2—inadequate but making	Assistance is limited to questions about existing reports.
progress	
3—adequate	All requests for assistance with existing reports are answered.
4—adequate and making strides toward excellence	3, plus assistance is provided in creating additional reports.
5—excellent	4, plus assistance that informs and anticipates customer need is provided.
Score:	
(Description of current	
status)	

# 5. Use of Financial Reports

1—at risk	Financial reports are not used.
2—inadequate but making	They are used when there is a problem or crisis.
progress	
3—adequate	They are used quarterly to determine balance and payout.
4—adequate and making strides toward excellence	They are used quarterly and monthly, and are occasionally reviewed with some performance data.
5—excellent	They are used quarterly and monthly, and are regularly reviewed with relevant performance data.
Score: (Description of current status)	

# 6. Use of Budget Reports

1—at risk	There is little or no use of budget reports.
2—inadequate but making	They are used only when there is a problem or crisis.
progress	
3—adequate	They are used quarterly to track planned-to-actual expenditures.
4—adequate and making strides toward excellence	They are sometimes used to determine need for revision to programs.
5—excellent	They are routinely used to determine need for revisions to all programs.
Score:(Description of current status)	

## 7. Involvement in the Budget Development Process<sup>41</sup>

1—at risk	Only finance department provides input in preparing budgets.
2—inadequate but making progress	Finance department and either planning or program managers are involved.
3—adequate	Finance department plus planning and program managers and staff are involved.
4—adequate and making strides toward excellence	3, plus some strides toward an integrated approach, e.g., with IT or HR.
5—excellent	All staff with major functional responsibilities participate in an integrated approach to budget development.
Score:	
(Description of current	
status)	

## 8. Timeliness of Reporting to Funders in Last 12 Months

1—at risk	10% or more of reports are late, and there are written questions from
	funders on 5% or more.
2—inadequate but	Between 5% and 9% of reports are late, and there are written questions
making progress	from funders on 2-4%.
3—adequate	Between 1% and 4% of reports are late, and there are written questions
	from funders on 1%.
4—adequate and making	Less than 1% of reports are late, and there are no questions.
strides toward excellence	
5—excellent	Reports have not been late for the last year, there are no questions from
	funders, and the reports are used as a tool for program development.
Score:	
(Description of current	
status)	

The budget development process refers to the process of building the budget, i.e., estimating projected revenues and determining how funds will be allocated to different programs and activities.

# 9. Development of Reports to Funders

1—at risk	Only finance department provides input in preparing reports.
2—inadequate but making progress	Finance department and occasionally a program manger provide input.
3—adequate	Finance department and frequently a program manager provide input.
4—adequate and making strides toward excellence	Finance department and nearly always a program manager provide input.
5—excellent	Finance department and a program manager always provide input in preparing reports and participate in final review of reports before submission.
Score:(Description of current	
status)	

# 10. Response to Audit and Financial Compliance Reviews

1—at risk	Agency does not respond to findings.
2—inadequate but making progress	Agency responds to findings only when specifically required by funders.
3—adequate	Agency takes corrective action on specifically required findings and other major findings.
4—adequate and making strides toward excellence	Formal corrective action plans are developed to deal with all required and suggested findings.
5—excellent	4, plus corrective action plans are linked to program and fiscal systems.
Score:(Description of current status)	

## 11. Financial Planning<sup>42</sup>

1—at risk	Little or no financial planning is undertaken.
2—inadequate but making progress	Sporadic financial planning efforts are in place.
3—adequate	Formal, financial planning efforts are in place and are used as an input into the annual budget process.
4—adequate and making strides toward excellence	There are some efforts to adopt new or innovate financial planning efforts.
5—excellent	An innovative financial planning approach is linked to strategic and operational planning.
Score:(Description of current status)	

## 12. Training in Financial Matters<sup>43</sup>

1—at risk	No training or technical assistance in financial matters is provided.
2—inadequate but making	Fragmented training is provided.
progress	
3—adequate	Standard but limited training for fiscal staff and program managers of a
	formal or informal type is in place.
4—adequate and making	3, plus additional training is provided for relevant program staff using
strides toward excellence	classroom and on-the-job approaches.
5—excellent	Comprehensive program of training in financial issues is routinely
	delivered and periodically updated.
Score:	
(Description of current	
status)	

<sup>&</sup>lt;sup>42</sup> Financial planning addresses, for instance, cash flow projections, debt management, and the management of transitions from one budget year to the next.

<sup>43</sup> Financial matters refers broadly to any organizational activities related to the review of financial and budget

information as part of the process of organizational decision-making or program management.

# 13. Diversity of Funding Sources

1—at risk	Program revenue for any one program accounts for more than 33% of
	total agency revenue.
2—inadequate but making	Any one program accounts for 21 to 33% of total agency revenue, or the
progress	five largest programs account for more than 80% of total revenue.
3—adequate	No one program accounts for more than 20% total of revenue.
4—adequate and making	3, plus the five largest programs account for no more than 80% of total
strides toward excellence	revenue.
5—excellent	3, plus the five largest programs account for no more than 60% but at least
	50% of total revenue.
Score:	
(Description of current	
status)	

# 14. Stability of Funding Sources

1—at risk	Less than 55% of total revenue comes from renewable sources that are
	likely to fund for two years or more from present.
2—inadequate but making	Between 55 and 69% of total revenue comes from renewable sources that
progress	are likely to fund for two years or more from present.
3—adequate	70% of total revenue comes from renewable sources that are likely to fund
	for two years or more from present.
4—adequate and making	65% of total revenue comes from renewable sources that are likely to fund
strides toward excellence	for three years or more from present.
5—excellent	70% of total revenue comes from renewable sources that are likely to fund
	for three years or more from present.
Score:	
(Description of current	
status)	

## 15. Funding Outside of Major Programs

1—at risk	The agency conducts little or no successful fundraising outside of existing
	programs.
2—inadequate but making	Less than 5% of total revenue comes from sources other than major
progress	program funders.
3—adequate	At least 5% of total revenue comes from sources other than major
	program funders.
4—adequate and making	6-10% of total revenue comes from sources other than major program
strides toward excellence	funders.
5—excellent	More than 10% but less than 30% of total revenue comes from sources
	other than major program funders.
Score:	
(Description of current	
status)	

## 16. Cash Flow and Debt Management

1—at risk	Asset/debt ratio <sup>44</sup> of .90:1 or less with frequent use of short-term loans.
2—inadequate but making	Asset/debt ratio of .91:1 to .95:1 with occasional use of short-term loans.
progress	
3—adequate	Asset/debt ratio of .96:1 to 1.00:1 with little use of short-term loans.
4—adequate and making strides toward excellence	Asset/debt ratio of 1.01:1 to 1.10:1 with no use of short-term loans.
5—excellent	Asset/debt ratio of 1.11:1 or greater with no use of short-term loans.
Score:(Description of current status)	

<sup>44</sup> The literature suggests that assets to debt ratios are more revealing than income to debt ratios. The asset to debt ratio is calculated by dividing current assets by current debts.

# F. Finance and Budget Scores

Individual Items	Scores	
1. Financial Controls		
2. Involvement in Financial and Budget Report Development		
3. Distribution of Financial and Budget Reports		
4. Support for Use of Financial and Budget Reports		
5. Use of Financial Reports		
6. Use of Budget Reports		
7. Involvement in the Budget Development Process		
8. Timeliness of Reporting to Funders in Last 12 Months		
9. Development of Reports to Funders		
10. Response to Audit and Financial Compliance Reviews		
11. Financial Planning		
12. Training in Financial Matters		
13. Diversity of Funding Sources		
14. Stability of Funding Sources		
15. Funding Outside of Major Programs		
16. Cash Flow and Debt Management		
Total		
Average (Total divided by 16)		
Range (the highest – the lowest) Example: 25		

# **Summary of Overall Scores**

Assessment Areas	Scores
Governance	
Operational Management and Organizational Structure	
Planning, Marketing, Fundraising, and Community Investment	
Information Technology	
Human Resources	
Finance and Budget	

#### **III. Brief Description of Site Review Process**

#### Purpose of the Site Review

The peer site review provides an opportunity for a further evaluation of areas identified in the self-assessment. It also adds an external, "objective" perspective, creates opportunities for discussion, and allows for consultation with experts. The site review is a multi-faceted process during which reviewers try to understand the context, collect information, integrate data, build consensus, and report the results. The review covers multiple sources of evidence. Information will be gathered in group discussions and interviews, document reviews and observations of processes. Reviewers will then share and discuss what they learn in order to develop a consensus and provide the agency with an analysis that can be compared to the self-assessment. Although the peer reviewers will identify areas for improvement and may offer suggestions for possible improvement projects, that is not their primary purpose. Rather, their goal is to provide an informed outsider's validation of the view of the agency attained by the self-assessment. Section IV of the Peer Site Review Manual and the Section I of the Self-Assessment describe how the agency can use this additional perspective for planning improvement efforts.

The peer-review team is comprised of trained peers and a facilitator. Three CAA employees from states other than your own will conduct the site review. To the extent possible, each team member has a different area of expertise and can bring a unique perspective to the site review process.

The team is briefed on the agency under review and receives critical documents prior to the site review. The team convenes the afternoon before the site review to discuss the self-assessment and other documentation provided and to plan its site visit. The team is on site for one and a half days. On Day One, the kick-off meeting with the executive team and most of the review take place. The team discusses and analyzes its findings that evening and returns the next morning for any clarifications. On Day Two, the team presents its results to the executive team during the feedback presentation, providing scores that parallel the scoring done during the self-assessment.

#### Overview of Site Review Process

Day Before Site Visit
Afternoon and Evening
Peer review team planning meeting

Day One
Morning
Interview with executive director
Kick-off meeting with executive team
Board member interviews
Staff interviews for first two areas

Afternoon
Staff interviews for four remaining areas
Review of documents
Evening
Review team discussion and analysis of results

Day Two
Morning
Review team finalizes results
Feedback presentation to executive team

#### IV. Appendix A: Privacy and Security

**Personally identifiable information** refers to any information that could be readily associated with the individual to whom it pertains. Personally identifiable information for the purposes of these principles does not include information that is maintained as a public record, or that an individual publicly releases, intends for public dissemination, or should reasonably understand may become public.

In policy discussions, privacy is frequently coupled with confidentiality and security. Although the terms are interrelated, it is important that the meaning of each be understood independently. **Information privacy** is the ability of an individual to control the use and dissemination of information that relates to himself or herself. **Confidentiality** is a tool for protecting privacy. Sensitive information is accorded a confidential status that mandates specific controls, including strict limitations on access and disclosure, which must be followed by those handling the information. **Security** is the totality of safeguards in a computer-based information system. Security protects both the system and the information contained within it from unauthorized access and misuse and accidental damage. Security consists of hardware, software, personnel policies, information management policies, and disaster preparedness.

**Informed consent** has two components. First, it requires that the individual be provided full information on the uses and disclosures of personally identifiable information. Second, it requires that individuals be provided a mechanism through which they can choose whether or not to agree to unrelated uses and additional disclosures of personally identifiable information. **Unrelated use**, for the purpose of these principles, means use or dissemination that is either not incident to the ordinary and acknowledged course of business of the record keeper or not compatible with the relationship in which the information was obtained. A variety of mechanisms for affecting this choice may be employed within different relationships between individuals and public and private entities. Informed consent is a broad term that can be implemented in a number of ways. It does not demand that the consent be express; rather it requires that the individual be given, in advance, the information necessary to decide whether or not to agree to subsequent disclosures and additional uses of personally identifiable information. In some instances, if the individual has not exercised an option to object, then consent can be inferred.

Agencies must ensure that all aspects of their operation, including their IT systems, adhere to the following principles of privacy and security:

- 1. Existing constitutional and statutory limitations on access to information, communications, and transactions, such as requirements for warrants and subpoenas, should not be diminished or weakened and should keep pace with technological developments. Privacy protections should be consistent across technologies and should be technology neutral.
- 2. At a minimum, existing rights to review personally identifiable information and the means to challenge and correct inaccurate information should be extended to all agency files.
- 3. Individuals should be informed, in advance, of other uses and disclosures of personally identifiable information provided by the individual or generated by transactions to which that person is a party. Personally identifiable information about an individual provided or

- generated for one purpose should not be used for an unrelated purpose or disclosed to another party without the informed consent of the individual except as provided under existing law.
- 4. Data integrity -- including accuracy, relevance, and timeliness of personally identifiable information -- must be paramount to the system. Users of the system, including providers of services, should establish ways of ensuring data integrity, such as audit trails and authentication requirements.
- 5. The use of a personal identification system should not be a condition for participation in programs except where required by federal or state law or regulation.
- 6. Aggrieved individuals should have available to them effective remedies to ensure that privacy and related security rights and laws are enforced throughout the organization, and those who use the remedies should not be subject to retaliatory actions.
- 7. The content and enforcement of privacy policy on the system should be consistent. A process for overseeing the development, implementation, and enforcement of privacy policy on the system should be established. Such process should receive input from all funders and customers.