STAFF REPORT

Report To: Board of Supervisors　　　　　　**Meeting Date:** April 6, 2017

Staff Contact: Nicki Aaker (naaker@carson.org)

Agenda Title: For Possible Action: To approve Carson City Health and Human Services re-applying for the Community Services Block Grant (CSBG).

Staff Summary:
Carson City Health and Human Services (CCHHS) is eligible to apply for $125,717 according to the funding formula provided by the Nevada Department of Health and Human Services; Office of Community Partnerships and Grants. The grant period is July 1, 2017 - June 30, 2018. CSBG fully funds the Workforce Case Manager, partially funds a Community Health Worker, and partially funds two Office Specialists.

Agenda Action: Formal Action/Motion　　　　**Time Requested:** 5 minutes

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Proposed Motion
I move to approve Carson City Health and Human Services re-applying for the Community Services Block Grant (CSBG) through the Nevada Department of Health and Human Services; Office of Community Partnerships and Grants.

Board's Strategic Goal
 Quality of Life

Previous Action
This is a renewal application.

Background/Issues & Analysis
CSBG funds are utilized by CCHHS to provide the Workforce Program for the unemployed and under-employed. CSBG works closely with the housing programs managed by CCHHS to bring resources and education to the low-income community such as Financial Literacy. CSBG provides a Case Management Service Delivery System database that provides participants with individualized case planning/goal setting and a tracking system. Priorities for CSBG focus on providing support services to the low income and removing barriers to self-sufficiency. CSBG requires a Tripartite Advisory Board, which is in place, to oversee the priorities of CSBG and the National Organizational Standards of CSBG.

Applicable Statute, Code, Policy, Rule or Regulation

Financial Information
Is there a fiscal impact? ☒ Yes　　☐ No

If yes, account name/number: 275-0764-444 - CSBG Grant

Is it currently budgeted? ☒ Yes　　☐ No

Explanation of Fiscal Impact: There is no match required. No additional staff will be hired to meet the deliverables of the grant. Since this a renewal, the existing employees will continue to work on the grant deliverables.

Alternatives

To deny Carson City Health and Human Services re-applying for the Community Services Block Grant (CSBG).

Board Action Taken:

Motion: _____   1) _____   Aye/Nay

2) _____   _____

_____

_____

_____

_____

_____
   (Vote Recorded By)

State of Nevada
Department of Health and Human Services

Community Services Block Grant

**Community Action Plan for SFY 2018
July 1, 2017 through June 30, 2018**

Application Instructions

Contact

**Gary Gobelman
CSBG Grants Manager
Nevada DHHS
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gobelman@dhhs.nv.gov**

A.   Overview

The federal Office of Community Services (OCS) has adopted a new Performance Management System that involves all three levels of the national CSBG network – Federal, State, and Local CAAs – in demonstrating accountability and measuring performance. Several documents have been issued by OCS to support the development of the new Performance Management System:

- OCS Information Memorandum #138, Organizational Standards for CAAs
- Dear Colleague letter, January 29, 2015, draft Model State CSBG Plan
- Dear Colleague letter, January 28, 2015, State and Federal Accountability Standards

The Community Action Plan (CAP) for SFY 2018 is designed to link with the Performance Management System, align with specific requirements in the Organizational Standards, and accomplish the goals of the CSBG program as outlined in the State CSBG Plan. The table below lists each section of the application and how it links with the core requirements of the CSBG program.

COMMUNITY ACTION PLAN APPLICATION SECTIONS

Section	Description	Source
	APPLICANT INFORMATION	
1	Applicant Information Form	DHHS

Section	Description	Source
	BUDGET	
2	CSBG Budget Summary	DHHS
3	CSBG Budget Narrative	DHHS

Section	Description	Source
	NARRATIVE	
4	Description of Programs	DHHS/State Plan
5	Description of Collaborations and Coalitions	State Plan/Org Standards
6	Description of Agency Capacity Building Activities	State Plan/Org Standards
7	Narrative for CSBG Programmatic Assurances	State Plan

Section	Description	Source
	ANNUAL PERFORMANCE PLAN FOR SFY 2018	
8	Report on SFY 2017 Annual Goals	DHHS
9	Annual Plan	Org Standards

Section	Appendix	Source
	APPENDICES	
A	Board Roster	DHHS/State Plan
B	Strategic Plan	Org Standards
C	Agreements with Subrecipient Agencies	DHHS

B.   Technical Assistance

Technical assistance to help CAAs complete their Community Action Plan (CAP will consist of:

1) an initial meeting or webinar will be offered to review the components of the Community Action Plan with CAAs and to provide instructions on how to use the new online application system;

2) the CSBG State Office will be available to answer questions and provide further guidance during the application period;

3) additional technical assistance from the State CSBG Office and/or a consultant to assist with final revision of the CAP as needed after it has been submitted and reviewed.

C.   Submission Information

1.   Due Date/Time: April 7, 2017, 5:00 pm

2.   Submission Method: Submit the completed application using the online application system and policies provided by DHHS.

D.   Application Instructions

Section 1 - Applicant Information Form

1.   Agency name, address, contact person, phone, fax email, federal tax I.D., and state vendor I.D.

Self–explanatory.

2.   Type of Agency

Check the appropriate box.

3.   CSBG Award Amount for SFY 2018

Enter the amount of CSBG funding that has been allocated to your agency based on the SFY 2018 CSBG funding formula. The amount entered must correspond to the CSBG funding total entered on the Budget Summary Form.

4.   Name of Applicant's Authorized Representative/Signature/Date

Self-explanatory.

Section 2 – Budget Summary

Note: Complete the Section 3 budget narrative first. Section 2 and Section 3 are now linked. The totals for each program category will automatically transfer to rows 4 through 12 on Section 2. You still need to enter information for items 14 through 17.

1. <u>Name of Agency</u>:

    Enter the name of your agency.

2. <u>Agency Name for Program or Activity</u>

    Enter the name that your agency uses to refer to the Program or Activity; e.g., Read and Rise, Resource Development.

3. <u>Type</u>

    Enter the type of Program or Activity. Use the lists below. If none of the categories listed below fit, enter a name that best describes the type of Program or Activity.

PROGRAM CATEGORIES
Basic Services
Childcare – Before or After School
Congregate or Home Delivered Meals - Seniors
Early Childhood Education
Earned Income Tax Credit (EITC)
Employment Assistance – Adults
Employment Assistance - Youth
Energy Programs
Family Development (if funded separately from Employment)
Financial Literacy
Food Assistance – Back Pack
Food Assistance – Families
Head Start
Home Delivered Meals – Disabled Adults
Housing Assistance
Lifeline
Life Skills Classes
Literacy – Children
Parent Education
Senior Center Wellness
Transportation – All ages
Transportation - Seniors
Victim Support
Weatherization
Women's, Infants, and Children (WIC)
Youth Mentoring

ACTIVITY CATEGORIES
Administration – Note that this is pre-labeled as Column L on the form
Capacity Building (specify type of project)
Community Engagement (specify type of project)
Coalition Building (specify type of project)
New Initiatives
Organizational Development (specify type of project)
Outreach (specify type of project)
Resource Development (specify type of project)

4-12.   Budget Categories:

These amounts will automatically transfer from the budget narrative category totals entered in Section 3.

Special Note Regarding Administration and Indirect Costs:

All general administration costs must be placed in a separate budget narrative titled "Administration". The Office of Community Services has established a target of 16% or less of the budget total for Administration. This is a target and is not mandated by regulation, but DHHS is required to explain the reason why an agency has exceeded this amount on the Annual CSBG Report. For this reason, DHHS may ask for additional information if the amount requested for administration exceeds 16%.

CAAs should make sure that they are properly accounting for their expenses using a cost allocation plan and all costs that can be attributed to specific programs or categories can be allocated accordingly.

If an agency has an approved indirect cost rate and chooses to use it in the CSBG application, it will be necessary to contact the CSBG State Office for further instructions on how to fill out Sections 2 and 3 of the application.

13.   Total: This row is calculated automatically.

14.   Other Funding Sources: Enter federal, state, local, and private funding sources that are projected to be used for each of the program categories. The agency should have a master agency budget/fund map that can be used to complete this item. It is not necessary to break out the other funding sources into the standardized budget categories (i.e., Personnel, Contracted Services, Operating, etc.); a total is all that is required. In Column A, enter type of funding: Federal, State, Local Government, or Private.

15.   Other Total: This will be calculated automatically.
16.   Total: This will be calculated automatically.

17. <u>Describe the steps that will be taken to ensure that the carry-over target is achieved</u>: CSBG funds are intended to be spent within the grant year that they are awarded on family services, community projects, and agency capacity building. Excessive carry-over diminishes our work and creates the impression that the funds are not needed and/or are being poorly managed. he following maximum carry-over targets have been established:

<u>CAA Funding Level</u>   <u>Maximum Carry-over Target</u>

$50,000 - $99,999 $5,000

$100,000 - $499,999 $10,000

$500,000 or more $40,000

In the space provided, describe the specific internal monitoring steps that the agency will take to meet the targets.

Section 3 – Budget Narrative Forms

Complete one Budget Narrative form for each Program and Activity Category that your agency is requesting CSBG funding for, including Administration.

Enter the agency name and the Program or Activity Category at the top of page 1 of the narrative form in the space provided. This form has not been revised from the previous year. CAAs should use their previously approved budget narratives as a guide for completing the SFY 2018 budget narratives.

Section 4 – Description of Programs

Step 1 - Complete the table. List **all Programs** that the agency will provide. A program is defined as a service or set of services that are provided to individuals that the agency serves. (Use Sections 5 and 6 to list Community Projects and Agency Capacity Building Projects.)

Include Programs that are funded with CSBG as well as those that are funded exclusively with other sources. The program list should match the program enrollment box in the CAA's eLogic data model, plus or minus any changes effective for SFY 2018. Add additional rows to the table on the form if needed.

- Check the CSBG box if the Program is funded exclusively with CSBG funds.

- Check the non-CSBG box if the Program is funded exclusively with non-CSBG sources.
- Check <u>both</u> boxes if the Program is funded with a combination of CSBG and other sources.

Step 2 – Complete the narrative description (questions 1 through 5) for **each** program listed in the table. For example, if there are three programs listed in the table, provide a narrative description using questions 1 through 5 for each one.

Section 5 – Description of Collaborations and Coalitions

There are two parts to this section: 1) Collaborations and 2) Coalitions. Use the following definitions:

> *Definition of a Collaboration* – two or more agencies working together on a specific project that is designed to provide *direct service to families; e.g*., mental health services, homelessness. Collaborations involve more than the referral of clients between agencies. The Collaborative may be formal and involve a Memorandum of Understanding and/or the exchange of funds or it may be organized on an informal basis. Collaborations involve a mutual commitment of resources and an agreed separation of roles and responsibilities between the collaborative partners with the goal of maximizing the services that are provided to individuals and families. Collaborative partners meet on a frequent basis to plan and coordinate activities.

> *Definition of a Coalition* – a group of agencies engaged in *on-going planning activity (not direct services)* to accomplish at least one of the following: a) collectively address a broader community need (e.g., public transportation, community mental health); b) provide a regular forum for exchanging information and coordinating activities; c) develop collective action plans for addressing a community need; and d) advocacy. Coalitions meet on a regular basis and have some type of formal meeting structure.

Enter **up to** 10 Collaborations and 10 Coalitions. Note that there is a separate table for Collaborations and Coalitions.

In Column A, enter the *Name of the Project.*

In Column B, briefly describe of the *Purpose* of the Collaboration or Coalition.

In Column C, indicate the *Role of the CAA* as either the *Lead* agency or *Partner*.

In Column D, briefly indicate the *CAA Contribution*. This might include such things as direct funding, wrap-a-round services, and planning support.

In Column E, list **up to** 5 primary partner agencies.

Section 6 – Description of Agency Capacity Building Activities

Step 1 – To complete the table, use rows A through J to list **up to** 10 Capacity Building Activities that the agency is planning to be involved in.

An Agency Capacity Building Activity is defined as a planned activity that is designed to strengthen the agency in an organizational area such as fiscal management, IT, governance, etc. **Include both Capacity Building Activities that are funded with CSBG as well as those that are funded exclusively with other sources.**

Check the CSBG box if the Capacity Building Project is funded exclusively with CSBG funds.

Check the non-CSBG box if the Capacity Building Project is funded exclusively with non-CSBG sources.

Check both boxes if the Agency Capacity Building Project is funded with a combination of CSBG and other sources.

Step 2 – Complete the narrative description for **each** Capacity Building Project listed in the table. For example, if there are three community projects listed in the table, provide a narrative description for each one.

Section 7 – Narrative for CSBG Programmatic Assurances

The narrative questions included in this section are based on Section 676(b) of the CSBG Act and consist of the required narrative elements that also need to be addressed in the State CSBG Plan. Provide a complete, detailed response to each question.

Section 8 – Report on SFY 2016 Annual Goals

Complete a narrative report on the Annual Goals contained in Section G of the SFY 2017 Community Action Plan.

Copy and paste each goal from the SFY 2017 Community Action Plan. In the narrative, indicate what has been accomplished for **each goal** and what remains to be completed. If the agency did not make any progress, explain why.

If the agency decided to pursue different goals, provide a description of the new goals, explain why they were adopted instead of the original goals, and provide a narrative indicating what was accomplished.

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Section 9 – Annual Plan

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National Organizational Standards 4.2 and 4.3 require a linkage between the Community Needs Assessment and the Community Action Plan and the use of the ROMA cycle in the Community Action Plan. This section addresses those requirements. In completing this section, your agency will have accomplished these standards and will not have to submit any additional documents on the DHHS FTP site.

> ***4.2 The Organization's Community Action Plan is outcome-based, anti-poverty focused, and ties directly to the Community Assessment.***
>
> ***4.3 The Organization's Community Action Plan and Strategic Plan document the continuous use of the full ROMA cycle or comparable system (assessment, planning, implementation, achievement of results, and evaluation.) In addition, the Organization documents having used the services of a ROMA certified trainer (or equivalent) to assist in implementation.***

Select one of the following forms to complete based on whether your agency has a Strategic Plan or not.

> Form 9A is for CAAs that have completed the Community Needs Assessment in compliance with the National Organizational Standards, but do not have an up to date Strategic Plan. SEE INSTRUCTIONS BELOW.
>
> Form 9B is for CAAs that have completed both a Community Needs Assessment and an up to date Strategic Plan. SEE INSTRUCTIONS ON PAGE 14.

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INSTRUCTIONS FOR FORM 9A

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Use your approved Community Needs Assessment to complete this form. The form functions as an annual planning tool based on the national ROMA cycle elements: Assessment, Planning, Implementation, Achievement of Results, and Evaluation.

STEP 1 - ASSESSMENT

Item 1A – Enter the date that your agency's Community Needs Assessment was approved.

Item 1B – List the top five needs that emerged from the crosswalk analysis that was done between the eLogic customer needs assessment, community commons indicators, and community forum, and provide a brief description indicating why these are priority needs.

STEP 2 - PLANNING

Item 2A – Select and then list _three_ of the top five goals to work on in this Annual Plan.

Item 2B – Complete the Planning Tables.

> List the first Top Three Needs in the space provided at the top of each table.

> Most needs require a combination of Family Development, Community Engagement and Agency Capacity Building interventions in order to maximize impacts. For each of the three needs that your agency has selected to work on, complete at least _one_ Family Development, Community Engagement and Agency Capacity Building goal. See example below.

> The goals should have these characteristics:

> - They should be focused on improving the performance of an existing agency or program or project or launching a new initiative.

> - Do not simply state what is currently occurring; the goals must demonstrate how the agency is planning to initiate new projects or build on existing ones.

> - The agency should have a realistic expectation of accomplishing the goals during the grant year since this is designed as an annual plan.

> - The outcomes should include a target date for completion of the planned activity or an outcome measure when services to customers are involved.

EXAMPLE – PLANNING TABLE

FIRST TOP NEED: Mental Health

FAMILY GOALS				
	Goals	**Outcomes (up to 3 per goal)**	**How Documented?**	**How Often?**
1	Provide mental health home visits to 20 people referred by law enforcement and mental health professionals.	a) 15 of 20 people will be stabilized for six months or longer as measured by the client not requiring law enforcement or emergency health intervention while in the program.	eLogic case records and report. Reports from law enforcement and emergency health providers.	Monthly Monthly
2	Develop a mini mental health scale for all agency customers to complete to identify potential mental health concerns.	a) Begin administering the tool on 10/1/17. b) Provide referrals to 100% of the customers identified as in-crisis or vulnerable on the scale.	Note date that the scale was implemented. eLogic case records and report.	Monthly Monthly
3				

COMMUNITY GOALS				
	Goals	**Outcomes (up to 3 per goal)**	**How Documented?**	**How Often?**
1	Participate in multi-disciplinary team meetings to discuss cases and develop collaborative strategies.	a) Participate in 90% of the planned meetings.	Outlook calendar.	Monthly
2	Provide community outreach and advocacy to raise awareness of mental health issues and the home visiting program.	a) Provide a minimum of one monthly outreach visit to schools, medical care facilities, faith-based organizations, etc. b) Participate in community coalition meetings and present program update and results each quarter.	Outlook calendar Outlook calendar	Monthly Quarterly
3				

AGENCY GOALS				
	Goals	**Outcomes (up to 3 per goal)**	**How Documented?**	**How Often?**
1	Obtain specialized training for staff on providing mental health case management.	Provide certified training to three staff by June 30, 2018.	Training certificate	Once.
2	Apply for State funds for community mental health outreach from the Public and Behavioral Health Division.	Receive an award of funds by June 30, 2018.	Award letter.	Once.
3				

STEP 3 - IMPLEMENTATION

3A – Describe how progress on the goals will be monitored and how often.

STEP 4 - ACHIEVEMENT OF RESULTS – No narrative information required.

STEP 5 - EVALUATION

5A – Who will be involved in evaluating the results? (A formal evaluation is expected. An annual report will be required as part of the SFY 2018 Community Action Plan to report on progress toward achieving the goals established in SFY 2017.)

5B – Describe the process that will be used to formally evaluate the level of success achieved and use the results of the evaluation to make adjustments during the next year.

INSTRUCTIONS FOR FORM 9B

The instructions for Form 9B are almost identical to the instructions for Form 10A. There are two basic differences:

- Select three goals from the strategic plan to use to create the Annual Plan.
- In the Logic Model Table, the word "strategies" has been used instead of the word "goals."

Appendices

Section A, Board Roster: Provide a current list of agency tripartite board members, including the sector that they represent – public, private, or consumer - and their affiliation (the business or organization they are associated with). Identify the affiliation of low-income individuals serving on the board as consumers.

Section B, Strategic Plan: Attach the completed CAA Strategic Plan or provide a link to the plan if the document contains more than 25 pages.

Section C, Agreements with Subrecipient Agencies: A subrecipient agency is a non-profit or government organization that is funded by your agency with CSBG funds to provide direct services to low-income families. Attach the signed subrecipient agreement(s) that will be effective for SFY 2018 grant year, July 1, 2017 through June 30, 2018.