

**State of Nevada  
Department of Health and Human  
Services**

**Community Services Block Grant**

**Community Action Plan for SFY 2017  
July 1, 2016 through June 30, 2017**

**Application Instructions**

**Contact**

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## 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 were recently 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 2017 is designed to link with the new 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
<b>APPLICANT INFORMATION</b>		
1	Applicant Information Form	DHHS
<b>BUDGET</b>		
2	CSBG Budget Summary	DHHS
3	CSBG Budget Narrative	DHHS
<b>NARRATIVE</b>		
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
<b>ANNUAL PERFORMANCE PLAN FOR SFY 2017</b>		
8	Report on SFY 2016 Annual Goals	DHHS
9	Customer Needs Assessment Analysis and Plan	Org Standards
10	Annual Plan	Org Standards

## APPENDICES

Section	Appendix	Source
A	Agency Data Model	DHHS/State Plan
B	Board Roster	DHHS/State Plan
C	Agreements with Subrecipient Agencies	DHHS

### **B. Technical Assistance**

DHHS is making available technical assistance to help CAAs complete their Community Action Plan (CAP). Technical Assistance will consist of:

- 1) an initial meeting or webinar to review the components of the Community Action Plan with CAAs;
- 2) availability of CSBG State Office to answer questions and provide further guidance;
- 3) availability for CAAs to access a consultant for assistance in completing Section 9;
- 4) 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.

The consultant available for Section 9 is:

- Fred Richmond, Center for Applied Management Practices, 717-730-3705, email: [appliedmgt2013@gmail.com](mailto:appliedmgt2013@gmail.com)

### **C. Submission Information**

1. Due Date/Time: April 29, 2016, 5:00 pm
2. Submission Method: Submit by email (PDF Format only) to Gary Gobelman at [gobelman@dhhs.nv.gov](mailto:gobelman@dhhs.nv.gov)

## **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 2017  
Enter the amount of CSBG funding that has been allocated to your agency based on the SFY 2017 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.

### **Table of Contents**

Include the Table of Contents as the next page of the application following the Applicant Information Form.

### **Section 2 – Budget Summary**

1. Name of Agency:  
Enter the name of your agency.
2. Agency Name for Program or Activity  
Enter the name that your agency uses to refer to the Program or Activity, e.g. Read and Rise, Resource Development.

3. Type

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
Childcare Subsidy
Congregate or Home Delivered Meals - Seniors
Education - preschool
Earned Income Tax Credit (EITC)
Employment Assistance – Adults
Employment Assistance - Veterans
Employment Assistance - Youth
Energy Program
English as a Second Language (ESL)
Family Development (if funded separately from Employment)
Food Assistance – Back Pack
Food Assistance – Families
Head Start
Home Delivered Meals – Disabled Adults
Housing Assistance
Lifeline
Literacy - Children
Senior Center Wellness
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
Client Database
Community Dental Project
Community Engagement
Coalition Building
New Initiatives
Organizational Development
Resource Development

4-12. Budget Categories:

For each program activity listed in columns B through L, enter the CSBG amount that is projected to be spent in each of the standardized budget categories. Transfer these amounts from the Budget Narrative forms.

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 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 that all costs that can be attributed to specific programs and activities are allocated accordingly.

Only use the indirect budget category if you have a federally approved indirect cost rate and you are not submitting a CSBG program category budget for administration.

- 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. Describe the steps that will be taken to ensure that the carry-over target is achieved: 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. The 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 - \$199,999	\$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.

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 2017 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 CAAs eLogic data model, plus or minus any changes effective for SFY 2017. 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 both 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.

**Note:** There may be some overlap between the information submitted in Sections 9 and 10 and Question #5. This is okay.

### 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) among a number of partner agencies 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, d) and 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 Projects 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.

**Note:** There may be some overlap between the information submitted in Sections 9 and 10 and the narrative for this section. This is okay.

### **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 2016 Community Action Plan.

Copy and paste each goal from the SFY 2016 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 a different goal, explain why the new goal was adopted.

### **Section 9 – Customer Needs Assessment Analysis and Plan**

#### Purpose

Data analysis has been one of the primary goals of the Nevada Service Delivery Model so that CAAs may begin to use data to better understand the needs of customers, evaluate results, and refine agency service delivery to maximize impact.

This section of the CAP will use customer needs assessment data as a basis for making planned improvements to CAA service delivery systems. CAAs will be

asked to analyze intake assessment data, identify the highest needs from the NV Assessment Scales and make adjustments in the service delivery system to improve agency performance in addressing the highest priority needs.

## Background

The mission of Community Action Agencies is to stabilize low-income families and provide support and guidance for families transitioning from dependency to self-sufficiency. This process involves identifying family needs, documenting direct and referral services to address the needs and determining the extent to which a family achieves stability and/or moves closer to self-sufficiency resulting from agency interventions.

We use the benchmarks on the 13 NV Intake Assessment Scales also referred to as the Building Blocks of Well-Being to determine our effectiveness in meeting our mission. These scales which are administered to all persons seeking services are part of the agency's Intake and Assessment process:

- Ancillary Assistance
- Child Care or Head Start
- Education-Adults/Youth
- Employment
- Energy
- Food and Nutrition
- Health Insurance-Adults
- Health Insurance-Children
- Household Budgeting
- Housing
- Percentage of Poverty
- Primary Health Care
- Transportation

The initial assessment is the baseline from which all subsequent changes are measured. Families placing below the Prevention Line in the In-Crisis and Vulnerable benchmarks are considered dependent and an intervention is usually warranted. Families placing above the Prevention Line are considered to have achieved a level of independence or self-sufficiency beginning with Stable and moving upward to Safe and Thriving. These five benchmarks are general terms for understanding change but it is the actual customer outcomes that are being assessed and measured.

## Instructions

In order to assess the effectiveness of our programs, we first begin by identifying the presenting needs from our initial family assessment to establish a baseline from which all future measurements are made. The timeframe for the baseline need report is 7/1/15 to 3/18/16.

To create the baseline, we use the Movement Report built into the eLM software. Technical assistance will be provided to run the reports that are needed to complete this section. The two sample tables below represent the data needed for creating your agency baseline, how the baseline data will be collected, and displayed and presented for subsequent analysis.

The first step is to create a frequency distribution of presenting needs for each of the 13 NV Intake Assessment Scales. This is Table 1.

The second step is to transfer each scale's benchmarks to Table 2 which is a summary of the agency's needs.

The third step is to identify the top three needs presented by clients in your agency. Table 2 would have a total of 60 cells with numbers (12 scales times 5 benchmarks). The three highest needs would be the cells with the highest numbers coming from In-Crisis and Vulnerable.

In Sample Table 2 below, all 60 cells are complete indicating the number of customers in each of the scale benchmarks. Column 3 is the sum of columns 1 and 2 and it is this column which is used to identify the top five highest needs which are bolded.

The fourth step is to prepare a narrative for each of the three needs to assess what interventions the agency is currently providing and the enhancements that the agency is able to implement in SFY 2017. The narrative questions are located on the form for Section 9.

Sample-Table 1		
Benchmarks	Energy-Baseline-N=100	7/1/14
Thriving	Pay all bills without subsidy (10)	5
Safe	Pay all bills with subsidy (8)	20
Stable	Pay all bills with established payment plan (6)	30
<i>Prevention Line</i>	<i>Prevention Line</i>	
Vulnerable	Notice of shutoff; unable to pay bill(s) (3)	30
In-Crisis	Utility shut off; unable to pay bill(s) (0)	15

Sample-Table 2-Baseline Need-Initial Assessment							
NV Assessment Scale	In-Crisis 7/1/14	Vulnerable 7/1/14	Highest Needs Sum 1 & 2	Stable 7/1/14	Safe 7/1/14	Thriving 7/1/14	Total

Column	1	2	3	4	5	6	7
Child Care or Head Start	20	25	45	40	10	5	100
Education-Adults/Youth	20	15	35	45	15	5	100
Emergency Assistance	30	10	40	60	0	0	100
Employment	10	50	60	25	10	5	100
Energy	15	30	45	30	20	5	100
Food and Nutrition	0	20	20	55	25	0	100
Health Insurance-Adults	5	25	30	65	5	0	100
Health Insurance-Children	0	20	20	80	0	0	100
Household Budgeting	15	40	55	25	15	5	100
Housing	10	55	65	35	0	0	100
Percent of Poverty	NA	NA	NA	NA	NA	NA	NA
Primary Health Care	15	25	40	35	15	10	100
Transportation	0	10	10	70	10	10	100

## Section 10 – Annual Plan

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 10A 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 10B is for CAAs that have completed both a Community Needs Assessment and an up to date Strategic Plan. SEE INSTRUCTIONS ON PAGE 14.

## INSTRUCTIONS FOR FORM 10A

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.

**NOTE: DO NOT USE THE THREE DOMAINS THAT WERE SELECTED IN SECTION 9. USE DIFFERENT NEEDS/DOMAINS.**

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:

<b>FAMILY GOALS</b>				
	<b>Goals</b>	<b>Outcomes (up to 3 per goal)</b>	<b>How Documented?</b>	<b>How Often?</b>
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 10/1/16.  b) Provide referrals to all 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				

<b>COMMUNITY GOALS</b>				
	<b>Goals</b>	<b>Outcomes (up to 3 per goal)</b>	<b>How Documented?</b>	<b>How Often?</b>
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				

<b>AGENCY GOALS</b>				
	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, 2017.	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, 2017.	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 the 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 10B

The instructions for Form 10B 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, Agency Data Model: The Agency Data Model will be completed by the Center for Applied Management Practices and sent to DHHS and your agency when it is completed. DHHS will insert the Agency Data Model into your CAP. **You don't need to submit this Appendix.**

Section B, 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 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 2017 grant year, July 1, 2016 through June 30, 2017.