Administration and Management Standards

Governance

Purpose

The organization's governing body is sufficiently active, capable, and diverse to guide, plan, and support the achievement of the organization's mission and goals.

Introduction

COA Accreditation's Governance standards reflect how excellence develops over time in non-profit organizations. The standards address several key concepts found in the literature on effective, non-profit leadership including, but not limited to, evidence of an association between the leadership and culture of a human service organization and the achievement of positive outcomes for the people and communities it serves. The standards outline the responsibilities of agency leadership to foster a culture of curiosity, strategic foresight, proactive and reflective decision-making, transparency, accountability, and responsiveness to community needs.

EAP Interpretation: *In the context of Employee Assistance Program (EAP) services, the community, as used in these standards, is defined more specifically as the host or customer organization, subcontracting organizations, and the covered individuals eligible to receive services from the EAP. It can also be defined by the customer organizations' workplace demographics.*

Note: *COA Accreditation's Governance standards do not apply to for-profit organizations. For-profit organizations should refer to COA Accreditation's Administration and Financial Management (AFM) standards.*

Note: *Throughout this document, the term Chief Executive Officer (CEO) is defined to include varying titles for the head of an organization, such as President/CEO and Executive Director. In smaller organizations, the individual fulfilling this role may have other designations, such as Operating Manager, Program Director, or Program Officer.*

Note: *Please see the GOV Reference List for the research that informed the development of these standards.*

Table of Evidence

Self Study Evidence

No Self Study Evidence

Governance

GOV 1: Mission

Purpose

The organization's governing body is sufficiently active, capable, and diverse to guide, plan, and support the achievement of the organization's mission and goals.

The organization's mission:

a. is responsive to the needs and aspirations of the community;
b. indicates the purpose of the organization;
c. guides the organization's strategic direction, administrative operations, and service delivery; and
d. serves as a benchmark of organizational effectiveness.

Related Standards: PQI 3.03

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2

Practices are basically sound but there is room for improvement, e.g.,

- The mission statement is being used to guide decision making across the organization, but the purpose is not clear and could be strengthened.

3

Practice requires significant improvement, e.g.,

- The mission statement is unclear or outdated, and as a result, it has limited use in setting the organization's strategic goals or guiding organizational decisions; or
- Provision of human services are not identified as a major component or focus of the organization.

4

Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,

- There is no written mission statement or the organization's practices and services conflict with its stated mission.

Table of Evidence

Self Study Evidence

• See mission statement provided during application	

Site Visit Evidence

*

- Documentation for 2-3 examples of mission-informed operational or service delivery decisions (e.g., board meeting minutes)

On-Site Activities

*

- Interviews may include:

1. Governing body members
2. Relevant personnel

- Network interviews may include:

1. Network providers

Governance

GOV 2: Strategic and Annual Planning

Purpose

The organization's governing body is sufficiently active, capable, and diverse to guide, plan, and support the achievement of the organization's mission and goals.

The organization engages in an inclusive long-term strategic planning process and annually conducts short-term planning to support its mission.

Note: *Please see the Governance Standards Tool Kit - Strategic Plan Template for additional guidance on this standard.*

Rating Indicators:

1 The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the GOV 2 Practice standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the GOV 2 Practice standards.

3 Practice requires significant improvement, as noted in the ratings for the GOV 2 Practice standards.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the GOV 2 Practice standards.

Table of Evidence

Self Study Evidence

*	• Strategic plan	
*	• Assessment of strengths and opportunities	
*	• Review of external environment, including community demographics	
*	• Annual plans	
*	• Values-based statement	

Site Visit Evidence

*	• Governing Body and/or committee meeting minutes where mission fulfillment and strategic planning were discussed • Documentation of staff involvement and/or communication regarding the strategic plan

On-Site Activities

*	• Interviews may include:

1. CEO
2. CFO
3. Governing body
4. Senior management
5. Relevant personnel

GOV 2.01 (FP)

Long-term strategic planning responsibilities of the governing body include:

a. monitoring progress toward fulfilling the mission;
b. envisioning and setting the organization's strategic direction; and
c. supporting inclusive, management-directed, long-term planning at least every five years.

Interpretation: *Organizations may use a policy governance model to demonstrate that the governing body has developed the organization's broad vision and provided oversight to the long-term planning activities conducted by management. The governing body need not conduct these planning activities itself.*

Interpretation: *COA Accreditation acknowledges that long-term strategic planning timelines may vary based on several factors including organization size, populations served, and the organization's specific goals; however, the recommended timeframe for strategic planning is between three to five years.*

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2 Practices are basically sound but there is room for improvement; e.g.,
- One of the elements is not fully addressed.

3

Practice requires significant improvement; e.g.,

- Governing body involvement in the planning process is minimal; however, it does review and approve the long-term plan; or
- Long-term planning has not been done in more than five years; or
- One element is not addressed at all.

4

Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,

- The governing body is not involved in the long-term planning process nor does it review or approve the plan; or
- Long-term planning has not been done for more than six years.
- The strategic plan is wholly inadequate or nonexistent.

GOV 2.02 (FP)

The organization has a long-term strategic planning process that includes:

a. reviewing its mission, values, and mandates;
b. assessing internal strengths and areas for opportunity;
c. reviewing its external environment, including community demographics, and its effect on the organization;
d. setting realistic, measurable goals and objectives that flow from its purpose and mandated responsibilities;
e. identifying appropriate strategies and activities for meeting identified goals, including the need to redirect, eliminate, or expand services to respond to changing community demographics and the needs of persons served; and

f. identifying resources necessary to support the identified goals.

Related Standards: PQI 3.03

Interpretation: *In regard to element (c), for organizations that do not provide services to the public, such as EAPs, demographic information should be that of its customer base.*

Examples: *To enhance its assessment, organizations can draw upon the findings of other external needs assessments, such as those conducted by the United Way, municipal planning boards, universities, or other organizations with a community-wide focus.*

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2

Practices are basically sound but there is room for improvement; e.g.,

- One element is not fully implemented; or
- The strategy (element (e)) for meeting one or two of the identified long-term goals needs greater specificity.

3

Practice requires significant improvement; e.g.,

- One element is not addressed at all; or
- Identified goals and objectives are vague; or
- Most identified goals and objectives are not measurable; or
- Strategies for meeting identified goals are cursory and do not provide a sufficient framework for success or implementation.

4

Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,

- The strategic plan is wholly inadequate or nonexistent.

GOV 2.03 (FP)

The organization involves staff at all levels of the organization in an inclusive and organization-wide strategic planning process by:

a. providing a variety of opportunities for staff to participate in the development or review of a strategic plan, as appropriate to their role and availability;
b. ensuring the strategic plan is clearly communicated to all staff;
c. ensuring staff understand the organization's priorities and how their role contributes to the organization's purpose and strategic plan; and
d. providing additional training and support as needed.

Examples: *In regard to element (a), the organization can provide opportunities for staff involvement by: (a) conducting staff interviews or focus groups, (b) soliciting feedback through surveys, and (c) forming diverse strategic planning groups including both members of management and direct service staff.*

Rating Indicators:

1

The organization's practices reflect full implementation of the standard.

2

Practices are basically sound but there is room for improvement; e.g.,

- One element is not fully implemented.

3

Practice requires significant improvement; e.g.,

- One element is not addressed at all.

4

Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,

- Two elements are not addressed at all.

GOV 2.04 (FP)

The organization implements the strategic plan by:

a. regularly monitoring and evaluating progress towards strategic goals;
b. adapting the strategic plan as necessary to remain aligned with evolving needs and priorities;
c. developing an annual plan that operationalizes the goals and objectives of the strategic plan for each of its departments and programs; and
d. maintaining clear and ongoing communication with staff regarding progress.

Related Standards: FIN 3.01, HR 1, HR 3.01, PQI 3.03, RPM 4.01, TS 1.01

Examples: *Annual plans can also incorporate other regular planning processes, including: (a) human resource planning, (b) evaluation of training needs, (c) budget planning, (d) technology and information management planning, and (e) PQI activities.*

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2

Practices are basically sound but there is room for improvement; e.g.,

- Departmental priorities and objectives could be better defined; or

- While department and program plans are not integrated into an organization-wide annual plan, all but one or two departments or programs have developed a comprehensive annual plan; or
- The organization has identified the need to update the strategic plan based on significant changes in priorities and/or needs, but it has not yet been adapted; or
- Communication with staff about progress of the strategic plan occurs, but it is not consistent or could be clearer.

3

Practice requires significant improvement, e.g.,

- Management objectives are not included; or
- Several departments or programs are not included in the most recent annual plan or have not done an annual plan; or
- The strategic plan is outdated based on significant changes in priorities and/or needs; or
- Staff receive no information regarding progress on the strategic plan; or
- One element is not addressed at all.

4

Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,

- Two elements are not addressed at all.

GOV 2.05

The organization develops a values-based statement that reflects its history and mission, and affirms its commitment to fairness, respect, dignity, and equal opportunity for all people who interact with the organization.

Rating Indicators:

1

The organization's practices reflect full implementation of the standard.

2

Practices are basically sound but there is room for improvement; e.g.,

- The organization has a statement that includes all requirements of the standard, but staff or other interested parties are not aware of it.

3

Practice requires significant improvement; e.g.,

- The organization has begun the process of developing a statement addressing the requirements of the standard, but the process is not yet complete.

4

Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,

- The organization does not have a statement addressing the requirements of the standard and little to no work has begun to create one.

Governance

GOV 3: Community Involvement and Advocacy

Purpose

The organization's governing body is sufficiently active, capable, and diverse to guide, plan, and support the achievement of the organization's mission and goals.

The organization:

a. informs the public of its mission;
b. remains knowledgeable about community needs and strengths;
c. advocates for comprehensive and coordinated service delivery within the community; and
d. encourages the elimination of social and economic injustice.

NA: The organization is a network management entity assigned the Network Administration (NET) standards that does not provide any direct services to individuals served by the network and is not being reviewed under any Service Standards.

Interpretation: *The standards in GOV 3 describe a variety of activities related to the organization's role within the community, including outreach and education, participation in community-wide advocacy efforts, and advocacy on behalf of service recipients who need help navigating the system. Given the broad range of activities outlined in GOV 3, activities conducted by the organization may be the responsibility of the governing body, CEO, stakeholder advisory group, management, direct service personnel, and/or other personnel, as appropriate to the activity and their role.*

Rating Indicators:

1	The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the GOV 3 Practice standards.
2	Practices are basically sound but there is room for improvement, as noted in the ratings for the GOV 3 Practice standards.
3	Practice requires significant improvement, as noted in the ratings for the GOV 3 Practice standards.
4	Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the GOV 3 Practice standards.

Table of Evidence

Self Study Evidence

• Community Demographic Profile	
• See website URL and links to social media sites provided during application	
* • A list of governing body members, with brief bios	

Site Visit Evidence

* • Copies of public service announcements, newspaper articles, other print media, annual report, or communication methods used within the past 12 months • Documentation of participation in community advocacy efforts • Documentation of efforts to obtain service recipient input on design, delivery, and evaluation of its programs and services

On-Site Activities

*

- Interviews may include:

1. Governing body
2. CEO
3. Relevant personnel
4. Community stakeholders
5. Persons served
6. Advisory group, if applicable

GOV 3.01

The organization provides the public with clear, timely, and accurate information about the organization's mission, programs, activities, populations served, and finances.

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2

Practices are basically sound but there is room for improvement; e.g.,

- While social media or the website provides accurate information, some written materials that continue to be distributed are outdated; or
- Some segments of the public do not have access to accurate and timely information.

3

Practice requires significant improvement; e.g.,

- Generally, information provided to the public is not current; or
- Some important information is not available to the public.

4 Implementation of the standard is minimal or there is no evidence of implementation at all.

GOV 3.02

The organization conducts ongoing community outreach and education to:

a. provide information about the strengths, needs, and challenges of the individuals, families, and groups it serves;
b. build community support and presence and maintain effective partnerships; and
c. elicit feedback about unmet needs in the community.

Examples: *Public outreach and education activities may include: (a) regular communication with the media and the general public, (b) informing the public of the positive impact the organization's programs are having on the community and its residents, (c) fostering positive relationships with the local media, and (d) maintaining an accurate and well-organized public website.*

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2

Practices are basically sound but there is room for improvement; e.g.,

- One element is not fully addressed.

3

Community outreach and education efforts need significant improvement; e.g.

- Efforts are informal and infrequent; or
- One element is not addressed at all.

4 Implementation of the standard is minimal or there is no evidence of implementation at all.

GOV 3.03

The organization collaborates with community members and persons served to address unmet needs in the community and advocate for issues of mutual concern consistent with the organization's mission, such as:

a. improvements to existing services;
b. filling gaps in service to offer a full array of community supports;
c. the full and appropriate implementation of applicable laws and regulations regarding issues concerning the service population;
d. improved support and accommodations for people with special needs;
e. improved access to needed services for underserved populations and marginalized communities;
f. solutions to community-specific needs;
g. service coordination; and
h. a coordinated community response to public health emergencies.

Examples: *The organization can work at several levels to advocate with, and on behalf of, persons, groups, and families served. For example, direct service personnel can be given the time to carry out advocacy activities so they can support persons and families served to solve problems related to their individual cases. Advisory board members, management, and other personnel, along with persons served, can engage in legislative and other system-wide advocacy activities. They may also work collaboratively with other community organizations to monitor federal, state, and/or local activity that impacts the service population.*

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2

Practices are basically sound but there is room for improvement; e.g.,

- One element is not addressed at all.

3

Practice requires significant improvement; e.g.,

- Two elements are not addressed at all.

4 Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,

- Little or no effort is made to collaborate with community members or persons served as described in the standard.

GOV 3.04

The governing body:

a. reflects the demographics of the community it serves;
b. represents the interests of the community it serves;
c. serves as a link between the organization and the public or community; and
d. is sufficiently diverse in perspectives, strengths, and capabilities to explore challenges and opportunities affecting its defined community.

Interpretation: *COA Accreditation recognizes that Board recruitment is a significant challenge for many organizations and that meeting the standard may be a long-term process. In the interim, an organization can establish a stakeholder advisory group that is representative of the community and include strategies for strengthening its Board in its long-term or strategic plan.*

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

The organization's governing body reflects its community and possesses the skills and expertise necessary to effectively govern.

2

Practices are basically sound but there is room for improvement; e.g.,

- One element is not fully addressed; or
- The governing body does not reflect its community, but a representative stakeholder advisory group is in place and there is a plan for diversifying the board.

3

Practice requires significant improvement; e.g.,

- Two elements are not fully addressed; or
- One element is not addressed at all; or
- A stakeholder advisory group is in place to address lack of representativeness, but it is not very active, or there is no plan for long-term remediation.

4 Implementation of the standard is minimal or there is no evidence of implementation at all.

GOV 3.05

The organization provides persons served with meaningful opportunities to influence the design, delivery, and evaluation of its programs and services.

Examples: *Organizations can promote meaningful engagement of persons served by: (a) training agency staff on meaningful engagement practices, including how to collaborate in ways that are non-tokenizing and conscious of power dynamics; (b) developing clear and accessible outreach materials that explain the purpose, responsibilities, and benefits of advisory roles to support informed participation; (c) fostering inclusive, trauma-informed environments that elevate participant voices and create space for authentic contributions; (d)seeking input through satisfaction surveys or residential or community meetings; (e) providing mentorship, capacity-building opportunities, and optional trauma-informed support for individuals participating in advisory activities; and (f) hiring former service recipients to serve as peer support workers.*

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2

Practices are basically sound but there is room for improvement; e.g.,

- Persons served are engaged in meaningful ways with limited exceptions.

3

Practice requires significant improvement; e.g.,

- Persons served are rarely engaged in meaningful ways.

4

- Implementation of the standard is minimal or there is no evidence of implementation at all.

Governance

GOV 4: Organization of the Governing Body

Purpose

The organization's governing body is sufficiently active, capable, and diverse to guide, plan, and support the achievement of the organization's mission and goals.

The governing body exercises leadership through a functional, effective structure.

Rating Indicators:

1 The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the GOV 4 Practice standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the GOV 4 Practice standards.

3 Practice requires significant improvement, as noted in the ratings for the GOV 4 Practice standards.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the GOV 4 Practice standards.

Table of Evidence

Self Study Evidence

*	• By-laws	
*	• Table of contents of governing body orientation and training curricula	

Site Visit Evidence

*

- Board manual
- Board recruitment and selection materials (e.g., selection criteria, board matrix, etc.)
- Governing body orientation and training curricula
- Documentation tracking board member completion of required orientations and trainings
- Most recent governing body self-evaluation
- Documentation of self-evaluation discussion and actions taken
- Governing body minutes from the previous 12 months addressing applicable GOV 4 practice standards

On-Site Activities

*

- Interviews may include:

1. Governing body chair
2. Governing body members

GOV 4.01

The governing body establishes in the organization's charter, by-laws, or similar document:

a. the organization's structure and scope;
b. its roles and responsibilities, including number of meetings held per year and their quorum;
c. the body, typically its executive committee, to which it will delegate interim authority; and

d. a process for assessing and implementing responsibilities, such as establishing task forces/committees.

Rating Indicators:

1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., • Documentation related to one element is outdated or does not reflect current practice.
3	Practice requires significant improvement; e.g., • Documentation related to two or more elements are outdated and do not reflect current practice; or • One element is not addressed at all, e.g., no written delegation of authority.
4	Implementation of the standard is minimal or there is no evidence of implementation at all.

GOV 4.02

The governing body establishes in writing:

a. eligibility requirements for membership, including the prohibition of having staff and/or relatives of staff on the board;
b. mechanisms for rotation and duration of membership; and
c. mechanisms for election of officers and duration of terms.

Interpretation: *If the CEO retains board privileges as a voting member, the organization's by-laws and/or conflict-of-interest policy must clearly define limits for the use of those privileges. The CEO should be excused from deliberations on matters related to executive compensation, evaluation, and other areas that present apparent conflicts of interest.*

Note: *See GOV 7 for more information on establishing a Conflict of Interest policy.*

Rating Indicators:

1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., • Documentation related to one of the standard's elements is outdated and does not reflect current practice.
3	Practice requires significant improvement; e.g., • Written by-laws related to two or more elements are outdated and do not reflect current practice; or • One of the elements is not addressed at all; or • The executive director is a full voting member with no limits; or • Another staff member, or a relative of a staff member is a voting member of the board; or • The by-laws have not established terms of service on the board.
4	Implementation of the standard is minimal or there is no evidence of implementation at all.

GOV 4.03

The governing body establishes and implements a recruitment and selection process that considers prospective members' ability to engage in long-term visioning, raise strategic questions that inform direction, and support innovation aligned with the organization's mission.

Interpretation: *The governing body should reflect a wide range of skills, abilities, community knowledge, perspectives, and professions.*

Examples: *Examples of board member strengths and capabilities may include: (a) governance expertise, including leadership ability and policy development skills; (b) relevant professional experience; (c) relevant lived experience; (d) financial expertise; (e) knowledge of service population issues and trends; (f) familiarity with and access to community leaders, political representatives, and other relevant local organizations; (g) public recognition and respect; and (h) commitment and ability to fundraise or to connect the organization with potential resources, as applicable.*

Note: *Please see the Governance Standards Tool Kit - Board Skills Worksheet for additional guidance on this standard.*

Rating Indicators:

1

The organization's practices reflect full implementation of the standard.

2

Practices are basically sound but there is room for improvement; e.g.,

- The governing body has a recruitment and selection process, but some aspects are unclear and could be strengthened.

3

Practice requires significant improvement; e.g.,

- The governing body has a recruitment and selection process, but it is not regularly utilized.

4

Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,

- The governing body does not have a recruitment or selection process.

GOV 4.04

Governing body members receive an orientation and periodic refresher training when needed that address membership responsibilities and an overview of the organization, its mission, and values.

Examples: *The board orientation may include: the organization's history, goals, and objectives; governing body structure and procedures; ethics; fair and inclusive leadership practices; programs and activities; introductions to staff; and facility and program tours.*

Rating Indicators:

1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement.
3	Practice requires significant improvement.
4	Implementation of the standard is minimal or there is no evidence of implementation at all.

GOV 4.05 (FP)

The organization maintains a board manual that includes governing body-related policies and up-to-date minutes and records of all meetings.

Interpretation: *Board manual documentation may be held in an electronic board management system/portal.*

Note: *Please see the Governance Standards Tool Kit - Board Manual Table of Contents and Board Meeting Minutes Template for additional guidance on this standard.*

Rating Indicators:

1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., • Although up-to-date policies, minutes, etc. have been distributed to governing body members, they have not been incorporated into the manual.
3	Practice requires significant improvement; e.g., • Governing body minutes and/or minutes of committee meetings are incomplete, or are too cursory to accurately reflect decisions or action taken; or • The manual is missing key policies.
4	Implementation of the standard is minimal or there is no evidence of implementation at all; e.g., • The governing body does not maintain a manual that meets the requirements of the standard or the manual is wholly inadequate.

GOV 4.06

The organization's governing body conducts a self-evaluation at least every three years and utilizes the results to enhance its effectiveness.

Examples: *A board self-evaluation may include, but is not limited to, assessing performance in the following areas: fulfilling roles and responsibilities, board structure and composition, meeting structure and content, committee performance, communication, recruitment and retention, orientation, accountability, and its partnership with the CEO.*

Rating Indicators:

1

The organization's practices reflect full implementation of the standard.

2

Practices are basically sound but there is room for improvement; e.g.,

- The governing body has conducted a self-evaluation within the last three years, but did not fully utilize the results.

3

Practice requires significant improvement; e.g.,

- The last governing body self-evaluation took place over three years ago.

4

Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,

- The governing body has never conducted a self-evaluation.

Governance

GOV 5: Governing Body Responsibilities

Purpose

The organization's governing body is sufficiently active, capable, and diverse to guide, plan, and support the achievement of the organization's mission and goals.

The governing body actively fulfills its legal responsibilities, sets a tone of responsible stewardship, and ensures the organization's policies and performance uphold the public trust, reflect the organization's values, and support both mission-fulfillment and long-term strategic direction.

Rating Indicators:

1 The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the GOV 5 Practice standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the GOV 5 Practice standards.

3 Practice requires significant improvement, as noted in the ratings for the GOV 5 Practice standards.

4

Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,

- The governing body is ineffective, inactive, poorly organized, or does not otherwise fulfill its fiduciary responsibilities; or
- The CEO dominates the governing body to the extent that it does little more than ratify decisions already made by the CEO.

Table of Evidence

Self Study Evidence

*

- Succession plan

Site Visit Evidence

*

- Governing body and/or committee meeting minutes from the previous 12 months addressing applicable GOV 5 practice standards
- Risk report or information reviewed by the governing body as part of the annual risk assessment

On-Site Activities

*

- Interviews may include:

1. Governing body chair
2. Governing body treasurer
3. Governing body members
4. CEO
5. CFO

GOV 5.01 (FP)

Policy development responsibilities of the governing body include:

a. adopting policies;
b. reviewing policies at least every four years and when legal requirements or regulations change;
c. adopting any changes to policies resulting from recommendations; and
d. evaluating management's implementation of policies.

Related Standards: RPM 1

Interpretation: *The standard applies to policies, which establish guiding principles to direct decision-making. Governing bodies are not required to review procedures, which are more detailed, step-by-step instructions for implementing those principles.*

Interpretation: *An organization that follows a policy governance model may not typically develop, ratify, and maintain statements known as "policies." However, distillations of the organization's principles, philosophies, practice, executive limitations, or "ends" may be considered policies for the purposes of this standard.*

For organizations with Boards that delegate the responsibilities for adopting, reviewing, changing, and/or evaluating implementation of policy to the CEO, evidence of presenting and discussing policies with the Board, at least every four years, or more frequently when there are changes, additions, etc., should be reflected in the Board minutes to demonstrate Board involvement.

Rating Indicators:

1 The governing body actively exercises its policy-setting prerogatives as per the requirements of the standard, and policy decisions are reflected in comprehensive and up-to-date minutes of the governing body meetings.
Policy setting is viewed as the board's major means of providing a framework and guidance for the organization's overall direction.

2

Practices are basically sound but there is room for improvement; e.g.,

- One element is not fully addressed.

3

Practice requires significant improvement, e.g.,

- A systematic review of policies has not been conducted for more than four years; or
- In some instances, organizational policies have been implemented prior to, or without, governing body review or approval; or
- The governing body review of policy implementation is sporadic.

4

Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,

- The organization's CEO approves policies without involvement of the governing body; or
- One of the elements is not addressed at all.

GOV 5.02

The organization's governing body, or designated committee of the governing body when appropriate:

a. approves the annual budget and any revisions to the budget;
b. reviews quarterly and annual financial statements/summaries provided by management;
c. reviews accounting policies and procedures;
d. reviews recommendations of the organization's auditors, and management's response to the recommendations; and
e. reviews and approves the IRS Form 990.

Interpretation: *While it may be appropriate for a committee of the governing body to provide recommendations on budget approval, the entire governing body should approve the annual budget and any revisions to the budget.*

Interpretation: *Minutes of the governing body and its committee meetings should reflect active oversight of the organization's finances.*

Rating Indicators:

1

The organization's practices reflect full implementation of the standard.

2

Practices are basically sound but there is room for improvement; e.g.,

- One element is not fully addressed.

3

Practice requires significant improvement; e.g.,

- Two elements are not fully addressed; or
- One element is not addressed at all.

4

Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,

- Three or more elements are not fully addressed; or
- At least two elements are not addressed at all.

GOV 5.03 (FP)

The governing body:

a. works with management to evaluate the organization's financial capacities and the resources needed to provide services;
b. works with the CEO to secure adequate resources to implement the organization's strategic planning and budgeting decisions; and
c. oversees fundraising activities including establishing fundraising targets and goals that flow from the strategic plan.

Related Standards: FIN 2.01

Examples: *Actively supporting work to secure funding that is aligned with the organization's planning and budgeting decisions is one way the governing body can support the achievement of mission and improved outcomes for persons served.*

Examples: *Strategies for resource development can include, for example, fundraising, grants, contracts for service, and new business development opportunities.*

Rating Indicators:

1 The organization's governing body actively fulfills its resource development responsibilities as per the requirements of the standard.

2 Practices are basically sound but there is room for improvement; e.g.,
- The link between resource development and strategic goals and objectives needs clarification.

3 Practice requires significant improvement; e.g.,
- Management is largely responsible for resource development with the governing body taking a secondary role while providing limited oversight of management's activities.

4 Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,
- The governing body is not involved in resource development.

GOV 5.04

The governing body's responsibilities regarding the CEO include:

a. appointment of the CEO;
b. collaboration with the CEO;
c. delegation of the authority and responsibility for organization management and policy implementation to the CEO;
d. oversight and annual evaluation of the CEO's compensation, the effectiveness of the CEO's partnership with the board, and performance against the organization's strategic goals and additional responsibilities outlined in the CEO's job description; and
e. approval of the CEO's employment activities outside of the organization to ensure they do not interfere with their administrative responsibilities.

Examples: *Organizations may use a performance review tool to help examine the many facets of the CEO's performance including, for example: leadership, management of the organization, working relationship with the board and staff, and management of the organization's finances.*

In addition, criteria for evaluating compensation may include, for example: compensation paid to other CEOs in similar positions, compliance with regulations and guidelines regarding reasonable compensation, cost of living considerations, and the total professional experience of the CEO including advanced degrees and other experiences and skills that uniquely contribute to the success of the organization.

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2

Practices are basically sound but there is room for improvement; e.g.,

- There is minor confusion or overlap as to the relative roles of the governing body and the CEO (e.g., resource development); or
- The governing body annually reviews the CEO's compensation but could improve the quality of its analysis with industry practice and/or federal requirements.

3

Practice requires significant improvement, e.g.,

- The governing body evaluates the CEO's performance less than annually; or

- The evaluation of the CEO is informal (not written, dated, or signed); or
- The evaluation of the CEO is not comprehensive or does not use specific performance criteria; or
- The CEO is not involved in the evaluation process; or
- The CEO has not received governing body approval for unrelated external business activities; or
- The governing body does not evaluate its partnership with the CEO.

4

Implementation of the standard is minimal or there is no evidence of implementation at all.

GOV 5.05

To ensure continuity during transitions in leadership, the organization maintains a current succession plan that includes:

a. governing body and staff responsibilities as they relate to transition planning;
b. relevant positions identified within the organization and their key functions;
c. under what conditions interim authority can be delegated for those positions, and how functions will be delegated;
d. mechanisms for assessing readiness to assume identified positions and for providing training, mentorship, and skill development opportunities to support readiness; and
e. how succession planning and leadership transitions will be communicated to the governing body, staff, and other relevant parties.

Interpretation: *Succession planning includes both short-term replacement strategies to maintain continuity as well as long-term planning to meet the organization's future needs.*

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2

Practices are basically sound but there is room for improvement; e.g.,

- The organization has a comprehensive succession plan, but the plan needs updating and is in the process of being reviewed; or
- One element is not implemented.

3

Practice requires significant improvement; e.g.,

- The organization has identified interim responsibility, but is not providing development opportunities for staff; or
- Two or more elements are not implemented.

4 Implementation of the standard is minimal or there is no evidence of implementation at all.

GOV 5.06 (FP)

The governing body comprehensively assesses overall risk to the organization on an annual basis, including:

a. compliance with legal requirements;

b. disruption of operations due to a public health emergency;
c. technology and information management, including artificial intelligence (AI);
d. insurance and liability;
e. health and safety of administrative and service environments;
f. human resources practices, including use of independent contractors and volunteers;
g. contracting practices and compliance, when applicable;
h. client rights and confidentiality issues;
i. financial risks;
j. public relations, branding, and reputation; and
k. conflicts of interest.

Related Standards: ASE 5.01, FIN 3.02, FIN 3.03, HR 3, HR 5, HR 6, HR 7, RPM 1, RPM 3.01, RPM 3.03, RPM 4.01, RPM 6.01

Interpretation: *The governing body may use assessments of different areas of risk conducted by staff throughout the year to inform their annual review of overall risks.*

Examples: *Regarding element c, potential risks associated with the use of AI can include, but are not limited to, confidentiality breaches; over-reliance; legal or regulatory compliance, including privacy laws; cybersecurity threats; ethical concerns, including bias, fairness, and equity of outputs; quality and reliability considerations, including misinformation; intellectual property concerns; and environmental impacts.*

Examples: *Financial risk assessment involves the identification of factors or conditions related to funding and financial health that may pose a threat to the achievement of an organization's objectives and mission including, for example, the effectiveness and efficiency of financial operations and the reliability of financial reporting. Areas of known financial risk include: (a) fraud and misuse of funds, (b) investments, (c) tax liabilities, (d) physical assets and financial information, (e) fundraising practices, (f) funding of benefits, including health retirement benefits, pensions, etc., and (g) deferred revenue.*

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2

Practices are basically sound but there is room for improvement; e.g.,

- While the governing body assesses risk annually, risk related to different aspects of the organization are reviewed by the board at different times of the year, inhibiting its ability to comprehensively assess overall risk.

3

Practice requires significant improvement; e.g.,

- The governing body has not conducted a risk assessment within the last two years; or
- Documentation of the annual risk assessment in minutes is unclear or missing.

4 Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,

- A comprehensive risk assessment has not been conducted for more than two years or did not involve the governing body.

Governance

GOV 6: Organization Leadership

Purpose

The organization's governing body is sufficiently active, capable, and diverse to guide, plan, and support the achievement of the organization’s mission and goals.

The CEO effectively collaborates with the governing body to articulate and achieve the organization’s mission and vision, promote a healthy organizational culture, and oversee and manage the organization’s operations.

Interpretation: *The standard requires that there is a clearly identified person to whom the governing body delegates the day-to-day management of the organization and whom it holds accountable for the organization's performance.*

Rating Indicators:

1 The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the GOV 6 Practice standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the GOV 6 Practice standards.

3 Practice requires significant improvement, as noted in the ratings for the GOV 6 Practice standards.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the GOV 6 Practice standards.

Table of Evidence

Self Study Evidence

*	• CEO resume	
*	• CEO job description	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:

1. CEO
2. Governing body chair
3. Governing body members

GOV 6.01

The CEO's primary responsibilities are:

a. management of the organization;
b. implementation of organization-wide, long-term strategic planning and periodic reviews;
c. attendance at all meetings of the governing body;
d. provision of regular reports to the governing body on the organization's operations, finances, and implementation of the long-term plan; and
e. collaboration with the governing body, inviting open and transparent communication.

Related Standards: FIN 3.02

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2

Practices are basically sound but there is room for improvement; e.g.,

- Minor communication problems exist; or
- The CEO and governing body are actively working to improve their effectiveness as a team in response to a few identified issues; or
- One element is not fully addressed, e.g., CEO reports to the governing body sometimes lack depth.

3

Practice needs significant improvement; e.g.,

- The CEO tightly controls information the board receives, so that the board frequently lacks the information needed to make informed decisions and effectively govern; or
- The CEO often provides only verbal reports, or provides written reports that are cursory or otherwise do not provide timely or useful information; or
- Two elements are not fully addressed; or
- One element is not addressed at all.

4

Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,

- The partnership between the CEO and governing body is completely ineffective or nonexistent; or
- The governing body is asked only to ratify decisions or is told of decisions after the fact; or
- The CEO is excluded by the governing body action from most committee activity; or
- More than three elements of the standard are not addressed at all.

GOV 6.02

The CEO is qualified by:

a. an advanced degree from an accredited college or university in a field related to the organization's mission and services;
b. at least five years of related leadership experience;
c. experience working with organizations that administer services to families, adults, youth and/or children;
d. the skills to oversee human resource, public relations, compliance, and financial management matters; and
e. the ability to work effectively and proactively with other providers, and local, state and federal entities.

FEC Interpretation: *In credit counseling organizations the CEO is qualified by a bachelor's degree and does not require experience working with organizations that administer services to families, adults, youth and/or children (element c).*

EAP Interpretation: *Regarding element c, in an EAP the CEO is qualified by experience in workplace programs and an understanding of the dual client relationship.*

Rating Indicators:

1

The organization's CEO is qualified as per the requirements of the standard.

2

Practices are basically sound but there is room for improvement; e.g.,

- The CEO does not meet element (a), however they are qualified as per elements (b) – (e); or
- The CEO meets the advanced degree requirement but has less than five years of related leadership experience; or
- The CEO has limited skills to oversee human resource, public relations, compliance, and/or financial management matters, but is receiving training to develop/enhance these skills or has consultants that provide support and advice.

3

Practice requires significant improvement; e.g.,

- The CEO does not meet two of the standard's elements.

4 Implementation of the standard is minimal or there is no evidence of implementation at all.

Governance

GOV 7: Conflict of Interest

Purpose

The organization's governing body is sufficiently active, capable, and diverse to guide, plan, and support the achievement of the organization's mission and goals.

The organization prevents the enrichment of insiders and other abuses by identifying potential conflicts of interest within the organization and properly managing these risks.

Note: *Please see the Conflict of Interest Policy and Procedures Template for additional guidance on this standard.*

Rating Indicators:

1 The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the GOV 7 Practice standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the GOV 7 Practice standards.

3

Practice requires significant improvement, as noted in the ratings for the GOV 7 Practice standards; e.g.,

- Conflict of interest policy provides minimal guidance due to lack of specificity, significant missing elements, or because significant categories of stakeholders are not covered; or
- Minor conflict of interest concerns are noted.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the GOV 7 Practice standards; e.g.,

- Significant conflict of interest concerns have been reported.

Table of Evidence

Self Study Evidence

*	• Conflict of interest policy	
*	• Ethical referral policy	
*	• Nepotism policy	
*	• Policy prohibiting preferential treatment	
*	• Network policy prohibiting steering and directing referrals of persons served unfairly	

Site Visit Evidence

*	• Documentation of review and discussion of potential and apparent conflicts of interest from the previous 12 months

- Sample of network information illustrating ownership disclosure language

On-Site Activities

*

- Interviews may include:

1. CEO
2. Governing body
3. Advisory group, if applicable
4. CFO
5. Relevant personnel
6. Persons served
7. Community members

- Network interviews may include:

1. Network advisory group
2. Directors of organizations that contract with the managing entity
3. Network personnel involved in assessments and referral

GOV 7.01 (FP)

The organization prevents and manages potential and apparent conflicts of interest by:

a. establishing a conflict of interest policy;
b. training individuals covered by the policy on proper disclosure of potential conflicts;
c. thoroughly reviewing disclosures in a fair, timely manner and communicating recommendations for next steps as applicable; and
d. documenting all disclosures in a systematic, confidential manner.

Interpretation: *In regard to element (b), training may differ depending on the individual's role and supervisory responsibility within the organization.*

Rating Indicators:

1

The organization's practices reflect full implementation of the standard.

2

Practices are basically sound, but there is room for improvement; e.g.,

- One element is not fully implemented.

3

Practice requires significant improvement; e.g.,

- Important groups covered by the policy are not aware of the policy;
- Two elements are not fully addressed; or
- One element is not addressed at all.

4

Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,

- No policy exists; or
- The policy is not enforced or is ignored in practice.

GOV 7.02 (FP)

The conflict of interest policy is tailored to the organization's specific needs, characteristics, and risks, and includes:

a. the organization's definition of a conflict of interest;
b. which groups of individuals associated with the organization are covered by the policy;
c. disclosure requirements;
d. guidelines for recusal from discussions or votes concerning identified conflicts;
e. how the policy is enforced; and
f. a framework for evaluating situations that may constitute a conflict.

Interpretation: *Governing body members who receive compensation for professional services they provide as consultants cannot be part of the organization's audit review process.*

Examples: *Individuals associated with the organization who may have a conflict of interest can include: (a) organizational leadership, (b) personnel, (c) consultants, (d) board members, and (e) advisory group members.*

Rating Indicators:

1 The organization has implemented a conflict of interest policy as per the requirements of the standard.

2

Practices are basically sound, but there is room for improvement; e.g.,

- The policy related to one of the standard's elements needs clarifying.

3

Practice requires significant improvement; e.g.,

- The policy provides minimal guidance due to a lack of specificity; or
- Groups of individuals covered by the policy are not identified; or
- Governing body members or other relevant stakeholders are not aware of the policy.

4

Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,

- No policy exists; or
- The policy is not enforced or is ignored in practice; or
- Conflict of interest violations have occurred.

GOV 7.03

The organization has a written policy on nepotism, and ensures that relatives working within the organization:

a. are appropriately qualified for the position;
b. do not work within the same hierarchy of supervision as one another; and
c. are not unfairly considered for positions, promotions, or contracts.

Interpretation: *In regard to element (b), organizations in which members of the executive leadership team are related can show implementation of this standard by demonstrating that the board or another neutral party assumes supervisory responsibilities to avoid the direct supervision of a relative.*

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2 Practices are basically sound but there is room for improvement; e.g.,
- Some aspect of the policy requires clarification.

3

Practice requires significant improvement, e.g.,

- The organization has had instances of nepotism or preferential treatment; or
- The organization chart indicates that at least one person is directly supervised by a relative.

4 Implementation of the standard is minimal or there is no evidence of implementation at all.

GOV 7.04

Organization policy prohibits:

a. making or accepting payment or other consideration in exchange for referrals;
b. preferential treatment of organization members, community partners, members of the organization's governing body, advisory group members, personnel, or consultants applying for and receiving the organization's services; and
c. steering or directing referrals to private practices in which personnel, consultants, or the immediate families of personnel and consultants are financially invested.

Interpretation: *It is permissible to include on referral lists personnel and consultants with private practices, or family members of personnel and consultants, but the organization may not actively direct service recipients to the practices of these individuals and must clarify in writing the relationship between the private practitioners and the organization.*

Interpretation: *When private practice is permitted on the organization's premises persons served should receive information clarifying the relationship between the private practitioner and the organization.*

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2 Practices are basically sound but there is room for improvement; e.g.,
- Some aspects of the policy are vaguely written, but there have been no ethical violations of the principles outlined in the standard.

3

Practice requires significant improvement, e.g.,

- Significant aspects of the policy are vaguely written or confusing; or
- The policy does not address at least one element; or
- The policy exists but enforcement is lax and there have been a few instances where it has been violated; or
- The policy is generally understood but it is an unwritten expectation.

4 Implementation of the standard is minimal or there is no evidence of implementation at all: e.g.,
- No policy exists; or
- The policy is not enforced or is ignored in practice.

GOV 7.05

The network prohibits unfairly steering or directing referrals to specific network service provider organizations, such as network owners, or individual practitioners within the network.

NA: The organization is not a network management entity and is not assigned the Network Administration (NET) standards.

Interpretation: *This includes practices that selectively target or give preference to serving persons who are more likely to be successful or have higher reimbursement rates.*

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2 Practices are basically sound but there is room for improvement; e.g.,
- Some aspects of the policy are vaguely written, but there have been no violations of the principles outlined in the standard.

3 Practice requires significant improvement, e.g.,
- The policy exists but enforcement is lax and there have been a few instances where it has been violated; or
- The policy is generally understood but it is an unwritten expectation.

4 Implementation of the standard is minimal or there is no evidence of implementation at all: e.g.,
- No policy exists; or
- The policy is not enforced or is ignored in practice.

GOV 7.06

When the network management entity, organizations with an ownership interest in the network, or members of the network's board of directors provide direct services to network service recipients, the network management entity discloses all ownership, partnership, or governance arrangements in all written and online information describing the network.

NA:
- The organization is not a network management entity and is not assigned the Network Administration (NET) standards.
- The network, board members, or any organizations with an ownership interest in the network do not provide direct services to network service recipients.

Interpretation: *In partner networks, which typically consist of a group of organizations that have joined together to form a new, separately incorporated network entity, the partner organizations often have a direct financial stake in the network, as well as a direct role in the network's governance, decision-making, and outcomes. In such cases partner organizations can be considered the network's "owners." A network can use a simple statement such as "The XYZ Network is a partnership of provider organizations in Clark County" on letterhead or other written material, as long as the network makes more detailed written information, such as a list of all "owners" available upon request.*

Rating Indicators:

1 Networks disclose ownership, partnership and governance arrangements as per the requirements of the standard.

2 Practices are basically sound but there is room for improvement; e.g.,
- The statement is either vaguely written or somewhat confusing.

3 Practice requires significant improvement; e.g.,
- Ownership interest, etc., is not clearly disclosed in at least one example of written material describing the network; or

- There is a potential for actual or perceived conflict of interest, such as inappropriate competitive advantage in favor of network owners; or
- The network makes it difficult to obtain a list of owners.

4 Implementation of the standard is minimal or there is no evidence of implementation at all.

Governance

GOV 8: Protection of Reporters of Suspected Misconduct

Purpose

The organization's governing body is sufficiently active, capable, and diverse to guide, plan, and support the achievement of the organization's mission and goals.

Organization policy prohibits retaliation against employees, and others affiliated with the organization, who come forward with information about suspected misconduct or questionable practices, and procedures for reporting suspected misconduct include:

a. a description of reportable activities;
b. an appropriate, confidential channel for reporting such information; and
c. how reported violations are handled.

Note: *Please see the Whistleblower Policy Template for additional guidance on this standard.*

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2 Practices are basically sound but there is room for improvement; e.g.,
- The definition of what constitutes a reportable violation lacks specificity.

3 Practice requires significant improvement; e.g.,
- There is a perception among staff that procedures do not adequately protect anonymity; or
- Procedures are not readily available, or staff and board members are not aware they exist; or
- Procedures do not adequately protect against retaliation.

4

Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,

- No policy exists; or
- Staff report feeling afraid or intimidated.

Table of Evidence

Self Study Evidence

*	• Policy protecting reporters of suspected misconduct	
*	• Procedures for reporting and responding to suspected misconduct	

Site Visit Evidence

*	• Documentation of any grievances/incidents related to retaliation, if applicable

On-Site Activities

*	• Interviews may include:

1. CEO
2. HR director
3. Relevant personnel