

2014 SELF MONITORING REPORT

Prepared for YDSP Administration

The Self-Monitoring administrative objective for this year focused on refining the performance measures requested through the quarterly statistical reports. The quarterly statistical reports represent the quantitative performance of the departments. These measures are used to assist Tribal Administration in presenting budget priorities and creating the year-end reports. This information can also be used for special projects, various departmental analysis and grant proposals. The data requested on the quarterly statistical reports are out-dated and, in some cases, do not effectively measure or present the activities of the services within each department. All of the YDSP departments have been scheduled for a self-monitoring meeting to review all the services offered to the community and to update the data requested on these reports. The results will be communicated to Tribal Governors after all the meetings have been conducted.

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2014 SELF MONITORING REPORT

Purpose

The purpose of this report is to communicate the outcomes of the Self-Monitoring activities as written in the 2014 Self Monitoring Plan approved on March 18, 2014. There were 14 YDSP departments scheduled for **one** Self Monitoring Meeting in the 2014 plan year. Each department was scheduled based on the frequency and occurrence of their last SM meeting. The size and scope of each department is listed below according to the period evaluated:

Department	Period Evaluated	# of Staff members	#of Budgets/ Match	Value of Budgets	Number of reporting requirements	Revenue collected
Housing	1/1/2013-12/31/2013	15	11	\$4,455,533	16	\$452,061
Tribal Police	1/1/2013-12/31/2013	13	12	\$2,958,165	48	\$10,586
Pueblo Maintenance	1/1/2013-12/31/2013	15	2	\$473,637	13	n/a
Rec & Wellness Center	1/1/2013-12/31/2013	11	1	\$488,280	5	\$162,764
Daycare	1/1/2013-12/31/2013	10	2	\$305,153	8	\$174,775
Cultural Center	1/1/2013-12/31/2013	10	1	\$240,933	1	9,740
Office of Emergency Management	1/1/2014-3/31/2014	2	8	\$725,047	15	n/a
Tribal Judicial	1/1/2014-3/31/2014	3	5	\$868,774	7	\$2,711 ¹
HHS-ASAP	1/1/2014-6/30/2014	10	10	\$631,399	21	n/a
HHS-Social Services	1/1/2014-6/30/2014	11	12	\$764,076	41	n/a
Tribal Empowerment	1/1/2014-6/30/2014	26	13	\$2,445,603	15	n/a
HHS – Health Services	1/1/2014-6/30/2014	27	13	\$5,927,486	12	\$9,349
Environmental & Natural Resources	1/1/2014-9/30/2014	7	6	\$1,023,659	11	\$1,859
Economic Development	1/1/2014-9/30/2014	6	12	\$4,510,751	27	\$131,334

¹ This figure reflects citation revenue for one quarter

Evaluation

The YDSP departments were evaluated and scored based on the following four performance areas: administrative objective review, financial performance review, output requirements review, and monitoring concerns review. The self-monitoring committee members record their scores on evaluation scorecards to reveal departmental strengths and deficiencies. They use the following scoring system: 1=not acceptable, 2=conditionally acceptable, 3=meets requirements, or 4= exceeds requirements. **The performance areas that scored a 2.50 or lower are detailed in this report.**

Scores

The cumulative scores revealed the following Pueblo-wide results. The highest performance area was the *monitoring concerns* where three departments² did not have any monitoring concerns reported and five departments³ were effectively addressing their pending or new concerns. The lowest performance area was the *administrative objective* where four departments⁴ scored below average with a 2.68 mainly attributed to reporting and data collection challenges (this is further described in the administrative objective section). In the Output Requirements section, there was a low score within the *deliverables subsection* where 6 of 14 departments were required to submit deliverables and five departments⁵ scored below average. The table below illustrates cumulative ratings by performance area:

Performance Area--Cumulative	Score
Administrative Objective	2.68
Financial Performance Review	2.75
Budget	2.67
Revenue	3.00
Credit Card Activity	2.68
Output Requirement Review	2.73
Reporting	2.71
Deliverable	2.44
Staff Reporting	2.70
Project Management	2.89
Monitoring Concerns	2.81
Average	2.75

In total, Pueblo Departments earned an average score of 2.75 over all performance areas, an increase from the last monitoring period where 2.54 was the average score. Individual department scores ranged from 3.13 (highest) to 2.19 (lowest). The three departments which scored the highest were the Housing Department (3.13), Tribal Police Department (3.11) and Tribal Empowerment Department (2.89). All three departments increased their scores from the previous monitoring period. The three departments which scored the lowest were the Environmental & Natural Resources Department (2.60), Tribal Judicial Department (2.60) and the Cultural Center (2.19). The overall departmental scores are illustrated in the table below from greatest to least:

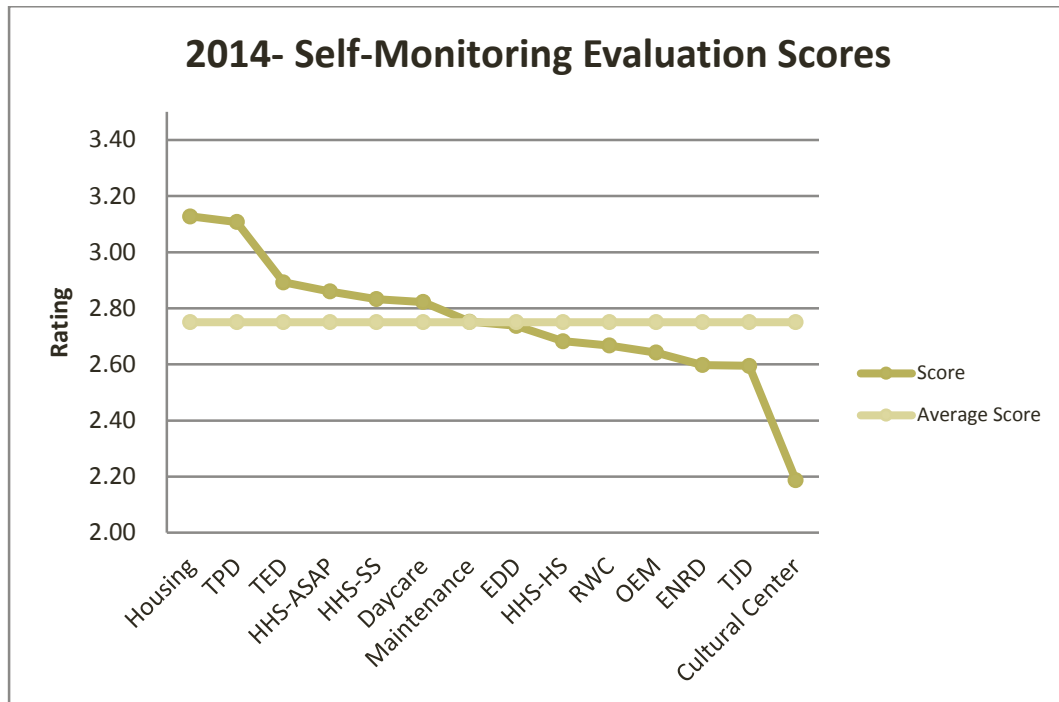
² Housing, Tribal Police, Tribal Empowerment

³ HHS-Social Services, Daycare, Maintenance, HHS-Health Services, RWC

⁴ HHS-Social Services, Daycare, HHS-Health Services, Cultural Center

⁵ Tribal Empowerment, HHS-Social Services, Emergency Management, Environmental, Tribal Judicial

YDSP DEPARTMENT SCORES	
DEPARTMENT	OVERALL
Housing Department	3.13
Tribal Police Department	3.11
Tribal Empowerment Department	2.89
HHS-ASAP	2.86
HHS-Social Services	2.83
Tuy Pathu Daycare	2.82
Maintenance Department	2.75
Economic Development Department	2.74
HHS-Health Services	2.68
Recreation & Wellness Center	2.67
Office of Emergency Management	2.64
Environmental & Natural Resources	2.60
Tribal Judicial Department	2.59
Cultural Center	2.19
Average	2.75⁶



⁶ Evaluation Rating: 1=not acceptable, 2=conditionally acceptable (pending action items), 3=fully met requirements, 4=exceeded requirements

Administrative Objective

The Self-Monitoring administrative objective for this period was to improve the reporting of YDSP performance measures that aid in the year-end reporting, analyzing YDSP budget priorities and setting milestones for the Grants Management database. The intent is to assist Pueblo departments with improving their quarterly statistical reports by focusing on data sets that emphasize service delivery outcomes, outputs and program/service effectiveness. The enhanced reports will also hone on socio economic indicators that will be analyzed by tribal leaders for ensuring program and service relevance. All departments will input their quarterly statistics in the Director's SharePoint Shared Documents site, encouraging data sharing among departments and Tribal Operations.

Methodology

The methodology used to monitor this objective was conducted in two phases. The first phase, incorporated reviews of scopes of work, strategic plans, and reporting content. Next, report content was reviewed against written plans to determine congruence. After this review, a determination was made whether there was enough information and structure to produce the quarterly statistical report.

The second phase involved interviews during the self-monitoring meetings. Questions were directed to both the director and the Tribal Operations/Compliance division. The questions used to evaluate the department were as follows:

1. What does the department use to track data?
2. Does the information in the quarterly statistical report comprehensively demonstrate the activity of the department and is it presented in an organized fashion?
3. Does the information demonstrate the progress in reaching the goals and objectives of their strategic plan and/or scope of work?

Results

In phase one, 9 of 14 departments were at a stage where performance measures could be created and saved through the Sharepoint platform. The remaining six departments were presented memos that communicated the need for more analysis before performance measures could be identified. This would be done either through a consultant or more in-depth analysis by the Tribal Operations/Compliance Division and coresponding department. In Phase two, most of the departments were interviewed and found to have some method of electronic data collection. At this phase the self-monitoring committee evaluated the integrity of their data reporting and any other reporting issues. The following table illustrates the administrative objectives score:

OVERALL SCORES FOR ADMINISTRATIVE OBJECTIVE—PERFORMANCE MEASURES		
DEPARTMENT	SCORE	STATUS OF PERFORMANCE MEASURE REPORTING
Housing Department	3.00	Quarterly Report Created
Tribal Police Department	3.00	Quarterly Report Created
Maintenance Department	3.00	Quarterly Report Created
Office of Emergency Management	3.00	Quarterly Report Created
Environmental & Natural Resource Department	3.00	Memo issued need further research
HHS-ASAP	2.83	Memo issued need further research
Economic Development Department	2.83	Memo issued need further research
Tribal Judicial Department	2.83	Quarterly Report Created
<i>Tribal Empowerment Department</i>	<i>2.67</i>	<i>Memo issued need further research</i>
<i>Recreation & Wellness Center</i>	<i>2.66</i>	<i>Quarterly Report Created</i>
<i>HHS-Social Services</i>	<i>2.50</i>	<i>Memo issued need further research</i>
<i>Tuy Pathu Daycare</i>	<i>2.25</i>	<i>Quarterly Report Created</i>
<i>HHS-Health Services</i>	<i>2.00</i>	<i>Quarterly Report Created</i>
<i>Cultural Center</i>	<i>2.00</i>	<i>Quarterly Report Created</i>
Average	2.68	

The departments who scored below average revealed deficiencies that can be classified as either a reporting deficiency and/or data issue. There appears to be no correlation between the “status of performance measure reporting” and their score. The departments who scored below average had deficiencies as described below:

1. *Tribal Empowerment Department*: The department’s strategic plan is outdated and does not reflect the current activities described in the internal reports.
2. *Recreation & Wellness Center*: The department is addressing prior operating concerns from the past self monitoring meetings.
3. *HHS-Social Services*: The department lacks a current strategic plan and a comprehensive internal report that reflects the activities of the department.
4. *Tuy Pathu Daycare*: The department utilizes an outdated method of data collection and has not transitioned to an electronic platform.
5. *HHS-Health Services*: The department lacks a current strategic plan and is currently going through a complete overhaul on data software, integrity and collection.
6. *Cultural Center*: The department does not have a current strategic plan and did not submit internal reporting requirements.

Findings

1. **YDSP lacks defined and written map of services.** An official inventory of services does not exist for the Pueblo. There are some cases where the programs delivered within the department did not fall in line with the nature of the of the department⁷.
2. **Internal report content does not highlight YDSP services provided, but instead highlights the grants that support those services.** The reports are organized per grant awarded instead of the services delivered to the Pueblo. Grants are used to help support the services provided to the community and the majority of reports lack information that clearly state the services they offer.
3. **Departments lack an updated strategic plan.** Most departments have strategic plans that were written in 2010. There are a few who did not develop a final strategic plan. On another note, there are some departments that contain more detailed strategic plans in the grant proposal than that of the department⁸.
4. **Strategic plans do not consistently present measureable objectives.** In a review of the strategic plans, their was no congruency in identifying quantifiable measurables.
5. **YDSP internal reports lack information that communicates the outputs of these strategic plan measureables.** When these measurables were identified in the strategic plan, they were not tied to a reporting tool to communicate to administration, the public or internal use.

Conclusion

The administrative objective revealed the five findings outlined above in the area of reporting performance measures. The Tribal Operations department has identified some actions to address these deficiencies at an organization-wide level to include:

1. Develop a formal five-tier reporting structure for Pueblo services and programs.
2. Create a system to identify program evaluations and a program’s impact on the community and if there is a need for hired consultants.
3. Identify if the department needs consultants to establish a strategic plan and related performance measures.
4. Derive the performance measures from the strategic plan or industry based research.
5. Create and maintain quarterly statistical reports through the Sharepoint platform to improve the communication tool between the departments and administration.
6. Create a reporting system flowchart that utilizes the strategic plan, internal reports and communication platforms to formulate a published report.

⁷ EDD-FHWA

⁸ Social Services- Title IV-B grants

At the end of 2014, there were 5 out of 9 departments utilizing the quarterly reports created⁹ through sharepoint. The Tribal Operations department plans to formally begin to utilize the new quarterly report system after the first quarter in 2015 for those departments who have their quarterly reports created. Communication and instructions will be given at the directors meeting and individual training sessions, if necessary. The 2015 Self-Monitoring Plan will set objectives to continue to work with the five departments who need further research in identifying performance measures, as well as, address the integrity of data reporting for the nine departments who are ready to use the new quarterly reporting system.

⁹ Housing, Tribal Judicial, Recreation & Wellness, Daycare, HHS-Health

Highlights

1. The **Housing Department** was evaluated between the period of 1/1/2013-12/31/2013 and received the highest score. They scored high in the monitoring concerns review where no new or pending concerns were addressed. They scored low in the credit card activity review where there was a significant amount of general ledger reclassifications.
2. The **Tribal Police Department (TPD)** was evaluated for the period between 1/1/2013-12/31/2013 and scored above average. They scored high in the monitoring concerns review where no new or pending concerns required address. TPD scored low in the financial performance review where 3 of 12 budgets contained deficiencies for misclassification of large expenses and expenses were recorded in the wrong period.
3. The **Tribal Empowerment Department** was evaluated for the period 1/1/2014 – 6/30/2014 and scored above average. They scored high in the monitoring concerns review where no new or pending monitoring concerns require address. They scored low in the output requirements review where the departmental strategic plan appears to be outdated and 17 of 21 personnel appraisals remain overdue.
4. The **HHS-ASAP Services Department** was evaluated for the period 1/1/2014 – 6/30/2014 and scored above average. They scored high in the output requirements review where they submitted 21 grant and tribal government related reports, 10 personnel appraisals and 4 certifications on-time. They scored low in the financial performance review where 3 of 10 budgets had reported deficiencies. These deficiencies were presented in the monitoring concern that stated that COPSD and TRY funds have historically presented deficits in grant revenue versus grant expenditures. Other grants are used to supplement this deficit when there is a shortage.
5. The **HHS-Social Services Department** was evaluated for the period 1/1/2014 – 6/30/2014 and scored above average. They scored high in the financial performance review where 12 budgets had no deficiencies to report. They scored low in the administrative objective review where they need to improve their comprehensive reports. This effort has been on-going for several years. The evaluation also revealed that their scope-of-work plans appear to be outdated.
6. The **Tuy Pathu Daycare** was evaluated for the period between 1/1/2013-12/31/2013 and scored above average. They scored high in the budget performance review where two budgets had no reportable deficiencies and daycare revenue increased by \$30,000 from last year. They scored low in the administrative objective where management continues to struggle with a full transition from a manual written ledger to an electronic data management system. The current system limits the reporting output for the daycare and it was also a pending monitoring concern from 2010.
7. The **Pueblo Maintenance Department** was evaluated for the period between 1/1/2013 – 12/31/2013 and scored below average. They scored high in the administrative objective where they transitioned from a manual work order system to an electronic work order system that improved their quantitative reporting. They scored low in the financial performance review where 50% of the monthly credit card reconciliation submissions were untimely. They also scored low score in the output requirement submissions where they produced a 31% late submission rate.
8. The **Economic Development Department** was evaluated for the period between 1/1/2013 – 9/30/2013 and scored below average. They scored high in the administrative objective review for their ability to report the activities of their department to grant funding agencies and the Tribal government. They scored low in the monitoring concerns where they closed 1 of 3 concerns. The first pending concern addressed mishandling of credit cards by with a deficiency in submitting credit card receipts. The second pending concern addressed the unmet goals in the CDFI grant.

9. The **HHS-Health Services Department** was evaluated for the period between 1/1/2014 – 6/30/2014 and scored below average. They scored high in the output requirements review where all 12 reporting requirements, 23 personnel appraisals and 6 certifications were submitted on time and updated. They also scored high in monitoring concerns where two concerns were closed and one new concern was presented. They scored low in the administrative objective review where their system of reporting departmental activities needs improvement. This has presented as a concern since 2010.
10. The **Recreation and Wellness Center** was evaluated for the period of 1/1/2013 – 12/31/2013 and scored below average. They scored high the monitoring concerns review where the department's concerns were absolved after the transfer of operations to Socorro Entertainment Center and reflected an increase in revenue of \$39,000 from 2012 to 2013. They scored low in the output requirements review where 3 of 5 reports were submitted late which gave them a 60% late submission rate.
11. The **Office of Emergency Management** was evaluated for the period between 1/1/2014-3/31/2014 and scored below average. They scored high in the administrative objective review where they are reporting performance measures that describe the activities of their department. They scored low in the output requirements review where 3 of 15 reports were submitted late and received a 20% late submission rating. There was one pending monitoring concern that there is a pattern of initiating large expenses at the end of the grant period.
12. The **Environmental and Natural Resources Department** was evaluated for the period between 1/1/2014-9/30/2014 and scored below average. They scored high in the administrative objective review where they have been reporting their performance effectively through Tribal Government and funding agency reporting requirements. They scored low in the monitoring concerns review where a pending concern from 5/20/2012 that states that the budget monitoring still needs improvement. This period there were significant expenditures that exceeded the budget amounts for two ENRD budgets. (Chilicote Ranch was not included in this evaluation)
13. The **Tribal Judicial Department** was evaluated for the period between 1/1/2014 – 3/31/2014 and scored below average. They scored high in the financial performance review where revenue collection and credit card activity were managed properly. They scored low in the monitoring concerns reviews where one pending monitoring concern from 9/17/2012 indicates the CTAS Tribal Court Project is behind schedule according to the grant scope of work.
14. The **Cultural Center** was evaluated for the period between 1/1/2013 – 12/31/2013 and is below average. They scored high in the output requirements review where one report was submitted on time. They scored low in the administrative objective review due to non-submission of 2013 Tribal Government required annual report. They also scored low in the monitoring concerns review where two new concerns were presented during the self-monitoring meetings. The first new concern was the large amount of budget revisions, variances and unspent funds for vacant positions. The second new concern was the mishandling of credit cards where 10 of 12 months of late reconciliation submissions, seven missing receipts, and changes to general ledger codes.

Note: This final report was presented to Governor Carlos Hisa and Lt. Governor Chris Gomez on March 10, 2015

The Housing Department was evaluated between the period of 1/1/2013-12/31/2013 and received the highest score. They scored high in the monitoring concerns review where no new or pending concerns were addressed. They scored low in the credit card activity review where there was a significant amount of general ledger reclassifications.

I. Administrative Objective		3.00
<p>The methods the Housing Department uses to collect information is through the HDS Software and housing reports maintained by each staff member. They are required to submit an internal quarterly report for YDSP. This report has five segments: Low Income Housing Tax Credit Program, Housing Collections, Intake Officer/Administrative Assistant, Housing Compliance and a Housing Inventory. The reporting represents the activities of the department well; however, the presentation of data is fragmented.</p> <p>At the Self-Monitoring meeting on June 26, 2014, the Housing department was presented their set of quarterly reports on the new format and saved on Sharepoint.</p>		
II. Financial Performance Review		2.90
a.	<u>Budget Performance Review</u> - The Housing Department administered 11 internal budgets with a budgeted value of \$4,455,533 with no reportable deficiencies.	2.89
b.	<u>Revenue Performance Review</u> – The Housing Department has three [3] revenue sources that collected a total of \$452,060.	3.00
c.	<u>Credit Card Review</u> – The Housing Department had one missing receipt and four months that needed GL code changes.	2.83
III. Output Requirements Review		3.11
a.	<u>Reporting Requirements</u> – The Housing Department had 0 out of 15 reporting requirements submitted late which gave the department a 0% late submission rate.	3.33
b.	<u>Deliverable Requirements</u> – no activity. Special Note: SWONAP Review revealed no findings	n/a
c.	<u>Staff Reporting Requirements</u> – The Housing Department had 12 employees and 3 temporary employees. There were no certifications required and all reports were received on time.	3.00
d.	<u>Project Management Status</u> – The Housing Department had no reportable deficiencies.	3.00
IV. Monitoring Concerns		3.50
There are no concerns to report		

Comments

Comments: I did not confirm that the various dollar amounts are correct but just assumed they were. Otherwise the report looks accurate. Al Joseph

The Tribal Police Department (TPD) was evaluated for the period between 1/1/2013-12/31/2013 and scored above average. They scored high in the monitoring concerns review where no new or pending concerns required address. TPD scored low in the financial performance review where 3 of 12 budgets contained deficiencies for misclassification of large expenses and expenses were recorded in the wrong period.

I. Administrative Objective	3.00
<p>The method the Tribal Police Department uses to track their information is the Sleuth Software to collect their department activity. They currently have a contract with Alfa Technology Solutions to create a customized software for TPD activities and is 90-95% complete. They submit reports to the BIA which also serve as their quarterly reports; however, there is no formal quarterly report submitted. There appears to be no deficiencies with the strategic plan and the reported activities. They may benefit from reviewing the scope of work in the coming year to ensure alignment with current department administration.</p> <p>At the Self-Monitoring meeting on July 1, 2014, the TPD was presented their set of quarterly reports saved on Sharepoint.</p>	

II. Financial Performance Review	2.93
<p>a. <u>Budget Performance Review</u> - The TPD administered 12 internal budgets with a budgeted value of \$2,958,165 with three [3] reportable deficiencies:</p> <ol style="list-style-type: none"> 1. COPS CTAS TRGP Equip & Training 0032 FY 2012 is pending a budget revision for weapons & ammunition items for the amount of \$50,080 and warranty for equipment charge of \$9,000. 2. Operation Stonegarden FY 2011 received a grant adjustment notice that extended the end date from 12/9/2013 to 7/11/2014. This caused some FY2011 drawdowns to be classified to the Operation Stonegarden FY 2012. About \$4,000 in salaries will be reviewed to decide where to properly allocate these funds 3. Operation Stonegarden FY 2012 – See above 	2.80
<p>b. <u>Revenue Performance Review</u> – The TPD has one revenue source that is shared under a 40/60¹⁰ revenue allocation agreement with the Tribal Judicial Department who is responsible for the revenue collection. The split portion of the collected amount equaled \$10,585.</p>	3.00
<p>c. <u>Credit Card Review</u> – The TPD had four [4] missing receipts for the department for the 12 month period.</p>	3.00

¹⁰ This split was planned to be renegotiated with TJD

III. Output Requirements Review		3.00
a. <u>Reporting Requirements</u> – The TPD had 3 of 49 reporting requirements submitted late, which gave the department a 6% late submission rate.	3.00	
b. <u>Deliverable Requirements</u> – no activity	n/a	
c. <u>Staff Reporting Requirements</u> – The TPD had 13 employees and submitted all personnel requirements on time. There were 10 of 10 required certifications updated on time.	3.00	
d. <u>Project Management Status</u> – The TPD had no projects to report	n/a	

IV. Monitoring Concerns	3.50
There are no concerns to report	

Comments
<p>“2. Operation Stonegarden FY 2011 received a grant adjustment notice that extended the end date from 12/9/2013 to 7/11/2014. This caused some FY2011 drawdowns to be classified to the Operation Stonegarden FY 2012. About \$4,000 in salaries will be reviewed to decide where to properly allocate these funds</p> <p>3. Operation Stonegarden FY 2012 – See above”</p> <p>Please note that Vickie and Laura met regarding the \$4,000 discrepancy and after reviewing the submissions and approvals of reimbursements to the State Administrative Agency, it was determined that the \$4,000 in salaries was properly billed and paid out for the FY 2011 and FY 2012 grants.</p>

The Tribal Empowerment Department was evaluated for the period 1/1/2014 – 6/30/2014 and scored above average. They scored high in the monitoring concerns review where no new or pending monitoring concerns require address. They scored low in the output requirements review where the departmental strategic plan appears to be outdated and 17 of 21 personnel appraisals remain overdue.

I. Administrative Objective		2.67
<p>The method the Tribal Empowerment Department uses to track their information is through Excel Spreadsheets, BearTracks for WIA and Survey Monkey. The information presented in the reports demonstrates the department’s overall activity effectively. However, no effective evaluation can be performed that determines if the department is following their strategic plan as it was written by former management and is disconnected with the activities of the department.</p> <p>At the Self-Monitoring meeting on October 2, 2014, a memo was issued to the department stating that more internal work needs to be conducted to identify performance measures.</p>		
II. Financial Performance Review		2.87
<p>a. <u>Budget Performance Review</u> - The TED administered 13 internal budgets with a budgeted value of \$2,445,603 with two [2] reportable deficiencies:</p> <ol style="list-style-type: none"> 1. IMLS Enhancement FY2012 & FY2013 appears to be underspent and have a potential to be lost if funds are not used by the end of the grant on 9/30/2014. At the time of this meeting (10/2/2014), 81% of the funds were spent leaving a balance of approximately \$22,122. 2. IMLS Enhancement FY2012 & FY2013 match was underbudget at the end of September and there was approximately \$6,000 left to match. <p>b. <u>Revenue Performance Review</u> – The TED does not collect revenue</p> <p>c. <u>Credit Card Review</u> – The TED had eight [8] missing receipts with supporting memos within the six [6] month period. The TED was reminded to use the tax-exempt forms.</p>	<p>2.80</p> <p>n/a</p> <p>2.92</p>	
III. Output Requirements Review		2.53
<p>a. <u>Reporting Requirements</u> – The TED had two [2] of 15 reporting requirements submitted late which gave the department a 13% late submission rate.</p> <p>b. <u>Deliverable Requirements</u> – The TED had an outdated strategic plan that does not reflect the activities of the department.</p> <p>c. <u>Staff Reporting Requirements</u> – The TED had 26 employees and Americorp volunteers and 17 of 21 annual appraisals remain overdue. There were 2 of 2 updated certifications submitted on time.</p>	<p>2.75</p> <p>2.33</p> <p>2.50</p>	

d. Project Management Status – The TED had no interdepartmental projects n/a

IV. Monitoring Concerns

3.50

There are no concerns to report

Comments

No Comment

The HHS-ASAP Services Department was evaluated for the period 1/1/2014 – 6/30/2014 and scored above average. They scored high in the output requirements review where they submitted 21 grant and tribal government related reports, 10 personnel appraisals and 4 certifications on-time. They scored low in the financial performance review where 3 of 10 budgets had reported deficiencies. These deficiencies were presented in the monitoring concern that stated that COPSD and TRY funds have historically presented deficits in grant revenue versus grant expenditures. Other grants are used to supplement this deficit when there is a shortage.

I. Administrative Objective	2.83
<p>The method the ASAP department uses to collect information is through systems such as CMBHS, internal trackers and the Blue Basin evaluation. These data systems track data for the Texas State grants and IHS grant; however, the department lacks a comprehensive report and data is fragmented. The department also lacks a departmental strategic plan.</p> <p>The HHS-ASAP Department creates monthly reports for the IHS reporting requirements and these reports are considered internal quarterly statistics reports. An annual evaluation report produced by Blue Basin was very informative; however, it only reports on activities performed within the TDSHS grants.</p> <p>At the Self-Monitoring meeting on August 21, 2014, a memo was issued to the department stating that more internal work needs to be conducted to identify performance measures and action steps to retrieve the year end data.</p>	

II. Financial Performance Review	2.70
<p>a. <u>Budget Performance Review</u> - The HHS-ASAP administered 10 internal budgets with a budgeted value of \$727,027 in direct and indirect funds and \$6,882 in match funds. There were three budgets with reportable deficiencies.</p> <ol style="list-style-type: none"> 1. TDSHS COPSD has less grant revenue vs. grant expenses. As of June 30, 2014, the revenue received from TDSHS was \$6,560 and the department expensed \$18,800. There was a \$12,240 deficit in grant revenue to meet service expenses. 2. TDSHS COPSD-Match is using a lease agreement for the Cultural Center for their match requirement, but these activities have re-located to the Elders Center. 3. TDSHS TRY FY14 has less grant revenue vs. grant expenses. As of August 21, 2014, the revenue billed to TDSHS was \$4,382 and the department expensed \$6,425. There will be a deficit in grant revenue to meet service expenses¹¹. 	2.74
<p>b. <u>Revenue Performance Review</u> – The HHS-ASAP department has the ability to collect revenue from third party payments. However, there was no activity during this period.</p>	n/a

¹¹ No approximate amount was determined.

- | | |
|---|------|
| c. <u>Credit Card Review</u> – The HHS-ASAP department requested to increase the credit limit for large purchases during the end of the grant cycle. This indicated that there was a lack of preparation for general supply expenses. | 2.66 |
|---|------|

III. Output Requirements Review	3.25
a. <u>Reporting Requirements</u> – The HHS-ASAP department had 0 out of 21 reporting requirements submitted late which gave the department a 0% late submission rate.	3.50
b. <u>Deliverable Requirements</u> – There are no deliverables	n/a
c. <u>Staff Reporting Requirements</u> – The HHS-ASAP department had 10 employees and submitted their annual appraisals on time. There were four [4] certifications required and submitted on time.	3.00
d. <u>Project Management Status</u> – There were no projects to report.	n/a

IV. Monitoring Concerns	3.00
a. Pending – The COPSD and TRY grants are billing less revenue than what is expensed. Historically, these grants were subsidized by the IHS-ASAP funds to cover their expenses. There is a plan in place that would re-direct the budgeted funds to the IHS-ASAP account then make needed adjustments for the TDSHS funds based on what funds they receive.	

Comments
No Comment

The HHS-Social Services Department was evaluated for the period 1/1/2014 – 6/30/2014 and scored above average. They scored high in the financial performance review where 12 budgets had no deficiencies to report. They scored low in the administrative objective review where they need to improve their comprehensive reports. This effort has been on-going for several years. The evaluation also revealed that their scope-of-work plans appear to be outdated.

I. Administrative Objective	2.50
<p>The method the HHS-Social Services uses to collect their data is through a customized database through Sharepoint. The SSD uses these monthly IHS reports as a submission for their internal quarterly statistics reports and they have obligations to submit reports for their grant funded activities. A review of these reports indicate that they are presenting data as they are required; however, the department continues to lack a comprehensive report. The HHS-Social Services Department submitted monthly reports for the IHS reporting requirements.</p> <p>At the Self-Monitoring meeting on August 26, 2014, a memo was issued to the department stating that more internal work needs to be conducted to identify performance measures and action steps to retrieve the year end data.</p>	

II. Financial Performance Review	3.00
<ul style="list-style-type: none"> a. <u>Budget Performance Review</u> - The SSD administered 12 internal budgets with a budgeted value of \$751,949 in direct and indirect funds and \$12,127 in match funds. There were no budgets with reportable deficiencies. 3.00 b. <u>Revenue Performance Review</u> – The SSD does not collect revenue. n/a c. <u>Credit Card Review</u> – The SSD had one late submission and one missing receipt. 3.00 	

III. Output Requirements Review	2.83
<ul style="list-style-type: none"> a. <u>Reporting Requirements</u> – The SSD had 2 out of 41 reporting requirements that were submitted late which gave the department a 5% late submission rate. 3.00 b. <u>Deliverable Requirements</u> – The SSD BIA Social Services scope-of-work appears to be outdated. 2.50 c. <u>Staff Reporting Requirements</u> –The SSD had nine [9] employees and received their employee appraisals on tiem. There were two [2] certifications required and they are updated. 3.00 d. <u>Project Management Status</u> –The SSD had no projects to report. n/a 	

IV. Monitoring Concerns	3.00
<ul style="list-style-type: none"> a. Closed – CCDF Funds under utilized. b. Closed – Questionable credit card practices for computer equipment. c. New - Internal governing documents have not been finalized and approved. The Social Services Policies were pending final revision and the Elders program eligibility requirements need to address deceased elders and their extended benefit to spouses. 	

Comments
<p>Overall, Social Services Program score increased from 2.63 in 2013 to 2.83 in 2014.</p> <ul style="list-style-type: none"> I. <u>Administrative Objective:</u> 2.50 Due to the multiple grants/funding sources social services program administers, they require different reports, therefore, a comprehensive report has not been identified to correlate measures with scoring index. Social Services Director is working with Tribal Operations to identify and develop performance measures to develop a comprehensive report. III. <u>Output Requirements Review:</u> 2.83 In regards to the scope of work appearing to be outdated, social services director updated the existing goals and objectives in June 2014 to reflect the current scope of work and have measureable outcomes. IV. <u>Monitoring Concerns:</u> 3.00 In regards to pending final revision policies for the Elders Utility Program, they were revised, submitted and approved by Tribal Council in 2014. It is filed in sharepoint for review.

The Tuy Pathu Daycare was evaluated for the period between 1/1/2013-12/31/2013 and scored above average. They scored high in the budget performance review where two budgets had no reportable deficiencies and daycare revenue increased by \$30,000 from last year. They scored low in the administrative objective where management continues to struggle with a full transition from a manual written ledger to an electronic data management system. The current system limits the reporting output for the daycare and it was also a pending monitoring concern from 2010.

I. Administrative Objective	2.25
<p>The method the Tuy Pathu Daycare uses to collect data is through a paper accounting ledger. This ledger contains the client record, balance dues and attendance. Currently, this system is maintained by the Daycare manager who oversees the operations and accounting for the facility. There were two softwares introduced to the department, the first was the Quickbooks accounting software and the CCDF childcare tracker to aid in reporting CCDF child care assistance funds. The Daycare has struggled to transition to a computer based system and these two softwares were not utilized to their capacity. Currently, the Daycare Manager is being trained on an excel spreadsheet that was created by the Empowerment Computer lab technician to collect client and accounts receivable information.</p> <p>The quarterly statistical information sufficiently demonstrates the department’s activity with narrative and revenue figures. The Daycare does not have a strategic plan written; however, they do have a budget revenue goal which was met in the 2013 year.</p> <p>At the Self-Monitoring meeting on May 15, 2014, the Daycare was presented their set of quarterly reports on the new format and saved on Sharepoint.</p>	

II. Financial Performance Review	3.04
<p>a. <u>Budget Performance Review</u> - The Tuy Pathu Daycare administered two [2] internal budgets with a budgeted value of \$305,153 with no reportable deficiencies.</p>	3.12
<p>b. <u>Revenue Performance Review</u> – The Daycare revenue collections has increased from \$143,000 in 2012 to \$174,000 in 2013. The increase was due to procedural changes that were driven by Social Services-CCDF program and more controlled collections efforts.</p>	3.00
<p>c. <u>Credit Card Review</u> – The Daycare had no credit cards, but one has been re-issued to Mrs. Robles.</p>	3.00

III. Output Requirements Review	3.00
<p>a. <u>Reporting Requirements</u> – The Daycare had 1 of 8 reporting requirements submitted late which gave the department a 12% late submission rate.</p>	3.00
<p>b. <u>Deliverable Requirements</u> – no activity</p>	n/a

c. <u>Staff Reporting Requirements</u> –The Daycare had nine [9] employees and one [1] WIA participant and did not submit all personnel requirements on time. There were eight [8] certifications required and are up-to-date.	3.00
d. <u>Project Management Status</u> – n/a	n/a

IV. Monitoring Concerns	3.00
<p>a. Pending - The Daycare has an outdated bookkeeping system that was presented as a concern in 10/2/2010. It was recommended that the Daycare utilize an electronic accounting system to improve their revenue collections. Quickbooks and CCDF Child care tracker were introduced to the department from 2010-2012. This year an excel spreadsheet was created to help transition the data into a computer based system.</p> <p>b. Closed - The USDA audit disallowed \$2,687.74 for a miscalculation of parent wages when applying USDA funds. The department was requested to create a corrective action plan to prevent the miscalculation from occurring.</p> <p>c. Closed - The revenue has decreased from \$147,087 in 2010 to \$96,219 in 2011 and was presented as a concern on 2/27/2012. It was recommended that the Daycare management analyze revenue and operations on a periodic basis. There has been an increase in revenue due to changes with managing the CCDF program and collections efforts. These changes have increased revenues from \$143,000 in 2012 to \$174,000 in 2013</p>	

Comments
No Comment

The Pueblo Maintenance Department was evaluated for the period between 1/1/2013 – 12/31/2013 and scored below average. They scored high in the administrative objective where they transitioned from a manual work order system to an electronic work order system that improved their quantitative reporting. They scored low in the financial performance review where 50% of the monthly credit card reconciliation submissions were untimely. They also scored low score in the output requirement submissions where they produced a 31% late submission rate.

I. Administrative Objective	3.00
<p>The method the Pueblo Maintenance department uses to collect data is through a work order system. This has enabled the department to create quarterly reports with quantitative information based on each building. The quarterly reports for this department have improved with the use of this software. The content of their reports illustrated a breakdown of the delivery and volume of services by facility which was not a feature in the past reports.</p> <p>At the Self-Monitoring meeting on 5/13/2014, the Maintenance Department was presented their set of quarterly reports on the new format and saved on Sharepoint.</p>	

II. Financial Performance Review	2.43
<ul style="list-style-type: none"> a. <u>Budget Performance Review</u> - The PMD administered 2 internal budgets with a budgeted value of \$473,637 and no reportable deficiencies. 2.87 b. <u>Revenue Performance Review</u> – no revenue activity. n/a c. <u>Credit Card Review</u> – The PMD had 6 of 12 months that credit card reconciliations were submitted late. 2.00 	

III. Output Requirements Review	2.83
<ul style="list-style-type: none"> a. <u>Reporting Requirements</u> – The PMD had 4 of 13 reporting requirements submitted late and gave the department a 31% late submission rate. 2.00 b. <u>Deliverable Requirements</u> – no activity. n/a c. <u>Staff Reporting Requirements</u> – The PMD had 13 employees and 2 temporary hires in this department and did not submit personnel requirements on time. There is one certification required and was submitted on time. 2.75 d. <u>Project Management Status</u> – The PMD had 7 projects and there are no contracts or mou’s on file. 3.00 	

IV. Monitoring Concerns	3.00
<ul style="list-style-type: none"> a. New - The most recent facilities improvement projects did not formally assign a project manager. The Maintenance Director appears to be an appropriate project leader for projects such as the Access control, video surveillance and administration remodeling. A meeting will be set-up between the Director of Operations and the Maintenance Director to address project management. b. New-There is clerical position that is budgeted in the FY 2014 that has not been filled. This attributes to his late submittals on reports and late credit card reconciliations. If he moves on recruiting, he should be able to improve in these areas. 	

Comments
No Comment

The Economic Development Department was evaluated for the period between 1/1/2013 – 9/30/2013 and scored below average. They scored high in the administrative objective review for their ability to report the activities of their department to grant funding agencies and the Tribal government. They scored low in the monitoring concerns where they closed 1 of 3 concerns. The first pending concern addressed mishandling of credit cards by with a deficiency in submitting credit card receipts. The second pending concern addressed the unmet goals in the CDFI grant.

I. Administrative Objective	2.83
<p>The method the Economic Development department uses to track data is through Microsoft Access software to maintain case management for the small business services and Webportal for the Americorp program. The department submits reports to five awarded grants and submits a year-end report to the Tribal Government. The content of these reports were thorough and demonstrated the overall activity of the department. They also appear to be following their strategic plans, goals and objectives. However, there is no quarterly report required of the department and there was one weakness presented during the evaluation that their data was not centralized in one database.</p> <p>At the Self-Monitoring meeting on November 12, 2014, a memo was issued to the department stating that more internal work needs to be conducted to identify performance measures.</p>	

II. Financial Performance Review	2.70
<p>a. <u>Budget Performance Review</u> – The EDD administered 12 internal budgets with a budgeted value of \$4,510,751 and no reportable deficiencies.</p>	2.94
<p>b. <u>Revenue Performance Review</u> – The EDD receives rental revenue that totaled \$131,334 for the evaluation period. There were no deficiencies to report.</p>	3.00
<p>c. <u>Credit Card Review</u> – The EDD had a total of six [6] missing receipts reported for the evaluation period. The reports do not reflect any personal charges which was an occurrence that was reported as a concern in the past.</p>	2.17

III. Output Requirements Review	2.75
<p>a. <u>Reporting Requirements</u> – The EDD had 0 of 27 reporting requirements submitted late and gave the department a 0% late submission rate.</p>	3.00
<p>b. <u>Deliverable Requirements</u> – The EDD appears to be behind schedule in the scope of work and deliverable requirements for the CDFI grant.</p>	3.00
<p>c. <u>Staff Reporting Requirements</u> – The EDD has six [6] employees and 3 out of 5 appraisals that have not been received and are 72 days late.</p>	2.00

There was one probation appraisal that had not been received.
There were no required certifications.

- d. Project Management Status – The EDD is managing two [2] projects with no reported deficiencies. 3.00

IV. Monitoring Concerns

3.00

- a. **Closed** - Credit card was used for personal purchases and there were nine [9] personal purchases between the period of 1/1/2013-6/30/2013. The personal purchases were made by the former director who no longer has access to the credit card.
- b. **Pending** – There was a large and recurring amount of missing credit card receipts. Between the period of 1/1/2013-6/30/2013 there were 12 missing receipts. Between the period of 1/1/2014-9/30/2014 there were six [6] missing receipts.
- c. **Pending** – On 3/31/2013, The CDFI grant appeared to be behind schedule. On 11/12/2014 the EDD requested a no cost extension to allow more time to fulfill the CDFI obligations.

Comments

Management Comments:

In late July Alex Simental was appointed Interim Director for the Economic Development Department. Before this time, Mr. Simental had no oversight or influence over the inputs that comprise the report.

I. Administrative Objective

At the Self-Monitoring meeting on November 12, 2014, a memo was issued to the department stating that more internal work needs to be conducted to identify performance measure.

- Regarding “there is no quarterly report required of the department and there was one weakness presented during the evaluation that their data was not centralized in one database.” The EDD has fulfilled its reporting requirements and disagrees with this observation as no centralized database has been required of the department via policy, directive, or financial obligation.
- Moreover, in September 2014, Mr. Simental presented a comprehensive plan for the Economic Development Department which included Economic Development performance measures for EDD’s program offerings. The document in a presentation format was provided to the Governor, Lt. Governor and the Director of Tribal Operations. This occurrence should be reflect in this section of the monitoring report.

II. Financial Performance Review

a. Budget Performance Review – The EDD administered 12 internal budgets with a budget value of \$4,510,751 and had no reportable deficiencies. Score 2.94

- The EDD disagrees with the low score as no reportable deficiencies were identified at the time of the review or preparation of this document. A 3.0 was given to other review items that stated the same finding: no reportable deficiencies.

III. Output Requirement Review

c. Staff Reporting Requirement – The EDD has six [6] employees and 3 out of 5 appraisals that have not been received and are 72 days late. There was one probation appraisal that had not been received. There were no required certifications.

- As mentioned previously, Mr. Simental was appointed Interim Director in late July 2014, and has targeted the month of March to conduct all appraisals for the Economic Development staff.

IV. Monitoring Concerns

c. *Pending – On 3/31/2013, The CDFI grant appeared to be behind schedule. On 11/12/2014 the EDD requested a no-cost extension to allow sufficient time for the new directorship to fulfill the CDFI obligations.*

- On January 13, 2015, a no-cost extension for the CDFI was approved and the grant has been approved to continue through 12/31/2015. The EDD has brought the CDFI on track and is meeting all requirements.

Thank you for your consideration and review, should you require further information regarding any of the concerns please feel free to contact Alex Simental at 915-859-8151 or by email at asimental@ydsp-nsn.gov.

IPM Comments:

Per Section II-Financial Performance Review- reportable deficiencies are ratings on the score card that were below 2.50. There were budget evaluations filled out between three raters that rendered an average cumulative score of 2.94. Although this does not meet a score of 3.0 it is above the reportable deficiencies criteria of 2.50, therefore, there were no deficiencies that met the requirement of reporting. Although this score cannot be changed, I would be happy to go over this scoring method with the Director.

The HHS-Health Services Department was evaluated for the period between 1/1/2014 – 6/30/2014 and scored below average. They scored high in the output requirements review where all 12 reporting requirements, 23 personnel appraisals and 6 certifications were submitted on time and updated. They also scored high in monitoring concerns where two concerns were closed and one new concern was presented. They scored low in the administrative objective review where their system of reporting departmental activities needs improvement. This has presented as a concern since 2010.

I. Administrative Objective	2.00
<p>The methods the HHS-Health Services department currently uses to track data are monthly IHS reports and Resource Patient Management Systems (RPMS) which houses different modules such as Dentrix, BMW (for patient demographic info) and Vistual DMS (diabetes). The HHS-HS utilizes the Clinical Applications Analyst who specializes in managing these information systems. He is currently training staff on improving data integrity for these modules.</p> <p>The HHS-Health has a monthly report required by the IHS that is also used as the internal performance reporting for the Tribal Government. These reports do not represent the full breadth of activities conducted within the department. There does not appear to be a link between the information presented on the monthly reports and the planned scopes-of-work for each service provided. It also appears that these scopes of work documents are out-dated. The activities of the department have changed since the development of the SOW's that an assessment of the effectiveness of their planning cannot be conducted.</p> <p>At the Self-Monitoring meeting on November 18, 2014, a memo was issued to the department stating that more internal work needs to be conducted to identify performance measures and action steps to retrieve the year end data.</p>	

II. Financial Performance Review	2.73
<p>a. <u>Budget Performance Review</u> – The HHS-HS administered 13 internal budgets with a budgeted value of \$5,927,486 and one reportable deficiency. 2.94</p> <p style="padding-left: 20px;">1. IHS-CHR is 50% underbudget because there are no salaries charged for planned CHR position which has been vacant all period.</p> <p>b. <u>Revenue Performance Review</u> – The HHS-HS receives third party billing revenue that totaled \$9,349 for the evaluation period. There were no deficiencies to report 3.00</p> <p>c. <u>Credit Card Review</u> – The HHS-HS had a total of six [6] missing receipts reported for the evaluation period. The SM committee reports that there is a large number of reclassifications and there is a need for formal training. 2.25</p>	

III. Output Requirements Review	3.00
a. <u>Reporting Requirements</u> – The HHS-HS submitted 0 of 12 reporting requirements late and gave the department a 0% late submission rate.	3.00
b. <u>Deliverable Requirements</u> – Not applicable.	n/a
c. <u>Staff Reporting Requirements</u> – The HHS-HS has 22 employees, 1 temporary, 1 on military leave and 3 contracted doctors. There were 6 required certifications and were all up-to-date. All appraisals were received on time.	3.00
d. <u>Project Management Status</u> – Not applicable.	n/a

IV. Monitoring Concerns	3.00
a. Closed – The HHS-HS reporting needs improvement. This concern was created in 10/7/2010 and had not been fully addressed. The changes in key personnel and length of time to build capacity may have hindered the need to address this concern. The current Director of HHS has asked the IHS to change the format of the reporting requirements and currently is required to submit one annual report. The Tribal Government seeks to require a quarterly statistics report along with other service providers of the Pueblo. This was closed because the Tribal Ops department is addressing it as an Administrative Objective inclusive of a Pueblo-wide effort. However, the department still needs to continue to improve this report.	
b. Closed – The HHS-HS PRC (formally CHS) program activities were not in line with the scope of work requirements. There was a disconnect with the Procurement Department and the PRC in regard to who is required to have what documentation. This led to the conclusion that there was no formal protocol to update and maintain the provider service agreements. The original concern was created on 1/24/2011 and since that time the Contract Health Services has changed names to Purchased/Referred Care, new leadership and staff have been hired, new roles, responsibilities and policies have been adopted and they have transferred to a separate facility.	
c. New – On 11/5/2013, The Diabetes Program appears to be behind schedule in meeting their scope of work requirements. Only 1 of 5 budgeted contractors was hired, prompting an under expensed line item.	

Comments
“It also appears that these scopes of work documents are out-dated.” The scopes of work were all updated before we submitted them in the contract renewal in Oct.

The Recreation and Wellness Center was evaluated for the period of 1/1/2013 – 12/31/2013 and scored below average. They scored high the monitoring concerns review where the department’s concerns were absolved after the transfer of operations to Socorro Entertainment Center and reflected an increase in revenue of \$39,000 from 2012 to 2013. They scored low in the output requirements review where 3 of 5 reports were submitted late which gave them a 60% late submission rate.

I. Administrative Objective	2.66
<p>The Recreation & Wellness Center tracks their data through a database called Firm POS. This allows the RWC to keep track of membership demographic data, attendance and account information. The RWC has progressively improved their quarterly statistical information stemming from a 2010 monitoring concern.</p> <p>At the Self-Monitoring meeting on May 22, 2014, the RWC was presented their set of quarterly reports on the new format and saved on Sharepoint.</p>	

II. Financial Performance Review	2.77
<p>a. <u>Budget Performance Review</u> - The RWC administered one [1] internal budget with a budgeted value of \$488,280 with one [1] reportable deficiency. 2.33</p> <p style="padding-left: 20px;">1. GF-RWC has many budget variances that reflect that there is a need for improvements on budget planning and management.</p> <p>b. <u>Revenue Performance Review</u> – The RWCs revenue collections has increased from \$157,000 in 2012 to \$196,957 in 2013. There were changes in the RWC operations in 2013 which included the transfer of operations from the Varas building to Speaking Rock, the purchase of new cardio equipment and expansion of fitness rooms. 3.00</p> <p>c. <u>Credit Card Review</u> –The RWC had three [3] missing receipts. 3.00</p>	

III. Output Requirements Review	2.24
<p>a. <u>Reporting Requirements</u> – The RWC had three [3] of five [5] reporting requirements submitted late which gave the department a 60% late submission rate. 2.16</p> <p>b. <u>Deliverable Requirements</u> – no activity. n/a</p> <p>c. <u>Staff Reporting Requirements</u> – The RWC had 11 employees and did not submit their personnel requirements on time. There is one certification required and it is up-to-date. 2.33</p> <p>d. <u>Project Management Status</u> – n/a n/a</p>	

IV. Monitoring Concerns	3.00
<p>a. Closed – There is one concern that addresses many financial and operational concerns for the department. In the evaluation period, the transfer of facilities operations to the Socorro Entertainment Center occurred. Since the transfer, the RWC has stabilized their expenses and experienced an increase in revenue from last year.</p>	

Comments
No Comment.

The Office of Emergency Management was evaluated for the period between 1/1/2014-3/31/2014 and scored below average. They scored high in the administrative objective review where they are reporting performance measures that describe the activities of their department. They scored low in the output requirements review where 3 of 15 reports were submitted late and received a 20% late submission rating. There was one pending monitoring concern that there is a pattern of initiating large expenses at the end of the grant period.

I. Administrative Objective		3.00
<p>The Office of Emergency Management submitted monthly reports for the IHS reporting requirements. These reports included a list of meetings that were attended for the reported month. The OEM was not required to send in quarterly statistics reports.</p> <p>At the Self-Monitoring meeting on September 12, 2014, the OEM was presented their set of quarterly reports on the new format and saved on Sharepoint.</p>		
II. Financial Performance Review		2.92
a.	<p><u>Budget Performance Review</u> - The OEM administered eight [8] internal budgets with a budgeted value of \$710,477 in direct and indirect funds and \$14,570 in match funds. There were two budgets with reportable deficiencies:</p> <ol style="list-style-type: none"> 1. <u>Tribal Homeland Security Grant Program FY11</u> - The department is considering a no-cost extension to complete projects not met during the performance period. There is a budget balance of \$73,400 due to unspent funds for software training that was not completed during the performance period. 2. <u>Tribal Homeland Security Grant Program FY12</u>- There were no funds expensed in the \$50,000 budget and their period end date is 8/31/2014. 	2.75
b.	<p><u>Revenue Performance Review</u> – The OEM has \$2,318 budgeted in revenue and they receive revenue only during special training opportunities.</p>	3.00
c.	<p><u>Credit Card Review</u> – The OEM had no late submissions and no reportable concerns.</p>	3.00
III. Output Requirements Review		2.15
a.	<p><u>Reporting Requirements</u> – The OEM had 3 out of 15 reporting requirements that were submitted late which gave the department a 20% late submission rate.</p>	2.00
b.	<p><u>Deliverable Requirements</u> – The OEM appears to be behind schedule in their scope-of-work plans for THSGP and EMPG. There were two no-cost extensions issued for SHSP '12 that was requested by by OEM and EMPG '13 that was given by the funding agency.</p>	2.00

- c. Staff Reporting Requirements –The OEM had two [2] employees in this department and the 2013 annual appraisals have not been received as of August 12, 2014. There were no certifications required . 2.25
- d. Project Management Status – The OEM had three [3] projects in place and they include the P25 project, communications training and and the NPSPAC repeater. It appears that these projects will not be completed on time and no-cost extensions were requested. 2.33

IV. Monitoring Concerns	2.50
<ul style="list-style-type: none"> a. Pending – Purchases are made close to the period end date and causes Procurement to generate emergency orders. These can range from general supplies to equipment. <ul style="list-style-type: none"> 1. The number of grants administered has decreased and training/coordination occurred with finance and operations on 12/4/2013 2. As of 8/12/2014 no expenses were made from the THSGP FY2012 which ends on 8/31/2014. The OEM plans to spend down the funds prior to the period end date. There is no information from Procurement that indicates that there were emergency orders. 	

Comments
<p>In Section II, a., 1., a no-cost extension was considered but in the end we went against it at the recommendation of the FEMA Program Analyst. The remaining funds (\$73,400) were instead used to purchase radio accessories and wireless features which we were lacking in our departmental radio caches. Funds were expended within the performance period of the grant.</p>

The Environmental and Natural Resources Department was evaluated for the period between 1/1/2014 – 9/30/2014 and scored below average. They scored high in the administrative objective review where they have been reporting their performance effectively through Tribal Government and funding agency reporting requirements. They scored low in the monitoring concerns review where a pending concern from 5/20/2012 that states that the budget monitoring still needs improvement. This period there were significant expenditures that exceeded the budget amounts for two ENRD budgets. (Chilicote Ranch was not included in this evaluation)

I. Administrative Objective		3.00
<p>The Environmental and Natural Resources department does not have a formal platform to collect their data. This department is not required to submit a quarterly statistics report, but the activities of the department are reviewed from the semi-annual and year-end report submitted to the Tribal Government; as well as, the funding agency required reports. The information presented in these reports demonstrates the activities of the department sufficiently.</p> <p>At the Self-Monitoring meeting on October 15, 2014, a memo was issued to the department stating that more internal work needs to be conducted to identify performance measures.</p>		
II. Financial Performance Review		2.78
<p>a. <u>Budget Performance Review</u> – The ENRD administered six [6] internal budgets with a budgeted value of \$1,023,659 and two [2] reportable deficiencies.</p> <p style="margin-left: 20px;">1. NRCS Conservation Stewardship Program FY13 – received a score of 1.0 and is overspent by \$70,967. Most of the expenses were generated from work done at the Chilicote Ranch. The department is in the process of taking corrective action to stabilize the expenditures across all budgets.</p> <p style="margin-left: 20px;">2. EPA GAP IV FY14 – received a score of 1.16 and is overspent by \$2,742 and is estimated to go overbudget approximately \$8,000 by the end of the period. These expenditures will be covered by Tribal Council General Fund.</p> <p>b. <u>Revenue Performance Review</u> – The ENRD has a revenue account open for one time funds. There was no activity in this account</p> <p>c. <u>Credit Card Review</u> – The ENRD had a total of two [2] missing receipts reported for the evaluation period and no untimely reconciliation submissions.</p>	<p>2.36</p> <p>3.00</p> <p>3.00</p>	
III. Output Requirements Review		2.62
<p>a. <u>Reporting Requirements</u> – The ENRD submitted 3 of 11 reporting requirements late and gave the department a 27% late submission rate.</p>	<p>2.16</p>	

<p>b. <u>Deliverable Requirements</u> – The ENRD has acquired responsibility over the management of the Chilicote Ranch that increased their scope of work activities. These activities were not effectively reflected in the budgets for the department as there were considerable expenses in excess of the planned budget. It appears that the deliverables requirements were not submitted on time.</p>	2.33
<p>c. <u>Staff Reporting Requirements</u> – The ENRD has four [4] employees, one [1] WIA participant, one [1] Americorp and one [1] new transfer. There were no required certifications and all appraisals were received on time.</p>	3.00
<p>d. <u>Project Management Status</u> – None to report.</p>	3.00

IV. Monitoring Concerns	2.00
<p>a. Pending – The ENRD budget monitoring continues to be a concern with the Self-Monitoring Committee. This concern was created in 5/20/2012 beginning with the EPA-GAP budgets. Currently, the NRCS and EPA-GAP accounts are over budget by a combined \$73,709 confirmed for the period. This does not include amounts in Chilicote Ranch-Enterprise accounts, which were not evaluated this period.</p>	

Comments
No Comment

The Tribal Judicial Department was evaluated for the period between 1/1/2014 – 3/31/2014 and scored below average. They scored high in the financial performance review where revenue collection and credit card activity were managed properly. They scored low in the monitoring concerns reviews where one pending monitoring concern from 9/17/2012 indicates the CTAS Tribal Court Project is behind schedule according to the grant scope of work.

I. Administrative Objective		2.83
<p>The Tribal Judicial Department uses the Sleuth Software and a manual reporting system to collect their department activity. The current supporting appendices to the quarterly reports need to be reviewed to clarify terms. An external review of the department also suggests that improvements to the data collection may need to be considered to run the data reports more effectively.</p> <p>At the Self-Monitoring meeting on July 8, 2014, the TJD was presented their set of quarterly reports on the new format and saved on Sharepoint.</p>		
II. Financial Performance Review		2.92
a.	<u>Budget Performance Review</u> - TJD administered five [5] internal budgets with a budgeted value of \$868,774 with one [1] reportable deficiency:	2.76
	1. <u>DOJ Tribal Youth Program FY 2012 Match</u> – The 2012 Administrative objective stated that the Match portion amount on the grant application was \$15,283 and the internal budget reflects \$32,109. The true amount needs to be decided.	
b.	<u>Revenue Performance Review</u> – TJD has one [1] revenue source that is shared by a 60/40 split with the Tribal Police Department . The TJD revenue allocation as per the agreement totaled \$2,711.32. The total collected for 2014Q1 was \$6,802 with a 5% variance from financial records.	3.00
c.	<u>Credit Card Review</u> – There are no deficiencies to report.	3.00
III. Output Requirements Review		2.63
a.	<u>Reporting Requirements</u> – The TJD had 2 of 7 reporting requirements submitted late which gave the department a 29% late submission rate.	2.00
b.	<u>Deliverable Requirements</u> – The TJD had four [4] deliverables; one [1] was late and three [3] were in progress. The scope of work requirements for the CTAS Tribal Court Project appear to be behind schedule.	2.50
c.	<u>Staff Reporting Requirements</u> – The TJD had three [3] employees in this department and submitted all personnel requirements on time. There are no certifications required.	3.00
d.	<u>Project Management Status</u> – The TJD had one [1] project that includes code revisions with TPD and Legal.	3.00

IV. Monitoring Concerns	2.00
<p>a. Closed – In the CTAS Tribal Youth Program there is one objective that describes revising a strategic plan that is in process and DOJ withheld funds until the strategic plan was finalized. As of 7/8/2014 the strategic plan was completed and funds were released</p> <p>b. Pending – The CTAS Tribal Court Project involves the following objectives be met: “revised tribal code of law (peace code, traffic code, juvenile drug code, youth code) by March 31, 2013; 4 tribal court staff trained in new codes by September 20, 2013; 7 trained officers in new codes by September 30, 2013. As of July 8, 2013, the first deliverable is in the final stages of revision and the second deliverable is in the first draft stages and set for completion by September 30, 2014.</p>	

Comments
No Comment.

The Cultural Center was evaluated for the period between 1/1/2013 – 12/31/2013 and is below average. They scored high in the output requirements review where one report was submitted on time. They scored low in the administrative objective review due to non-submission of 2013 Tribal Government required annual report. They also scored low in the monitoring concerns review where two new concerns were presented during the self-monitoring meetings. The first new concern was the large amount of budget revisions, variances and unspent funds for vacant positions. The second new concern was the mishandling of credit cards where 10 of 12 months of late reconciliation submissions, seven missing receipts, and changes to general ledger codes.

I. Administrative Objective		2.00
<p>The Cultural Center did not submit their annual report in the 2013 year.</p> <p>At the Self-Monitoring meeting on August 7, 2014, the Cultural Center was presented their set of quarterly reports on the new format and saved on Sharepoint.</p>		
II. Financial Performance Review		2.25
a.	<u>Budget Performance Review</u> - The Cultural Center administered one [1] internal budget with a budgeted value of \$240,933 with one [1] reportable deficiency:	2.00
1.	<u>GF – Cultural Center</u> - There are many budget revisions that occur between the uniform, general supplies and activities line item. There was vacant social dancer positions that were planned, but not filled in 2013.	
b.	<u>Revenue Performance Review</u> – The Cultural Center has five [5] revenue sources that include donations, program, retail event and rental income revenue. The revenue collected was \$9,739.	3.00
c.	<u>Credit Card Review</u> – The Cultural Center had 10 of 12 months of late credit card reconciliations, 7 missing receipts and 1 of 12 months with incorrect GL code items.	1.75
III. Output Requirements Review		2.50
a.	<u>Reporting Requirements</u> – The Cultural Center had one [1] reporting requirement that was submitted on time which gave the department a 0% late submission rate.	3.00
b.	<u>Deliverable Requirements</u> – not applicable	n/a
c.	<u>Staff Reporting Requirements</u> – The Cultural Center had nine [9] employees in this department. There were no certifications required and the department had two [2] of three [3] probation appraisals submitted late and four [4] annual appraisals due.	2.00
d.	<u>Project Management Status</u> – not applicable	n/a

IV. Monitoring Concerns	2.00
<ul style="list-style-type: none">a. New – There were many budget variances for 2013, budget management needs improvement.b. New – In 2013, there were 10 of 12 months of credit card reconciliations that were submitted late.	

Comments
<p>Being rated this low is a concern and actual eye opener, family emergencies led me to fall behind and my mistake was not properly using my staff. I have now trained staff to help out with areas that were rated below standards, one being the credit card reports and are now prepared by my assistant.</p> <p>Budget revisions were made and are now being watched more to keep us within its limit. We have had two female Social dancer positions that have not been filled, we have received applications and have interviewed that have resulted in now shows. Emails and postings have been ways of announcing positions, now we plan on attending any programs or workshops involving our youth to promote these positions.</p> <p>I will see that these areas improve as it was due to my lack of meeting certain deadlines.</p>