MONITORING PROGRESS REFLECTION

What has been accomplished, what remains in progress, and how the remaining work will be addressed

Organization: Goshen HELP, d.b.a. WYO HELP
Period reviewed: March 2025 through June 2026 monitoring follow-up
Primary audience: Board of Directors, Community Services Program, and organizational leadership
Status date: August 16, 2026

Executive reflection

The clearest measure of progress is the change in monitoring posture. The July 2, 2025 post-monitoring letter identified areas of noncompliance and required a Technical Assistance Plan (TAP). By contrast, the June 29, 2026 monitoring letter identified concerns and follow-up requests but stated that none required a TAP or Quality Improvement Plan (QIP) at that time. This is meaningful evidence that WYO HELP strengthened its core compliance systems during a period of major organizational change.

The work was not limited to producing documents. WYO HELP established clearer time-and-effort controls, added outside fiscal review, improved board orientation and financial training, modernized fiscal workflows, formalized remote-record protections, and built a framework for using and monitoring subrecipients. At the same time, several structural matters remain unfinished: county representation and presence, succession and strategic planning, consistent board engagement, subrecipient policy standardization, record retention updates, and closure of prior contracts.

The appropriate conclusion is neither that every issue has been resolved nor that the agency remains where it was in 2025. The record supports a third, more accurate conclusion: the highest-risk weaknesses were substantially reduced, while the next phase must turn drafted systems and developing partnerships into routine, documented practice across the entire service area.

Progress at a glance

Workstream	Completed / established	In progress	Immediate priority
Fiscal controls	Time allocation policy; retrospective review; CPA engagement; board fiscal training	Written procedures and recurring review discipline	Annual CPA board presentation; QuickBooks backup access
Board governance	Bylaw revisions reviewed and approved	Recruitment, annual training, CNA participation, succession planning	Fill Carbon, Goshen, Niobrara seat; maintain recruitment log and quarterly reporting, improve orientation packet and onboarding.

Workstream	Completed / established	In progress	Immediate priority
Programs and subrecipients	RFA/application process; contracts and onboarding; reimbursement framework; FY26 CAP work	Training, monitoring, consistent eligibility and card controls	Sustain services and build presence in Carbon and Niobrara
Records and privacy	Remote handling and physical transport policies	Retention/destruction review and evidence of implementation	Update policy; document destruction and access procedures
Planning and accountability	CNA contractor selected; Community Action Plan drafted	CNA completion, prioritization, strategic plan, survey analysis	Complete CNA sequence and align the final strategic plan

What was accomplished

1. Time allocation and payroll support ESTABLISHED

Evidence: A written Time Allocation and Effort Reporting Policy requires after-the-fact documentation, 100% reporting of compensated activity, allocation by actual work performed, supervisory approval, and timely corrections. The TAP records the policy as uploaded and a retrospective review back to July 2024 with no CSBG adjustments needed.

Next: Continue monthly board-officer review, retain approval evidence, and periodically reconcile timesheets to payroll and grant charges.

2. Outside fiscal oversight and board financial capacity ESTABLISHED

Evidence: The TAP records a formal CPA engagement, CPA review work, financial statement and Form 990 support, and third-party financial training for the board. Electronic payments requiring two board approvals were also placed into use.

Next: Convert these gains into a recurring calendar: monthly financial packets, documented board review, quarterly deeper review, and at least one annual CPA presentation to the full board.

3. Remote records and physical file safeguards POLICIES CREATED

Evidence: Separate policies now address approved devices, secure connections, electronic storage, printing, transport in locked containers, secure home storage, central filing, online approvals, incident reporting, and secure destruction.

Next: Verify board approval/effective dates, train all covered personnel annually, and document spot checks so implementation can be demonstrated rather than inferred from policy language.

4. Board orientation, bylaws, and governance education SUBSTANTIALLY COMPLETED

Evidence: The TAP documents attorney review and board approval of bylaw revisions, completion and use of an orientation packet, a required Executive Director orientation within 30 days, and ongoing board training content. Financial oversight training was also delivered.

Next: Reconcile the bylaws with the board guidance manual, clearly resolve all references to term limits, and maintain an annual governance, risk, and oversight training calendar.

5. Subrecipient infrastructure BUILT AND OPERATING

Evidence: The planning agreement documents an RFA, outreach, virtual information sessions, application review, award decisions, contracts, individual onboarding, a reimbursement process, and subrecipient use of EmpowOR. By February 2026 the tracker reported contracts in place, while later notes show active coaching and corrective follow-up with individual providers.

Next: Standardize monitoring files, eligibility procedures, card controls, invoice review, corrective follow-up, and closeout documentation across every subrecipient.

6. Organizational planning foundation DEVELOPED

Evidence: The agency contracted for a Community Needs Assessment, updated CAP work in EmpowOR, prepared a 2026 Community Action Plan, documented internal and external demographic evidence, and articulated a narrower service concept intended to match agency capacity.

Next: Treat the Community Action Plan's senior-focused Silver Shield concept as a planning proposal unless and until it is formally aligned with the completed CNA, the final FY27 service structure, board action, and CSP requirements.

What remains in the works and how it will be addressed

Work item	Current status	Action approach	Target
Carbon County board representation	Open finding with a January 1, 2027 consequence	Designate one owner; maintain a recruitment log with date, channel, contact, result, and follow-up; recruit through elected officials, legal/financial professionals, schools, senior centers, service clubs, community partners, and former board contacts; report activity in every quarterly report; present candidates promptly for board action.	Monthly until filled; quarterly reporting; filled before Jan. 1, 2027
Carbon and Niobrara presence and service delivery	Open concern	Create a county engagement calendar; conduct in-person visits; attend resource meetings, coalitions, and stakeholder forums; record contacts and needs; identify viable delivery partners; document interim direct-service options; move qualified partners through due diligence, contracting, onboarding, monitoring, and service-launch milestones.	Begin immediately; review progress monthly and at the six-month CSP follow-up
Succession and access continuity	Partially developed	Finish a written succession plan that identifies temporary executive coverage, fiscal approval authority, bank and system access, funder notifications, subrecipient communication, payroll, client continuity, records custody, and board decision points. Grant the board administrator appropriate QuickBooks access with role-based permissions and test access annually.	Draft for board review within 60 days; test annually
Strategic plan and CNA sequence	Delayed / dependent	Complete community engagement and the CNA; share findings with the board and communities; document board prioritization; reassess capacity; then finalize a three-year strategic plan and CAP that clearly match resources, service geography, outcomes, and the selected delivery model.	Reset dated milestones with contractor and board; report monthly until adopted

Work item	Current status	Action approach	Target
Record retention and destruction	Update requested	Inventory record categories; confirm grant, fiscal, employment, governance, client, and electronic retention requirements; define legal holds, destruction authorization, secure methods, and destruction logs; obtain board approval; train staff and include an annual review.	Draft within 45 days; board action at next practical meeting
Client satisfaction oversight	Needs system-wide practice	Require each subrecipient to use an approved survey or submit equivalent data; establish a quarterly collection template; aggregate results and response rates; identify trends and corrective actions; share results with the board and document discussion in minutes.	Start with the next quarterly reporting cycle
Subrecipient eligibility and gas/gift card controls	Standardization requested	Issue minimum required policy templates covering eligibility verification, approval, inventory, custody, distribution logs, client acknowledgment, reconciliation, lost cards, prohibited uses, segregation of duties, and monitoring. Review and approve each subrecipient's version before further card activity.	Complete before new card purchases or distributions
Contract closeout	Requested	Create a closeout checklist; identify ended or inactive agreements; issue termination or nonrenewal notices; reconcile final invoices and advances; confirm records and property disposition; document final performance; deactivate system access; retain signed closeout records.	Inventory within 30 days; close remaining contracts within 60 days
Board stability and annual training	Ongoing risk	Use the board matrix and targeted recruitment approach; set candid expectations before appointment; assign manageable committee or project roles; hold structured orientation; provide a yearly training calendar; use exit feedback; monitor attendance and vacancies; build elected-official, private-sector, and low-income representation intentionally.	Review at every board meeting and quarterly at governance level

Implementation and evidence framework

The remaining work should be managed through one consolidated monitoring register rather than separate informal notes. Each action should have an owner, deadline, status, evidence link, board-review date, and next step. The register should be reviewed monthly by the Executive Director and board leadership and summarized in quarterly CSP reporting.

- Use three status labels consistently: Completed (implemented and evidenced), In Progress (active work with a dated next step), and Planned (approved but not yet started).
- Require evidence for closure: adopted policy, signed contract, meeting minutes, access test, training roster, recruitment log, monitoring report, survey summary, or closeout document.
- Escalate missed dates promptly. Record the reason, risk created, interim control, revised owner, and revised deadline.
- Separate policy creation from policy implementation. A document is not fully complete until it is approved where required, communicated, used, and periodically verified.
- Report both progress and constraints. Recruitment and rural service development may take time, but consistent documented effort and interim safeguards demonstrate responsible management.

Proposed 90-day leadership agenda

First 30 days: Open the consolidated monitoring register; inventory contracts; start Carbon recruitment log; schedule Carbon/Niobrara visits; identify QuickBooks access requirements; distribute subrecipient policy templates.

Days 31-60: Complete retention-policy draft; issue closeout documents; conduct county outreach; verify subrecipient eligibility/card procedures; prepare succession-plan draft; compile first system-wide satisfaction report.

Days 61-90: Obtain board actions; test backup access and succession steps; deliver a board progress dashboard; confirm CNA/strategic-plan dates; prepare the next CSP quarterly update with evidence attached.

Overall assessment

WYO HELP responded to the 2025 monitoring findings with substantial corrective work during a period of staffing, funding, board, and service-delivery transition. The 2026 monitoring result supports the conclusion that the agency's compliance posture improved materially. The most important next step is institutionalization: ensuring that financial oversight, board governance, subrecipient controls, records management, service-area presence, and planning processes continue reliably even when an individual leader, board officer, contractor, or service partner changes.

Success over the next six months should be measured by visible county engagement, a filled Carbon County board seat, documented recurring financial oversight, complete subrecipient and closeout files, updated retention and governance documents, tested continuity access, and a credible CNA-to-strategic-plan sequence. These results would demonstrate not only response to monitoring, but a stronger and more sustainable organization.

Source documents reviewed

- WyoHelp Monitoring Post Letter, July 2, 2025 (DOCX and PDF copies).
- Goshen HELP Technical Assistance Plan tracker (_TAP- Goshen HELP.xlsx).
- WyoHelp and CSP Planning Agreement (DOCX and XLSX).
- WyoHelp Special Monitoring Tool (XLSX).
- Goshen Notice of Onsite Visit, May 7, 2025.
- Goshen Post Monitoring Letter, June 29, 2026 (Ref. HR-2026-13).
- 2026 Community Action Plan (DOCX and PDF).
- Time Allocation and Effort Reporting Policy.
- Secure Remote Handling, Storage, and Printing of Client Documents Policy.
- Physical File Transport, Secure Storage, and Approval Procedures Policy.