



COE DEVELOPED CSBG
ORGANIZATIONAL STANDARDS

Category 9 Data & Analysis *for Public CAAs*

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Introduction to TA Guide

The purpose of this Technical Assistance Guide is to help a Community Action Agency (referred to as a department to distinguish public agencies from nonprofits) assess its compliance with Category Nine of the Organizational Standards pertaining to data collection, analysis and reporting.

The Guide will provide general overview and then address each of the Organizational Standards in this category and provide resources to help a department:

- Understand the intent and definition of the Standard;
- Identify materials to document compliance with the Standard;
- Benchmark and evaluate performance with regards to the Standard; and
- Access supports to help with compliance and improve performance beyond compliance.

This Guide will assist departments in understanding how they are to establish policies, processes, and procedures so that the information they need for decision making and storytelling is available from the data that they collect and analyze. It helps a department answer the following questions: (1) Are we in compliance with the requirements of Organizational Standards Category Nine and (2) How well does our system or systems provide us with the information we need to engage in true performance measurement and management.

Background for Category Nine Standards

The purposes of the Community Action Network, as identified in legislation, (Community Opportunities, Accountability, and Training and Educational Services Act of 1998, Title II-- Community Services Block Grant Program, Sec. 672. Purposes and Goals) are:

“The reduction of poverty, the revitalization of low-income communities, and the empowerment of low-income families and individuals in rural and urban areas to become fully self-sufficient.”

In addition to identifying the purposes of the Community Service Block Grant funding, the legislation cited above also spells out the requirements for accountability related to the measurement of progress toward the purposes. (Sec. 678e. Accountability and Reporting Requirements. “(A) State Accountability and Reporting Requirements -- “(1) Performance Measurement)

“As of October 1, 2001, each State that receives funds under this subtitle shall participate, and shall ensure that all eligible entities in the State participate, in a **performance measurement system**, which may be a performance measurement system for which the Secretary facilitated development pursuant to subsection (b) **Results Oriented Management and Accountability**, or an alternative system that the Secretary is satisfied meets the requirements of subsection (b).”

In response to the directive to create a performance measurement system, the Community Action Network began a national movement in the mid-1990s toward implementation of Results Oriented

Management and Accountability (ROMA) and tracking how the network met Six National Community Action Goals.

1. Low-income people become more self-sufficient.
2. The conditions in which low-income people live are improved.
3. Low-income people own a stake in their community.
4. Partnerships among supporters and providers of services to low-income people are achieved.
5. Agencies increase their capacity to achieve results.
6. Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive systems.

As identified by the Monitoring and Assessment Task Force, 1998.

The Office of Community Services provided guidance related to the accountability requirements in **Information Memorandum (IM) 49**, issued in February 2001. IM 49 sets out the characteristics of using performance management applied to the entire agency's work (due to the CSBG anti-poverty designation of the agency), and identifies the core activities for both State CSBG Lead Agencies and local eligible entities that constitute the full implementation of ROMA. While all of items in the Core Activities for Eligible Entities are linked in some way with the collection, analysis and reporting of data, several are of particular importance for Category Nine of the Standards (see sections of IM 49 below, underlining added to original document for emphasis).

Core Activities for Eligible Entities:

1. The entity and its Board complete regular assessments of the entity's overall mission, desired impact(s) and program structure, taking into account:
 - a. the needs of the community and its residents;
 - b. the relationship, or context, of the activities supported by the entity to other anti-poverty [and] community development services in the community; and
 - c. the extent to which the entity's activities contribute to the accomplishment of one or more of the six national ROMA goals.
2. Based upon the periodic assessments described above, the entity and its Board has identified yearly (or multi-annually) specific improvements, or results, it plans to help achieve in the lives of individuals, families, and/or the community as a whole;
3. The entity organizes and operates all its programs, services, and activities toward accomplishing these improvements, or outcomes, including linking with other agencies in the community when services beyond the scope of the entity are required. All staff is helped by the entity to understand the direct or indirect relationship of their efforts to achieving specific client or community outcomes.
4. The entity provides reports to the State that describe client and community outcomes and that capture the contribution of all entity programs, services, and activities to the achievement of those outcomes.

One of the most important directives in IM 49 is that of reporting the department-wide outcomes, not just those that are directly supported by CSBG funding:

After careful examination of the CSBG authorizing legislation, which speaks to program coordination requirements both within and beyond eligible entities, consultation with the MATE, and review of ROMA implementation activities that have occurred to date, OCS has concluded that it is both necessary and appropriate to apply ROMA concepts to the work of community action, not CSBG alone.

OCS believes that the six national ROMA goals reflect a number of important concepts that transcend CSBG as a stand-alone program. The goals convey the unique strengths that the broader concept of community action brings to the Nation's anti-poverty efforts:

1. Focusing our efforts on client/community/organizational change, not particular programs or services. As such, the goals provide a basis for results-oriented, not process-based or program-specific plans, activities, and reports.
2. Understanding the interdependence of programs, clients and community. The goals recognize that client improvements aggregate to, and reinforce, community improvements, and that strong and well administered programs underpin both.
3. Recognizing that CSBG does not succeed as an individual program. The goals presume that community action is most successful when activities supported by a number of funding sources are organized around client and community outcomes, both within an agency and with other service providers.

These documents set the obligation and opportunity to tell the story of department-wide impact on individual and family movement out of poverty as well as collaborations that produce community level change. This allows the story of the Network as a whole to be told, but requires that Community Action documents the outcomes families, agencies, and communities achieve.

Over the years, the Network has moved to improve the application of the concepts in IM 49, including the development of the **National Performance Indicators** in 2004. For a complete listing of the NPIs, go to http://www.nascsp.org/data/files/csbg_is_survey/csbg_is_survey_fy14/npisfy14.pdf

Many additional activities have been developed to support establishment of a system that reflects the activities of nearly 1,000 local agencies to addresses the causes and conditions of poverty. Most recently has been the movement to combine both the “story telling” nature of reporting the outcomes of low income people and communities with robust statistical data.

See *Story Telling Manual* at http://www.nascsp.org/data/files/csbg_is_survey/additional/story-tellingmanualfinal2-13-09_000.pdf

Category Nine identifies standards that will create uniformity in the principles behind collecting, tracking, and reporting of data. The Standards will also ensure that service strategy and delivery of services is guided by understanding what is needed to answer these questions that are fundamental to the ROMA framework:

- Who are our customers and what services do we give to them? (9.1)
- What happens to our customers (what changes) as a result of their interaction with the local CAA? (9.2)
- How do the department and its tripartite board/advisory body use the answers to the first two questions to make plans for adjustments and improvements? (9.3)
- How is all of this information reported in a way that is meaningful – both inside the network and to the general public? (9.4)

Lisbeth Schorr, Fellow to the Center for the Study of Social Policy, has consistently advised Community Action that there should be "No data without stories and no stories without data." She points out that "just the facts" are used and one relies only on counting things, the understanding of what the numbers represent is lost. Likewise, one individual story does not make clear the experience of an entire population. Individual stories become compelling when combined with quantitative data, and quantitative data becomes meaningful when it is described in the context of the nature of the people and services involved.

Departments have at least two main issues to consider in regards to Category Nine that primarily involve Organizational Standards 9.1 and 9.2. First, some departments may rely on other organizational units within their larger parent agency to gather program data. In such cases, the department should ensure that its parent agency is aware of the requirements around data collection and request assistance, if necessary, to track and report data on client demographics, services, and outcomes as described in Standards 9.1 and 9.2. Second, some departments contract out some or all of their CSBG funding to other service providers. In such cases, the department should make their contractors aware of the Organizational Standards and the requirements for data collection described in Standards 9.1 and 9.2. Options to ensure contractors collect and track client data in compliance with the Organizational Standards might include writing the requirements into contracts and providing technical assistance in cases where contractors lack the capacity or are otherwise unable to comply with the requirements. Additional discussion of these issues is provided below.

Considerations for the Review Process

How is the review process for Category Nine connected to the overall process for assessing the Organizational Standards? Staff involved in reviewing the Standards related to data collection, analysis, and reporting should ensure their efforts are consistent with the overall process for review in regards to interpreting the Standards, recording findings, managing and storing documents, and conducting any necessary follow-up activities to achieve compliance. Questions staff can ask as part of this process include:

- **What is the appropriate level of effort for the review process?** This Guide suggests that departments consider conducting a deeper assessment of their performance using the diagnostic questions included in Section C of each Standard and the additional resources included in Section D. Departments should consider the costs and benefits of expending different levels of effort in assessing Category Nine.
- **How will the staff assess whether the Standards are met?** Staff should always begin the assessment process by reviewing all guidance from the State CSBG Office on the interpretation of the Organizational Standards and the documentation required to show they are met. Even if the department decides not to conduct the complete review process

suggested in this Guide, it is strongly suggested that the staff use the *Assessment Scale* included at the end to rate the department's performance. This exercise helps ensure that there is consensus about whether the Standard is met and provides a benchmark against which the department can rate future performance.

- **How will the staff document compliance with the Standards?** Staff should determine how they will record the results of the review of these standards and organize related files and materials to document compliance. Staff should begin by determining whether the department meets each of the Organizational Standards in Category Nine using guidance from the State CSBG Lead Agency. Staff should then list the supporting materials that document compliance (e.g. reports, web pages, tripartite board/advisory body minutes) and determine how to file the materials in a way that is easily accessible to state monitors (e.g. a document list and flash drive with scanned and uploaded files).
- **How will staff manage recommendations that result from the review process?** Standards that are assessed as unmet or that staff believe are potentially questionable should be addressed immediately with an action plan that concisely explains the problem and the specific steps that must be taken to achieve compliance. In addition, it is strongly suggested that staff should use the review process and resources in this Guide to make recommendations to the department on how to improve its analysis and use of data based on their findings. Even if the review process focuses on compliance with the Standards rather than a more extensive evaluation, it is likely that staff can identify ways to strengthen the development and use of data. There should be a clear “follow up” process established that details the rationale for the recommendation, specific actions to take, and who is responsible.
- **How will staff archive results from the analysis process?** When the assessment of the Standards in Category Nine is complete, staff should archive the results with those of the other categories. A good archive will include notes on how the review of these standards was conducted, who participated, any issues or “lessons learned” that are helpful to note for future assessments, and clear instructions for how to find all documents and materials referenced in the findings. Again, even if the review process focuses on compliance, it is recommended that staff include their evaluation of each standard on the *Assessment Scale* along with brief notes explaining the rationale for the finding to help benchmark performance for future assessments.

Category 9 Standards

- Standard 9.1** The department has a system or systems in place to track and report client demographics and services customers receive.
- Standard 9.2** The department has a system or systems in place to track family, agency, and/or community outcomes.
- Standard 9.3** The department has presented to the tripartite board/advisory body for review or action, at least within the past 12 months, an analysis of the agency's outcomes and any operational or strategic program adjustments and improvements identified as necessary.
- Standard 9.4** The department submits its annual CSBG Information Survey data report and it reflects client demographics and CSBG-funded outcomes.

Additionally, there are several standards that relate to data and analysis that should be reviewed as you work through this category:

- Standard 1.1** The department demonstrates low-income individuals' participation in its activities.
- Standard 1.3** The department has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the tripartite board/advisory body, which may be met through broader local government processes.
- Standard 2.1** The department has documented or demonstrated partnerships across the community, for specifically identified purposes; partnerships include other anti-poverty organizations in the area.
- Standard 2.2** The department utilizes information gathered from key sectors of the community in assessing needs and resources, during the community assessment process or other times. These sectors would include at minimum: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions.
- Standard 2.3** The department communicates its activities and its results to the community.
- Standard 2.4** The department documents the number of volunteers and hours mobilized in support of its activities.

- Standard 3.2** As part of the community assessment, the organization collects and includes current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area(s).
- Standard 3.3** The department collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.
- Standard 4.3** The department's Community Action plan and strategic plan document the continuous use of the full Result Oriented Management and Accountability (ROMA) cycle or comparable system (assessment, planning, implementation, achievement of results, and evaluation). In addition, the department documents having used the services of a ROMA-certified trainer (or equivalent) to assist in implementation.
- Standard 6.4** Customer satisfaction data and customer input, collected as part of the community assessment, is included in the strategic planning process, or comparable planning process.

9.1 The department has a system or systems in place to track and report client demographics and services customers receive.

A. Guidance on the Definition and Intent of the Standard

As the Network embraces the results-oriented infrastructure of ROMA, it becomes essential to ensure that the foundational information utilized to measure results is tracked and reported. Information Memorandum 49 speaks to the ability of utilizing ROMA principles to target and coordinate services as well as documenting and publicizing client successes. A key component to this process is the tracking of client demographics and services. The intention of this Standard, in collaboration with the Information Systems (IS) report, is to ensure that the department reports the demographic information of those they are serving, and what strategies/services are utilized.

B. Guidance on Compliance and Documentation

The intention for the Standard is to have departments document that they have a data collection system in place that includes the ability to collect demographic information about their customers and also to identify the services that are provided. This standard includes a requirement for tracking and reporting on two different data elements – demographics and services. It is important to be clear on the definitions of these requirements. A tracking system is a well-defined method of gathering data and storing it for future retrieval, analysis and reporting. This system may be electronic, and it may be located on one computer, networked, or accessed via the web. It also may include a paper/pencil system where technology is not available. The reporting of client demographics would include information regarding the qualities or characteristics of a specific group of people. Specific characteristics collected may include age, gender, education, income level, income source, or household type, for example. Departments should clarify with their State CSBG Lead Agencies if any demographic characteristics are required to track under this Standard.

The tracking and reporting of customer services could be delivery of tangible assistance, strategies (training, case management, etc.), advocacy efforts, coalition building, or other activities. Details regarding the service could include type of service, the frequency of the services (one time per year, weekly, etc.), the number of units of service provided, and the time frame over which the service was provided (30 days, 2 years, etc.). It is important to note that in this Standard both the terms clients and customers are used. These terms refer to the individuals and families who are seeking assistance. They may also refer to communities that are in need of services.

As noted above, departments may encounter two issues with Standard 9.1. First, the department may rely on another functional unit of their parent agency to collect data on client demographics and customer services. In such cases, the department should confirm that data is collected in a way that complies with the Standard. If there are potential issues with compliance, the department should apprise the appropriate level of management about the Standard's requirements and work with them to ensure compliance if possible. If compliance is not possible, the department should alert the State CSBG Lead Agency of the situation and ask for guidance.

Second, the department may contract out some or all of their CSBG funding to other service providers. In such cases, the department will need to collect both demographic and service data

from their contractors. Departments may consider writing in such requirements to their contracts and, if necessary, provide technical assistance to their contractors to ensure they have the capacity to report the required data.

The review team should always begin the process of documenting compliance with the Organizational Standards by reviewing all available guidance from the State CSBG Lead Agency on the interpretation of the Standard and required documentation. The review team should also review any State requirements for the tracking and reporting of client demographics and services received.

Specific issues the review team should consider that may affect compliance with Standard 9.1 include:

- **A department does not have a clear internal policy or a policy in place for its contractors defining when an individual is considered a client of the department and thus included in the overall service count.** It is important to ensure that both staff throughout the department and all contractors are clear about the definition of “client” for the purposes of tracking demographic and service data. For example, are individuals who use information and referral services counted as clients? What if the individual completes an intake but does not receive a service? Only after these decisions have been made and communicated across CSBG programs can a clear count of services be captured.
- **A department has some programs in which demographic data is not regularly collected.** Similar to the delineation between a client and a non-client, it is important for a department to determine, and discuss with its contractors, if there are circumstances in which demographic data will not be collected. While it is the intention of the Standard to ensure that demographics are collected for clients across all department services, a department may determine that specific referrals or one-time services may not allow for realistic collection of demographic data. This would need to be an intentional decision that is discussed with the State CSBG Lead Agency.
- **The parent public agency collects demographic and service data but does not allow for CSBG specific program activity to be extracted.** The intention of this Standard is to track demographics and services of the CSBG eligible entity, however some public systems may not delineate between funding streams and/or departments. A discussion about the specificity and the scope of the data that is required would need to occur with the State CSBG Lead Agency.

Standard 9.1 requires at least three types of documentation. These include documentation of the (1) data collection and reporting system or systems; (2) client demographics; and (3) services customers receive.

Documentation of the data collection and reporting system or systems may include:

- A narrative description of the system or systems in place that includes software, hardware, and data collection policies and procedures.

Documentation of collection and reporting of client demographics may include:

- Policies and procedures related to the collection of demographic data;
- Copies of intake forms or similar mechanisms used to collect demographic data from clients;

- Reports that include client demographic data (preferably ones that include data for all programs and services)

Documentation of collection and reporting of services that customers receive may include:

- Policies and procedures related to the collection of data on services customers receive;
- Non-restricted customer records that include services received;
- Reports that include documentation of services received by customers (preferably ones that provide an “unduplicated count” of customers and the services they received).

C. Beyond Compliance: Benchmarking Organizational Performance

This standard helps promote uniformity across states for a process of identifying number of individuals and families served, and the key characteristics that define this population. It is hoped that CSBG eligible entities would have a tracking system that can compare the demographics with the services to find out who has received what services. *It is important to know if the total count of individuals and families served is unduplicated, or if a single family receiving multiple services is being counted each time a new service is provided. This would allow a department to identify the number of people being served by the CAA as a whole.* Likewise, it is important for the CAA to know what services are connected to specific segments of the population who have received them. The department should be able to identify the percent of the total number of individuals and families who received a single service. The department should be able to answer: What was that service? Did this population have any common characteristics that might help to understand why this service was requested? Why was it the only service requested?

Tracking demographics and services is vital to how departments analyze data for decision-making and tell the Community Action story. To improve the department’s use of demographic and service data, staff can consider questions such as:

- **Can the people and services tracked in this standard be related to the outcomes tracked in Standard 9.2?** Standard 9.1 requires that people served and the services they receive are tracked by the department. It is important for the department to be able to also relate these data elements with the outcomes that are achieved (which are identified in 9.2). This connection among the data elements of the two standards is not stated, but will be necessary for the department to understand their performance beyond compliance.
- **Is the data compared to the Community Needs Assessment and used for decision-making?** How well do the demographics of the people being served match the demographics of those in need that were identified in the Community Needs Assessment? If the people served differ from those who were assessed as in need, what changes must be made to better reach the target population? It is important that decisions are made based on a comparison between what was identified in the CNA and what is being done.
- **Is the data able to be cross-referenced (to answer who received what service) and deep enough to identify the nature of the services received (answering how frequent or how intense or how long the service was)?** Analysis of the impact of services becomes difficult if

there is no way to track how much service each person is receiving or how long they continue to receive services. It is logical that someone who attends a program every day for a month will make more progress than someone who attends once a week. But do you have the data to prove that this is true? Are there some services that are provided in a 30 day period and others that continue over a full year or even longer? These differences in service delivery should be considered in the analysis.

- **How often is data analyzed and by whom? Who is it shared with?** Data that is not analyzed does not produce information that can be used for decision making. Without a clear process for analysis, the data may be tracked and reported (thus meeting the compliance level of the Standard) but it is not useful to the department. Different data systems may be utilized within the larger public agency that include relevant data for the analysis of CSBG funded activities, having a data sharing policy in place to allow for coordination of data analysis can provide for a more robust analysis.
- **Are you able to track community level services and demographics?** The intent of this standard is to track demographics and services for individuals and families receiving service. Beyond compliance would be to also track the service provided to a community and the demographics of that community.

D. Resources

National Association of State Community Services Programs. (2014).

Instructions for the IS Report

http://www.nascsp.org/data/files/csbg_is_survey/csbg_is_survey_fy14/csbgis_sectiona-g_instructions_nascsp_2014.pdf

Lexicon for the IS Report.

http://www.nascsp.org/data/files/csbg_is_survey/csbg_is_survey_fy14/csbgis_lexicon_nascsp_2014.pdf

Enterprise Client Tracking Systems for Community Action Agencies: A review of client database systems implemented in states and agencies across the Community Action network. (Fall 2011).

During 2010-2011, the Department-Wide Information Management Systems (AIMS) panel reviewed the current status of software systems used in states and agencies across the Community Action network. While this report is dated, the information is quite useful to identify challenges and lessons learned – and many of the software systems are still in place in the network.

<http://bit.ly/AIMSreport>

Information Memorandum 49 Program Challenges, Responsibilities and Strategies

<https://www.acf.hhs.gov/programs/ocs/resource/im-no-49-program-challenges-responsibilities-and-strategies-fy-2001-2003>

9.2 The department has a system or systems in place to track family, agency, and/or community outcomes.

A. Guidance on the Definition and Intent of the Standard

This Standard includes a requirement for tracking and reporting on what happens to families, agencies and communities as a result of the services provided (after being tracked according to Standard 9.1). The intention of this Standard is to ensure that the department is in alignment with the six national goals, and measuring the outcomes of their work at the family, agency, and/or community level. Information Memorandum 49 speaks to the importance of CAAs utilizing assessments to plan for results in the lives of individuals, families, and/or communities. It also calls on CAAs to report to their state the outcomes of clients and communities as a result of department programs, services, and activities. It is important to note that in order to meet the Standard a department needs to have a system or systems in place to track outcomes at the family and/or agency and/or community levels.

It is important to note the distinction between organizational outputs and outcomes. Outputs are the goods or services produced by a program, such as the number of individuals who receive job training and number of housing units created. Outcomes are defined as the impact or changes created by those goods and services, such as the number of individuals who obtain employment after receiving training and the number of individuals and families housed in the new units developed. Note that maintenance of a desirable status (neutral movement on a scale) is also an outcome. While ideally the department will track outcomes on all three levels (family, agency and/or community), the Standard requires the department to track outcomes on at least one of these levels.

This standard helps ensure:

- **Departments are measuring changes in the families, communities, and/or agencies.** The intent of this Standard is to have a tracking system that can identify the change in status or condition of those who have been served.
- **Agencies are measuring and analyzing outcomes of the department's efforts as a collective, in addition to within individual programs.** As in Standard 9.1, the outcomes are meant to be related to the entire department and all contractors and not just those identified by separate segments of the department. While the effectiveness of a specific service segment may produce an outcome in one life domain (such as employment), consideration of other outcomes produced for the same client by different service segments of the department (such as income, housing, childcare etc.) would allow for a larger claim of the outcome of increased self-sufficiency. Looking at the effect of all department programs on each client improves the ability to show more significant outcomes.
- **Continued alignment of outcome measurements within the six National Goals and the levels of family, department, and community.** It is important to note that the intention of the Standard is for agency and community level outcomes, in addition to family level outcomes. The intent of this standard is to ensure that the department has the ability to identify the outcomes achieved by communities as well as by individuals and families, if the CAA is doing work under those goals. Additionally, the department may have a system to track the agency level changes that occur within the department. Agency level outcomes are

associated with improving capacity to achieve results. These could include changes: in staff (added numbers, improved skills/professional qualifications, etc.), in systems related to the operation of the department, in improvements in governance, and in other areas identified in the Organizational Standards. Community level outcomes include changes in conditions in low income neighborhoods. These can be changes in policy, service and support systems, opportunity for economic/academic/other advancement or improvement in public facilities. Changes in equity and civic (or social) capital could also be community level outcomes.

- **Uniformity across states for a process of identifying the outcomes that are achieved, using a standardized set of indicators and standard definitions of those indicators.**

The National Performance Indicators (NPIs) in the IS report provide this uniformity. From the NASCSP guide to the NPIs:

- The NPIs are about Community Action, not just those activities funded through CSBG. Outcomes should be counted and reported from all Community Action programs and activities. For private CAAs, figures reported in the NPIs should cover the entire department, clients, and outcomes. By virtue of its receipt of CSBG funding and consequently, the governance of the entire department by the tripartite board, all CAA activities fall under the CSBG umbrella. For local units of government who received CSBG funding, all sections, clients and programs covered under the tripartite board structure should be reported in the NPIs,
- Agencies should report outcomes only for those NPI categories in which the CAAs have supporting programs or activities. It is not expected that all CAAs will produce outcomes for all of the indicators.

This guidance establishes that the department is reporting on all of the National Performance Indicators related to the Six National ROMA Goals for which it provides services, programs or activities.

Similar to Standard 9.1, departments may encounter two issues with Standard 9.2. First, the department may rely on another functional unit of their parent agency to collect outcome data. In such cases, the department should confirm that data is collected in a way that complies with the Standard. If there are potential issues with compliance, the department should apprise the appropriate level of management about the Standard's requirements and work with them to ensure compliance if possible. If compliance is not possible, the department should alert the State CSBG Lead Agency of the situation and ask for guidance.

Second, the department may contract out some or all of their CSBG funding to other service providers. In such cases, the department will need to collect outcome data from their contractors. Departments may consider writing in such requirements to their contracts and, if necessary, provide technical assistance to their contractors to ensure they have the capacity to report the required data.

B. Guidance on Compliance and Documentation

It is important to note that in order to meet the Standard departments need to have a system or systems in place to track outcomes at the family, agency, and/or community levels. It is not required, in order to meet the Standard, to have systems to demonstrate outcomes at all three levels.

The review team should always begin the process of documenting compliance with the Organizational Standards by reviewing all available guidance from the State CSBG Lead Agency on the interpretation of the Standard and required documentation. The review team should also review any State requirements for tracking outcome data.

Specific issues the review team should consider that may affect compliance with Standard 9.2 include:

- **A department contracts with other service providers who collect output data for services and activities at the family, agency, and community level but does not track outcome data.** While it is important to track and report on outputs – numbers of participants, numbers of referrals, numbers of products shared, numbers of community partners – this Standard is meant to encourage the tracking of outcomes in department services and activities. The level of outcome will respond to the level of need, with family, agency, and community needs identified through the needs assessment being tracked for accompanying outcomes. It is important to ensure that contractors are aware of this expectation.
- **A department inputs data into a larger governmental data system that does not disaggregate CSBG outcomes.** It may be the case that a department is utilizing a data system created for multiple departments within a governmental entity that does not allow for pulling reports for specific departments after entry. It is important to discuss with the State CSBG Lead Agency the expectation for outcome data in this situation.

Documentation that the department has a comprehensive data collection system in place (and in use) that identifies outcomes and progress towards outcomes may include:

- Electronic and/or hard copy of forms used to collect outcome data (case notes, reports, surveys, etc.);
- Identification of baseline data and copies of scales or other documents used to follow progress in different domains;
- Reports with outcome data;
- Policies related to data collection; and/or
- Job descriptions that identify the collection and recording of data

C. Beyond Compliance: Benchmarking Organizational Performance

Tracking of outcomes is fundamental to how departments improve outcomes. Diagnostic questions staff can consider to assess how well the department tracks and evaluates outcome data include:

- **Can the outcomes tracked in this Standard be related to the demographics and services tracked in 9.1 to talk about which clients achieved outcomes and what service(s) produced the outcomes?** Knowing the demographics and the services received (tracked in Standard 9.1) helps to understand why (or why not) a specific group has achieved outcomes. It is important for the department to be able to relate these data elements together to find out what is working, and for whom it is working, to achieve success. This connection among the data elements of the two standards is not stated, but will be necessary for the department to understand their performance beyond compliance.
- **Can the department's system or systems track progress over reporting periods to show those that are making improvements but have not yet achieved an outcome or those that have dropped out?** The intent of this standard is to track progress for individuals and families receiving services in a given year. Beyond compliance would be to have the ability to also track progress over multiple years. It is also important to have a way to mark the individual record of the participant who is working on a goal at the end of a project year (or other period of reporting), but has not yet achieved it – as to differentiate this one from the participant who is no longer engaged in the service. Someone who is still progressing may not have achieved their outcome, but this is still an indication of potential final success.
- **Does your department have a clear system or systems in place to use outcome data for decision making at the program and departmental level?** Simply tracking outcome data without using it to inform decision making is of limited utility. At the level of individual programs and services, does the department have a process (e.g. a quality improvement committee) that evaluates performance based on outcomes and use data to make program improvements? At the department level, is there a process in place to routinely review outcome data across all programs and services to make strategic decisions about where to focus resources, how to improve performance, and similar questions?
- **Is there a process to share data and information with staff so they understand the relationship between their efforts and customer or community outcomes?** Without a clear process for analysis, the data may be tracked and reported (thus meeting the compliance level of the Standard) but it is not useful to the department. Outcomes that are reported by one segment of the department may actually be of use (interest) to another segment of the department or other governmental departments that are also serving the same person. The interaction of outcome data from multiple sources provides a more complete understanding of how the outcomes may be related. Different people in the department may want to analyze the raw data in different ways, so there should be processes that allow staff to have access to the data so they can use it effectively.
- **Can the department improve the integration of data across different reporting systems? How do the NPIs compare to indicators of other programs/funders?** It is very difficult to integrate outcome information that is produced by funding sources that require use of a separate electronic data system. Without a clear process for integration of the information from these different systems, the overall value of the department's services to helping people move out of poverty can be lost or be difficult to articulate. Some National Performance Indicators are

similar to indicators that are reported to funding sources other than CSBG – but the data related to these indicators are not translated into information that can be associated with the NPIs. In this way, the value of department wide efforts may be under reported.

- **Does the department track agency and/or community outcomes?** The intent of this Standard is to track outcomes (and progress toward outcomes) for individuals and families. Beyond compliance would be to have the ability to also track outcomes at both the agency and community level, if work is being done by the CAA on those goals. What changes have been made to improve the department’s ability to achieve results? What changes have been made in the conditions in which low income people live? The tracking of these outcomes, in addition to the individual and family outcomes, will provide the full understanding of what the department is accomplishing.
- **If a department contracts with local service providers, do the funding contracts include the requirement for reporting necessary outcome data?** If your department is collecting data from sub-grantees who directly provide services, it is beneficial to have clarity as early as possible on the data that will need to be tracked and reported back to your department. Tracking outcomes requires data collection early on in the process with clients/customers, thus sub-grantees will need to be collecting this data from the beginning.

D. Resources

National Association of State Community Services Programs (2014). Instructions for the NPIs
http://www.nascsp.org/data/files/csbg_is_survey/csbg_is_survey_fy14/csbgis_npi_instructions_nascsp_2014.pdf

Information Memorandum 49 -- This sets out the expectation that agencies will accomplish outcomes and will be able to understand the relationship between efforts and achievement.
“3. The entity organizes and operates all its programs, services, and activities toward accomplishing these improvements, or outcomes, including linking with other agencies in the community when services beyond the scope of the entity are required. All staff are helped by the entity to understand the direct or indirect relationship of their efforts to achieving specific client or community outcomes;”
<http://www.acf.hhs.gov/programs/ocs/resource/im-no-49-program-challenges-responsibilities-and-strategies-fy-2001-2003>

Measuring Client Well-Being: A Toolkit for Counties and Community-Based Organizations
A product of the Colorado Work Support Strategies Family Well-Being Work Group. 2015
This document provides ideas for both creating indicators and tracking outcomes. There is a good section on software analysis as well.
http://bit.ly/CO_ClientWellBeing

Improvement and Outcomes Monitoring. <http://www.ncbi.nlm.nih.gov/books/NBK64068/>

9.3 The department has presented to the tripartite board/advisory body for review or action, at least within the past 12 months, an analysis of the agency’s outcomes and any operational or strategic program adjustments and improvements identified as necessary.

A. Guidance on the Definition and Intent of the Standard

This Standard establishes that the department is analyzing its own data for the purpose of making suggestions for improvement. It also ensures that the department’s tripartite board/advisory body is involved in making meaningful decisions about department performance based on accurate and well analyzed data.

Because CAAs are expected to have systems to assure the tripartite board/advisory body’s involvement in performance management decisions, this standard places emphasis on the need to help the tripartite board reach the spirit behind this standard – that the tripartite board/advisory body has reviewed, reflected, and used the analysis of data presented by staff to discuss changes that need to be made.

Standard 9.3 requires an analysis of the department’s outcomes because raw or unanalyzed data is not very helpful for decision-making. The initial analysis would likely occur at the staff level and would include reviewing the data for things like trends, comparisons, lessons learned, etc. This analysis will likely take the form of a report presented to the tripartite board/advisory body with recommendations from staff. This outcome analysis may lead to operational or strategic program changes which may include, but are not limited to things like: changes in expected participation rates, service locations, project partners, service delivery strategies, performance measures, etc.

The time frame of “at least within the past 12 months” is left purposefully flexible so that when this occurs is up to whatever time period the department finds most useful. Some departments formally look at their outcomes at the tripartite board/advisory body level once a year as part of their Strategic Plan or Community Action Plan update. Others review outcome data on a rotating basis between different programs or outcome areas and work up to the total department throughout the course of a year. Still others keep a dashboard of key indicators that are routinely updated and reviewed. Any of these would meet the Standard as long as they take a department-wide view, happen within the last 12 months, occur at the tripartite board/advisory body level, and are used in decision-making.

B. Guidance on Compliance and Documentation

The review team should always begin the process of documenting compliance with the Organizational Standards by reviewing all available guidance from the State CSBG Lead Agency on the interpretation of the Standard and required documentation.

It is important to note that a department is likely to have multiple programs and programs with sub-grantees with varying program years. This standard addresses an annual review of department outcomes. Departments are likely to make operations and strategic program adjustments

throughout the year, making a single point in time analysis less effective than ongoing performance management. The “ongoing” nature of tripartite board/advisory body review is preferred, as data collection and analysis should also be ongoing.

Departments can meet this Standard by having: an annual tripartite board/advisory body discussion of department outcomes, multiple conversations over the course of the year, or other process the department deems appropriate as long as these discussions are reflected in the minutes, with any operational or program adjustments or improvements being noted.

Note that this Standard does not require the department to make adjustments to be in compliance, but rather that the department documents that it conducted an analysis and had tripartite board/advisory body level discussions. This Standard would be met as long as the analysis and discussion are documented.

Some specific issues the review team should consider that may affect compliance with Standard 9.3 include:

- **Raw data was given to the tripartite board/advisory body without an analysis that was useable for decision-making.** Outcome data in and of itself is not useful for determining if and where operational or program adjustments are needed. An analysis of the outcomes must be presented to the tripartite board/advisory body so that they can use it for decision-making. Some departments may use a Program or other Committee to go deeper into the data, which is appropriate given the note below.
- **Outcome data was presented to a portion of the tripartite board/advisory body.** If an analysis of outcome data is given to a particular committee, like a Program Committee, and not presented to the full tripartite board/advisory body, this will likely not meet the Standard. However, use of a committee to take a deeper dive into the data is appropriate. In order to meet the Standard, however, the work of the committee needs to be reported to the full tripartite board/advisory body at a meeting and documented accordingly.
- **Over the course of a year, the tripartite board/advisory body was presented with an analysis of some outcomes, but not for all programs/services.** Standard 9.3 specifically notes that the tripartite board/advisory body has been presented with an analysis of the *department's* outcomes. Many CAAs may accomplish this by looking at a different program area or outcome area on a rolling basis throughout the year. This is an appropriate method for presenting outcomes, and many may find it easier than a single point in time report with differing program years and seasonal work. However, it should be noted that to meet the “department’s outcomes” portion of the Standard that all relevant areas must be covered.
- **The organization can document that an analysis of department outcomes was given to the tripartite board/advisory body, but cannot show that discussion and determination of whether any adjustments were needed took place.** This Standard requires that analysis of outcomes be presented to the tripartite board/advisory body *and* any adjustments are noted. This requires that the tripartite board/advisory body minutes need to reflect that the analysis was presented and that a decision to either modify or not modify was made. Tripartite board/advisory body minutes reflecting that this discussion actually took place and any decisions emanating from it would need to be retained.

- **No changes were made as a result of the analysis.** As noted above, there is no requirement that adjustments be made, only that the outcomes were analyzed at the tripartite board/advisory body level. It would meet the Standard to show that this board level discussion took place and a conscious decision to not make strategic adjustments was made.

There are a number of types of documentation that a department could utilize to demonstrate compliance with Standard 9.3:

- Copy of analysis report submitted to the tripartite board/advisory body/committee;
- Tripartite board/advisory body pre-meeting materials/packet;
- Email exchanges with board;
- Documentation in board minutes of the review done of the report and the suggestions for action discussed and approved; and
- Tripartite board/advisory body minutes reflecting a motion or resolution with vote results noted to accept the analysis and suggestions for improvement/change at a regular tripartite board/advisory body meeting.

C. Beyond Compliance: Benchmarking Organizational Performance

This Standard embodies performance management. To move beyond compliance a department may look at how they can improve their analysis and use of data. Questions staff can consider include:

- **Does the department’s analysis of outcome data include relationship to demographics and services tracked in Standard 9.1? Does it include multi-year analysis?** The intent of this Standard is to assure that data is presented to the tripartite board/advisory body in a way that it can be understood and decisions about operational or strategic program adjustments and improvements may be identified. Going beyond compliance would allow for the relationships among the elements of demographics, services and outcomes to be included in the analysis – not just the presentation of these elements in isolation. The clarity and simplicity of the format for presentation of the data and the analysis to the tripartite board/advisory body will make a vast difference in the ability of the tripartite board/advisory body to find this useful for decision making, and it might take a number of tries with different formats to find something that works best for the tripartite board/advisory body.
- **Does the department compare outcome data to the needs found in its CNA or to demographic trends?** Going beyond compliance would also allow for the analysis to include a comparison of the performance data collected by the department with the data collected in the community needs assessment process. Is the population served the population that has been identified as needing assistance? Are the services and outcomes related to the identified needs? Can the department make a case that they are having some measurable impact on the needs of the community?

- **Are there policies and procedures in place around who analyzes the data, how often, and how it is reported/communicated?** While an annual presentation of data and analysis meets compliance, more frequent and more focused presentations will be most useful. After careful consideration of the department’s data collection, tracking and analysis practices, policies and procedures should be written (revised) to identify the most effective series of activities that will produce the most useful information and the best time frame for reporting (quarterly? Semi-annually?). For instance, fiscal staff should be included in the analysis of the data, to enable the tripartite board/advisory body to have a clear understanding of what the service and the outcome costs to produce. Front line staff should be reviewing the data to both allow them to provide feedback if the data does not appear to match their own knowledge of what is happening in the field, and also to allow them to see how their efforts are connected to larger efforts of the department.
- **Are there ways to improve the department’s integration of data from different contractors, between different departmental systems, or to disaggregate CSBG data from a larger governmental system?** The integration of data from different contractors and/or departmental systems will allow the tripartite board/advisory body to have a better understanding of the scope of the department’s work. Similarly, the ability to specifically see outcomes produced directly from CSBG separate from the larger departmental outcomes can aid in the discussion of program adjustments. Tripartite board and advisory members not familiar with how the different contractors and the collective outcomes of the department integrate may not have sufficient information to make responsible decisions.

D. Resources

IM 49 sets out the requirement for board review: “2. Based upon the periodic assessments described above, the entity and its board has identified yearly (or multi-annually) specific improvements, or results, it plans to help achieve in the lives of individuals, families, and/or the community as a whole.”

<http://www.acf.hhs.gov/programs/ocs/resource/im-no-49-program-challenges-responsibilities-and-strategies-fy-2001-2003>

9.4 The department submits its annual CSBG Information Survey data report and it reflects client demographics and CSBG-funded outcomes.

A. Guidance on the Definition and Intent of the Standard

The intent of 9.4 is that accurate and timely reports are produced. Specifically, that each department has submitted accurate and appropriate data for the *CSBG Information Systems (IS) Data Report* to their State CSBG Lead Agency by March 31st each year.

The standard establishes the IS report as the recognized format for reporting on the various activities and outcomes from across the country. While the IS report provides a standardized format for reporting, State CSBG Lead Agencies recognize that local agencies have different kinds of systems that will feed data into the IS report. The key is for departments to have systems that produce accurate data to report to the State CSBG Lead Agency in the areas identified and the format required of the IS report.

It is also true that different states have different data collection processes to get local data, so again, the task is to assure that the state systems produce data that can be aggregated and submitted to NASCSP in standardized format. Because accurate data is essential to quality reporting, it is also assumed that the State CSBG Lead Agency has a system to verify the accuracy of data submitted by local agencies.

Note: The current report reflects demographics and outcomes, but not services. There will be movement to replace or supplement the IS report with a new Annual Report (2017 or later) which may change some of the elements related to 9.4

B. Guidance on Compliance and Documentation

The review team should always begin the process of documenting compliance with the Organizational Standards by reviewing all available guidance from the State CSBG Lead Agency on the interpretation of the Standard and required documentation. The CSBG Information Survey format and submission date are set by the CSBG Lead Agency so they can roll the data up to the national level, so these specifications will determine what “submits” means.

In addition to the submission of the IS, the other part of this Standard pertains to what it contains: client demographics and CSBG-funded outcomes. The CSBG Information Survey data report *already requires* the reporting of client demographics and CSBG-funded outcomes, so this Standard does not require additional data collection or reporting.

An important element of compliance with this standard is that the department has the ability to overcome data collection challenges caused by different practices among contractors or within the larger governmental system. At the most basic level, this standard establishes that the department has the capacity to collect demographic data from each of the individuals and families receiving service, or has collected the appropriate data from contractors. Additionally, it establishes that the department has a system for collecting information for all of the sections of the IS and NPI report.

Some of this data may be entered into a system maintained by the department's parent agency, but will need to be able to be extracted. A conversation with the State CSBG Lead Agency is recommended to understand the expectations of data disaggregation and the ability of the department to make changes to the system with the end goal of accurate reporting.

There are a number of types of documentation that a department could utilize to demonstrate that the CSBG IS has been submitted and contains the required elements which may include:

- Electronic and/or hard copy of the IS report submission
- Verification of receipt of report from State CSBG Lead Agency
- Email exchanges with the State CSBG Lead Agency regarding the submission of the IS data report
- Documentation from 9.1 and 9.2 to show that both of the required contents are included

C. Beyond Compliance: Benchmarking Organizational Performance

The Information Survey data report is an important and required part of how we as Community Action Agencies report data on the outcomes we achieve and people we serve. Additionally, the IS can be a useful framework at the department level, not just a reporting requirement by thinking about how it gets routinized and utilized. Questions staff can consider include:

- **How does the department use the data in the IS report for decision-making and planning? Is the IS data compared to the CNA to assess whether the department is making a difference relative to the identified needs?** Too often reports (which may be accurate and timely and therefore meet the compliance standard) are submitted by a local department to the funding agent but the data from the report is not made a routine part of review and analysis of department performance. The IS report could be the most effective way to see overall movement toward addressing and impacting the needs identified in the Community Needs Assessment. The outcome data prepared for the IS report should be evaluated against the identified need and services provided to guide future planning and strategy. This integration of the data reflected in the IS report will allow the department to move through the ROMA cycle.
- **Is the outcome data included in the IS report compared and compiled with the outcome data from other segments of the department or even other units within the parent agency in order to create a complete picture of departmental impact?** After collection, analysis, and reporting of CSBG outcomes, the department has the opportunity to use this information to build a story of impact. Too often, after submission the outcome data is not utilized by the department any further. Having a planned process for compiling outcomes across programs allows a department to tell a story of its impact, grounded in data.

- **Are there policies and procedures in place around who is involved in the collection, accuracy monitoring, and reporting of IS data?** These written policies and procedures should clearly identify the way data is collected from sub-grantees and across the department, who is involved in this process, how the accuracy of the data is assured at the collection level and then how it is monitored at the aggregation level, and how it is aggregated to produce the IS report. While other departments and contractors may have “traditional” ways of doing these things, it is important as you move beyond compliance to assure that these are written and that there is common understanding regarding the necessity for standardization and consistency.
- **How does the department monitor and support the accuracy of IS data over time?** Policies and procedures around the collection and reporting of data on the IS should be written and reviewed routinely as the reports are being assembled. There is often change in personnel who are responsible for the production of the report from year to year, and the way one person collects and aggregates the data may be different from the way a new person may think it should be done. This could produce accurate data in each year, but create a system where data from one year to another cannot be reasonably compared. Having standard, written, policies and procedures will allow the monitoring and support of the accuracy and consistency of the IS data over time.

D. Resources

IM 49 sets out the requirement for local eligible entities to submit annual reporting to the State CSBG Lead Agency: “4. The department submits complete, accurate, and timely annual reports to OCS on the "measured performance of the State and the eligible entities in the State" as required by Section 678E of Public Law 105-285, the Community Services Block Grant Reauthorization Act of 1998.

<http://www.acf.hhs.gov/programs/ocs/resource/im-no-49-program-challenges-responsibilities-and-strategies-fy-2001-2003>

Information Memorandum 102 provides for a check list for monitoring. Page 21 is devoted to the annual reporting requirements. <http://www.acf.hhs.gov/programs/ocs/resource/im-no-102-csbg-monitoring-checklist>

PUBLIC LAW 105–285—OCT. 27, 1998 -- TITLE II—COMMUNITY SERVICES BLOCK GRANT PROGRAM SEC. 201. REAUTHORIZATION. CSBG legislation 1998, Sec. 676E (a) (2) specifically addresses the requirement for a local department Annual Report [http://web.hhs.mt.gov/hcsd/csbmanual/100-1CSBG\(0723012\).pdf](http://web.hhs.mt.gov/hcsd/csbmanual/100-1CSBG(0723012).pdf)

System Review Checklist

To help you improve your overall use of data for performance management, this checklist has been developed to help you think through the entire data collection and use process. Please note that some of these go beyond compliance with the Category 9 Standards and/or refer to organizational processes that appear in other categories of the Organizational Standards.

- Identify all the reports the department is required to produce for the various funding sources that are supporting the department's work
- Make a list of the kinds of data that each report includes (What demographics? Service data? Outcome data? Fiscal data?)
- Assess the process for entering data into your system
- Assess the accuracy of the data in your system
- Assess the way the data is provided to staff and how staff uses the reports (NASCS checklist)
- After your review, identify what data you do not now collect that you will need to comply with the Standard
- Outline what additional data (qualitative and quantitative) you want to know to improve your decision making
- Refer to and review client satisfaction data
- Set aside time and resources to do the analysis of the agency performance data and to compare this with the data in your community assessment (as related to poverty conditions and causes; gender, age, race/ethnicity of low income neighborhoods in your community)
- Plan a discussion with staff and tripartite board/advisory body members to review the analysis of the performance data and comparison with the needs assessment. Include a discussion about the accuracy of the data and timeliness of reporting (internal and external)
- Plan a discussion about ways to improve or maintain outcomes (services, targets, etc.) and to improve or maintain accuracy and timeliness of reporting
- Create and disseminate, to your tripartite board/advisory body and staff, a report of the discussion and suggestions for change that were produced by the discussion.
- Include the report on the tripartite board/advisory body's agenda. Capture the approval of the report in your tripartite board/advisory body meeting minutes.
- Utilize the approved report to guide the planning for the agency CAP Plan and Strategic Plan.

	Documentation Used	Unacceptable	Unsatisfactory	Satisfactory	Advancing	Outstanding	Action to be Taken	Individual(s) Responsible	Target Date(s)
Standard 9.1 The department has a system or systems in place to track and report client demographics and services customers receive.	•								
Standard 9.2 The department has a system or systems in place to track family, agency, and/or community outcomes.	•								
Standard 9.3 The department has presented to the tripartite board/advisory body for review or action, at least within the past 12 months, an analysis of the agency's outcomes and any operational or strategic program adjustments and improvements identified as necessary.	•								
Standard 9.4 The department submits its annual CSBG Information Survey data report and it reflects client demographics and CSBG-funded outcomes.	•								

	Unacceptable	Unsatisfactory	SATISFACTORY	Advancing	Outstanding
Standard 9.1	The department has no system or systems in place to track and report client demographics and services customers receive.	The department has a system or systems that track and report some client demographic and services, but not across all programs/contractor programs or they are unable to report them (e.g. IS data report)	The department has a system or systems in place to track and report client demographics and services customers receive.	The department has a system or systems that track and report client demographic and customer services across contractors, and these elements can be cross referenced and aggregated for analysis.	The department has a system or systems that track and report client demographic and customer services, and they tie to the outcome tracking in Standard 9.2
Standard 9.2	The department has no system or systems in place to track and report family, department, and/or community outcomes.	The department has a system or systems in place to receive, track, and report family, agency, and/or community outputs but not outcomes and/or does not receive the information from all contractors.	The department has a system or systems in place to track family, agency, and/or community outcomes.	The department has a system or systems that track and report all outcomes on all levels, and these outcome data are able to be aggregated for analysis.	The department has a system of systems in place to report family, agency, and/or community outcomes and these outcomes are tied to the system or systems to track demographics and services noted in Standard 9.1
Standard 9.3	The department has not presented to the tripartite board/advisory body for review or action, at least within the past 12 months, information about the department's outcomes.	The department has presented to the tripartite board/advisory body for review or action, at least within the past 12 months, information about the department's outcomes, but has not presented analysis or any operational or strategic program adjustments and improvements identified as necessary.	The department has presented to the tripartite board/advisory body for review or action, at least within the past 12 months, an analysis of the agency's outcomes and any operational or strategic program adjustments and improvements identified as necessary.	The department has presented to the tripartite board/advisory body for review or action, on a semi-annual basis, an analysis of the department's outcomes and any operational or strategic program adjustments and improvements identified as necessary.	The department has presented to the tripartite board/advisory body for review or action, quarterly, an analysis of the department's outcomes and any operational or strategic program adjustments and improvements identified as necessary.
Standard 9.4	The department does not submit its annual CSBG Information Survey data report.	The organization submits its annual CSBG Information Survey data report, but some elements of client demographics are missing, and outcome information from some sub grantees is missing.	The department submits its annual CSBG Information Survey data report and it reflects client demographics and CSBG-funded outcomes.	The department collects the data for the CSBG Information Survey data report and utilizes the analysis of the data for the purposes of planning and strategic adjustments.	The department aggregates its CSBG Information Survey outcome data with the outcome data from other programs, and uses this combined analysis of outcomes to guide program evaluation and planning.

Category 9: Data and Analysis – Assessment Scale

For all the latest information on Organizational Standards, check out the “Updates on CSBG Organizational Standards and ROMA Next Generation” quicklink on Community Action Partnership’s website at www.communityactionpartnership.com

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