



COE DEVELOPED CSBG  
ORGANIZATIONAL STANDARDS

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# Category 9 Data & Analysis

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## Introduction to TA Guide

The purpose of this Technical Assistance Guide is to help a Community Action Agency assess its compliance with Category Nine that pertains 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 an agency:

- 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 agencies to understand how they are to establish policies, processes, and procedures so that the information they need for decision making and story telling is available from the data that they collect and analyze. It helps an agency identify: (1) Are we in compliance with the requirements of Organizational Standards Category 9 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 to us as we consider 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 agency-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 agency-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](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](http://www.nascsp.org/data/files/csbg_is_survey/additional/story-tellingmanualfinal2-13-09_000.pdf)

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.

## 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 Standards review in regards to interpreting the Standards, recording findings, managing and storing documents, and conducting any necessary follow-up activities to achieve compliance.

- **What is the appropriate level of effort for the review process?** Agencies should consider the costs and benefits of expending different levels of effort in assessing Category Nine. Also what is the cost of updating an electronic system that is inadequate?
- **How will the staff assess whether the Standards are met?** Staff should always begin the review 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 agency 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 organization's performance. This exercise helps ensure that there is consensus about whether the Standard is met and provides a benchmark against which the agency 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 agency meets each of the Organizational Standards in Category Nine using guidance from the State CSBG Lead Agency and, if conducting a full performance evaluation, how well it rates using the evaluation questions and *Assessment Scale* included in this Guide. Brief summaries of the findings should be recorded to document the rationale for state monitors and provide a benchmark against which to assess future performance. Staff should then list the supporting materials that document compliance (e.g. reports, web pages, board 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 agency on how to improve the agency's analysis and use of data based on their findings. Even if the review process focuses on simple 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 has a more limited focus 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 organization has a system or systems in place to track and report client demographics and services customers receive.
- Standard 9.2** The organization has a system or systems in place to track family, agency, and/or community outcomes.
- Standard 9.3** The organization has presented to the governing board 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 organization submits its annual CSBG Information Survey data report and it reflects client demographics and organization-wide outcomes.

Category 9 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:

- 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 does the agency and its governing board 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)



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

- Standard 1.1**      The organization demonstrates low-income individuals' participation in its activities.
- Standard 1.3**      The organization has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the governing board.
- Standard 2.1**      The organization 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 organization 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 organization communicates its activities and its results to the community.
- Standard 2.4**      The organization 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 organization collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.
- Standard 4.3**      The organization's Community Action plan and strategic plan document the continuous use of the full Results Oriented Management and Accountability (ROMA) cycle or comparable system (assessment, planning, implementation, achievement of results, and evaluation). In addition, the organization documents having used the services of a ROMA-certified trainer (or equivalent) to assist in implementation.
- Standard 6.4**      Customer satisfaction data and customer input, collected as part of the community assessment, is included in the strategic planning process.



## 9.1 The organization 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 agency 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 agencies 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. 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 from the local CAA. They may also refer to communities that are in need of services.

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:

- **An agency does not have a clear policy for when an individual is considered a client of the agency and thus included in the overall service count.** It is important to ensure that staff across programs are clear about the definition of an agency “client” for uniform

tracking across the agency. For example, are individuals who use information and referral services counted as agency clients? What if the individual completes an intake but does not receive a service? Only after these decisions have been made and communicated across organizational activities can a clear count of services be captured.

- **An agency 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 an agency to determine 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 agency services, an agency 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.
- **While some programs have policies and procedures to collect data, it is not clear that there is an organization-wide system or policy in place.** The organization may or may not have a single organization-wide data system in place. The key for this standard is to have a larger organizational policy or established system of procedures for tracking and reporting both client demographics and client services. Different funding sources do require different systems be used for tracking, but a larger plan for organizational collection needs to be apparent. As long as all services and demographics are tracked, regardless of the data system or methodology utilized, this standard would be met.

A few examples of documenting that such a tracking system is in place and in use:

- Electronic and/or hard copy of forms used to collect data (intake, satisfaction surveys, etc.)
- Screen shots of data collection
- Policies related to data collection
- Job descriptions that identify the collection and recording of data
- Copies of Section G of the IS report

## 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 CAAs 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 CAA to identify the number of people being served by the agency 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 agency should be able to identify the percent of the total number of individuals and families who received a single service. The agency 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?
- **Ability for CAAs to report on the impact of each individual program, as well as the agency at large.** An agency that is unable to accurately identify the population that it serves

will be unable to say with certainty the impact of the agency's efforts. The counting of individuals served by separate segments of the agency is useful to the evaluation of the effectiveness of that segment of services. However, these numbers separately do not provide data to support the overall effectiveness of the agency in providing multiple services to address the complexity of issues facing the individuals, families and communities in poverty. IM 49 specifically points to the goal of Community Action in "focusing our efforts on client/community/organizational change, not particular programs or services..."

Guidance from the NASCSP Instructions to the Information Systems (IS) report includes clear expectations for reporting on client demographics in Section G. Not only does the coordination between demographic information and services provided aid the planning of the individual agency, but provides essential information to the story of the Community Action Network as a whole.

The purpose of Section G is to gather information on all of the program participants served by local agencies. This demographic information will strengthen the CSBG/IS Annual Report by demonstrating who is being served by CSBG agencies. For example: *Are CAAs serving a significant proportion of the community's elderly population? How many program participants are employed?*

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#### ***Clarification on Duplication in Section G***

For the IS Survey, it is important that agencies only report the unduplicated count of clients. Therefore, when agencies are unable to verify data are unduplicated, those data should not be reported. If any agencies are able to verify that a portion of their data is unduplicated, it would be appropriate to report that portion of their data. Make sure to provide a comment to that effect and again next year to explain the variance that will result from improved reporting after training. The top priority is to maintain the integrity of the data reported, which is why we must insist that only unduplicated data be included in the report, even though we know this is not always the easiest thing.

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The demographic section of the CSBG IS Survey database can currently handle the reporting of persons about whom some, but potentially not all, demographic information is collected. For example, if a person attends an agency program and the agency records that the person is female, 31, and Latina, that person should be reported in Item 3 as a person about whom one or more characteristics were obtained. They would then further be reported in Item 7.b Female, Item 8.e 24-44 years old, and Item 9.a Hispanic, Latino or Spanish Origin.

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If more than one member of a family receives services, the family should only be counted once.

The tracking of demographics and services is vital to how you analyze data for decision-making and tell your Community Action story. To improve your 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 9.2?** Standard 9.1 requires that people served and the services they receive are tracked by the agency. It is important for the agency 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 agency to understand their performance beyond compliance.

- **Is the data compared to the CNA 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 agency. Different people in the agency may want to analyze the raw data in different ways, so there should be processes that allow staff to have access to the data. For example: Some may want to compare demographic and service data with the cost of the program. Others may need to compare this data with the geographic areas in which the participants live.
- **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/csbgis\\_survey/csbgis\\_survey\\_fy14/csbgis\\_sectiona-g\\_instructions\\_nascsp\\_2014.pdf](http://www.nascsp.org/data/files/csbgis_survey/csbgis_survey_fy14/csbgis_sectiona-g_instructions_nascsp_2014.pdf)

Lexicon for the IS Report.

[http://www.nascsp.org/data/files/csbgis\\_survey/csbgis\\_survey\\_fy14/csbgis\\_lexicon\\_nascsp\\_2014.pdf](http://www.nascsp.org/data/files/csbgis_survey/csbgis_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 Agency-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 organization 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 agencies are 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 agencies utilizing assessments to plan for results in the lives of individuals, families, and/or communities. It also calls on agencies to report to their state the outcomes of clients and communities as a result of agency programs, services, and activities. It is important to note that in order to meet the Standard agencies need to have a system or systems in place to track outcomes at the family and/or agency and/or community levels. It is not required, in order to meet the Standard, to have systems to demonstrated outcomes at all three levels.

It is important to note the distinction between organizational outputs and outcomes, namely that outcomes speak to changes. Thus the first level requires identifying the changes among individuals or family groups. They may be changes that indicate how the family had been in a crisis situation and was able to meet their needs through assistance/support from the agency. They may be changes that indicate growth in skills or knowledge that are needed to allow the family to become more independent. Note that maintenance of a desirable status (neutral movement on a scale) is also an outcome.

This standard helps ensure:

- **Agencies 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 agency'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 agency and not just those identified by separate segments of the agency. 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 agency (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 agency 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, agency, 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 agency has the ability to identify the outcomes achieved by communities as well as by individuals and families. Additionally, the agency may have a system to track the changes that happen to the agency. 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 agency, 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 agency, clients, and outcomes. By virtue of its receipt of CSBG funding and consequently, the governance of the entire agency 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 agency is reporting on all of the National Performance Indicators related to the Six National ROMA Goals for which it provides services, programs or activities.

## B. Guidance on Compliance and Documentation

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

- **An agency tracks outputs for services and activities at the family, agency, and community level but does not track outcomes.** 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 agency 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.

- **An agency operates programs under multiple funding sources, each requiring specific data systems, and does not have an organization-wide data system in place.**

It is important to make a distinction between a singular data system and an organization-wide process for systematically collecting data across programs. The standard does not require the use of a specific or even a single data system, but instead that there is an organization wide strategic system for collection. As long as outcomes are tracked, regardless of the type of system used, this Standard would be met.

Documentation that the agency 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
- Screen shots of data collection
- Policies related to data collection
- Job descriptions that identify the collection and recording of data

## C. Beyond Compliance: Benchmarking Organizational Performance

Tracking of outcomes is fundamental to how you improve outcomes. To improve use of outcome data staff may consider:

- **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?** This is the reverse of the message given for 9.1. Knowing the demographics and the services received (tracked in 9.1) helps to understand why (or why not) a specific group had achieved outcomes. It is important for the agency 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 agency to understand their performance beyond compliance.
- **Can your system or systems track progress over multiple assessments 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 service 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.
- **How does your agency use data for decision-making? (showing progress, multiple years, compared to CNA)** How well do the outcomes that are achieved match the needs identified in

the Community Needs Assessment? If the outcomes don't address the assessed needs, 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 accomplished.

- **Is there a process to share data and information with staff so they understand the relationship between their efforts and client 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 agency. Outcomes that are reported by one department may actually be of use (interest) to another department that is 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 agency 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.
- **How can you better integrate systems from multiple funders? 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 agency'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 agency wide efforts may be under reported.
- **How do you track agency outcomes? 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. What changes have been made to improve the agency'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 agency is accomplishing.

## D. Resources

National Association of State Community Services Programs (2014). [Instructions for the NPIs](http://www.nascsp.org/data/files/csbgis_survey/csbgis_survey_fy14/csbgis_npi_instructions_nascsp_2014.pdf)  
[http://www.nascsp.org/data/files/csbgis\\_survey/csbgis\\_survey\\_fy14/csbgis\\_npi\\_instructions\\_nascsp\\_2014.pdf](http://www.nascsp.org/data/files/csbgis_survey/csbgis_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](http://bit.ly/CO_ClientWellBeing)

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

## **9.3 The organization has presented to the governing board 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 agency is analyzing its own data for the purpose of making suggestions for improvement. It also ensures that the agency's board is involved in making meaningful decisions about agency performance based on accurate and well analyzed data.

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

Standard 9.3 states an analysis of the agency's outcomes because raw or unanalyzed data is not very helpful for decision-making. While 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 Board 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 your local CAA finds most useful. Some CAAs formally look at their outcomes at the board 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 agency throughout the course of a year. Still others keep a dashboard of key indicators that are routinely updated and reviewed. All of these would meet the Standard as long as they take an agency-wide view, happen within the last 12 months, occur at the board 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 an organization is likely to have multiple programs with varying program years. This standard addresses an annual review of organization outcomes. Organizations 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 board review is preferred, as data collection and analysis should also be ongoing.

Organizations can meet this standard by having: an annual board discussion of organization outcomes, multiple conversations over the course of the year, or other process the organization 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 organization to make adjustments to be in compliance, but rather that the organization documents that it conducted an analysis and had board 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 board, but not 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 board so that they can use it for decision-making. Some organizations 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 board.** If an analysis of outcome data is given to a particular committee, like a Program Committee, and not presented to the full board, 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 board at a meeting and documented accordingly.
- **Over the course of a year, the board was presented with an analysis of some outcomes, but not for all programs/services.** Standard 9.3 specifically notes that the board has been presented with an analysis of the *agency'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 “agency’s outcomes” portion of the Standard that all relevant areas must be covered.
- **The organization can document that an analysis of agency outcomes was given to the board, 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 board *and* any adjustments are noted. This requires that the Board minutes need to reflect that the analysis was presented and that a decision to either modify or not modify was made. Board 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 board 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 an agency could utilize to demonstrate compliance with Standard 9.3:

- Copy of analysis report submitted to the board/committee
- Board 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
- Board minutes reflecting a motion or resolution with vote results noted to accept the analysis and suggestions for improvement/change at a regular board meeting

## C. Beyond Compliance: Benchmarking Organizational Performance

This Standard really embodies performance management. To move beyond compliance and towards best practice an agency may look at how they can improve their analysis and use of data. Questions staff can consider include:

- **Does your analysis of outcome data include relationship to demographics and services tracked in Standard 9.1? Can you do multi-year analysis?** The intent of this standard is to assure that data is presented to the governing board 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 board will make a vast difference in the ability of the board 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 board.
- **Do you compare your outcome data to the needs found in your CNA or to geographic trends?** Going beyond compliance would also allow for the analysis to include a comparison of the performance data collected by the agency 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 agency actually 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 agency'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 board to have a clear understanding of what the service and the outcome costs to produce. Department heads should be reviewing the data from all areas of the agency, not just their own, so that they may find connections among the services and outcomes to share with the board. 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 agency.

- **Are there ways to improve your integration of data from different systems or funders to produce an agency-wide analysis?** The integration of data from different systems will allow the Board to have a deeper understanding of the interconnectedness of the activities supported by different funding sources. Board members, not familiar with how the different funding sources may be working together for common outcomes for individuals and families, may not have sufficient information to make responsible decisions. Additionally, Board members, who are steps away from the direct services, may be able to see where connections could be happening but don't appear to be. The Board is responsible for the agency-wide view and so really must have access to integrated data to move beyond compliance.

## 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 organization submits its annual CSBG Information survey data report and it reflects client demographics and organization-wide 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 agency has submitted accurate and appropriate data for the *CSBG Information Systems (IS) Data Report* to their State CSBG Lead Agency by March 31<sup>st</sup> 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 local agencies 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 organization-wide outcomes. The CSBG Information Survey data report *already requires* the reporting of client demographics and organization-wide outcomes, so this Standard does not require additional data collection or reporting.

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

There are a number of types of documentation that an agency 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 agency level, not just a reporting requirement by thinking about how it gets routinized and utilized. Questions staff can consider include:

- **How does your agency use the data in the IS report for decision-making and planning? Is the IS data compared to reports to other funding sources? Is the IS data compared to the CNA to assess whether the agency 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 agency to the funding agent but the data from the report is not made a routine part of review and analysis of agency performance. The reports from many funding sources may not even be compared. The IS report should be a clear and simple snapshot of the entire agency (not just CSBG) and so could be the foundation of agency wide review of agency activities and performance. Also, as an agency wide snapshot, the IS report could be the most effective way to see overall movement toward addressing and impacting on the needs identified in the Community Needs Assessment.
- **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 across the agency, 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 agencies 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 agency 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 agency 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 agency 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 agency is required to produce for the various funding sources that are supporting agency 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 board 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 Board of Directors and staff, a report of the discussion and suggestions for change that were produced by the discussion.
- ☐ Include the report on the Board's agenda. Capture the approval of the report in your Board 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)
<b>Standard 9.1</b> The organization has a system or systems in place to track and report client demographics and services customers receive.	•								
<b>Standard 9.2</b> The organization has a system or systems in place to track family, agency, and/or community outcomes.	•								
<b>Standard 9.3</b> The organization has presented to the governing board 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.	•								
<b>Standard 9.4</b> The organization submits its annual CSBG Information Survey data report and it reflects client demographics and organization-wide outcomes.	•								

	Unacceptable	Unsatisfactory	SATISFACTORY	Advancing	Outstanding
<b>Standard 9.1</b>	The organization has no system or systems in place to track and report client demographics and services customers receive.	The organization has a system or systems that track and report some client demographic and services, but not across all programs or they are unable to report them (e.g. IS data report)	The organization has a system or systems in place to track and report client demographics and services customers receive.	The organization has a system or systems that track and report client demographic and customer services, and these elements can be cross referenced and aggregated for analysis.	The organization 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
<b>Standard 9.2</b>	The organization has no system or systems in place to track and report family, agency, and/or community outcomes.	The organization has a system or systems in place to track and report family, agency, and/or community outcomes but not across all services of the organization.	The organization has a system or systems in place to track and report family, agency, and/or community outcomes.	The organization 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 organization 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
<b>Standard 9.3</b>	The organization has not presented to the governing board for review or action, at least within the past 12 months, information about the agency's outcomes.	The organization has presented to the governing board for review or action, at least within the past 12 months, information about the agency's outcomes, but has not presented analysis or any operational or strategic program adjustments and improvements identified as necessary.	The organization has presented to the governing board 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 organization has presented to the governing board for review or action, on a semi-annual basis, an analysis of the agency's outcomes and any operational or strategic program adjustments and improvements identified as necessary.	The organization has presented to the governing board for review or action, quarterly, an analysis of the agency's outcomes and any operational or strategic program adjustments and improvements identified as necessary.
<b>Standard 9.4</b>	The organization does not submit its annual CSBG Information Survey data report and it reflects client demographics and organization-wide outcomes.	The organization submits its annual CSBG Information Survey data report, but some elements of client demographics are missing, and organization-wide outcomes are limited.	The organization submits its annual CSBG Information Survey data report and it reflects client demographics and organization-wide outcomes.	The organization collects the data for the CSBG Information Survey data report on an ongoing basis and compares the data to the previous IS for use in planning and decision-making	The organization presents its CSBG Information Survey data report as an agency-wide scorecard and uses it to review data on a routine basis.

### 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](http://www.communityactionpartnership.com)



The screenshot shows the Community Action Partnership website. A red arrow points to the 'quicklinks' section on the left sidebar. The main content area features a banner for the 'COMMUNITY ACTION PARTNERSHIP ANNUAL CONVENTION' held in San Francisco, CA, in August 2015. Below this, there is a section for the '2016 MANAGEMENT AND LEADERSHIP TRAINING CONFERENCE' in New Orleans, LA, scheduled for January 6-8, 2016. The right sidebar contains links to the 'NATIONAL TRAINING CENTER', 'RESOURCES', 'LEARNING COMMUNITIES RESOURCE CENTER', and 'HOW YOU CAN HELP'.

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THE NATIONAL ASSOCIATION | WASHINGTON, DC

**quicklinks**

- Partnership Membership Form
- Updates on CSBG Organizational Standards and ROMA Next Generation
- Annual Convention
- Certified Community Action Professional (CCAP)
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- Community Action Code of Ethics
- New Reality Initiative
- Community Economic Development Website
- Managing My Money Financial Literacy Website
- 2015 Community Action Partnership Fact Sheet

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- Glossary of Terms
- ...and more!





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