



Family Service

SUPPORT. STRENGTHEN. SERVE.

FAMILY SERVICE

Measurement Manual

Overview

The Family Service Measurement Manual contains the agency's approach to data and measurement, including its primary uses of data, its agency-wide measurement priorities, and guidelines for meaningful analysis.

April 2024

Purpose of Data & Measurement at Family Service

Why do we collect data?

Family Service collects a wealth of data from its stakeholders, including families, clients, partners, and staff. The information provided by stakeholders is a powerful and meaningful tool for the agency. There are three main purposes of data collection for Family Service:

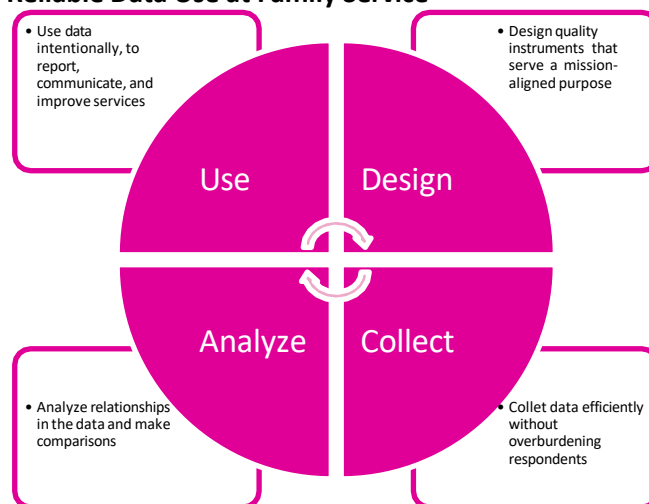
- 1. To Report:** With much of its funding coming from grants and contracts, Family Service uses data for accountability, to report progress and gains to funders and demonstrate contract compliance.
- 2. To Communicate:** As a grant- and gift-funded agency, Family Service uses data to communicate its story to funders and potential donors, to tell the story of the agency's value to the community.
- 3. To Improve:** In the interest of continuous improvement, Family Service uses data to carefully assess its operations and service delivery, using the findings to pursue changes that will drive impact.

All of the data collected by the agency is used for at least one of these three purposes, and the majority of data collected is analyzed for all three purposes. Family Service recognizes that the power of its data is maximized when its use goes beyond passive reporting and becomes a core component of internal decision-making.

Data Cycle

The Data Cycle at Family Service is a four-phase process that lays out the steps for collecting reliable data and using it for a meaningful purpose. The Data Cycle is shown below, and each phase is described in greater detail throughout the Measurement Manual.

Figure 1. Cycle of Reliable Data Use at Family Service



Phase 1: Design

How do we create quality instruments to collect data?

The Family Service Data Cycle requires quality and accuracy at every phase. Data that can be used for reliable decision-making must derive from a reliable collection process, beginning with the design of the instruments themselves. Family Service uses data collected by the agency – called Primary Data – and data collected elsewhere and sent to Family Service for use – called Secondary Data. Sources of Secondary Data include data on clients and families from other institutions, including schools, the court system, healthcare, and other non-profit agencies. Much of the data used by Family Service to report, communicate, and improve programs comes from data collected by staff from clients and families. The most common methods for Primary data collection at Family Service include:

- Original surveys that measure both outputs and outcomes, written by agency staff
- Interviews and focus groups
- Published surveys from national or parent organizations¹

When Family Service collects its own data, it does so with its mission at the center. The agency is guided by the goals set in its Balanced Scorecard, along with a portfolio of **Outcome Statements** by Social Determinant of Health (SDOH) pillar that anchor its purpose, guide its decisions, and specify its measurement priorities. Family Service’s agency and pillar outcome statements are shown in Table 1. In designing its own instruments, Family Service adheres to the following principles of quality design:

- 1. Ensure every question has a purpose.** Instruments, including surveys and interview and focus group protocols, are designed with a purpose already in mind. Questions should be written to measure an *output* (quantity of effort) or an *outcome* (quality of effort and impact on client). Staff should be able to anticipate the analysis they will conduct with the results. Avoid including questions if it is unknown or unclear how the results will be used. Always ask: “How will these results be used to inform decision-making?”
- 2. Keep respondents at the center.** When designing instruments, stay focused on the population of respondents. Create instruments that are written in the respondents’ “voice,” including their preferred language and vernacular and with the respondents’ capacities in mind. Find ways to administer data collection that prioritizes clients’ convenience. Enlist prospective respondents to review instrument drafts and adjust with their feedback. Where possible, compensate respondents for their time.
- 3. Open the door for honest reactions.** Instruments are designed with the goal of soliciting respondents’ most honest and unbiased feedback. Questions are worded in such a way that they do not lead respondents to a desired answer and encourage more than a yes/no response. Language in question wording is inclusive and avoids acronyms and jargon. State the purpose of the data collection for respondents. If collection is not anonymous (ideal in satisfaction and personnel surveys), reassure respondents that their identity and responses are confidential.

¹ Family Service staff do not typically have authorization to augment these surveys, although staff should raise any concerns about the quality of the instrument’s design with their supervisor.

Measurement Priorities

Focusing on Our Impact with Outcomes

Family Service’s data and measurement priorities are organized around the Social Determinants of Health (SDOH) framework. Each SDOH Pillar within the agency is organized around two pillar-specific outcome statements that guide its work, and measurement of which allows for meaningful continuous improvement efforts. Family Service as a whole has adopted two primary outcome statements that anchor the whole of its work, across programs and pillars. Outcome statements were designed by staff members within each pillar and are shown in Table 1 below.

Table 1. Agency and Pillar Outcome Statements

Pillar	Outcome Statements
Agency-wide	Clients are connected to resources, opportunities, and leadership roles in their communities.
	Clients develop the resiliency skills to cope with life’s transitions, stresses, and struggles.
Economic Mobility	Clients feel empowered and equipped to achieve economic mobility.
	Clients use the tools and knowledge they receive to build financial stability and sustainability, including employment and wealth accumulation, leading to positive generational impacts.
Education	Clients become life-long learners who can build strong relationships.
	Educators are empowered with the skills to build a community of life-long learners.
Health & Healthcare	Clients improve relationships and social interactions between children, families, and the adults in their lives to heal trauma and build a foundation for sound mental health.
	Clients demonstrate an improvement in their mental wellness.
Neighborhood Supports / The Neighborhood Place	Clients are stabilized through receiving multiple services in one place that meet the breadth of their needs.
	Partners/tenants serve clients’ holistic needs by referring them to other programs within the social determinants of health.
Rural Services	Clients grow their sense of personal accomplishment by meeting goals they set for themselves.
	Clients improve their healthy relationship skills.
Social & Community Engagement	Clients live in safe and nurturing households, families, and schools.
	Clients put the skills they learn into practice and become advocates for themselves, their families, and their communities.

Phase 2: Collect and Store Data

When do we collect data and where does it go?

Family Service collects data from stakeholders throughout the year, depending on the purpose of the collection. The main group on which Family Service collects data are clients and their families. Table 2 below lays out information on the three agency-wide assessments used for collecting data on clients.

Table 2. Agency-wide Assessments

Agency-wide Assessment	Purpose	When to Administer and Enter Data	When to Extract and Report Data
Getting to Know You Enrollment Tool	To collect clients' contact information and demographics and assess their SDOH to provide wrap around services that can improve/transform their lives.	<ul style="list-style-type: none"> Administer to primary or secondary client* upon enrollment into a Family Service program. Enter data within 3 business days. 	<ul style="list-style-type: none"> Impact Analyst (IA) pulls twice per calendar year in June and December. IA reports out in July and January.
Checking on You Tool	To assess how well clients' basic needs have been met and if they have increased resilience at closure of services or around 3 months after enrollment.	<ul style="list-style-type: none"> Administer to primary or secondary client at closure of services or around 3 months after enrollment, whichever is first. Enter data within 3 business days. 	<ul style="list-style-type: none"> IA pulls twice per calendar year in June and December. IA reports out in July and January.
Client Satisfaction Survey	To get feedback from clients on their experience with Family Service.	<ul style="list-style-type: none"> Administer to primary or secondary client upon completion of services. Enter data within 3 business days. 	Programs pull as requested by funders year-round and in January to report out in Agency Annual Report.

*Refer to data definitions in Appendix A

Family Service staff also administer a wide range of program-specific instruments to clients based on the nature and requirements of each program or project and to measure progress for pillar outcomes. See Table 4 on pages 6-7. Staff are responsible for reviewing and understanding the data requirements associated with each contract they support. Data are continually monitored for input errors and inconsistencies. Family Service operates a multi-part Quality Assurance system to ensure accuracy in data entry. See the Performance Quality Improvement Plan for details.

Once collected, Family Service operates a portfolio of databases to store its data, most of which are funder mandated. Family Service maintains **ClientTrack** as its central data repository. All clients are entered into ClientTrack upon entry into Family Service, regardless of their entry point, and receive a unique Client and Family ID from ClientTrack that is entered into other databases as necessary to allow for tracking across platforms. Table 3 lays out the agency’s databases and summarizes each’s content.

Table 3. Family Service Databases

Database	User	Type of Data	Level of Control
ClientTrack	All Pillars	Demographics GTKY data Program data	Can extract data; cannot add fields without cost
ChildPlus	Education	Head Start and Early Head Start data	Can extract data and add fields as necessary
CompuLink	Health and Healthcare	Electronic Health Records	Can extract data; cannot add fields without cost
FECBOT	Economic Stability	Financial Empowerment data	Can extract data; no field changes permitted
Sync	Economic Stability & Social & Community Engagement	Ready To Work, Dual Gen, & HOPES	Can extract data; no field changes permitted
Apricot	Economic Stability	Mobility Mentoring data	Can extract data; no field changes permitted

Measurement Priorities

Progress Indicators for Pillar Outcomes

Table 4. Agency and Pillar Progress Indicators per Outcome

Outcome	Indicator	Population	Instrument
Agency Wide			
Clients are connected to resources, opportunities, and leadership roles in their communities.	<ul style="list-style-type: none"> # of Internal & External Referrals 	All Clients	Referral Tracking System
Clients develop the resiliency skills to cope with life's transitions, stresses, and struggles.	<ul style="list-style-type: none"> Increase in Resiliency Score 	All Clients	Brief Resilience Scale (BRS) from GTKY and COY Tools
Economic Mobility			
Clients feel empowered and equipped to achieve economic mobility.	<ul style="list-style-type: none"> Increase in Confidence to Achieve Financial Goals 	Financial Empowerment and Work. Dev. Clients	Program Survey
Clients use the tools and knowledge they receive to build financial stability and sustainability, including employment and wealth accumulation, leading to positive generational impacts.	<ul style="list-style-type: none"> Change in Education, Employment Change in Wealth (Savings, Home Ownership, EITC) as indicator of generational impact 	Clients by Goals	ClientTrack (Ed & Emp) FECBot (Savings & Home Ownership)
Education			
Clients become life-long learners who can build strong relationships.	<ul style="list-style-type: none"> Increase in Kindergarten Readiness Average Developmental Relationships scores 	HS and EHS Students Youth Ed Clients 10-17	TSG DRS
Educators are empowered with the skills to build a community of life-long learners.	<ul style="list-style-type: none"> Teachers achieving at least 1 short-term goal (STG) Professional Development Metric 	First Year TSR Teachers HS & EHS Teachers	E-Circle Total Hours in PD
Health & Healthcare			
Clients improve relationships and social interactions between children, families, and the adults in their lives to heal trauma and build a foundation for sound mental health.	<ul style="list-style-type: none"> Increase in Protective Factors Score Improvement in Attachment Score Increase in Caregiver Confidence Increase in Resilience Score 	Children 0-5 years Children 6+ years ECWB Caregivers All BH Clients	DECA DECA End of Service Survey CYRM, BRS
Clients demonstrate an improvement in their mental wellness.	<ul style="list-style-type: none"> Decrease in Behavioral Concerns Score Improvement in Behavior, Attendance, and Academics (BAA) Scale Score Session Progress Self-Evaluation Goal Completion in Treatment Plan 	Children 3-5 years BH Youth Clients All BH Clients All BH Clients	DECA Academic Progress Form 4 th Visit Survey Treatment Plan

Neighborhood Supports & The Neighborhood Place (TNP)			
Clients are stabilized through receiving multiple services in one place that meet the breadth of their needs.	<ul style="list-style-type: none"> Increase in client return rate (clients who return to TNP more than once/any number of times) 	All Clients visiting TNP	Sign-in Tablet
Partners/tenants serve clients' holistic needs by referring them to other programs within the social determinants of health.	<ul style="list-style-type: none"> Increase in Tenants submitting rosters with zip codes 	All TNP Partners/Tenants	Sign-in Rosters
Rural Services			
Clients grow their sense of personal accomplishment by meeting goals they set for themselves.	<ul style="list-style-type: none"> Percentage of respondents who rate "I am proud of what I achieved" item a 5 Percentage of respondents who rate "I felt that staff saw me as a whole person" item a 5 	All Clients	End of Services Satisfaction Survey
Clients improve their healthy relationship skills.	<ul style="list-style-type: none"> Improvement of healthy relationship expectations Increase in knowledge of appropriate child expectations 	Clients in Parenting	AAPI Parent Knowledge Survey
Social & Community Engagement			
Clients live in safe and nurturing households, families, and schools.	<ul style="list-style-type: none"> Increase in Empathy Score Increase in Family Satisfaction Score Increase in Parent/Caregiver knowledge Self-Assessment of Household Safety Relationship with Tutor Rating Decrease in Conflict and Stress 	Parenting Ed. Caregivers FAST Caregivers Read & Rise Caregivers Seniors/Older Adults Students for Life Tutees KidShare Clients	AAPI FAST National Survey Program Survey Program Survey Program Survey KidShare Questionnaire
Clients put the skills they learn into practice and become advocates for themselves, their families, and their communities.	<ul style="list-style-type: none"> Increase in Power and Independence Score Increase in Parental Efficacy Score Increase in New Clients' Comfort Expressing Needs Increase in Connection to Community 	Parenting Ed. Caregivers FAST/R&R Caregivers Seniors/Older Adults Students for Life Tutors	AAPI FAST National Survey Supervisory Visit Survey Program Survey

Phase 3: Analysis

How do we make meaning from the data?

The wealth of data that Family Service collects from its stakeholders is only as useful as the meaning and results derived from it. Because Family Service collects both quantitative (i.e., numeric) and qualitative (i.e., textual) data, Family Service employs both statistical and interpretive methods to understand the underlying results.

- **Quantitative Analysis**
 - Statistical analysis of numerical data, principally averages, percentages, and correlations
 - With sufficient sample size, analysts can apply tests of statistical significance
 - Performed in MS Excel or other statistical package (e.g., R, SPSS, STATA)
 - If database reports do not allow for quality analysis (see below), row-level data are extracted and analyzed in MS Excel or other software
- **Qualitative Analysis**
 - Interpretive analysis of textual and observational data
 - Finding themes and patterns within the responses
 - Use quotes as illustration of a theme (avoid listing standalone quotes without analysis)
 - Performed in MS Word or other qualitative analysis package (e.g., NVivo, ATLAS Ti)

In order to effectively use data for its three primary purposes at Family Service – to report, communicate, and improve – data needs to be analyzed reliably and comprehensively. Specifically focusing on the purpose of *improvement*, all data analysis should be focused on the goal of providing result recipients with usable information for decision-making. Adhering to the three principles of quality data analysis below produce results that Family Service staff can use for continuous quality improvement.

1. **Disaggregate the Data.** Family Service is committed to equitable service delivery to meet and serve clients and families where they are. Disaggregating data by subgroups, including race/ethnicity, gender, income, education, zip code, etc., provides a more complete picture of how different groups are impacted by the agency's efforts.
2. **Make Comparisons.** Quantitative results have little significance without a comparison group. To understand the result's meaning, it needs to be put in context. Comparisons can be made across groups (see "Disaggregate the Data" above), across locations, and/or across time. Examining results relative to each other equips the user of the results with more information for decision-making.
3. **Incorporate Qualitative Results.** Quantitative analysis offers insight on trends and patterns in respondents' experiences, but qualitative analysis offers insights on explanations for those trends and patterns. Look to respondents' open-ended feedback for why certain patterns are arising in the data. The most effective analyses are those that present quantitative results with qualitative insights.

Family Service maintains a Performance Quality Improvement Plan, [linked here](#), that lays out expectations for protocols associated with continuous improvement efforts in detail.

Phase 4: Use

What do we do with the results?

The uses of data at Family Service align directly with the purposes of data collection. Results are used by staff to report to funders and ensure contract compliance, communicate impact with the community, and improve operations and service delivery.

Report to Funders

Staff use data to report progress to funders. Programmatic staff work collaboratively with Data & Evaluation staff to meet grant- and program-specific reporting deadlines. The content and structure of the reporting are typically determined by the funder. When there is flexibility in the reporting or an opportunity for updating metrics, Family Service staff defer to the agency's *Measurement Priorities*.

Primary products that use data to report to funders include:

- Funder-determined reporting by program
- Internal Contract Monitoring Reports, Bi-Monthly audit

Communicate with Community

Staff use data to communicate the agency's value to the community. Staff from across departments, including program, Data & Evaluation, Communications, and Development, work collaboratively to use data for effective external communication. Primary products that use data to communicate with the community include:

- Family Service Annual Report and Head Start Annual Report

Agency-wide Reporting	Purpose of Report	Time Guidelines for Collecting and Entering Data	Time Guidelines for Data Extraction and Reporting
Agency Annual Report	To evaluate the inputs, service delivery, outcomes, etc. of each Family Service program and communicate the agency's full value to stakeholders and the community.	<ul style="list-style-type: none"> • Collect and enter data throughout the year. • Evaluate with staff and report annually. 	<ul style="list-style-type: none"> • Programs submit narrative sections by the end of September. • Programs submit client demographics, outcomes, etc. by end of January. • IA compiles and finalizes a report for publication by end of March.

- **Community Tables:** When presenting data at Community Tables, staff strive to communicate a well-rounded data story that includes relevant **outputs** (i.e., participation), **reactions** (i.e., satisfaction), and **outcomes** (i.e., evidence of meaningful impact). Staff look to Family Service's Measurement Priorities for valuable impact measures to present at Community Tables.

Agency-wide Reporting	Purpose of Report	Time Guidelines for Collecting and Entering Data	Time Guidelines for Data Extraction and Reporting
Data on Measurement Priorities: Progress Indicators for Pillar Outcomes	To guide work of meeting Family Service's mission around the SDOH framework and to show Family Service's full impact on our communities.	<ul style="list-style-type: none"> • Administer established program surveys and assessment tools as needed throughout the year. • Enter data in a timely manner. 	<ul style="list-style-type: none"> • Programs pull pillar outcome data twice per calendar year in June and January and report out mid-year and in Agency Annual Report. • IA pulls agency-wide outcome data twice per calendar year in June and January and reports out mid-year and in Annual Report.

- United Way Stewardship Report

Improve Operations & Service Delivery

The highest and best use of client and personnel data is in service of continuous improvement of internal operations and program delivery. Integrating data into continuous quality improvement efforts means staff examine data routinely, actively, and openly. Family Service fosters a *data culture* that employs data as a flashlight, illuminating both positive aspects of agency operations and program delivery that should be replicated and extended, and concerning aspects that require further investigation and mitigation. Primary products and processes that use data in service of continuous improvement include:

- Data Dive at Senior Leadership Meeting, weekly
- Pillar Progress Dashboards at Leadership Cabinet, quarterly

Agency-wide Reporting	Purpose of Report	Time Guidelines for Collecting and Entering Data	Time Guidelines for Data Extraction and Reporting
<p>Program, Operation, & Referral Quarterly Reports</p>	<p>To have leadership oversight to ensure that internal operations and program deliverables meet agency expectations and to measure service integration across programs.</p>	<ul style="list-style-type: none"> • Collect and enter pertinent data in databases in a timely manner. • Data is pulled and reviewed quarterly. 	<ul style="list-style-type: none"> • Programs complete Microsoft form reports every three months. • IA updates report dashboards to be evaluated and discussed at next Leadership Cabinet meeting.

- Agency Year End Program Evaluation Report, annually
- Program Utilization Reports (Behavioral Health and Seniors, only), monthly

Data Security Policies

Maintaining data security and confidentiality is paramount. Clients and staff entrust Family Service with their personal information, and Family Service honors that trust by adhering to industry-standard data security protocols. The following is excerpted from Family Service's Transmission and Sharing Sensitive and/or Confidential Information Policy (Policy # IT-P104 V.A). Find the full policy linked here.

Sensitive and Confidential information (data) is defined as privileged or proprietary information of a confidential nature which if lost, misused or disclosed could damage Family Service, its employees, service recipients and/or stakeholders. This information should be accessed only by authorized individuals as needed to perform their job or assigned duties.

Protected Health Information (PHI) is defined as individually identifiable health information, including demographic information, related to the past, present, or future physical or mental health or condition, the provision of health care to an individual, or the past, present, or future payment for such healthcare, which is received or created by Family Service.

When transmitting sensitive and/or confidential data:

- Only Family Service owned IT Systems should be used to send and receive sensitive and/or confidential data.
- Do not transmit sensitive and/or confidential data using instant messaging technology (e.g., AOL Instant Messenger or Yahoo Messenger).
- Sensitive and/or confidential information in electronic form must be encrypted before being sent and/or transferred via an encrypted methods. Encrypted storage methods can involve a secure USB drives, whole disk encryption and file/folder encryption software. Encrypted transmission methods can involve secure file transfer protocol, VPN connectivity or encrypted email services.
- Employees should not use personal email and/or document services such as Gmail or Dropbox to send or receive sensitive and/or confidential information.
- Any device used to transmit, receive or store sensitive and/or confidential must utilize encrypted local storage. Never send or receive sensitive and/or confidential information from/to an unsecured device.
- Never include encryption passwords/passphrases/private keys with the original transmission of the sensitive and/or confidential information. Send a follow up email or call the recipient(s) on the phone to personally deliver any authentication details needed to access the encrypted information.
- It is not recommended that mobile devices be used for the transmission of sensitive and/or confidential information due to the ease with which these devices can be lost or stolen. If using a mobile device is unavoidable, it must utilize storage/transmission encryption and password controls.

Appendix A: Data Definitions

General Term Definitions

1. **Primary Client** – The client who is enrolled in the program.
2. **Secondary Clients** – The immediate family members living in the household.
3. **Referral** – The act of directing or linking someone to a program or agency to get information or help from that program or agency. An official referral requires sending a form to the recipient and the recipient confirming receipt and contacting the person needing help. It should be documented whether the person could be reached and provided with information or a service.
4. **Cancellation** – A scheduled appointment that is cancelled by the client more than 24 hours before the appointment time.
5. **No Show** – A client does not show up for a scheduled appointment or cancels with less than a 24-hour notice unless it is an emergency.
6. **Personal Care** – Assistance with daily personal living tasks such as bathing, grooming, and dressing.
7. **Home Management** – Assistance with light house cleaning, errands, and other tasks to maintain a safe, clean, and comfortable environment at home.
8. **Meal Planning** – Assistance with planning and preparing meals at home.
9. **Exchange** – Assistance to parents in the safe transfer of their children from one to the other for visitation and/or custody.
10. **Visitation** – A court-ordered monitoring or supervision of a parent spending time with their children.
11. **Protective Order** – An order granted by a district court judge for a person to refrain from any harassing, threatening, annoying, alarming, abusing, tormenting, or embarrassing behavior towards the person who filed the order.
12. **Subpoena** – A written order to compel an individual to give testimony on a particular subject, often before a court, but sometimes in other proceedings.
13. **Care Plan** – A layout of the reasons a person is receiving care, their medical history, expected outcomes, and details of how, when, and by whom service will be delivered.

Quarterly Report Data Definitions

1. **Served Clients** - The number of unduplicated clients who received a full service and are in the database. This includes clients who were enrolled during the quarter, active clients enrolled previously, people who signed in on the check-in tablets at TNP. Include primary and secondary clients.
2. **Enrolled Clients** – The number of unduplicated clients who completed the Getting to Know You intake tool and whose information was entered in the agency database.
3. **Encountered Clients** – The number of people engaged who did not receive a full service and are not in the database. This would be people at recruitment and outreach events, community resource fairs, presentations, contacted by phone, etc.
4. **Staff Vacancies** – The number of budgeted positions that are vacant in your program.
5. **Staff** – The number of staff budgeted in your program.
6. **Funding Sources** – A list of **new** entities that are providing funds to your program.
7. **Budget status** – The net profit or loss for the Year-to-Date budget. You can comment on any concerns you have regarding the budget.
8. **Top Client Needs** – The top four services that clients in your program needed. These are services other than the initial service for which the client was enrolled.
9. **Referrals to Economic Stability** – The number of referrals sent from one program to any of the programs within the Economic Stability SDOH pillar.
10. **Referrals to Education** – The number of referrals sent from one program to any of the programs within the Education SDOH pillar.
11. **Referrals to Health and Healthcare** – The number of referrals sent from one program to any of the programs within the Health and Healthcare SDOH pillar.
12. **Referrals to Social and Community Engagement** – The number of referrals sent from one program to any of the programs within the Social and Community Engagement SDOH pillar, to include KidShare.
13. **Referrals to Neighborhood Supports** – The number of referrals sent from one program to Margaret’s Place or to on-site partners at The Neighborhood Place.
14. **Referrals to Rural Services** – The number of referrals sent from one program to any Family Service programs offered in the Rural area and The Neighborhood Place in Cystal City.
15. **Referrals received** – The number of referrals your program area received from other Family Service programs.

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16. **External referrals** – The number of referrals your program received from partners and entities outside of Family Service.

Program Specific Data Definitions

1. **Enrolled in Workforce Development** – The number of clients who registered in a Family Service workforce development program to include the Angels and CDA programs, and trades skill training.
2. **Completed Workforce Development** – The number of clients who completed a Family Service workforce development program.
3. **Partners with Head Start and Early Head Start** – A list of organizations assisting with the administration of the Head Start and Early Head Start program.
4. **Best Buy Teen Tech Center Clients** – The number of youth clients who attended the Best Buy Teen Tech Center.
5. **Best Buy Teen Tech Center Mentors** – The number of mentors who attended the Best Buy Teen Tech Center.
6. **Organizations Engaged** – A list of organizations that toured the Best Buy Teen Tech Center.
7. **Summer Internship Employers** – The number of employers who hosted and guided interns in the Youth Summer Internship Program.
8. **Summer Internship Clients** – The number of students who were interns in the Youth Summer Internship Program.
9. **School Districts Served** – A list of school districts with which Family Service has an MOU or MOA to serve students on their school campuses.
10. **Classroom Clients** – The number of children impacted by classroom consultation visits.
11. **Home Visit Clients** – The number of clients who staff visited in their home to provide service.
12. **Organizations Engaged** – A list of organizations that the ECWB program engaged or was involved with.
13. **Counties served** – A list of counties where Family Service rural services are being provided.
14. **Onsite partners** – The number of organizations that are tenants/service providers at both Neighborhood Places, Bexar, and Crystal City.

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15. **Vacant rooms** – The number of rooms that are open for leasing to community partners at both Neighborhood Places, Bexar, and Crystal City.
 16. **Offsite Partners/MOUs** – The number of organizations (outside of tenants) utilizing the Neighborhood Place space in Bexar and Crystal City.
 17. **New Partners engaged** – A list of new organizations that The Neighborhood Place and Rural Area engaged with.

Year End Report Data Definitions

1. **Program Overview** – Brief overview of the program including its purpose and how it addresses social determinants of health. Include any highlights from the year and the contractual goals that were met. If any were unmet, explain why.
2. **Environmental Scan** – A summary of key data and sources to illustrate the community need and target population. Name the proven strategies to address the need and what other community partners are providing similar services.
3. **Strategies and Flow of Client Services** – A description of the program’s eligibility and referral process and the specific strategies and curriculum used to deliver services within the program. Also includes the number of internal and external referrals sent and received throughout the year.
4. **Staffing and Volunteer Utilization** – Description of the different staff positions within the program and the staff retention situation for the year. Include how many positions are currently filled and how many are vacant, if any. Explain also if volunteers and/or interns are utilized in the program and for what.
5. **Funding Sources** – A 3-column table listing each individual funder for the program, the amount budgeted to receive from each funder, and the actual amount received. List all funding sources that make up the program budget.
6. **Clients Served** – A chart or table showing the number of clients served in the year by program and broken down by 5 demographic categories: Gender, Age, Ethnicity, Annual Income, and count of Adverse Childhood Experiences (ACEs). The first three categories count all children and family members (primary and secondary clients), the annual income counts the number of households, and the ACEs counts just the primary client. An asterisk at the bottom of the table indicates that information.
7. **Service Delivery** – A 5-column table listing each type of service provided within the program, the number of unduplicated clients who received each service, the service frequency, the service duration, and the total hours served. The table provides estimated average data for clients served throughout the year, not actual data. The average data provides a good approximation of department percentage of effort for each service.
8. **Client Experience** – This section includes a visual and summary of the Agency client satisfaction survey (CLISAT) results for the year and, if available, results from client focus groups. Also, it may show a graphic of the Strengths, Challenges, Opportunities, and Threats (SCOT) analysis of the client experience within the program and outlines the progress made on an action plan to improve service delivery and the client experience.

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9. **Evaluation and Results** – 1 or 2 visuals with brief summaries showing significant contract deliverable outcomes for the program.
 10. **Looking Forward** – A look at how our programs continue to evolve. This is a summary of a staff discussion on what steps to take in the next year based off the environmental scan and all program evaluation data.
- The first 5 data definitions (Program Overview à Funding Sources) correspond to the narrative section of the annual report which is due by the end of September in the reporting year.
 - The last 5 definitions (Clients Served à Looking Forward) pertain to client data and outcomes which are due by the end of January of the next year.