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.

January 2026

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:
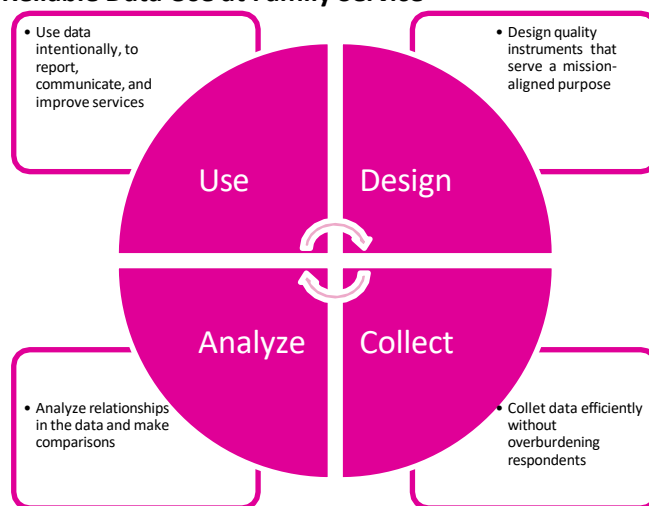
1. **To Report:** With much of its funding coming from grants and contracts, Family Service uses data for accountability, to report progress and gains to funders and demonstrate contract compliance.

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

- Use data intentionally, to report, communicate, and improve services
- Design quality instruments that serve a mission-aligned purpose
- Analyze relationships in the data and make comparisons
- Collet data efficiently without overburdening respondents

Use • Design • Analyze • Collect

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 organizations[1]

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.

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[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. We identify the *Primary Client* as the client who is enrolled in the program and receiving ongoing services. *Secondary clients* are additional immediate family members in the household. See Appendix B to see the breakdown of Primary and Secondary clients in each Family Service department. All agency-wide assessment data is housed in **Salesforce**, Family Service's central data repository ("source of truth" database). Most departments enter client data directly into Salesforce, with two exceptions. As of August 2025, Behavioral Health and Head Start will enter GTKY and COY data into Compulink and ChildPlus, respectively, and the data will be automatically integrated into Salesforce on a weekly basis through the Mulesoft integration software.

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 (GTKY) Enrollment Tool	To collect clients', contact information and demographics and assess their SDOH to provide wrap around services that can improve/transform their lives	- Administer to primary or secondary client upon enrollment in a Family Service program. - Enter data into *Salesforce* within 3 business days. *Compulink* data must be entered by assessment session. *ChildPlus* data will be entered within 30 days of child's enrollment	**Impact Analys (IA)** pulls twice a calendar year in June and December **IA** reports out in July and January
Checking on You (COY) Tool	To assess how well clients' basic needs have been met and if they have increased resilience three months after enrolling with Family Service.	- Administer to primary or secondary clients 3 months after enrollment by program and 12 months by interns. - Enter data within the same month of administration of the COY.	**IA** pulls twice a calendar year in June and December **IA** reports out in July and January
Client Satisfaction (CliSat) Survey	To get feedback from clients on their experience with Family Service.	- Administer to primary or secondary client upon completion of services. - Enter data within 1 month after completion.	Programs pull as requested by funders year-round and in January to report out in Agency Annual Report.

Family Service staff also collect a wide range of program-specific data from clients based on the nature and requirements of each program or project. Staff are responsible for reviewing and understanding the data requirements associated with each contract they support. Data is 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.

In addition to Salesforce, Family Service operates a portfolio of databases to store its data, most of which are funder mandated. 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
Salesforce	All Pillars	Demographics Intake & Assessment Data Attendance Service Delivery Data Referral Data Outcome Measures	Family Service maintains full access to Salesforce. Internal changes are requested to Salesforce Governance.
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
EPIC	SDOH	Patient case management data	Data entry only; no changes or extraction permitted

Salesforce Governance Committee
Family Service owns and operates its own instance of Salesforce. Licenses are assigned to staff members who routinely enter and/or access client data. In order to maintain the quality of client data for reliable reporting and decision-making, Family Service manages its internal Salesforce use through a Salesforce Governance Committee. The Governance Committee is made up of the following roles and is responsible for the effective implementation of Salesforce at Family Service. All questions, technical problems, and staff requests related to the database are sent through the Governance Committee (salesforce@family-service.org).

Table 4. Salesforce Governance Roles

Position	Role	Position	Role
Impact Analyst	Governance chair, heads monthly meetings and works with IT Manager to make major changes in Salesforce	**Program Managers**	Represent and advocate for staff usage and needs within Salesforce
IT Manager	Works with setting up and creation of new items within Salesforce	**Senior VP**	Represents executive team acts as final decision-maker

Data Entry Flow in Salesforce

The chart below lays out the general flow for data entry into Salesforce. Departments and programs may have specific entry requirements that are not shown on this agency-level flowchart. Department heads and program managers are responsible for training staff in Salesforce data entry requirements.

Salesforce Process

1 **Create Person Account**
*Search for duplicated before creating new account

2 **Create Case**
*1 case per client

3 **Add Household Members**
*Follow Naming Conventions

4 **Complete Intake (GTKY)**

5 **Add Case Participants**
*All family members should be listed as Case Participants

6 **Add Program Enrollment & Funding Grant**

7 **Attach Service Plan**
*Follow Naming Conventions

8 **Enter Service Deliveries**

Updated 1/2026

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.	• # of Internal & External Referrals	All Clients	Referral Tracking System
Clients develop the resiliency skills to cope with life's transitions, stresses, and struggles.	• 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.	• 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.	• Change in Education or Employment • Change in Wealth (Savings, Home Ownership, EITC) as indicator of generational impact	Clients by Goals	Salesforce (Ed & Emp) FECBot (Savings & Home Ownership)
Education			
Clients become life-long learners who can build strong relationships.	• 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.	• 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.	• 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 End of Service Survey CYRM, BRS
Clients demonstrate an improvement in their mental wellness.	• 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 4th 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.	• 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.	• 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.	• 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.	• 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.	• 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.	• 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 packages (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 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 at 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.	• Collect and enter data throughout the year. • Evaluate with staff and report annually	• **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	• Administer established program surveys and assessment tools as needed throughout the year. • Enter data in a timely manner	• **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
Program, Operation, & Referral Quarterly Reports	To have leadership oversight to ensure that internal operations and program deliverables meet agency expectations and to measure service integration across programs	• Collect and enter pertinent data in databases in a timely manner. • Data is pulled and reviewed quarterly	• **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 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 method. 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. **Cancellation** – A scheduled appointment that is cancelled by the client more than 24 hours before the appointment time.
2. **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.
3. **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.
4. **Primary Client** – The client who is enrolled in the program. See Appendix B for department-specific list.
5. **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 noted whether the person could be reached and provided with information or a service.
6. **Secondary Clients** – The immediate family members living in the household. See Appendix B for department-specific list.

Salesforce Data Definitions

1. **Account** – General profile record where name, demographic information, and geographic location of clients and partners are stored. Our Salesforce has two types of Accounts:
   - **Person Accounts**: used for Primary clients, secondary clients & household members.
   - **Partner Accounts:** used for partnering agencies.
2. **Case** - Represents the client's "folder" across the agency to identify the wrap around services we have provided the clients in all aspects relating to the Social Determinants of Health. Program Enrollments, Case Participants, and Service Plans are housed on the Case. A client has only one Case that all programs work from, even if the client is enrolled in multiple programs.
3. **Case Participant** - Non-staff individuals involved in the Client's case. Case Participants should include the Client and all their household members.
4. **Case Team -** All staff involved in the Client's case. Staff member originating the Case will be the
   - **Case Owner:** all additional staff working on the Case (i.e., if the Client is enrolled in a new program) are added as Case Team members so that they may add information to the Case.
5. **Client Types** –
   - **Client:** primary client receiving services, GTKY has been completed
   - **Participant:** Participating in a Family Service event or experience, but no GTKY completed (e.g., attended a resource fair or one-off event).
   - **Individual:** Not receiving continuous services, no GTKY completion; typically, these are household members of clients who are indirectly affected by the client's services and resources.
6. **Goal** - Refers to an outcome or achievement a client is working towards during their program enrollment. We store pre/post data on the Goal records. Goals are housed in the Service Plan.
7. **Household** – Refers to a group of related individuals that are managed together. Also called "Groups" in Salesforce.
8. **Program Enrollment** – The record that documents a client's enrollment into a specific program. It marks the point at which the client has been deemed eligible to receive program services.

9. **Naming Conventions** - Standardized system used to create consistent names for accounts, households, cases, program enrollments, referrals and service plans. Hover over info bubbles for specific naming convention for each of these record types.
10. **Referrals** – Refers to connecting a client or household to an internal or external program that provides services to meet a specific need.
11. **Referral Destination** –
    - **Inbound**: Client being referred *to* Family Service from an outside source.
    - **Outbound**: Client being referred *from* Family Service to an outside agency
    - I**nternal**: Client being referred from one department to another *within* Family Service
12. **Service Assignment** - Record that shows which services the client is participating in; one service assignment record per service category is created for each client. Sometimes Services are called "Benefits" in Salesforce.
13. **Service Delivery** - Record that shows amount of time a service has been given to a client, used to track frequency and duration of services. May have multiple service delivery records per service assignment record.
14. **Service Plan** - Consistent plan of services a client should be receiving and goals (i.e., outcomes) a client should be reaching while enrolled. Service Plans are housed on the Case. Each program should have its own Service Plan; there can be multiple Service Plans on the same Case.

Quarterly Report Data Definitions

1. **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.
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. **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.

Program Specific Data Definitions

1. **Onsite partners** – The number of organizations that are tenants/service providers at both Neighborhood Places, Bexar, and Crystal City.
2. **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.
3. **School Districts Served** – A list of school districts with which Family Service has an MOU or MOA to serve students on their school campuses.

Appendix B: Primary and Secondary Client Profiles by Department

Program/Department	Primary	Secondary
Financial Empowerment Center (FEC)	Adult Initiating Services	Household
Workforce Development	Adult Initiating Services	Household
Head Start/Early Head Start	Eligible Child	Parent/Household
TSR Comprehensive	Teacher	Child(ren) in Classroom
Youth Education	Youth	Parent/Household
Youth Education – Strengthening Families	Parent	Household
Behavioral Health	Person receiving counseling	Household
Early Childhood Wellbeing (ECWB)	Identified Child	Parent/Guardian/Household
	Teacher	Child(ren) in Classroom
Margaret's Place	Adult initiating services	Household
Family Strengthening	Identified Parent	Identified Child/Household
Older Adults	Adult with Service Plan	Household Members
KidShare	Non-Custodial Parent	Children being visited
Parenting Education	Adult initiating services	Household
Parenting Engagement	Child referred to services	Household
	Tutor	Household
SDOH	Patient being referred	Family members
Rural – Youth Education	Youth	Household
Rural – Parent Education	Adult initiating services	Household
Rural – Mental Health Services	Adult initiating services	Household