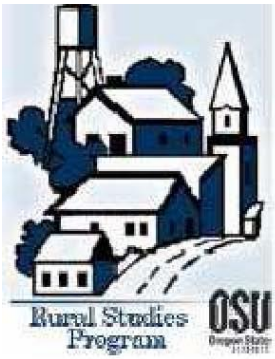

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Measuring Community Action Program Impacts on Multi-Dimensional Poverty:

Final Report of the Futures Project

by

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INTRODUCTION

Community Action Agencies serve low-income households through a network of programs, using a variety of private, local, state, and federal resources. Services provided at local agencies vary, but generally include food, energy, weatherization, affordable housing, Head Start, workforce, education, aging, and transportation supports.

In 2013, the Community Action Partnership of Oregon (CAPO) approached Oregon State University (OSU) to assist in developing statewide indicators which 1) demonstrate Community Action impact on households in poverty, and 2) help local agencies better utilize data for continuous improvement. During early phases of the project, OSU researchers spent a significant amount of time working with CAPO to identify their vision and goals for reducing poverty among low-income Oregonians.

At the end of 2014, CAPO joined forces with Community Action Agencies in Washington and Idaho to begin collaboration on what is now called the "Futures Project." The primary goals of this initiative are to:

- Solidify a shared vision across the region
- Demonstrate outcomes among individuals and families served by Community Action
- Provide data necessary for continuous improvement

In May of 2015, OSU expanded their indicator research to include all three states (Oregon, Washington, and Idaho). A timeline of OSU work at various phases of this project is outlined in Figure 1.

2015-16 Research

This report focuses on research conducted by Oregon State University between October 2015 and November 2016. Work during this period was iterative in nature, with learning from each step used to shape the next. This report is intended to illustrate these dependencies, with each section (and corresponding tables) telling a story of how the project has unfolded and evolved over the past year.

More specifically:

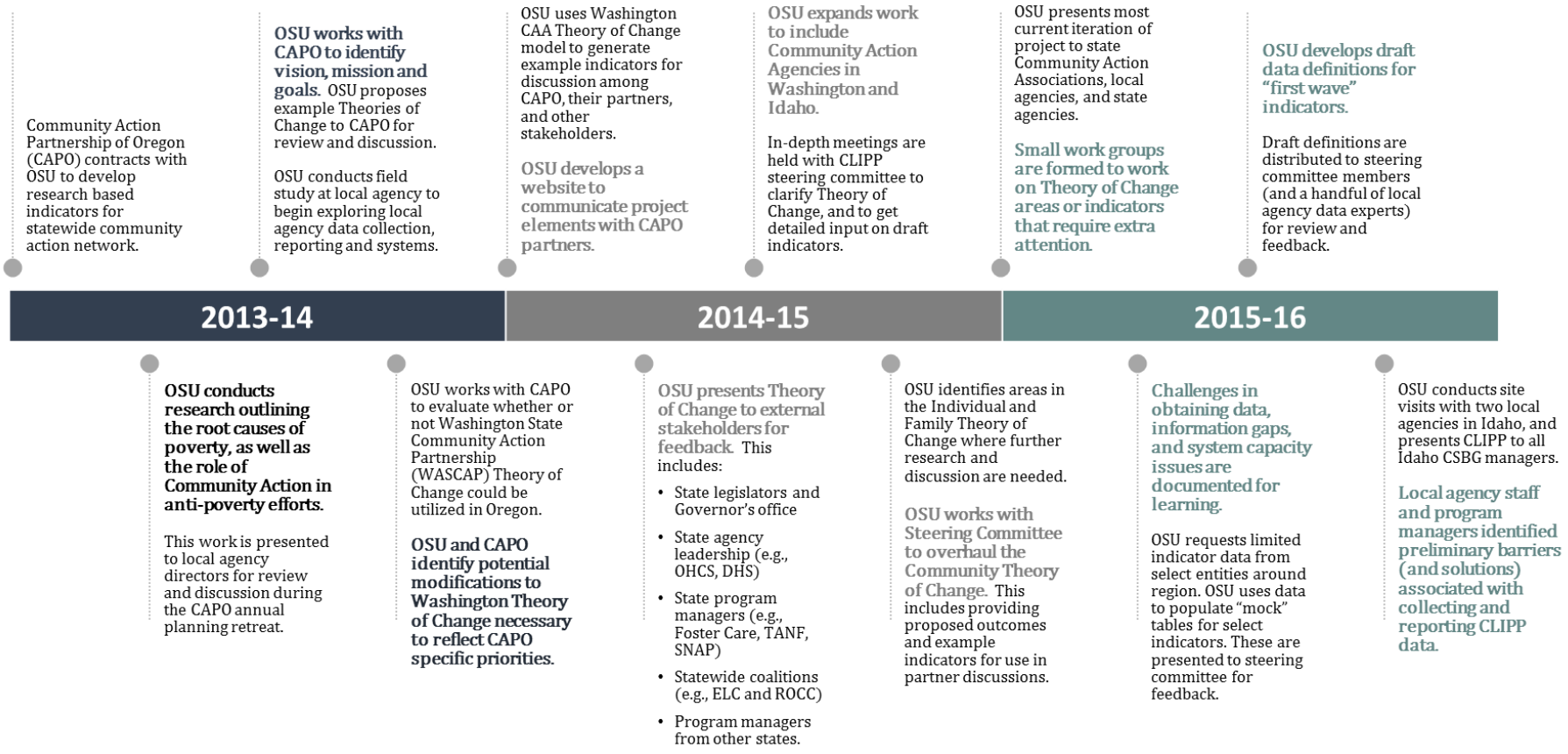
- The **Methods** section of this report describes multi-dimensional poverty, and outlines how this approach shaped the framework, research design, and methods associated with the Futures Project.
- The **Theory of Change** section of this report provides an overview of the assumptions and academic research behind the Futures Project Theory of Change. This includes a summary of revisions suggested over the past year to increase clarity.
- The **Goals and Outcomes** section of this report outlines the recommended goals and outcomes for use in the Theory of Change. This includes the rationale used to select and prioritize specific outcomes.
- The **Indicators** section of this report summarizes the availability of existing data, and recommends specific indicators (including data points) for each outcome.
- The **Discussion** section of this report summarizes key learning that occurred over the last year. This includes opportunities and challenges encountered by OSU researchers, and recommendations for implementation.

Finally, the OSU team has compiled a data collection guide in Appendix A that includes local agency considerations for both data collection and reporting.

Appendix B provides an overview of how Futures Project indicators correspond with newly proposed National Performance Indicators for the Community Services Block Grant (CSBG) program.[1]

[1] The Community Services Block Grant (CSBG) provides Community Action Agencies across the United States with federal funding to alleviate the causes and conditions of poverty in their communities. A new set of national performance indicators were drafted in 2016, and are currently moving through the Office of Management and Budget (OMB) approval process. Information regarding proposed indicators can be found here.

Figure 1: OSU Work on Futures Project (Key Highlights)



Developmental Approach

The Futures Project relies on a definition of poverty that is multi-dimensional (the Methods section outlines this concept in more detail). Although there is some variation in how groups identify which dimensions of poverty are relevant to the population they are measuring, there is generally consensus among researchers that selected dimensions and their indicators should be open to ongoing scrutiny. As Sen (1997) stated:

> *"It is not so much a question of holding a referendum on the values to be used, but the need to make sure that the weights—or range of weights- used remain open to criticism and chastisement, and nevertheless enjoy reasonable public acceptance."*

The "developmental" nature of the Futures Project has been emphasized across all presentations, reports, meetings, and discussions. In other words, although this report recommends the inclusion of particular outcomes and indicators—we strongly believe that all aspects of the Futures Project should remain open to evaluation, debate, and feedback. For example, after collecting, reviewing, and sharing indicator data--agencies in the region may collectively determine that particular dimensions of poverty in their Theory of Change should be revised or removed. Similarly, indicators may need to be revised, removed, or added to more accurately reflect data limitations (availability, reliability).

A developmental approach also acknowledges that Community Action Agencies will need time to build capacity for data collection, reporting, and analysis. This means that some local agencies may initially limit data collection to a small portion of their total population or only implement measurement of indicators where there is existing data. Over time, agencies will develop and improve the infrastructure necessary to broaden their data collection and implement measurement of additional indicators to tell their story.

Understanding the Terms Used in this Report

The staff who work in Community Action Agencies are no strangers to logic models or theories of change. They also understand that terms like "output," "goal," "outcome," "indicator," and "measure" can mean something different in each of the multiple programs they administer.

In this report, we use the following terms when describing the research:

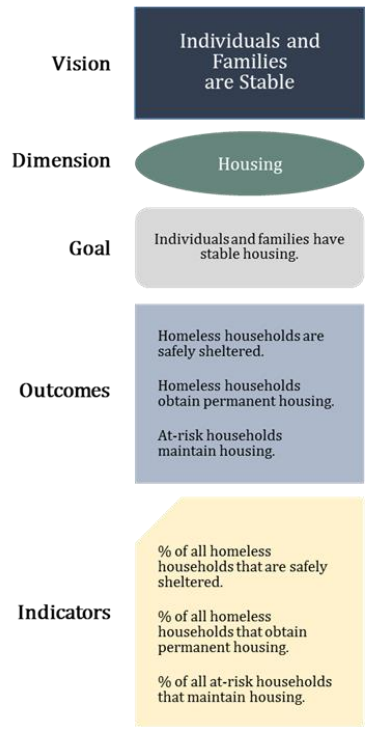
Theory of Change: The Theory of Change is a tool used for planning and evaluation. Developing a Theory of Change requires a group to identify a long-term vision, then map backwards to define goals necessary to accomplish that vision. A Theory of Change also includes outcomes and indicators necessary to measure progress toward goals. Theories of Change differ from other tools (e.g., logic models) in that they explicitly call out the assumptions or rationale used in their development.

Vision: The vision outlines long-term goals of the group or organization, and can often be found near the top of a Theory of Change. For instance, in Figure 2, the vision is that "individuals and families are stable."

Dimension: Community Action Agencies have identified 13 dimensions of poverty that must be addressed for low-income households to become stable and equipped to exit poverty. In the Futures Project Theory of Change, these dimensions are used to group goals, outcomes, and indicators.

Goal: Within each dimension of poverty, Community Action Agencies have identified a key goal for individuals and families. These goals reflect the conditions that Community Action Agencies believe are necessary for people to become stable and exit poverty. For example, in Figure 2, "stable housing" is a condition for individuals and families to become stable.

Figure 2: Example Report Terms



Outcome: An outcome is a change in condition, attitude, knowledge or behavior necessary to achieve particular goals. For example, in Figure 2, an outcome necessary for stable housing is that "homeless households obtain permanent housing."

Indicator: An indicator outlines how data will be used to measure progress toward outcomes. In Figure 2, the "% of all homeless households that obtain permanent housing" is used to measure the extent to which "homeless households obtain permanent housing."

Intervention: Interventions are the strategies, programs, and tools used by Community Action Agencies (and their partners) to help individuals and families achieve goals.

METHODS

This section provides a brief overview of multi-dimensional poverty, and then describes how using a multi-dimensional poverty lens influenced the research design and methods applied by the OSU team throughout the Futures Project.

Multi-Dimensional Poverty Framework

The Futures Project relies on a definition of poverty that is multi-dimensional. Multi-dimensional poverty asserts that poverty is complex, and comprised of multiple forms of deprivation (apart from just income). As the Oxford Poverty and Human Development Initiative (2015) stated:

> *"Poor people go beyond income in defining their experience of poverty. They often include a lack of education, health, housing, empowerment, humiliation, employment, personal security and more."*

Applying a multi-dimensional definition of poverty requires Community Action Agencies to look beyond income when measuring individual and family outcomes. For instance, instead of improving housing, healthcare, transportation, and education solely as a means to increase income—changes in income are measured *alongside* changes in housing, healthcare, transportation, and education.

This multi-dimensional approach more realistically encompasses the complex household conditions that Community Action Agencies see every day. For example, field staff regularly tell stories of families who are employed with income above federal poverty levels, but still face hunger, utility disconnection, and extraordinary medical bills. The choices people must make in these circumstances can pose a direct threat to physical health, and may erode progress in other areas of well-being (e.g., income gains). Researchers underscore that this kind of scarcity limits the "bandwidth" individuals need to think and act strategically about their future (Mullainathan and Shafir, 2013).

Measuring household change across multiple dimensions (instead of simply measuring net effect on income) is also a more accurate representation of how Community Action Agencies *tackle* the diverse circumstances of poverty. In a recent report from the Brookings Institute, Reeves et. al (2016) stated that:

> *"Polices aimed at tackling poverty often focus solely on raising income. But an equally important goal of anti-poverty policies is to de-cluster disadvantage, and reduce the consequences of having a low income on other aspects of life. In other words, make income poverty matter less."*

Expanding the measurement of success to include more than "increasing income" allows local Community Action Agencies to be less prescriptive and more responsive to the unique goals and resources that clients bring to the table.

Research Design

Common dimensions of poverty noted in the literature include, but are not limited to, income, housing, access to medical care, employment, education, nutrition, and social networks. However, researchers generally agree that there are no universally accepted ("one size fits all") dimensions of poverty. Rather, it is up to the interested stakeholders in a region, government, or organization to identify which dimensions of poverty are most relevant to the population they intend to measure.

In other words, using a multi-dimensional poverty approach requires Community Action Agencies across the region to collectively determine which dimensions of poverty they wish to include in their Theory of Change.

As interest in multi-dimensional poverty increases, so does the body of research around the processes used by groups to identify poverty dimensions for measurement. Robeyns (2006) highlights four critical research steps as follows:

1. Formulate a list of poverty dimensions;
2. Justify the methodology--"clarify and scrutinize" the method that generated the list;
3. Formulate lists at multiple levels (e.g., ideal list, list subject to data and methodological constraints);
4. "Exhaustion and non-reduction" of list (e.g., be sure to go back around and capture all that matters).

Scholars have built upon the above steps to include participatory research. For example, Mitra et. al (2013) used an iterative process that balanced the expertise of practitioners, the lived experience of clients, academic literature, and empirical data to identify multi-dimensional poverty measures for a specific population.

The OSU team used these examples to develop a multi-method research plan for this project. Table 1 outlines primary research questions, as well as the method(s) proposed to answer them.

Table 1: Futures Project Research Questions, Methods

Research Question	Plan	Primary Method/Data
Why do agencies believe each dimension of poverty should be included in their Theory of Change?	Identify and document stakeholder assumptions behind proposed dimensions in Theory of Change.	Stakeholder input
What does existing research say about selected dimension as they relate to poverty?	Conduct academic research to identify linkages between dimensions in Theory of Change and poverty.	Review of literature
How should poverty dimensions in the Theory of Change be refined or updated to more accurately reflect what Community Action Agencies view as important?	Identify potential revisions to dimensions of poverty (in Theory of Change) to more accurately reflect assumptions and research.	Stakeholder input
What changes in conditions, behavior, attitudes or knowledge do Community Action Agencies want to see among individuals and families in each dimension of poverty?	Identify key individual and family 1) goals and 2) outcomes that CAA wants to see in each Theory of Change dimension.	Stakeholder input
What kind of data are available to measure changes in conditions, behaviors, attitudes or knowledge among individuals and families?	Work with different agencies in the region to identify existing data collection that may be useful for measuring outcomes.	Stakeholder input Field study
What are some of the barriers to obtaining quality data for outcomes?	Document challenges in obtaining data, gaps in data collection, and data integrity issues.	Field study
Given availability of data and feasibility of new data collection, what indicators should be used to measure outcomes for each goal in the Theory of Change?	Recommend indicators and specific metrics.	Stakeholder input Field study Review of literature
What steps are needed for agencies to begin reporting Theory of Change indicators?	Conduct site visits. Document learning to identify what is needed for local agencies to implement.	Stakeholder input Field study
How do recommended indicators align with federal reporting requirements?	Map out recommended indicators to newly proposed CSBG indicators.	Review of literature

As Table 1 highlights, OSU research methods included stakeholder input, review of literature, as well as field study. Each of these methods are outlined in more detail below.

Stakeholder Input

During the contract period, the OSU team met with multiple individuals and groups to present the latest iteration of the Futures Project, and to collect their feedback. Events attended include, but are not limited to:

- **Washington State Community Action Partnership (October 2015, Lake Chelan).** OSU worked with agency directors over two days to discuss the Theory of Change, the story they'd like to tell, and their priorities in terms of measuring impact.

- **Community Action Partnership of Idaho (November 2015, Boise ID).** OSU met with agency directors to identify which areas of the Theory of Change needed clarification, and what mattered most to them in terms of using data to tell their story.

- **Community Action Partnership of Oregon (December 2015, Salem OR).** OSU met with agency directors to review their questions about the Theory of Change, as well as possible opportunities to obtain data for indicators.

- **Local Agency Work Groups (November 2015 through January 2016).** OSU met with small groups consisting of field staff with expertise in the areas of health, transportation, food, safe and thriving children, social capital and connections, income, and assets. They provided clarification regarding the key outcomes they wanted to see in each dimension of change, and also suggested potential indicators (including data sources).

- **Mid-Willamette Valley Community Action Agency (October 2015, Salem OR).** OSU met with all program managers and the Board of Directors from MWVCAA to get feedback on Theory of Change dimensions, as well as the indicators they are most interested in capturing. Board members also talked extensively about the Community Level Theory of Change as a place where they could play a more active role.

- **Community Services Consortium (January 2015, Corvallis OR).** OSU met with all program directors at CSC to review the Theory of Change as well as talk about potential indicators and data sources.

- **Oregon Housing and Community Services (January 2015, Salem OR).** OSU met with all program directors at the state level to review the project, get their feedback on Theory of Change goals, as well as discuss data collection and reporting. This included brainstorming ways to align Futures Project indicators to other state and federal reporting requirements.

- **Individual program managers in all three states (January – August 2016).** OSU worked one-on-one with individual managers at various agencies across all three states. This included in-person meetings, phone calls, and emails to discuss data availability, existing reporting requirements, research, and other technical expertise.

- **Individual program managers or experts from other organizations/states (January – October 2016).** OSU reached out to contacts in external organizations or from other states to identify potential indicators and data collection opportunities.

- **Eastern Idaho Community Action Partnership and South Central Community Action Partnership (June 2016).** OSU conducted a site visit with EICAP and SCCAP to get feedback on potential indicators, draft data points, as well as to identify data collection and reporting concerns (barriers to implementation).

- **Idaho CSBG Program Managers (June 2016, Boise ID).** OSU met with all Idaho CSBG program managers to present the latest iteration of Futures Project to get feedback regarding proposed indicators. During this meeting, participants discussed ways to increase interest in data collection and use among field staff. The group also highlighted barriers to implementation.

Between October 2015 and August 2016, OSU also attended six steering committee meetings via conference call and four all day meetings in-person. Additionally, OSU presented Futures Project work at the April Region 10 Poverty Symposium (in Portland) and August National Community Action Conference (in Austin).

Review of Literature

OSU reviewed existing literature throughout all phases of this project (e.g., poverty definitions, research design, Theory of Change dimensions, potential indicators, data and measurement, implementation). This included review of academic (peer-reviewed) literature, policy briefs, white papers, budget documents, case studies, state and national

program reports, strategic plans, grantee information memoranda and action transmittals, manuals, reporting forms and instructions, as well as various local, state, and national websites. References to our research are noted throughout various sections in this report.

Field Study

OSU researchers worked with individuals (or groups of individuals) to request data, observe use of data systems, and identify potential reporting challenges. For example:

- OSU requested data from a state agency (OHCS), a state association (CAPAI), as well as several local agencies related to select indicators. OSU documented how long it took to obtain the data, data limitations, information gaps, and barriers to reporting.

- OSU used data to create graphs and tables that highlighted potential data quality issues. Follow-up meetings with local agencies and state association staff (CAPAI) were held to discuss discrepancies and outstanding questions regarding data collection.

- OSU created draft data definitions and sent these to a handful of local agencies, state agencies (OHCS), and state associations (including IT staff) to test. Feedback was received via email, conference call, and during site visits.

OSU also obtained access to the CaseWorthy information system in Idaho, met with CaseWorthy system developers, and sat in on a user group session (consisting of field staff from around the state). This allowed OSU further insight into the kinds of data currently being collected, the feasibility of new data collection, as well as the potential for compiling and reporting Futures Project indicators.

THEORY OF CHANGE

The Theory of Change serves as a foundation for all work on the Futures Project. When the State of Oregon joined the regional effort, Washington and Idaho had already developed a Theory of Change consisting of two models which interact and complement one another as follows:

- **Individual and Family Model:** Community Action Agencies provide services that directly impact the conditions, attitudes, knowledge, and behavior of low-income individuals and households. The overarching goal of this model is for individuals and families to become stable and equipped to exit poverty.

- **Community Model:** Community Action Agencies provide leadership and services which influence the conditions, attitudes, knowledge, and behavior within the larger communities where low-income people reside. The overarching goals of this model are 1) for community members to better understand their stake in poverty and take action, and 2) for communities to have resources (infrastructure) necessary for households to maintain stability and exit poverty.

During this contract period, OSU researchers focused on the Individual and Family Theory of Change. Therefore, the Community Level Theory of Change is not addressed in this report.

Justifying and Clarifying Dimensions in the Theory of Change

As mentioned in the previous section, OSU used processes developed and tested by others to guide Futures Project research (Robeyns, 2003; Mitra, 2013). The first step was to justify and clarify dimensions selected by Community Action Agencies for their Theory of Change. More specifically:

- **Why do agencies believe each dimension of poverty should be included in their Theory of Change?**

- **What does existing research say about selected dimension as they relate to poverty?**

In addition to collecting feedback during meetings, OSU also reviewed existing research to evaluate established linkages between proposed Theory of Change dimensions and poverty. Common themes from stakeholders, as well as key research findings, are summarized in Table 2.

Table 2: Theory of Change Assumptions, Research

Dimension	Common Themes from Stakeholders	What the Research Tells Us
Food and Nutrition	When people are hungry, or even worried about being hungry, they can't function at their full capacity. Hunger and food insecurity threaten physical health. Children have difficulty in school when they are hungry.	Food insecurity adversely affects children and adults. Impacts of food insecurity include but are not limited to weight loss, increased illness, fatigue, workplace absenteeism, missed school, and developmental delay (Wight, et. al, 2014; Schmidt, et. al, 2013; Hager, et. al, 2010).
Warmth (heat and clothing)	People shouldn't have to choose between their utility bills and food or medicine. People deserve to have light and warmth. Vulnerable individuals (seniors and children) face physical health risks when their homes are cold.	Research has shown that households with high energy costs relative to income have an increased risk of energy insecurity--resulting in service disruptions, financial problems, as well as serious health and safety risks. Individuals and families with high energy burden are often forced to make difficult choices between staying warm and meeting other basic needs like food or medicine (Hernandez, 2016; Snyder, 2010).

Table 2: Theory of Change Assumptions, Research

Dimension	Common Themes from Stakeholders	What the Research Tells Us
Housing	A roof over your head is necessary for physical health, safety, and stability. Without a home, it is difficult to even to think straight. This gets in the way of forward progress.	Multiple studies indicate that adults experiencing eviction and homelessness face significantly higher rates of chronic illness, emotional distress, disability and premature death than the general population. Homelessness is also linked to poor physical health in children including low birth weight, malnutrition, ear infections, exposure to environmental toxins, and chronic illness (Desmond, 2016; Cunningham, et. al, 2015; Cunningham, et. al, 2010; Mc-Naughton-Nicholls and Atherton, 2011).
Health, Safety, and Well Being	People should have access to a doctor when they need it. People need health insurance. People should feel that physical and mental health care is accessible. We need to keep shining a light on the social determinants of health.	Research shows that having both a usual source of care and health insurance coverage significantly reduces "delaying or foregoing medical care" (Devoe, 2011).
Mobility (Transportation)	Without reliable transportation, people cannot get to their doctor, to work, to appointments, and even sometimes to school. This makes it difficult to get ahead. In some cases, not being able to get to a grocery store or doctor can have serious health consequences. A lack of transportation may also increase risk of social isolation.	Challenges to nutrition, health care, education and employment are correlated with "deficits in physical mobility"—the ability to travel from one place to another. This is especially true in rural areas, where public transportation is limited. Research shows that households will often move to urban areas even without a source of personal income because they are in closer proximity to food, healthcare, education, and services (Wachs, 2010). More recent research indicates that length of time it takes to get places (commute time) is directly related to poverty, even after controlling for other factors (Majeski, 2016).
Basic Financial Resources	You have to pay your bills. Physical well-being and safety is at risk when people have to make choices between necessary things like rent, food, electricity. The more wiggle room we can give people in their budget, the more bandwidth they have to make better choices.	Most research uses income as a poverty measure, making the correlation between poverty and income 1:1. However, research also underscores the physical and mental impacts that result from having to make difficult choices with limited resources, particularly over long periods of time (Mullainathan and Shafir, 2013).
Children are Safe and Thriving	All parents need support to raise thriving children, but low-income families need additional support to be able to juggle the physical and mental demands of poverty.	Research demonstrates that children who reside in low-income homes experience higher levels of chaos, stress, and instability. Two-generation approaches to intervention (e.g., child and parent) have been shown to reduce home stress and improve cognitive and behavioral outcomes in children (Pakulak et. al, 2015)
Debt and Credit Management	It is hard enough for individuals and families in poverty to meet basic needs. Sometimes people become stable, but live so close to the edge that an unexpected medical bill or car repair sends them right back into crisis	A lack of assets threatens families' ability to weather adverse events. After experiencing an involuntary job loss, asset poor families are nearly three times more likely to experience hardship than non-asset-poor families (Ratcliffe, 2013).

Table 2: Theory of Change Assumptions, Research

Dimension	Common Themes from Stakeholders	What the Research Tells Us
Legal Problems Mitigated	Undocumented individuals and families (including mixed citizenship households) do not have the same opportunities to become stable or exit poverty. Many live in fear of getting deported, so they are nervous about reaching out for help.	Non-citizen immigrant households are less likely to rely on "safety net" programs. Poverty continues to increase among children in households where parents are not documented—even in cases where the children are citizens and eligible for assistance (Bitler and Hoynes, 2013).
Social Capital and Connections	People need to have a support network to call on during times of need. To think about the future, people need to see or be around others who have successfully achieved similar goals. Social isolation is becoming more of a problem (especially among seniors). This can be harmful to mental health, and may pose risk to physical health.	Being well connected to a large and diverse social network gives individuals access to valuable information such as affordable housing opportunities, job leads, or scholarships (Lowe, 2012; Smith, 2005; Elliott, 1999; Kasinitz and Rosenberg, 1996). Studies show that civic engagement increases access to social networks, and that parents who are civically engaged are more likely to have children who are civically engaged as well.
Educated and Literate	People need a minimal education in order to obtain employment, or even just to recognize their full potential. Starting with early education is critical.	Research shows that the earnings gap between more- and less-educated workers continues to increase. Additionally, in 2014, poverty rates were twice as high for adults without a high school diploma (DeNavas-Walt and Procter, 2014). There is growing consensus among researchers that early intervention is essential. Center-based childcare and literacy-rich home environments are tied to competence as well as resilience among at-risk children (Judge, 2013).
Job- and Life-Skilled	There should be more alternatives for people who want job training outside of the "typical" college path. Technical skills aren't the only thing necessary to succeed in workplace. Some people need help with other life skills such as social interaction, language, or time management.	Most research in the area of life skills and poverty emphasizes the need for early intervention (such as Head Start), as this is when most social and cognitive "life skills" are developed (Collis, et. al, 2015). However, many acknowledge that there are multiple touchpoints throughout the life cycle where intervention could be helpful—particularly in cases where early learning opportunities were missed (e.g., "Cradle to Career" initiatives).

Refining the Theory of Change

Using insight from meetings, work groups, and the research— the OSU team suggests slightly revising dimensions of poverty in the originally proposed Futures Project Theory of Change. Table 3 outlines both the original and new dimensions, along with a brief rationale for suggested revisions (where applicable).

Table 3: Suggested Theory of Change Revisions

Original	New *(suggested)*	Rationale
Food and Nutrition	**Food and Nutrition**	No Change
Warmth (heat and clothing)	**Warmth**	Heat and Clothing are both strategies that could lead to the outcome of "warmth."

Table 3: Suggested Theory of Change Revisions

Original	New *(suggested)*	Rationale
Housing	**Housing**	No Change
Health, Safety, and Well Being	**Health**	Stakeholders agreed that this dimension was too broad. When asked what matters most, people focused in on Health. Some felt safety and well-being are implicit or included in other dimensions.
Mobility (Transportation)	**Mobility (Transportation)**	No Change
Basic Financial Resources	**Income**	Overwhelmingly, people agreed that "Basic Financial Resources" was difficult to define or characterize. Income was widely accepted as an appropriate alternative--encompassing both non-cash benefits and disposable income.
Children are Safe and Thriving	**Safe and Thriving Children**	Reworded only to match style of other dimensions in the Theory of Change.
Debt and Credit Management	**Financial Resilience (Assets)**	Feedback indicated that "Debt and Credit Management" felt too narrow for this category. Changing the dimension name to Financial Resilience (Assets) makes room for strategies such as increased savings, banking, EITC, etc.
Legal Problems Mitigated	**Legal Status**	This may have been one of the more contentious items discussed. Most people felt as though the original proposal ("Legal Problems Mitigated") was a strategy versus a dimension of poverty. However, Legal Status was kept in the Theory of Change because documentation and/or citizenship directly influences individual and family ability to become equipped to exit poverty.
Social Capital and Connections	**Social Networks and Connections**	Changed the word "Capital" to "Connections" because social capital has a tendency to be overgeneralized or misinterpreted.
Educated and Literate	**Education**	The original use of the word "Literate" was confusing to some of the steering committee members. "Education" was deemed appropriate for cradle to grave educational needs/goals.
Job and Life Skilled	**Employment**	Steering committee members indicated that "job skills" ultimately landed in the education dimension, and that life skills implicitly fall across "education" and several other dimensions. When discussing assumptions, "Employment" was revealed to be a more appropriate fit.
	Self-Efficacy	Steering committee members regularly came back to the importance of individuals being able to think about their future, and to perceive a sense of influence over their own circumstances (as well as their surroundings). This was initially blended into the "Health Safety and Well-Being" and "Social Capital" dimensions. However, the group decided to call this out as its own dimension. Earlier drafts labeled this as "Growth Mindset"—however, the research refers to this as self-efficacy, a concept which is also more intuitive to Community Action Agencies and their partners.

MEASURING WHAT MATTERS: GOALS AND OUTCOMES

Between October of 2015 and January of 2016, OSU researchers met with the Futures Project steering committee, Community Action Associations in each state, state agency program managers, external partners, and six small work groups made up of local agency staff (with particular areas of interest or expertise). The goal of these meetings was to answer the following research question:

- **What changes in conditions, behavior, attitudes or knowledge do Community Action Agencies want to see among individuals and families in each dimension of poverty?**

During these meetings, stakeholders were asked the following questions:

a. What change in condition, attitudes, behaviors, or knowledge do you want to see among households?
b. What do you think "matters most" in terms of stabilizing households and equipping them to exit poverty?
c. If you could only measure one outcome of your work, what would it be?
d. How will you know if your efforts are successful?
e. What outcomes are you already expected to measure for the programs you administer?

OSU researchers analyzed the feedback from meetings, work groups, and conversations to develop key goals and indicators for each dimension in the Futures Project Theory of Change.

Identifying Key Goals for Individuals and Families

The goals in Table 4 summarize the conditions that Community Action Agencies identified as necessary for individuals and households to become stable and equipped to exit poverty.

Table 4: Key Goals for Individuals and Families

DIMENSION	GOAL
Food and Nutrition	Individuals and families do not worry about feeding themselves and/or their children.
Warmth	Individuals and families have safe, continuous and affordable home energy.
Housing	Individuals and families have stable housing.
Health	Individuals and families have healthcare that meets their needs.
Mobility	Individuals and families have reliable and efficient transportation.
Income	Individuals and families have enough income available to meet their basic needs.
Safe and Thriving Children	Individuals and families have support necessary to raise thriving and resilient children.
Financial Resilience (Assets)	Individuals and families have assets necessary to weather financial crises.
Legal Status	Individuals and families have legal status.
Social Networks and Connections	Individuals and families have social networks and connections.

Table 4: Key Goals for Individuals and Families

DIMENSION	GOAL
Education	Individuals and families have education necessary to meet their goals.
Employment	Individuals and families have employment necessary to meet their goals.
Self-Efficacy	Individuals and families have a sense of influence over events that affect them and can act on it.

Identifying Outcomes

Each of the goals identified in Table 4 laid the necessary groundwork for identifying outcomes (individual and family changes in conditions, behaviors, attitude or knowledge necessary to meet goals). The outcomes in Table 5 reflect common or recurring themes that OSU researchers recorded across multiple meetings and groups of people. They also take into consideration existing (or proposed) reporting requirements for different federal programs.

Table 5: Key Outcomes for Individuals and Families

DIMENSION	GOAL	OUTCOME	RATIONALE/DISCUSSION
Food and Nutrition	Individuals and families do not worry about feeding themselves or their children.	**Households report reduced food insecurity.**	A food insecurity outcome not only captures hunger, but also the stress related to uncertainty about having enough food, with or without the sensation of hunger (Hager, et. al, 2010).
Warmth	Individuals and families have safe, continuous, and affordable home energy.	**Home energy is restored after disconnection or running out of fuel.**	The first three outcomes in the "Warmth" dimension overlap. The federal LIHEAP program requires agencies to collect data on the restoration of home energy and prevention of home energy loss. However, local agencies are more interested in the relationship between these two measures—ultimately wanting to see fewer households needing their home energy restored.
		Home energy loss is prevented.	
		Households experience fewer home energy emergencies	
		Households pay less of their income to home energy.	Reducing the amount of income people pay toward home energy increases affordability and the availability of disposable income for other basic needs.
		Households report they are using energy more efficiently.	These outcomes overlap. The first outcome looks at self-reported changes in household behavior (reduced energy usage). The second looks at actual changes in home energy consumption (regardless of reported changes in behavior). Evaluating mismatches between these two data points could reveal households where changes in behavior are not impacting energy use—and further attention may be necessary (e.g., weatherization).
		Households use less energy.	

Table 5: Key Outcomes for Individuals and Families

DIMENSION	GOAL	OUTCOME	RATIONALE/DISCUSSION
Housing	Individuals and families have stable housing.	**Homeless households are safely sheltered.**	There was a great deal of debate amongst the steering committee (and other stakeholders) regarding inclusion of this outcome. Some felt that emergency shelters are not an ideal or long-term housing solution, and should therefore, not be included as a measure of success. However, others indicated that shelter provides a safe (though temporary) alternative to living outdoors or in other unsafe housing situations. Since this is a proposed Key Performance Outcome for the Community Services Block Grant (CSBG), the OSU team chose to keep it in the list of recommended outcomes—acknowledging that agencies may opt to remove it in the future.
		Homeless households obtain permanent housing.	This was the most frequently recommended outcome in both the housing dimension, and across the Theory of Change. The prevalence of "Housing First" means that many agencies are prioritizing permanent housing before focusing on other interventions or services. This outcome is currently a required reporting element for HUD programs.
		At-risk households maintain housing.	While much of the housing discussion centered around stabilizing homeless individuals, there was also widespread agreement that an outcome was needed to gauge whether at-risk households are able to maintain their housing. Many local agencies are collecting data for this outcome based on HUD reporting requirements.
Health	Individuals and families have healthcare that meets their needs.	**Uninsured individuals obtain health insurance.**	Our initial discussions regarding health related outcomes suggested that we place more emphasis on "access" to care than obtaining health insurance. But many argued that obtaining health insurance is a critical outcome, particularly as it will provide local agencies with data regarding particular groups or geographies where lack of health insurance is prevalent (and where resources could be better targeted).
		Individuals report a "usual source" for health care.	Local agency staff repeatedly tell stories of insured individuals who do not understand their benefits, don't know where to go, do not have a medical "home," or face significant barriers to accessing care (transportation, work schedule, language difficulties, etc). If individuals do not have a "usual" place to go for healthcare, they are more likely to delay or forego treatment, and less likely to pursue preventive care. Being able to identify characteristics of individuals (e.g., race, ethnicity, age, vulnerable status, or even geography) who do not have a usual source of care will help agencies to better target their strategies. Additionally, it will clarify places where additional partnerships or community infrastructure is needed to support low-income health care needs.

Table 5: Key Outcomes for Individuals and Families

DIMENSION	GOAL	OUTCOME	RATIONALE/DISCUSSION
Mobility	Individuals and families have reliable and efficient transportation.	**It takes less time for individuals and families to get where they need to go.**	Many agency directors noted transportation as a top need/barrier identified in Community Needs Assessments. Both the research and stakeholder input strongly suggest that transportation is critical for exiting poverty, and that interventions should focus on reducing the commute time needed to access employment, school, groceries, healthcare, and other basic needs. In the past, outcomes have focused on whether or not households have reliable transportation (Y/N). This outcome goes a step further, asking households to identify how long it takes to get where they need to go—then looking at the average change in commute during the reporting period. This will allow agencies to correlate the services they provide with reduced commute hours. It will also identify groups of people (e.g., elderly, disabled, families with small children, or even certain geographies) that face disproportionately long commute times, and may require additional attention or different strategies.
Income	Individuals and families have enough income available to meet their basic needs.	**Households increase non-cash benefits (off setting costs and freeing up budget resources).**	Almost all stakeholders agreed that without non-cash benefits, many households would struggle more to "have enough income to meet basic needs." Research confirms that non-cash benefits mitigate household poverty.
		Households increase disposable income.	There was agreement across all discussion that households need disposable income to pay their bills. However, agencies acknowledged that just like other goals in the Theory of Change, increasing disposable income may not be possible (or even a desired outcome) for some of the households they serve.
Safe and Thriving Children	Individuals and families have support necessary to raise thriving and resilient children.	**Families have quality, affordable childcare to meet their needs.**	While local agencies acknowledge that quality, affordable childcare is important for families, there were some who were hesitant about including this as an outcome. This is partially because Community Action Agencies' primary intervention for families with young children is Head Start—and Head Start goals are already reflected in the "Education" dimension. Agency staff, however, voiced that Head Start is not an adequate childcare alternative for working families. Understanding the characteristics and geography of families struggling most with childcare quality and affordability will help local agencies target their resources, build stronger partnerships, and influence childcare infrastructure where it is needed most.

Table 5: Key Outcomes for Individuals and Families

DIMENSION	GOAL	OUTCOME	RATIONALE/DISCUSSION
		Parents demonstrate increased sensitivity and responsiveness in their interactions with children.	In addition to parents demonstrating increased sensitivity and responsiveness in their interactions with children (based on teacher or staff observation), Community Action Agency staff also felt that adults should feel more supported in their role as parents. A lack of confidence among low-income parents can compound the stress, guilt, or worry associated with experiencing poverty (for both parents and children).
		Individuals feel more supported in their role as parents.	
Financial Resilience (Assets)	Individuals and families have assets necessary to weather financial crises.	**Individuals open savings account and/or IDA.**	Not all agencies directly assist individuals with savings or IDA related outcomes. However, program staff and partners acknowledge that having savings increases the likelihood of individuals maintaining stability, particularly in the face of unexpected financial shocks.
		Individuals add money to savings and/or IDA.	
		Households reduce debt.	There was hesitance among some agency directors to include debt related outcomes in the Theory of Change. OSU observed two possible reasons for this reluctance. First, many local agencies do not have resources (programs, funding, or partnerships) to assist households with debt reduction. Second, some staff have debt of their own—making it challenging to classify "reduced debt" as a condition for exiting poverty. However, program managers agreed that reducing debt helps households maintain stability, especially if they are experiencing deprivation in other dimensions of poverty. The steering committee may wish to revise or remove this outcome from the Theory of Change after reviewing initial regional data.
Legal Status	Individuals and families have legal status.	**Adults achieve their legal status goals.**	Not all agencies work directly with individuals to obtain legal status. However, the steering committee acknowledged that legal status (or lack thereof) does impact the ability of individuals to become stable and equipped to exit poverty. The steering committee opted to re-evaluate this outcome after an initial period of data collection.
		Children achieve their legal status goals.	
Social Networks and Connections	Individuals and families have social networks and connections.	**Individuals have more people to call on in a time of need.**	Expanding social networks—as well as the ability to call upon these connections during a time of need—is directly correlated with both an increased *sense of connectedness* as well as *actual engagement*. These three outcomes measure change in condition (number of people to call upon during a time of need), attitude (individuals perceiving themselves as more active community members), and behaviors (volunteer hours) related to social networks.
		Individuals perceive themselves as more active members of their community.	
		Individuals report more hours supporting others in their community (informal or formal volunteering).	

Table 5: Key Outcomes for Individuals and Families

DIMENSION	GOAL	OUTCOME	RATIONALE/DISCUSSION
Education	Individuals and families have education necessary to meet their goals.	**Children entering kindergarten demonstrate skills necessary for school readiness.**	Local program managers and directors were unanimous regarding a school readiness outcome. They acknowledge the importance of cognitive and social development during early years, and recognize the role this plays in generational poverty. The steering committee also felt school readiness is a shared goal among external partners, and could catalyze collective impact efforts in their communities.
		Individuals achieve their goal of obtaining a GED or Diploma.	Education is directly correlated with employment, income, and other dimensions of poverty. Lack of a GED, diploma, or other education/training credentials impacts individuals' ability to achieve career advancement or other goals.
		Individuals achieve post-secondary education or training goals.	
Employment	Individuals and families have employment necessary to meet their goals.	**Youth achieve their goal of obtaining employment.**	In addition to income, youth employment provides critical pathways to life skills, workforce training, and community engagement. This is particularly true for youth in families experiencing poverty.
		Individuals achieve their goal of obtaining employment (below living wage).	The ability to obtain employment is correlated with multiple dimensions of poverty and well-being. These outcomes specifically measure obtaining employment with earnings 1) less than living wage, and 2) at or above living wage. Earnings above living wage increase the likelihood of achieving outcomes in other dimensions of poverty.
		Individuals achieve their goal of obtaining employment (at or above living wage).	
		Individuals have opportunities for increased employment earnings and benefits (salary increase, hour increase, and/or increased benefits).	Previously listed employment outcomes look at changes among unemployed individuals. However, many employed individuals make less than their expected wage (based on their education or experience), work less than full time, or do not have benefits that meet their needs. Additionally, some are actively pursuing training or education to advance in their careers. This outcome is intended to look at increased benefits, salary, or hours among individuals who are already employed.
Self-Efficacy	Individuals and families have a sense of influence over events that affect them and can act on it.	**Individuals report more control over their current circumstances.**	A sense of control over current circumstances is necessary for individuals to problem solve, plan or take action to change their own situation.
		Individuals report more control or influence over their future outcomes.	If individuals do not perceive influence over their future outcomes, they will find it difficult to see beyond their current circumstances, recognize their abilities, set goals for the future, or even have hope.
		Individuals perceive more control or influence in their community.	Individuals who perceive influence over things that happen in their community are more likely to feel connected, become engaged, and expand their social networks.

RECOMMENDING INDICATORS

In the winter and spring of 2016, the OSU team began requesting data from various stakeholders related to the outcomes in Table 5. The goal of this task was to answer the following research questions:

- **What kind of data are available to measure changes in conditions, behaviors, attitudes or knowledge among individuals and families?**
- **What are some of the barriers to obtaining quality data for outcomes?**
- **Given availability of data, or feasibility of new data collection, what indicators should be used to measure outcomes for each goal in the Theory of Change?**

Specific individuals or agencies were targeted based on their data systems, expertise, and/or programs offered. For example:

- Oregon Housing and Community Services has been collecting data regarding prevention of home energy loss and restoration of home energy service for over three years. They were asked to provide these data for all Community Action Agencies across Oregon for two federal fiscal years.
- Community Action Partnership of Idaho (CAPAI) was asked to provide all available data regarding "achieved goals" for one full program year from their centralized database (Case Worthy). These data are currently used by CAPAI to report federal CSBG Key Performance Indicators.
- Community Action Partnership (Lewiston, ID) was asked to provide pre and post-program data regarding social capital and connections from clients in their Future Story Initiative Program.
- South Central Community Action Partnership (Twin Falls, ID) primarily focuses on housing, and their program manager is extremely familiar with both CaseWorthy and the federally required Homeless Management Information System (HMIS). Therefore, SCCAP helped OSU compare data entered into each system (to evaluate consistency and accuracy).
- Community Services Consortium (Corvallis, OR) was asked to provide data for their combined federal, state, and local energy assistance programs.

Analyzing the Availability of Existing Data

After making initial requests for specific data, OSU researchers worked with local agencies to clarify parameters, evaluate where data was not available, and identify challenges in retrieving data from information systems. Our assessment revealed the following overarching findings:

- **Agencies are collecting a lot of data, however not all systems make it easy for users to query these data or manipulate it for meaningful analysis.** For example, although agencies in one state update household income during each case management visit—the state IT staff could not query the data to identify 1) how many households experienced a change in income during a reporting period, and 2) the average change (in dollars) between first and last reported income.
- **Data collection is not systematic.** Data regarding household outcomes (changes in conditions, attitudes, behavior, or knowledge) are often discussed and recorded during case management visits. However, many agencies are recording this information in paper files or electronic case notes that are segregated from their database system(s). In these cases, systematically (and consistently) evaluating outcomes across a number of clients becomes nearly impossible.
- **Some agencies are only recording households who successfully achieve outcomes in their database systems.** For instance, we learned from one agency that they are only tracking homeless households who obtain permanent housing in HMIS. At another agency, households are only flagged as having a savings related goal

once they open or add money to a savings account. While this approach allows Community Action Agencies to look at the raw numbers of households who achieved outcomes each year, it provides no context for understanding success from year-to-year (particularly during years when available funding may be limited). More importantly, it does not provide the data necessary to identify which groups of people are not achieving outcomes so that attention and resources can be targeted appropriately.

- **Data does not measure household change.** Many agencies are collecting data at the time of intake or during initial Case Management assessments. However, they are not revisiting these data fields again until re-enrollment is necessary the following year. This once-a-year data collection does not allow local agencies to 1) accurately assess change within households, or 2) correlate these changes with specific interventions (e.g., program participation, benefits).

In addition to the above findings, Table 6 (below) summarizes the availability of existing data across all outcome areas. It is important to note that this table reflects *general trends or activities* among Community Action Agencies within the three state region.

Table 6: Availability of Existing Outcome Data

DIMENSION	OUTCOME	AVAILABILITY OF DATA
Food and Nutrition	Households report reduced food insecurity.	Some agencies are asking households one or more questions related to Food Insecurity in Community Needs Assessments. However, these surveys are only administered once every two years (on average).
Warmth	Home energy is restored after disconnection or running out of fuel.	Beginning in October of 2015, the LIHEAP program requires reporting of households where 1) LIHEAP was used to restore home energy after disconnection or running out of fuel, and 2) LIHEAP was used to prevent home energy loss. Our research suggests that local agencies who administer LIHEAP funds are generally tracking this information for both LIHEAP and other energy assistance programs.
	Home energy loss is prevented.	
	Households experience fewer home energy emergencies.	
	Households pay less of their income to home energy.	Beginning in October of 2015, the LIHEAP program requires state grantees to report average reduction in energy burden for households receiving bill payment assistance. CAPAI is currently collecting data from all LIHEAP vendors in Idaho to calculate average energy burden reduction. Washington and Oregon are working with the largest utilities in their states, and will gradually increase data collection to include deliverable fuel vendors over time. To implement this indicator, local agencies will need to rely on a state agency/entity to provide them with data for each Community Action service area.
	Households report they are using energy more efficiently.	Some agencies provide a post-test or survey following energy education (or other energy efficiency related services). However, it is not apparent that these data are systematically tracked or analyzed over time.
	Households use less energy.	As noted above, new LIHEAP performance management requirements may result in state entities obtaining both cost and consumption data for more of their clients. Although some agencies already collect energy consumption data from utilities for the purpose of evaluation, the new reporting requirement could make this data more accessible.

Table 6: Availability of Existing Outcome Data

DIMENSION	OUTCOME	AVAILABILITY OF DATA
Housing	Homeless households are safely sheltered.	Agencies receiving HUD funding are already tracking these data in their Homeless Management Information Systems (HMIS). While agencies who do not receive HUD funding are not required to use HMIS, some have adopted HUD data definitions to use in their own databases (to consistently track outcomes among all housing programs). Our research suggests that, regardless of system, some agencies may only be tracking data for homeless households who are sheltered or obtain permanent housing. To accurately report on this outcome, agencies must also track homeless households who enroll in a program, but who do not enter shelter or obtain permanent housing.
	Homeless households obtain permanent housing.	
	At-risk households maintain housing.	Agencies receiving HUD funding are already tracking these data in their HMIS systems. While agencies who do not receive HUD funding are not required to use HMIS, some have adopted HUD data definitions to use in their own databases (to consistently track outcomes among all housing programs).
Health	Uninsured individuals obtain health insurance.	Almost all agencies ask individuals whether or not they have health insurance at the time of intake. However, few agencies are tracking changes to health insurance status during interim assessments or upon program exit.
	Individuals report a usual source for health care.	Many agencies are not systematically collecting these data, nor are they tracking changes in these data during interim visits or upon program exit.
Mobility	It takes less time for individuals and families to get where they need to go.	Some agencies are asking questions related to the "availability of reliable transportation" during community needs assessments (and in limited cases, case management intakes). However, our research suggests that agencies are not currently asking about the amount of time it takes for households to get where they need to go, or tracking household changes in this area.
Income	Households increase non-cash benefits (off setting costs and freeing up budget resources).	Most agencies ask households about the non-cash benefits and income they are receiving (type and amount) during intake or initial case management assessment. However, few agencies are tracking changes to income during interim assessments or upon program exit.
	Households increase disposable income.	
Safe and Thriving Children	Families have quality, affordable childcare to meet their needs.	Some agencies with childcare resource and referral services may have survey data in this area. Additionally, some agencies are asking households one or more questions related to childcare in their Community Needs Assessments. However, these surveys are only administered once every two years (on average).
	Parents demonstrate increased sensitivity and responsiveness in their interactions with children.	This is not only a proposed CSBG Key Performance Indicator, but also an established Head Start outcome. Therefore, agencies with Head Start programs are already collecting data for this indicator among the families they serve.
	Individuals feel more supported in their role as parents.	Some agencies are collecting these data (or something very similar) from families participating in parenting education or Head Start programs. However, this indicator allows local agencies to assess perceived parental support among a broader set of clients (beyond Head Start families).

Table 6: Availability of Existing Outcome Data

DIMENSION	OUTCOME	AVAILABILITY OF DATA
Financial Resilience (Assets)	Individuals open savings account and/or IDA.	Most agencies are collecting these data for individuals who have identified savings as a goal (or are participating in a program where this is an explicit goal). Our research suggests that some agencies may only be reporting on individuals who successfully opened an account or added money to savings. To accurately report on this indicator, agencies should be focusing additional attention on tracking individuals who identified a goal of opening or adding money to a savings account or IDA, but did not achieve it.
	Individuals add money to savings and/or IDA.	
	Households reduce debt.	Agencies who are administering programs with an explicit goal of reducing debt are generally tracking these data over time (in HMIS and other databases).
Legal Status	Adults achieve their legal status goals.	Agencies who are administering programs with the explicit goal of helping adults or children obtain legal status (citizenship) are actively tracking household changes in this area. Some programs ask about citizenship during the time of intake, but do not systematically monitor changes in citizenship status during subsequent visits unless it is an explicit goal (or program eligibility requirement).
	Children achieve their legal status goals.	
Social Networks and Connections	Individuals have more people to call on in a time of need.	A handful of agencies ask a question about social networks and connectedness during the Community Needs Assessment (on average, once every two years). However, most are not collecting this information at intake or during subsequent visits unless the client is participating in a program where these are specific goals (e.g., Future Story Initiative). Some staff may be talking with clients about social networks and connectedness during case management visits, but not systematically collecting data or tracking change over time.
	Individuals perceive themselves as more active members of their community.	
	Individuals report more hours supporting others in their community (informal or formal volunteering).	Some agencies collect a variation of these data for individuals participating in programs focused on building social networks or community engagement (e.g., volunteer training). Additionally, some clients track volunteer hours specifically related to their Community Action Agency in a volunteer database. However, this method does not capture the level or breadth of formal and informal volunteering happening outside of the agency.
Education	Children entering kindergarten demonstrate skills necessary for school readiness.	Head Start currently collects data across five domains of school readiness. However, very few agencies in the US attempt to "roll-up" all five domains into one meaningful school readiness indicator. Therefore the OSU team is recommending an indicator for each domain (Table 7).
	Individuals achieve their goal of obtaining a GED or Diploma.	Agencies who are administering programs with an explicit goal of helping individuals to obtain a GED, diploma, post-secondary education, and/or training are actively tracking individual changes in this area. Many agencies ask about education during the time of intake or case management assessments, but do not systematically monitor changes in education during subsequent visits unless it is an explicit goal (or program reporting requirement).
	Individuals achieve post-secondary education or training goals.	

Table 6: Availability of Existing Outcome Data

DIMENSION	OUTCOME	AVAILABILITY OF DATA
Employment	Youth achieve their goal of obtaining employment	Agencies who are administering programs with an explicit goal of helping youth or adults obtain employment are actively tracking individual changes in this area. Many agencies ask about employment during the time of intake or case management assessments, but do not systematically monitor changes in employment during subsequent visits unless it is an explicit goal (or program reporting requirement). Most agencies are not including any kind of living wage threshold.
	Individuals achieve their goal of obtaining employment (below living wage).	
	Individuals achieve their goal of obtaining employment (at or above living wage).	
	Individuals have opportunities for increased employment earnings and benefits (salary increase, hour increase, and/or increased benefits).	Agencies who are administering programs with an explicit goal of helping adults increase their employment are actively tracking individual changes in this area. Many agencies ask about employment during the time of intake or case management assessments, but do not systematically monitor changes in employment during subsequent visits unless it is an explicit goal (or program reporting requirement). Few agencies are tracking the amount of hours worked per week or the status of employment benefits.
Self-Efficacy	Individuals report more control over their current circumstances.	Our research suggests that data for this outcome is not being systematically collected by local agencies.
	Individuals report more control or influence over their future outcomes.	
	Individuals perceive more control or influence in their community.	

Identifying Indicator Measures

Evaluating existing data gave OSU researchers more insight into the types of data already being collected at the local level (e.g., units of analysis, frequency of data entry), as well as system capacity for data collection. Armed with this knowledge, OSU researchers identified the indicators and related data points in Table 7 for each outcome in the Theory of Change.

Table 7: Key Indicators for Individual and Family Outcomes

DIMENSION	OUTCOME	INDICATOR	DATA
Food and Nutrition	Households report reduced food insecurity.	**FOOD1** % of households who reported reduced risk of food insecurity	# of households whose provide improved responses in two question food security screen
			# of households in target population (e.g., all clients, program participants, or survey sample)

Table 7: Key Indicators for Individual and Family Outcomes

DIMENSION	OUTCOME	INDICATOR	DATA
Warmth	Home energy is restored for after disconnection or running out of fuel.	**WARMTH 1** % of households where home energy is restored (after disconnection or running out of fuel)	# of energy assistance households who were disconnected or out of fuel at time of benefit
			# of households who received energy bill payment assistance (from any funding source)
	Home energy loss is prevented.	**WARMTH 2** % of households where home energy loss is prevented	# of energy bill payment assisted households with past due account status, disconnect notice, or nearly out of fuel at time of benefit
			# of households who received energy bill payment assistance (from any funding source)
	Households experience fewer home energy emergencies.	**WARMTH 3** Change in restoration % (Warmth 1) in relation to prevention % (Warmth 2)	# of energy bill payment assisted households who were disconnected or out of fuel at time of benefit
			# of energy bill payment assisted households with past due account status, disconnect notice, or nearly out of fuel at time of benefit
			# of households who received bill payment assistance (from any funding source)
	Households pay less of their income to home energy.	**WARMTH 4** Average % reduction in energy burden	Average household annual energy cost of energy bill payment assisted households
			Average household annual income of energy bill payment assisted households
			Average household energy bill payment assistance benefit
	Households report they are using energy more efficiently.	**WARMTH 5** % of Households who report more efficient energy use	# of households who report change in energy use behaviors
			# of households who receive Energy Education or other services focused on changing energy use behaviors
	Households use less energy.	**WARMTH 6** % of households who consume less energy	Energy cost savings ($) in the year after weatherization, energy education, or other services focused on increasing energy efficiency
			# of households who receive weatherization, energy education, or other services focused on increasing energy efficiency
Housing	Homeless households are safely sheltered.	**HOUSING 1** % of homeless households safely sheltered	# of homeless households provided shelter services
			# of homeless households who approach agency or apply for services

Table 7: Key Indicators for Individual and Family Outcomes

DIMENSION	OUTCOME	INDICATOR	DATA
	Homeless households obtain permanent housing.	**HOUSING 2** % of homeless households that obtain permanent housing	# of homeless households that obtain permanent housing
			# of homeless households who approach agency or apply for services
	At risk households maintain housing.	**HOUSING 3** % of at risk households that maintain housing (prevention of homelessness)	# of households able to maintain the housing they had at program entry
			# of households receiving homeless prevention services
Health	Uninsured individuals obtain health insurance.	**HEALTH 1** % of uninsured individuals that obtain health insurance	# of individuals who obtained health insurance
			# of individuals at program entry who did not have health insurance
	Individuals report a usual source for health care.	**HEALTH 2** % of individuals who report changed status related to usual source of care.	# of individuals who report a changed status related to usual source of health care.
			# of individuals in target population (e.g., all clients, program participants, or survey sample)
Mobility	It takes less time for individuals and families to get to where they need to go.	**MOBILITY 1** Change in amount of time it takes households to get where they need to go	# of households who reported improvement in time it takes to get where they need to go
			# of households in target population (e.g., all clients, program participants, or survey sample)
Income	Households increase non-cash benefits (off setting costs and freeing up budget resources).	**INCOME 1** % of households who increase non-cash benefits	# of households who increase non-cash benefits
			# of households in target population (e.g., all clients, program participants, or survey sample)
		INCOME 2 Average reported $ increase in non-cash benefits (childcare, SNAP, energy assistance, etc)	AMONG HOUSEHOLDS WITH INCREASED NON-CASH BENEFITS--average reported $ increase in non-cash benefits
	Households increase disposable income.	**INCOME 3** % of households who increase disposable income	# of households who increased disposable income
			# of households in target population (e.g., all clients, program participants, or survey sample)
		INCOME 4 Average $ and percentage increase in disposable income	AMONG HOUSEHOLDS WITH INCREASED DISPOSABLE INCOME--average reported $ and % increase in disposable income

Table 7: Key Indicators for Individual and Family Outcomes

DIMENSION	OUTCOME	INDICATOR	DATA
Safe and Thriving Children	Families have quality, affordable childcare to meet their needs.	**CHILDREN 1** % of families reporting increased quality of childcare	# of families reporting increased quality of childcare
			# of families in target population (e.g., all clients, program participants, or survey sample)
		CHILDREN 2 % of families reporting increased affordability of childcare	# of families reporting increased affordability of childcare
			# of families in target population (e.g., all clients, program participants, or survey sample)
	Parents demonstrate increased sensitivity and responsiveness in their interactions with children.	**CHILDREN 3** % of parents who demonstrate increased sensitivity and responsiveness with their interactions with children (based on teacher observations)	# of parents who demonstrated increased sensitivity and responsiveness with their interactions with children (based on teacher observations)
			# of parents in target population (e.g., all clients, program participants, or survey sample)
	Individuals feel more supported in their role as parents.	**CHILDREN 4** % of individuals who report they feel more supported in their role as parents	# of individuals who report feeling more supported in their role as parents
			# of individuals in target population (e.g., all clients, program participants, or survey sample)
Financial Resilience (Assets)	Individuals open savings account and/or IDA.	**ASSETS 1** % of individuals that achieve their goal of opening a savings account and/or IDA	# of individuals that opened a savings account and/or IDA
			# of individuals in target population (e.g., all clients, program participants, or survey sample)
	Individuals add money to savings and/or IDA.	**ASSETS 2** % of individuals that achieved their goal of adding money to their savings and/or IDA	# of individuals that added money to their savings and/or IDA
			# of individuals in target population (e.g., all clients, program participants, or survey sample)
	Households reduce debt.	**ASSETS 3** % of households who achieved their goal of reducing debt	# of households who reduced debt
			# of households in target population (e.g., all clients, program participants, or survey sample)
Legal Status	Adults achieve their legal status goals.	**LEGAL STATUS 1** % of Adults that achieve their goal of legal status	# of adults that achieved legal status
			# of adults in target population (e.g., all clients, program participants, or survey sample)

Table 7: Key Indicators for Individual and Family Outcomes

DIMENSION	OUTCOME	INDICATOR	DATA
	Children achieve their legal status goals.	**LEGAL STATUS 2** % of Children that achieve their goal of legal status	# of children that achieved legal status
			# of children in target population (e.g., all clients, program participants, or survey sample)
Social Networks and Connections	Individuals have more people to call on in a time of need.	**SOCIAL NETWORKS 1** % of individuals who increase the number of people they can call on in a time of need	# of individuals who reported increase in the number of people they can call on during a time of need
			# of individuals in target population (e.g., all clients, program participants, or survey sample)
	Individuals perceive themselves as more active members of their community.	**SOCIAL NETWORKS 2** % of individuals who perceive themselves as a more active member of the community	# of individuals who reported that they perceive themselves as a more active member of the community
			# of individuals in target population (e.g., all clients, program participants, or survey sample)
	Individuals report more hours supporting others in their community (formal or informal volunteering).	**SOCIAL NETWORKS 3** % of individuals who report more hours supporting others in their community	# of individuals who reported increase in the number of hours they spend supporting others in their community
			# of individuals in target population (e.g., all clients, program participants, or survey sample)
Education	Children entering kindergarten demonstrate skills necessary for school readiness.	**EDUCATION 1** % of children entering kindergarten who meet school readiness goals related to Language and Literacy	# of children entering kindergarten who met school readiness goals related to Language and Literacy
			# of children in target population (e.g., program participants)
		EDUCATION 2 % of children entering kindergarten who meet school readiness goals related to Cognition and General Knowledge	# of children entering kindergarten who met school readiness goals related to Cognition and General Knowledge
			# of children in target population (e.g., program participants)
		EDUCATION 3 % of children entering kindergarten who meet school readiness goals related to Approaches to Learning	# of children entering kindergarten who met school readiness goals related to Approaches to Learning.
			# of children in target population (e.g., program participants)

Table 7: Key Indicators for Individual and Family Outcomes

DIMENSION	OUTCOME	INDICATOR	DATA
		EDUCATION 4 % of children entering kindergarten who meet school readiness goals related to physical health and development	# of children entering kindergarten who met school readiness goals related to physical health and development
			# of children in target population (e.g., program participants)
		EDUCATION 5 % of children entering kindergarten who meet school readiness goals related to social and emotional development	# of children entering kindergarten who met school readiness goals related to social and emotional development
			# of children in target population (e.g., program participants)
	Individuals achieve their goal of obtaining a GED or Diploma.	**EDUCATION 6** % of individuals who achieve goal of obtaining GED or Diploma	# of individuals who obtained GED or Diploma
			# of individuals in target population (e.g., all clients, program participants, or survey sample)
	Individuals achieve their goal of completing post-secondary education or training.	**EDUCATION 7** % of individuals who achieve their goal completing of post-secondary education or training	# of individuals who obtained post-secondary education or training certificate
			# of individuals in target population (e.g., all clients, program participants, or survey sample)
Employment	Youth achieve their goal of obtaining employment.	**EMPLOYMENT 1** % of unemployed youth who achieve their goal of obtaining employment	# of unemployed youth who obtained employment during the reporting period.
			# of youth in target population (e.g., all clients, program participants, or survey sample)
	Individuals achieve their goal of obtaining employment (below living wage).	**EMPLOYMENT 2** % of unemployed adults who achieve their goal of obtaining employment (below living wage)	# of unemployed adults who obtained employment (with salary/wages below living wage standard) during the reporting period.
			# of adults in target population (e.g., all clients, program participants, or survey sample)
			Local or state living wage $ (based on household size using definition of choice)
	Individuals achieve their goal of obtaining employment (at or above living wage).	**EMPLOYMENT 3** % of unemployed adults who achieve their goal of obtaining employment (at or above living wage).	# of unemployed adults who obtained employment (with salary/wages above living wage standard) during the reporting period.
			# of adults in target population (e.g., all clients, program participants, or survey sample)
			Local or state living wage $ (based on household size using definition of choice)

Table 7: Key Indicators for Individual and Family Outcomes

DIMENSION	OUTCOME	INDICATOR	DATA
	Individuals have opportunities for increased employment earnings and/or benefits (salary increase, hour increase, and/or increased benefits).	**EMPLOYMENT 4** % of individuals who enter or transition into an employment position that provided increased income and/or benefits (salary increase, hour increase, and/or increased benefits).	# of individuals who entered or transitioned into an employment position that provided increased income and/or benefits (salary increase, hour increase, and/or increased benefits)
			# of individuals in target population (e.g., all clients, program participants, or survey sample)
Self-Efficacy	Individuals report more control over their current circumstances.	**SELF-EFFICACY 1** % of individuals who report more control over their current circumstances	# of individuals who reported feeling more control over their current circumstances
			# of individuals in target population (e.g., all clients, program participants, or survey sample)
	Individuals report more control or influence over their future outcomes.	**SELF-EFFICACY 2** % of individuals who report more control or influence over their future outcomes	# of individuals who reported feeling more control or influence over their future outcomes
			# of individuals in target population (e.g., all clients, program participants, or survey sample)
	Individuals perceive more control or influence in their community.	**SELF-EFFICACY 3** % of individuals who perceive more control or influence in their community	# of individuals who reported feeling more control or influence in their community
			# of individuals in target population (e.g., all clients, program participants, or survey sample)

The OSU team assumes that to implement outcomes and indicators in Table 7, it will be necessary for each local agency to start by asking the following questions (regardless of their existing data collection processes and systems):

- **What specific data are needed from clients?** Wherever possible, OSU researchers recommend using "raw" data that can be compared over time to measure outcomes. For example, instead of asking clients or case managers to click a box if household income has increased in the last 12 months—ask staff to complete an income field during each intake or visit, then run a report to identify average income changes over time (and between different groups). Similarly, instead of asking a household to report whether specific behaviors or attitudes have improved—ask them the same question at two points in time, then evaluate changes in their responses.

- **Is there already existing data available**? This step may require conversations with intake staff, project managers, IT staff, or even system developers. OSU researchers found that many program managers had difficulty identifying which data were already being collected (or visualizing how different data points could be combined for reporting).

- **Who is the targeted population being measured?** For many outcomes and indicators, the targeted population will include anyone that identifies a specific goal, or that participates in a program with a specific goal. For example, a targeted population for "obtaining employment" could include any unemployed person who has identified employment as a case management goal or who is participating in a program where employment

is a goal. However, agencies may decide it is important to expand their target population to collect data from a broader set of households across multiple programs (immediately or over time).

- **When will data be collected?** Most of the indicators recommended in Table 7 evaluate changes in household responses over time. So does the agency want to collect and compare data from program entry and program exit? A pre and post program survey? Intake application and customer satisfaction survey? Or across multiple visits? When agencies collect data will likely depend on the kind of data they want to collect, the availability of existing data, and who the data are being collected from.

- **How will data be collected?** In the case of new data collection--OSU researchers recommend that agencies first explore their existing processes to identify areas where client questions could be added or reframed to provide indicator data. This may include the program application, intake appointment, case management assessment, pre-post program quizzes, customer service questionnaires, or exit surveys. The tools used to collect client information will depend on the data being requested, the households being targeted, and the timing determined by the local agency.

- **Confirm where the data collected from clients will be tracked.** In many cases, agencies are not using their data systems' full range of capabilities, although the fields to collect or report certain data may already exist. Additionally, while some agencies face serious limitations in terms of adding new data fields to state or federal IT systems--others (like CaseWorthy in Idaho) are much easier to change or adapt. Regardless of the system used, the OSU team recommends that agencies couple all information collected with a unique client and household identifier (e.g.., Social Security Number) so that data can be merged, matched, and unduplicated across systems at a later date.

Appendix A includes local agency guidance on each of the above steps for every outcome area.

DISCUSSION

Since the late 1980's, government funded programs have endeavored to adopt principles of performance management. Case workers, program managers, and directors at local agencies have been barraged with attempts to categorize their work into inputs, outputs, outcomes, and long-term goals. Among seasoned staff, the mere sight of a logic model can result in loud sighs, eye rolls, and an overwhelming sense of resignation.

Measuring change among living, breathing people is difficult. This challenge is multiplied for people living in poverty, who face a complex set of circumstances that don't generally fit into the linear, logical boxes developed by consultants during an annual retreat. The result? Local agencies must adhere to multiple sets of narrowly defined goals for individual programs or funding streams.

The impacts of this are immediately evident, particularly to clients. Applications, intake appointments, and follow-up assessments have, over time, become segmented to satisfy the distinct (but overlapping) data collection and reporting requirements of individual programs. It has been happening for so long that households rarely question having to provide the same information to the same agency over multiple visits. Advocates and staff become increasingly frustrated because pieces of household data are trapped across multiple systems, and the stories of households and how they change are trapped right along with it.

So it was with some trepidation that OSU researchers approached local Community Action Agencies and their partners to talk about developing indicators. There was concern that after 30 years of attempting to measure outcomes among low-income households, people would be reticent. But they weren't. They were excited. Or perhaps more accurately, they are ready for change.

Opportunities

In the policy world, there is a theory put forth by John Kingdon (1995) that describes policy windows. In short, he asserts that at least two of three "streams" must be in place for an issue to be elevated to the public policy arena. First, there must be a defined problem. Second, there must be identified alternatives or solutions. Third, there must be "political" willingness to move change forward (among leaders or grassroots groups who influence leaders).

In addition to local Community Action Agency staff, managers and directors—the Futures Project was presented at multiple state agencies, the Oregon Governor's office, and the federal HHS Office of Community Services. During all of these meetings, OSU researchers observed broad (enthusiastic) support for changing the way outcomes are measured among individuals and families in poverty, not just in local agencies, but across the larger social service system. We also found that conditions are ripe for implementing the Futures Project in our region:

- **People agree on the problem.** There is widespread frustration about the way low-income household data are currently being collected and reported. Agency staff, advocates, and even funders are looking for methods to streamline data collection and reporting in a way that eases burden on clients, but also allows agencies to look at individual and family changes across multiple dimensions of poverty.

- **There are available solutions.** Local agencies are already collecting a multitude of data about the people they are serving. Although these data are not always easy to access (see "challenges" below), technology is becoming increasingly available to overcome these obstacles. Furthermore, analytical software is making it easier for staff at all levels to use the information they are collecting. This includes using data to tell their clients' stories, or evaluating patterns of change among the different groups of people they are seeking to impact.

- **There is broad support for change.** Although this project focused on Community Action Agencies in Oregon, Washington, and Idaho—it has also drawn the attention of state and federal agencies wishing to adopt more meaningful ways to measure and talk about multi-dimensional poverty.

With consensus among a large group of stakeholders about the problem, growing technology solutions, as well as support in both non-profit and government settings—the "window" necessary for the Futures Project to succeed appears to be wide open.

Challenges

OSU researchers anticipated that data systems would pose the biggest obstacle to implementing measurement of Futures Project indicators. However, work over the last year reveals that this may be the least significant challenge facing Community Action Agencies.

- **System Challenges.** Some data systems being used by local agencies are outdated and were intentionally built for data collection (not reporting). So retrieving data out of local and state systems is challenging. Additionally, many Community Action Agencies have 7-10 different systems they are entering data into—but none of the systems talk to each other. As a result, program staff can currently only see bits and pieces of household or individual data associated with particular funding or programs. This is not useful when trying to evaluate how different interventions impact household level change in conditions, attitudes, knowledge, or behaviors.

- **Capacity.** As mentioned above, many systems make it difficult to retrieve and analyze data in a meaningful way. However, even in cases where canned reports are built or someone can easily access data, many Community Action Agency staff have been trained to "check the boxes." In other words, field staff learn (both implicitly and explicitly) that the purpose of data are to fulfill reporting requirements. During meetings with different agencies, OSU researchers found that even when staff are given space and tools to use data, they struggle with how to do it. To effectively move forward with Futures Project indicators, local agency program staff and managers will need to practice getting past the number of people being served and into more substantive stories (e.g., "we reduced the amount of time it takes for homeless families to obtain permanent housing.")

- **Time and Commitment.** Even sophisticated, user-friendly data systems require a minimal amount of time to develop and run reports. Many staff and directors are already working overtime to comply with basic funding requirements. So taking a few minutes to run (and then analyze) data reports feels like a luxury they cannot afford. In some cases, state agencies or software developers have built canned reports or dashboards to facilitate data use—however many of these reports are focused on federal reporting requirements or program administration (e.g., client lists needed to process payments).

Of the items noted above, time has proven to be a significant challenge throughout this project. Even with research, recommendations, and guidance—implementing measurement of Futures Project indicators will require intentional effort at the local level to incorporate recommended data collection, reporting and analysis into existing processes. OSU researchers found on many occasions that although there is enthusiasm (and buy-in) for adopting more meaningful individual and family indicators, many local agency staff could not afford the time to answer questions about the data they are already collecting. With limited bandwidth available for projects outside their everyday work load, local agency leadership will need to assure that program staff are given time and space to evaluate their current approach and think about ways they can collect or use information more strategically.

Recommendations for Implementation

It is important to note that most existing multi-dimensional poverty research focuses on measuring the *extent* of poverty among particular populations (using existing datasets). The Futures Project builds upon the current literature by attempting to explore organizational impact on household change using a multi-dimensional poverty framework.

This report recommends a number of indicators, varying in complexity, across multiple outcome areas. In many cases, agencies are already collecting data that can be used (or slightly modified) for measurement. However, there are some instances where new data collection will be required. The following recommendations may be useful in terms of implementing measurement of Futures Project indicators:

- Many agencies will not be able to tackle everything at once. As stated earlier in this report, OSU researchers suggest that agencies start by 1) reporting on indicators where they have existing data, and 2) keeping targeted populations limited. As local agencies develop capacity and infrastructure, they can consider expanding their data collection to include additional indicators and households.

- State associations and government agencies can help local agencies by facilitating system improvements and tools. This includes developing data "crosswalks" so that agencies can 1) avoid duplicate entry of data, and 2) use unique household or client identifiers to merge data across systems. As noted above, many staff members have difficulty retrieving data from their systems for analysis. Developing "canned" reports for indicators (or groups of indicators) recommended in this report will not only help staff see the end result of their data collection, but also help them think more strategically about their programs.

- Some local agencies may be hesitant to invest time into indicators and outcomes that have not been fully tested. Encouraging and supporting early adopters to test data collection and reporting, then sharing their success will help other agencies approach Futures Project indicators with more confidence. Additionally, documenting learning from early adopters to clarify data specifications and system business requirements will provide a useful roadmap for "second wave" agencies.

BIBLIOGRAPHY

Adams, G., & Katz, M. (2015). *Balancing Quality Early Education and Parents' Workforce Success: Insights from the Urban Institute's Assessment of the Massachusetts Subsidized Child Care System.* Washington DC: The Urban Institute. Retrieved from: http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000162-balancing-quality-early-education.pdf

Bitler, M., Hoynes, H., & National Bureau of Economic Research. (2013). *The More Things Change, the More They Stay the Same: The Safety Net, Living Arrangements, and Poverty in the Great Recession*. Cambridge, MA: National Bureau of Economic Research. doi: 10.3386/w19449

Blank, R., & Barr, M. (Eds.). (2009). Insufficient Funds: Savings, Assets, Credit, and Banking Among Low-Income Households. *Russell Sage Foundation*. Retrieved from http://www.jstor.org/stable/10.7758/9781610445887

Coleman-Jensen, A., Rabbitt, M., Gregory, C. A., & Singh, A. (2016, September). *Household Food Security in the United States in 2015* (Report No. ERR-215). Washington DC: United States Department of Agriculture

Collis, C., Grusky, D. B., Kimberlin, S., Powers, C., Sanchez, S., Coddou, M., Cumberworth, E., Fisher, J., Furuta, J., Hill, J., King, M., Kucheva, Y., Leupp, R., Matosantos, A., Rodriguez, N., Wright, R. (2015). Reducing Poverty in California ... Permanently. *Pathways a magazine on poverty, inequality, and social policy*. Stanford, CA: Stanford Center on Poverty and Inequality, Spring 2015, 31-40. Retrieved from: http://inequality.stanford.edu/sites/default/files/Pathways_Spring_2015.pdf

Cunningham, M., Harwood, R., & Hall, S. (2010). *Residential Instability and the McKinney-Vento Homeless Children and Education Program: What We Know, Plus Gaps in Research.* Washington DC: The Urban Institute. Retrieved from: http://www.urban.org/sites/default/files/alfresco/publication-pdfs/412115-Residential-Instability-and-the-McKinney-Vento-Homeless-Children-and-Education-Program.PDF

Cunningham, M., Pergamit, M., Baum, A., & Luna, J. (2015, February). *Helping Families Involved in the Child Welfare System Achieve Housing Stability.* Washington DC: The Urban Institute. Retrieved from: http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000105-Helping-Families-Involved-in-the-Child-Welfare-System-Achieve-Housing-Stability.pdf

Davis, E. E., Carlin C. S., Krafft, C., & Tout, K. (2014). Time for a change? Predictors of child care changes by low-income families. *Journal of Children and Poverty*, 20(1), 21-45, doi: 10.1080/10796126.2014.894003

Desmond, M. (2016). *Evicted: Poverty and Profit in the American City*. New York, NY: Crown Publishing.

DeNavas-Walt, C., Proctor B. D., & U.S. Census Bureau. (2015). *Income and Poverty in the United States: 2014* (Current Population Reports P60-252). Washington, DC: U.S. Government Printing Office. Retrieved from: http://www.census.gov/content/dam/Census/library/publications/2015/demo/p60-252.pdf

DeVoe, J. E., Tillotson, C. J., Lesko, S. E., Wallace, L. S., & Angier, H. (2011). The case for synergy between a usual source of care and health insurance coverage. *Journal of General Internal Medicine*, 26(9), 1059-1066. doi: 10.1007/s11606-011-1666-0

Elliott, J. (1999). Social Isolation and Labor Market Insulation: Network and Neighborhood Effects on Less-Educated Urban Workers. *The Sociological Quarterly*, 40(2), 199-216. Retrieved from: http://www.jstor.org/stable/4121231

Evans, G. W., (2004). The environment of childhood poverty. *American psychologist*, 59(2), 77-92. doi: 10.1037/0003-066X.59.2.77

Greenberg, J. P., & Kahn, J. K. (2012). Early childhood education and care use: Differences by race/ethnicity and age. *Journal of Children and Poverty*, 18(1), 23-54. doi: 10.1080/10796126.2012.657017

Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., Cook, J. T., Ettinger de Cuba, J. T., Casey, P. H., Chilton, M., Cutts, D. B., Meyers, A. F., Frank, D. A. (2010). Development and validity of a 2-item screen to identify families at risk for food insecurity. *Pediatrics*, 126(1). 26-32. doi: 10.1542/peds.2010-1070

Hernández, D. (2016). Affording Housing at the Expense of Health Exploring the Housing and Neighborhood Strategies of Poor Families. *Journal of Family Issues*, 37(7), 921-946. doi: 10.1177/0192513X14530970

Hernández, D. (2016). Understanding 'energy insecurity' and why it matters to health. *Social Science & Medicine*, 167, 1-10. doi: 10.1016/j.socscimed.2016.08.029

Judge, S. (2005). Resilient and Vulnerable At-Risk Children. *Journal of Children and Poverty*, 11(2), 149-168. doi: 10.1080/10796120500195733

Judge, S. (2013). Longitudinal predictors of reading achievement among at-risk children. *Journal of Children and Poverty*, 19(1), 1-19. doi:10.1080/10796126.2013.765629

Kasinitz, P., & Rosenberg, J. (1996). Missing the Connection: Social Isolation and Employment on the Brooklyn Waterfront. *Social Problems*, 43(2), 180-196. doi: 10.2307/3096997

Kingdon, J. W. (1995). Agendas, alternatives, and public policies (2nd ed.). New York: Longman.

Kubo, M. M., McKenna, A., Baum, B., & Andrews, A. (2011). Family Independence Initiative: The Role of Control, Options, and Social Connectedness in Lifting Families Out of Poverty. San Francisco, CA: Retrieved from: http://www.socialimpactexchange.org/sites/www.socialimpactexchange.org/files/FII%20Boston%20Baseline%20Evaluation.pdf"

Lowe, J. D. (2012). Social Networks as an Anti-Poverty Strategy. Boston, MA: Crittenton Women's Union. Retrieved from: http://s3.amazonaws.com/empath-website/pdf/Research-SocialNetworksAntiPovertyStrategy-0712.pdf

Majeski, Q. (2016). Assessing the Effect of Commute Time on Poverty in the United States. Evans School Review, 2016. Retrieved from https://depts.washington.edu/esreview/wordpress/wp-content/uploads/2016/06/Commute-Time-on-Poverty-.pdf

Marco, A. D. (2008). A qualitative look at child care selection among rural welfare-to-work participants. *Journal of Children and Poverty*, 14(2), 119-138. doi: 10.1080/10796120802336191

Marr, C., Huang CC., Sherman A., & DeBotet, B. (2015). *EITC and Child Tax Credit Promote Work, Reduce Poverty and Support Children's Development Research Finds.* Retrieved from Center on Budget and Policy Priorities Website: http://www.cbpp.org/sites/default/files/atoms/files/6-26-12tax.pdf

McKernan, SM., Ratcliffe, C., & Vinopal, K. (2009). *Do assets help families cope with adverse events?* Washington DC: The Urban Institute. Retrieved from: http://www.urban.org/sites/default/files/alfresco/publication-pdfs/411994-Do-Assets-Help-Families-Cope-with-Adverse-Events-.PDF

McKernan, SM. Ratcliffe, C., & Shanks, T. W. (2012). Can the Poor Accumulate Assets? Washington DC: The Urban Institute Retrieved from: http://www.urban.org/sites/default/files/alfresco/publication-pdfs/412624-Can-the-Poor-Accumulate-Assets-.PDF

McNaughton Nicholas, C., & Atherton, I. (2011). Housing First: Considering components for successful resettlement of homeless people with multiple needs. *Housing Studies,* 26(5), 767-777. doi: 10.1080/02673037.2011.581907

Milier, M. L. (2011). *The uphill battle to scale an innovative anti-poverty approach: The experience of the family independence initiative*. Washington, DC: New America Foundation. Retrieved from: http://www.fii.org/wp-content/uploads/2014/01/uphill_battle_new_america_2011.pdf

Mitra, S., Jones, K., Vick, B., Brown, D., McGinn, E., & Alexander, M. J. (2013). Implementing a multidimensional poverty measure using mixed methods and a participatory framework. *Social Indicators Research*, 110(3), 1061-1081. doi: 10.1007/s11205-011-9972-9

Mullainathan, S., & Shafir, E. (2013). *Scarcity: Why having too little means so much*. New York, NY: Times Books, Henry Holt and Company

Nath, S. (2012). Civic Engagement in Low Income and Minority Neighborhoods, and the Role of Public Investment. *Undergraduate Economic Review,* 9(1), Article 8. Retrieved from: http://digitalcommons.iwu.edu/uer/vol9/iss1/8

Pakulak, E., Bell, T., Giuliano, R., Gomsrud, M., Karns, C., Klein, S., Longoria, Z., O'Neill, L., & Neville, H. (2015, November). *Effects of an integrated two-generation intervention on stress physiology and brain function for self-regulation in children and parents: preliminary results*. Presented at the 2015 Association for Public Policy Analysis and Management (APPAM) Fall Research Conference: The Golden Age of Evidence-Based Policy, Miami. Retrieved from: https://appam.confex.com/appam/2015/webprogram/Paper12786.html

Ratcliffe, C. (2013). *Asset Poverty and the Importance of Emergency Savings.* Washington DC: The Urban Institute. Retrieved from: : http://www.urban.org/sites/default/files/alfresco/publication-pdfs/412911-Asset-Poverty-and-the-Importance-of-Emergency-Savings.PDF

Ratcliffe, C., & Zhang, S. (2012). *US asset poverty and the great recession.* Washington DC: The Urban Institute. Retrieved from:: http://www.urban.org/sites/default/files/alfresco/publication-pdfs/412692-U-S-Asset-Poverty-and-the-Great-Recession.PDF

Richaud, MC. (2013). Contributions to the study and promotion of resilience in socially vulnerable children. *American Psychologist*, 68(8), 751-758. doi: 10.1037/a0034327

Rosenberg, T., (2013, January 30). Leading the Way Out of Debt. *The New York Times*. Retrieved from: http://opinionator.blogs.nytimes.com/2013/01/30/leading-the-way-out-of-debt/

Sanchez, T. W. (2008). Poverty, policy, and public transportation. *Transportation Research Part A: Policy and Practice* 42(5), 833-841. doi: 10.1016/j.tra.2008.01.011

Schmidt, L., Shore-Sheppard, L., & Watson, T. (2015). The effect of safety net programs on food insecurity. *Journal of Human Resources*, 51(3), 589-614. doi: 10.3386/w19558

Smith, S. (2005, July). Don't put my name on it": Social Capital Activation and Job-Finding Assistance among the Black Urban Poor. *American Journal of Sociology* 111(1), 1-57. doi: 10.1086/428814

Snyder, L. P., & Baker, C. A. (2010). *Affordable home energy and health: making the connections*. (Report No. 2010-05) Washington DC: AARP Public Policy Institute.

Stuhldreher, A., & Obrien, R. (2011). *Family Independence Initiative: New Approach to Help Families Exit Poverty*. Washington, DC: New America Foundation. Retrieved from: http://www.fii.org/wp-content/uploads/2014/01/newamericafiipaper_2011.pdf

Turner, M. A., & The Urban Institute. (2014). Tackling Poverty in Place: Principles for a Next Generation of Place-Conscious Interventions, presented at: Innovating to End Urban Poverty Conference, University of Southern California, Los Angeles, CA, 2014, March 27. Retrieved from: https://socialinnovation.usc.edu/files/2014/12/Turner-Tackling-Poverty-in-Place.pdf

Wachs, M. (2010). Transportation policy, poverty, and sustainability: history and future. Transportation Research Record: *Journal of the Transportation Research Board*, 2163(1), 5-12. doi: 10.3141/2163-01

Wagle, U. R. (2014). The Counting-Based Measurement of Multidimensional Poverty: The Focus on Economic Resources, Inner Capabilities, and Relational Resources in the United States. *Social Indicators Research*, 115(1), 223-240. doi: 10.1007/s11205-012-0216-4

Warnes, A. M., Crane, M., & Coward, S. E. (2013). Factors that Influence the Outcomes of Single Homeless People's Rehousing. *Housing Studies*, 28(5), 782-798. doi: 10.1080/02673037.2013.760032

Watkins, C. S., & Howard, M. O. (2015). Educational success among elementary school children from low socioeconomic status families: A systematic review of research assessing parenting factors. *Journal of Children and Poverty*, 21(1), 17-46. doi: 10.1080/10796126.2015.1031728

Wight, V., Kaushal, N., Waldfogel, J., & Garfinkel, I. (2014). Understanding the link between poverty and food insecurity among children: Does the definition of poverty matter? *Journal of Children and Poverty*, 20(1), 1-20. doi: 10.1080/10796126.2014.891973

Yoshikawa, H., J., Aber, L., & Beardslee, W. R. (2012). The effects of poverty on the mental, emotional, and behavioral health of children and youth: implications for prevention. *American Psychologist*, 67(4), 272-284. doi: 10.1037/a0028015

APPENDIX A: Futures Project Indicators--Data Collection Guidance

Appendix A Table: Futures Project Data Collection Guidance

Food: Individuals and families do not worry about feeding themselves and/or their children

Outcome	Indicator	Data	Considerations, Details, Notes	
Households report reduced food insecurity.	**FOOD 1:** % of households who reported reduced risk of food insecurity	• # of households whose provide improved responses in two question food security screen. • # of households in target population (e.g., all clients, program participants, or survey sample)	**What data are needed?**	Researchers found that the following two question screening can reliably predict risk of food insecurity among households: **"Within the past 30 days, we worried whether our food would run out before we got money to buy more."** **"Within the past 30 days, the food we bought just didn't last and we didn't have money to get more."**
			Existing data?	Some agencies ask a variation of the above two questions in their community needs assessment. However, on average, a detailed needs assessment survey is only conducted once every two years.
			Targeted population?	Local agencies report that among all of their services, food related programs are the hardest in terms of household data collection. Additionally, most agencies acknowledge that housing or energy assistance programs are more likely than food box programs to improve food security. Agencies may take these factors into consideration when determining the population for whom they'd like to measure this outcome.
			When is data collected?	Food security status should be recorded at the time of intake or program entry. These data should be updated during subsequent visits or upon program exit.
			How is data collected?	Ideally staff should be updating a set of food security fields in the data system. This way, a report can be generated at the end of the year (or more frequently) to identify households where responses to one or more questions has changed from N to Y.
			Other notes	Preliminarily, agencies could annually measure the "percentage of households reporting food insecurity." This would only require agencies to administer the food security screen once per year (e.g., at intake). Although this reduces agency's ability to correlate changes with specific interventions, annual data would still provide an overarching picture of food insecurity in their region, and allow analysis of response patterns between certain groups. *Note: if only tracking once per year, the time frame in the survey questions should be adjusted to 12 months.*

Warmth: Individuals and families have safe, continuous, and affordable home energy.

Outcome	Indicator	Data	Considerations, Details, Notes	
Home energy is restored after disconnection or running out of fuel.	**WARMTH 1:** % of households where home energy is restored (after disconnection or running out of fuel)	• # of energy assistance households who were disconnected or out of fuel at time of benefit • # of households who received energy bill payment assistance	**What data are needed?**	Households who received energy bill payment assistance (money to vendor or to utility for energy bills) from any funding source with *household account status = disconnected, out of fuel* at time of benefit.
			Existing data?	These data exist for LIHEAP households (federal reporting requirement as of FY 2016). Most agencies are tracking these data for other energy assistance funding sources as well.
			Targeted population?	Households receiving energy bill payment assistance (money to vendor or to utility for energy bills) from any funding source (LIHEAP, Ratepayer Programs, Local Fuel Funds, CSBG, etc).
			When is data collected?	This particular indicator only requires data collection once during the year (intake).
			How is data collected?	LIHEAP program application, intake appointment
			Other notes	CAPAI, OHCS, and Department of Commerce are responsible for reporting these data at the federal level. State agencies are likely willing to provide Community Action Agencies with these data broken out by service territory. This report is already available in Oregon (OPUS Canned Reports).

Outcome	Indicator	Data	Considerations, Details, Notes	
Home energy loss is prevented.	**WARMTH 2:** % of households where home energy loss is prevented	• # of energy bill payment assisted households with past due account status, disconnect notice, or nearly out of fuel at time of benefit • # of households who received energy bill payment assistance (from any funding source)	**What data are needed?**	Households who received energy bill payment assistance (money to vendor or to utility for energy bills) from any funding source with household account status = *past due, shutoff notice, or nearly out of fuel* at time of benefit.
			Existing data?	These data exist for LIHEAP households (federal reporting requirement as of FY 2016). Most agencies are tracking these data for other energy assistance funding sources as well.
			Targeted population?	Households who received energy bill payment assistance (money to vendor or to utility for energy bills) from any funding source *(LIHEAP, Ratepayer Programs, Local Fuel Funds, CSBG, etc)*.
			When is data collected?	This particular indicator only requires data collection once during the year (intake).
			How is data collected?	LIHEAP program application, intake appointment
			Other notes	CAPAI, OHCS, and Department of Commerce are responsible for reporting these data at the federal level. State agencies are likely willing to provide Community Action Agencies with these data broken out by service territory. This report is already available in Oregon (OPUS Canned Reports).

Outcome	Indicator	Data	Considerations, Details, Notes	
Households experience fewer home energy emergencies.	**WARMTH 3:** Change in restoration % in relation to prevention %	• # of energy bill payment assisted households who were disconnected or out of fuel at time of benefit • # of energy bill payment assisted households with past due account status, disconnect notice, or nearly out of fuel at time of benefit • # of households who received bill payment assistance (from any funding source)	**What data are needed?**	Relationship between WARMTH 1 and WARMTH 2 indicators.
			Existing data?	This indicator looks at the relationship between prevention of home energy loss and restoration of home energy. Although all of the data elements for this indicator currently exist, few agencies are looking at the data from this perspective.
			Targeted population?	Households who received energy bill payment assistance (money to vendor or to utility for energy bills) from any funding source *(LIHEAP, Ratepayer Programs, Local Fuel Funds, CSBG, etc)*.
			When is data collected?	This particular indicator only requires data collection from clients once during the year (intake), however could be analyzed at multiple points throughout the year.
			How is data collected?	LIHEAP program application, intake appointment + system reporting functions
			Other notes	This indicator is not about collecting new data, but using existing data more effectively.

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Outcome	Indicator	Data	Considerations, Details, Notes	
Households pay less of their income to home energy.	**WARMTH 4:** Average % reduction in energy burden	• Average household annual energy cost of energy bill payment assisted households • Average household annual income of energy bill payment assisted households	**What data are needed?**	Average annual energy burden reduction (amount of income households pay toward home energy) for LIHEAP bill payment assisted households.
			Existing data?	Beginning in FY 2016, CAPAI (Idaho), OHCS (Oregon), and Department of Commerce (Washington) are all working with utilities and vendors to collect and compile this indicator for LIHEAP households. Local agencies should work with these entities to obtain information specific to Community Action Agency service territories each year.
			Targeted population?	Households who received energy bill payment assistance (money to vendor or to utility for energy bills). Some agencies may eventually expand to look at energy burden reduction among non-LIHEAP programs.
			When is data collected?	Annually at the end of the LIHEAP Fiscal Year (October 1- Sept 30)
			How is data collected?	Annual energy cost data are obtained from utilities and vendors for LIHEAP assisted households. LIHEAP Assisted households, their annual income, as well as their annual benefits are obtained from state LIHEAP data systems.
			Other notes	Although Idaho is collecting information for most utilities and vendors in their state, Oregon and Washington are ramping up over time—initially approaching only the largest investor owned utilities for household energy cost data. This means that some agencies (particularly those in rural areas) may not have access to the same quality of data available to others in their cohort.

Outcome	Indicator	Data	Considerations, Details, Notes	
Households report they are using energy more efficiently.	**WARMTH 5:** % of Households who report more efficient energy use	• # of households who report change in energy use behaviors • # of households who receive Energy Education or other services focused on changing energy use behaviors	**What data are needed?**	To report on this indicator, agencies will need the number of households who responded "Yes" when asked: *"Have you made any changes to reduce your energy use as a result of the program(s)?"*
			Existing data?	Some energy education programs conduct follow-up evaluations with their participants (or a sample of their participants) to gauge changes in behavior.
			Targeted population?	The target population should include any individual who received energy education or other services designed to increase energy efficient behaviors.
			When is data collected?	Ideally, households would provide responses at least 30 days after energy education or other services designed to increase energy efficient behaviors.
			How is data collected?	Follow-up survey, home visit. Maybe helpful to provide incentives for completing the survey (energy bill credit, gift card).
			Other notes	If resources are available, the OSU team recommends that local agencies include specific energy reduction actions in their post-energy education survey/questionnaire. This will allow energy staff to hone in on specific areas during workshops, home visits, or written materials. Examples include: • Reduced Use of Heat? • Discard Unused Refrigerators? • Turn Off Computers Not in Use? • Turn Off Lights Not in Use? • Wash Clothes in Cold Water? • Any other actions? [Open Ended]

Outcome	Indicator	Data	Considerations, Details, Notes	
Households use less energy.	**WARMTH 6:** % of households who consume less energy	• # of households who experience energy cost savings in the year after weatherization, energy education, or other services focused on increasing energy efficiency • # of households who receive weatherization, energy education, or other services focused on increasing energy efficiency	**What data are needed?**	To report on this indicator, household energy consumption data are needed for the 12 months before and after weatherization (or other energy services) are provided.
			Existing data?	Some agencies collect a sample of utility consumption data periodically for evaluation purposes. New LIHEAP Performance Measures may result in more utilities providing annual consumption data for LIHEAP clients each year (and many of these households also receive weatherization and/or energy education).
			Targeted population?	The target population should include any individual who received weatherization, energy education, or other services focused on increasing energy efficiency. A sample of these households may be more feasible for some agencies.
			When is data collected?	Annually—although evaluating the right period of data for this indicator is really important. Consumption data needs to be analyzed before the intervention and after in order to correlate energy efficiency savings with service provided.
			How is data collected?	12 months pre and post-consumption data can be requested directly from the utility or vendor. When making these requests, the local agency can indicate the specific 24 months they'd like to see for each household (for example if a home was weatherized in March 2015—the agency can request annual energy usage data for March 2014 through March 2016).
			Other notes	Many vendor contracts already include the right for agencies to request consumption data for households receiving weatherization (or other energy efficiency services). However, many local agencies do not actively take advantage of this clause.

Housing: Individuals and families have stable housing.

Outcome	Indicator	Data	Considerations, Details, Notes	
Homeless households are safely sheltered.	**HOUSING 1:** % of homeless households safely sheltered	• # of homeless households provided shelter services • # of homeless households who approach agency or apply for services	**What data are needed?**	Agencies will need to be able to track 1) homeless households, and 2) homeless households who enter shelter.
			Existing data?	HUD funded programs require these data to be tracked in HMIS, although some agencies may only be tracking households who are sheltered (and failing to capture homeless households who do not enter shelter).
			Targeted population?	The targeted population for this indicator should be homeless households enrolled in programs. Agencies may wish to limit their targeted population to housing program participants—although some may wish to include homeless households enrolled across other programs as well.
			When is data collected?	If using a system such as HMIS, homeless status should be recorded/updated at program entry and during interim assessments. Shelter services should be recorded upon entry into shelter program.
			How is data collected?	Homeless status should be tracked during intake and interim assessments. Entry into shelter program should be recorded by program staff into HMIS or other data system.
			Other notes	Not all agencies use HMIS for all homeless programs. However, the OSU team recommends tracking housing status among "at-risk" households in other systems using definitions and specifications aligned with HUD standards. This will assure consistent outcome reporting across all targeted households.

Outcome	Indicator	Data	Considerations, Details, Notes	
Homeless households obtain permanent housing.	**HOUSING 2:** % of homeless households that obtain permanent housing	• # of homeless households that obtain permanent housing • # of homeless households who approach agency or apply for services	**What data are needed?**	Agencies will need to be able to track 1) homeless households, and 2) homeless households who obtain permanent housing. In HMIS, compare # of enrollments to # with a 'Rapid Rehousing Move-in date' on interim assessment within the program enrollment.
			Existing data?	HUD funded programs require these data to be tracked in HMIS, although some agencies may only be tracking households who obtain permanent housing (and failing to capture homeless households who do not obtain permanent housing).
			Targeted population?	The targeted population for this indicator should be homeless households enrolled in programs. Agencies may wish to limit their targeted population to housing program participants—although some may wish to include homeless households enrolled across other programs as well.
			When is data collected?	If using a system such as HMIS, housing status should be recorded/updated at program entry and during interim assessments.
			How is data collected?	Housing status should be tracked during intake and interim assessments.
			Other notes	Not all agencies use HMIS for all homeless programs. However, OSU recommends tracking housing status among "at-risk" households in other systems using definitions and specifications aligned with HUD standards. This will assure consistent outcome reporting across all targeted households.

Outcome	Indicator	Data	Considerations, Details, Notes	
At risk households maintain housing.	**HOUSING 3:** % of at risk households that maintain housing (prevention of homelessness)	• # of households able to maintain the housing they had at program entry • # of households receiving homeless prevention services	**What data are needed?**	Agencies will need to be able to track 1) homeless households, and 2) homeless households who obtain permanent housing. In HMIS, compare # of enrollments to # with a 'Rapid Rehousing Move-in date' on interim assessment within the program enrollment.
			Existing data?	HUD funded programs require these data to be tracked in HMIS, although some agencies may only be tracking households who obtain permanent housing (and failing to capture homeless households who do not obtain permanent housing).
			Targeted population?	The targeted population for this indicator should be homeless households enrolled in programs. Agencies may wish to limit their targeted population to housing program participants—although some may wish to include homeless households enrolled across other programs as well.
			When is data collected?	If using a system such as HMIS, housing status should be recorded/updated at program entry and during interim assessments.
			How is data collected?	Housing status should be tracked during intake and interim assessments.
			Other notes	Not all agencies use HMIS for all homeless programs. However, the OSU team recommends tracking housing status among “at-risk” households in other systems using definitions and specifications aligned with HUD standards. This will assure consistent outcome reporting across all targeted households.

Health: Individuals and families report a usual source for health care.

Outcome	Indicator	Data	Considerations, Details, Notes	
Uninsured individuals obtain health insurance.	**HEALTH 1:** % of uninsured individuals that obtain health insurance	• # of individuals who obtained health insurance • # of individuals at program entry who did not have health insurance	**What data are needed?**	To report on this indicator, agencies will need to track 1) individuals without health insurance, and 2) uninsured individuals who obtain health insurance.
			Existing data?	Most agencies collect data regarding health insurance at the time of intake. However, only some agencies track insurance status during interim visits or upon program exit.
			Targeted population?	Depending on the agency, the targeted population for this outcome may include participants in programs where obtaining health insurance is a specific goal, all case managed individuals, or individuals served across multiple programs.
			When is data collected?	Health insurance status should be recorded at the time of intake or program entry. These data should be updated during subsequent visits or upon program exit.
			How is data collected?	Ideally staff should be updating a health insurance field in the data system. This way, a report can be generated at the end of the year (or more frequently) to identify individuals where health insurance status has changed from N to Y.
			Other notes	Very few CAA offer services that directly impact health outcomes. Most provide indirect referrals or partner with others in the community to improve access to healthcare. Although less than ideal, agencies could opt to use a client survey or customer satisfaction questionnaire to identify household changes in this area at the end of the year.

Outcome	Indicator	Data	Considerations, Details, Notes	
Individuals and families report a usual source for health care.	**HEALTH 2:** % of individuals who report a change in usual source of care	• # of individuals who report change in usual source of care status. • # of individuals in target population (e.g., all clients, program participants, or survey sample)	**What data are needed?**	To report this indicator, agencies will need to track changes in client responses to the following question: *"Besides the emergency room, is there a place that you USUALLY go to when you are sick or need advice about your health?"*
			Existing data?	Many agencies are not systematically collecting these data, nor are they tracking changes in these data during interim visits or upon program exit.
			Targeted population?	Depending on the agency, the targeted population for this outcome may include participants in health-related programs, all case managed individuals, or individuals served across multiple programs.
			When is data collected?	"Usual care" status should be recorded at the time of intake or program entry. These data should be updated during subsequent visits or upon program exit.
			How is data collected?	Ideally staff should be updating a Y/N field in the data system. This way, a report can be generated at the end of the year (or more frequently) to identify individuals where "usual source of care" status has changed from N to Y. Although less than ideal, agencies could opt to use a client survey or customer satisfaction questionnaire to identify household changes in this area at the end of the year.
			Other notes	Preliminarily, agencies could annually measure the "percentage of individuals reporting a usual source of care." This would only require agencies to ask clients the survey question once per year (e.g., at intake). Although this reduces agency's ability to correlate changes with specific interventions, annual data would still provide an overarching picture of healthcare access in their region, and allow analysis of response patterns between certain groups.

Mobility: Individuals and families have reliable and efficient transportation.

Outcome	Indicator	Data	Considerations, Details, Notes	
It takes less time for individuals and families to get to where they need to go.	**MOBILITY 1:** Change in amount of time it takes households to get where they need to go	• # of households who reported improvement in time it takes to get where they need to go • # of households in target population (e.g., all clients, program participants, or survey sample)	**What data are needed?**	To report this indicator, agencies will need to track changes in client responses to the following question: **On average, how long does it take to get where you need to go? (circle one)** 30 mins or less 1hr 1.5hrs 2hrs 2.5hrs 3hrs or longer *"Where you need to go" may include job, school, childcare, medical appointments, case management appointments, training, etc.*
			Existing data?	Most agencies are not currently collecting or tracking these data.
			Targeted population?	Depending on the agency, the targeted population for this outcome may include participants in transportation programs, all case managed households, or households served across multiple programs.
			When is data collected?	Transportation time should be recorded at the time of intake or program entry. These data should be updated during subsequent visits or upon program exit.
			How is data collected?	Ideally the intake or case worker should be updating a numeric field in the data system. This way, a report can be generated at the end of the year (or more frequently) to identify households where transportation time has changed. Although less than ideal, agencies could opt to use a client survey or customer satisfaction questionnaire to identify household changes in this area at the end of the year.
			Other notes	Preliminarily, agencies could annually measure the average "time it takes for households to get where they need to go." This would only require agencies to ask clients the survey question once per year (e.g., at intake). Although this reduces agency's ability to correlate change with specific interventions, annual data would still provide an overarching picture of commute times in their region, and allow analysis of response patterns between certain groups.

Income: Individuals and families have enough income available to meet their basic needs.

Outcome	Indicator	Data	Considerations, Details, Notes	
Households increase non-cash benefits (off setting costs and freeing up budget resources).	**INCOME 1:** % of households who increase non-cash benefits **INCOME 2:** Average reported $ increase in non-cash benefits (childcare, SNAP, energy assistance, etc)	• # of households who increase non-cash benefits • # of households in target population (e.g., all clients, program participants, or survey sample) • AMONG HOUSEHOLDS WITH INCREASED NON-CASH BENEFITS--average reported $ increase in non-cash benefits	**What data are needed?**	To report this indicator, agencies will need to track changes in non-cash benefits--including the dollar value of this change. "Non-cash benefits" should include any financial benefit that offsets household costs, but cannot be freely spent by individuals in the household. Examples include childcare, SNAP, energy assistance, etc.
			Existing data?	Some agencies collect data regarding non-cash benefits at the time of intake. However, few agencies track non-cash benefits during interim visits or upon program exit.
			Targeted population?	Depending on the agency, the targeted population for this outcome may include case managed households or households served across one or more programs.
			When is data collected?	The amount of non-cash benefits should be recorded at the time of intake or program entry. These data should be updated during subsequent visits or upon program exit.
			How is data collected?	Ideally staff should be updating a numeric field in the data system. This way, a report can be generated at the end of the year (or more frequently) to identify households where non-cash benefits change. Although less than ideal, agencies could opt to use a client survey or customer satisfaction questionnaire to identify household changes in this area at the end of the year.
			Other notes	Receipt of non-cash benefits may be tracked in different places across data systems. For example, SNAP or childcare may have their own data fields, whereas energy assistance benefit amounts need to be pulled from another module. Local agencies should work with their IT staff to identify the best way to compile this information from their data systems.

Outcome	Indicator	Data	Considerations, Details, Notes	
Households increase disposable income.	**INCOME 3:** % of households who increase disposable income **INCOME 4:** Average $ and percentage increase in disposable income	• # of households who increased disposable income • # of households in target population (e.g., all clients, program participants, or survey sample) • AMONG HOUSEHOLDS WITH INCREASED DISPOSABLE INCOME--average reported $ and % increase in disposable income	**What data are needed?**	To report this indicator, agencies will need to track changes in earned--including the dollar value of this change. "Disposable income" should include any income that can be freely spent by individuals in the household. Examples include salary, wages, stipends, SSI, TANF, Child Support, etc.
			Existing data?	Some agencies collect data regarding non-cash benefits at the time of intake. However, few agencies track non-cash benefits during interim visits or upon program exit.
			Targeted population?	Depending on the agency, the targeted population for this outcome may include case managed households or households served across one or more programs.
			When is data collected?	The amount of household disposable income should be recorded at the time of intake or program entry. These data should be updated during subsequent visits or upon program exit.
			How is data collected?	Ideally staff should be updating a numeric field in the data system. This way, a report can be generated at the end of the year (or more frequently) to identify households where disposable income changes. Although less than ideal, agencies could opt to use a client survey or customer satisfaction questionnaire to identify household changes in this area at the end of the year.
			Other notes	Disposable income may be tracked in different places across data systems. For example, "unearned income" may be recorded in a different location from "salary and wages." Local agencies should work with their IT staff to identify the best way to compile this information from their data systems.

Safe and Thriving Children: Individuals and families have support necessary to raise thriving and resilient children.

Outcome	Indicator	Data	Considerations, Details, Notes	
Individuals have quality, affordable childcare to meet their needs.	**CHILD 1:** % of families reporting increased quality of childcare	• # of families reporting increased quality of childcare • # of families reporting increased affordability of childcare • # of families in target population (e.g., all clients, program participants, or survey sample)	**What data are needed?**	To report this indicator, agencies will need to track changes in household responses to the following questions: **"On a scale of 1-10, how satisfied are you with the quality of child care you currently receive?"** **"On a scale of 1-10, how satisfied are you with the price of childcare you currently pay?"**
			Existing data?	Some agencies with childcare resource and referral services may have survey data that could be useful for this indicator.
			Targeted population?	Depending on the agency, the targeted population for this outcome may include families enrolled in Head Start or case managed programs.
	CHILD 2: % of families reporting increased affordability of childcare		**When is data collected?**	Satisfaction with childcare should be recorded at the time of intake or program entry. These data should be updated during subsequent visits or upon program exit.
			How is data collected?	Ideally staff should be updating a numeric field in the data system. This way, a report can be generated at the end of the year (or more frequently) to identify households where satisfaction with childcare quality and affordability changes. Although less than ideal, agencies could opt to use a client survey or customer satisfaction questionnaire to identify household changes in this area at the end of the year.
			Other notes	Preliminarily, agencies could annually measure the average "household satisfaction with childcare quality and affordability." This would only require agencies to ask clients the survey question once per year (e.g., at intake). Although this reduces agency's ability to correlate changes with specific interventions, annual data would still provide an overarching picture of childcare quality and affordability in their region, and allow agencies to analysis of response patterns between certain groups.

Outcome	Indicator	Data	Considerations, Details, Notes	
Parents demonstrate increased sensitivity and responsiveness in their interactions with children.	**CHILD 3:** % of parents who demonstrate increased sensitivity and responsiveness with their interactions with children (based on teacher observations)	• # of parents who demonstrated increased sensitivity and responsiveness in their interactions with children • # of parents in target population (e.g., all clients, program participants, or survey sample)	**What data are needed?**	To report this indicator, agencies will need to track changes parents' demonstrated sensitivity and responsiveness during interactions with children (based on staff or teacher observations).
			Existing data?	As this is a Head Start outcome, agencies with Head Start programs should have these data readily available.
			Targeted population?	Because this indicator depends on teacher or staff observation, the targeted population will likely include Head Start families.
			When is data collected?	At minimum, observations should be tracked twice per year.
			How is data collected?	Head Start staff should be recording observations during multiple assessments, then identifying household change during the reporting period.
			Other notes	These data could be compared with the following indicator (CHILD 4) to identify household mismatches between observed and perceived improvement.

Outcome	Indicator	Data	Considerations, Details, Notes	
Parents report increased sensitivity and responsiveness in their interactions with children.	**CHILD 4:** % of families who report feeling more supported in their role as parents	• # of individuals who report feeling more supported in their role as parents • # of individuals in target population (e.g., all clients, program participants, or survey sample)	**What data are needed?**	To report this indicator, agencies will need to track changes in household responses to the following questions: **How supported do you feel in your role as a parent? (select one)** ☐ completely supported ☐ very supported ☐ somewhat supported ☐ somewhat unsupported ☐ very unsupported ☐ completely unsupported
			Existing data?	Some agencies may collect a variation of These data for individuals participating in parenting education or Head Start programs.
			Targeted population?	Depending on the agency, the targeted population for this outcome may include families enrolled in Head Start or case managed programs.
			When is data collected?	Satisfaction with childcare should be recorded at the time of intake or program entry. These data should be updated during subsequent visits or upon program exit.
			How is data collected?	Ideally staff should be updating a numeric field in the data system. This way, a report can be generated at the end of the year (or more frequently) to identify individuals where satisfaction with childcare quality and affordability changes. Although less than ideal, agencies could opt to use a client survey or customer satisfaction questionnaire to identify household changes in this area at the end of the year.
			Other notes	Some agencies may want to ask parents additional questions about their skills (before, during, or after particular services). An example survey tool can be found here. Preliminarily, agencies could annually measure the average "level of perceived report among parents." This would only require agencies to ask clients the survey question once per year (e.g., at intake). Although this reduces agency's ability to correlate changes with specific interventions, annual data would still allow analysis of response patterns between certain groups.

Financial Resilience: Individuals and families have assets necessary to weather financial crises.

Outcome	Indicator	Data	Considerations, Details, Notes	
Individuals open savings account and/or IDA.	**ASSETS 1:** % of individuals that achieve their goal of opening a savings account and/or IDA	• # of individuals that opened a savings account or IDA • # of individuals in target population (e.g., all clients, program participants, or survey sample)	**What data are needed?**	To report on this indicator, agencies will need to track changes in whether or not an individual has a savings account or IDA.
			Existing data?	Some agencies collect data regarding savings account or IDA status at the time of intake (Y/N). However, only some agencies (or some programs) track changes in savings during interim visits or upon program exit.
			Targeted population?	Depending on the agency, the targeted population for this outcome may include participants in programs where obtaining a savings account or IDA is a specific goal, all case managed individuals, or individuals served across multiple programs.
			When is data collected?	Savings account/IDA status (Y/N) should be recorded at the time of intake or program entry. These data should be updated during subsequent visits or upon program exit.
			How is data collected?	Ideally staff should be updating a savings account or IDA field in the data system. This way, a report can be generated at the end of the year (or more frequently) to identify individuals where status of savings account or IDA has changed from N to Y.
			Other notes	Data systems may have two separate data fields for savings accounts and IDA's. When retrieving these data, agencies will need build a query that searches for both of these fields.

Outcome	Indicator	Data	Considerations, Details, Notes	
Individuals add money to savings and/or IDA.	**ASSETS 2:** % of individuals that achieved their goal of adding money to their savings and/or IDA	• # of individuals that added money to their savings and/or IDA • # of individuals in target population (e.g., all clients, program participants, or survey sample)	**What data are needed?**	To report on this indicator, agencies will need to track household additions to savings account or IDA's.
			Existing data?	Some agencies collect data regarding savings account or IDA status at the time of intake (Y/N). However, only some agencies (or some programs) track changes in savings during interim visits or upon program exit.
			Targeted population?	Depending on the agency, the targeted population for this outcome may include participants in programs where increasing savings is a specific goal, all case managed individuals, or individuals served across multiple programs.
			When is data collected?	Savings account/IDA status (Y/N) should be recorded at the time of intake or program entry. Additions to a savings account or IDA should be updated during subsequent visits or upon program exit.
			How is data collected?	Ideally, clients will use a web-based system to self-report savings data that can be used by both the household and local agency. If this is not an option, staff should be updating a savings account or IDA field in the data system. This way, a report can be generated at the end of the year (or more frequently) to identify individuals who have added money to their savings.
			Other notes	Data systems may have two separate data fields for savings accounts and IDA's. When retrieving these data, agencies will need build a query that searches for both of these fields.

Outcome	Indicator	Data	Considerations, Details, Notes	
Households reduce debt.	**ASSETS 3:** % of households who achieved their goal of reducing debt	• # of households who reduced debt • # of households in target population (e.g., all clients, program participants, or survey sample)	**What data are needed?**	To report on this indicator, agencies will need to track changes to household debt.
			Existing data?	Some agencies/programs collect data regarding debt at the time of program entry, then track changes in debt during interim visits or upon program exit. HMIS includes a Financial Stability assessment that tracks client debt (and debt to income ratio).
			Targeted population?	Depending on the agency, the targeted population for this outcome may include participants in programs where reducing debt is a specific goal, or more generally include households across multiple programs.
			When is data collected?	Debt amount (and possibly types of debt) should be recorded at the time of intake or program entry. Reductions in debt should be updated during subsequent visits or upon program exit.
			How is data collected?	Ideally, clients will use a web-based system to self-report savings data that can be used by both the household and local agency. If this is not an option, staff should be updating a numeric "debt" field in the appropriate data system. This way, a report can be generated at the end of the year (more frequently) to evaluate household change.
			Other notes	It may be useful to include percentage or $ when reporting debt reduction. This may help agencies identify patterns between types of debt, level debt, debt reduction, and certain groups of households.

Legal Status: Individuals and families have legal status.

Outcome	Indicator	Data	Considerations, Details, Notes	
Adults achieve their legal status goals.	LEGAL STATUS 1: % of Adults that achieve their goal of legal status	• # of adults that achieved legal status • # of adults in target population (e.g., all clients, program participants, or survey sample)	**What data are needed?**	To report on this indicator, agencies will need to track changes in legal status among individuals (adults).
			Existing data?	Some agencies/programs collect data regarding legal status at the time program entry, however very few track changes during subsequent visits during the year. This field may be updated the following year when a household is re-enrolled in one or more programs.
			Targeted population?	The targeted population for this outcome will likely include adults who have identified a legal status goal or who are participating in a program where this is a goal.
			When is data collected?	For individuals where this outcome is a goal--legal status should be recorded at the time of intake or program entry. Changes in this status should be updated during subsequent visits or upon program exit (see notes below).
			How is data collected?	Ideally staff should be regularly updating a legal status field in the data system. This way, a report can be generated at the end of the year (or more frequently) to identify individuals where status has changed from N to Y.
			Other notes	Local agencies should consider how and when they track "legal status" very thoughtfully. Not all programs define "legal status" the same way. Systems should reflect these different definitions where appropriate and workers should be trained regarding the multiple forms of legal documentation an individual may have. Additionally, not all programs require collection or reporting of legal status, and requesting this information may cause unnecessary fear among clients.

Outcome	Indicator	Data	Considerations, Details, Notes	
Children achieve their legal status goals.	LEGAL STATUS 2: % of Children that achieve their goal of legal status	• # of children that achieved legal status • # of children in target population (e.g., all clients, program participants, or survey sample)	**What data are needed?**	To report on this indicator, agencies will need to track changes in legal status among individuals (children).
			Existing data?	Some agencies/programs collect data regarding legal status at the time program entry, however very few track changes during subsequent visits during the year. This field may be updated the following year when a household is re-enrolled in one or more programs.
			Targeted population?	The targeted population for this outcome will likely include children who have identified a legal status goal or who are participating in a program where this is a goal.
			When is data collected?	For individuals where this outcome is a goal--legal status should be recorded at the time of intake or program entry. Changes in this status should be updated during subsequent visits or upon program exit (see notes below).
			How is data collected?	Ideally staff should be regularly updating a legal status field in the data system. This way, a report can be generated at the end of the year (or more frequently) to identify individuals where status has changed from N to Y.
			Other notes	Local agencies should consider how and when they track "legal status" very thoughtfully. Not all programs define "legal status" the same way. Systems should reflect these different definitions where appropriate and workers should be trained regarding the multiple forms of legal documentation an individual may have. Additionally, not all programs require collection or reporting of legal status, and requesting this information may cause unnecessary fear among clients.

Social Networks and Connections: Individuals and families have social networks and connections.

Outcome	Indicator	Data	Considerations, Details, Notes	
Individuals have more people to call on in a time of need.	**SOCIAL NETWORKS 1:** % of individuals who increase the number of people they can call on in a time of need	• # of individuals who reported increase in the number of people they can call on during a time of need • # of individuals in target population (e.g., all clients, program participants, or survey sample)	**What data are needed?**	To report this indicator, agencies will need to track changes in household responses to the following question: **"How many people can you call on during a time of need?"** *This may include relatives, friends, co-workers, caseworkers, teachers, or even acquaintances.* Some local agencies may want to ask individuals additional questions regarding the nature of specific connections. Example survey questions can be found here.
			Existing data?	Most agencies are not currently collecting or tracking these data.
			Targeted population?	Depending on the agency, the targeted population for this outcome may include participants in programs where expanding social networks is a specific goal, or more generally include individuals across multiple programs.
			When is data collected?	These data should be recorded at the time of intake or program entry. These data should be updated during interim assessments, upon program exit, or via a client survey.
			How is data collected?	Ideally staff should be regularly updating a field in the data system. This way, a report can be generated at the end of the year (or more frequently) to evaluate change.
			Other notes	Preliminarily, agencies could annually measure the "average number of household connections." This would only require agencies to ask clients the survey question once per year (e.g., at intake). Although this reduces agency's ability to correlate changes with specific interventions, annual data would still allow analysis of response patterns between certain groups.

Outcome	Indicator	Data	Considerations, Details, Notes	
Individuals perceive themselves as more active members of their community.	**SOCIAL NETWORKS 2:** % of individuals who perceive themselves as a more active member of the community	• # of individuals who reported that they perceive themselves as a more active member of the community • # of individuals in target population (e.g., all clients, program participants, or survey sample)	**What data are needed?**	To report this indicator, agencies will need to track changes in household responses to the following question: **"I am an active member of my community"** *Community includes places where you feel connected (child's school, neighborhood, church, workplace, support group).* Very Untrue Untrue Not Sure True Very True
			Existing data?	Some agencies may collect a variation of these data for individuals participating in programs focused on building social networks or community engagement (e.g., volunteer training).
			Targeted population?	Depending on the agency, the targeted population for this outcome may include participants in programs where community engagement is a specific goal, or more generally include individuals across multiple programs.
			When is data collected?	These data should be recorded at the time of intake or program entry. These data should be updated during interim assessments, upon program exit, and/or via a client survey.
			How is data collected?	Ideally staff should be regularly updating a field in the data system. This way, a report can be generated at the end of the year (or more frequently) to evaluate change.
			Other notes	Preliminarily, agencies could annually measure the "average level of community engagement." This would only require agencies to ask clients the survey question once per year (e.g., at intake). Although this reduces agency's ability to correlate changes with specific interventions, annual data would still allow analysis of response patterns between certain groups.

Outcome	Indicator	Data	Considerations, Details, Notes	
Individuals report more hours supporting others in their community (formal or informal volunteering).	**SOCIAL NETWORKS 3:** % of individuals who report more hours supporting others in their community	• # of individuals who reported increase in the number of hours they spend supporting others in their community • # of individuals in target population (e.g., all clients, program participants, or survey sample)	**What data are needed?**	To report on this indicator, agencies will need to track changes in the number of hours individuals report "supporting others" in their community. Supporting others includes formal volunteering or informally helping someone else out. Community includes places where the individual feels connected (child's school, neighborhood, church, workplace, organization, support group, etc).
			Existing data?	Some agencies may collect a variation of these data for individuals participating in programs focused on building social networks or community engagement (e.g., volunteer training). Additionally, some clients track volunteer hours specifically related to their Community Action Agency in a volunteer database.
			Targeted population?	Depending on the agency, the targeted population for this outcome may include participants in programs where community engagement is a specific goal, or more generally include individuals across multiple programs.
			When is data collected?	These data should be recorded at the time of intake or program entry. These data should be updated during interim assessments, upon program exit, and/or via a client survey.
			How is data collected?	Ideally the intake or case worker should be regularly updating a field in the data system. This way, a report can be generated at the end of the year (or more frequently) to evaluate change.
			Other notes	Preliminarily, agencies could annually measure the "average number of hours spent supporting others in the community." This would only require agencies to ask clients the survey question once per year (e.g., at intake). Although this reduces agency's ability to correlate changes with specific interventions, annual data would still allow analysis of response patterns between certain groups.

Education: Individuals and families have education necessary to meet their goals.

Outcome	Indicator	Data	Considerations, Details, Notes	
Children entering kindergarten demonstrate skills necessary for school readiness.	**EDUCATION 1:** % of children entering kindergarten who meet school readiness goals related to Language and Literacy	• # of children entering kindergarten who met school readiness goals related to language and literacy • # of children entering kindergarten who met school readiness goals related to cognition and general knowledge • # of children entering kindergarten who met school readiness goals related to approaches to learning. • # of children entering kindergarten who met school readiness goals related to physical health and development • # of children entering kindergarten who met school readiness goals related to social and emotional development • # of children in target population (e.g., program participants)	**What data are needed?**	Agencies will need to know 1) the children enrolled in Head Start entering kindergarten, and 2) the # of children entering kindergarten who meet or exceed goals in each of the five domains of school readiness.
	EDUCATION 2: % of children entering kindergarten who meet school readiness goals related to Cognition and General Knowledge		**Existing data?**	The federal Head Start program requires agencies to report data regarding school readiness goals in each of the five domains outlined in this indicator. Although this indicator is limited to children entering kindergarten, Head Start programs are required to evaluate school readiness goals at all ages. Recently proposed CSBG National Performance Indicators ask agencies to report on select school readiness goals for children aged 0-5.
	EDUCATION 3: % of children entering kindergarten who meet school readiness goals related to Approaches to Learning		**Targeted population?**	The target data collection population for this indicator would be children enrolled in Head Start who are entering kindergarten in the fall.
	EDUCATION 4: % of children entering kindergarten who meet school readiness goals related to physical health and development		**When is data collected?**	Head Start agencies are required to assess skills related to school readiness goals at multiple points throughout the school year. However, this indicator would only require data collected during the final assessment before a child enters kindergarten.
	EDUCATION 5: % of children entering kindergarten who meet school readiness goals related to social and emotional development		**How is data collected?**	Head Start agencies are already tracking these data among children enrolled in their program.

Outcome	Indicator	Data	Considerations, Details, Notes	
Individuals achieve their goal of obtaining a GED or Diploma.	**EDUCATION 6:** % of individuals who achieve goal of obtaining GED or Diploma	• # of individuals who obtained GED or Diploma • # of individuals in target population (e.g., all clients, program participants, or survey sample)	**What data are needed?**	To report on this indicator, agencies will need to track changes in whether or not an individual has a GED or diploma.
			Existing data?	Most agencies collect data regarding education level at the time of intake. However, only some agencies (or some programs) track changes in education level during interim visits or upon program exit. Most agencies report data related to obtaining GED or diplomas.
			Targeted population?	Depending on the agency, the targeted population for this outcome may include participants in programs where obtaining a GED or diploma is a specific goal, or more generally include individuals across multiple programs.
			When is data collected?	Education level should be recorded at the time of intake or program entry. These data should be updated during subsequent visits or upon program exit.
			How is data collected?	Ideally the intake or case worker should be updating an education field in the data system. This way, a report can be generated at the end of the year (or periodically through the year) to identify individuals where education level has changed.
			Other notes	Local agencies may want to identify system improvements (or data merges) so that when education status is updated in one program, the information is synced across all databases.

Outcome	Indicator	Data	Considerations, Details, Notes	
Individuals achieve their goal of completing post-secondary education or training.	**EDUCATION 7:** % of individuals who achieve their goal completing of post-secondary education or training	• # of individuals who obtained post-secondary education or training certificate • # of individuals in target population (e.g., all clients, program participants, or survey sample)	**What data are needed?**	To report on this indicator, agencies will need to track 1) individuals with a goal of post-secondary education or training, and 2) household changes in this area.
			Existing data?	Most agencies/programs track individuals who have accomplished post-secondary education or training goals. Fewer track clients who have this goal, but do not achieve it.
			Targeted population?	Depending on the agency, the targeted population for this outcome may include participants in programs where post-secondary education or training is a specific goal, or more generally include individuals with this goal across multiple programs.
			When is data collected?	Post-secondary or training goals should be identified upon program entry. Progress toward this goal should be updated during subsequent visits or upon program exit.
			How is data collected?	Ideally the intake or case worker should be regularly updating an education field in the data system. This way, a report can be generated at the end of the year (or more frequently) to identify changes in goal status.
			Other notes	Educational attainment cannot be used as baseline data for this indicator as individuals with post-secondary education or training goals already have education at this level.

Employment: Individuals and families have employment necessary to meet their goals.

Outcome	Indicator	Data	Considerations, Details, Notes	
Youth achieve their goal of obtaining employment.	**EMPLOYMENT 1:** % of unemployed youth who achieve their goal of obtaining employment	• # of unemployed youth who obtained employment during the reporting period • # of youth in target population (e.g., all clients, program participants, or survey sample)	**What data are needed?**	To report on this indicator, agencies will need to track changes in employment status for individuals depending on age and presence of an employment goal.
			Existing data?	Most agencies collect data regarding employment level at the time of intake. Additionally, most agencies track accomplishment of employment goals. Fewer are tracking individuals who had employment goals but did not achieve them,
			Targeted population?	Depending on the agency, the targeted population for this outcome may include unemployed youth participating in programs where obtaining employment is a specific goal, or more generally include unemployed youth who have identified employment as a goal (regardless of program).
			When is data collected?	Age, employment status, and employment goals should be recorded at the time of intake or program entry. These data should be updated during interim assessments and/or upon program exit.
			How is data collected?	Ideally staff should be regularly updating an employment field in the data system. This way, a report can be generated at the end of the year (or periodically through the year) to identify individuals where employment status has changed.
			Other notes	Employment status alone cannot be used as baseline data for this indicator, as some unemployed individuals may not be seeking employment.

Outcome	Indicator	Data	Considerations, Details, Notes	
Individuals achieve their goal of obtaining employment (below living wage).	**EMPLOYMENT 2:** % of unemployed adults who achieve their goal of obtaining employment (below living wage)	• # of unemployed adults who obtained employment (with salary/wages below living wage standard) during the reporting period • # of adults in target population (e.g., all clients, program participants, or survey sample) • Local or state living wage $ (based on household size using definition of choice)	**What data are needed?**	To report on this indicator, agencies will need to track changes in employment status for individuals depending on age, presence of an employment goal, and reported salary/wages (more specifically, whether they are at or above living wage standard for household size).
			Existing data?	Most agencies collect employment status at the time of intake. Additionally, most agencies track accomplishment of employment goals. Fewer are tracking 1) individuals who had employment goals but did not achieve them, and 2) whether obtained employment meets living wage standards.
			Targeted population?	Depending on the agency, the targeted population for this outcome may include unemployed individuals participating in programs where obtaining employment is a specific goal, or more generally include unemployed individuals who have identified employment as a goal (regardless of program).
			When is data collected?	Household size, employment status, and employment goals should be recorded at the time of intake or program entry. These data, along with employment earnings, should be updated during interim assessments or upon program exit.
			How is data collected?	Ideally staff should be regularly updating 1) employment goal, 2) employment status, and 3) employment income fields in the data system. This way, a report can be generated at the end of the year (or periodically through the year) to identify individuals where employment status has changed (and whether new employment meets living wage standard for household size).
			Other notes	Local agencies should choose the living wage definition they want to use, then develop a report which automatically calculates whether employment income falls above or below living wage threshold for household size.

Outcome	Indicator	Data	Considerations, Details, Notes	
Individuals achieve their goal of obtaining employment (at or above living wage).	**EMPLOYMENT 3:** % of unemployed adults who achieve their goal of obtaining employment (at or above living wage).	• # of unemployed adults who obtained employment (with salary/wages above living wage standard) during the reporting period • # of adults in target population (e.g., all clients, program participants, or survey sample) • Local or state living wage $ (based on household size using definition of choice)	**What data are needed?**	To report on this indicator, agencies will need to track changes in employment status for individuals depending on age, presence of an employment goal, and reported salary/wages (more specifically, whether they are at or above living wage standard for household size).
			Existing data?	Most agencies collect employment status at the time of intake. Additionally, most agencies track accomplishment of employment goals. Fewer are tracking 1) individuals who had employment goals but did not achieve them, and 2) whether obtained employment meets living wage standards.
			Targeted population?	Depending on the agency, the targeted population for this outcome may include unemployed individuals participating in programs where obtaining employment is a specific goal, or more generally include unemployed individuals who have identified employment as a goal (regardless of program).
			When is data collected?	Household size, employment status, and employment goals should be recorded at the time of intake or program entry. These data, along with employment earnings, should be updated during interim assessments or upon program exit.
			How is data collected?	Ideally staff should be regularly updating 1) employment goal, 2) employment status, and 3) employment income fields in the data system. This way, a report can be generated at the end of the year (or periodically through the year) to identify individuals where employment status has changed (and whether new employment meets living wage standard for household size).
			Other notes	Local agencies should choose the living wage definition they want to use, then develop a report which automatically calculates whether employment income falls above or below living wage threshold for household size.

Outcome	Indicator	Data	Considerations, Details, Notes	
Individuals have opportunities for increased employment earnings and/or benefits (salary increase, hour increase, and/or increased benefits).	**EMPLOYMENT 4:** % of individuals who enter or transition into an employment position that provided increased income and/or benefits (salary increase, hour increase, and/or increased benefits).	• # of individuals who entered or transitioned into an employment position that provided increased income and/or benefits (salary increase, hour increase, and/or increased benefits) • # of individuals in target population (e.g., all clients, program participants, or survey sample)	**What data are needed?**	To report on this indicator, agencies will need to track changes in employment hours, earnings, and benefits for individuals.
			Existing data?	Most agencies collect employment status at the time of intake. Additionally, most agencies track accomplishment of employment goals. Fewer are tracking 1) individuals who had employment goals but did not achieve them, 2) changes in hours, or 3) changes in benefits.
			Targeted population?	Depending on the agency, the targeted population for this outcome may include individuals participating in programs where obtaining increased employment is a specific goal, or more generally include individuals who have identified increased employment as a goal (regardless of program).
			When is data collected?	Employment status, earnings, hours per week, and employment goals (including increased hours, benefits, salary) should be recorded at the time of intake or program entry. These data should be updated during interim assessments or upon program exit.
			How is data collected?	Ideally staff should be regularly updating 1) employment goal, 2) employment status, 3) hours per week and 3) employment income fields in the data system. This way, a report can be generated at the end of the year (or periodically through the year) to identify individuals where hours or earnings have changed, or goal of increased benefits was achieved.
			Other notes	Tracking increased hours or salary is fairly straightforward—but "benefits" is trickier. Local agencies should attempt to capture improved benefits, but may want to revisit if burden of data collection outweighs information gained.

Self-Efficacy: Individuals and families have a sense of influence over events that affect them and can act on it.

Outcome	Indicator	Data	Considerations, Details, Notes	
Individuals report more control over their current circumstances.	**SELF-EFFICACY 1:** % of individuals who report more control over their current circumstances	• # of individuals who reported feeling more control over their current circumstances • # of individuals in target population (e.g., all clients, program participants, or survey sample)	**What data are needed?**	To report this indicator, agencies will need to track changes in household responses to the following question: **"I feel stuck in my current situation."** Very Untrue Untrue Not Sure True Very True
			Existing data?	Most agencies are not currently collecting or tracking these data.
			Targeted population?	Depending on the agency, the targeted population for this outcome may include participants in programs where life skills are a specific goal, or more generally include individuals across multiple programs.
			When is data collected?	These data should be recorded at the time of intake or program entry. These data should be updated during interim assessments, upon program exit, or via a client survey.
			How is data collected?	Ideally staff should be regularly updating a field in the data system. This way, a report can be generated at the end of the year (or more frequently) to evaluate change.
			Other notes	Agencies may want to follow-up with additional questions to target intervention in the short term. Examples of questions can be found here.

Outcome	Indicator	Data	Considerations, Details, Notes	
Clients report more control or influence over their future outcomes.	**SELF-EFFICACY 2:** % of individuals who report more control or influence over their future outcomes	• # of individuals who reported feeling more control or influence over their future outcomes • # of individuals in target population (e.g., all clients, program participants, or survey sample)	**What data are needed?**	To report this indicator, agencies will need to track changes in household responses to the following question: **"I can help myself get ahead."** Very Untrue Untrue Not Sure True Very True
			Existing data?	Most agencies are not currently collecting or tracking these data.
			Targeted population?	Depending on the agency, the targeted population for this outcome may include participants in programs where life skills are a specific goal, or more generally include individuals across multiple programs.
			When is data collected?	These data should be recorded at the time of intake or program entry. These data should be updated during interim assessments, upon program exit, or via a client survey.
			How is data collected?	Ideally staff should be regularly updating a field in the data system. This way, a report can be generated at the end of the year (or more frequently) to evaluate change.
			Other notes	Agencies may want to follow-up with additional questions to target intervention in the short term. Examples of questions can be found here.

Outcome	Indicator	Data	Considerations, Details, Notes	
Clients perceive more control or influence in their community.	**SELF-EFFICACY 3:** % of individuals who perceive more control or influence in their community	• # of individuals who reported feeling more control or influence in their community • # of individuals in target population (e.g., all clients, program participants, or survey sample)	**What data are needed?**	To report this indicator, agencies will need to track changes in household responses to the following question: **"My voice and actions matter when it comes to changing things in my community."** Very Untrue Untrue Not Sure True Very True
			Existing data?	Most agencies are not currently collecting or tracking these data.
			Targeted population?	Depending on the agency, the targeted population for this outcome may include participants in programs where life skills are a specific goal, or more generally include individuals across multiple programs.
			When is data collected?	These data should be recorded at the time of intake or program entry. These data should be updated during interim assessments, upon program exit, or via a client survey.
			How is data collected?	Ideally staff should be regularly updating a field in the data system. This way, a report can be generated at the end of the year (or more frequently) to evaluate change.
			Other notes	Agencies may want to follow-up with additional questions to target intervention in the short term. Examples of questions can be found here.

APPENDIX B: Aligning Futures Project Indicators with Proposed CSBG Indicators

Aligning Futures Project Indicators with Proposed CSBG National Performance Indicators

Over the last few years, the Community Services Block Grant (CSBG) program has been actively revamping National Performance Indicators for Community Action Programs. At the time of this report, proposed indicators are being moved through the Office of Management and Budget for review, public comment, and approval.

Although subject to revision, the proposed CSBG Individual and Family National Performance Indicators includes a framework (and several indicators) which align directly with the Futures Project. *(It is important to note that Tim Johnstone, a leader in the Futures Project effort was involved with the committee who advised federal administrators in drafting proposed indicators).* Key similarities and differences between Futures Project and proposed CSBG Individual and Family National Performance Indicators are outlined below.

Similarities

- Both the CSBG and Futures Project indicators rely on a multi-dimensional poverty framework. In other words, both models assume that poverty is experienced and tackled across a variety of dimensions (e.g., income, housing, education, employment).

- Both the Futures Project and proposed CSBG Individual and Family National Performance Indicators include a larger goal of stability. Furthermore, both assume that households who experience change in multiple (two or more) poverty dimensions are more likely to attain and/or maintain stability.

- There are 14 common indicators between the Futures Project and the proposed CSBG Individual and Family National Performance Indicators. Additionally, there are 5 indicators in the Futures Project Theory of Change that are a near match to proposed CSBG indicators, and may be useful as proxy measures.

Differences

- Many of the selected dimensions of poverty are the same in both indicator frameworks (e.g., housing, employment, education, health, income, assets, social networks, etc). However, the Futures Project calls each of these dimensions out individually, while proposed CSBG National Performance Indicators group them into broader categories. While the Futures Project steering committee understood that some outcomes intuitively overlap (e.g., assets and income)—they also felt that being able to correlate household changes across individual (unique) dimensions of poverty may help them pinpoint where services could be more effectively bundled or targeted to maximize impact.

- The long term goal of the Futures Project is for households to become stable *and equipped to exit poverty*. Becoming equipped to exit poverty is not explicitly identified as a long term goal or outcome in the proposed CSBG Individual and Family National Performance Indicators. This may be simply because "equipped to exit poverty" is not easy to define or measure. However, the Futures Project has maintained this vision throughout their Theory of Change with the future intention of 1) better defining poverty, and 2) evaluating poverty exits in relation to particular outcomes.

- The Futures Project Theory of Change contains several outcomes that do not appear in the proposed CSBG Individual and Family National Performance Indicators. Most notably, these include food security, transportation, childcare, income outside of salary/wages, and access to health care. While the Futures Project steering committee acknowledges that these outcomes can be difficult to measure (or to attribute directly to Community Action Agency interventions), they were included in the Theory of Change because of their frequent appearance in the research, during meetings, and in client surveys (e.g., community needs assessments). Concepts such as self-efficacy are less obvious to clients—however program staff intuitively identify hope and a sense of control as distinguishing characteristics among households who successfully become stable and exit poverty (and an emerging body of research supports this).

- In some cases, proposed CSBG Individual and Family National Performance Indicators ask local agencies to "roll up" data in a way that may impact measurement reliability. For example, one proposed indicator includes *"individuals who achieve and maintain capacity to meet basic needs for 90 and 180 days."* However,

there is no explicit definition provided for "capacity" or "basic needs." This means that some agencies could determine that any household who can cover all of their bills without missing payments has successfully met their basic needs. However, other agencies may specify "meeting basic needs" to include avoiding food insecurity, addressing family health issues, or getting kids to school every day. While some discretion cannot be avoided, such broad outcomes introduce data integrity issues that make reporting less meaningful at the state and national level. Other outcomes that may prove inconsistent include "individuals who demonstrate improved mental health and well-being," "individuals who demonstrate improved physical health and well-being," and "parents who improve their home environment."

The Appendix B table (below) outlines how each Futures Project indicator aligns with proposed CSBG Individual and Family National Performance Indicators. Outcomes aligned with other federal programs are also noted.

Appendix B Table: Aligning Futures Project Indicators with Proposed CSBG Indicators

DIMENSION	OUTCOME	INDICATOR	PROPOSED CSBG INDICATOR?
Food	Households report reduced food insecurity.	**FOOD 1** % of households who reported reduced risk of food insecurity	**No.** The proposed CSBG individual and family indicators only measure "increased nutrition skills" (cooking, shopping, growing food, etc).
Warmth	Home energy is restored after disconnection or running out of fuel.	**WARMTH 1** % of households where home energy is restored (after disconnection or running out of fuel)	**Maybe.** The proposed CSBG individual and family indicators measure households who improve the safety or health of their home. Local agencies may need to obtain clarification from federal staff regarding whether this indicator would apply. This is a federal LIHEAP reporting requirement as of FY 2016.
	Home energy loss is prevented.	**WARMTH 2** % of households where home energy loss is prevented	**No.** This indicator is not currently included in the CSBG proposed individual and family indicators. This is a federal LIHEAP reporting requirement as of FY 2016.
	Households experience fewer home energy emergencies.	**WARMTH 3** Change in restoration % (Warmth 1) in relation to prevention % (Warmth 2)	**No.** This indicator is not currently included in the CSBG proposed individual and family indicators. This is a federal LIHEAP reporting requirement as of FY 2016.
	Households pay less of their income to home energy.	**WARMTH 4** Average % reduction in energy burden	**Yes.** The proposed CSBG individual and family indicators ask for the number of households who reduced their home energy burden.
	Households report they are using energy more efficiently.	**WARMTH 5** % of Households who report more efficient energy use	**Maybe.** The proposed CSBG individual and family indicators include "households who improved the energy efficiency of their homes." Both WARMTH 5 and WARMTH 6 address this—however, one is self-reported behavior change and one is actual reduced consumption. Local agencies may need to obtain clarification from federal staff regarding whether one or both should be included in NPI count.
	Households use less energy.	**WARMTH 6** % of households who consume less energy	

DIMENSION	OUTCOME	INDICATOR	PROPOSED CSBG INDICATOR?
Housing	Homeless households are safely sheltered.	**HOUSING 1** % of homeless households safely sheltered	**Yes.** The proposed CSBG individual and family indicators include this measure.
	Homeless households obtain permanent housing.	**HOUSING 2** % of homeless households that obtain permanent housing	**Yes.** The proposed CSBG individual and family indicators include this measure. This is also a HUD program outcome.
	At risk households maintain housing.	**HOUSING 3** % of at risk households that maintain housing (prevention of homelessness)	**Yes.** However, the proposed CSBG individual and family indicators ask for agencies to further break down these data for households avoiding foreclosure and households avoiding eviction. This is also a HUD program outcome.
Health	Uninsured individuals and families obtain health insurance.	**HEALTH 1** % of uninsured individuals that obtain health insurance	**No.** The proposed CSBG indicator only asks whether households have demonstrated improved physical and mental health.
	Individuals and families report a usual source for health care.	**HEALTH 2** % of individuals who report a usual source of care.	**No.** The proposed CSBG indicator only asks whether households have demonstrated improved physical and mental health.
Mobility	It takes less time for individuals and families to get to where they need to go.	**MOBILITY 1** Change in amount of time it takes households to get where they need to go	**No.** This indicator is not currently included in the CSBG proposed individual and family indicators.
Income	Households increase non-cash benefits (off setting costs and freeing up budget resources).	**INCOME 1** % of households who increase non-cash benefits	**No.** Currently, CSBG proposed individual and family indicators only assess individuals' ability to achieve and maintain capacity to meet basic needs. While INCOME 1-INCOME 4 certainly contribute to this outcome, they are not an appropriate proxy measure.
		INCOME 2 Average reported $ increase in non-cash benefits (childcare, SNAP, energy assistance, etc)	
	Households increase disposable income.	**INCOME 3** % of households who increase disposable income	
		INCOME 4 Average $ and percentage increase in disposable income	
Safe and Thriving Children	Individuals have quality, affordable childcare to meet their needs.	**CHILD 1** % of families reporting increased quality of childcare	**No.** Currently, CSBG proposed individual and family indicators do not include measures related to quality, affordability or accessibility of childcare outside the home.
		CHILD 2 % of families reporting increased affordability of childcare	

DIMENSION	OUTCOME	INDICATOR	PROPOSED CSBG INDICATOR?
	Parents demonstrate increased sensitivity and responsiveness in their interactions with children.	**CHILD 3** % of parents who demonstrate increased sensitivity and responsiveness with their interactions with children	**Yes.** The proposed CSBG individual and family indicators include this measure. This is also a federal Head Start outcome.
	Individuals feel more supported in their role as parents.	**CHILD 4** % of individuals who report they feel more supported in their role as parents	**No.** This indicator is not currently included in the CSBG proposed individual and family indicators.
Financial Resilience (Assets)	Individuals open savings account and/or IDA.	**ASSETS 1** % of individuals that achieve their goal of opening a savings account and/or IDA	**Yes.** The proposed CSBG individual and family indicators include this measure.
	Individuals add money to savings and/or IDA.	**ASSETS 2** % of individuals that achieved their goal of adding money to their savings and/or IDA	**Yes.** The proposed CSBG individual and family indicators include this measure.
	Households reduce debt.	**ASSETS 3** % of households who achieved their goal of reducing debt	**Maybe.** The proposed CSBG individual and family indicators include "individuals who increased their net worth." While ASSETS 3 may not be a direct proxy, it does include a critical component of net worth (debt).
Legal Status	Adults achieve their legal status goals.	**LEGAL STATUS 1** % of Adults that achieve their goal of legal status	**No.** This indicator is not currently included in the CSBG proposed individual and family indicators.
	Children achieve their legal status goals.	**LEGAL STATUS 2** % of Children that achieve their goal of legal status	
Social Networks and Connections	Individuals have more people to call on in a time of need.	**SOCIAL NETWORKS 1** % of individuals who increase the number of people they can call on in a time of need	**Yes.** The proposed CSBG individual and family indicators include "individuals who improve their social networks." SOCIAL NETWORKS 1 could arguably fit into this measure.
	Individuals perceive themselves as more active members of their community.	**SOCIAL NETWORKS 2** % of individuals who perceive themselves as a more active member of the community	**Maybe.** The proposed CSBG individual and family indicators measure "participants who increase skills knowledge, and abilities to enable them to work with Community Action to improve conditions in the community." SOCIAL NETWORKS 1 and SOCIAL NETWORKS 2 are not a direct fit, so local agencies may need to obtain clarification from federal staff regarding whether these measures could be used to report in NPI.
	Individuals report more hours supporting others in their community (formal or informal volunteering).	**SOCIAL NETWORKS 3** % of individuals who report more hours supporting others in their community	

DIMENSION	OUTCOME	INDICATOR	PROPOSED CSBG INDICATOR?
Education	Children entering kindergarten demonstrate skills necessary for school readiness.	**EDUCATION 1** % of children entering kindergarten who meet school readiness goals related to Language and Literacy	**Yes.** Although it is important to note that that the Futures Project is asking agencies to report school readiness in each of the five Head Start required domains for children entering kindergarten only (EDUCATION 1-EDUCATION 5). Agencies will be required to take additional steps for proposed CSBG reporting, including 1) rolling up their data into one school readiness indicator for children ages 0-5, and 2) isolating "approaches to learning" as a single indicator for ages 0-5.
		EDUCATION 2 % of children entering kindergarten who meet school readiness goals related to Cognition and General Knowledge	
		EDUCATION 3 % of children entering kindergarten who meet school readiness goals related to Approaches to Learning	
		EDUCATION 4 % of children entering kindergarten who meet school readiness goals related to physical health and development	
		EDUCATION 5 % of children entering kindergarten who meet school readiness goals related to social and emotional development	
	Individuals achieve their goal of obtaining a GED or Diploma.	**EDUCATION 6** % of individuals who achieve goal of obtaining GED or Diploma	**Yes.** The proposed CSBG individual and family indicators include this measure. This is also a Workforce Investment Act outcome.
	Individuals achieve their goal of completing post-secondary education or training.	**EDUCATION 7** % of individuals who achieve their goal completing of post-secondary education or training	**Yes.** However, the proposed CSBG individual and family indicators ask for agencies to further break down these data into training, Associates degree, and Bachelors degree. Training certification is also a Workforce Investment Act outcome.
Employment	Youth achieve their goal of obtaining employment.	**EMPLOYMENT 1** % of unemployed youth who achieve their goal of obtaining employment	**Yes.** The proposed CSBG individual and family indicators include these measures. However, CSBG proposes additional reporting of this indicator at 90 and 180 day intervals as well. This is also a Workforce Investment Act outcome.
	Individuals achieve their goal of obtaining employment (below living wage).	**EMPLOYMENT 2** % of unemployed adults who achieve their goal of obtaining employment (below living wage)	**Yes.** The proposed CSBG individual and family indicators include these measures. However, CSBG proposes additional reporting of this indicator at 90 and 180 day intervals as well. Entering employment is also a Workforce Investment Act outcome.

DIMENSION	OUTCOME	INDICATOR	PROPOSED CSBG INDICATOR?
	Individuals achieve their goal of obtaining employment (at or above living wage).	**EMPLOYMENT 3** % of unemployed adults who achieve their goal of obtaining employment (at or above living wage).	
	Individuals have opportunities for increased employment earnings and/or benefits (salary increase, hour increase, and/or increased benefits).	**EMPLOYMENT 4** % of individuals who enter or transition into an employment position that provided increased income and/or benefits (salary increase, hour increase, and/or increased benefits).	**Yes.** The proposed CSBG individual and family indicators include these measures. CSBG proposes reporting be broken down by each type of increase (salary, hour or benefits). This reporting breakdown could be adapted to Futures Project indicator as well. Increasing earnings is also a Workforce Investment Act outcome.
Self-Efficacy	Individuals report more control over their current circumstances.	**SELF-EFFICACY 1** % of individuals who report more control over their current circumstances	**No.** These indicators are not currently included in the CSBG proposed individual and family indicators.
	Clients report more control or influence over their future outcomes.	**SELF-EFFICACY 2** % of individuals who report more control or influence over their future outcomes	
	Clients perceive more control or influence in their community.	**SELF-EFFICACY 3** % of individuals who perceive more control or influence in their community	