

11

OF TWENTY-
FOUR

FOR

program
directors, data
and evaluation
staff, executive
directors, public-
agency
managers, and
anyone
preparing for an
evaluation or
funder
conversation

INCLUDES

a records
inventory table,
a what-it-can-
and-cannot-tell-
you guide, a
records audit
worksheet, and a
15-minute team
exercise

The Records Programs Already Keep

*How to find evidence potential in the
information your organization already collects*

A behavioral health program receives a call from its funder. The funder wants to understand who the program is reaching, how long people stay engaged, and what happens after they leave. The program director feels a familiar sinking feeling: “We do not have an evaluation. We are not set up for that.”

But then a staff member asks a different question: “What do we already have?”

The answer, it turns out, is more than anyone expected. The program has intake forms that capture demographics, referral source, and presenting concerns. It has attendance logs showing which sessions each participant attended. It has case notes from every meeting. It has referral records showing where participants were connected to other services. It has discharge summaries. And it has a spreadsheet someone built three years ago to track follow-up calls.

None of it was designed for evaluation. All of it was created for service delivery, billing, supervision, or compliance. But together, it contains a surprising amount of what the funder is asking about.

The short answer

Most organizations serving people already collect far more information than they realize. The problem is not usually a lack of records. It is that the records were created for purposes other than answering evidence questions – and no one has inventoried what they contain.

Before you commission new data collection, find out what you already have. The answer may change what you need to build.

An honest inventory of your existing records can save time, reduce participant burden, avoid duplicating information you already possess, and help you see where the real gaps are – rather than where you assume they are.

Why this is harder than it looks

Records created for service delivery are not the same as records created for evidence. An intake form was designed to determine eligibility and begin a service plan, not to provide a baseline for outcome measurement. An attendance log was designed to track compliance, not to measure engagement. A case note was written for clinical supervision or legal documentation, not for program evaluation.

That does not mean these records are useless for evidence purposes. It means you need to understand what each one can and cannot support before you rely on it.

The second difficulty is organizational. Records often live in different systems, maintained by different staff, in different formats. The intake database may not connect to the case-management system. Attendance may be tracked on paper in one site and electronically in another. Referral records may exist only in individual case files. No one person may know everything the organization collects.

An inventory takes time. But it almost always reveals information the organization did not know it had – and gaps that are smaller than expected.

The concept: what your records contain and what they can support

A records inventory

The table below lists the types of records that many community-serving organizations keep. Your organization may not have all of these. It may have others not listed. The point is to walk through what you have before deciding what you need.

Record type	What it typically contains	What it can tell you	What it cannot tell you
Intake or enrollment forms	Demographics, referral source, eligibility criteria, presenting needs, date of entry	Who came, where they came from, what they needed at the start, whether the population you are reaching matches the population you intended to serve	Whether the service helped them — intake captures a starting point, not an outcome
Attendance or participation logs	Dates attended, sessions or services received, duration of engagement	How often people participated, whether engagement patterns differ across groups, who stopped coming and when	Whether attending more sessions led to better outcomes — attendance shows exposure, not effect

Record type	What it typically contains	What it can tell you	What it cannot tell you
Case notes	Staff observations, participant progress, barriers, service adjustments, clinical impressions	What staff observed over time, how services were adapted, what barriers participants faced, the texture of the work	Consistent, comparable data across participants — case notes vary by author, purpose, and level of detail
Service or treatment plans	Goals, planned activities, timelines, responsible staff	What the program intended for each participant, how goals were set, whether plans were individualized	Whether goals were achieved — a plan describes intention, not outcome
Referral records	Where participants were referred, whether they connected, follow-up status	How the program links to other services, whether referrals are completed, gaps in the local service network	Whether the referred service was effective — a completed referral is not the same as a successful one
Eligibility determinations	Criteria applied, documents reviewed, decisions made	Who qualifies, who does not, and why — useful for understanding the population and potential selection effects	Whether the eligibility criteria are the right ones — that is a program-design question, not a records question
Billing or claims data	Services billed, codes used, amounts, dates, payer	What services were delivered and when, at what cost, and to whom	Whether the service was needed, appropriate, or effective — billing tracks transactions, not outcomes
Survey results	Participant responses to structured questions	What participants reported about their experience, satisfaction, needs, or perceived change	Whether what participants reported matches what actually happened — self-report has known limitations
Grant reports	Summary statistics, narratives, outcome claims previously submitted	What the organization has already said publicly, which numbers have been tracked over time	Whether the claims in past reports were well-supported — a grant report repeats what was submitted, not what was verified
Staff logs or activity records	Services delivered, contacts made, time spent, outreach activities	What staff did, how much effort different activities required, how time was allocated	Whether the activities were effective — staff effort and participant benefit are different things

Record type	What it typically contains	What it can tell you	What it cannot tell you
Complaint or grievance records	Issues raised, resolution status, patterns	What went wrong, how the organization responded, whether certain problems recur	The full picture of participant experience — people who complain are not representative of everyone served
Waitlists	Who is waiting, how long, priority status, eventual disposition	Unmet demand, how long people wait, whether some groups wait longer, what happens to people who never receive service	What would have happened if people on the waitlist had been served — though waitlists can sometimes serve as a natural comparison group

What an inventory reveals

When organizations sit down to inventory their records, several things typically happen.

They discover they know more than they thought. A youth-development program realized its enrollment forms, attendance records, and school-partnership data already contained most of what a new funder was asking for. The gap was not information — it was organization.

They find inconsistencies. One site tracks attendance by session. Another tracks it by week. A third uses sign-in sheets that are sometimes lost. Before you can use records as evidence, you need to know how consistently they are kept.

They identify real gaps. The most common gap is outcome information. Organizations tend to have strong records of who came and what services were delivered, but weaker records of what changed for participants after — or during — service. Knowing where the gap actually is helps you design the smallest, least burdensome addition that will close it.

They realize some records are richer than expected. Case notes, for example, often contain observations about barriers, progress, family circumstances, and service quality that no structured form captures. They cannot be analyzed the same way as a database, but they can provide context, illustrate patterns, and surface questions worth investigating.

A concrete example: a behavioral health program

Return to the program from the opening. The funder wants to know three things: who the program reaches, how long people stay engaged, and what happens after they leave.

Who the program reaches. The intake forms already capture age, gender, race and ethnicity, referral source, insurance status, and presenting concerns. With some cleaning and tabulation, the program can describe its population clearly.

How long people stay engaged. The attendance logs and discharge records show entry date, sessions attended, and exit date. The program can calculate median length of engagement, identify patterns in early dropout, and see whether engagement differs by referral source or demographics.

What happens after they leave. This is where the gap is. The program has discharge summaries, but they are narrative and inconsistent. The follow-up spreadsheet was maintained for a year and then abandoned. There is no systematic post-exit information.

The inventory did not solve every problem. But it showed that two of the three questions could be substantially answered with existing records, and that the third required a specific, targeted addition – not a full evaluation redesign. That is a very different starting point than “We do not have data.”

What you can say and what you cannot say

What you can say	What you cannot say yet
“We have intake records that describe the population we serve.”	“We have evidence that we are reaching the right people” (unless you have defined who the right people are and compared).
“Our attendance data shows that most participants attend at least six sessions.”	“Attending six sessions leads to better outcomes” (attendance alone does not demonstrate effect).
“Our referral records show that 70 percent of referrals resulted in a completed connection.”	“Our referrals are effective” (a completed connection is not the same as a beneficial one).
“We have case notes that describe participant progress over time.”	“Our case notes prove that participants improved” (case notes reflect staff observations, which vary in consistency and perspective).
“We inventoried our records and identified specific gaps in post-exit outcome data.”	“We do not have any data” (you almost certainly have more than you think).

A 15-minute team exercise: the quick records audit

Gather your team – ideally including frontline staff, supervisors, and anyone who manages data systems. Bring a whiteboard or shared document.

Set a timer for 15 minutes and work through these questions:

1. List every type of record your organization creates or maintains in the course of serving people. Include paper forms, electronic systems, spreadsheets, case files, and anything staff fill out routinely.
2. For each record type, note: Who creates it? How consistently? In what format? Is it stored where others can access it?
3. Pick one evidence question your organization cares about – for example, “Who are we reaching?” or “How long do people stay engaged?”
4. For that question, which existing records contain relevant information?
5. What is missing – and how large is the gap?
6. What is the smallest addition that would close the most important gap?

The goal is not a comprehensive data audit. It is a 15-minute snapshot that helps the team see what it already has before deciding what it needs.

Field note: the people who create the records

When organizations begin using service records for evidence purposes, there is a risk of forgetting the people who create them.

Case managers write notes between appointments. Intake staff complete forms while welcoming someone in crisis. Front-desk workers maintain attendance logs while answering phones. These records exist because someone took the time to create them – usually under pressure, often without recognition.

If the organization decides to use those records differently – to analyze them, aggregate them, report on them – the people who create them deserve to know. They deserve to understand why consistency matters, what the information will be used for, and how it will be protected. They also deserve to have a voice in whether the recording burden is reasonable.

Using existing records is almost always less burdensome than creating new data-collection systems. But it is not burden-free. The burden simply falls on different people – and it has been falling on them all along.

When to bring in help

Outside support may be useful when:

- you have records in multiple systems that need to be linked, cleaned, or reconciled before they can be used;
- you are unsure whether your records are consistent enough to support the claims you want to make;
- a funder or evaluator is asking for data you think you have, but you are not sure it meets their standards;
- your records contain sensitive information – clinical notes, legal documents, child-welfare records – and you need guidance on privacy, consent, or appropriate use;
- you want to move from a records inventory to a structured evaluation plan and need help identifying what your existing information can and cannot support.

In those situations, the most valuable thing an adviser can do is start where you are – with the records you already keep – rather than designing a new system from scratch.

Next read

What Records Were Created to Do – You now know what records you have. The next chapter asks a subtler question: why does each record exist? Understanding the original purpose of a record – service delivery, billing, compliance, supervision – helps you see what it can carry and where it may mislead.