

The Coalition
of Orange County Community Clinics



REQUEST FOR APPLICATIONS (RFA)
FOR
FY 2009/10 TOBACCO SETTLEMENT REVENUE FUNDING
FOR
COMMUNITY CLINIC SERVICES

Release Date: March 23, 2009

DEADLINE FOR SUBMISSION:

ORIGINAL APPLICATION AND 1 DUPLICATE LOOSELEAF COPY MUST BE RECEIVED
AT COALITION OFFICES BY:
THURSDAY, APRIL 23, 2009 AT 4:00 PM

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Background

On November 23, 1998, the Attorneys General and other representatives of 46 states, Puerto Rico, the U.S. Virgin Islands, American Samoa, the Northern Mariana Islands, Guam, and the District of Columbia signed an agreement with the five largest U.S. tobacco companies ending a four-year legal battle between the States and the tobacco industry.

As a result of the Agreement, states will receive over \$206 billion from the settlement over a 35-year period; the first funds were made available to the states in June 2000. California's share of these funds is estimated as approximately \$1 billion per year. California's payments are split between the State and local county governments.

There are no restrictions in terms of how each county might use these settlement funds. In Orange County, a ballot measure, Measure H, was placed before voters and passed into law in 2000, ensuring that in Orange County Tobacco Settlement Revenue (TSR) funds would be used to fund health care programs exclusively (20% for community clinics). Since 2002, **over \$20,000,000** has been distributed to community clinics in Orange County with the intent of improving quality and increasing accessibility for uninsured/underinsured adults and children to receive services. This RFA is the seventh in a series of RFP's/RFA's that will award funds to licensed community clinics, free clinics, and mobile clinics through a Board of Directors/Health Care Agency approved process.

THE COALITION OF ORANGE COUNTY COMMUNITY CLINICS

Founded in 1974, the Coalition of Orange County Community Clinics (“The Coalition”) is a 501(c) 3 not-for-profit organization. The Coalition and its member Clinics are dedicated to building and strengthening a community-wide system of comprehensive, high quality, accessible, and affordable health care.

Since the passage of Measure H in 2000, the Coalition has served as the fiscal intermediary and program lead between the County of Orange Health Care Agency (HCA) and those community clinics, free clinics, and mobile clinics that have received funding for TSR-related projects. Within that role the Coalition has provided RFA award recipients with technical assistance in areas including fundraising, financial planning, program planning, compliance, reporting requirements, financial management, quality improvement, and clinical operations. In addition, the Coalition has worked with the clinics the sustainability general health of clinics by providing information technology support, assistance in health policy advocacy/development, and guidance in the development of performance outcome measures.

With each year’s funding, participating Clinics submit detailed program Applications and budgets that are reviewed and approved by both the Coalition and HCA. For approved projects that are selected for funding, service contracts are drawn up and executed with each participating organization that specify approved budget amounts, staffing requirements, outcome performance measures, and timelines for completion.

RFA PROCESS OVERVIEW

The Coalition is soliciting Applications for Community Clinic Services for the purpose of awarding FY 2009-10 TSR funding.

For the purposes of this RFA, eligible applicants are; community clinics, free or mobile clinics licensed by the California Department of Health Services Licensing and Certification under *Health and Safety Codes 1204 and 1206*. In addition, applicants must meet the following criteria:

- A. In operation for at least 12 months providing primary, medical, dental or specialty care services to an underserved community in Orange County.
- B. Licensed Community Clinic as of April 13, 2009, when applications are due for TSR funds.
- C. Audited financials for a minimum of one full year with no exceptions noted.
- D. In stable financial position to expand capacity with additional TSR funding to increase level of services to the community.

Funding will support those programs that directly provide medical, dental, or mental health services, health promotion, health education, or prevention services, to low-income adults or children in the County of Orange.

For FY 2009-10, the Coalition's TSR spending plan for Community Clinic funding, has been determined by the Coalition's Board of Directors, and has been approved by the County of Orange Health Care Agency, is as follows: has the health care agency approved this spending plan? Did we send Duane the BAR? If not, we should send it and get it approved before we release the RFA.

- 1) For FY 09/10, TSR funding for direct services by community clinics is estimated at \$4,618,722
- 2) "Core Operating Support"/"Expanded Access" Funding (\$4,593,722);
- 3) "After Hours Coverage Collaborative Project" funding (\$25,000)

All FY 09/10 TSR funded programs, whether new or existing, will require an application/proposal to be submitted by the applicable organization.

APPLICATION PREPARATION INSTRUCTIONS

1. All FY 09/10 TSR funded programs, are required to submit all of the documentation listed on **Attachment 6** which an item-by-item review of required documents and instructions. It will help to ensure that your Application is complete and not missing important information. (See checklist on page 19)
2. Grantees may request for support of multiple programs within the same clinic. In such cases the combined amounts of the requests must not exceed funding levels set forth on the Notice of Estimated Funding (NEF) provided by the Coalition.
3. Separate Applications must be submitted for each individual program seeking support with **all Attachments 1-6** completed. Multiple copies of other required documents are not necessary.
4. An Application may be rejected at the sole discretion of the Coalition if it contains conditional clauses, is incomplete, or deviates from the specifications contained in this RFA. The Coalition reserves the right to waive any procedural irregularity, immaterial defect, or other impropriety that the Coalition deems reasonably correctable or not warranting rejection of the Application.
5. All Applications must contain complete, accurate, and the most up to date information possible. Deficiency or areas of necessary improvement should be included in the application, as well as action plans to address issues or concerns.
6. Ensure all information submitted is consistent throughout the Application including the mandatory forms, attachments, and narratives.
7. In the event that required information is omitted, an explanation the reason for the omission is necessary.
8. Attempt to make your Application completely self-explanatory by identifying all acronyms and professional jargon.
9. Each Application must consist of one signed original to be arranged in a three-ring binder or a spiral-bound notebook and one unbound loose copy to be submitted unfolded in a single, unsealed envelope.
 - a. Each Application must be ***received*** by **4:00 pm** on **Thursday, April 23, 2009**.

Please submit application packets to:

Marjorie Mansilla, Controller

17701 Cowan, Suite 220

Irvine, CA 92614-6057

TSR FY 09/10
PROGRAM COMPONENTS

1) “Core Operating Support”/”Expanded Access”

A total of \$4,593,722 is available in this category for the sustainability of clinic programs and increased access to primary healthcare services. Existing community clinic grantees, may apply under this category for the ongoing funding of *existing* successful programs and or creation of *new programs* that address the healthcare needs of the uninsured, under-insured target population of this funding stream. These funds have been allocated for member clinic organizations based on a volume-driven allocation methodology using uncompensated care and total visits as the variable factors. As of March 6, 2009, each eligible organization will receive its’ estimated allocation amount.

2) After Hours Coverage Collaborative Project

On January 27, 2009, The Board of Directors approved to carve out TSR funds to continue to fund St. Jude’s After Hours Coverage Collaborative. This project benefits and serves 7 clinics. This project addresses the inappropriate utilization of emergency rooms by uninsured patients for primary care services. The after hours call system is effective in reducing the number of unnecessary urgent visits to the ER for non-emergency conditions and offer needed information and guidance so that patients can manage their illnesses earlier and avoid costly and overcrowded emergency care

3) New Applicant Community Clinic Organizations

Licensed community clinic organizations may apply as a potential new grantee for up to \$75,000 as a first year program participant. Proposed program must adhere to all requirements in component 1 listed above and meet all application requirements as indicated throughout RFP including submission of all required forms and attachments. The Coalition encourages potential new grantees to apply for membership status with the Coalition but it is not a requirement for eligibility to be considered for TSR funds.

APPLICATION REVIEW AND SELECTION

1. All Applications received at the Coalition's office by the deadline that are in compliance with RFA requirements will be eligible for review and selection.
2. Review and approval of all Applications submitted by new applicants and existing grantees will be conducted by Coalition staff and Health Care Agency (HCA).
3. Application selection will not be based solely on cost per unit of service. Cost will be weighed with other factors, including but not limited to, scope of work, administrative oversight, program experience, service design, program management, performance outcome objectives, staffing relevant professional experience, and past performance in delivering contracted services to the Coalition.
4. Following the review of Applications, the Coalition will approve recommendations regarding the funding of Applicants. Award of contracts will not be effective unless and/or until authorization is confirmed by HCA. The Coalition reserves the right to reject all Applications, accepts all or some Applications as proposed or, based on HCA's needs or the availability of funds at the time of selection, modify the scope of any Application.
5. The Coalition, at its sole discretion, reserves the right to cancel this RFA, or modify it in whole or in part including but not limited the amount of funding to be made available and/or required documents for application completion.
6. During the Application review period of April 24, 2009 through May 23, 2009 it is requested that Applicant staff be available to answer any questions that may arise regarding the Application.
7. The Coalition and HCA reserve the right to conduct on-site visits and/or staff interviews in order to obtain additional information pertinent to the decision making process of the Application.

PROPRIETARY/TRADE SECRET INFORMATION

Due to the public nature of the TSR funding and pursuant to California law, all information contained in an applicant's response may be public record subject to disclosure to any member of the public if requested. If it is necessary to include proprietary or trade secret information in your Application, the Coalition recommends that you clearly and prominently mark the information that you believe falls within this category. The Coalition will attempt to notify you if disclosure is requested of the information that you have indicated as proprietary or trade secret in nature, in order to give you an opportunity to protest the disclosure of such information, up to and including the opportunity to obtain a court order blocking such disclosure.

PROTEST PROCESS

1) Protest of Request for Applications or Solicitation Process

In the event a Applicant believes that this RFA is unfairly restrictive, ambiguous or contains conflicting provisions, the Applicant must file a written protest with the Coalition's Chief Executive Officer within two (2) days prior to the Application deadline. Protests of specifications and/or solicitation terms and conditions made after that date will not be considered by the Coalition.

Failure of any provider to file a letter of protest relating to the solicitation requirements at least two (2) days prior to the date Applications are due will be deemed a waiver of the protestor's rights to protest any decision for contract award relating to the solicitation requirements.

2) Protest of Application Awarding

Protests of contract awards must be made within five (5) days after the aggrieved party knows or should have known the regarding the award. All protests must be made by the specifically effected party and must include the following information:

- The name, address, and telephone number of the protester.
- The signature of the protestor or the protestor's authorized representative.
- The name/requested services of the RFA.
- A detailed statement of the legal and/or factual grounds for the protest.
- The form of relief requested.

Protests must be made in writing to:

The Coalition of Orange County Community Clinics
Attention: Marjorie Mansilla, Controller
17701 Cowan, Suite 220
Irvine, CA 92614

TSR FY 09/10 Application Process Timeline

January 15, 2009	Renewal Package sent to the Coalition
February 27, 2009	Completed Renewal Package returned to HCA by 5:00 P.M.
March 6, 2009	Release RFA for TSR funds; Member Clinic Organizations receive individual Notice of Estimated Funding (NEF) available
March 23, 2009	TSR FY 09/10 RFA released to community clinics (with 30 day turnaround)
March 26 2009	Contract Boilerplate language completed and forwarded to the Coalition and Clinics
April 1, 2009	Complete Renewal Package review and final approval by HCA
April 8, 2009	TSR FY 09/10 RFA Technical Assistance Workshop (10:00 @ the Coalition Offices)
April 10, 2009	FY 2009-10 TSR Agreement between the Coalition and County submitted to the Coalition for review
April 23, 2009	Proposals Due from Community Clinics by 4 pm at the Coalition offices.
April 24 - 28, 2009	Coalition Staff Review Applications For Completeness
April 28, 2009 (start)	Review Clinic RFAs – convert to contracts
May 23, 2009	Agreement between the Coalition and HCA and all clinic subcontracts completed and approved by the Coalition and HCA
June 2, 2009	TSR Agreement between the Coalition and County will be presented to the County’s Board of Supervisors for consideration.
June 12, 2009	Executed Clinic Sub-agreements returned to the Coalition by 5:00 P.M.
June 24, 2009	HCA to approve all Clinic Sub-agreements and distribute to the Coalition
June 30, 2009	All Clinic Sub-agreements distributed to the Clinics
July 1, 2008	TSR Programs Commence

ATTACHMENT 1-A
NEW CLINIC APPLICANT-COVER SHEET

I. ORGANIZATION INFORMATION

Organization Name: _____

Clinic Name: _____

Main Office Address: _____

City/Zip Code: _____

Executive Director/CEO: _____

Year Organization Founded: _____

Year Clinic Founded: _____

II. FUNDING SOURCES

Based on the individual Clinic's current fiscal year annual budget, please complete the following using actuals or funds pledged:

Revenue Source	Current Year Funding (\$)	% of Total Funding
TSR Contract Revenue requested:		
Other Government Contract Revenue:		
Donations:		
Service Fees:		
Other Revenue Sources: (please describe):		
Totals		

Quantitative Program Goals	To Be Provided Due to TSR Funding
# of Clients (if applicable)	
# of Services (if applicable)	

The undersigned acknowledges that I have read and understood the contents of, and have the authority to submit this application for TSR Community Clinic Funding on behalf of the organization named below. I certify that the application is correct to the best of my knowledge and represents the organization's Application for the provision of services to the County of Orange.

Authorized Representative

Date

Telephone

Title

Clinic Name

ATTACHMENT 1
EXISTING GRANTEE-COVER SHEET

ORGANIZATION INFORMATION

Organization Name: _____

Clinic Name: _____

Program Name: _____

Executive Director/CEO: _____

Funding Category (ies)*	Amount Requested
Core Support Funding	
After Hours Coverage Collaborative	

Services	X if Appl.	Services	X if Appl.
Oral Health		Tobacco Prevention	
Primary Care		Health Education	
Mental Health		Specialty Care (Specify):	
Senior Services		Other (Specify):	

Quantitative Program Goals	To Be Provided Due to TSR Funding
# of Clients (if applicable)	
# of Services (if applicable)	

Please supply a copy of each document listed below. Check off each item to verify the requested information is enclosed. If “not applicable,” please indicate.

Document	YES	NO	N/A
Current certificates of insurance			
Current Clinic license			
Most recent independent financial audit for the Clinic			

The undersigned acknowledges that I have read and understood the contents of, and have the authority to submit this application for TSR Community Clinic Funding on behalf of the organization named below. I certify that the application is correct to the best of my knowledge and represents the organization’s Application for the provision of services to the County of Orange.

Authorized Representative

Date

Telephone

Title

Clinic Name

ATTACHMENT 2
NEW CLINIC AND EXISTING GRANTEE (ALL APPLICANTS)
PROGRAM NARRATIVES

I. PROPOSED SCOPE OF WORK

In a separate attachment to this form, please describe the Scope of Work of the project being proposed. Be sure to address:

1. How the program will identify and reach the target population for services;
2. The specific services which are to be provided using TSR funds;
3. How the program will impact the community need on a short-term and long-term basis;
4. How this program will advance the system of care;
5. The percentage of low income patients who are expected to receive services from the program;
6. Timelines for implementation and successful completion of the program;
7. Potential barriers to implementation or successful completion of the program;
8. How will potential barriers be addressed?

II. PROGRAM PERFORMANCE OUTCOMES

On **Attachment 3** to this document, please describe the FY 2009-10 performance outcomes proposed for the program. Proposed outcomes should tie directly to the overall purpose of the program, as well as the expense items included in the program’s budget. Please make sure the proposed outcomes are measurable. In an effort to support our annual evaluation of TSR Programs and streamline potential Performance Review Audits, we are asking for more detail on types of services proposed. Proposed programs must include a numerical projection of type of services. For example, if in prior years TSR funding has supported a medical provider for a diabetic program who has provided an average of 1000 visits per year, and you are proposing to continue this program, the expectation is that you project 1000 visits or more for the FY 09/10 program. If instead, you anticipate the funded provider to see a mixture of types of visits such as general medical, dental, diabetic, hypertension, health education, prenatal etc., then we are requesting a projection of those visits. For more information please refer, to **Attachment 7** for a full overview.

Inputs	Activities	Outputs	Outcomes	Indicators
Resources a program uses to achieve program objectives. Inputs include five elements representing an agency’s resources and raw materials: patients/clients, staff, material resources, facilities and equipment. A program uses <i>inputs</i> to support <i>activities</i> .	What a program does with its inputs to fulfill its mission. Activities include the strategies, techniques, and types of interventions that comprise the program’s service methodology. Examples are providing primary care services, educating the community about diabetes prevention and treatment and cultivating peer educators for support groups. Program <i>activities</i> result in <i>outputs</i> .	The direct products of program activities and usually measured in terms of volume of work accomplished. For example, the number of meals provided, classes taught, and participants served. Another term for outputs is ‘units of service.’ Outputs are important because they are intended to lead to a desired benefit for participants or target populations.	Outcomes are benefits or changes for individuals or populations during or after participating in program activities. Outcomes are influenced by a program’s outputs and may relate to knowledge, skills, attitudes, values, behavior, condition, or status. Examples of outcomes include greater knowledge of nutritional needs, improved health management skills, establishing a medical home, more effective responses to conflict, and having greater access to health care.	The specific items of information that track a program’s success on outcomes. They describe observable, measurable characteristics or changes that represent achievement of an outcome.

ATTACHMENT 3
NEW CLINIC AND EXISTING GRANTEE (ALL APPLICANTS)
LOGIC MODEL

Inputs	Activities	Outputs	Outcomes	Indicators

ATTACHMENT 4
 NEW CLINIC AND EXISTING GRANTEE (ALL APPLICANTS)
 BUDGET

PERSONNEL

Position	Full Time Equivalent	Annual Budget
	%	
	%	
	%	
	%	
	%	
<i>Subtotal Personnel</i>	%	
<i>Fringe Benefits</i>	<i>% of Benefits</i>	
<i>Total Personnel</i>	-	

OPERATING BUDGET

Line Item	Annual Budget
Office Space/Remodel	
Communications	
Mileage	
Office/Medical/Dental Supplies	
Duplication	
Printing	
Training	
Equipment-One Time Costs	
Pharmaceuticals/Lab	
Other:	
Other:	
Other:	
Other:	
Other:	

BUDGET TOTALS

Totals	Annual Budget	% of Total Budget
Personnel		%
Operating Budget		%
Indirect Costs (Max. 10% of total budget)		%
TOTAL BUDGET		100%

ATTACHMENT 5
NEW CLINIC AND EXISTING GRANTEE (ALL APPLICANTS)
BUDGET NARRATIVE

PERSONNEL

Position:

Position:

Position:

Position:

Position:

Fringe Benefits:

OPERATING BUDGET

Office Space/Remodel

Communications:

Mileage:

ATTACHMENT 5-CONTINUED
NEW CLINIC AND EXISTING GRANTEE (ALL APPLICANTS)
BUDGET NARRATIVE

Office/Medical/Dental Supplies:

Duplication:

Printing:

Training:

Equipment-One Time Costs:

Pharmaceuticals/Lab:

Other:

Other:

Indirect Cost:

**ATTACHMENT B
NEW CLINIC APPLICANT
SUPPLEMENTAL QUESTIONS**

I. GOVERNANCE

Please attach a listing of the Clinic’s Board of Directors to this form, including the following information for each member of your organization’s Board of Directors:

- Name
- Address/City
- Occupation
- Current Office
- Term (start and end dates)
- Subcommittees

II. CONTRACT FILE DOCUMENTATION

Please supply a copy of each document listed below. Check off each item to verify the requested information is enclosed. If “not applicable,” please indicate.

Document	YES	NO	N/A
Current certificates of insurance			
Current Clinic license			
Current operating budget			
Current business license			
Articles of Incorporation and any amendments			
By-Laws and any amendments			
Current organization chart			
Most recent independent financial audit for the Clinic			

If any of the above information has not been provided, please explain why:

ATTACHMENT B-CONTINUED
NEW CLINIC APPLICANT
SUPPLEMENTAL QUESTIONS

III. DESCRIPTION OF NEED

In a separate attachment to this form, please describe the community need that the proposed Scope of Work is intended to address. Be sure to include:

1. Target population for proposed Scope of Work;
2. How the need for the program has been determined or documented (e.g. cite the source of your demographic data, survey data, etc.).

IV. CLINIC EXPERIENCE, QUALIFICATIONS, AND CAPACITY

In a separate attachment to this form, please describe:

1. The Clinic's experience and qualifications for carrying out the proposed Scope of Work;
2. The Clinic's capacity for carrying out the proposed Scope of Work;
3. How the Scope of Work will be integrated into ongoing operations;
4. The Clinic's cultural competency for carrying out the proposed Scope of Work.

V. CONTRACT SIGNATURE AUTHORITY

Please list below the individuals who have been designated as having the authority to enter into contracts on behalf of the Clinic:

Corporate Officer/Authorized Representative Name: _____

Corporate Officer/Authorized Representative Name: _____

Corporate Officer/Authorized Representative Name: _____

If incorporated, please attach the Board of Directors resolution empowering Corporate Officer(s) or Authorized Representative(s) listed above to act on behalf of the organization.

ATTACHMENT 6
NEW CLINIC AND EXISTING GRANTEE (ALL APPLICANTS)
REQUIRED DOCUMENTS CHECKLIST AND ORDER

Required Document	New Clinic	Existing Grantee	Submitted	Comments
Attachment 1-A (New Clinic Applicant Cover Sheet)	X			
Attachment 1 (Existing Grantee Applicant-Cover Sheet)		X		
Attachment 2 (Program Narratives-Scope of Work)- <i>Separate Sheet</i>	X	X		
Attachment 3 (Logic Model)	X	X		
Attachment 4 (Budget)	X	X		
Attachment 5 (Budget Narrative)- <i>Two Pages</i>	X	X		
Attachment B (New Clinic Supplemental Questions-Governance)- <i>Separate Sheet</i>	X	X		
Attachment B (New Clinic Supplemental Questions-Description of Need)- <i>Separate Sheet</i>	X			
Attachment B (New Clinic Supplemental Questions-Clinic Experience)- <i>Separate Sheet</i>	X			
Attachment B (New Clinic Supplemental Questions-Contract Signature Authority)	X	X		
Certificates of Insurance- <i>Only One Copy Per Clinic</i>	X	X		
Current Clinic License- <i>Only One Copy Per Clinic</i>	X	X		
Current Operating Budget- <i>Only One Copy Per Clinic</i>	X			
Articles of Incorporation- <i>Only One Copy Per Clinic</i>	X			Existing must submit if there have been changes.
Current Organization Chart- <i>Only One Copy Per Clinic</i>	X			Existing must submit if there have been changes.
Most Recent Financial Audit- <i>Only One Copy Per Clinic</i>	X	X		
Attachment 6 (Required Documents Checklist and Order)	X	X		

If you have any questions regarding the RFA, please feel free to contact Marjorie Mansilla. Your questions will be posted on our website (www.coccc.org) as we update our Question and Answer document for this year's RFA process.

Marjorie Mansilla: mmansilla@coccc.org or (949) 486-0458 ext. 227

ATTACHMENT 7
REFERENCE PURPOSES ONLY
PROGRAM PERFORMANCE OUTCOMES

Helpful Tips: Outcome Measurement Framework

The Outcome Measurement Framework is a tool that outlines the key steps needed to measure program outcomes and can be used to organize an outcome measurement plan. Before developing an outcome measurement plan, it is important to understand common outcome measurement terms including:

Inputs: Resources a program uses to achieve program objectives. Inputs include five elements representing an agency's resources and raw materials: patients/clients, staff, material resources, facilities and equipment. A program uses *inputs* to support *activities*.

Activities: What a program does with its inputs to fulfill its mission. Activities include the strategies, techniques, and types of interventions that comprise the program's service methodology. Examples are providing primary care services, educating the community about diabetes prevention and treatment and cultivating peer educators for support groups. Program *activities* result in *outputs*.

Outputs (also known as units of service): The direct products of program activities and usually measured in terms of volume of work accomplished. For example, the number of meals provided, classes taught, and participants served. Another term for outputs is 'units of service.' Outputs are important because they are intended to lead to a desired benefit for participants or target populations.

Outcomes: Outcomes are benefits or changes for individuals or populations during or after participating in program activities. Outcomes are influenced by a program's outputs and may relate to knowledge, skills, attitudes, values, behavior, condition, or status. Examples of outcomes include greater knowledge of nutritional needs, improved health management skills, establishing a medical home, more effective responses to conflict, and having greater access to health care.

Indicators: The specific items of information that track a program's success on outcomes. They describe observable, measurable characteristics or changes that represent achievement of an outcome.

For example, a program whose desired outcome is that participants pursue a healthy lifestyle could define 'healthy lifestyle' as not smoking; maintaining a recommended weight, blood pressure, and cholesterol level; getting at least two hours of exercise each week; and wearing seat belts consistently. The number and percent of program participants who demonstrate these behaviors then is an *indicator* of how well the program is doing with respect to the outcome.

Logic Model: A systematic and visual way to present and share your understanding of the relationship among the resources you have to operate your program, the activities you plan, and the changes or results you hope to achieve.

Program: An activity or set of activities likely to produce an outcome. A good program is well managed, demonstrates a logical connection between program activities, outcomes, and community priorities. An agency can be made up of many programs.

Before developing an outcome measurement plan it is necessary to consider the following:

1. What is going to be evaluated? Which program elements are most likely to have the strongest effects on participants? Which program components have a strong research basis that suggests they are effective?

2. What do you (and others) want to know about the program and its impact on the participants? What questions do you want to answer? What are you trying to find out by doing the evaluation? Consider the purpose of the evaluation, who wants to know, when do you need this information and what resources do you have available.

Indicators:

- How will we know when the program has achieved an outcome?
- What information (data) do we need to collect to measure the program's level of achievement on its outcome?
- Are the indicators useful? Will they help you understand what is going on in the program and where program improvements may be needed?
- What does this outcome look like when it occurs?
- What would tell us it has happened?
- Do the indicators make sense in relation to the outcomes they are intended to measure?
- Are the indicators directly related to the outcome and strategy?
- Are the indicators specific?
- What could we count, measure or weigh?
- Is it reasonable to expect the agency can collect data on the indicators?

Check your indicators against two criteria:

- Can you observe it and measure it?
- Does it tell you whether the outcome has been achieved?

Sample Measurable Objectives

By December 31, 2009, increase access to primary care services for residents in the Central Santa Ana service area by 20% as evidenced by 2000 additional primary care visits over the comparative prior calendar year