



SUPPLEMENTAL INFORMATION

2019 FRANKLIN COUNTY COMMUNITY INVESTMENT PROCESS

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United Way
of Roanoke Valley

2019 FRANKLIN COUNTY COMMUNITY INVESTMENT RFP: STANDARD INDICATORS FOR TARGETED PRIORITY NEEDS

*The following are outcomes and program indicators most relevant with the priority strategies identified in the Franklin County Community Investment RFP. Additional indicators specific to the program may be included in the logic model but **programs will need to include the item/s with an asterisk (*) for their selected priority area when building their logic model. These items are required reporting for that priority area.***

Stabilizing Strategies

- **Access to affordable, reliable housing**
 - #/% of individuals who were able to secure safe and affordable housing*
 - #/% of individuals who were able to maintain safe and affordable housing*
 - #/% of individuals connected to subsidized housing
 - #/% of individuals receiving rapid rehousing
 - #/% of individuals securing Permanent Supportive Housing
 - #/% of individuals who transition out of emergency shelter to housing in less than 90 days

- **Access to affordable, quality healthcare**
 - #/% of individuals who receive assistance to apply for healthcare benefits
 - #/% of individuals receiving access to affordable care (including medical, dental, mental/behavioral, vision, and medication assistance)*
 - #/% of individuals demonstrating improved health outcomes*
 - #/% of adults receiving recommended preventive care and screenings
 - #/% of individuals accessing affordable preventive dental services (dental hygiene)
 - #/% of children connected to a medical home, and accessing medical, oral and/or mental health services
 - #/% of children receiving recommended preventive care and screenings
 - #/% of children screened for developmental delays
 - #/% of children identified as at-risk for delays referred to, and receiving early intervention services
 - #/% of children who are referred for additional assistance due to potential developmental delays
 - #/% of students who have access to a medical home
 - #/% of students who access physical health services
 - #/% of students who access mental health services

- #/% of students who have had a wellness check up in the last 12 months
- Access to healthy and affordable foods
 - #/% receiving food assistance*
 - #/% receiving financial assistance for purchasing food
 - #/% food assistance recipients who increase consumption of healthy foods*
- Facilitate transportation to access services and supports
 - #/% of individuals receiving transportation assistance*
 - #/% of individuals reporting they are able to meet their transportation needs

Growth Strategies

- **Support students in achieving school success**
 - A. Access to quality early learning environments for children
 - #/% of children enrolled in quality care settings (i.e. VPI, Head Start, VQ sites)*
 - #/% of children ages 3-4 who are demonstrating age-appropriate milestones for their development (e.g. Ages & Stages, Teaching Strategies – Gold, PALS preK)
 - #/% of children who are entering kindergarten ready to learn (PALS K results)*
 - B. Out of School Time and summer learning programs provide academic support for at-risk students (homework help, tutoring, literacy support)
 - #/% of students who are matched with a mentor or tutor
 - #/% of students who improve academic performance
 - #/% of students who demonstrate math and reading proficiency*
 - #/% of students who maintain satisfactory school attendance
 - #/% of children who are promoted to the next grade*
 - #/% of students who receive academic and social supports
- **Increase household income**
 - A. Access to steady employment to sustain families
 - #/% of individuals who improve job readiness and employability skills*
 - #/% of individuals who obtain employment*
 - B. Access to higher education, job-skills training and/or career pathways
 - #/% of individuals receiving job training for family-sustaining employment*
 - #/% of individuals achieving family-sustaining employment*
 - #/% of individuals who obtain a high school diploma or GED
 - #/% of individuals who complete an educational program
 - #/% of individuals accessing higher education

- **Build assets**

- A. Access to opportunities for home ownership in safe, diverse neighborhoods
 - #/% of clients receiving housing, home ownership, or renter education
 - #/% of clients securing safe housing (new housing or improved current housing)*
- B. Access to financial education opportunities
 - a. #/% of unbanked or underbanked individuals opening no or low cost checking accounts*
 - b. #/% of individuals demonstrating improved financial knowledge
 - c. #/% of individuals demonstrating improved savings*
 - d. #/% of individuals demonstrating an improved credit score
 - e. #/% of individuals utilizing a budget*

Outcome Measurement – Logic Model Template



THIS TEMPLATE IS AVAILABLE IN ECIMPACT AS A WORD DOCUMENT

Agency: _____ Program: _____

Target Population [Clients/customers/participants] description: _____

Program Goal: _____

Inputs	Activities	Outputs	Outcomes	Data Source
List resources that will be used in the program.	Describe the activities that comprise the program (What do those inputs <i>DO</i> ?)	A measure of the <i>volume</i> of work accomplished. # of program activities # of participants reached	A measure of the <i>impact</i> of work. Improvements or changes in behavior, skills, knowledge, attitudes, etc... Indicators should include # measured and % achieving	State from what source you collected your indicator data and your collecting methods
1.	A	A1. A2.	A1. A2.	A1. A2.
2.				
3.	B.	B1. B2.	B1. B2.	B1. B2.
4.				
5.	C.	C1. C2.	C1. C2.	C1. C2.
	D.	D1 D2	D1 D2	D1 D2
	E.	E1. E2.	E1. E2.	E1. E2.

Reviewing a Logic Model

Reasonable connectedness between the various parts of a Logic Model is key to the evaluation of an agency's Logic Model.

An important first step is specifying the population that the program or service is intending to reach. In examining the relationship between each part ask -- *If this is done, then will that happen?*

Target Population

- Are they described in some detail – age, sex, other demographics, behavioral characteristics, problems or needs?

Inputs	Activities	Outputs	Outcomes
<p>List resources that will be used in the program.</p> <ul style="list-style-type: none"> • Are you able to clearly identify the resources needed to run this program? Are ALL listed? 	<p>Describe the activities that comprise the program (What do those inputs <i>DO</i>?)</p> <ul style="list-style-type: none"> • Do the activities described logically flow from the resources and what the program is trying to do for its clients? • Are the activities sufficiently described to provide a good understanding of what staff does? Do they provide an understanding of the duration and intensity of the service? • Is there a sequence of these related activities that shows what comes first, second, etc. in the series of interactions with a customer/client? • Is it reasonable to think that the activities described will lead to the outputs and eventually to the outcomes that are described? 	<p>A measure of the <i>volume</i> of work accomplished. # of program activities – # of participants reached</p> <ul style="list-style-type: none"> • Is the total number of participants being counted? • Are the key activities being counted and described? [Hours of service, days of care, # of classes taught, etc.] • Do the outputs capture meaningful units of service that tell a story about how much service was delivered, with what level of intensity and duration, etc.? 	<p>A measure of the <i>impact</i> of work. Improvements or changes in behavior, skills, knowledge, attitudes, etc... Indicators should include # measured and % achieving</p> <ul style="list-style-type: none"> • Are these statements of benefits or changes in the life of program participants? Do these describe changes in attitudes, behaviors, skills, knowledge, values, conditions, status or other things in the life of the consumer/client? • Is there a reasonable relationship between the activities and the outcomes? Can you see the connections of all parts of the logic model - the resources, activities, outputs and the outcomes? • Are there other benefits or changes might follow from the first, second, third etc. activity or achievement of the initial outcome? [Intermediate, long term outcomes]. • Is it within the program's control to influence the outcomes with the resources and activities shown? • Do the outcome indicators chosen make sense in relation to the outcomes? Are these related to the outcome(s)? Do they help define the outcome(s)? • Are these indicators specific, observable and measurable? • Is it within the agency's resources as described to collect, tabulate and summarize the information? Is technology going to assist the agency in doing so?

LOGIC MODEL GUIDELINES

Logic Model Components:

Inputs are resources a program uses to achieve program objectives. Inputs are materials that the organization or program takes in and then processes to produce the results desired by the organization. Examples are staff, volunteers, facilities, equipment, curricula, and money. A program uses *inputs* to support *strategies*.

Activities are what a program does with its inputs, how it goes about transforming them into products. Activities are the types of services the program provides to fulfill its mission. Examples are sheltering homeless families, educating the public about signs of child abuse, and providing adult mentors for youth. Program *strategies* result in *outputs*.

Outputs are tangible products of a program's strategies and activities, such as the number of meals provided, classes taught, brochures distributed, or participants served. Another term for "outputs" is "units of service." Outputs are frequently misunderstood to indicate success of an organization or program. A program's *outputs* should produce desired *outcomes* for the program's participants.

Outcomes are benefits for participants during or after their involvement with a program. Outcomes may relate to knowledge, skills, attitudes, values, behavior, condition, or status. Examples of outcomes include greater knowledge of nutritional needs, improved reading skills, more effective responses to conflict, getting a job, and having greater financial stability.

There can be various "levels" of outcomes, with initial outcomes leading to longer-term ones. Outcomes are usually specified in terms of:

- a) learning, including enhancements to knowledge, understanding/perceptions/attitudes, and behaviors (short-term)
- b) skills (behaviors to accomplish results, or capabilities) (mid-term)
- c) conditions (increased security, stability, pride, etc.) (long-term)

Indicators are 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.

Outcome targets are numerical objectives for a program's level of achievement on its outcomes. After a program has had experience with measuring outcomes, it can use its findings to set targets for the number and percent of participants expected to achieve desired outcomes in the next reporting period. It also can set targets for the amount of change it expects participants to experience.

Benchmarks are performance data that are used for comparative purposes. A program can use its own data as a baseline benchmark against which to compare future performance. It also can use data from another program as a benchmark.

Crafting quality outcome measure statements

Process-Focused Examples	Client-Focused Revisions
Students are assigned an individual tutor and attend classes on a regular schedule to receive basic language training that includes reading, writing and speaking ability.	Students demonstrate an increased knowledge of basic language skills.
Students are taught the fundamental concepts from beginner levels.	Students are prepared to enter kindergarten.
Participating senior citizens will have an enhanced quality of life.	Seniors will increase their social interactions.
Seniors citizens will gain new knowledge.	Senior citizens will demonstrate knowledge of the food pyramid.
For 80% of the 10 individuals with disabilities to have developed a long-term meaningful relationship with a community member with similar interests and for the individual to be more active in the community.	Participants with disabilities will have opportunity to socialize with peers.
For 80% of the participating volunteers to be community members who promote the agency's mission in the community through activities with people with disabilities and donations to the agency and like organizations.	Volunteers increase sensitivity regarding the needs of the disabled community.
For the volunteer to develop an increased sensitivity, appreciation and acceptance for people with disabilities through at least one community activity per month with an individual with a disability.	Volunteers develop increased sensitivity, appreciation & acceptable for people with disabilities.
To introduce the volunteer to the individual with a disability.	The individual with a disability will demonstrate increased involvement in the community.
Youth participants will be more likely to avoid drugs & alcohol, make ethical decisions, treat others with respect, & will have more self-confidence than youth who do not participate in the program.	Youth participants increase their knowledge of dangerous and harmful effects of drug and alcohol.
Youth participants will participate in more after-school activities, will present positive attitudes about their country, and will show significant improvement in academic areas.	Youth participants will achieve passing grades in school.
Daily homework completed.	Students enhance academic performance.
One hot meal daily; Three meals/snack at inter-sessions/summer program; Receive new pair of shoes annually and new backpack and school supplies.	Children will have supplies and nutrition.
Enroll in appropriate Adult Education Program.	Adult enrollees will demonstrate skills in CPR upon completion of training
75% of participants will increase their quality of life and family stability by obtaining and maintaining employment in excess of 365-days.	Participants will increase their quality of life and family stability.
Caregiver attends support groups and training opportunities.	Caregiver of Alzheimer patients will learn needed skills to improve the oral health of the patients.
Caregiver receives resource guide, referrals, individual counseling sessions and respite from care giving duties.	Caregivers remain in a care giving role.
Participant attends support groups and individual counseling sessions.	Participants improve their ability to cope.

Vague Indicators	SMART Indicators
Job promotions	20 (75%) of ESL students who are already employed are promoted within 6 months.
Able to converse better with tutors.	50 students (75%) will demonstrate improved scores between pre - post oral exams in one year.
Attendance forms.	40 students (60%) will have perfect attendance during the Fall 2007 session. 35 Students (95%) will advance to the next grade level by the end of the school year.
Feedback from students on daily functions such as shopping and banking.	50 students (75%) will self-report verbal interaction with community merchants 3 times weekly for 3 months.
Attendance forms.	90% of 100 students assigned individual tutors attend basic language class 80% of the Fall semester.
Test results from level to level.	75 students (75%) will increase test scores by completion of course.
Homework assignments completed.	During the 2006 school year 26 GED student of those completing homework assignments report greater self confidence.
Client increase knowledge and skills needed to change attitudes about family dynamics.	100 clients (95%) will have a passing score on the wellness test. Based on pre/post tests.
Frequency of each volunteer and client activity	45 clients (85%) attend at least one community activity per month with a volunteer. 41 clients (90%) who attended 3 months/3 outings will self-report improved communication and social skills.
Number of volunteers who seek information and enroll in the program.	25 (50%) of recruited volunteers will enroll in the program within one month of initial contact.
Participants understand civic process & become active participants.	5000 (75%) of individuals who enroll in citizenship class complete INS application within 1 month.
Individuals successfully complete Financial or Health Literacy Workshops.	Of the 1,000 adult family members attending "Family Night", 100 (10%) will enroll in either the Financial or Health Literacy Workshops.
Consistent employment retention and earning gains.	80 individuals (60%) will remain employed for at least 6 consecutive months.
Participant is living in rental housing or own home within two years of project entry.	80% of 100 participants will obtain affordable housing within two years of project entry.
Clients matched with a mentor continue to interact with the mentor on a regular basis after six months of being matched.	75% of clients are matched with mentors gain & maintain employment for 6 months. 50 clients (50%) who are matched with mentors report improved ability to handle job related stress.
25 young adults enrolled.	15 clients (75 %) in job readiness program will gain job skills as measured by pre/post test.
60% of participants meet one-on-one with case manager and job developer at least twice monthly.	100 clients (60%) will complete a resume & job skills inventory within 3 months.
100% of the families who request it will receive post-employment retention services.	40 families (80%) in the program will have been employed for at least 6 months. 8 families (20%) self-report a job promotion
100% of the families will receive follow-up services related to employment for a minimum of 6 months.	100 (75%) of families who received follow-up services will self-report either obtaining, maintaining, or upgrading their employment within 3 months.

Sample outcomes and indicators

Type of Program	Outcome	Indicator(s)
Smoking cessation class	Participants stop smoking.	<ul style="list-style-type: none"> ▪ Number and percent of participants who report that they have quit smoking by the end of the course ▪ Number and percent of participants who have not relapsed six months after program completion
Information and referral program	Callers access services to which they are referred or about which they are given information.	<ul style="list-style-type: none"> ▪ Number and percent of community agencies that report an increase in new participants who came to their agency as a result of a call to the information and referral hotline ▪ Number and percent of community agencies that indicate these referrals are appropriate
Tutorial program for 6th grade students	Students' academic performance improves.	<ul style="list-style-type: none"> ▪ Number and percent of participants who earn better grades in the grading period following completion of the program than in the grading period immediately preceding enrollment in the program
English-as-a-second-language instruction	Participants become proficient in English.	<ul style="list-style-type: none"> ▪ Number and percent of participants who demonstrate increase in ability to read, write, and speak English by the end of the course
Counseling for parents identified as at risk for child abuse or neglect	Risk factors decrease. No confirmed incidents of child abuse or neglect.	<ul style="list-style-type: none"> ▪ Number and percent of participating families for whom Child Protective Service records report no confirmed child abuse or neglect during 12 months following program completion
Employee assistance program	Employees with drug and/or alcohol problems are rehabilitated and do not lose their jobs.	<ul style="list-style-type: none"> ▪ Number and percent of program participants who are gainfully employed at same company 6 months after intake
Prenatal care program	Pregnant women follow the advice of the nutritionist.	<ul style="list-style-type: none"> ▪ Number and percent of women who take recommended vitamin supplements and consume recommended amounts of calcium
Shelter and counseling for runaway youth	Family is reunified whenever possible; otherwise, youths are in stable alternative housing.	<ul style="list-style-type: none"> ▪ Number and percent of youth who return home ▪ Number and percent of youth placed in alternative living arrangements who are in that arrangement 6 months later unless they have been reunified or emancipated
Camping	Children expand skills in areas of interest to them.	<ul style="list-style-type: none"> ▪ Number and percent of campers that identify two or more skills they have learned at camp
Family planning for teen mothers	Teen mothers have no second pregnancies until they have completed high school and have the personal, family, and financial resources to support a second child.	<ul style="list-style-type: none"> ▪ Number and percent of teen mothers who comply with family planning visits ▪ Number and percent of teen mothers using a recommended form of birth control ▪ Number and percent of teen mothers who do not have repeat pregnancies prior to graduation ▪ Number and percent of teen mothers who, at the time of next pregnancy, are high school graduates, are married, and do not need public assistance to provide for their children

To write strong outcomes:

1. Distinguish Between Client-Related Outcomes and Management-Related Objectives

Client-related outcomes focus on the benefits or changes that clients experience as result of program interaction. Many agency staff members confuse client-related outcomes with management-related or operational outcomes. In part, this confusion occurs because of the historical requests for operational objectives from United Way and other funders. As a result, many agency staff feel most comfortable identifying and measuring their management practices rather than their client-related results. The good news: the Logic Model builds on the knowledge that many program staff already have, due to their interaction with other traditional business models.

Please note that both client-related and management-related outcomes are important for effective programming. However, funders and individuals are now more interested in seeing how their financial investing affected the lives of clients served, rather than simply assessing program operation. For reporting purposes, then, be sure you are using client-related outcomes.

Management-related outcomes focus on the process and what the program staff accomplishes. As a management tool, the Logic Model focuses on quality similarly to management-by-objectives, zero-based budgeting and other management theories. All of these tools seek to promote, sustain, assure or measure the quality of service delivery. Like other management tools, the Logic Model includes the inputs (i.e. revenue, facilities, other resources), the activities (i.e. process) and the outputs (i.e. units of work). When used appropriately, these components ensure the most effective and efficient use of resources.

The Logic Model, however, uniquely emphasizes outcome identification as the starting point of program development, before other elements of program design are chosen. Outcomes become both the goal of the program, and also the means by which to measure progress.

2. Distinguish Between Program Outcomes and Community Outcomes

Program outcomes describe the impact or benefit experienced by individuals, families, groups and communities as a result of interacting specifically with your program(s). Though positive program outcomes have an impact on the entire community, they cannot, by themselves, stimulate broad community change.

Program outcomes are created within context of the agency or organization in which the program is developed and designed; thus, they are unique to the interventions of individual programs. The relationships that occur between the needs of your target population, the interventions of your program and the outcomes experienced as a result of program interaction must be valid and logical.

Community outcomes, on the other hand, measure the impact that many programs, initiatives and systems have on broad segments of the community. For example, a substance abuse program targeting adults with alcohol addiction may positively change

the lives of the clients participating in the program. However, it cannot, by itself affect the system of substance abuse treatment programs in Lancaster County. By itself, it cannot significantly reduce the rate of adult substance abuse in our community. Only by collaborating with similar programs, policy makers, business leaders, employers, etc., will this program assist in painting broad strokes of change on the addiction rates among adults.

Program outcomes, then, provide the destination for the journey that your clients travel after they enter a specific program within your agency. While your mission describes the reason for your actions (i.e. why should we do this?), your outcomes tell you what changed because of your actions (i.e. what happened?). Above all, your outcomes should be consistent with your agency's overall mission and vision.

3. Use Action Verbs to Describe Active vs. Passive Program Participants

When writing outcome objectives, as when writing activity statements, your subject (in this case, your clients) should be active participants, not passive recipients. Making your clients the active subject will, again, steer you away from formulating management outcome statement rather than client-related statements. Please see Table 1: Suggested Words to Use When Writing Outcome Objectives for suggested outcome wording.

4. Avoid “Attendance” as a Program Outcome

Please use much caution if using attendance at a group session or training as an outcome. Many funders see attendance as an output because the question that is not answered by attendance numbers is: did participants actually learn something, or were they just in the room? Therefore, when attendance is used as an outcome, questions arise in terms of this measurement's accuracy in tracking change. Anyone can attend a class. Fewer people take what they hear and use it to make changes.

The following outcome, then, should be changed from “Clients attend or receive anger management training,” to “Clients increase their ability to manage anger.”

5. Avoid “Participant Satisfaction” as a Reportable Program Outcome

Most often, whether a participant is satisfied or not with various aspects of the program, such as courteousness of staff, timeliness of follow-up, etc., does not indicate whether that participant's condition, behavior or attitude improved as a result of services. Though participant satisfaction should not be used as an outcome, it can provide information that you can use to manage your program operation. Therefore, participant satisfaction should be used for internal purposes only, but not for external reporting.