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CHECKLIST FOR COUNTIES PURSUING A CHILDREN'S HEALTH INITIATIVE

Introduction

This checklist is structured to guide and inform those interested in developing a children's health initiative (CHI) in their communities. As the term is used in this checklist, a children's health initiative is a local or regional collaboration designed to enroll eligible children in Medi-Cal and Healthy Families and to create a new coverage program called Healthy Kids for ineligible children. Typically, CHIs target children in families at or below 300% of the federal poverty level (FPL) without access to private insurance and whose family income or other family circumstances make them ineligible for Medi-Cal and Healthy Families. A major benefit of implementing a CHI is that the process of identifying and enrolling Healthy Kids-eligibles also results in identifying and bringing into coverage previously uninsured children eligible for Medi-Cal and Healthy Families. The benefit structure of the new Healthy Kids program generally mirrors Healthy Families so that families can enroll all their children in a single plan through a streamlined application and enrollment process.

This checklist is an overview of key steps, activities, and considerations required to plan, design, and implement a CHI. While the steps are generally presented in sequential order, it is likely that some steps may be taken concurrently or in other cases out of sequence. Each section includes questions that may assist communities in sorting through the many specific contextual considerations that will influence their approaches to developing a CHI. ***The development of this checklist was supported by The California Endowment.***

For more information and additional tools to assist with local CHI planning and implementation efforts, please refer to the Institute for Health Policy Solutions, California—Web Resource Center at www.ihps-ca.org. And most importantly, stay focused on the importance of covering all kids in your community and challenge your coalition partners to innovate continuously toward this goal!

Definitions

Access - The ability to receive needed preventive, urgent and emergent health care services in a timely and medically appropriate manner. Most insurance programs, including the Medi-Cal and Healthy Families programs, have contractually specified access requirements that must be maintained by program providers.

Certified Application Assisters (CAAs) - Trained individuals who operate out in the community to educate families about the availability of medical, dental, and other health insurance services offered by Medi-Cal, Healthy Families and other locally available insurance programs. CAAs also provide assistance with applying for programs.

Children's Health Initiative (CHI) - County-based initiative to identify and enroll children in publicly available health insurance by creating a new insurance product called Healthy Kids that fills the gaps in existing public programs and by integrating outreach, enrollment and retention processes.

Coalition - The community-based organizations, hospitals, health plans, foundations, First 5 Commissions, government agencies, schools, clinics, advocates and others that have come together to form a local CHI.

Commercial health plans – As we use the term in this checklist, commercial or "mainstream" plans are for-profit managed care entities with privately insured members that also bid to participate and agree to accept capitation rates for a county's Medi-Cal beneficiaries.

Coverage – Refers to a person's enrollment in a private or public health insurance plan or program. The term is often used synonymously with "insurance" or "insured."

Eligibility Workers (EWs) – Human services professionals who assist eligibles and beneficiaries with applying for and receiving and maintaining benefits from a range of social service programs, including Medi-Cal, Healthy Families, WIC, and cash assistance programs.

Healthy Families program (HFP) – A public health insurance program funded jointly by the federal government and the state of California with premium payment requirements designed to cover eligible children in families with incomes between 100% to 250% of the federal poverty level. Healthy Families requires participants to pay a modest monthly premium.

Healthy Kids - A new health insurance product for children in low-income families who are not eligible for Medi-Cal and Healthy Families. The target population for Healthy Kids is generally children who do not qualify for Medi-Cal or Healthy Families and who are in families with incomes below 300% of the federal poverty level ($56,550 for a family of four in 2004) and may be undocumented.

Local initiative health plans – As we use the term in this checklist it includes both county-organized health systems (COHSs) and public or local initiative plans (LIs) operating in Medi-Cal two-plan counties. COHSs are quasi-governmental organizations that contract with the state Medi-Cal agency to become risk assuming intermediaries and negotiate capitation rates for most Medi-Cal beneficiaries in a county. LIs are the public plans in counties that limit Medi-Cal managed care participation to two managed care entities (one commercial and one public) within the county. LIs are operated or sponsored by a public entity such as a health authority or county-initiated organization and are required to contract with traditional and safety net providers at the same rates offered to other participating providers.

Medi-Cal Administrative Activities (MAA) program – A program administered by DHS which offers a way for Local Governmental Agencies (LGAs) and Local Educational Consortia (LECs) to obtain federal reimbursement for the cost of certain administrative activities necessary for the proper and efficient administration of the Medi-Cal program. MAA activities include Medi-Cal outreach; facilitating the Medi-Cal application; non-emergency, non-medical transportation of Medi-Cal eligibles to Medi-Cal covered services; contracting for Medi-Cal services; program planning and policy development; MAA coordination and claims administration; TCM coordination and claims administration; training; and general administration.

Medi-Cal for Children – A public health insurance program funded jointly by the federal government and the state of California to cover eligible children who reside in families that meet specified income and eligibility requirements.

One-e-App – A universal Web-based application system that enables submission of a universal application to determine eligibility for various health insurance programs, including Medi-Cal, Healthy Families, and Healthy Kids, and potentially other public programs such as Adult Medicaid, WIC, ELE and food stamps.

Premium – Amount that must be paid every month to purchase health insurance.

Traditional and safety net providers - Current CHDP providers, except for clinical laboratories; community clinics, free clinics, rural health clinics and county owned and operated clinics; university teaching hospitals; children's hospitals; county owned and operated general acute care hospitals; and any disproportionate share hospital.

I. Identifying and Engaging Key Stakeholders

- Identify and reach out to key stakeholders in the county, including but not limited to local Board of Supervisors and their staff, health and human services agency leadership, hospital and health system leadership, safety net provider leadership, pediatricians and other private physicians, medical society leadership, philanthropic organizations, and business and labor interests. These stakeholders will address problems posed by lack of access to children's health insurance and engage them in creating a locally viable solution.
  - ✓ Present leaders with examples of county-based CHIs and innovative options to increase health access for children.
  - ✓ Encourage community leaders to brainstorm on the topic.
  - ✓ Seek out advice from those with the specific expertise and knowledge base to contribute to defining the issue and identifying potential solutions.

Issues to consider:

- ➢ Which organizations and leaders have a commitment and interest in supporting a children's health initiative?
- ➢ Are you engaging key stakeholders in a way that allows them to be part of the solution?
- ➢ Do you know where uninsured children are currently accessing health services in your county?
- ➢ Have you contacted other communities that have implemented a children's health initiative? What have been the success factors and lessons learned that are transferable to your community?

II. Initiating Community Education

- Engage the local community about problems caused by children's lack of access to health insurance and the need for a solution.
  - ✓ Work with locally knowledgeable sources to develop information about uninsured and underinsured children in your community.
  - ✓ Calculate indirect and direct costs borne by the community as a result of lack of children's health care access.
  - ✓ Convene a community forum for soliciting community input in identifying high need areas, preferred providers, and options for improving children's health access in their local area.

Issues to consider:

- ➢ Have you ensured representation across key community stakeholders affected by lack of insurance for children?

- Develop a coalition that brings together public and private sector interests and leverages core strengths and competencies of each stakeholder.
  - ✓ Composition of the coalition will vary based upon the characteristics of the local community, and must take into account those organizations that may yield significant influence, funding, or staffing resources.
  - ✓ Short and long-term goals of the coalition should be compatible with the strategic interests of key partners and their individual missions/objectives. Potential conflicts and competing interests should be identified and negotiated early in the process to avoid delaying or derailing the program.

Issues to consider:

- ➢ Who in your local community could serve as a political champion to mobilize local commitments and financing and advocate on behalf of the initiative at the state level? Examples of political champions include the head of the health or human services agency, chief medical officer of the health department, a respected pediatrician, Board of Supervisors member, and local legislators.

III. Defining the Target Population

- Develop a working estimate of the number of uninsured children in the community.
  - ✓ Stratify data by key characteristics such as age, family income level, eligibility for Medi-Cal and Healthy Families, and immigration status.
  - ✓ Based on stratified information, identify groups of children most likely to be uninsured and the programs for which they will be eligible.
  - ✓ Target population for CHI will consist of all uninsured children but can be separated into two distinct categories: 1) those eligible for Medi-Cal or Healthy Families; and 2) those ineligible for Medi-Cal and Healthy Families at or below 300% of FPL, and without recent access to private insurance.

Issues to consider:

- ➢ Are you working with valid and reliable data in developing working estimates of uninsured child population?
- ➢ Are most of the uninsured children falling at or below 250% FPL? Do most uninsured children in your community fall within the income eligibility guidelines for the Medi-Cal and Healthy Families programs?
- ➢ What is the age distribution of uninsured children in your community?
- ➢ What issues could arise locally in creating a program that is for all children, regardless of immigration status?

IV. Addressing Financing and Sustainability

- Identify and cultivate local, state and federal funding sources that will be key to the development and implementation of a viable children's health initiative.
  - ✓ Develop a matrix of all potential public and private funding sources and explore the feasibility of accessing these sources with the key stakeholder group.
  - ✓ Identify and secure core funding that will anchor the initiative over multiple years.
  - ✓ Start the process for cultivating political and public support to ensure available funding is allocated to a children's health initiative.

  Issues to consider:
  - ➢ Are you being both realistic and creative about funding opportunities?
  - ➢ What are the current political and fiscal realities in securing funding from local public sources? From private sources?
  - ➢ Can you secure local First 5 funding for infrastructure development and premiums for children aged 0 to 5 years?
  - ➢ What funders are most likely to consider funding premiums for children aged 6 to 18 years?
  - ➢ Consider developing a matching fund strategy so that multiple "first round" funders can be brought in at the outset of the program.

- Develop a plan to capture all available funds, public and private, local, state and federal.
  - ✓ Develop a plan to maximize federal and state funds by enrolling eligible children into Medi-Cal and Healthy Families.
  - ✓ Develop a plan to integrate with existing Medi-Cal outreach activities so that Medi-Cal Administrative Activities (MAA) Program funds can be optimized.
  - ✓ Participate in the AB 495 group convened by the Managed Risk Medical Insurance Board (MRMIB). AB 495 allows local tax revenue funds to be sent up as the state match to draw down federal SCHIP funds for children between 250 to 300% FPL (As of this writing, the AB 495 legislation is pending federal approval).
  - ✓ Consider local funding sources such as private philanthropies, tobacco tax settlement dollars, non-profit hospitals, and tax-supported measures.

  Issues to consider:
  - ➢ Are there any funds or match opportunities that you have overlooked? For example, is there a way that the CHI could coordinate with CCS or CHDP to optimize funding through these programs?
  - ➢ Are there resources within the community you could tap to learn more about potential match opportunities that might be available to your program?

- Develop a plan to solicit public support in your community as well as the support of political representatives and other influential community leaders.
  - ✓ Identify ways to keep your program's message out in the community and demonstrate its value to members of the public such as giving regular presentations and updates at local community forums.
  - ✓ Approach your political representatives and community leaders and let them know about the program and its support in the community.
  - ✓ Let political representatives and community leaders know about all the ways in which their influence could help in launching and sustaining the initiative.

  Issues to consider:
  - ➢ Who are the main gatekeepers to financing locally, such as tobacco settlement allocations, First 5 allocations, community foundation dollars, hospital or hospital district leadership, and so on?
  - ➢ Who are the key contacts to approach these gatekeepers? How do you educate and engage these leaders?
  - ➢ How do you cultivate political support by the Board of Supervisors?
  - ➢ What is a realistic start date relative to the timeline for securing financing for the CHI?

V. Establishing a Governance and Committee Structure

- Create a steering or policy committee that will serve as the overall decision-making body for the initiative and provide project governance.
  - ✓ The steering committee's role should be formalized through the development of a written mission statement and a project charter.
  - ✓ Designate a chairperson or chairpersons for the steering committee who have influence in the county and with key stakeholders.

  Issues to consider:
  - ➢ Are potential funders included in the steering committee?
  - ➢ Do participants on the steering committee have either the authority or organizational influence to contribute substantively to the decision-making process?
  - ➢ Is there a balance of key county stakeholders represented on the steering committee?
  - ➢ Is the steering committee of a workable size?
  - ➢ How often should the steering committee convene?
  - ➢ Is the lead organization well respected and trusted by other steering committee and coalition members?

- Establish subcommittees for key components of initiative development. Specifically, subcommittees should be formed to address the following program areas:
  - ✓ Financing/Fundraising;
  - ✓ Outreach/Enrollment/Retention/Utilization;
  - ✓ Provider participation;
  - ✓ Health plan participation;
  - ✓ Marketing;
  - ✓ Program evaluation; and

- ✓ Healthy Kids policies and procedures.

Issues to consider:

- ➢ Are in-kind staffing contributions for subcommittee work sufficient or are additional funds required?
- ➢ Is outside technical assistance required? If so, what level of technical assistance is needed and what funding may be available to support this work?

The following sections outline the core program policies and decision points necessary in the formation of a Children's Health Initiative.

VI. Defining the Coverage Package

- ❑ Determine the insurance benefit offerings for children ineligible for Medi-Cal and Healthy Families. The range of possible offerings extends from comprehensive medical coverage to more limited coverage options.
  - ✓ Consider developing and offering a Healthy Families-equivalent health insurance coverage package to children birth to 19 years of age in families up to 300% of the FPL with proof of county residency and no employer-based insurance for a specific look-back period (usually three months). Most CHIs have chosen this option and call the product Healthy Kids.
  - ✓ In general, dental services will be some of the most acutely needed services for CHI eligibles. Dental coverage costs vary considerably by county due in large part to provider capacity.
  - ✓ Since the Healthy Kids program is not an entitlement program, enrollment into the program can be calibrated based on available funds.
  - ✓ Actuarial analysis of a comparable set of services provided to comparable child populations will be the critical component in establishing program prices on a per member per month (PMPM) basis. Once PMPM costs are defined by service the steering committee will be able to finalize the scope of the program (i.e., what services are included), the size of program enrollment and the targeted rate of program growth. All CHIs or their health administrator partners must work with reputable actuarial firms with extensive experience in pricing health care services for low to moderate income child populations.

Issues to consider:

- ➢ What services are most needed by the uninsured children in your community?
- ➢ What service exclusions (or inclusions) could be "deal breakers" for coalition partners and funders?
- ➢ Are there parallel initiatives that could be coordinated with in improving oral health or mental health access for children?

VII. Establishing Budgetary Projections

- Develop a budget for the first year of implementation ("start-up"), including outreach/enrollment/retention, marketing, legal/actuarial consultation, information systems, and premium costs, etc.

- Develop a budget for program infrastructure requirements including inventory and condition of all assets, personnel, data integration, purchasing, and all other direct and indirect costs (G&A) associated with the initiative's launch and operation.

- Develop a global three-year budget with specific assumptions about enrollment and premium growth for each year.
  - ✓ The experience of other CHIs may be helpful in developing all three budgetary estimates, particularly in estimating first and second year premium costs. Program activities and expenditures that will figure in all three budgeting components include:
    - Monthly premium rate estimation based on actuarial analysis;
    - Determination of family contribution levels;
    - Outreach, enrollment and retention;
    - External technical expertise;
    - Provider network development;
    - Sustainability/fundraising campaign;
    - Marketing;
    - Public relations;
    - Coordination with other programs, e.g., CCS, CHDP and Mental Health;
    - Information systems and data "warehouse" development;
    - Performance oversight;
    - Administration; and
    - Evaluation.

- Consider in planning that the proportion of the overall budget allocated to specific program components will change over the program's first three to five years.
  - ✓ As ramp-up occurs and more children are enrolled into the program, infrastructure and related costs will be affected.
  - ✓ Once operational, program staff can quickly determine whether premium rates were calculated correctly and ensure that enrollment and program growth are in line with service utilization and funding capacity.

  Issues to consider:
  - ➢ Should you budget for a premium payment or hardship fund to reduce the number of members who fall off the program due to non-payment of premiums?
  - ➢ CHIs with a participating local initiative plan will be able to develop the necessary budgeting projections with less outside technical assistance because of relevant in-house expertise with bringing up new programs.
  - ➢ CHIs with a local initiative plan can expect the plan to take the lead with outside actuarial expertise in developing rate estimates and premium contribution requirements.

- CHIs without a participating local initiative plan typically will require subcommittees to work directly with outside consultants to develop program rate estimates and other aspects of budgeting program operations. These CHIs should expect to spend more (anywhere from 25 to 50 percent more during pre-implementation and start-up) on actuarial, legal and general technical assistance than those with a participating local initiative plan and should budget accordingly.

VIII. Assessing and Engaging Local Providers

- Assess adequacy of the proposed CHI provider network to meet needs of target population.
  - ✓ A health plan administrator and potential health plan contractors should list providers by zip code, map target population density and provider office locations, and guarantee providers' capacity to take on additional members at standard contractual levels required for the Medi-Cal and Healthy Families programs.
  - ✓ Any service gaps either geographically or by medical specialty must be addressed and the necessary service providers recruited into the network.
  - ✓ Early inclusion of key providers in the coalition and provider subcommittee could facilitate provider acceptance of CHI goals and increase provider participation levels. In particular, include a respected pediatrician, a pediatric dentist, and private practice physician representation.

Issues to consider:

- Is it possible to offer enhanced rates to providers to increase participation levels?
- Would paperwork reduction be an incentive for providers otherwise reluctant to join?
- Does the proposed provider network include traditional safety net providers?
- Consider recruiting a provider "ambassador" to smooth the way for providing participation.

IX. Building a Single Enrollment Pathway or "One Open Door" Approach

- Coordinate with existing outreach and enrollment entities for other children's health insurance programs to ensure that CHI efforts are developed in a rational and streamlined manner and to maximize existing community investment in outreach, enrollment and retention activities:
  - ✓ Inventory existing outreach, enrollment and retention activities/assets and identify ways to synchronize CHI efforts with existing activities.
  - ✓ Develop an outreach, enrollment and retention plan and costs for the first two years of activities.
  - ✓ Tailor marketing efforts and materials to coordinate seamlessly with those of related programs.
  - ✓ Establish early and frequent communication with EWs, CAAs and CBOs.
  - ✓ Encourage CHI partners with access to target population to provide "inreach" to initiate program enrollment efforts. Keep in mind that "inreach" to potential members accessing clinic and health department programs is a low-cost, high-yield strategy and will be of particular importance for CHIs with minimal outreach and/or marketing budgets.

Issues to consider:

- Are there other key organizations such as schools, childcare agencies or migrant education that should be involved in outreach, enrollment and retention?
- Should your outreach, enrollment and retention plan include a plan for appropriate utilization?

- Meet with the head of the human or social services agency to explore their interest and commitment to One Open Door approaches.
  - ✓ Enter into MOUs or contracts with county agencies to streamline eligibility intake, determination and enrollment.
  - ✓ Provide orientation to them on the development of One Open Door options in other CHIs, such as Santa Clara, San Mateo and Alameda counties.
  - ✓ Explore the option of coordinating with other county agencies to introduce a simultaneous software application approach (One-e-App) to apply for and receive preliminary eligibility determination for several programs, including Medi-Cal and Healthy Families.

Issues to consider:

- Have you framed the discussions in a way to increase agencies' interest in participating – for example, by discussing ways in which an EW's time to process an application would be reduced or by proposing a more efficient redetermination method that would save administrative costs?
- Could funds to support One-e-App or other processing innovations be identified as a result of simplifying and/or shortening agencies' processes for eligibility determination?

X. Developing an Integrated Eligibility Determination Process

- A comprehensive and simple eligibility determination process is crucial in encouraging eligibility workers and application assisters to guide potential eligibles to the program and in attracting potential eligibles to apply for the program.
  - ✓ Work closely with other programs to ensure the thoroughness and efficiency of the eligibility determination process design.
  - ✓ Confer with other programs to ensure IT needs for the process both internally and across organizations are fully supported.
  - ✓ Encourage partner organizations to review the proposed determination process and sequence of activities.
  - ✓ Test the process prior to a "go-live" date.

Issues to consider:

- Where will Healthy Kids applications be sent for review?
- How will premiums be handled and passed on to health plan?
- Who will oversee IT support and assume responsibility for data transfers?

- Proper training of EWs and CAAs and any others who may be involved in the eligibility determination process will be crucial to successful program start-up.
  - ✓ Ensure that program budgeting includes the costs of training EWs and CAAs.

  Issues to consider:
  - ➢ Will additional staff need to be hired or will reassignments enable proper implementation of eligibility determination functions?
  - ➢ Will there be union issues related to staff reclassifications?

XI. Developing Information Systems Capacity and Technology Solutions

- An integrated enrollment and eligibility determination system for Medi-Cal, Healthy Families and Healthy Kids is crucial to the success of a CHI.
  - ✓ Conduct a planning and requirements analysis of human services agency systems capability to implement One-e-App or similar electronic universal enrollment application.
  - ✓ Identify functional, technology and infrastructure requirements.
  - ✓ Consider maintenance options and discuss advantages and disadvantages of each option.
  - ✓ Identify current and future interface requirements, including electronic interface with CalWin system and the health plan systems.
  - ✓ Develop a cost estimation from the planning analysis and present it to the steering/advisory committee and the human services agency.
  - ✓ Discuss with the steering committee options for funding and supporting One-e-App implementation.
  - ✓ Identify all the local health coverage programs that could be included in the integrated enrollment/eligibility system.
  - ✓ Investigate hardware/internet connectivity issues for clinics and other CBOs.

  Issues to consider:
  - ➢ Clinics should be urged to join the integrated determination effort, especially if they need to streamline their enrollment/registration and retention processes.
  - ➢ Is the county interested in integrating its adult indigent program into the One-e-App?

- Determine what information will be required for submission to the steering committee to track and monitor the program:
  - ✓ Tracking information may need to be gathered by the human services agency, One-e-App and the health plan.

  Issues to consider:
  - ➢ How will the CHI receive accurate application assistance information and avoid reenrolling existing members without an electronic tracking tool?
  - ➢ Who will be in charge of reporting information for the initiative? Does that organization have electronic systems to collect the necessary data?

XII. Selecting a Fund-Holder

- CHIs must select between two fund-holding options:
  - ✓ Creating a separate 501(c)(3) organization or foundation as the repository for all or some of the funds.
  - ✓ Working with a fiscal sponsor such as a local community foundation that will accept, manage and invest funds on behalf of the initiative.

Issues to consider:

- ➢ Which organization would have credibility with the range of funding sources to function as the fund-holder?
- ➢ Fees charged by a fiscal sponsor may range from between 5 to 15 percent of the program's annual revenues but may be waived as a program contribution.
- ➢ Choice of fund-holder approach will affect contractual arrangements, fundraising, premium collection, and other program functions and should be made with legal counsel.

XIII. Crafting Effective Communications and Marketing Strategies

- Devise a communications strategy that will attract potential funders, increase name recognition among community leaders, and encourage provider participation.
  - ✓ Steering committee members may be able to offer in-kind public affairs expertise to assist CHI efforts in gaining access to local media outlets.
  - ✓ Key stakeholders and leaders may also facilitate public relations efforts by crafting editorial coverage of CHI activities.
  - ✓ Identify a local health beat reporter who would be interested in writing a story on the CHI.
  - ✓ Consider meeting with newspaper editorial board members to enlist their continuous support of the children's health initiative.
  - ✓ Create a Website for the initiative to serve as the information hub to the community, providers, funders or potential funders, local policymakers, and other organizational affiliates. This site will also aid in future fundraising efforts.

Issues to consider:

- ➢ Is there sufficient funding to include hiring outside communications expertise as a CHI budgetary item?
- ➢ Brainstorm with steering committee members about inexpensive ways to raise the CHI's local and regional profile.

- Marketing efforts will target potentially eligible children and their parents to encourage them to apply for the program.
  - ✓ Review existing materials and select a simple, family-friendly application and educational materials.
  - ✓ Revise application forms and create a logo for local Healthy Kids programs.
  - ✓ Marketing activities should be tailored to demographic characteristics of the target populations.
  - ✓ Intensity and duration of marketing efforts will be based on program capacity and the rate at which eligible children enter the program.
  - ✓ Depending on the size of the program, much of the work of a traditional "getting the word out" campaign can be undertaken by EWs and CAAs.

  Issues to consider:
  - ➢ Weigh the tradeoffs of investing in any expensive marketing campaigns versus earmarking available dollars to traditional community based outreach. Can existing outreach and enrollment activities for other public programs be relied on as the basis of an education and marketing campaign to eligible children and their parents?
  - ➢ Should marketing efforts focus primarily on specific population subgroups or geographic areas given the demographics of the target population?

XIV. Developing a Fundraising Plan

- Fundraising will be a critical program element as long as your program is operational.
  - ✓ Steering committee members, members of the philanthropic community, and other influential community leaders will be able to recommend skilled fundraisers to develop a solid fundraising plan and assist with its execution.
  - ✓ Ensure budget includes costs of hiring fundraising expertise.

  Issues to consider:
  - ➢ Will additional funding be needed to support the cost of hiring a fund development consultant?

- A successful fundraising plan will be tailored to your community's key assets and key concerns but will also reflect general principles of annual giving. Plan recommendations will likely include the following:
  - ✓ Secure local contributions first.
  - ✓ Target most likely local contributors first and then build on additional support and interest.
  - ✓ Work to develop ongoing relationships with funders rather than one-time gifts.
  - ✓ Seek support on a multi-year basis.
  - ✓ Bring potential contributors into program planning and steering activities early on.

  Issues to consider:
  - ➢ What sources should be cultivated early on to support a sustained fundraising campaign?

XV. Developing an Evaluation Plan

- Evaluation planning should begin as part of program conceptualization and pre-implementation.
  - ✓ Confer with other counties about their CHI evaluation plans. Determine how your initiative is different from those of other counties and evaluate these differences.
  - ✓ Determine if you can build evaluation costs into the global budget, and if so, how much can be allocated to an evaluation.

- Select trained evaluation experts to design an evaluation plan, identify key indicators and both process and outcome measures, and conduct data collection and analysis activities.
  - ✓ Evaluators should be hired based on relevant experience and ability to conduct unbiased analysis.
  - ✓ Evaluation costs will vary based on the availability of reliable data and the extent to which in-kind evaluation resources may be contributed to the initiative.

  Issues to consider:
  - ➢ Should you invest in a large scale, cross-cutting evaluation?
  - ➢ Are there other local surveys that could be adapted to measure the key evaluation questions identified by the coalition's stakeholders?
  - ➢ Which evaluation experts have other CHIs contracted with and how is their work supported?
  - ➢ Should the coalition create a subcommittee to provide input to and monitor the evaluation over time?