

**Region 10 Prepaid Inpatient Health Plan
Prevention Services Outcome Evaluation Report**

Provider Name:

Date Prepared:

Fiscal Year:

MBO:	Strategy(ies):	Name of Prevention Service:
Initial Outcome (from work plan):		
Intermediate Outcome (from workplan):		
Pre/Post Test Evaluation Results (if applicable):		
Satisfaction Survey Summary (if applicable):		

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Actual Outcome Narrative Summary:

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INSTRUCTIONS

Provide the following information for each funded MBO.

MBO: Enter MBO code

Strategy(ies): Enter all strategies for which you are funded for the MBO

Name of Prevention Service: Enter the name of the prevention service corresponding with the MBO

Initial Outcome (from work plan): Enter the short-term outcome(s) from your current fiscal year work plan for the MBO

Intermediate Outcome (from work plan): Enter the short-term outcome(s) from your current fiscal year work plan for the MBO

Pre/Post Test Evaluation Results (if applicable): If pre and post tests were given for this MBO, enter the number of pretests, the number of posttests, and the results.

Satisfaction Survey Summary (if applicable): If satisfaction surveys were given for this MBO, enter how many satisfaction surveys were completed. Give a summary of the results from the satisfaction surveys.

Actual Outcome Narrative Summary: Give a narrative summary if and how the initial and intermediate outcomes were met. Or give a narrative summary of why you think the outcomes was not met.