# Annual Grantee Report Template

All grantees of the Colorado Health Access Fund have agreed to submit an annual progress report and participate in evaluation activities. The annual report should be completed and submitted to The Denver Foundation and the Colorado Health Institute. The evaluation framework is described in the Colorado Health Institute’s document titled [Leveraging Learning](http://www.coloradohealthinstitute.org/research/colorado-health-access-fund).

**Background and Instructions**

The purpose of these reports is twofold: First, to understand each grantee’s progress toward its stated goals. Many questions are adapted from the [Colorado Common Grant Report](http://www.coloradocommongrantforms.org/CGR/).

Second, to evaluate how Colorado Health Access Fund grantees contributed to improving access to behavioral health care for Coloradans. Establishing standard metrics at the outset will allow for consistent measurement and analysis throughout the duration of the evaluation.

**NEW!**
Please complete sections A through E and submit the report and accompanying financial documents through **SurveyMonkey** by the deadline identified in your contract. Use this word document as a reference/place to store your answers before submitting your form through SurveyMonkey.

*Note: Please use this Word document to draft your responses and then copy and paste them into SurveyMonkey. You will NOT submit the Word document to CHI and The Denver Foundation. A unique link will be sent to the representative at your organization that does your evaluation report. Respondents can change their answers on any survey page until they complete the survey. Respondents can also return to the survey to pick up where they left off and/or edit previous responses until they click the “Done” button.*

Please email CHA@denverfoundation.org and Karam Ahmad (ahmadk@coloradohealthinstitute.org) with any questions about the reporting form.

## Section A: Report Summary Sheet Form

### Name of Organization: Click here to enter text.

Mailing Address: Click here to enter text.

CEO/Director of Organization: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

Contact Person(s) for Report: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

1. Type of Grant (check one): [ ]  Program [ ]  Capital [ ]  Program Related Investment (PRI) [ ]  Other
2. Dates Covered by this Grant: Click here to enter text.
3. Which year of your grant have you just completed? (Select One):

[ ]  First [ ]  Second [ ]  Third [ ]  Other (Explain): Click here to enter text.

1. Grant ID Number: Click here to enter text.
2. **In one to three sentences**, please summarize how you used the CHA Fund grant dollars in the last year. What did the money buy? *For example, were the funds used to pay for renovations in a behavioral health facility to add more in-patient beds? Were they used to pay for a therapist’s salary to offer telehealth services?*

 Click here to enter text.

## Section B: Grantee Progress and Evaluation

Please respond to the questions outlined below, keeping responses clear and succinct. Where applicable and possible, please answer the questions using data and quantifiable information. **Please limit your responses to no more than 100 words.**

**Reach:**

1. What region(s), counties or communities does your program serve? Note: this is NOT the location of the organization but the location/home of the patients being served.
Click here to enter text.
2. Please approximate what percentages of this past year of funding was spent on efforts in rural, urban or suburban communities. Note: Please respond based on the location of clients served and NOT the location of the organization.

Rural (%): Click here to enter percentage.

Urban/Suburban (%): Click here to enter percentage.

Statewide (%): Click here to enter percentage.

*Note: The Colorado Health Access Fund considers rural counties to be any outside of Boulder, El Paso, Teller, Larimer, Mesa, Weld, Pueblo, and the Denver Metro Area. The Denver Metro Area includes Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties.*

1. **Target population:** Please check the box(es) that best describe(s) which population(s) your program aims to serve. (Select all that apply.)

[ ] Children (under age 12)

[ ] Adolescents (between ages 13 to 18)

[ ] Seniors

[ ] Families

[ ] People experiencing unemployment

[ ] People experiencing substance use disorder

[ ] People with limited English proficiency

[ ] People experiencing homelessness or insecure housing

[ ] People who are trauma-affected

[ ] People who are homebound and/or disabled

[ ] People of color

[ ] Other **(please describe):** Click here to enter text.

1. During the 12 months preceding this report, **how many people** did you serve or treat through direct services made available by the Colorado Health Access Fund?

* + *Please only include the* ***number of******people who received direct services****, such as people receiving behavioral health counseling, people who were referred to external behavioral health services, people who were educated about their behavioral health issues or access to care, people receiving in-patient psychiatric services or people receiving other direct services supported by the grant.*
	+ *Please* ***do not*** *include people who did not receive direct behavioral health treatment. For example, do not include the number of people who were screened for behavioral health issues, or people receiving services that would have been available without grant dollars.*
	+ *Please only count* ***unique individuals served****. For example, if an individual received three counseling services, count that person one time.*
	+ ***Note****: all youth reported should include any caregivers that were also provided support.*

Click here to enter text.

We want to better understand what populations are benefiting from the grant. Please break down the number of people served from Question Ten using **any descriptors available in your collected data**.

* + *For example, identify the number of people served by gender/gender identity, age group, sexual orientation, race/ethnicity, primary language spoken, country of origin, r insurance status (Medicaid, uninsured, etc.). You may also identify specific populations such as people who are homeless, disabled, homebound, have a history of trauma or are justice-involved.*
	+ *Required: Numbers reached by Insurance Status, Race, Ethnicity.*

*EXAMPLE:* ***Fifty people*** *were served by grant-funded behavioral health services:*

|  |  |  |
| --- | --- | --- |
| ***Insurance*** | ***Number of people served*** | ***Percent of people served (%)*** |
| *Medicaid/CHP+* | *20* | *40* |
| *Privately Insured* | *2* | *4* |
| *Medicare* | *4* | *8* |
| *Uninsured* | *24* | *48* |
| *Other* | *0* | *0* |
| ***TOTAL*** | ***50*** | ***100%*** |

1. **Required**: Count of People Served by Grant-Funded Behavioral Health Services, by Insurance Type

|  |  |  |
| --- | --- | --- |
| ***Insurance Type*** | ***Number of people served*** | ***Percent of people served (%)*** |
| *Medicaid/CHP+* |  |  |
| *Privately Insured* |  |  |
| *Medicare* |  |  |
| *Uninsured* |  |  |
| *Other* |  |  |
| ***TOTAL*** |  | ***100%*** |

1. **Required**: Count of People Served by Grant-Funded Behavioral Health Services, by Race

|  |  |  |
| --- | --- | --- |
| ***Race*** | ***Number of people served*** | ***Percent of people served (%)*** |
| *Asian*  |  |  |
| *Black or African American* |  |  |
| *Multiple Races or Other Race* |  |  |
| *Native American/Alaska Native* |  |  |
| *White* |  |  |
| *Unknown* |  |  |
| ***TOTAL*** |  | ***100%*** |

1. **Required**: Count of People Served by Grant-Funded Behavioral Health Services, by Ethnicity

|  |  |  |
| --- | --- | --- |
| ***Ethnicity*** | ***Number of people served*** | ***Percent of people served (%)*** |
| *Hispanic/Latinx* |  |  |
| *Non-Hispanic/Latinx* |  |  |
| *Unknown* |  |  |
| ***TOTAL*** |  | ***100%*** |

 14. **Optional**: Count of People Served by Grant-Funded Behavioral Health Services, by Language Spoken

|  |  |  |
| --- | --- | --- |
| ***Primary Language Spoken*** | ***Number of people served*** | ***Percent of people served (%)*** |
| *English* |  |  |
| *Not English* |  |  |
| *Unknown* |  |  |
| ***TOTAL*** |  | ***100%*** |

 15. **Optional**: Count of People Served by Grant-Funded Behavioral Health Services, by Gender

|  |  |  |
| --- | --- | --- |
| ***Gender*** | ***Number of people served*** | ***Percent of people served (%)*** |
| *Male*  |  |  |
| *Female*  |  |  |
| *Unknown/Different Gender Identity* |  |  |
| ***TOTAL*** |  | ***100%*** |

16. **Optional**: Count of People Served by Grant-Funded Behavioral Health Services, by Age Group

|  |  |  |
| --- | --- | --- |
| ***Age Group*** | ***Number of people served*** | ***Percent of people served (%)*** |
| *Under 18*  |  |  |
| *18 and Over*  |  |  |
| *Unknown Age* |  |  |
| ***TOTAL*** |  | ***100%*** |

17. **Optional** (Upload on SurveyMonkey): Please break down the number of people served from Question 10 by specific populations you may be tracking (persons experiencing homelessness, those with a history of trauma, justice-involved, etc.)

|  |  |  |
| --- | --- | --- |
| ***Custom Population***  | ***Number of people served*** | ***Percent of people served (%)*** |
| *Custom Demographic 1* |  |  |
| *Custom Demographic 2* |  |  |
| *Custom Demographic 3* |  |  |
| ***TOTAL*** |  | ***100%*** |

1. **Count or describe the services that** were made available by the Colorado Health Access Fund during the last 12 months. Please fill in the fields below as they are relevant to your grant.
	1. *Please include only the number of* ***direct services available due to the grant****.*
	2. *Please* ***do not*** *include encounters that did not result in behavioral health treatment. For example, do not include the number of screenings, prevention services, or other indirect services that do not include a treatment component. Do not include services that would have been available without grant dollars.*
* ***If a field is not applicable — if your grant does not support telehealth services, for example, or if you don’t collect that data consistently — then leave that field blank.*** *You might only fill in a couple fields.*
* *If there are other services you want to quantify that are not listed, please describe them below.*
	+ Number of brief clinical assessments made: Click here to enter number.
	+ Number of one-on-one counseling sessions delivered in person: Click here to enter text.
	+ Number of people served in group counseling sessions delivered in person: Click here to enter number.
	+ Number of behavioral health services delivered via telehealth: Click here to enter number.
	+ Number of referrals made to external behavioral health services: Click here to enter number.
	+ Number of “warm handoffs,” or introductions made between a patient and behavioral health provider during a primary care visit: Click here to enter number.
	+ Number of behavioral health providers supported by the grant: Click here to enter number.
	+ Number of physical health care sites that can now offer integrated behavioral health care: Click here to enter number.
	+ Number of people that received inpatient treatment: Click here to enter number.
	+ Other services: Click here to enter number.
1. **If you selected "other services" in Question 18, please describe what they entail below.** Click here to enter text.

**Effectiveness:**

1. What type(s) of behavioral health services were made possible by the grant? Check all that apply.

[ ]  **Direct Counseling and Therapy Services** *For example, hiring a therapist to deliver behavioral health services in a primary care clinic.*

[ ]  **Telehealth / Telepsychiatry** *For example, hiring a nurse practitioner to provide mental health counseling over live video with patients.*

[ ]  **Referrals to Behavioral Health Services** *For example, setting up a call-in center for seniors to connect them to social services or behavioral health care.*

[ ]  **Other Transitions to Behavioral Health Care** *For example, a transition from a jail to community crisis stabilization care.*

[ ]  **Substance Abuse Disorder Treatment** *For example, adding medication-assisted treatment services for people suffering from substance abuse disorder.*

[ ]  **Inpatient Treatment**

[ ]  **Other (**please describe**):** Click here to enter text.

1. What were three key program achievements made possible by the grant? Please include at least two achievements that illustrate quantifiable gain. *For example, three schools joined our referral network this past year to connect adolescents with long-term therapy, or one therapist was hired and integrated into the team to provide behavioral health care in our maternal health clinic.*
	1. Click here to enter text.
	2. Click here to enter text.
	3. Click here to enter text.
2. What factors or circumstances were critical to the achievements listed in the previous question? Please describe.

Click here to enter text.

**Adoption:**

1. **(Fill out the “CHA Fund Adoption Table Attachment” ( separate attachment) and Upload in SurveyMonkey)**
2. Very often, organizations trying a new program face major challenges — especially when it comes to getting staff, partners, or other stakeholders to “buy into it.” Identifying these challenges can be a great learning opportunity for other organizations trying to do the same thing.

**Please describe a time when your program was not adopted as planned** — meaning the people who you wanted to support the intervention did not participate. Feel free to explain why any of the staff or target partner organizations listed in your “Adoption Table” did not fully adopt the program. What happened and why?

Click here to enter text.

**Implementation:**

1. What significant implementation challenges has your program faced over the past year (environmental, programmatic, demographic, etc.)? Please describe these challenges with an example of how they impacted your program.

Click here to enter text.

**Maintenance andSustainability:**

1. Maintenance refers to the extent to which a program will continue after the funds are gone. How will your program be maintained and/or scaled up in the future?

*Please describe whether new full-time employees (FTEs), new partnerships or referral networks or other developments that were created or expanded as part of the grant will continue using other funds after the grant ends.*

Click here to enter text.

**Policy:**

1. To what extent has the policy environment — including state or national laws and regulations — helped or hindered program implementation? *This could include, for example, payment reform and changes to the Medicaid or CHP+ programs, local statutes and rule changes, or other regulatory and legislative changes.*

Click here to enter text.

**Lessons Learned:**

1. What two or three recommendations would you give to other organizations trying to replicate this type of program in their community?
	* Click here to enter text.
	* Click here to enter text.
	* Click here to enter text.
2. In the space below, please include a story about implementing your program or about a patient to illustrate your program and/or its achievements.

Click here to enter text.

1. Is there anything else you would like to tell us about your program, community or target population?

Click here to enter text.

## Section C: Focus Areas

1. The Colorado Health Access Fund has identified four main focus areas: patient education, access to care (especially in rural areas), care transitions and innovation in delivery. Please check all that apply to your work. **Please check all that apply to your work.**

[ ]  **Education** of those with high health needs, as well as their families and caregivers

[ ]  **Improved access to care,** particularly in rural communities.

[ ]  **Transitions** in care.

[ ]  **Innovation** of care delivery.

## Section D: Self-Directed Evaluation Results

In line with the fund requirements, grantees have allocated at least 10 percent of their grant funding for self-directed evaluation. In 400 words or less, please describe evaluation activities and results below. Please address these questions in your response:

1. How did you use data or information to inform the results you described in questions #7-30 above? Where possible, please give an example where decisions — such as implementation of a best practice or a course correction — were based on information collected.
2. To what extent are your evaluation efforts working to ensure the program continues after the grant ends?
3. (**Optional**): **Please upload any additional data on your program activities that you believe demonstrate the impact of your work (on SurveyMonkey).**

## Section E: Financial Documents

In accordance with their Colorado Health Access Fund contract, all grantees must submit financial documents to The Denver Foundation and the Colorado Health Institute by their report deadline. Financial reports are used for The Denver Foundation’s grant management and are not used in the Colorado Health Institute’s evaluation of the Colorado Health Access Fund. These attachments include **three required documents** for submission:

1. The most recently completed audit.
2. Year-to-date balance sheet and income statement dated within the last three months.
3. Current project budget status for the Colorado Health Access Fund, including both the *original* project revenue and expenses, as well as the *actual* revenue and expenses for the reporting period. Grantees may include a budget narrative if needed. If applicable, grantees should include an explanation of variance, any request to spend the funds in years after the grant ends and/or the need for an extension. Include the following year budget if requesting a rollover.
* **Note**: Any budget notes or questions regarding the budget should be included within your budget status attachment.

Financial documents are to be submitted to CHI and The Denver Foundation by the deadline included in your contract.