

# Leveraging Learning

## A Framework for Evaluating the Colorado Health Access Fund

**AUGUST 2017**

**Prepared by the Colorado Health Institute  
for The Colorado Health Access Fund of The Denver Foundation**

# Acknowledgments

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Special thanks to Kristi Keolakai at The Denver Foundation, for her oversight and guidance.

## About the Colorado Health Institute

The Colorado Health Institute is a trusted source of independent and objective health information, data and analysis for the state's health care leaders. The Colorado Health Institute is funded by the Caring for Colorado Foundation, Rose Community Foundation, The Colorado Trust and the Colorado Health Foundation.

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*“I believe innovation exists, and we have not had the dollars and the bandwidth to document it and share it.”*

*Participant in Denver Community Dialogue  
for the Colorado Health Access Fund*

## Executive Summary

The Colorado Health Institute is proud to present this framework for evaluating the Colorado Health Access Fund of The Denver Foundation between 2015 and 2023.

The goal of the fund is to improve health outcomes and access to behavioral health services among Coloradans with high health care needs. To that end, this framework outlines a three-tiered strategy for evaluating:

1. Grantee activities and contributions
2. The extent to which the grantmaking of the Colorado Health Access Fund has aligned with donor intent, and
3. The bigger picture of how this work contributes to moving the needle on improving health outcomes and increasing access to behavioral health services among Coloradans with high health needs.

The framework is rooted in a Theory of Change Model, which delineates how the work of each grantee funded by the Colorado Health Access Fund contributes to the larger goal. As new learnings emerge over the course of the fund, the Colorado Health Institute will revisit and revise this Theory of Change Model.

As part of the evaluation, **grantees** will be required to:

- **Participate** in annual learning activities, conference calls and discussion forums.
- **Submit** an annual progress report that includes quantitative measures.

- **Answer** open-ended questions about their progress.
- **Implement** a self-directed evaluation of their programs.

Grantee reports must identify how their efforts have reached the target population, demonstrated effectiveness, been adopted by those eligible to participate, been implemented, been maintained, and how they have adapted to a changing policy environment. Collectively, these metrics are known as REAIM + P.

The **Colorado Health Institute** will:

- **Develop** an annual evaluation report for The Denver Foundation that synthesizes grantee findings and data.
- **Deliver** broader milestone reports in 2019 and 2023 that examine the Colorado Health Access Fund’s progress.
- **Convene** annual grantee learning circles.
- **Conduct** periodic grantee conference calls.
- **Compile** trend data on access to behavioral health care.

The evaluation is built on the principles of cultivating learning and a shared body of knowledge, maximizing the evaluation’s usefulness and promoting sustainability by informing policy solutions.

## Introduction

The Colorado Health Institute in 2014 conducted a comprehensive asset and gap analysis focused on the challenges faced by Coloradans with high health care needs in accessing care. Our research highlighted barriers to care as well as proposed solutions. In addition, health care leaders across Colorado repeatedly told us that long-term change can only occur when we learn what works and what doesn't.

In keeping with that message, the Colorado Health Institute team is honored to offer its plan for on-going evaluation of the Colorado Health Access Fund of The Denver Foundation. This framework will determine the extent to which the Colorado Health Access Fund and individual grantees are achieving the fund's intended goals. Moreover, it will describe whether the sum of these efforts has had an impact. The evaluation is built on the principles of cultivating learning, maximizing the usefulness of the evaluation and informing long-term policy solutions.

More specifically, this evaluation will help determine which grant-making efforts have had the most success in ensuring that Coloradans with high health care needs have access to behavioral health services.

In addition to the broader goals, the evaluation will

assess grant-making in four project categories: 1) education of those with high health care needs and their caregivers, 2) transitions in care, 3) innovations in care delivery and 4) improved access to care, particularly in rural communities. Given these goals, we have structured the evaluation into the three tiers described in Figure 1.

The Colorado Health Access fund is a Field of Interest Fund at The Denver Foundation. A Field of Interest fund is separate from The Denver Foundation's community grantmaking, and has specific criteria designed for the use of the funds based upon the original intent of the fund's creators. In this case, The Colorado Health Access Fund is committed to supporting programs and activities that generally promote access to health care and strive to improve health outcomes for populations in Colorado with high health care needs.

## Guiding Principles

The Colorado Health Institute, in consultation with Colorado Health Access Fund staff and Advisory Committee, identified five principles that will guide the evaluation work.

**1. Embodying a Learning Orientation:** The Denver Foundation is committed to ensuring that evaluation activities are first and foremost useful for grantees.

Therefore, this evaluation will lead to the development of a shared body of knowledge through facilitated sessions with grantees and through the evaluation process itself. Mechanisms by which this will happen include:

- **Learning from Self-Directed Grantee Evaluations:** The grantees' evaluations of themselves will

inform the fund's success. These program-level evaluations also will contribute to the dissemination of best practices and lessons learned, supporting sustainability of grantee efforts and programs after the fund ends.

- **Fostering a Culture of Learning:** The Colorado Health Institute will facilitate an annual learning circle, where all grantees will come together to share best practices, successes and opportunities for improvement. In addition to this required in-person meeting, we will convene an annual conference call for all grantees to share experiences. These annual forums will be supplemented with on-going opportunities for grantees to share knowledge and challenges to learn from each other.

Figure 1.

# Evaluation Tiers

## Tier One: Grantee Contributions

First and foremost, the evaluation focuses on the work of individual grantees. This tier involves reviewing grantee progress and measuring its impact on access to behavioral health care. Each year, grantees will address a set of standard measures and open-ended questions, as well as develop self-directed evaluations.

## Tier Two: Fidelity to the Fund's Intent

The second tier focuses on whether the Colorado Health Access Fund has stayed true to its original intent:

- Is the Colorado Health Access Fund effectively aimed at efforts to improve access to needed services and health outcomes among Coloradans with high health care needs?
- Has grant-making targeted the four focus areas?
- Are grants equitably allocated among rural, urban and suburban areas?

Evaluation activities under Tier Two will provide a broader sense of the fund's impact on increasing access to behavioral health care. This will be accomplished by focusing both on the collective contributions of grantees over time as well as the progress made by The Denver Foundation as the steward of this fund.

## Tier Three: Moving the Needle

The third tier of the evaluation examines the work of all the grantees and the fund in supporting a larger, statewide effort to improve access to behavioral health care. The two guiding questions for Tier Three are:

- On the whole, has access to health services for Coloradans with high health care needs improved since the fund was established?
- In what ways has the Colorado Health Access Fund contributed to the improvement of behavioral health among these Coloradans?

### • **Building Trust and Maintaining Openness:**

Discussions at these meetings will be confidential to ensure that grantees feel comfortable sharing their experiences. The Colorado Health Institute will aggregate the information for The Denver Foundation and the Colorado Health Access Fund Advisory Committee.

This shared learning process will lead to better decision-making and a greater overall impact for the Colorado Health Access Fund of The Denver Foundation.

**2. Maximizing Evaluation Usefulness:** Taking the principle of shared learning one step further, this evaluation must be useful to the Advisory Committee, The Denver Foundation staff, grantees and grant applicants. Early steps in developing the framework involve working with Advisory Committee members to identify the intended audience for the evaluation and the questions they would like to have answered.

In addition, the grantees are encouraged to continually collect and assess data throughout the grant period. Information generated throughout the year and through the annual evaluation report by the Colorado Health Institute should inform "mid-course corrections" by grantees and fund administrators. Evaluations will highlight areas for improvement, gaps or challenges that need to be addressed throughout the duration of the fund.

**3. Advisory Committee and Staff Ownership of the Evaluation:** The Colorado Health Access Fund Advisory Committee will be involved throughout the development of the evaluation framework and throughout the evaluation process itself. It is crucial that the Advisory Committee take ownership of the evaluation framework, buy into the defined theory of change model and provide feedback throughout the process of developing and conducting the evaluation.

**4. Sustainability:** The Denver Foundation is committed to ensuring that the work financed by the Colorado Health Access Fund continues after the fund ends. This principle requires grantees to continuously apply lessons learned, address challenges and work towards becoming sustainable without funding from the Colorado Health Access Fund of The Denver Foundation.

**5. Informing Policy:** No grant-making under the Colorado Health Access Fund may support direct efforts to shape policy. However, the evaluation represents an opportunity to identify policy hurdles or policy opportunities related to behavioral health. The Colorado Health Institute will synthesize the information reported by grantees each year

regarding their policy environments. This will enable us to describe the larger policy landscape across the state for access to behavioral health care. The Colorado Health Institute will brief policy makers, including elected officials, foundation representatives and community leaders, about what we have learned to inform future decision-making.

## Theory of Change Model

Individual grantee activities will contribute in a variety of ways to increased access to behavioral health care among Coloradans with high health care needs.

With this in mind, the Theory of Change Model displayed in Figure 2 delineates how the work of each grantee funded by the Colorado Health Access Fund contributes to this larger goal. The arrows at the bottom of Figure 2 represent the tools available to the Colorado Health Access Fund: funding for programs, projects, general operating expenses, collaboratives, capital projects and evaluation activities.

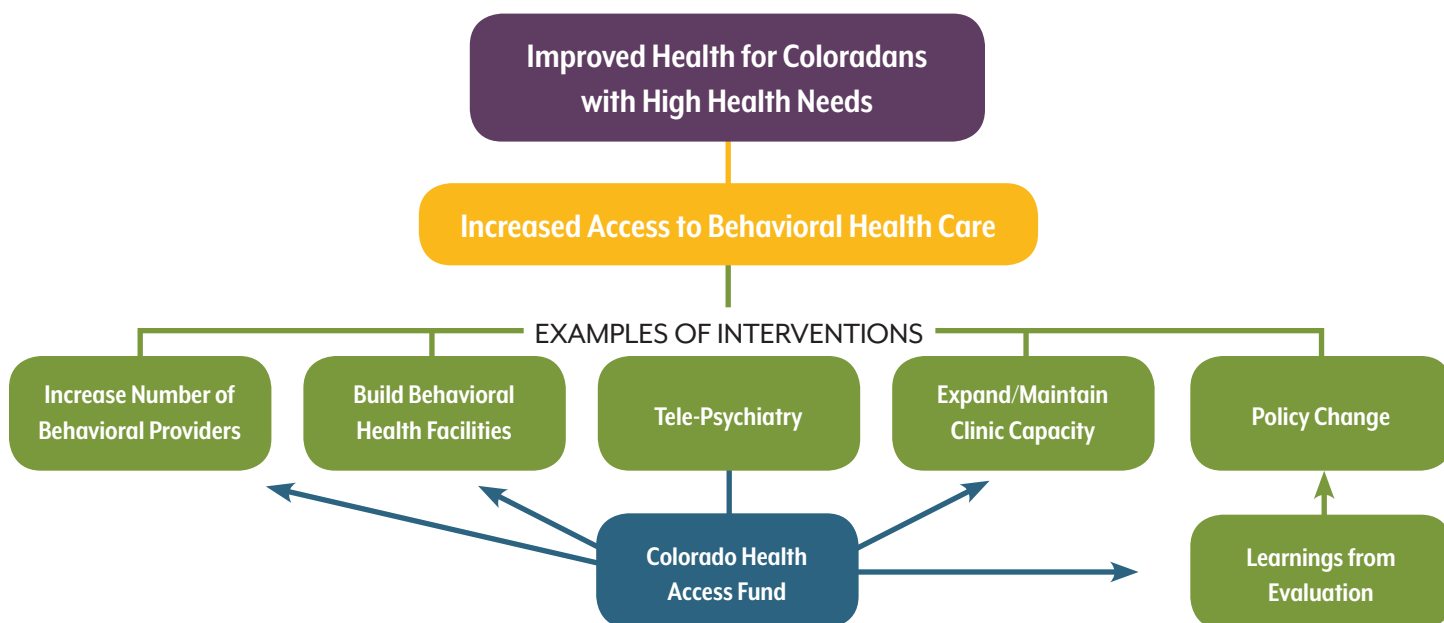
The arrows in Figure 2 support grantee activities and other mechanisms that increase access to behavioral

health care. The long-term goal is improved health outcomes for Coloradans with high health care needs.

The Theory of Change model displayed in Figure 2 is not intended to be an exhaustive diagram. Rather, it is a starting place for guiding our work.

The Colorado Health Institute will focus on understanding how these and other mechanisms contribute to improving access to behavioral health services. We will revisit this model during the course of the evaluation process and suggest revisions to reflect the evolving nature of this work.

Figure 2. Theory of Change Model



## RE-AIM Plus P Model

With the Theory of Change Model as a starting point, the evaluation team then developed a framework for evaluating grantee success.

This framework is based on the RE-AIM (Reach, Effectiveness, Adoption, Implementation and Maintenance) model. RE-AIM is often used to evaluate evidence-based programs in health settings. The Colorado Health Institute added a policy component (plus P) to account for changing health policies.

Using the RE-AIM Plus P framework, the evaluation team recommends collecting both quantitative and qualitative metrics for measuring how well projects funded by Colorado Health Access Fund:

- **Reach the target population:** How many — and what proportion — of people with high health care needs are being served by the initiative? It is expected that this finding will reveal variations among populations.
- **Demonstrate effectiveness:** To what extent are programs increasing access to care among

people with high health care needs? How does effectiveness vary at the community level? What key achievements were made possible by the grant?

- **Are adopted:** To what extent were programs adopted by all target staff and partners, such as administrators? If it was not adopted by all, why not?
- **Are implemented:** To what extent do fund grantees implement the programs described in their Request for Proposals (RFP) applications? What implementation challenges have programs faced?
- **Are maintained:** Will the programs be sustainable once the funding cycle ends? To what extent will efforts be scaled up in the future? Will new programs or program expansions continue without Colorado Health Access Fund support?
- **Adapt with the policy environment:** Does the rapidly changing policy context contribute to or detract from program effectiveness? What policy barriers or opportunities exist?

## Summary Of Evaluation Expectations

Grantees will be expected to participate in regular exercises to inform the Colorado Health Institute's evaluation work. This will allow evaluators to measure individual grantees' progress over time, promote the sharing of best practices and challenges and conduct an overall assessment of the fund's effectiveness.

Applicants to the Colorado Health Access Fund are expected to allocate 10 to 15 percent of their grant for evaluation activities. Evaluation expectations will be included in the letter sent to grantees selected in the first round of awards. From then on, evaluation expectations will be outlined both in the RFP application and the award letter. Expectations include:

- Submission of an annual evaluation report to the Colorado Health Institute. This report will include a set of data measures, as well as open-ended responses about the grantees' work. The work expected of grantees for this annual report is

detailed below under Evaluation Tier One.

- A self-directed evaluation as outlined by potential grantees in their Colorado Health Access Fund application. Grantees will include results from the evaluation as an attachment to their grant report narrative for The Denver Foundation. The Colorado Health Institute will synthesize these self-directed evaluations and provide high-level observations in our evaluation deliverable.
- Participation in annual learning activities and conference calls, as outlined in the Guiding Principles section.
- Submission of routine financial documents. These are listed below under Evaluation Tier One.

This evaluation framework is structured into three tiers to guide the Colorado Health Institute's evaluation work.



# Evaluation Tiers

## Tier One: Grantee Contributions

What are the contributions of Colorado Health Access Fund grantees to improving access to behavioral health care for Coloradans with high health care needs?

Each grantee will submit an annual evaluation report that describes and quantifies their contributions to improving access to behavioral health care. The purpose of these reports is twofold: First, to collect clear and objective metrics. Establishing these metrics at the onset will allow for consistent measurement and analysis throughout the duration of the evaluation. They also will allow for data collected among grantees to be comparable. Second, the annual evaluation report will ensure grantee accountability to the goal of the fund.

The annual report is divided into sections A, B, C, D and E. A Microsoft Word template containing the complete set of evaluation report questions and requirements is available at <http://www.coloradohealthinstitute.org/research/colorado-health-access-fund>. *All grantees must use this template when developing their evaluation reports.*

### Section A: Report Summary Sheet Information

The first section of the evaluation report asks grantees to fill out descriptive information on their organization, the contact person for the evaluation project, and information on their Colorado Health Access Fund grant.

### Section B: Grantee Progress and Evaluation (RE-AIM Plus P Questions)

In the second section of the evaluation report, each grantee will respond to questions reflecting the RE-AIM Plus P principles that allow for necessary differences given grantees' likely variation. In addition, the template includes an invitation for grantees to describe any lessons learned, recommendations to other organizations pursuing similar programs and stories that are illustrative of their achievements. The Colorado Health Institute's analysis of the answers will provide a standardized

comparison and collective understanding of the grantees' work.

### Section C: Focus Areas

In Part C of their annual reports, grantees will address at least one of the four focus areas of the Colorado Health Access Fund — patient education, access to care, transitions and innovation in delivery. Grantees will include their contributions to the focus areas related to their work and identified in their grant application.

This format displayed in Table 1 will allow the Colorado Health Institute to efficiently synthesize grantee contributions within each of the four focus areas. These data will inform other tiers of the evaluation as well.

### 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 the fourth section of the report, grantees will describe how they applied data or information from their evaluation activities to inform decisions in their organization. In addition, grantees are asked to describe the extent to which evaluation efforts are being used to ensure that their program continues after the grant ends. Grantees may also attach any additional data that they believe demonstrates the impact of their work.

### Section E. Financial Documents

In accordance with their Colorado Health Access Fund contract, all grantees must submit financial documents to CHI and The Denver Foundation 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 documents include:

- The most recently completed audit.
- Year-to-date balance sheet and income statement dated within the last 3 months.

- 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.

Additional details about submission of financial documents is available on the Evaluation Template available at <http://www.coloradohealthinstitute.org/research/colorado-health-access-fund>.

## Tier Two: Fidelity to the Fund’s Intent

To what extent has the Colorado Health Access Fund’s grant-making strategy adhered to the guiding principles of the donor?

The purpose of this tier is to determine how well the collective work of grantees — and the Colorado Health Access Fund’s grant-making strategy — adheres to the intent of the donor.

The evaluation team will compile both quantitative and qualitative information collected through Tier One activities and grantee forums. We will aggregate this information to answer five questions:

- Has the work of the Colorado Health Access Fund adhered to the requirements outlined by the donor?
- Has the Colorado Health Access Fund targeted efforts to improve access to needed services and health outcomes among Coloradans with high health care needs?

- Are the funds equitably allocated among rural, urban and suburban areas?
- Do grantees reflect the state’s geographic differences?
- Does the collective work of grantees address each of the four focus areas (education, access to care, transitions, innovation in delivery)?

We anticipate that gaps and shortcomings will emerge from the answers, highlighting where additional effort is needed. For example, if the analysis reveals that certain regions of the state are not being reached or that funded programs concentrate on only one or two focus areas, increased outreach or attention in the next round of applications may be needed.

## Tier Three: Moving the Needle on Access to Behavioral Health Care in Colorado

How has access to care changed across Colorado since the creation of the Colorado Health Access Fund?

The third level of the evaluation focuses on changes across the state since the implementation of the Colorado Health Access Fund of the Denver Foundation.

There are limitations to this level of evaluation. New policies, new programs and changing demographics are among environmental factors that influence

**Table 1. Grantee Reporting on Colorado Health Access Fund Focus Areas**

Grantee Name	
Colorado Health Access Fund Focus	Open-Ended Description
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	

health care in Colorado. This complexity limits our ability to isolate direct causality between grantee initiatives and changes in access to behavioral health care.

That said, we plan to compile statewide data on various access to care and prevalence indicators that relate to behavioral health (summarized in Table 2). Whenever possible, we will also analyze cuts of data to determine any changes or improvements specifically among Coloradans with high health care needs as well as regional differences.

Our team will then combine these data with our analysis of grantee progress described in Tiers One and Two. This synthesis will provide insight into how

the Colorado Health Access Fund's efforts have contributed to "moving the needle" on improving access and outcomes for the target population.

Note that the four data sources listed in Table 2 are survey-based. There is an inherent lag between the time the data are collected and when they are released. The latest data available in our analysis will typically be limited to the previous calendar year. This is a limitation that we will acknowledge and discuss in our deliverables. We also plan to analyze multiple years of data to establish trends over time.

For more information about the data sources and metrics selected, please see Appendix 1.

## Deliverables

Each year, the Colorado Health Institute will produce a report that highlights the grantees' progress over the past year as well as high-level findings.

The content will be drawn from annual evaluation reports from each grantee (Tier One) as well as the information from the grantees' yearly convening and on-going conversations. We will also include high-level observations related to Tiers Two and Three.

The Colorado Health Institute will also produce a comprehensive evaluation report in 2019 and 2023.

The 2019 and 2023 reports will have an enhanced focus on Tiers 2 and 3. The aim is to demonstrate how the grantees' work has contributed to "moving the needle" on access to behavioral health care for Coloradans with high health care needs. To this end, CHI will analyze trends and changes regarding Coloradan's access to health care, mental health status and other pre-determined metrics.

In addition, a portion of these reports will focus on policy barriers or opportunities affecting the sustainability of supported programs after the

conclusion of the Colorado Health Access Fund.

### Timeline of Evaluation Deliverables

#### *Annual Data Collection*

- Learning circle meeting with all grantees
- Call with all grantees
- Grantee reporting of standardized metrics to CHI
- Grantee self-directed evaluation

#### *Annual Deliverables*

- Facilitation of learning circle meeting
- Facilitation of grantee calls
- Evaluation progress report that synthesizes grantee reporting of metrics and information gleaned from facilitation

#### *Milestone Deliverables — 2019 and 2023*

- Comprehensive evaluation report

**Table 2. Behavioral Health Metrics**

Population	Metric	Data Source	Geography	How often is it updated?
Adults (18 and Over)	Had poor mental health (8 or more days of poor mental health in the past 30 days)	Behavioral Risk Factor Surveillance System (BRFSS)	County	Annual
	Needed mental health care in the last 12 months but did not get it at that time	Colorado Health Access Survey (CHAS)	Health Statistics Regions	Every odd-numbered year
	Ever diagnosed with a depressive disorder	BRFSS	County	Annual
High School Students	One or more days of poor mental health in the past 30 days	Healthy Kids Colorado Survey (HKCS)	County	Every odd-numbered year
	Felt so sad or hopeless almost every day for two weeks in a row that they stopped doing some usual activities	HKCS	County	Every odd-numbered year
Children (4-14 Years Old)	Needed mental health care or counseling in the last 12 months	Colorado Child Health Survey (CHS)	Statewide	Annual

## Conclusion

The intent of this evaluation is to inform the ongoing work of the Colorado Health Access Fund and The Denver Foundation. We anticipate that this framework will not only identify successful interventions and efforts, but cultivate a culture of learning. By identifying what works, this evaluation has the potential to drive policy conversations beyond the duration of the fund.

The Colorado Health Institute is honored to continue our partnership with The Denver Foundation and the Colorado Health Access Fund. We look forward to continued refinement of the evaluation framework and collaboration with staff and Advisory Committee members. It is our privilege to contribute to this important work.

# Appendix 1

## Explanation of Tier Three Data Sources

### Colorado Health Access Survey (CHAS)

What it is: The CHAS, conducted every other year, is the premier source of information on health insurance coverage, access to health care, and how health care is used in Colorado. More than 10,000 randomly selected households take the 20-minute phone survey. The data are statistically weighted to be representative of the state's population. The CHAS is fielded, analyzed and managed by the Colorado Health Institute and is funded by The Colorado Trust.

CHAS metric in this evaluation:

- Adults who reported that they needed mental health care in the past 12 months but did not get it at that time (adults 18 and over)

Notes or Limitations: The complete 2013 survey is available at <http://bit.ly/Hy47hT>. The 2015 survey is currently in the field, and the data will be analyzed and released beginning in the fall of 2015.

### Colorado Behavioral Risk Factor Surveillance System (BRFSS)

What it is: The BRFSS is an annual survey of Coloradans ages 18 and older funded by the Centers for Disease Control and Prevention (CDC) and administered by Colorado Department of Public Health and Environment (CDPHE). The survey includes questions on lifestyle and behaviors related to leading causes of death and disease. Topics include smoking, overweight/obesity, physical activity and use of preventive health services. The data are weighted to be representative of Colorado's population.

BRFSS metrics in this evaluation:

- Had poor mental health (8 or more days of poor mental health in the past 30 days)
- Ever diagnosed with a depressive disorder (adults 18 and over)

### Colorado Child Health Survey (CHS)

What it is: Administered to BRFSS respondents with a child within a target age range (4-14) and who are willing to complete the CHS. The survey asks about their children's physical activity, nutrition, access to health and dental care, behavioral health, school health, sun safety and injury. Approximately 1,000 surveys are completed each year. Data are weighted to reflect the general population of children in the target age range.

CHS metric used in this evaluation:

- Needed mental health care or counseling in the past 12 months (children 4-14 years old)

Notes or limitations: Due to sample size, data from 2012 and 2013 were combined.

### Healthy Kids Colorado Survey (HKCS)

The Healthy Kids Colorado Survey is a collaboration by CDPHE, the Colorado Department of Human Services and the Colorado Department of Education. It is managed by the University of Colorado and administered in selected middle and high schools. It is an expanded version of the Youth Risk Behavior Survey, which is conducted in many states. In Colorado, it was administered prior to 2013, when the state adopted the HKCS. The survey is conducted every odd-numbered year.

HKCS metrics used in this evaluation:

- One or more days of poor mental health in the past 30 days (high school students)
- Felt so sad or hopeless almost every day for two weeks in a row that they stopped doing some usual activities



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