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# Annual Grantee Report

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.

Please complete sections A through E and submit the report and accompanying financial documents to CHA@denverfoundation.org and caldwella@coloradohealthinstitute.org by the deadline identified in your contract.

## 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.

Type of Grant (Please check one): [ ]  General Operations [ ]  Program [ ]  Capital [ ]  Other

Dates Covered by this Grant: Click here to enter text.

Which year of your grant have you just completed? (Select One):

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

Grant Amount: ­$ ­­­­­Click here to enter text. Grant ID Number: Click here to enter text.

**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, or for transportation to behavioral health services for people with limited access to care?*

Click here to enter text.

Have there been any changes to your organization’s federal tax-exempt status since you were awarded this grant?
[ ]  No [ ]  Yes (Please explain in the narrative section.)

## 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?

Click here to enter text.

1. Please approximate what percent of this past year of funding was spent on efforts in rural, urban or suburban communities.

Rural (%): Click here to enter text.

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

Statewide (%): Click here to enter text.

*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.

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

[ ] 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.*

Click here to enter text.

1. We want to better understand what populations are benefiting from the grant. Please break down the number of people served from Question Four using **any descriptors available in your collected data**.
	* *For example, identify the number of people served by gender/gender identity, income group, age group, sexual orientation, race/ethnicity, primary language spoken, country of origin, region/city/zip code represented or 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.*
	* *EXAMPLE: Fifty people were served by grant-funded behavioral health services:*

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

* + *Please insert or attach tables like the one used in the example.*
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.
	* *Please include only the number of* ***direct services available due to the grant****.*
	* *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 text.
	+ Number of one-on-one counseling sessions delivered in person: Click here to enter text.
	+ Number of group counseling sessions delivered in person: Click here to enter text.
	+ Number of behavioral health services delivered via telehealth: Click here to enter text.
	+ Number of referrals made to external behavioral health services: Click here to enter text.
	+ Number of “warm handoffs,” or introductions made between a patient and behavioral health provider during a primary care visit: Click here to enter text.
	+ Number of behavioral health providers supported by the grant: Click here to enter text.
	+ Number of physical health care sites that can now offer integrated behavioral health care: Click here to enter text.
	+ Other services (**please describe**): 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, setting up a taxi token system to increase patient access to a behavioral health clinic.*

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

[ ]  **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.*
	* Click here to enter text.
	* Click here to enter text.
	* Click here to enter text.
2. What factors or circumstances were critical to the achievements listed in question #8? Please describe.

Click here to enter text.

**Adoption:**

1. Your Assessment: What portion of your staff, administrators, health care providers and target organizations — like schools or clinics or referral partners — adopted or “bought into” your program supported by the Colorado Health Access Fund? What or who you include will depend on your program, and what’s possible for you to track. Please provide examples in the table below.

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| **What was intended?** **How many staff, program administrators, health care providers and target organizations — like schools or clinics or referral partners — were supposed to participate in the grant-supported program?** | **What actually happened? How many participated in delivering the program?**  | **Your assessment: What portion of the intended participants adopted the program?** *Please use three categories:* * *Not adopted*
* *Partial adoption*
* *Full adoption*
 |
| EXAMPLE: 1. *Eight clinic staff were supposed to participate.*
2. *One local in-patient psychiatric hospital was supposed to accept referrals.*
3. *One local school was supposed to host our therapist to provide counseling to students.*
 | EXAMPLE:1. *Six clinic staff participated – one left the organization.*
2. *The psychiatric hospital accepted 30 referrals.*
3. *The school could not participate due to space limitations.*
 | EXAMPLE:1. *Partial adoption*
2. *Full adoption*
3. *Not adopted*
 |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. 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 Question 10 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 and Scalability**:

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.

1. Please break down the annual program budget supported by the CHA Fund by revenue source, including percentages and dollar amounts. *This can be a rough estimate to the nearest thousand dollars. If you would like to provide additional context, please describe below.*

|  |  |  |
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| **Revenue Source** | **Percent of Program Budget** | **Amount of Program Budget** |
| The Colorado Health Access Fund | Click here to enter text. | Click here to enter text. |
| Local, State or Federal Grants | Click here to enter text. | Click here to enter text. |
| Other Gifts, Grants and Fundraising | Click here to enter text. | Click here to enter text. |
| Insurance Reimbursement or Cash Payments for Services | Click here to enter text. | Click here to enter text. |
| Other (describe):Click here to enter text. | Click here to enter text. | Click here to enter text. |

**OPTIONAL**: Please describe any additional context you would like to share about your program budget. 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. Based on this past year, describe one or two lessons you and your staff learned (about program implementation, evaluation, etc.) and what changes will be (or were) made as a result.
	* Click here to enter text.
	* Click here to enter text.

**Postscript:**

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

Click here to enter text.

1. 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.

## Section C: Focus Areas

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. Use the space below to elaborate on how your work addresses the focus area(s) indicated on your application for funding from the Colorado Health Access Fund. You may respond to additional areas if you wish, though **please limit your responses to no more than 300 words.**

**Grantee Reporting on Colorado Health Access Fund Focus Areas**

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| **Grantee Name** |
| **CO 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** |  |

## 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:

* How did you use data or information to inform the results you described in questions #1-19 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.
* To what extent are your evaluation efforts working to ensure the program continues after the grant ends?

(**Optional**): Please attach data on your program activities that you believe demonstrate the impact of your work. Please report on these same self-identified metrics in future years if you receive additional years of grant funding.

Click here to enter text.

## 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 documents include:

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

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