

Food Security Workgroup | Evaluation Plan

An overall goal of the Accountable Health Communities Model (AHCM) is to enhance integration and partnership of clinical and community-based organizations to address health-related social needs (HRSNs). Each Denver Regional AHC Workgroup comprises clinical and community partners charged with prioritizing a specific gap in the availability or accessibility of community services within its HRSN domain and then developing and implementing a targeted and scalable project to address the service gap. Therefore, each workgroup's evaluation plan includes two parts: 1) project evaluation and 2) partnership impact evaluation.

However, because the Food Security Workgroup did not develop a new project during its year-long timeline, no project evaluation was completed to assess the extent to which the Workgroup's project aim statement was achieved. In lieu of project-level evaluation, partnership impact evaluation was used to assess the impact the workgroup had on building and enhancing partnerships between member organizations. Below is the AHC Food Security Workgroup's Evaluation Plan.

Partnership Impact Evaluation

OVERALL AHC GOAL: Enhanced integration and partnership between clinical and community organizations to meet health-related social needs (HRSN) efforts

TARGET AUDIENCE: Workgroup members

METHODS & TOOLS: Quantitative/qualitative

- The Utilities Workgroup's partnership impact evaluation process and survey were adapted from the "[Partnership Impact Evaluation Guide](#)" by Amy Mickel, PhD and Leigh Goldberg
 - There are three main partnership impact classifications and 11 impact types
 - Foundational impacts: connectivity, trust
 - Operational impacts: creativity, resource sharing, added capacity, partner culture awareness
 - Outcomes impacts: efficiency, scale, individual effectiveness and resilience, collaborative culture, expanded connectivity
- During a workgroup meeting, the group went through an exercise to define the impacts and then prioritize them using voting platform Mentimeter
- After the workgroup's top indicators were chosen, the DRCOG QI team developed a partnership impact evaluation survey to gather qualitative and quantitative; workgroup members completed the survey using Microsoft Forms
- Once the data was collected and analyzed, the workgroup analyzed the results and discussed lessons learned

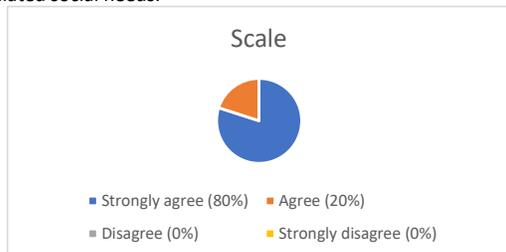
PLATFORM: Mentimeter, Microsoft Forms

RESULTS: Appendix A

Food Security Workgroup: Partnership Impact Evaluation Survey

Thinking back on your time as a member of the Food Security Workgroup, rate the workgroup's success in achieving the following partnership impacts:

1. **SCALE:** The workgroup was successful at engaging in joint decision-making to enhance integration and partnership of clinical and community-based organizations to address health-related social needs.



Please provide an example(s) of workgroup members engaging in joint decision-making to advance the workgroup's collective goal.

The Group facilitator was intentional about hearing from all participants involved

The workgroup represented a variety of both community and clinical organizations that really worked together

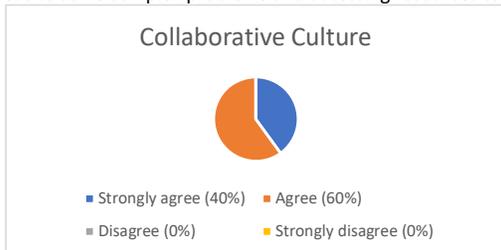
Jointly identifying and recruiting an interested clinical partner

Working through; when (dates/times), where to hold a food pantry site

The group discussed a number of different ideas, pros and cons, community needs, etc. Group members shared their opinions and expertise and research throughout the process. And then decisions were made by the group: about where to focus efforts, how to start a food pantry.

As a group I think we correctly identified the barriers and supplies (transportation, time, storage space, food, refrigeration, staff, ect) needed to start this co-location model despite the fact it didn't come to fruition.

2. **COLLABORATIVE CULTURE:** The workgroup was successful at influencing workgroup members to more deeply value and integrate collaborative practices, such as pooling diverse ideas to solve complex problems and accessing resources to develop new solutions.



Please provide an example(s) of how workgroup members exhibited collaborative culture.

The ideas presented by the workgroup, including the Rx food pantry program, were very innovative

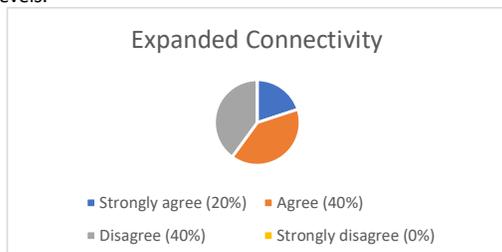
Sharing experience and perspective on options for providing food at a clinical site

WG members shared their expertise in their field to help develop a solution on how to provide food to the community

The group members were able to bring in other ideas and service suggestions. We talked about other people to ask to be involved - based on expertise in hunger programs in the community. People shared other links and information about the topics.

I felt all ideas were given a fair hearing and members of the group were supportive but clear about any potential pros or cons associated with the idea.

3. **EXPANDED CONNECTIVITY:** The workgroup was successful at expanding the networks of workgroup members and their respective organizations at local, regional, and/or national levels.



Please describe how participating in the workgroup expanded your and/or your organization's network.

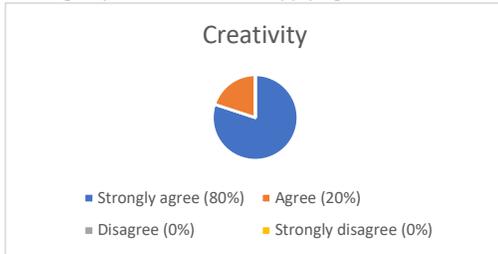
As a clinical professional, it was new for me to participate in a more macro level project with community members I don't typically engage with.

Participating in the workgroup introduced me to individuals on other local organizations that I had not previously met

Acquired a greater appreciation of each WG member's strengths and abilities.

*I think we expanded the group at a local lever, but not quite a regional level
 We definitely expanded networks in the Metro area, but I don't think we reached regional or national levels. But we made good progress at bringing various groups together from a variety of agencies - and that's very important.
 A lot of information was shared between organizations, like the Hunger Free Colorado Food Finder Map.*

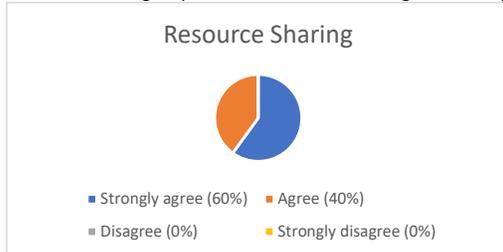
4. CREATIVITY: The workgroup was successful at applying creative and innovative ideas to address complex problems.



Please describe how the workgroup creatively addressed its designated health-related social need.

*discussed varying ideas such as gift cards, Rx cards, varying logistical details to best fir the population we are trying to serve
 Again, the workgroup members came up with creative and innovative ideas to attempt to address food insecurity
 Provided suggestions for overcoming obstacles
 By attempting to provide a food service at a clinical site
 The food resource fairs, a collaborative effort across agencies and fields, was innovative and creative - and successful. We did a lot of research and work to bring a food pantry to a clinic and that was successful as well. Funding may take a while, but the groundwork was laid.
 I think the ideas to solve complex problems were very strong but difficult to execute due to COVID related barriers. The decision to place a food pantry in a clinical setting seems very effective compared to food drives or even pantries at stand alone locations.*

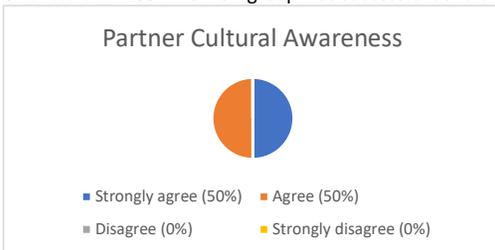
5. RESOURCE SHARING: The workgroup was successful at sharing human capital, knowledge, data, funding, and/or other resources.



Please provide an example(s) of how the workgroup and its members shared resources.

*I enjoyed hearing from different members of the group with varying experiences/knowledge to contribute
 Workgroup members shared a lot of knowledge from past and current experiences, as well a lot of their time
 Shared in addressing the project's aims and goals
 Margaux provided a list of the food pantries within our communities boundaries.
 I think I've given examples of that in the other questions. Group members shared lots of resources and information about hunger programs, innovative services, WIC resources, etc.
 Each meeting a lot of information and updates were shared. I feel like since we only met once a month, the new information would change our entire strategy several times.*

6. PARTNER CULTURE AWARENESS: The workgroup was successful at valuing the respective cultural differences of other members and their organizations.

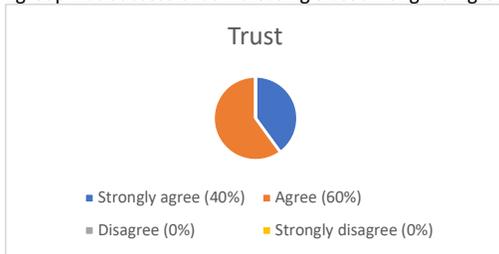


Please describe how workgroup members valued the respective cultural differences of other members and their organizations.

*All workgroup members were respectful of other members' ideas and organizations
 Working together increased awareness of each partner and how they are able to contribute
 WG members where open to others suggestions/ideas. Everyone had an opportunity to speak during meetings
 I am not sure that we had lots of opportunities to demonstrate those values as our meetings were remote for most of the time, but we did show lots of respect to one another, to various opinions, and to differing ideas.*

I think the workgroup clearly valued cultural differences of members and organizations however the actual workgroup was not made up of diverse racial and cultural backgrounds.

7. TRUST: The workgroup was successful at increasing trust among workgroup members and/or their respective organizations.



Please provide an example(s) of how the workgroup increased trust among members and their respective organizations

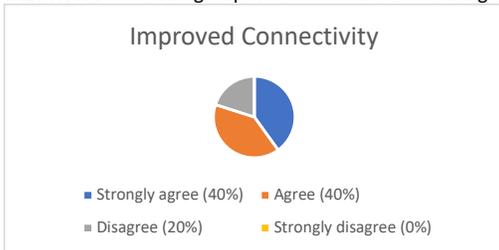
The majority of the workgroup members and their organizations upheld the standards of the workgroup and were reliable

Working toward a common goal is only possible in an environment of trust.

WG members were given a platform to share their ideas freely.

We always made room for group members to share ideas and opinions. Conversations were respectful and a safe place to bring up ideas.

8. IMPROVED CONNECTIVITY: The workgroup was successful at increasing the quality of connections among workgroup members and their respective organizations.



Please describe how participating in the workgroup increased the quality of connections among members and their respective organizations.

I believe the workgroup members now have a stronger foundation for reaching out to the organizations of other members for collaboration in the future

Collaboration requires connectivity

WG members were able to meet members of other organizations and make an impact in the community together

Group members seemed very comfortable in sharing resources, opinions, and information - as well as expertise in their fields.

[n=6]

AHC Food Security Workgroup | Lessons Learned

The notes and feedback below were gathered during the Food Security Workgroup's 2.18.21 meeting as part of a discussion about the group's Partnership Impact Evaluation survey results. Facilitators utilized a rose, thorn, bud template:

- *Rose: a highlight or success*
- *Thorn: a challenge*
- *Bud: new ideas, areas for potential growth*

Workgroup members were also asked to share the most meaningful part or experience of participating in the workgroup over the last year.

Roses

- Process was a positive experience. The WG brought together a diverse group with different lenses, not solely food-focused but also brought in clinical.
- Organizations partnered and worked together to have an effect on the community. This WG didn't feel as siloed as past efforts.
- Brought specific knowledge on a subject. WG worked collaboratively from start to finish of a project. Food pantry, food bank, clinical, residents and community members, evaluation all were included in planning.
- Resource sharing and well-rounded knowledge base. WG members were willing to share expertise – crucial to progress.
- Brought clinical perspective to group primarily focused on food – opened a window to seeing the world from another perspective; appreciated the challenges that clinical sites have with providing food. Had the opportunity to work collaboratively as a community and as individual organizations.
- Despite huge challenges (COVID), accomplishments were made, new learnings occurred, contributions were offered.

Thorns

- Limitations on connections and networking, especially when remote, challenging to get to know one another beyond a specific task. Sometimes in-person can foster integration beyond task. Remote may have stifled WG creativity. In-person may have shown different results.
- Joining the group late posed a challenge with understanding what AHC resources could be offered – became clearer over time (but not completely) of the purpose of AHC.
- Difficult to have consistent participation throughout the WG because of COVID, program transitions/service changes, etc.
- Many were so busy at their own food pantries with COVID that it was challenging to think abstractly and work on a new project – hard to take on any more.
- Timing with COVID, huge increased need in community and demands on staff.
- COVID's impact on volunteers impacted the ability to contribute to the project.
- Reality of operational challenges to start an ambitious project was challenging – limited funding was challenging to implement the project.

Buds

- This WG was a new way to partner in many forms.
- WG allowed us to not fear reaching out to each other, supported more collaboration.

- Grocery gift cards concept was a breakthrough idea for group – flexible funding helped, also overcame logistical barriers for clinical sites; introduced equity into the conversations – giving choice to people.
- Despite limits of virtual participation, combo of in-person and virtual meetings might lead to more participation. In the future, WGs could be strategic about agendas – when is in-person valuable and when is virtual valuable for participation and what’s needed to accomplish (i.e., brainstorming sometimes better in person, mission, outcomes, vision)? This hybrid may be the reality so important for us to adapt.

Most meaningful!

- Met new people outside of my topic area and geography.
- Good diverse group beyond service group; appreciated WG creativity; respect shown to each other during hard time in country; appreciated opportunity to share ideas that were valued
- WG was actually successful as a group at providing services (2019/2020 food fairs), meaningful to serve community and see impact
- Continued positive morale – would have been easy and justified to not be positive, but group remained positive and valued relationships
- Silo-busting – learning from each other and looking at problem for perspective of community to maximum benefit rather than individual perspectives; valued people
- Morale; people showed up; new ideas and participation and sharing; genuine
- Inspired

AHC Housing Work Group | Evaluation Plan

An overall goal of the Accountable Health Communities Model (AHCM) is to enhance integration and partnership of clinical and community-based organizations to address health-related social needs (HRSNs). Each Denver Regional AHC Workgroup comprises clinical and community partners charged with prioritizing a specific gap in the availability or accessibility of community services within its HRSN domain and then developing and implementing a targeted and scalable project to address the service gap. Therefore, each workgroup's evaluation plan includes two parts: 1) project evaluation and 2) partnership impact evaluation.

Project evaluation assesses the extent to which the Workgroup's project aim statement was achieved. Partnership impact evaluation assesses the impact the workgroup had on building and enhancing partnerships between member organizations. Below is the AHC Housing Workgroup's Evaluation Plan.

Part I: Project Evaluation

PROJECT AIM STATEMENT: Provide a framework to educate local providers and community members on the 2019 updated habitability statute to support healthy and stable housing for renters with connection to community and legal resources.

TARGET AUDIENCE: Clinical and community-based navigators

METHODS & TOOLS: Qualitative

- 2 focus groups: steering group and final group
- Interview guides [included in Appendix A, Appendix B]
- Success stories (short narratives) from navigators

PLATFORM: GoToMeeting, hosted by DRCOG, facilitated by JSI

PARTICIPANTS: AHC Clinical Partner Sites

- Denver Health (primary care and ED)
- Doctors Care (primary care)
- STRIDE Community Health Center (primary care)
- Tri-County Health Department (nutrition/WIC clinics)

RESULTS:

- Steering focus group: Appendix A
- Final focus group: Appendix B

TIMELINE:

October 2020 –

- Beginning of the month: Meeting of evaluation subcommittee to draft steering focus group interview guide
- Mid-month: Schedule steering focus group

November 2020 – Convene Focus Group #1: Steering Focus Group

Last updated 3/24/2021

(no large workgroup meeting)

- Mid-month: Hold steering focus group
 - Facilitator: JSI
 - 4 navigators, representative of 4 clinical partner sites (Denver Health Emergency Department, Denver Health Westside Pediatric Clinic, Doctors Care, STRIDE Community Health Center)
 - Elicit feedback on the latest draft of the “Quick Guide”
- During remainder of the month: DRCOG/Workgroup make edits to the “Quick Guide” based on feedback from steering focus group

December 2020 – Workgroup disseminates “Quick Guide” for piloting

(no large workgroup meeting)

- Mid-month: Navigators from AHC clinical partners begin an approximately 6-week pilot period in which they use the “Quick Guide” in their daily work
- End of the month: Schedule final focus group for January

January 2021 – Convene Focus Group #2: Final Focus Group

- Beginning of the month: Meeting of evaluation subcommittee to draft final focus group interview guide
- Toward the end of the month: Navigators conclude 6-week pilot period
- At end of the month (prior to 1/27 workgroup meeting): Hold final focus group
 - Facilitator: JSI
 - 8 navigators, representative of 5 clinical partner sites (Denver Health Emergency Department, Denver Health Westside Pediatric Clinic, Doctors Care, STRIDE Community Health Center, Tri-County Health Department)
 - Elicit final comments/suggestions for improvements
 - Collect success stories and lessons learned during the pilot period
- January 27, 2021: Workgroup meeting – Discuss findings of final focus group

February 2021 – Reveal final product

- Beginning of the month: DRCOG/Workgroup makes final edits to the “Quick Guide” per navigator feedback provided during final focus group
- Throughout the month: Continue to collect success stories
- February 24, 2021: Workgroup meeting – Reveal final product

March 2021 – Initiate final Communications and Sustainability Plans

- Throughout the month: Implement remaining Communications Plan (share final product with wider network of partners and organizations)
- March 24, 2021: Workgroup meeting –
 - Project wrap-up
 - Share any new/updated success stories
 - Implement Sustainability Plan (pass off product to the long-term holder, Brothers Redevelopment, AHC Housing Workgroup member organization)

Part II: Partnership Impact Evaluation

OVERALL AHC GOAL: Enhanced integration and partnership between clinical and community organizations to meet health-related social needs (HRSN) efforts

TARGET AUDIENCE: Workgroup members

METHODS & TOOLS: Quantitative/qualitative

- The Utilities Workgroup's partnership impact evaluation process and survey were adapted from the "[Partnership Impact Evaluation Guide](#)" by Amy Mickel, PhD and Leigh Goldberg
 - There are three main partnership impact classifications and 11 impact types
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- After the workgroup's top indicators were chosen, the DRCOG QI team developed a partnership impact evaluation survey to gather qualitative and quantitative; workgroup members completed the survey using Microsoft Forms
- Once the data was collected and analyzed, the workgroup analyzed the results and discussed lessons learned

PLATFORM: Mentimeter, Microsoft Forms

RESULTS: Appendix C

RESULTS SUMMARY – AHC Housing Workgroup: Steering Focus Group 11.20.20

Participants –

- Facilitator: Megan Hiltner, JSI
- Lindsey Sorensen, DRCOG
- Beryl Vallejo, former DRCOG QI Coordinator
- Navigation staff:
 - Char Patton, Doctors Care
 - Christine Manikowski, DRCOG (Denver Health ED)
 - Attouah Kofi, STRIDE
 - Rasulo Rasulo, Denver Health Westside

Platform – GoToMeeting

Results –

- What was your **first impression** when you saw the quick guide?
 - Overall, navigators responded very positively, stating they were **excited** and felt that it was a **clean, clear, and readable** tool
 - Two navigators expressed **initial hesitation over the quantity of information** presented but agreed it was appropriate for the intended audience (navigation staff)
- How do you feel about the **usability and function** of the guide?
 - The navigators agreed that while the guide is too long to repeatedly print, they would **extricate information applicable for each client** from the guide and provide either on a separate resource sheet or via a printable report from their EHR, via email, etc.
 - One navigator was concerned she would be **unable to able to copy and paste** from the PDF
- How do you feel about the **format** as a navigator (part of the intended audience)?
 - The navigators liked the format, describing it as **readable and aesthetically pleasing**; they especially appreciated the **highlighted tips and step-by-step flow**
- As a member of the target audience, how do you feel about the **readability**?
 - The navigators felt the guide was **extremely readable** (especially when compared with the Colorado Legal Services Guide) and appreciated the **approachable (non-legal) terminology** used
- What are your thoughts on the **resource list** and how it's organized?
 - Overall, the navigators felt the resource list was organized in an **approachable and useful manner**
 - One navigator suggested including additional details and specifics regarding **navigating automated phone systems***
 - *Incorporating this change would make the list much longer and would also be extremely difficult to keep up to date and accurate as organizations change their automated systems frequently
 - One navigator requested specific information about handling **mold issues***
 - *Mold information was added to the Q&A section in the latest version

- One navigator asked about the possibility of adding **fax numbers***
 - *Fax numbers (that were available) were added to the latest version
- Is there **anything big missing**?
 - The navigators **did not feel anything big was missing**
 - However, one navigator asked **how the guide would be kept updated**, including following the pandemic*
 - *Brothers Redevelopment will be responsible for keeping the resources updated and appropriate after March 2021. Can further discuss, as a workgroup, how Brothers Redevelopment may be supported in this moving forward.
- **Workflow**: Would you use the guide **real-time** with a client or as an aid **before or after** talking with a client? Would you ever send the quick guide **to a client**?
 - The navigators stated they could see themselves using the quick guide in all three scenarios – **real-time and before and after a client meeting**
 - They also agreed that they **would not provide a copy of the guide to a client** but would instead provide specific organization information
- How should the workgroup **introduce the guide** to make sure it gets incorporated into navigators' daily work?
 - The navigators felt the guide would be most impactful if it were introduced by a **supervisor or someone in leadership who was excited** about the product, and if possible **"personably"** and not just via email
 - One navigator suggested the guide be introduced by **a member of the DRCOG AHC Team, possibly with a presentation**
 - They were not very concerned about the guide not being used because it is really **filling a gap in resources**
- Additional questions/comments:
 - Can the instructions to **not withhold rent payments** be highlighted?*
 - *This comment was addressed in the latest version
 - Will the guide be available in **Spanish**?*
 - *Not at this time because navigators are the primary audience
 - Is the workgroup going to produce a **shortened version for patients/families**?*
 - *The workgroup does not have capacity to develop another version for a different target audience, but this could be taken into consideration for the future

RESULTS SUMMARY – AHC Housing Workgroup: Final Focus Group 1.19.21

Participants –

- Facilitator: Megan Hiltner, JSI
- Lindsey Sorensen, DRCOG
- Beryl Vallejo, former DRCOG QI Coordinator
- Navigation staff: [8]*
 - Erika Briones, TCHD
 - Jennifer Arreguin, STRIDE
 - Gaby Camarena, STRIDE
 - Attouah Nda-Koffi, STRIDE
 - Adeline Duanlueded, Denver Health ED
 - Diego Perez, STRIDE
 - Char Patton, Doctors Care
 - Luis Rodriguez, STRIDE

*Additional feedback received via email from Shawn Cohen, Denver Health Westside

Platform – GoToMeeting

Results –

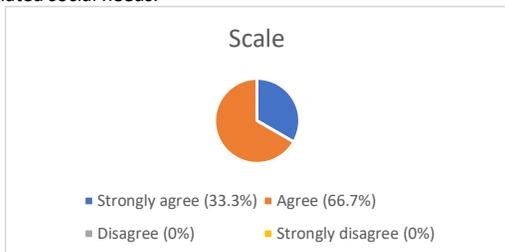
- Did you **use the quick guide during the pilot period** (the last 6 weeks)? If so, tell us about your experience.
 - Two navigators provided specific examples about using the quick guide:
 - One navigator used the guide to **provide sample templates (notices) and information about management obligations to a client** who was experiencing housing quality issues in her apartment
 - The navigator found that using a **hardcopy of the guide as a reference for herself** and then **printing specific sections of the guide for her client** made the wealth of information more manageable
 - Another navigator described using the guide several times during the pilot period as a **client education tool**, specifically with individuals who are nervous about approaching their landlords and **unaware of their rights under the law**
 - A social worker from an AHC clinical partner reported receiving the guide from a navigator and has used it **“quite a few times – it’s incredibly helpful;”** she especially finds the **templates** (notices) useful, in both English and Spanish
 - If you have **not yet used the quick guide**, why not? Do you see yourself using it in the **future**?
 - **Four navigators stated they had not yet had an opportunity** to use the guide (due to a lack of clients currently experiencing housing quality issues, decreased client visits due to the holidays and COVID, etc.)
 - Two navigators said they had taken time to review the guide for their own education and **found it very helpful**
 - A third navigator has provided copies of the guide to the **rest of her navigation staff** and **discussed its uses during a staff meeting**
 - A fourth navigator said she has started keeping a PDF of the guide open so she can use the **“control find” feature** to search for key terms
 - All three expressed a desire to refer to the guide in the future, both when meeting with clients and to prepare for housing stability issues that may arise

- **What worked** about using the quick guide?
 - Three navigators agreed that the guide is **very approachable** and the **avoidance of legal terminology** makes it easy to understand
- **What didn't work** for you? How would you improve it?
 - One navigator expressed a desire to have the guide – at least the portions of the guide that pertaining to community and legal resources – in **Spanish** so she could provide it to clients for them to reference at a later date
 - The social worker reported a similar desire to have the whole document, or at least a portion, in **Spanish** to provide directly to clients
- Did the quick guide enable you to **better do your job**? Did it provide **new information/resources** you were not previously aware of?
 - Overall, the navigators agreed that the information and resources included in the guide were **helpful** and that they **learned about new options for clients**, specifically legal resources and the Metro Denver Homeless Initiative Flex Fund
- Within your organization, did **other people see and/or use the guide**?
 - Two navigators shared the guide with **coworkers, including other navigation staff and social workers**
 - Several navigators shared that within their organization, **managers** sent the guide via email then brought up the guide in **smaller group meetings** to answer any questions
 - One navigator stated she shared the guide **outside her organization** with a relative who owns a rental property
- How should the guide be **introduced to ensure it gets adopted/incorporated** into daily work?
 - Several navigators agreed that having **management introduce the guide** and then **discussing it in more depth in smaller groups** (either led by management or the navigators themselves) would be effective in increasing understanding about all the information included
 - The navigators agreed that in order to keep the guide front-of-mind, it should be **referred back to frequently** (i.e., as part of regularly sent reminder emails, in regularly scheduled meetings/check-ins, etc.)

Housing Workgroup: Partnership Impact Evaluation Survey

Thinking back on your time as a member of the Housing Workgroup, rate the workgroup's success in achieving the following partnership impacts:

1. **SCALE:** The workgroup was successful at engaging in joint decision-making to enhance integration and partnership of clinical and community-based organizations to address health-related social needs.

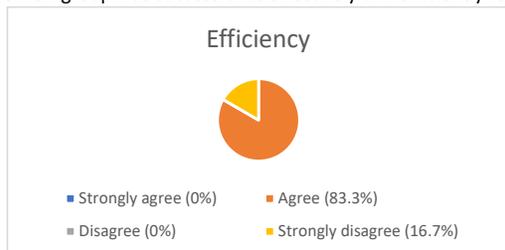


Please provide an example(s) of workgroup members engaging in joint decision-making to advance the workgroup's collective goal.

Brother's Redevelopment volunteered to serve as a home for the document and make changes as warranted.

When determining which project the work group should focus on training vs communication with community partner discussion

2. **EFFICIENCY:** The workgroup was successful at effectively and efficiently responding to changing community needs, such as the impact of COVID-19.



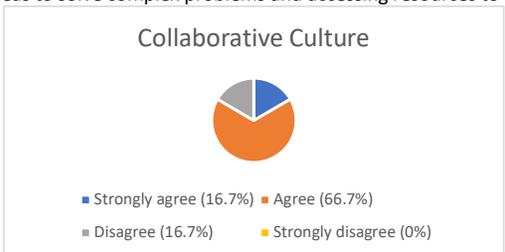
Please provide an example(s) of how the workgroup responded efficiently to changing community needs.

All meetings were attended via Zoom

Not directly related to COVID - but do feel we effectively shifted scope when we learned of a similar product and Id'ed what was still needed to support staff /community understanding of the Habitability Statute

Covid-19 created additional pressure on the need for housing stability, but the group maintained focus on the (still important) need for housing quality

3. **COLLABORATIVE CULTURE:** The workgroup was successful at influencing workgroup members to more deeply value and integrate collaborative practices, such as pooling diverse ideas to solve complex problems and accessing resources to develop new solutions.

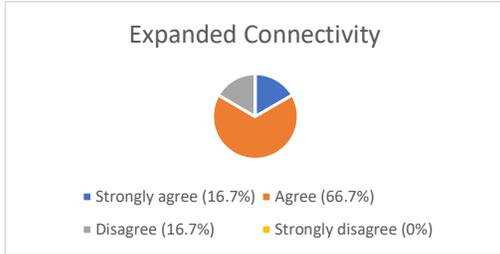


Please provide an example(s) of how workgroup members exhibited collaborative culture.

Document users collaborated to suggest document changes.

I think each partner brought their expertise to help create the final product. No one organization could have done this on their own checking in with legal resources outside the group and reporting back

4. **EXPANDED CONNECTIVITY:** The workgroup was successful at expanding the networks of workgroup members and their respective organizations at local, regional, and/or national levels.



Please describe how participating in the workgroup expanded your and/or your organization's network.

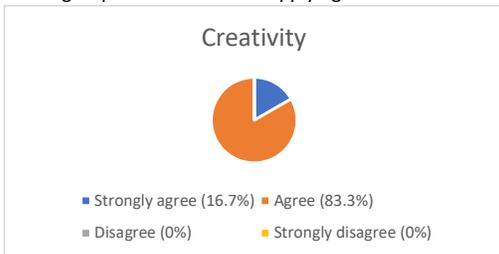
Acquired valuable knowledge about landlord/tenant responsibilities

I think the process may have been better if we were able to continue meeting in person, but I didn't feel like I developed connections to other work group members

Efforts were made to illicit input from many constituents outside of the work group who are working to address Denver's housing needs.

Stiffled due to online meeting format

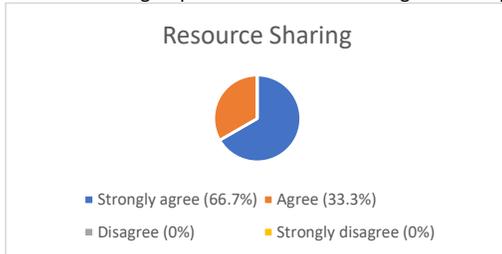
5. **CREATIVITY:** The workgroup was successful at applying creative and innovative ideas to address complex problems.



Please describe how the workgroup creatively addressed its designated health-related social need.

I don't know how successfully we addressed the complexity of housing issues

6. **RESOURCE SHARING:** The workgroup was successful at sharing human capital, knowledge, data, funding, and/or other resources.

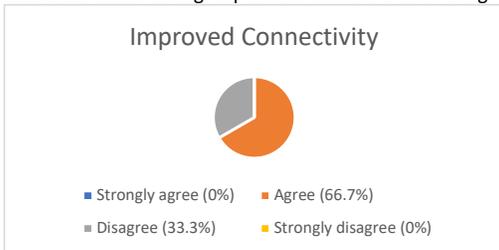


Please provide an example(s) of how the workgroup and its members shared resources.

Respected viewpoints of workgroup members with different skill sets.

Breaking out the group into teams with specific focuses was a good way to deep dive into different areas of the work

7. **IMPROVED CONNECTIVITY:** The workgroup was successful at increasing the quality of connections among workgroup members and their respective organizations.



Please describe how participating in the workgroup increased the quality of connections among members and their respective organizations.

this was probably hurt by no in person time but would be good to better get to know the group members and how we could partner beyond this project

The connectivity was stiffled by the online format

[n=6]

AHC Housing Workgroup | Lessons Learned

The notes and feedback below were gathered during the Housing Workgroup's 2.24.21 meeting as part of a discussion about the group's Partnership Impact Evaluation survey results.

Reaction and feedback from reviewing the PIE Results:

- Topic/project
 - “The topic of addressing the complexity of the issues we face – We recognize how huge of an issue housing is, but we also recognize our timeline. We came up with a very realistic and strong project. Hopefully, our partnership continues into the future to address some of the other issues. “
 - “The Quick Guide is making mediocre legislation more effective in the way it provides more information and access.”
 - “With the timeline of this WG and the specificity of the task, it would have been difficult to branch out and attempt to address a variety of other conditions, like SDOH.”
 - “Public health has been focusing on how to address the wide array of social issues that lead to worse health outcomes, and housing is a big part of that. This WG is an example of how partnerships can be made between public health and other systems and services.”
 - “No one organization has the ability to address all of the facets of a complex problem. So, it is important to combine the talents of many organizations in developing solutions.”
- Structure/facilitation
 - “I wasn’t clear on the resources available for the project from the start.”
 - “A strength was having DRCOG managing the project and JSI facilitating. “
- Participation
 - “Virtual is always very difficult to form super effective teams, especially for newly formed groups.”
 - “Use breakout rooms more or create a space where people can talk outside of the project and regarding more personal and/or organizational topics.”
 - “Recently in meetings we do 3-4 person icebreaker rooms, and this has been great for interaction and relationship building.”
 - “JCMH has received a lot of feedback from clients and staff that hybrid format is the best way forward. “

AHC Housing Workgroup | Sustainability Plan

Long-Term Host of the “Quick Guide to Colorado’s Implied Warranty of Habitability Law”:

Brothers Redevelopment will be the long-term host for the workgroup’s “Quick Guide.” The final version of the guide will be transferred from the Denver Regional AHC team to Brothers Redevelopment in March 2021 prior to the workgroup sunseting.

A [public copy of the guide](#) is posted on Brothers Redevelopment’s [Colorado Housing Connects website](#) for other organizations and navigators to use going forward. The workgroup anticipates posting the guide on this public-facing platform will guarantee a lot of traffic as the site receives an average of 3,100 hits weekly.

The following statement will introduce the guide on the Colorado Housing Connects site:

Colorado’s Warranty of Habitability gives renters the right to live in a safe and habitable home. This document explains what types of things are covered under the Warranty of Habitability and what you can do as a renter if any of these conditions are present in your home. There is also a list of resources to help you navigate the process.

Annual and Ongoing Updates

Brothers Redevelopment will be responsible for updating the “Quick Guide” as needed if/when changes to Colorado’s Implied Warranty of Habitability Law are made. Best attempts will be made to keep the list of public health, community, and legal resources current.

Enterprise Community Partners has volunteered to support Brothers Redevelopment in updating the “Quick Guide” on an annual and ad-hoc basis.

AHC Utilities Workgroup | Evaluation Plan & Results

An overall goal of the Accountable Health Communities Model (AHCM) is to enhance integration and partnership of clinical and community-based organizations to address health-related social needs (HRSNs). Each Denver Regional AHC Workgroup comprises clinical and community partners charged with prioritizing a specific gap in the availability or accessibility of community services within its HRSN domain and then developing and implementing a targeted and scalable project to address the service gap. Therefore, each workgroup's evaluation plan includes two parts: 1) project evaluation and 2) partnership impact evaluation.

Project evaluation assesses the extent to which the Workgroup's project aim statement was achieved. Partnership impact evaluation assesses the impact the workgroup had on building and enhancing partnerships between member organizations. Below is the AHC Utilities Workgroup's Evaluation Plan.

Part I: Project Evaluation

PROJECT AIM STATEMENT: Develop a Colorado energy assistance guide and supplemental training to enhance knowledge and understanding around energy assistance eligibility, benefits and application processes for health navigators and community-based service providers.

TARGET AUDIENCE: AHC navigators (primary), all individuals participating in trainings (secondary)

METHODS & TOOLS: Quantitative/qualitative

- Training registration form with pre-survey included
- Post-survey

PLATFORM: Microsoft Forms

- In order to register for a training session, participants provide demographic information and complete a pre-training survey
- A link to the post-training survey will then be shared via the Zoom chat function at the end of the virtual trainings

RESULTS: Appendix A

Part II: Partnership Impact Evaluation

OVERALL AHC GOAL: Enhanced integration and partnership between clinical and community organizations to meet health-related social needs (HRSN) efforts

TARGET AUDIENCE: Workgroup members

METHODS & TOOLS: Quantitative/qualitative

- The Utilities Workgroup's partnership impact evaluation process and survey were adapted from the "[Partnership Impact Evaluation Guide](#)" by Amy Mickel, PhD and Leigh Goldberg
 - There are three main partnership impact classifications and 11 impact types
 - Foundational impacts: connectivity, trust

- Operational impacts: creativity, resource sharing, added capacity, partner culture awareness
- Outcomes impacts: efficiency, scale, individual effectiveness and resilience, collaborative culture, expanded connectivity
- During a workgroup meeting, the group went through an exercise to define the impacts and then prioritize them using voting platform Mentimeter
- After the workgroup's top indicators were chosen, the DRCOG QI team developed a partnership impact evaluation survey to gather qualitative and quantitative; workgroup members completed the survey using Microsoft Forms
- Once the data was collected and analyzed, the workgroup analyzed the results and discussed lessons learned

PLATFORM: Mentimeter, Microsoft Forms

RESULTS: Appendix B

AHC Utilities Workgroup Evaluation Results: Colorado Energy Assistance Training and “LEAP and EOC Quick Guide”

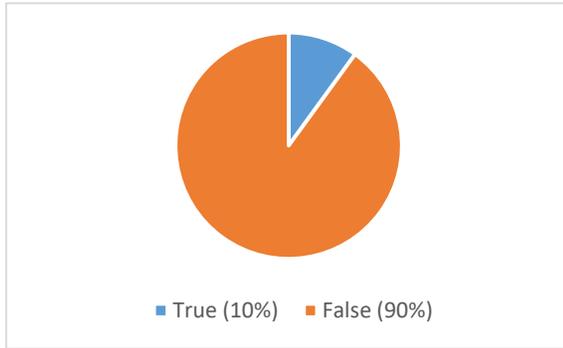
Registrant Information

- Number of sessions: 4 [11/16, 11/17, 11/19, 11/20]
- Number of registrants: 241
- Registrants’ organizations (approximately 105 unique organizations)
 - AHC clinical partners [Denver Health ED, Denver Health Westside, Doctors Care, JCMH, STRIDE, TCHD]: 31
 - Other: 210
- Registrants’ roles
 - Admin: 8
 - Medical Assistant: 0
 - Navigator/Care Manager: 83
 - Nurse: 6
 - Physician/PA/NP: 0
 - Social Worker: 35
 - Other: 109

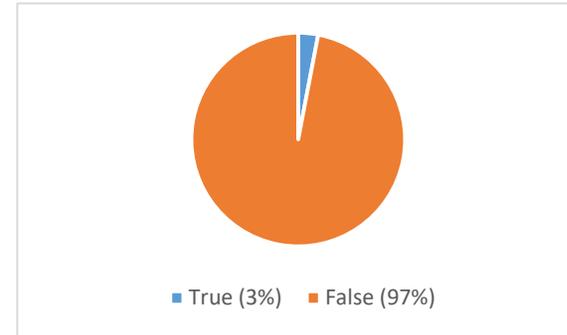
Pre- and Post-Training Survey Results Comparison (Questions 1-8)

[Pre-survey results (n=241, 100%) on left, post-survey results (n=67, 28%) on right]

1. True or False: The Low-Income Energy Assistance Program (LEAP) and Energy Outreach Colorado (EOC) are the same program – Some people just call them by different names.



Pre-Survey

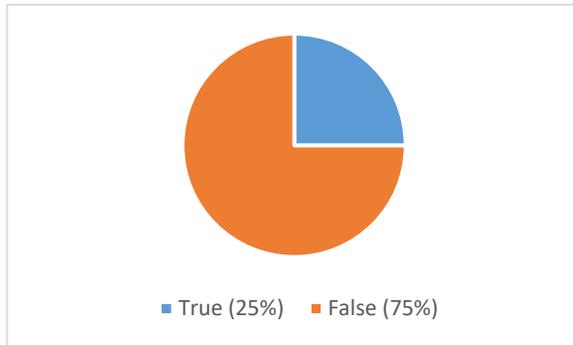


Post-Survey

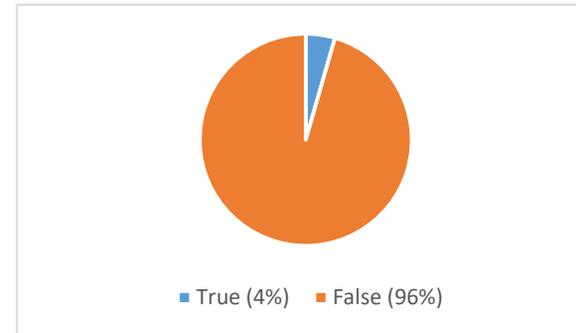
Objective: Improve knowledge about the difference between LEAP and EOC bill assistance programs

Result: 7% increase in knowledge that LEAP and EOC bill assistance are different programs

2. True or False: The eligibility for LEAP and EOC assistance are the same.



Pre-Survey

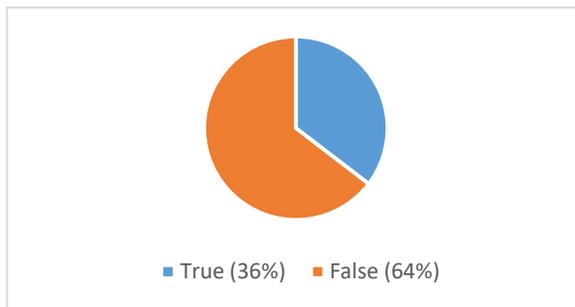


Post-Survey

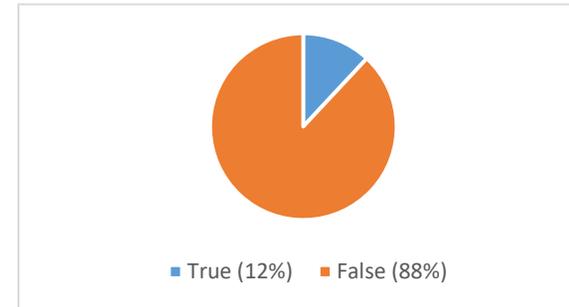
Objective: Improve knowledge about the difference between LEAP and EOC bill assistance eligibility

Result: 21% increase in knowledge about the eligibility of LEAP and EOC bill assistance programs

3. True or False: LEAP assistance is for the cold weather months and EOC is for the warm weather months.



Pre-Survey

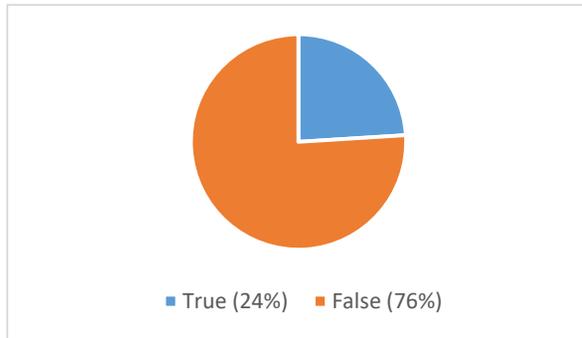


Post-Survey

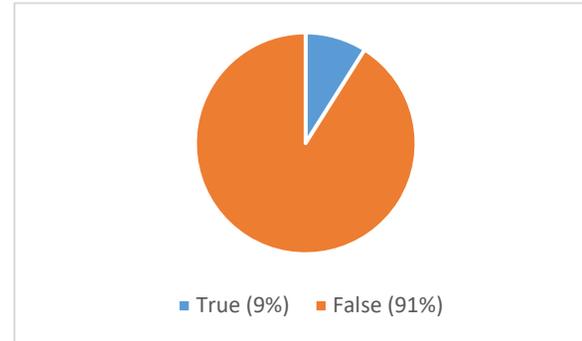
Objective: Improve knowledge about the LEAP and EOC bill assistance program seasons

Results: 24% increase in knowledge about the LEAP and EOC bill assistance program seasons

4. True or False: EOC assistance can only help if you are not passed due on your energy bill.



Pre-Survey

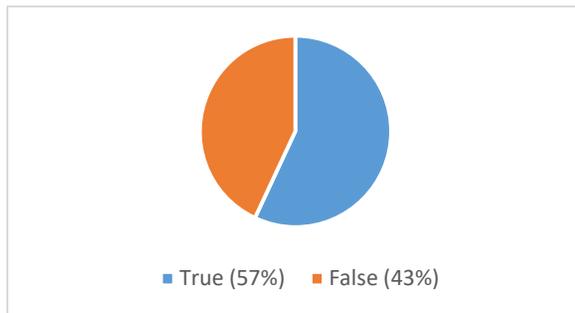


Post-Survey

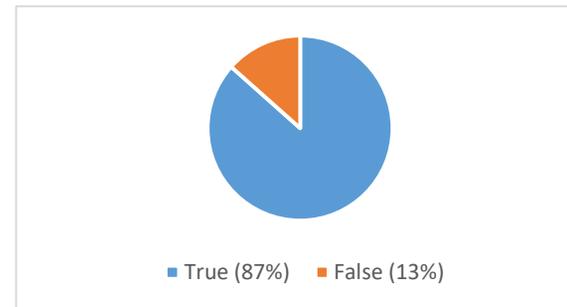
Objective: Increase knowledge about the EOC bill assistance program's past due bill requirements

Results: 15% increase in knowledge about the EOC bill assistance program's requirement for past due energy bills

5. True or False: If you qualify for LEAP, you automatically become eligible for other energy assistance and weatherization programs.



Pre-Survey

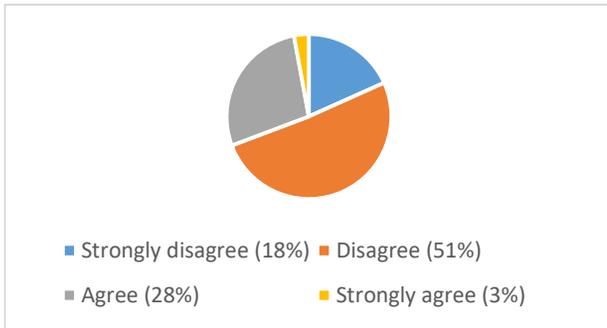


Post-Survey

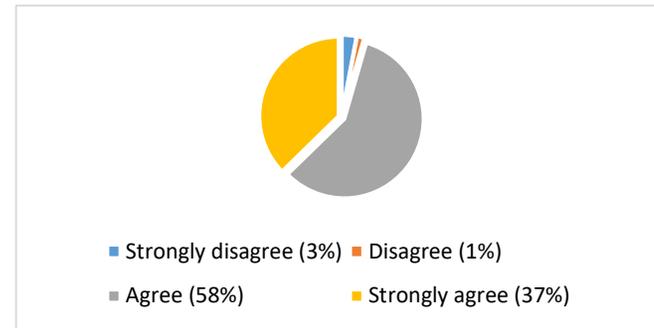
Objective: Improve knowledge about eligibility for other energy and weatherization services through LEAP

Results: 30% increase in knowledge about eligibility for other energy and weatherization services through LEAP

6. I understand how to navigate my patients/clients through the LEAP application process.



Pre-Survey

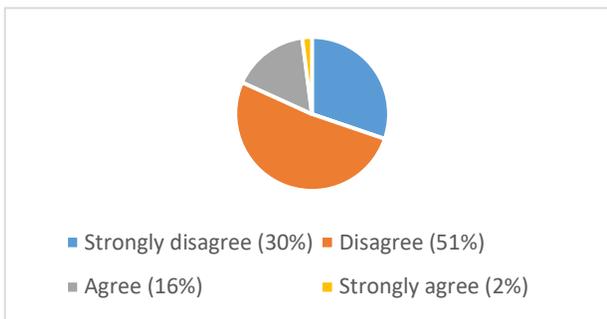


Post-Survey

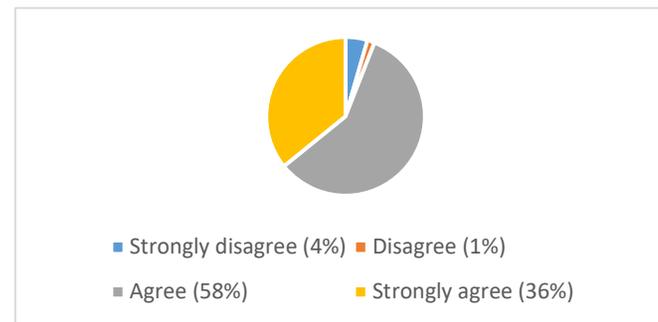
Objective: Improve knowledge about how to navigate patients/clients through the LEAP application process

Results: 64% increase in knowledge about how to navigate patients/clients through the LEAP application process

7. I understand how to navigate my patients/clients through the EOC application process.



Pre-Survey

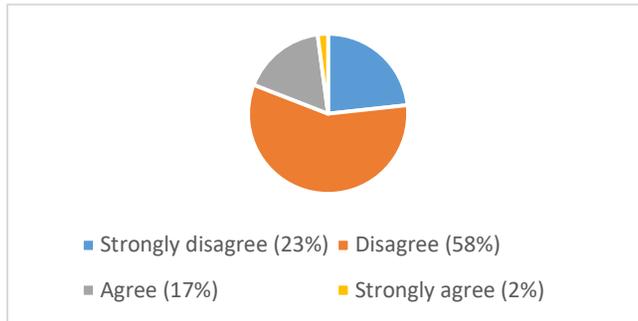


Post-Survey

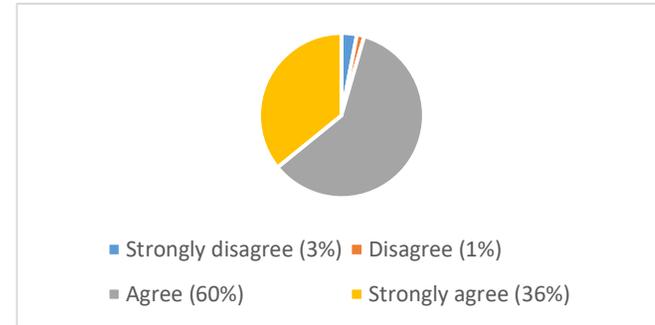
Objective: Improve knowledge about how to navigate patients/clients through the EOC application process

Results: 76% increase in knowledge about how to navigate patients/clients through the EOC application process

8. I know the additional benefits my patients/clients can access when they qualify for LEAP.



Pre-Survey



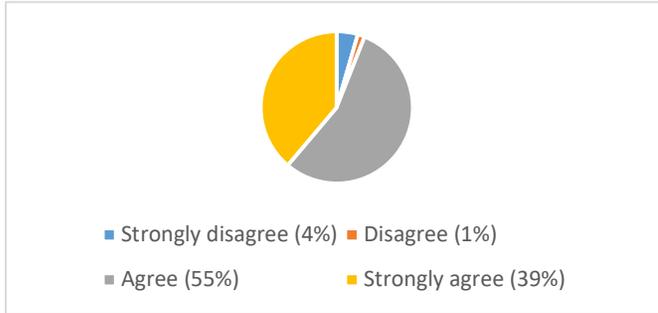
Post-Survey

Objective: Improve knowledge about the additional benefits available to patients/clients applying for LEAP

Results: 77% increase in knowledge about the additional benefits available to patients/clients by qualifying for LEAP

Post-Survey Results (Questions 9-12)

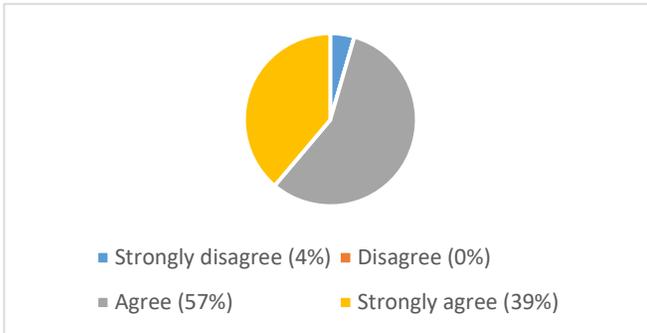
9. The “LEAP and EOC Quick Guide” is a helpful tool for me to use when navigating patients/clients through the LEAP application process.



Objective: Develop a helpful guide for navigators to guide patients/clients through the LEAP application process

Results: 94% of training participants agreed or strongly agreed that the “LEAP and EOC Quick Guide” is a helpful tool for them to use when navigating patients/clients through the LEAP application process

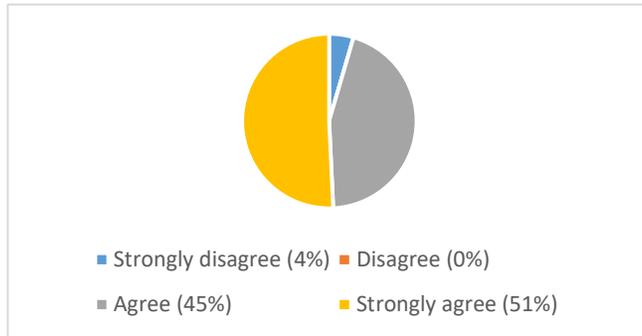
10. The “LEAP and EOC Quick Guide” is a helpful tool for me to use when navigating patients/clients through the EOC application process.



Objective: Develop a helpful guide for navigators to guide patients/clients through the EOC application process

Results: 96% of training participants agreed or strongly agreed that the “LEAP and EOC Quick Guide” is a helpful tool for them to use when navigating patients/clients through the EOC application process

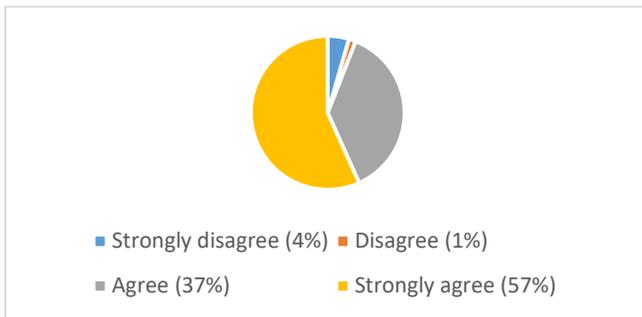
11. Today's training increased my understanding of LEAP.



Objective: Improve understanding of LEAP.

Results: 96% of training participants agreed or strongly agreed that the training increased their understanding of LEAP

12. Today's training increased my understanding of the EOC bill assistance program.



Objective: Improve understanding of the EOC bill assistance program

Results: 94% of training participants agreed or strongly agreed that the training increased their understanding of the EOC bill assistance program

13. What was the most helpful part of today's training? [Summary of open responses]

- a. Learning the differences between the two programs, including when to apply for each/both
- b. Learning how to apply for the two programs, including information about immigration status and public charge
- c. Having the quick guide to reference in the future
- d. Getting information on other resources, including the Care Program
- e. Interactive polls during the training session(s)
- f. Being able to ask questions and have discussion
- g. Learning how to navigate the EOC website

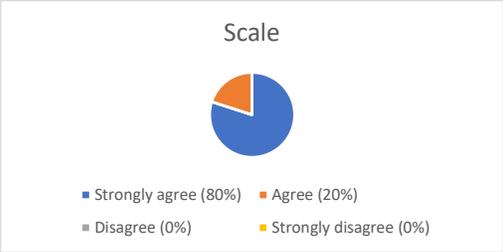
14. What was the least helpful? [Summary of open responses]

- a. Would have liked to see the actual EOC/LEAP applications and the questions that are asked
- b. The presentation could have been shorter and more organized, including having a designated Q&A period so people didn't continue interrupting the flow
- c. Having the slides ahead of time would be beneficial
- d. Would like the presentation in Spanish
- e. Additional information on public charge would be helpful
- f. Would like to spend more time on the quick guide

Utilities Workgroup: Partnership Impact Evaluation Survey

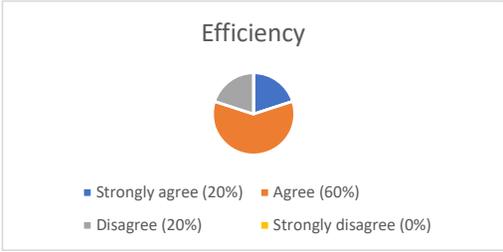
Thinking back on your time as a member of the Utilities Workgroup, rate the workgroup's success in achieving the following partnership impacts:

1. **SCALE:** The workgroup was successful at engaging in joint decision-making to enhance integration and partnership of clinical and community-based organizations to address health-related social needs.



Please provide an example(s) of workgroup members engaging in joint decision-making to advance the workgroup's collective goal.
Experts in the field collaborated their knowledge base & needs of clients to develop a pamphlet about LEAP & EOC for navigators. The development of our projected was collaborative and iterative and everyone seemed to participate. The workgroup acted as a cohesive unit, combining both clinical and community perspectives

2. **EFFICIENCY:** The workgroup was successful at effectively and efficiently responding to changing community needs, such as the impact of COVID-19.



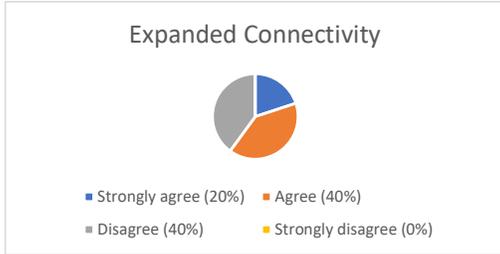
Please provide an example(s) of how the workgroup responded efficiently to changing community needs.
The ability to utilize new/different technology to meet the community's needs, instead of meeting in person. I don't think this came up in our group our how we approached our project. The trainings and quick guide developed by the group were geared toward assisting navigation staff as they assist clients with utility needs, especially during Covid

3. **COLLABORATIVE CULTURE:** The workgroup was successful at influencing workgroup members to more deeply value and integrate collaborative practices, such as pooling diverse ideas to solve complex problems and accessing resources to develop new solutions.



Please provide an example(s) of how workgroup members exhibited collaborative culture.
The development of the information LEAP/EOC pamphlet Again, the workgroup took into account both clinical and community organization perspectives

4. **EXPANDED CONNECTIVITY:** The workgroup was successful at expanding the networks of workgroup members and their respective organizations at local, regional, and/or national levels.



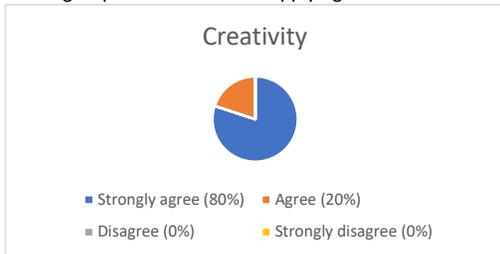
Please describe how participating in the workgroup expanded your and/or your organization's network.

The LEAP/EOC training for community partners.

Yes I think the workgroup members met one another which expanded our network. I think some workgroup members participated more actively in spreading the word about the training than others, but overall I don't really feel like our organizations have new collaborative connections that are being used outside of this meeting. I think overall this is a disappointment/frustration with participation in AHC as a whole. Expectations were high in this category.

The workgroup was very small but did bring together diverse local partners

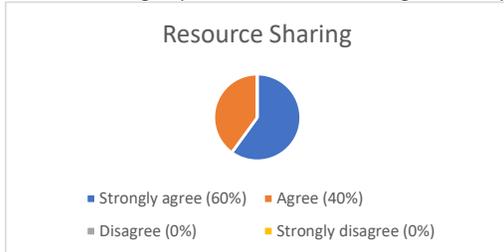
5. **CREATIVITY:** The workgroup was successful at applying creative and innovative ideas to address complex problems.



Please describe how the workgroup creatively addressed its designated health-related social need.

The quick guide especially is an extremely creative tool that will assist many in their daily work

6. **RESOURCE SHARING:** The workgroup was successful at sharing human capital, knowledge, data, funding, and/or other resources.

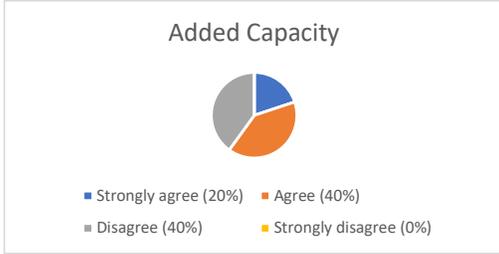


Please provide an example(s) of how the workgroup and its members shared resources.

everyone was able to bring their own knowledge to the table to help with the project

The knowledge base of the workgroup members was extensive, and people gave their time and resources to build the quick guide and host the trainings

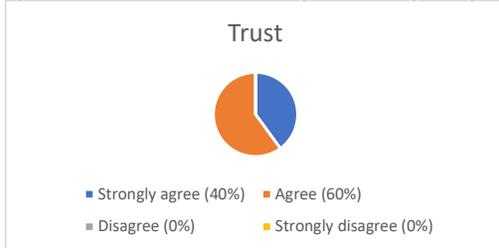
7. **ADDED CAPACITY:** The workgroup was successful at increasing workgroup members' capacities to successfully do their jobs in the future.



Please describe how participating in the workgroup increased your capacity to successfully do your job in the future.

I think the project will be helpful for navigators using the resources to more effectively help people get energy assistance, however I don't think that has changed much about how most of us on the workgroup will individually or organizationally operate in the future. Didn't seem like this would be. Hopefully the sustainability plan will assist EOC/LEAP as they host future trainings in years to come

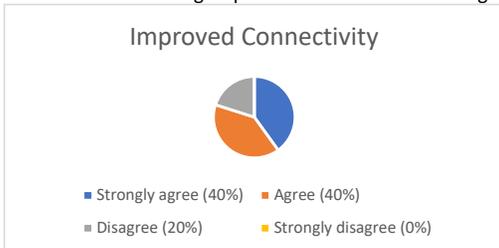
8. **TRUST:** The workgroup was successful at increasing trust among workgroup members and/or their respective organizations.



Please provide an example(s) of how the workgroup increased trust among members and their respective organizations

The workgroup members were dependable and contributed to the overall efforts

9. **IMPROVED CONNECTIVITY:** The workgroup was successful at increasing the quality of connections among workgroup members and their respective organizations.



Please describe how participating in the workgroup increased the quality of connections among members and their respective organizations.

I wish I could answer neutral here. I think workgroup members were more connected as a team by the end but in day to day activities or in organizational connections I don't see any changes

I believe the connections made through the workgroup definitely deepened relationships across organizations/members

[n=5]

AHC Utilities Workgroup | Lessons Learned

The notes and feedback below were gathered during the Utilities Workgroup's 2.10.21 meeting as part of a discussion about the group's Partnership Impact Evaluation survey results.

Reaction and feedback from reviewing the PEI Results:

- “I found the group really open, and it was easy to come in as part of the group and not just an observer.”
- “The different WGs did various different projects which has been great, but there was less collaboration than I would have expected within and between WGs.”
 - “One of the areas that could be expanded in the future is increasing collaboration between workgroups.”
- Results from all of the WGs’ PIE surveys will inform DRCOG’s new quality improvement plan and AHC final report.
- “How do you make the workgroup lasting and not stay in our own little bubbles?”
- There was some variation in responses to #4 (Expanded Connectivity). Some felt that the WG was successful at expanding WG member networks, but some felt that connections made outside of the WG were less than they expected.
 - The virtual environment may have made this more difficult.
 - Time is valuable and a lot of WG members are understaffed, so a program like this is very time consuming and requires some balancing.
- Participation
 - Virtual participation made it easier to participate, as travel and parking in Denver takes away critical time from people’s busy schedules.
 - WG members agreed that the group always felt that they could speak frankly and give direct input and feedback.
- Tangible Benefits
 - Important to acknowledge the tangible benefits, i.e., the Guide and Training, to show what this work has accomplished and to increase participating in ongoing/future efforts (needs to be worth members’ while)

AHC Utilities Workgroup | Sustainability Plan

Long-Term Host of the Colorado Energy Assistance Guide

DRCOG's Aging and Disability Resource Center (ADRC) will be the long-term host for the workgroup's "LEAP and EOC Quick Guide." The ADRC posted the quick guide on its [Network of Care](#) site:

- As the Network of Care site cannot support PDFs, the [content of the "LEAP and EOC Quick Guide"](#) is displayed
- The page also includes a link to a separate [PDF of the quick guide](#) that the public can download or print

Additionally, a link to and access code for a recording of one of the November 2020 "LEAP and EOC Basics" trainings is posted along with the quick guide as a long-term reference for navigators and service providers to use at will. The slides from the training sessions are posted, as well.

Other workgroup partner organizations are encouraged to post a link to the ADRC Network of Care page on their own websites to increase access to the quick guide.

Following the November 2020 training sessions, all training participants and workgroup members were emailed a link to the resources on the Network of Care site so they are aware of the long-term location for the quick guide and recorded training.

Annual and Mid-Year Updates

Annually, the ADRC (Eva Groom, EGroom@drcog.org) will notify Energy Outreach Colorado (EOC) (Enrique Hernandez, ehernandez@energyoutreach.org) to confirm necessary updates or changes to the quick guide. Annual updates are recommended in July/August each year before the new EOC funding cycle starts in October.

For mid-year and ad-hoc updates to LEAP or EOC programs that may occur unexpectedly, Energy Outreach Colorado will outreach the ADRC to notify them of necessary updates that need to be made to the quick guide.

Annual Trainings

Energy Outreach Colorado will host annual trainings, referencing the Colorado Energy Assistance Guide, to provide up to date information on and changes to the LEAP and EOC bill assistance programs. A week of trainings will be held annually the 2nd or 3rd week of October. Additional trainings may be provided throughout the year pending EOC's capacity.

EOC staff will utilize the contact list created from the November 2020 training registration lists in order to raise awareness of upcoming training sessions. Approximately 5-6 weeks before the annual trainings, EOC will email the contact list "advertising" upcoming trainings as a refresher for those who have

attended a previous session(s) and requesting recipients share the training dates and sign-up information with their colleagues, organizations, and networks.

Additionally, EOC will send information about training sessions and how to enroll to the following contacts to share with their organizations, partners, etc., as well as to any additional contacts on the AHC Utilities Workgroup Distribution List below:

- Eva Groom, EGroom@drcog.org (Eva may also look into posting information on the NOC site)
- Lindsey Sorensen, LSorensen@drcog.org

Communications

A link to the final Colorado Energy Assistance Guide and recorded training will be distributed to the AHC Utilities Workgroup Distribution List. To protect privacy, individuals' names and contact information is kept on an internal list only; however, the organizations included in the distribution list are included below:

- AHC Clinical Partners
 - Denver Health
 - STRIDE Community Health Center
 - Jefferson Center for Mental Health
 - Tri-County Health Department
- All Workgroup Members
 - Area Agency on Aging
 - Doctors Care
 - Energy Outreach Colorado
 - Jewish Family Service
- Other Organizations
 - CHHI CAP Network
 - Douglas County Health Alliance
 - Douglas County Community of Care Network
 - Patient Navigation Training Collaborative
 - Grand County Rural Health Network
 - Access to Care Program
 - Connect for Health Colorado
 - Rocky Mountain Accountable Health Community
 - DRCOG Board of Directors
 - Advisory Committee on Aging
 - Aging and Disability Resource Center Advisory Council

AHC Safety Workgroup | Evaluation Plan

An overall goal of the Accountable Health Communities Model (AHCM) is to enhance integration and partnership of clinical and community-based organizations to address health-related social needs (HRSNs). Each Denver Regional AHC Workgroup comprises clinical and community partners charged with prioritizing a specific gap in the availability or accessibility of community services within its HRSN domain and then developing and implementing a targeted and scalable project to address the service gap. Therefore, each workgroup's evaluation plan includes two parts: 1) project evaluation and 2) partnership impact evaluation.

Project evaluation assesses the extent to which the Workgroup's project aim statement was achieved. Partnership impact evaluation assesses the impact the workgroup had on building and enhancing partnerships between member organizations. Below is the AHC Safety Workgroup's Evaluation Plan.

Part I: Project Evaluation

PROJECT AIM STATEMENT: Universal education to promote screening and referral for domestic violence-related needs in order to increase access to services.

TARGET AUDIENCE: AHC navigators (primary), all participants at trainings (secondary)

METHODS & TOOLS: Quantitative/qualitative

- Medical Reporting Options Training
 - Training registration form
 - Pre-training survey
 - Post-training survey
- Domestic Violence & Trauma-Informed Care Training
 - Training registration form
 - Pre-training survey
 - Post-training survey

PLATFORM: Microsoft Forms

- In order to register for a training session, participants provide demographic information
- Links to the surveys will be shared via the Zoom chat function at the beginning (pre-training survey) and end (post-training survey) of the virtual training sessions

RESULTS: Appendix A

Part II: Partnership Impact Evaluation

OVERALL AHC GOAL: Enhanced integration and partnership between clinical and community organizations to meet health-related social needs (HRSN) efforts

TARGET AUDIENCE: Workgroup members

METHODS & TOOLS: Quantitative/qualitative

- The Utilities Workgroup's partnership impact evaluation process and survey were adapted from the "[Partnership Impact Evaluation Guide](#)" by Amy Mickel, PhD and Leigh Goldberg

- There are three main partnership impact classifications and 11 impact types
 - Foundational impacts: connectivity, trust
 - Operational impacts: creativity, resource sharing, added capacity, partner culture awareness
 - Outcomes impacts: efficiency, scale, individual effectiveness and resilience, collaborative culture, expanded connectivity
- During a workgroup meeting, the group went through an exercise to define the impacts and then prioritize them using voting platform Mentimeter
- After the workgroup's top indicators were chosen, the DRCOG QI team developed a partnership impact evaluation survey to gather qualitative and quantitative; workgroup members completed the survey using Microsoft Forms
- Once the data was collected and analyzed, the workgroup analyzed the results and discussed lessons learned

PLATFORM: Mentimeter, Microsoft Forms

RESULTS: Appendix B

AHC Safety Workgroup Evaluation Results: Domestic Violence Medical Reporting Options Training & Trauma-Informed Care Training

Domestic Violence Medical Reporting Options Training

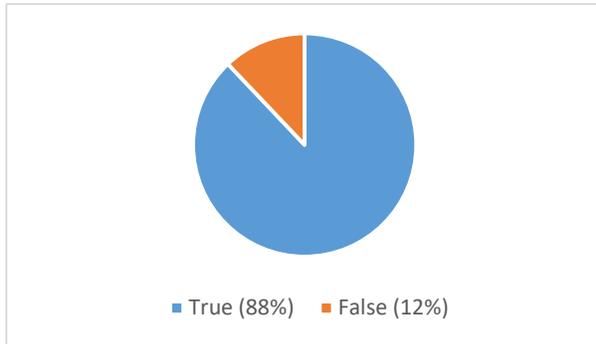
Registrant Information

- Number of sessions: 4 [11/5, 11/12, 11/19, 11/23]
- Number of registrants: 62
- Registrants' organizations
 - AHC clinical partners [Denver Health Westside, Denver Health ED, Doctors Care, JCMH, STRIDE, TCHD]: 41
 - Other: 21
- Registrants' roles
 - Admin: 5
 - Medical Assistant: 0
 - Navigator/Care Manager: 12
 - Nurse: 5
 - Physician/PA/NP: 0
 - Social Worker: 5
 - Other: 35

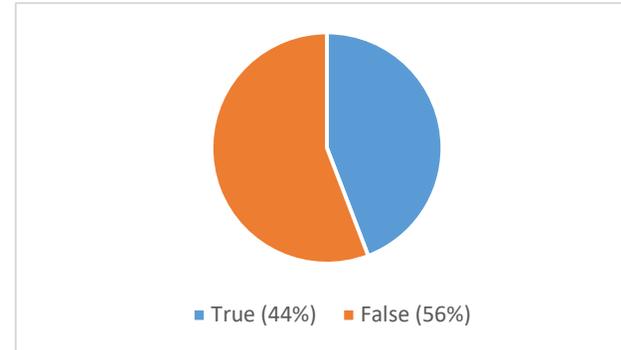
Pre- and Post-Survey Results Comparison (Questions 1-5)

[Pre-survey results (n=33, 53%) on left, post-survey results (n=43, 69%) on right]

1. Every staff member in a medical setting in Colorado is legally required to follow the “Medical Reporting Options for Domestic Violence” law when working with patients/clients.



Pre-Survey

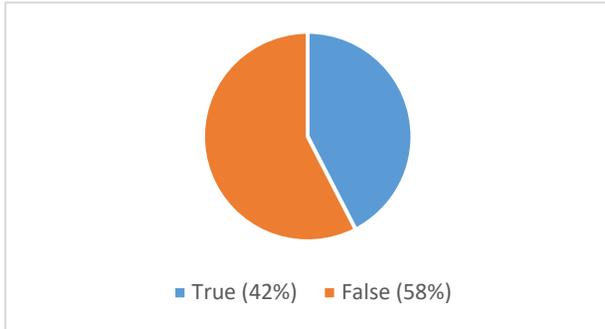


Post-Survey

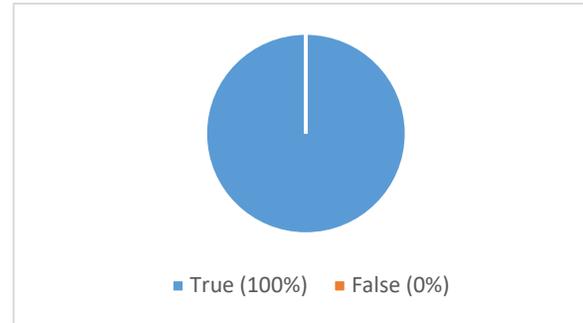
Objective: Improve knowledge about the “Medical Reporting Options for Domestic Violence” law

Result: 44% increase in knowledge about to whom the “Medical Reporting Options for Domestic Violence” law applies

2. I know how to make a confidential referral to a community-based victims' advocate if a patient/client discloses they are experiencing domestic violence.



Pre-Survey

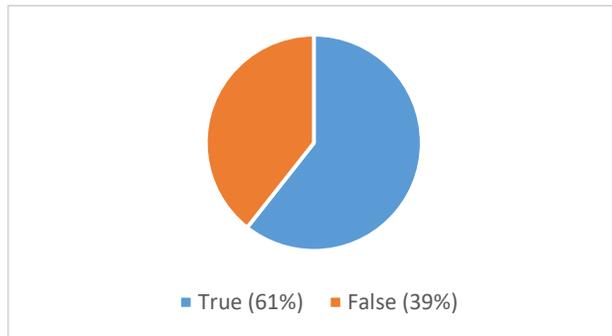


Post-Survey

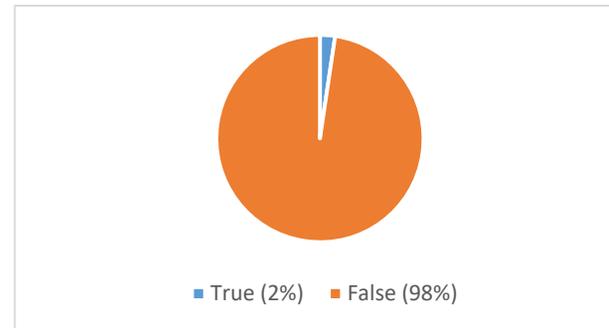
Objective: Improve knowledge about how to make a confidential referral to a community-based victims' advocate

Result: 58% increase in knowledge about how to make a confidential referral to a community-based victims' advocate

3. I know how to find a list of local community-based organizations that can support people experiencing domestic violence.



Pre-Survey

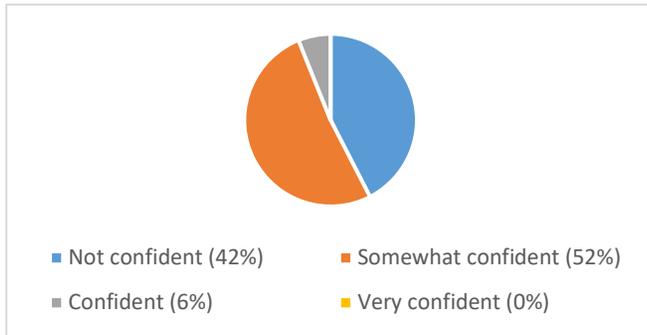


Post-Survey

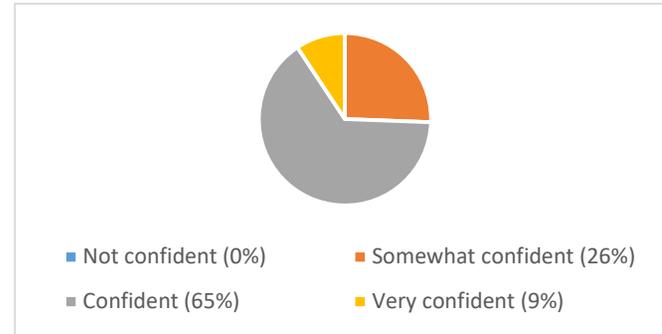
Objective: Improve knowledge about how to find a list of local community-based organizations that can support people experiencing domestic violence

Result: 59% increase in knowledge about how to find a list of local community-based organizations that can support people experiencing domestic violence

4. Please rate your level of confidence in knowing how to follow the "Medical Reporting Options for Domestic Violence" (House Bill 17-1322) law.



Pre-Survey

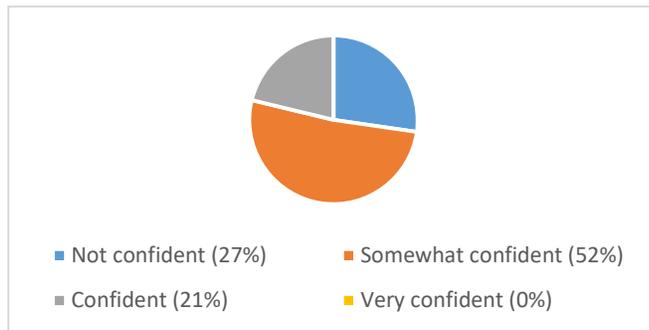


Post-Survey

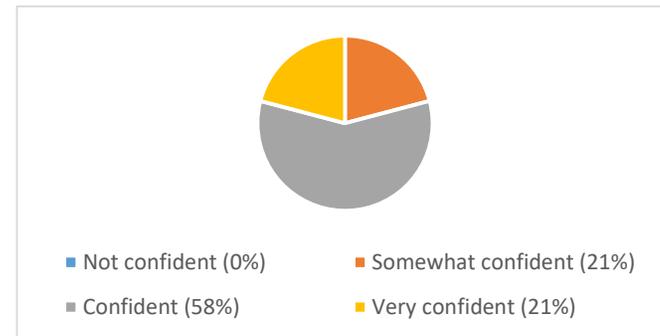
Objective: Improve confidence in knowing how to follow the "Medical Reporting Options for Domestic Violence" law

Result: 68% increase in confidence in knowing how to follow the "Medical Reporting Options for Domestic Violence" law

5. Please rate your level of confidence in understanding the difference between mandatory reporting for child/elder abuse and domestic violence.



Pre-Survey



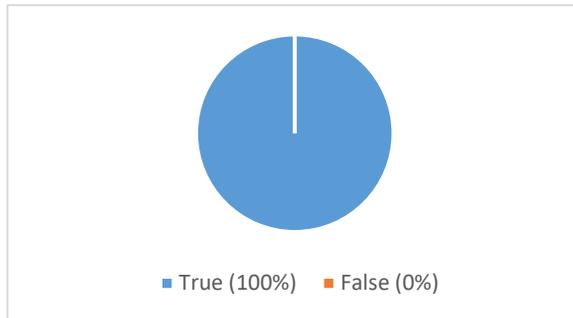
Post-Survey

Objective: Improve confidence in understanding the difference between mandatory reporting for child/elder abuse and domestic violence

Result: 58% increase in confidence in understanding the difference between mandatory reporting for child/elder abuse and domestic violence

Post-Survey Results

6. From today's training, I learned the difference between supportive phrases and victim-blaming phrases when talking to a person experiencing domestic violence.



Objective: Develop a training to teach participants the difference between supportive phrases and victim-blaming phrases when talking to a person experiencing domestic violence

Result: 100% of training participants agreed through the training they learned the difference between supportive phrases and victim-blaming phrases when talking to a person experiencing domestic violence

7. What did you find most useful about today's training? [Summary of open responses]
- How to use supportive phrases/language
 - Tips, including how to report
 - The difference (including legal) between DV and elder and child abuse
 - Learning the importance of providing resources to everyone
 - Available resources, including different types of programs
8. What suggestions do you have for improving future trainings? [Summary of open responses]
- Longer session
 - More information regarding reporting elder abuse
 - Additional information on resources staff can offer/provide

Trauma-Informed Care Training

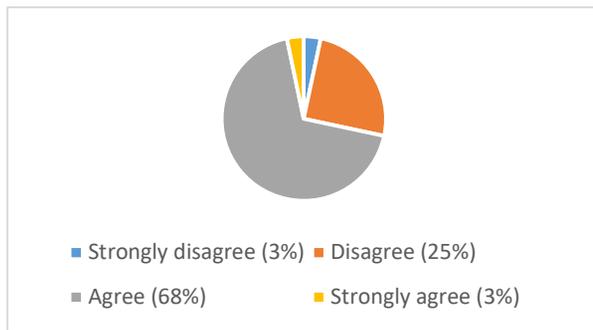
Registrant Information

- Number of sessions: 3 [11/2, 11/18, 12/2]
- Number of registrants: 76
- Registrants' organizations
 - AHC clinical partners [Denver Health ED, Denver Health Westside, Doctors Care, JCMH, STRIDE, TCHD]: 49
 - Other: 27
- Registrants' roles
 - Admin: 4
 - Medical Assistant: 0
 - Navigator/Care Manager: 17
 - Nurse: 4
 - Physician/PA/NP: 0
 - Social Worker: 6
 - Other: 45

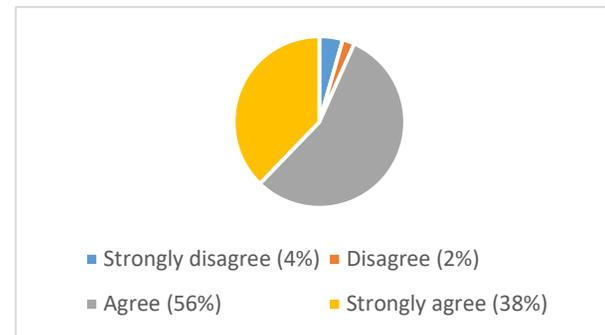
Pre- and Post-Survey Results Comparison (Questions 1-4)

[Pre-survey results (n=60, 79%) on left, post-survey results (n=45, 59%) on right]

1. I am able to identify abusive behaviors.



Pre-Survey

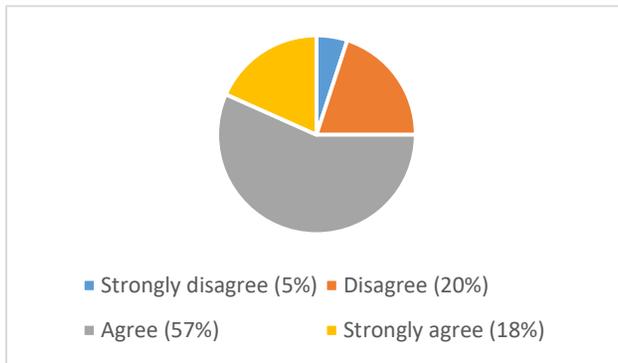


Post-Survey

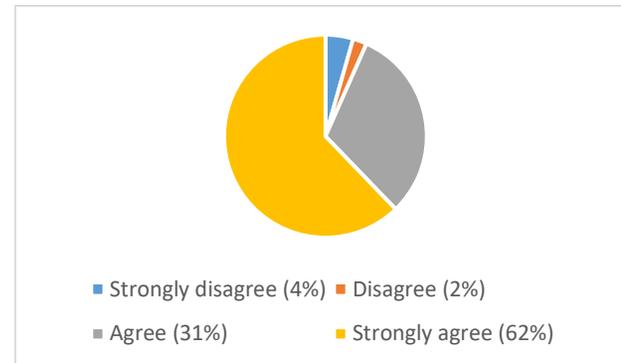
Objective: Improve knowledge of how to identify abusive behaviors

Result: 23% increase knowledge of how to identify abusive behaviors

2. I understand the barriers to leaving an abusive relationship.



Pre-Survey

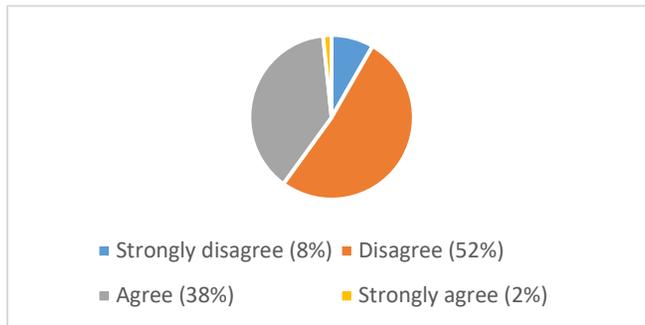


Post-Survey

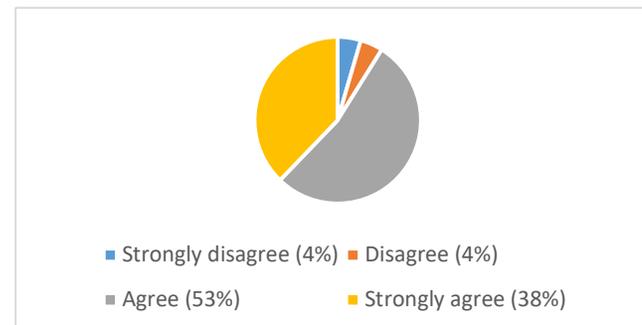
Objective: Improve knowledge of the barriers to leaving an abusive relationship

Result: 18% increase in knowledge of the barriers to leaving an abusive relationship

3. I know strategies to support survivors of domestic violence.



Pre-Survey

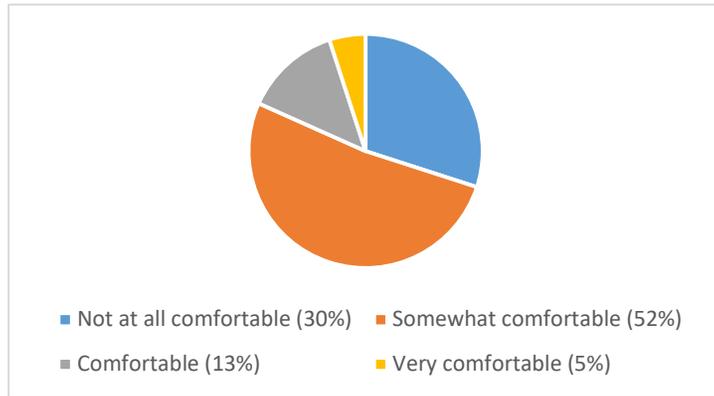


Post-Survey

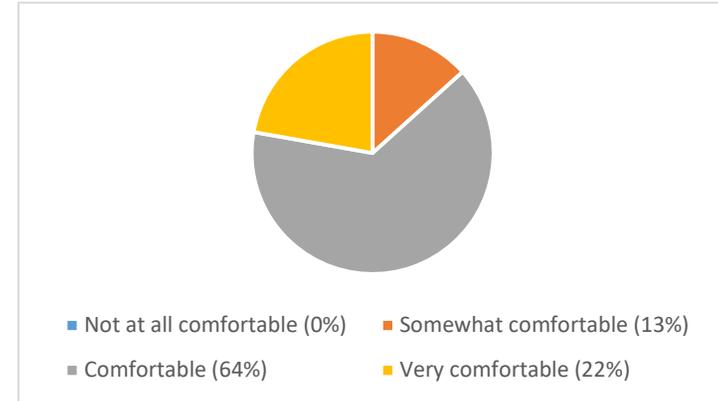
Objective: Improve knowledge of strategies to support survivors of domestic violence

Result: 51% increase in knowledge of strategies to support survivors of domestic violence

4. Please rate your comfort level in using trauma-informed language when working with people who have or are experiencing domestic violence.



Pre-Survey



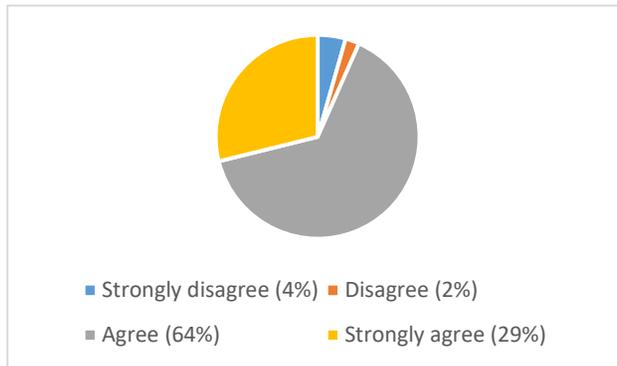
Post-Survey

Objective: Improve comfort level in using trauma-informed language when working with people who have or are experiencing domestic violence

Result: 68% increase in comfort level in using trauma-informed language when working with people who have or are experiencing domestic violence

Post-Survey Results

5. I know the dos and don'ts of trauma-informed language when working with survivors of domestic violence.



Objective: Develop a training to teach participants the dos and don'ts of trauma-informed language when working with survivors of domestic violence

Result: 93% of training participants agreed or strongly agreed that following the training they know the dos and don'ts of trauma-informed language when working with survivors of domestic violence

6. What did you find most useful about today's training? [Summary of open responses]
 - a. Character cards activity, including breakout session, because it put participants in the shoes of a survivor
 - b. Discussion and brainstorming as a group, including direct & indirect questions, sharing of real life examples
 - c. The knowledgeability of the hosts
 - d. How to identify abuse, barriers to leaving an abusive situation
 - e. How to use trauma-informed language
 - f. The video showing how trauma affects the brain
 - g. Resources shared, including how to access help from Family Tree and other DV organizations
 - h. How to practice self-care and set boundaries

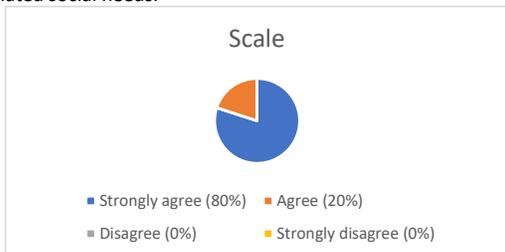
7. What suggestions do you have for improving future training? [Summary of open responses]
 - a. Send slides in advance so people can review and take notes
 - b. More examples of how to navigate conversations with survivors

- c. One more break
- d. Additional information on cultural sensitivity, especially when working with Latinx survivors

Safety Workgroup: Partnership Impact Evaluation Survey

Thinking back on your time as a member of the Safety Workgroup, rate the workgroup's success in achieving the following partnership impacts:

1. **SCALE:** The workgroup was successful at engaging in joint decision-making to enhance integration and partnership of clinical and community-based organizations to address health-related social needs.



Please provide an example(s) of workgroup members engaging in joint decision-making to advance the workgroup's collective goal.

Deciding what training should look like, breaking out trauma informed and mandatory reporting

This workgroup is one of the most collaborative workgroups I have been a member of- I cannot think of a decision that was made that was not at first run by the group.

Creating Google Docs to provide opportunities for collaboration from all members. Also, having members help write the AIM statement as well as write the surveys for the navigators/providers.

Hearing from both clinical and community perspectives about how best to present and receive effective trainings

Sharing information to disseminate to our own networks for additional support and promotion of our work.

2. **COLLABORATIVE CULTURE:** The workgroup was successful at influencing workgroup members to more deeply value and integrate collaborative practices, such as pooling diverse ideas to solve complex problems and accessing resources to develop new solutions.



Please provide an example(s) of how workgroup members exhibited collaborative culture.

Splitting up tasks

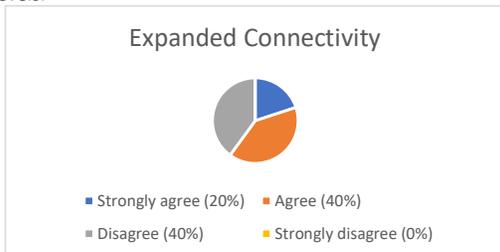
This workgroup has members from a diverse professional population and sought input from each member. The group accessed training resources that have already been developed and was easily translatable to our audience. If we weren't actually training, we were sharing the training

I strongly agree. Members questions and suggestions were always valued and I felt my voice mattered. This was especially true when I first started and came from a place of not fully understanding which helped with wording on surveys, etc.

All workgroup members really listened to one another's experiences and expertise

We had discussions in a collaborative manner to support and agree upon next steps for our programming efforts.

3. **EXPANDED CONNECTIVITY:** The workgroup was successful at expanding the networks of workgroup members and their respective organizations at local, regional, and/or national levels.



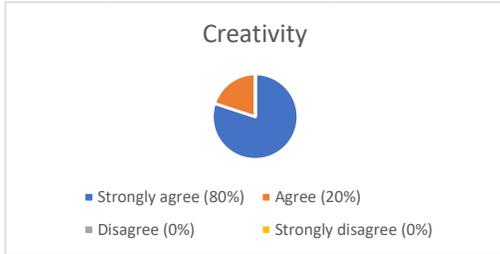
Please describe how participating in the workgroup expanded your and/or your organization's network.

Bringing in new members working on issues at different levels. I think one level of growth would be how do we involved consumers/clients in our process, how could we have included their feedback? Or representative from underserved communities?

I have only previously worked with AAA and was acquainted with Liz's work so it was valuable to connect with them as well as other folks, including Rachel from Family Tree and other professionals around the table.

*I was able to be connected with training participants that I would not have otherwise had an opportunity to connect with had it not been for the workgroup. Btw, this has two "strongly disagree" but I'm assuming the one to the far right is meant to be strongly agree?
The workgroup brought together a diverse group that will have an affect at all three levels
I feel I can reach out to my new partners in this workgroup and share vital information that will impact their organization's network.*

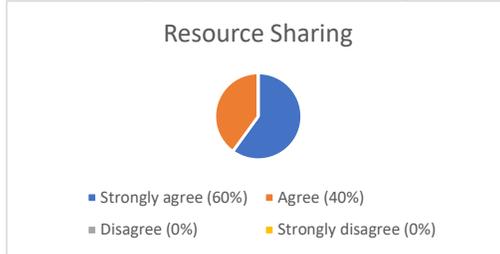
4. CREATIVITY: The workgroup was successful at applying creative and innovative ideas to address complex problems.



Please describe how the workgroup creatively addressed its designated health-related social need.

*I think the group was creative and flexible in how we got the content to providers
The most obvious complex problem of 2020 was the Covid-19 pandemic and how it changed everything- the way we met as a workgroup, the delivery of the training, etc
There were three focus areas identified and the workgroup collectively prioritized starting with domestic violence and sharing with providers/navigators and provide them with the necessary trainings.
Domestic violence is extremely complex and not an issue that can be solved overnight; from the beginning, the group was creative about how best to bite off an appropriate segment and tackle it during the given time
Established a series of webinars on our health-related social need*

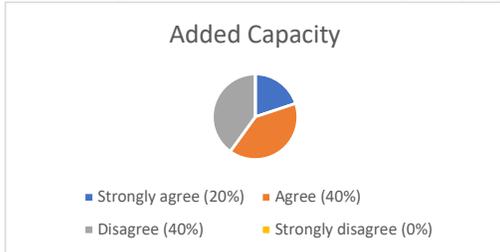
5. RESOURCE SHARING: The workgroup was successful at sharing human capital, knowledge, data, funding, and/or other resources.



Please provide an example(s) of how the workgroup and its members shared resources.

*Shared tasks, seeking different opportunities for funding and support of goals
Liz and Rachel, very familiar with the training materials, shared said materials as well as their expertise as identified trainers for this project.
I know one shared resources is that Liz shared her YouTube training video link on mandatory reporting that was helpful in getting her training as a resource tool.
Members of the workgroup were extremely generous in sharing resources - time, knowledge, educational materials - especially Liz and Rachel
Provided a one-pager of our webinars for distribution.*

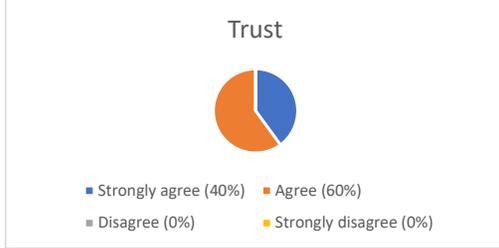
6. ADDED CAPACITY: The workgroup was successful at increasing workgroup members' capacities to successfully do their jobs in the future.



Please describe how participating in the workgroup increased your capacity to successfully do your job in the future.

*Being connected with health care providers and having insight in how to support them in learning about DV
As a partner, it is important tot continue to collaborate with others in order to meet the needs of those who we serve. I would now feel comfortable reaching out to any of the workgroup members in a professional capacity if there were a client need or programmatic question..
Yes, we talked about sustainability on the DV trainings and this is important to be able to continue to provide especially if the AHC workgroup is not meeting or continuing to work together.
I have an excellent resource to provide future coworkers, partners, etc., when looking for ways to educate about safety issues
Learn new ways and new resources to support my job and services that we provide at my job.*

7. **TRUST:** The workgroup was successful at increasing trust among workgroup members and/or their respective organizations.



Please provide an example(s) of how the workgroup increased trust among members and their respective organizations

Other members referring colleagues to other organizations for expertise and support

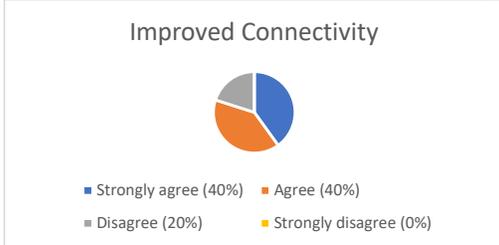
The workgroup constantly sought feedback regarding the project, including circling back to the AIM statement to assure that it still represented the work.

I respect the workgroup members trusting Family Tree with the DV trainings and using us as guidance for how much time to allocate for the training and listening to my suggestions. We all come with different skill sets I appreciate and trust members that bring their different perspective.

Most all workgroup members really "showed up" for the workgroup and participated/contributed

Sharing sensitive information among partners requires high level of trust and we have built that essential trust during our time working together.

8. **IMPROVED CONNECTIVITY:** The workgroup was successful at increasing the quality of connections among workgroup members and their respective organizations.



Please describe how participating in the workgroup increased the quality of connections among members and their respective organizations.

Introductions, partnerships and creating connections where they didn't exist before

Considering I didn't have much connection previous to this project, I would definitely say that it created connectivity for me.

I feel that I made valuable partnerships with the various workgroup members and I hope we continue to work together if even in different capacities to serve a much needed population of providing healthcare professionals the tools they need and the intersection of DV.

Workgroup members are much more acquainted now than they were at the beginning and can serve as connections for others within their organizations

[n=5]

AHC Safety Workgroup | Lessons Learned

The notes and feedback below were gathered during the Safety Workgroup's 2.17.21 meeting as part of a discussion about the group's Partnership Impact Evaluation survey results. Facilitators utilized a rose, thorn, bud template:

- *Rose: a highlight or success*
- *Thorn: a challenge*
- *Bud: new ideas, areas for potential growth*

Workgroup members were also asked to share the most meaningful part or experience of participating in the workgroup over the last year.

Roses

- Agreed WG members worked well together and collaborated
- Commitment to the workgroup was there – members showed up and contributed
- Passion
- Expert facilitation and support to move workgroup forward
- Panos (JSI) – sharing the agendas, continued support sharing documents
- Learning about the capabilities of other organizations; all engaged
- Strong knowledge base
- Virtual meetings may have lent to WG members' ability to participate
- Despite a global pandemic and many transitioning from workspaces to work from home, we were able to keep this project moving and consider these issues and the design of the project, especially compared to a few other projects that have been put on hold

Thorns

- Difficulty maintaining engagement remotely
- Competing demands due to pandemic
- Weren't always updated on what other WGs were doing in order to stay aware of their work
- Specific to the "expanded connectivity" impact, could have built a more diverse WG
- Challenges with sustaining the current interconnectivity to continue working together to address the issue of interpersonal violence (beyond existing program/workgroup)
- Limitation of focusing on one issue (DV); also, would have liked to address elder abuse, child abuse/neglect

Buds

- Combo of virtual and in person meetings may lend to more participation and engagement
- Build in mechanism to share across AHC WGs
- Creating more diversity within/among WG members, including folks with lived experience
- At the beginning for recruitment, share more about the incentives for participation in the WG (expanded network, connection, etc.) to get folks interested
- The training allowed for ongoing continuous improvement and opportunity of learning and tweaking training curriculum (like real-time focus group)
- The post-training surveys mentioned the need for elder abuse training which seemingly makes sense as a "next step"; if AAA moves forward regarding that request, I would absolutely be honored to be part of another workgroup to help make that happen

Most meaningful!

- Appreciated being invited to AHC WG to make partnerships and connections to reach a network with healthcare providers and navigators that I hadn't reached before. Also, getting connected to important groups allowed me to better serve clients and understand how they often open up to health care providers. Connection would have never made with these partners if I hadn't been involved in the WG. Also, our partnership brought more awareness to issues around DV that desperately need attention.
- I was made aware of how many separate and independent organizations in the Denver Metro area that focus on same issues that are not interconnected. This WG provided that opportunity to make connections in the service area and many other levels (scheduling/fund raising). WG provided an opportunity to grow. WG has been a head start to connection and collaboration in moving forward.
- As an AHC advisory board member, this WG offered a meaningful opportunity to get to know colleagues and get to know the safety piece of the AHC program and social factors that AHC clients are screening for. Increased knowledge in subject matter. Appreciated chance to dig deeper in content to get to know colleagues.
- As both participant and project manager, I've been so impressed with people stepping up during a time with so many competing demands; the group showed up, and I found it rewarding to see WGs come up with incredible projects. Impressive!
- Everyone came together and showed passion for doing this work especially during pandemic.
- Inspired.
- I was honored to be invited as a member of this workgroup, even if I did come in at the tail end. I appreciated those who welcomed me and my input, despite all the time and effort they contributed before I was invited to the table. And, honestly, I've been working with the AAA for many years and support the work that they do to support victims and people in general.

AHC Safety Workgroup | Sustainability Plan

Domestic Violence Medical Reporting Options Training, *Violence Free Colorado*

Violence Free Colorado has limited funding to continue trainings. In order to ensure the content was available for future audiences, Violence Free Colorado recorded all trainings facilitated in November 2020. The organization then posted the most listener-friendly version to its YouTube page as a long-term reference for navigators and clinicians to access the information and training.

The link to the training is here: https://www.youtube.com/watch?v=HTN2KO_geLU&feature=youtu.be.

YouTube also offers a subtitles/closed captions option on the video for those who may be hard of hearing.

Domestic Violence & Trauma-Informed Care Training, *Family Tree, Inc.*

Family Tree, Inc. has funding for additional training sessions after the workgroup concludes activities in March 2021.

Live trainings (virtual or in-person) are preferred due to the format and interactive and personal aspects of the training content. Recorded trainings are not a considered option at this time. If funding changes in the future and live options are no longer an option, Family Tree, Inc. is open to developing a training more appropriate for recording.

Those interested in attending future trainings may contact Rachel Rodriguez (Rachel@thefamilytree.org) directly.

Additional Dissemination Efforts

Safety Workgroup members also chose to package the two trainings together to fully represent the curriculum the workgroup developed.

Network of Care

The resources have been posted on DRCOG's Aging and Disability Resource Center's (ADRC) [Network of Care](#) site. The [free domestic violence training resources](#) package includes the following:

- Domestic Violence Medical Reporting Options Training description
- Domestic Violence Medical Reporting Options Training YouTube link
- Domestic Violence Medical Reporting Options Training PowerPoint slides
- Domestic Violence & Trauma-Informed Care Training description
- Domestic Violence & Trauma-Informed Care Training contact information

Check out these valuable free **domestic violence training resources** for care navigators, licensed providers, and other community-facing staff. Training topics covered include mandatory reporting requirements and trauma-informed practices to prepare you to help connect your patients with the resources they need.

- 1) **Domestic Violence & Medical Reporting Options Training:** [Video presentation](#) and PowerPoint slides from Violence Free Colorado on reporting requirements and options when working with a patient who discloses domestic violence. (Approximately 60 minutes)

- 2) **Domestic Violence & Trauma-Informed Care Training:** Free live virtual training on dynamics of domestic violence, barriers to leaving an abusive relationship, and trauma-informed practices to use when caring for a patient who has or is experiencing domestic violence. This interactive training is approximately 4 hours and provided by Rachel Rodriguez of [The Family Tree](#). Contact Rachel (Rachel@thefamilytree.org, Outreach@thefamilytree.org) to find out how to schedule a training for your organization.

This training program was developed by the Denver Regional Accountable Health Community Safety Workgroup.

Denver Human Services

The Denver Regional AHC team also shared the link to the Safety Workgroup resources package with a Denver Human Services contact to share with her listservs.

AHC Clinical & Community Partners

Finally, the Denver Regional AHC team will plan on conducting a (formal or informal) poll of AHC clinical and community partners during the spring/summer of 2021 to gauge interest in scheduling additional trainings with Family Tree, Inc.