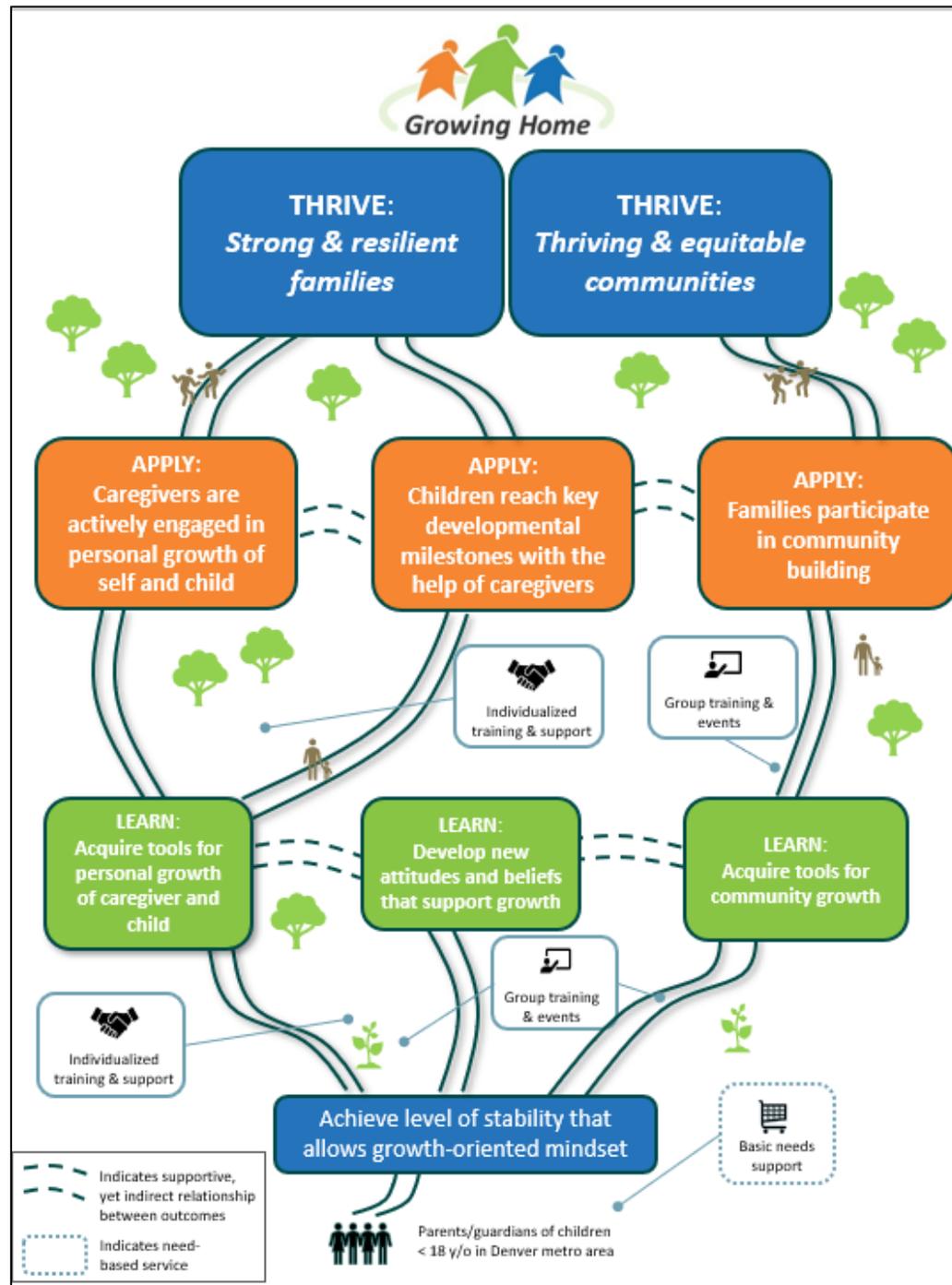


# Sample Theory of Change



# Sample Client Journey Map 1



## Outreach/ Education



**Request**



**Assessment**

**Need Assessment**

Profile of requestee  
Logistics  
Expectations/ is this a good fit



Knowledge Sharing

**Community Collaborative Participation & Outreach**

# of touches  
Demographics  
Collaborative participation



**DV 101 Training**

Client needs, mental health issues, goals, and strengths  
Weekly check-in forms  
Client Connection Forms  
Training Survey



Schools

**Healthy Relationships 101 | Expect Respect**

Shift in behavior based on training  
Training Survey

Caseworkers

**Technical Assistance**

Shift in behavior based on training  
How they have employed learnings  
Do consultation requests go up post training

### Legend

Learning – they are already capturing data on  
Learning – they would like to capture data on

## Ind. Advocacy/ Support Group

**Screening**



**Intake Assessment**



**Intake**

Shared Screening Tool

Demographics; Need  
Shared Intake Form



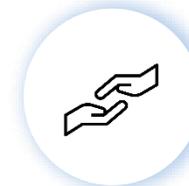
**Referrals**

What the referrals are  
Are the referrals helpful



**Support Group**

What is and is not helpful  
Client Survey



**Crisis Intervention**



**1:1 Advocacy**



**Disengage**

What clients participated in  
What prevents participation  
Level of comfort in group  
Increase in key outcomes  
Client Survey | Client Growth Tool

# Sample Data Collection Form 1 (Intake)

**YOUR CONTACT INFORMATION**

Today's Date:	Last name:	First name:
Address:	City, State, Zip:	County:
Phone (mobile):	Phone (home):	Email:
Preferred contact method:	<input type="checkbox"/> Phone (mobile) <input type="checkbox"/> Phone (home)	<input type="checkbox"/> Text (mobile) <input type="checkbox"/> Email
May we contact you with information about Growing Home programs and services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you learn about Growing Home?	<input type="checkbox"/> Community event <input type="checkbox"/> Friend/family who comes to Growing Home (Name: _____)	<input type="checkbox"/> Growing Home staff <input type="checkbox"/> Other: <input type="checkbox"/> Community agency/organization (Name: _____)

**ABOUT YOU**

<b>Your gender:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Transgender	<input type="checkbox"/> Non-binary specific <input type="checkbox"/> Do not wish to disclose
<b>Your race:</b>	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Do not wish to disclose	
<b>Your ethnicity:</b>	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/Latino	
<b>Your preferred language:</b>	<input type="checkbox"/> English <input type="checkbox"/> Other _____	<input type="checkbox"/> Spanish	
<b>Your marital status:</b>	<input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Living together, not married <input type="checkbox"/> Single

**ABOUT YOUR HOUSEHOLD**

<b>Number of people</b> living in your home most days:	# of adults under 60		# of children age 6-11	
	# of adults over 60		# of children age 11-18	
	# of children age 0-5			
<b>Total annual income</b> of people living in your home most days:	<input type="checkbox"/> \$0-9,999 <input type="checkbox"/> \$10,000-29,999 <input type="checkbox"/> \$30,000-49,999		<input type="checkbox"/> \$50,000-74,999 <input type="checkbox"/> More than \$75,000	
Do you or anyone living in your home receive any of these <b>sources of income and/or benefits</b> ? Check all that apply.	<input type="checkbox"/> Wages from employment <input type="checkbox"/> TANF <input checked="" type="checkbox"/> SNAP <input type="checkbox"/> WIC	<input type="checkbox"/> Section 8 Housing <input type="checkbox"/> Veteran's benefits <input type="checkbox"/> SSI/SSDI	<input type="checkbox"/> Utility assistance <input type="checkbox"/> CCCA <input type="checkbox"/> Another food pantry (Not Growing Home)	
Do you or anyone living in your home meet any of these <b>special circumstances</b> ?	<input type="checkbox"/> Single parent <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran	<input type="checkbox"/> Grandparent with custody of grandchild <input type="checkbox"/> Foster parent		
What is your <b>current housing arrangement</b> ?	<b>Not homeless</b> <input type="checkbox"/> I own or share own house or apartment. <input type="checkbox"/> I rent an entire house or apartment. <input type="checkbox"/> I rent a room in a house or apartment. <input type="checkbox"/> I live in subsidized housing. <input type="checkbox"/> I permanently live with family or friends.		<b>Housing insecure or homeless</b> <input type="checkbox"/> Emergency or transitional shelter <input type="checkbox"/> Stay in car, park, or other public space. <input type="checkbox"/> Stay in motel or place to place. <input type="checkbox"/> I temporarily live with family or friends.	

**FOOD PANTRY SUPPLEMENT**

<b>Today's Date:</b>	
<b>Type of assistance requested:</b>	<input type="checkbox"/> Food <input type="checkbox"/> Diapers/Baby items (Size: _____) <input type="checkbox"/> Hygiene items
	<input type="checkbox"/> Rent/mortgage assistance <input type="checkbox"/> Referral <input type="checkbox"/> Other:
<b>Would you like to speak with a family support specialist to discuss resources you need?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes, but not today. Please call me. Current phone number: _____
<b>Please list the name and date of birth of all people living in your home most days.</b>	
Name _____	Date of birth _____
Name _____	Date of birth _____
Name _____	Date of birth _____
Name _____	Date of birth _____
Name _____	Date of birth _____

**COLLABORATIVE COACHING & CASE MANAGEMENT SUPPLEMENT**

<b>Today's date:</b>	
<b>Current employment status:</b>	<input type="checkbox"/> Full-time, regular <input type="checkbox"/> Full-time, seasonal <input type="checkbox"/> Part-time, regular employment <input type="checkbox"/> Part-time, seasonal <input type="checkbox"/> Unemployed
	<b>Hours worked per week:</b>
<b>Highest level of education:</b>	<input type="checkbox"/> Less than HS diploma <input type="checkbox"/> HS diploma or GED <input type="checkbox"/> Some college or technical training
	<input type="checkbox"/> Technical certification <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree or higher
<b>Where did you complete your highest level of education?</b>	<input type="checkbox"/> United States <input type="checkbox"/> Outside of United States
<b>Are you currently enrolled in an education program?</b>	<input type="checkbox"/> Not enrolled <input type="checkbox"/> HS diploma or GED <input type="checkbox"/> Technical certificate
	<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree or higher
<b>What is your primary focus in working with a coach?</b>	<input type="checkbox"/> Housing and family issues <input type="checkbox"/> My health and well-being <input type="checkbox"/> My education and training
	<input type="checkbox"/> Financial issues <input type="checkbox"/> My employment and career <input type="checkbox"/> Unsure
<b>Are you currently working with a case manager or coach at another agency/organization?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes Name of Agency/Org: _____
<b>Please list the name and date of birth of all people living in your home most days.</b>	
Name _____	Date of birth _____

# Sample Data Collection Form 2 (client information redacted)

**██████████ Onboarding Feedback Survey**

*As part of ██████████'s support to your practice to implement ██████████, we would like to know more about how the onboarding process has prepared your practice to implement ██████████. Please answer the following questions to help us better support you.*

**1. What is the name of your practice?** \_\_\_\_\_

**2. What is your role in the practice as it relates to ██████████?**

HS PCP Champion
  HS Specialist  
 Primary Care Provider (but not the HS Champion)
  HS Specialist's Supervisor

**3. Please let us know your level of agreement with the following statements:**

	N/A	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>Site Training</b>						
I feel prepared to design a work flow to support ██████████ in our practice.						
The ██████████ onboarding training provided me with the information I need, for my role, in implementing ██████████						
I understand the benefits of incorporating ██████████ into our practice.						
I am enthusiastic about incorporating ██████████ into our practice						
I have the developmental resources I need to implement ██████████ in our practice						
<b>Database Training</b>						
I feel prepared to enter data in the ██████████ Colorado Database						
I understand how to use the Expected Visit Tool in the Database						
I understand how to find information in children's medical charts, so I can enter their visit details even when I wasn't there						
<b>Clinical Observation</b>						
I understand the complementary roles of the HSS and physician						
I understand how to use the data sheets during ██████████ visits						

# Sample Data Dashboard 1

## Quarterly Program Snapshot

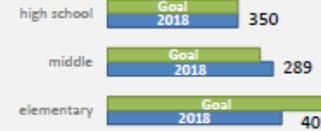
**ALL Data is FAKE, used for illustrative purposes**

### Who we serve

2018 number of children & youth participating in Denver Kids

87% to target

**1,000 children & youth**



#### Youth

- 83% of youth are on free and reduce lunch (target-90%)
- 92% of youth meeting full eligibility requirements (target-90%)

#### Schools

- Active in 160 DPS schools (target-175)
- On average we are serving Y% of school population in these schools

### What we do

#### EDUCATIONAL COUNSELORS

##### EC Visits

Life Skills	82	19%
Crisis Mgmt	300	69%
Academics	34	8%
Other	17	4%
<b>Total</b>	<b>433</b>	

87% of youth perceive their EC as a positive support

68% of youth met their EC connection goals

#### MENTORS

388 youth (38%) matched with a mentor

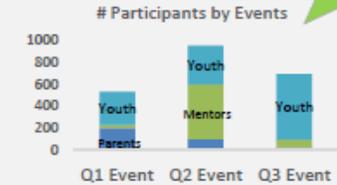


93% of matches met their connect goals (1-2X/month)

75% of matches deemed quality

#### EVENTS

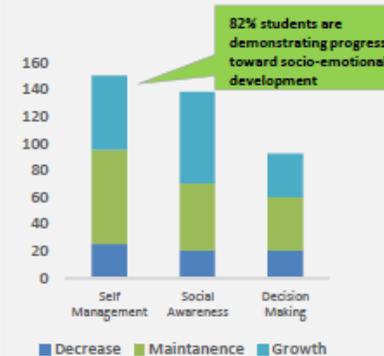
98% of youth have attended at least X events



75% of youth and mentors deem events as valuable

### What we achieve

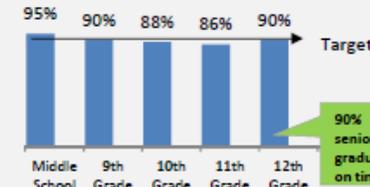
#### LIFE SKILLS



#### ACADEMIC SKILLS AND SUCCESS

838 (83%) of students attended 90%+ more school days

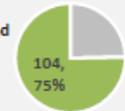
##### ON TRACK TO GRADUATE



#### POST SECONDARY

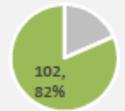
Youth on the education track\*

Enrolled in and started post secondary education



Youth on the career track\*

Employed, military service, or internship



# Sample Data Dashboard 2

