

ELEMENT GOAL	STRATEGIC MEASURE SET		
	HOW MUCH?	HOW WELL?	BETTER OFF?
COMMUNITY VOICE & ENGAGEMENT: Did we foster change with community voice and partners guiding the process?	# of community members engaged in CCH decision-making # of community partners from diverse sectors (includes tribal partners) engaged in CCH decision-making	% of community members and partners who feel the CCH is regularly sharing data % of community members who represent populations of interest (breakdown by race/ethnicity) % of community partners who serve populations of interest (breakdown by race/ethnicity)	% of community members and partners who report shared power in decision-making % of community members and partners who feel the CCH is regularly communicating on how it is working on community priorities
SUSTAINABILITY & BUSINESS OPERATIONS: Did we deliver on-going financial, administrative and operational support that reduced the burden for its Network?	# of diverse funding sources the CCHs are receiving Total dollars (\$) to the CCHs from DOH (or other funding sources)	% of funding going to community-based partners from total revenue received by the CCH % of funders or CBOs who feel CCH is brokering funding (admin function) on behalf of the Network % of funders or CBOs who feel Hub can manage invoicing & payment, technology, and data across sectors (admin function)	# of CCHs able to address Network administrative needs (or burden) % of funders satisfied with CCHs performance to support a Network % of CBOs who feel their administrative/operational burden to partner with government or health care is better off because of CCH
CARE COORDINATION OPERATIONS & REPORTING: Did we provide standards and systems to ensure the social care network effectively delivers and reports on their services, improves health outcomes and reduces costs?	# of referrals – can flag by pops of interest to show rate of enrollment for individuals of interest # of enrolled clients # of enrolled clients with completed SDoH assessment # individuals served	% of individuals served working with a community-based workers to address their social, health or education need via enrollment in the CCH (population) % of individuals who report needs were met	# clients with social, health, and education needs successfully addressed % of individuals served with social, health, and education needs successfully addressed by a trusted community-based care coordinator % of referrals to CCH converted to enrollment
NETWORK MANAGEMENT & CAPACITY BUILDING: Did we create, support or organize a diverse Network of community partners to engage priority populations and deploy services that meet the health and social needs of the community?	# of diverse sectors and partners contracted with the CCH – social care Network providers # of Community Based Organization partners receiving support from the CCH (contracted with the CCH)	% of CBO partners satisfied with technical assistance and administrative support provided by the CCH % of diverse partners contracted with the CCH	# of new Network partners CCH is contracting with that are reflective of community needs % of CBO's have demonstrated increased capacity in serving under resourced populations % of contracts or funding from CCH to small, grassroots and/or impacted organizations % CBOs/Network reporting increased capacity (e.g. workforce, infrastructure, resources) to meet culturally appropriate community needs
COMMUNITY-BASED WORKFORCE: Did we grow economic and professional opportunities for workforce who share life experiences with priority populations?	# of community-based workforce staff trained	% of diverse workforce % of workforce reporting they are supported by the CBO % of workforce reporting training needs met	% CBW staff retained (workforce) % of CBWs that grew skills via training and/or professional development % of CBWs reporting an increase in pay or professional development opportunities

PROGRAMMATIC MEASURE SET

(Measurement & Reporting for an individual hub)



CARE COORDINATION OPERATIONS & REPORTING: Did we provide standards and systems to ensure the social care network effectively delivers and reports on their services, improves health outcomes and reduces costs?

	HOW MUCH / WHAT DID WE DO?				HOW WELL DID WE DO IT?		
Clients (amt)	# individuals referred from XX sector/organization	# clients enrolled (or w/documentated consent)	# of repeat clients	% of individuals with at least 3 outreach attempts	% clients enrolled within XX days	% clients with SDOH intake forms or assessment completed within XX time-period from enrollment	
Clients (pop)	# clients from priority populations	# clients with XX needs	# clients with ≥ 4 health and social needs &/or critical or urgent needs	% referrals converted to enrollment from priority populations			
Data Quality				% clients with incomplete intake form	% clients with incomplete XX information	% clients with incomplete SDOH assessment	
Clients (services)	# clients referred to XX services			% clients with identified need referred to services	% clients connected to service within 7 days of referral		
CBW	# CBWs providing services	# CBWs Trained to provide CBCC	# clients per CBW (caseload)	# CBWs from priority populations	% CBWs from priority populations	% CBWs reporting manageable caseload Avg. length of clients on CBW caseload	
Network	# organizations in network	# organizations representing XX sector in network		% clients served by XX organization	% clients served by XX sector		
Financial	# clients who graduate	AVG # days until client graduation		% clients who graduate	Financial metrics depend on the funder and type of contracts; these are examples using payment <i>per client graduation</i>		