

Elite Research, LLC.

Texas Health Community Impact Southern
Region 2025-2026 Grant Cycle – Phase One
January 1 – June 30, 2025

Quality Assessment Project Summary



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“On a personal note, thank you for your encouragement and the heart you both have for helping people like me learn how to swim in these choppy waters. This has been a rollercoaster ride and your team has been my seatbelt-keeping me strapped in tightly and able to help me navigate the twists and turns. You are both a blessing to me and have helped me grow in so many ways. It has been an honor walking alongside of you both on this journey. I could not have made it this far without your guidance and wisdom. ”

- Texas Health Community Impact Southern
Region 2025-2026 Grantee



Executive Summary

Overview

The Texas Health Community Impact, a department of Texas Health Community Hope, invests in community health and well-being through grantmaking and strategic collaborations. By awarding grants to programs that focus on prevention and long-term impact, Texas Health Community Impact targets root causes such as social determinants of health challenges and access barriers in underserved areas.

For Erath and Johnson Counties, the Texas Health Community Needs Assessment and additional reliable community data sources identified mental health and care navigation as top priorities. Rather than fund a single initiative, the Texas Health Community Impact Southern Region 2025–2026 grant cycle strategy awarded five planning grants to foster multiple collaborative strategies tailored to local needs. These planning grants provided grantees with the support needed to develop a comprehensive 10-pronged, innovative plan to address mental health and social determinants of health in high-need areas in Erath and Johnson Counties.

Due to its commitment to comprehensive and robust quality assessment, Texas Health Community Impact awarded a grant to Elite Research, LLC (ER) as an independent Quality Assessor (QA). The primary goal of the QA was to consider the quality of each 10-Pronged Plan (10-PP) but, more importantly, the quality of each collaborative itself (how they engaged and worked with each other).

The quality assessment process was implemented in three phases: planning, implementation, and closeout. During the planning phase, ER collaborated with Texas Health to refine project plans and roles, ultimately developing the Collaboration Planning Tool (CPT) and the 10-Pronged Plan (10-PP) Package to support collaboratives in developing strong proposals. The implementation phase included orientation sessions with each collaborative, tool rollout, and ad hoc technical assistance. In this phase, collaboratives worked on their logic models, 10-PPs, completed the CPT, and used the Collaborative Engagement Tracker (CET) to log engagement activities. In addition, ER administered the baseline Collaborative Assessment Tool for Health (CATH), followed by listening sessions with each collaborative to discuss domain scores and gather additional insights. ER participated in collaborative and logic model development meetings, offering direct support when needed. The closeout phase began in May 2025, with the administration of the endline CATH survey and review of the submitted 10-PPs. This comprehensive approach to the quality assessment helps ER provide THCI with a larger picture of collaboration and success from all angles.

Key Findings

Throughout the planning period and in the debriefs, collaboratives members shared that the planning grant gave them the opportunity to build on their resources and capabilities, supporting the long-term sustainability of their organizations overall, not just for this grant. For example, many collaboratives have plans to work together again in the future, as they have learned the value of each organization's services. They also noted feeling confident enough to apply for future grants because of working through this project, with some reporting during the debrief that they were already in the application process for other grants.

With regards to the assessment findings:

- Overall, **Collaboration Assessment Tool for Health (CATH) scores increased or improved over time** on every domain (Internal and External Relationships, Service Delivery and Workflow, Funding and Finance, Data and Outcomes, Advancing Health Equity, and Strategic Priorities) for every collaborative. It should



be noted that there were no differences in the CATH scores by race, gender, age, or time working in the sector. The only change noted in scores was between roles in members' current organizations.

- The **Collaborative Engagement Tracker (CET)** recorded **near 100% engagement by all members for every collaborative**. Collaboratives varied by the number of members, the number of collaborative meetings, as well as the number of "other" type meetings such as workgroup meetings, trainings, data collection meetings, media events, etc.
- For meetings in which the QA was invited, collaboratives were observed and rated based on meeting structure, communication, team function, and focus using an **Observation Checklist (OC)**.
- The quality of collaboratives' 10-PPs were evaluated using a **proposal rubric** that assessed domains including Clarity and Relevance of Program Goal, SDOH Focus, Program Design, Measurement and Evaluation Plan, Logic Model Alignment, and Collaboration Strength.

Based on observation of their collaborative, demonstration of collaboration, and the quality and thoroughness of their 10-PP, the recommendations for Phase Two funding are:

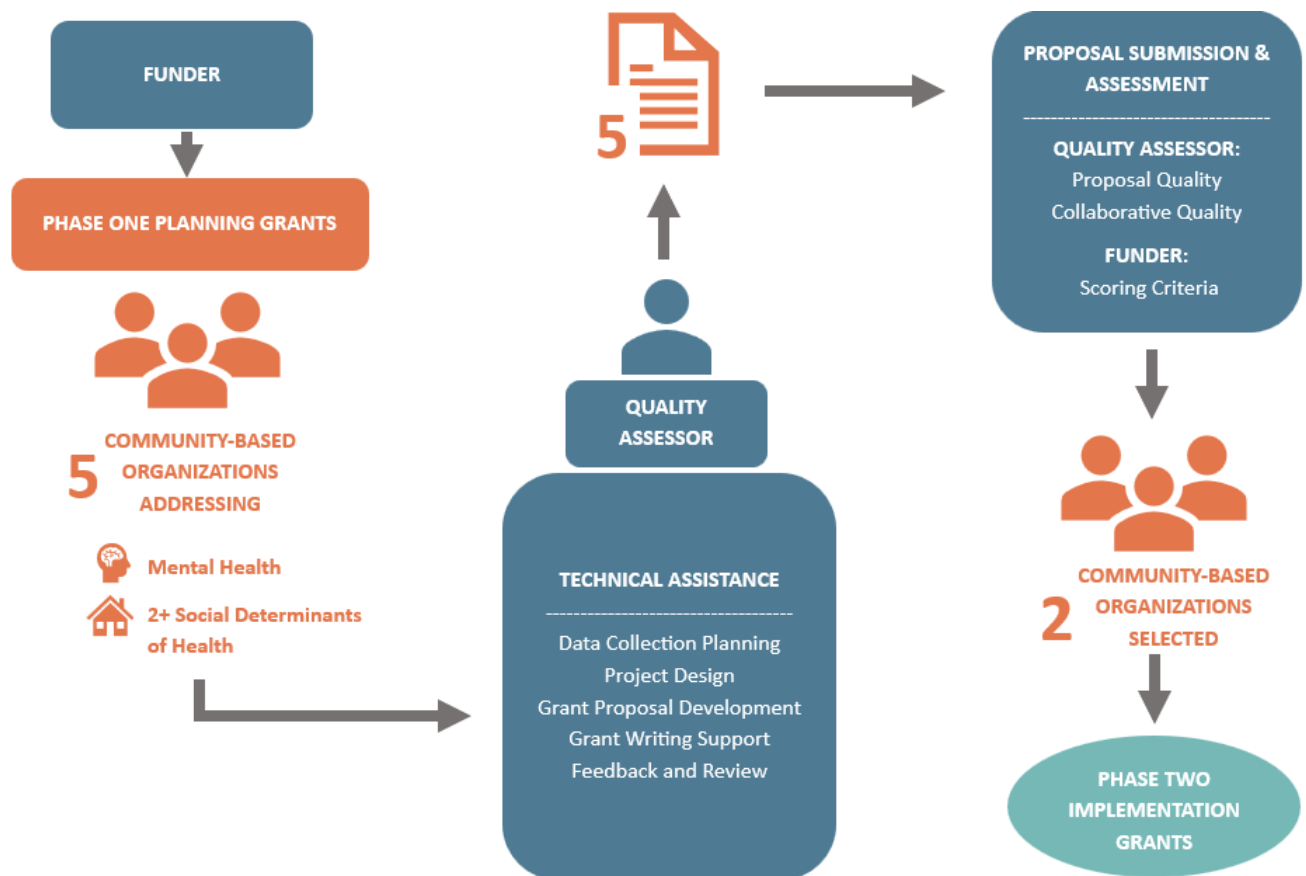
For Erath County, **Community Connect Cohorts (CCC)**. This collaborative consistently demonstrated the meaning of *collaboration* in its planning, products, and its unique ability to care for its collaborative members. The group consistently asked for and used feedback from the QA, while also staying ahead of deliverable deadlines. Of particular note, this collaborative pivoted their program design because of data generated by and for the community, demonstrating a heartfelt commitment to meeting an existing need.

For Johnson County, **Together We Grow (TWG)**. This collaborative learned from each other in the use of data to generate their program design, even when data collection took them far into the planning period. They clearly had developed a working relationship that drove productive use of their time and resources, helping them to produce a strong proposal with vested community partnerships.



Quality Assessor Purpose

During the prior Texas Health Community Impact Southern Region grant cycles, groundwork was laid for capacity-building and collaboration in Erath and Johnson Counties. The focus of the 2025-2026 grant cycle progressed to refining this foundation and assessing each collaborative's quality in alignment with each county's unique characteristics. To ensure effective implementation of the Phase One planning grants, Texas Health Community Impact envisioned a Quality Assessment Model, where a Quality Assessor (QA) would play a central role between the collaboratives (grantees) onboarding and 10-PP submission. This role would be one primarily of technical assistance, providing coordinated and ad hoc services to collaboratives in the areas of data collection, project design, grant proposal development, grant writing support, and grant feedback and review. Upon submission of the 10-PP, the QA would provide an independent assessment of both the quality of the 10PP and the overall quality of the collaborative for *each* collaborative.



Texas Health Community Impact awarded funds to Elite Research, LLC., an independent QA with expertise in grant development, evaluation, and measuring collaboration, to provide technical assistance to grantees as they progress through their Phase One planning fulfilling the **Phase One Program Goal**: Collaboratively develop an innovative 10-pronged plan to address mental health—such as decreasing perceived stress or increasing resiliency—and social determinants of health for a target population within the geographic areas of greatest need. The QA would assist in the fulfillment of the goal's primary objectives:

- **Program Objective 1:** By June 1, 2025, the collaborative will develop an innovative 10-Pronged Plan.



- **Program Objective 2:** By June 1, 2025, an independent organization will assess the quality of each collaboration as they develop their innovative 10-Pronged Plan to address mental health and social determinants of health collaboratively.

This Project Summary outlines the quality assessment undertaken, lessons learned, and recommendations for Phase Two funding and ongoing planning grants. For review of any materials or instruments used in this quality assessment, please email THCI-Grants@TexasHealth.org.

Quality Assessment Planning Team

Texas Health Community Impact

- Mandy Forbus – *Director, Southern Region*
- Dana Worrell – *Erath County Program Manager*
- Ahrein Bennett – *Johnson County Program Manager*

Elite Research, LLC

- Mindy Chandler – *Lead Quality Assessor*
- Chelsea Leonard – *Project Manager*
- Isabella Ginsberg – *Assessment Analyst*

Texas Health Community Impact Southern Region Acronyms

Throughout this report, the following acronyms will be used:

CATH	Collaborative Assessment Tool for Health
CCC	Community Connection Cohorts (Grantee)
CET	Collaboration Engagement Tool
CPT	Collaboration Planning Tool
ER	Elite Research, LLC (Quality Assessor)
HRDVC	High Risk Domestic Violence Collaborative (Grantee)
JCWI	Johnson County Wellness Initiative (Grantee)
LO	Lead Organization
OC	Observation Checklist
QA	Quality Assessor
TWG	Together We Grow (Grantee)
VSC	Virtual Senior Center (Grantee)
10-PP	10-Pronged Plan



Key Components

Erath County Collaboratives (Grantees)

Community Connection Cohorts (CCC)

CCC was a collective of CASA for the Cross Timbers Area (Lead Organization), Choices Clinic & Life Resource Center, Cross Timbers Fine Arts Council, and Tarleton State University, College of Education, Department of Curriculum & Instruction. This Erath County collaborative aimed to enhance communication, spark creative solutions, and strengthen community support for mental health and social determinants of health for persons with two or more ACEs. By leveraging inclusive, community-based strategies, this collaborative effort aspired to support those most in need, fostering a more resilient and interconnected community to reach individuals where they live, work, play, and pray.

High Risk Domestic Violence Collaborative (HRDVC)

HRDVC was a collective of Cross Timbers Family Services (Lead Organization), Stephenville Police Department, Stephenville Fire Department, Erath County EMS, Tarleton Police Department,* Erath County Sheriff's Department,* Erath County District Attorney,* Erath County Attorney,* and Dublin Police Department* (*indicates less direct involvement). This Erath County collaborative aimed to strengthen the bonds of the existing collaboration, build resilience in first responders, and provide supportive services to clients, as well as educate the communities of Dublin, Lingleville, Huckabay, Morgan Hill, and Stephenville on the dynamics of domestic violence and how to help. By cross-training and strengthening ties, HRDVC believed it could significantly impact the issue of domestic violence in their communities.

Johnson County Collaboratives (Grantees)

Johnson County Wellness Initiative - Nourishing Communities Together (JCWI)

JCWI was a collective of Harvesting in Mansfield Food Bank (Lead Organization), Rio Vista Cares, and Keene Church. This Johnson County collaborative aimed to address mental health and social determinants of health in Cleburne, Keene, and Rio Vista through a holistic approach by increasing education on and access to healthy food. Clients would register for the service, get the app, and then have three options for program participation. Each client would have six months in the program.

Together We Grow (TWG)

TWG was a collective of the REACH Council (Lead Organization), CASA of Johnson County, East Cleburne Community Center, SWAU, and Johnson County Juvenile Services. This Johnson County collaborative aimed to reduce isolation in Johnson County youth ages 16-19 by providing peer support groups, pro-social activities, and one-on-one support sessions. It also aimed to increase awareness of service gaps for youth support in the community.

Virtual Senior Center (VSC)

VSC was a collective of Meals on Wheels North Central Texas (Lead Organization), City of Cleburne - Parks and Recreation, and Texas A&M AgriLife Extension Service - Johnson County. This Johnson County collaborative aimed to enhance community inclusion for senior citizens (SCs) and reduce isolation by implementing a cost-free, comprehensive virtual senior center for homebound seniors in Cleburne, Keene, and Rio Vista.

Note: On May 15, 2025, the QA was notified that VSC could not complete Phase One and therefore unable to move forward with applying for Phase Two, citing the resignation of a vital collaborative partner.



10-Pronged Plan

To effectively address **Program Objective 1 of this Phase One Planning Grant**, each collaborative had to develop a structured plan to foster meaningful change within communities of greatest need. It also had to address mental health and social determinants of health within the communities. Each of the ten prongs addressed specific elements of an *implementation proposal* for Phase Two Funding.

This plan begins with a data-driven approach to identifying **target populations [Prong 1]**, ensuring that efforts are focused on individuals who would benefit most: populations could include caregivers and guardians across all ages, veterans, and youth between the ages of 10 and 19. Once the target population was established, the collaborative defined **innovative strategies to address mental health challenges**, such as reducing perceived stress or fostering resiliency, while simultaneously improving access to key resources that **mitigate the effects of social determinants of health [Prong 2]**.

A critical plan component was establishing **clearly defined program goals, proposed outputs and outcomes, and measurable indicators to track progress [Prong 3]**—the collaborative identified relevant metrics and developed collection methods that ensure accurate and meaningful program evaluation. With a strong emphasis on accountability, the cooperative had to define how its **members would work together to achieve its goals [Prong 4]**.

Because **sustainability** is at the core of this initiative, the plan had to incorporate strategies to integrate long-term efforts that will extend beyond the initial project timeline, ensuring that positive outcomes continue to benefit the community **[Prong 5]**. Additionally, all participating organizations had to formalize their **commitments through a written agreement**, with signatures from each entity solidifying their dedication to the initiative **[Prong 6]**. As communication will play a vital role in the plan's success, a structured **communication strategy** was developed to promote program objectives, engage stakeholders, and generate community awareness **[Prong 7]**.

All of this work is accounted for in **a comprehensive program logic model**, which includes a mental health measurement tool to assess the effectiveness of implemented strategies **[Prong 8]**. A detailed **project plan** was developed to outline key milestones, responsibilities, and timelines, ensuring smooth execution and maintaining clarity and structure throughout the process **[Prong 9]**. Finally, a well-defined **budget** provides financial transparency and guides the allocation of resources to support impactful interventions **[Prong 10]**.

The intent for the 10-PP was to provide a structure to implement sustainable, data-driven, and community-centered solutions that directly address mental health and social determinants of health, driving measurable improvements and lasting impact. Collaboratives were provided a 10-PP Package on January 21, 2025, and the QA walked through the package and took questions, alongside the Texas Health Community Impact Southern Region Planning Team, at the 2025-2026 Grant Cycle Kickoff meeting on January 22. Collaboratives had until May 31, 2025 to complete the planning and writing of the plan. Technical assistance for any aspect of the planning grant, including the development of the 10-PP, was available (but not required) by the QA over this time period.



Quality Assessment

Quality Assessment Approach and Design

The approach to this Quality Assessment was directed by the RFP requirement of the QA, which required a logic model with specific tools and measures for assessing collaborative quality. ER’s quality assessment was guided by its submitted logic model:

Activities	Outputs	Outcomes
<ul style="list-style-type: none"> • Finalize CATH • Test CATH • Kickoff meetings with Collaboratives • Update and launch CET with Collaboratives • Ongoing CET monitoring with LO • CATH at baseline + Qual data collection at 6-9 weeks • Training (CATH domain specific) • Observing and participating in planning meetings with Collaboratives • CATH + Qual data collection at 4 months • Training (CATH domain specific) • CATH data collection at 6 months 	<ul style="list-style-type: none"> • Grantee and Collaborative analysis and trends (CET and CATH) • Grantee and Collaborative report briefs • Grantee and Collaborative support and/or coaching • Quality assessment of each Collaboration and their development of their innovative 10-PP approach to address Mental Health and SDOH 	<ul style="list-style-type: none"> • [S] Increased understanding of the support needs of grantees and Collaboratives • [S] Increased knowledge of Collaborative dynamics and abilities - Increased Collaborative efforts (in proposal and execution) • [L] Recommendations for Phase Two implementation funding • [L] Increased knowledge for THR and evaluator relative to Collaboratives receiving program implementation funding

[S] = Short term; [L] = Long Term

Collaboration, measurement, and technical assistance were key to the quality assessment activities. ER’s proposal stated that the team would provide ongoing engagement with each collaborative and targeted support based on observation and data collected through the Collaborative Assessment Tool for Health (CATH) and the Collaborative Engagement Tracker (CET). After being awarded the QA contract, ER met with the Texas Health Community Impact QA Planning Team and learned that there was greater emphasis on technical assistance throughout the planning period, as well as determining the quality of the collaborative itself; as such, ER developed the Observation Checklist (OC) as a rubric for observing the collaborative in action. For review of any materials or instruments used in this quality assessment, please email THCI-Grants@TexasHealth.org.

Quality Assessment Measures

Collaborative Engagement Tracker (CET). The CET is a modified version of the Engagement Scorecard of the Global Journal of Community Psychology Practice.¹ The CET was intended to track members’ engagement in the collaborative process of this planning phase. The Lead Organization’s responsibility was to update the engagement opportunities/activities, but it was the members’ responsibility to self-report their engagement. The tracker was designed to automatically create charts that provide an overview of the collaborative members’ involvement within the last 30 days. The CET was developed offline for this assessment and then put online as a

¹Source: Anglin, A. E., Kirk, C. M., and Hakim-Johnson, S. (2015). Making collaboration count: A tool for tracking and building participation in community collaboratives and coalitions. *Global Journal of Community Psychology Practice*, 6(2), 1-13.



Google Sheet for easy access and updates. Directions for scoring were provided to collaborative members, and an instructional video demonstrating the CET use was provided.

Collaboration Assessment Tool for Health (CATH). This measure is a modified version of the Partnership Assessment Tool for Health (PATH)²- a Robert Wood Johnson Foundation-funded tool developed by Partnership for Healthy Outcomes. The PATH is intended for community-based organizations (CBOs) that provide human services and healthcare organizations engaging in a partnership. The CATH (ER's modified version for *Collaboration*) contained six overarching domains³ and 23 subdomains related to collaboration and partnership. Using elements from other existing tools (the Justice Center Collaborative Assessment Tool⁴ and the Township of Langley Intersectoral Collaboration Assessment Tool⁵), ER modified this tool to address the elements within each of the strategic priorities of Texas Health Community Impact (Collaboration, Innovation, and Strategic Alignment) and considered the 10-PP as noted in the RFP. Each domain contained 2-5 critical questions modified to statements for a 5-point Likert Agreement scale; responses to questions were rolled up into an overall domain and subdomain scores. ER used a mixed-method approach with the CATH; the survey identified domains and subdomains of growth, and then ER qualitatively engaged with grantees to better understand their challenges and/or successes. Specific targeted action plans were sent to grantees after their CATH discussion.

Observation Checklist (OC). The OC was designed to be completed by an observer to determine the quality of collaboration in ongoing meetings. It can also provide feedback and coaching to the Community Collaboratives (CC) overall or identify issues to discuss with individual partners. Furthermore, it can be used as a guidance document when designing or revising internal plans. Collaboration components with a maximum of one missed item per domain on the checklist can be considered high quality.



Photo provided by Together We Grow

² Source: Partnership for Health Outcomes. (2017). *Partnership Assessment Tool for Health*. www.chcs.org.

³ Domains: Internal and External Relationships, Service Delivery and Workflow, Funding and Finance, Data and Outcomes, Advancing Health Equity, and Strategic Priorities (addressing innovation and mental health assessment).

⁴ Source: Council of State Governments Justice Center. (2020). *Collaboration Assessment Tool*. https://csgjusticecenter.org/wp-content/uploads/2020/02/Collaboration_Assessment_Tool.pdf

⁵ Source: Township of Langley. (2022). *Intersectoral Collaboration Assessment Tool*. <https://corostrandberg.com/wp-content/uploads/2023/01/intersectoral-collaboration-assessment-tool.pdf>



Program and Quality Assessment Process

The process and timeline of the quality assessment can be understood in three phases: planning, implementation, and closeout.

After receiving the QA award notice, the **Planning Phase** began with a revised project plan and budget, followed by an initial meeting with the Texas Health team. This meeting defined roles and responsibilities, reviewed and discussed the project plan, budget, and “prong” wording, discussed MOU execution dates, CATH and CET data collection, and then explored more fully the goals Texas Health had for the QA in assisting them with proposal development and the collaboratives (grantees) with their overall 10-PP development (inclusive of their logic models, data, evaluation elements, and overall proposal). Through the discussion, Texas Health noted that some collaboratives were new to grant funding, while others were more experienced. Texas Health requested the QA’s assistance in developing a structured set of documents, templates, etc., to level the playing field and best position all collaboratives for a strong submission.

Out of this request, the QA developed a Collaboration Planning Tool (CPT) and 10-PP guide materials. The CPT was intended to take all collaboratives through a process to help establish shared goals, build mutual understanding, and set up systems for communication and coordination. It also offered an opportunity to outline technologies and data use, strategies for managing conflict, and approaches for engaging in quality improvement activities. The CPT included ten key components⁶ with consideration prompts to guide each one.

The 10-PP Package included eight (8) documents to facilitate the Phase Two proposals' submission and review process. They included a grant proposal template, instructions, scoring criteria, MOU template for collaborative members, communication plan to promote the grant, client referral process examples, client journey process examples, and budget management process examples. Most critical were the instructions and the grant proposal template themselves, as they outlined the sections and pages for the submission, which included:

- Cover Page [1 page]
- Executive Summary [1 page]
- Community Need [<2 pages]
- Project Description [<5 pages]
- Collaboration [<3 pages]
- Implementation and Communication Plan [<3 pages]
- Evaluation Plan [<2 pages]
- Budget [<2 pages]
- Sustainability [1 page]

The instructions outlined other guidelines such as font, size, margins, spacing, and reference formatting. The proposal template was provided to collaboratives with this formatting already in place. Additionally, reminders of page limits and associated files were noted.

Each of these documents went through review and feedback with Texas Health before finalizing. In addition to this package, the QA provided specific guidance on developing and writing SMART/IE goals. ***On April 4, 2025, the QA was notified that due to directions from the federal government, Texas Health Community Impact would seek SMART goals only. Collaboratives were informed of this change when it occurred.***

During this planning time frame, the QA briefly met each of the collaboratives in December when they were finalizing the details of their project plans, budgets, and MOUs with Texas Health. The CATH survey was launched

⁶ Key collaboration components: Communication & Coordination, Team Functioning, Collaboration Readiness, Technology, Data Governance, Leadership, Management & Administration, Conflict Prevention & Management, Training, Quality Improvement Activities, and Budget & Resource Allocation.



during these initial meeting times so that a baseline as accurate as possible could be achieved (i.e., before collaboratives officially started their planning grant). *A best practice that emerged from the CATH baseline was sending the survey through ER's data collection tool and individually to the participants to avoid potential issues with email firewalls.*

The **Implementation Phase** began with the Orientation in January. Understanding that there would be a Collaboration Orientation with Texas Health on January 22, 2025, the QA requested extra time with the Southern Region collaboratives after the kick-off to discuss the proposal package and field any immediate questions. This request was granted, and the Erath and Johnson County collaboratives stayed for an additional hour after the conclusion of the kickoff to review the expected process and documents (which they received the day prior via email). Collaboratives were tasked with completing the first half of the CPT by February 7, 2025, so that they could begin to lay the groundwork for how their collaborative intended to work (elements of the CPT would later be included in the 10-PP). The first half of the CPT included the following sections: Communication & Coordination, Team Function, Technology (Tools), and Data Governance. The second half was due on March 7, 2025, and included the following sections: Collaboration Readiness; Leadership, Management, & Administration; Conflict Prevention & Management; Training; Quality Improvement Activities; and Budget & Resource Allocation. The Orientation also provided a time for the QA to make itself available to the collaboratives for technical assistance related to the logic model, data, evaluation, project design, resources and tools, and proposal development. The QA requested to be included in any meetings that collaboratives had, so that suggestions or resources could be provided in real-time.

Following the Orientation, the QA requested meetings with the Lead Organizations (LOs) to set up the CET. The LOs worked with the QA until the CET properly reflected their engagement activities. Then, the QA uploaded it, along with directions for collaborative members, to a shared Google Sheet with a link that was shared via email. The QA also provided a training video for reference. Collaboratives immediately began using the tracker, and the QA monitored it for use. Keeping the tracker updated was important because the data would be used in both the collaborative's proposal *and* the quality assessment report. *A best practice of the CET use was for collaboratives to take the first few minutes of their bi-weekly or monthly meetings to update their entries.*

With every collaborative interaction, the QA offered to attend any or all collaborative meetings, especially for the collaboratives struggling to formulate their plans earlier than others. The offer was to join collaboratives in their meetings as silent observers, identify and troubleshoot any issues, make suggestions, answer questions, etc. For any of these collaborative meetings, the QA completed an OC form. Texas Health also invited the QA to attend their program manager's monthly meetings with collaboratives, so some technical assistance was also provided to collaboratives during this time. OC forms were not completed for Texas Health's monthly meetings.

Due to delays with some collaboratives in the CATH baseline being conducted, the QA could not perform the analysis until late March. The QA then began scheduling meetings with collaboratives to review their baseline findings. Given its timing, the QA requested (and Texas Health agreed) that the midline CATH survey be removed from the project scope. Because the survey discussions were later than anticipated, many of the findings were not as relevant due to the time that had passed. As such, the QA positioned questions around successes and challenges of key domain areas and followed up with documentation related to key regions, what was going well, what was under development, and what needed improvement.

In April, collaboratives began focusing on their Phase Two logic models. The QA worked through meeting notes and preliminary program documentation from Phase One to build a "springboard" logic model draft to start from and then met with each of the collaboratives to walk through their program design. *A best practice that emerged from this process was for the QA to provide a springboard horizontal version of the logic model to get collaboratives on the right path to developing their program. Grantees appreciated this process, as they found the Texas Health template confusing.*



Beginning in May, the QA started to receive some elements of the collaboratives' 10-PP in preparation for the complimentary Texas Health review deadline of May 15, 2025. Each collaborative took advantage of Texas Health's draft review. Texas Health shared these drafts with the QA, and feedback was provided to the grantees. *As noted earlier, VSC could not submit its proposal due to the loss of a vital collaborative partner.*

Beginning the second week of May, the QA sent out the endline CATH survey, and within 3 days, most collaborative responses were in. This endline signaled the beginning of the **Closeout Phase**, which is completed by this Project Summary.

Quality Assessment Limitations

Naturally, there were challenges to the tools and, as such, limitations to the quality assessment.

- The CET was intended to be a self-report measure, meaning that individual collaborative members were responsible for updating their involvement. In reality, the analytics on the Google Sheets recorded the LO having made many of the updates. It is possible that the LO could have completed it for its members in collaborative meetings, but there is no way to distinguish this.
- The CPT was intended to be a collaborative experience in that members of the collaborative were to work on its completion collectively. It was very likely that some LOs did it themselves with little involvement of others, except in reviewing it.
- The CATH was intended to demonstrate change from baseline to midline to endline. With the midline data collection being removed, there is little data to show progression. There were challenges with getting collaboratives to complete the baseline, despite talking in person about it and sending multiple reminder emails. CATH baseline findings were also much higher than anticipated. The QA intended to capture the collaborative members' views on collaborative elements *before* they started on their actual planning. In reality, this baseline would have been better conducted at the beginning of Phase One before they had already conceptualized ideas and had preliminary meetings with their members to produce a Phase One proposal.
- The QA had limited exposure to ongoing collaborative meetings to *observe* collaboration. The QA was not required at collaboratives' meetings, so the QA had to wait to be invited. As such, the QA can only speak to the meetings it did observe.



Photo provided by Community Connections Cohorts



Photo provided by the High Risk Domestic Violence Collaborative



Findings

Collaboration Assessment Tool for Health (CATH) Scorecards

As part of the RFP requirement, the QA had to set SMART goals for this engagement. The QA submitted the following two goals with specified growth targets:

Two CATHs with one qualitative assessment and CET check-ins would be completed by the midpoint of the planning period—*expectation: an average of 20% growth across CATH domain scores for Collaboratives by this time point.*

By the end of the planning period, three CATH with two qualitative assessments and CET check-ins would be complete—*expectation: an average of 80% growth in CATH domain scores from baseline to post for Collaboratives.*

Analysis compared the change in the baseline of the CATH measures across all of the collaborative respondents. Of the six factor scores, all six had improved scores, and five had statistically significant increases (83.3%). Of 24 individual CATH items, 100% of items had an increase, and 83.3% (20 out of 24 items) had a statistically significant increase across the program period.

As noted, the midpoint CATH survey was removed due to delays from the baseline survey. As such, this report presents the findings from the baseline to endline (two CATH surveys). The CATH comprises six domains: Internal and External Relationships, Service Delivery and Workflow, Funding and Finance, Data and Outcomes, Advancing Health Equity, and Strategic Priorities. The following pages present the overall findings along domain lines. Individual collaborative scores provided to Texas Health.



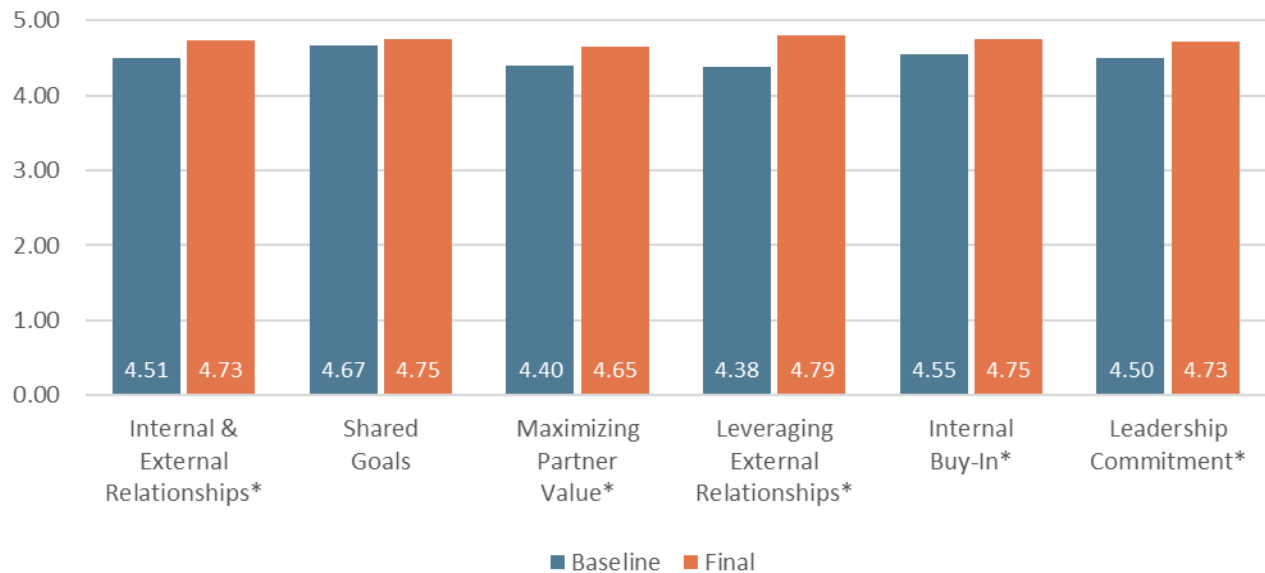
Photo provided by Together We Grow



Overall, scores on every item increased or improved over time. It should be noted that there were no differences in the CATH scores by race, gender, age, or time working in the sector. The only change noted in scores was between roles. In almost every item, team leads had lower scores than Leaders (Executive Leaders, Directors, and Managers) and Individual Contributors. Several of these are statistically significant.

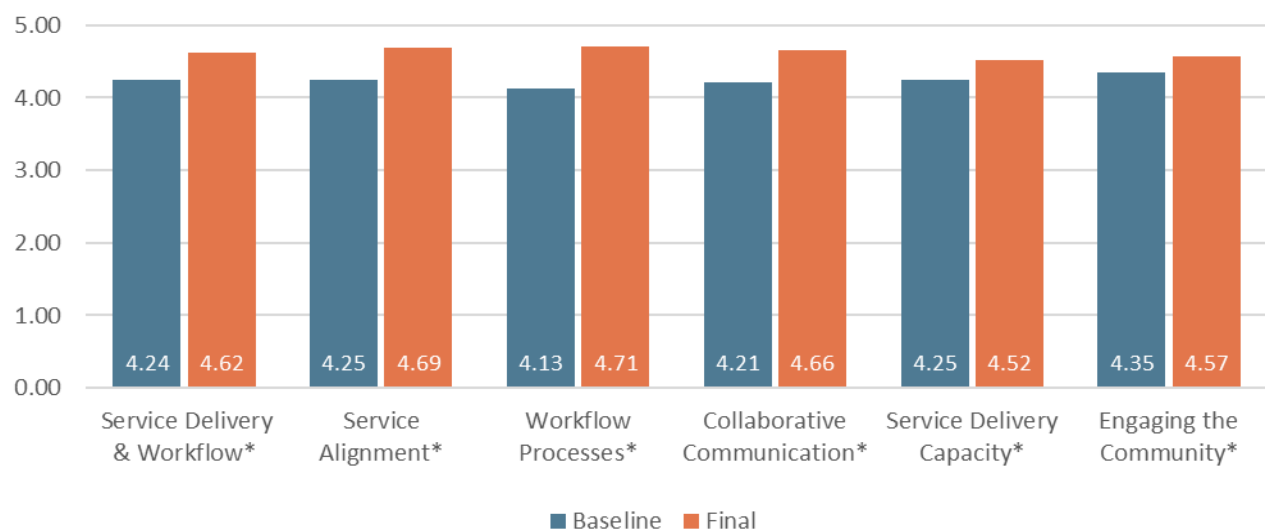
Concerning Internal and External Relationships, there were significant improvements between the subdomains of Maximizing Partner Value, Leveraging External Relationships, Internal Buy-in, and Leadership Commitment. The sub-domain of Shared Goals also increased, but not significantly, perhaps due to the collaboratives having started this process with a high level of understanding between them of the goals they wished to achieve through this planning period.

Internal & External Relationships



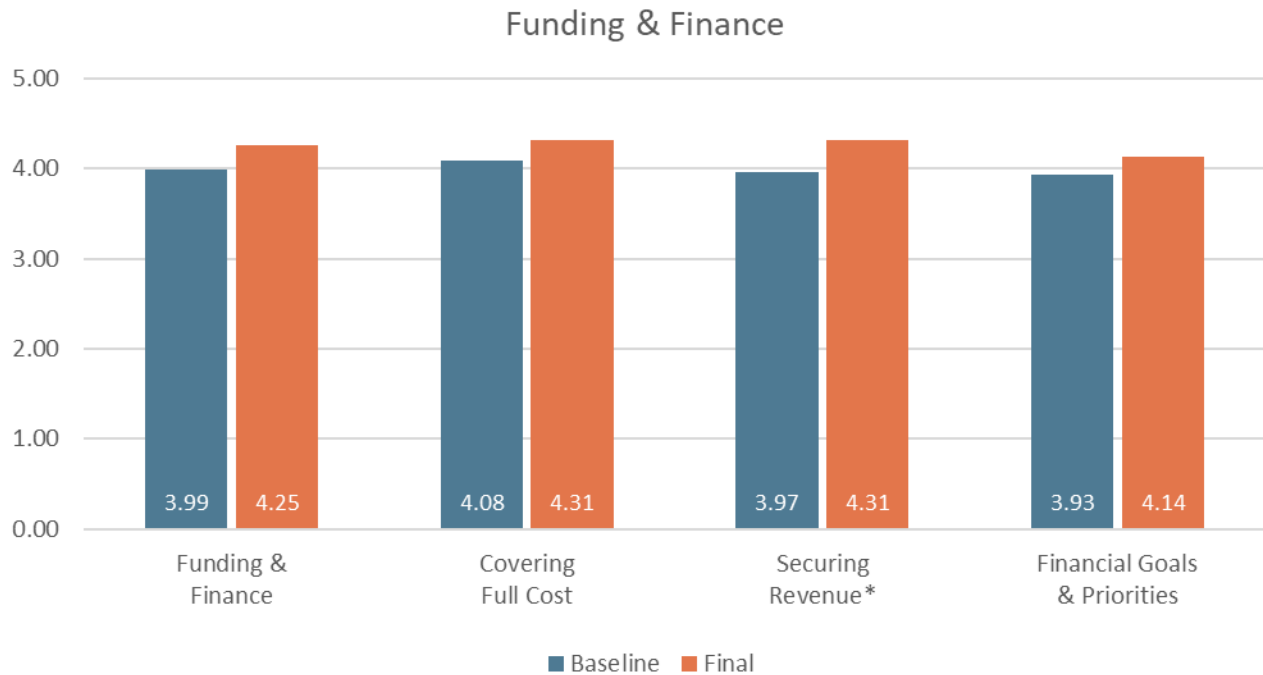
Service Delivery and Workflow showed significant improvements overall, especially between every subdomain, including Service Alignment, Workflow Processes, Collaborative Communication, Service Delivery Capacity, and Engaging the Community, with the *greatest* improvements being in Workflow Processes.

Service Delivery & Workflow

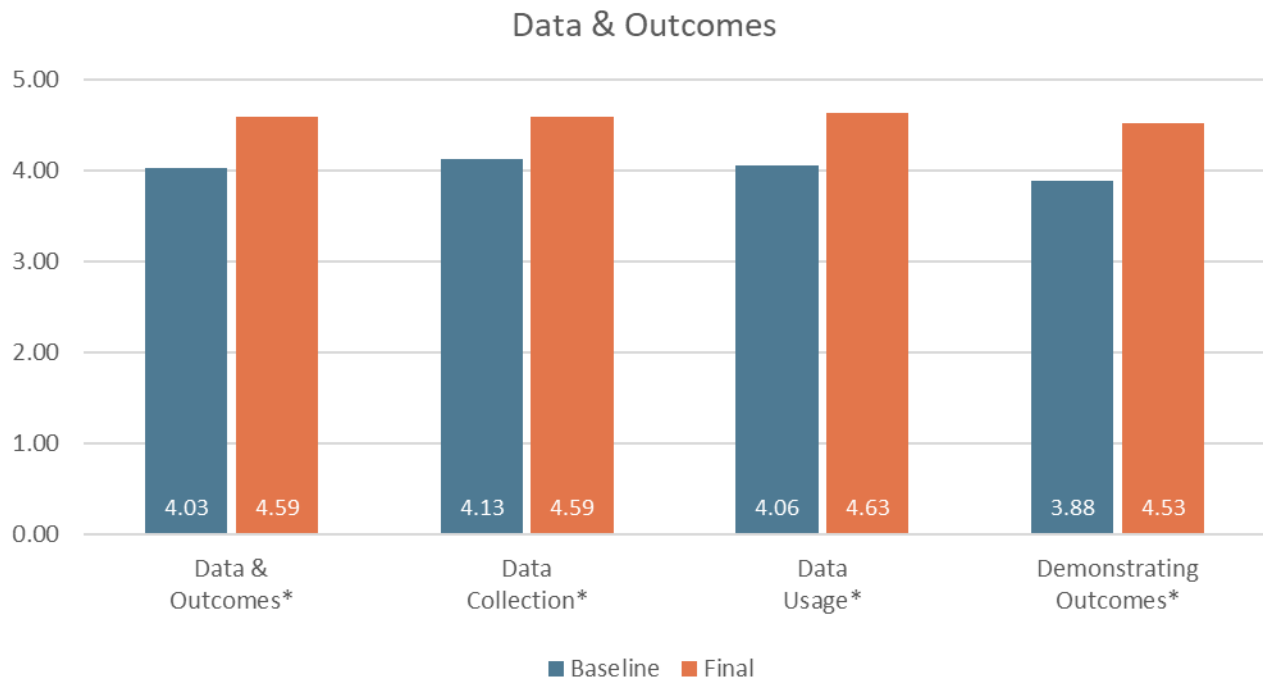




Funding and Finance improved overall, especially across Covering Full Cost, and Financial Goals and Priorities; significant improvement was made in Securing Revenue. This could be the receipt of funds from Texas Health between baseline and endline.

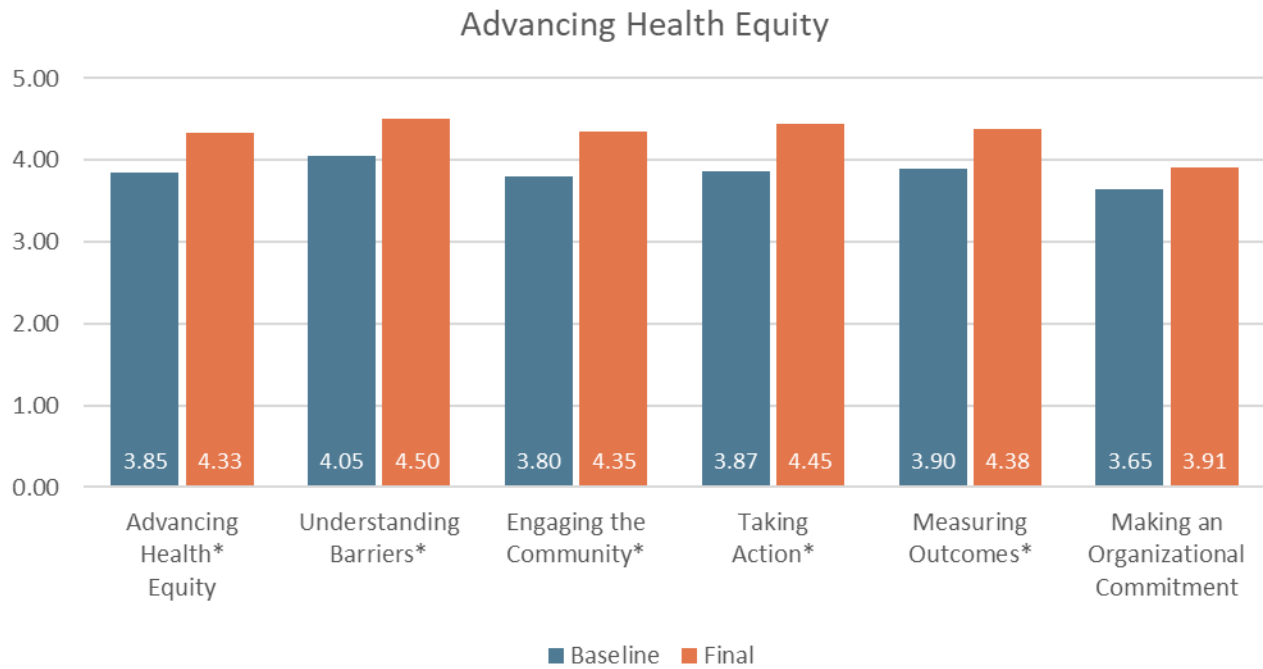


Data and Outcomes—along with each sub-domain (Data Collection, Data Usage, and Demonstrating Outcomes)—showed a significant increase, with Demonstrating Outcomes showing the greatest change.

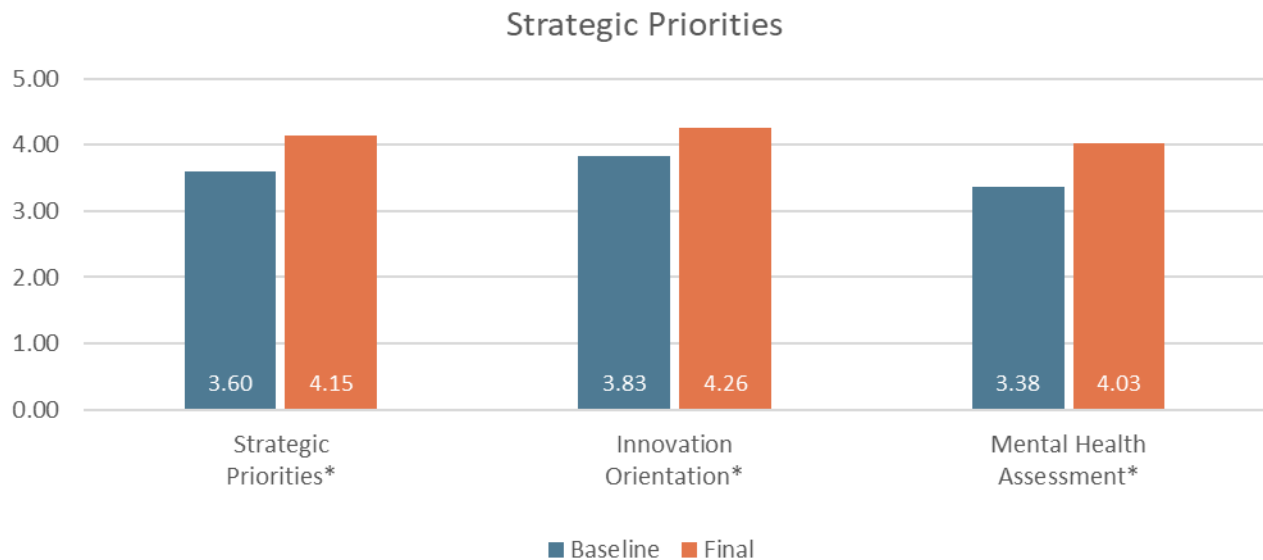




Except for Making an Organizational Commitment, all subdomains of Advancing Health Equity improved significantly (Understanding Barriers, Engaging the Community, Taking Action, and Measuring Outcomes). The CATH discussions mentioned that this score could be lower because of the wording of the related questions that speak to an “active commitment to diversity, equity, and inclusion.” The federal administrative changes in January could have affected responses.



Strategic Priorities recorded significant improvements were made in the two sub-domains of Innovation Orientation and Mental Health Assessment, with the greatest improvement noted in Mental Health Assessment.



In the CATH follow-up discussion, several collaborative members noted that at baseline, they scored themselves higher than they should have, either because they did not fully understand the question or because they felt they were further along than they were (in hindsight). When reviewing the findings, this should be considered for collaboratives with lower scores at endline.

JOHNSON COUNTY WELLNESS INITIATIVE



Photo provided by Johnson County Wellness Initiative

In the Quality Assessment Limitations section (above), it was noted that the QA intended to capture collaboratives' views on each of the domains (Internal and External Relationships, Service Delivery and Workflow, Funding and Finance, Data and Outcomes, Advancing Health Equity, and Strategic Priorities) *before* the groups had started on their actual planning. However, collaboratives had already had months of preliminary meetings to conceptualize ideas to produce a Phase One Planning proposal. As such, the baseline was much higher than expected. Had the baseline been conducted before planning, it would be drastically lower. Furthermore, in the CATH discussions with collaboratives, several of them mentioned that in their baseline responses, they had misunderstood some questions and answered where they thought they were, but in hindsight, realized that they had overshot their response.



Collaborative Engagement Tracker (CET) Scorecards

As part of its collaborative measures submitted in the QA’s proposal to Texas Health, the CET was used to track engagement of collaborative member organizations (self-reported but monitored by the LO and QA). As members updated the CET, a tab auto-calculated engagement by organization and sector. Of specific interest to this assessment was organizational engagement, as it demonstrated whether engagement was balanced across member organizations. The following is an example entry card and the organizational engagement scorecards per collaborative.

Individual collaborative scores provided to Texas Health; they ranged between 96-100% for engagement to date and 98-100% for engagement in the past 30 days.

Collaborative Engagement Tracker (CET)

COLLABORATIVE NAME

ORGANIZATION & PARTICIPANT				1	2	3	4
Participant Contact Information	Last name			Last name 1	Last Name 2	Last Name 3	
	First name			First name 1	First Name 2	First Name 3	
	Organization			Name 4	Name 7	Name 6	
	Role			President / CEO	Executive Director	Community Directors	
	Lead Member of Collaborative			Yes	No	No	
	Email address						
Organization & Member Status			Sector	Non-Profit	Non-Profit	Faith-Based	
	CC PP & B Kickoff	10	12/9/2024	10	10	9	
	CATH Baseline	5	12/18/2024	5	5	5	
	Collaborative Meeting 1 - Zoom	10	1/24/2025	10	10	10	
	CPT Completion - Pt 1	5	2/7/2025	5	5	5	
	Collaborative Meeting 2 (Survey Follow	10	2/13/2025	9	10	10	
	nty 1 Meeting - Civic Orgs/Local Go	10	2/20/2025	10	7	7	
	Collaborative Meeting 3	10	2/25/2025	10	10	9	
	Workgroup Meeting 1	5	2/27/2025	5	5	5	
	CPT Completion - Pt 2	5	3/7/2025	5	5	5	
	Collaborative Meeting 4	10	3/11/2025	10	7	7	
	orkgroup Meeting 2 (Survey Results	5	3/13/2025	5	5	5	
	Community Focus Group	7	3/18/2025	7	7	7	
	County 2 Meeting - Public Orgs.	10	3/25/2025	8	7	7	
	Media Event	2	4/1/2025	2	2	2	
	Collaborative Meeting 5	10	4/7/2025	10	10	10	
	meeting w/Johncon Cty organization	10	4/22/2025	10	10	8	
	Workgroup Meeting 3	5	4/24/2025	4	5	5	
	CATH Followup	5	4/24/2025	5	4	5	
	CATH #2	5	5/9/2025	5	5	3	
	Activity 20	5	12/1/2025				



Observation Checklist (OC) Scorecards

In response to the Texas Health directive in one of the early planning meetings to specifically assess *how* collaboratives work together, the QA developed the OC. An OC was documented for every collaborative meeting the QA invited to. Scores were agreed upon by the QA members present and then recorded in a spreadsheet. The following is an example OC scorecard.

Individual OC scores provided to Texas Health.

Observation Checklist Tracker

CC Name

Meeting Date	01.31.25	02.12.25	03.14.25	03.28.25	05.09.25
Structure: meeting notes	5	5	5	5	5
Structure: start/stop	5	2	5	5	5
Structure: agendas	4	5	5	5	5
Structure: minutes/notes	5	5	a	5	5
Communication: effective	5	5	5	5	5
Communication: conflict	5	5	5	5	5
Communication: shared viewpoints	5	5	5	5	5
Team Function: high engagement	4	5	5	5	5
Team Function: discussions on track	5	5	5	5	5
Team Function: valued contributions	5	5	5	5	5
Team Function: shared decisions	5	5	5	5	5
Team Function: strong motivation	5	5	5	5	5
Focus: reviewed action items (last mtg)	5	5	5	5	5
Focus: clear action items (current mtg)	5	5	5	5	5
Focus: productive meeting	5	5	5	5	5
Focus: progress monitored (milestones)	5	5	5	5	5
Score	4.875	4.8125	5	5	5



10-PP Quality

To assess the quality of each collaborative’s 10-PP, the QA created a rubric with 6 domains Clarity and Relevance of Program Goal, SDOH Focus, Program Design, Measurement and Evaluation Plan, Logic Model Alignment, and Collaboration Strength (the QA did not review the proposal’s budget); each domain was weighted by importance. Each domain contained components to consider and was given a score from 0 (not addressed) to 5 (excellent).

Score	Rating	Interpretation
5	Excellent	Fully meets or exceeds expectations with strong clarity, detail, and alignment. No weaknesses noted.
4	Strong	Meets expectations with minor gaps or areas needing elaboration.
3	Adequate	Partially meets expectations but lacks clarity, feasibility, or depth.
2	Limited	Major concerns with feasibility, alignment, or clarity. Lacks detail or rationale.
1	Weak	Minimally addresses the criterion with significant deficiencies.
0	Not Addressed	Criterion is missing or not discussed.

Once the rubric was scored, the output was a weighted 10-PP score from below 300 (very weak) to 450-500 (outstanding).

Total Score Range	Rating	Interpretation
450–500	Outstanding	Highly feasible, well-aligned, and well-developed. Strong potential for success.
400–449	Strong	Solid proposal with a few minor issues. Meets most expectations.
350–399	Moderate	Moderate strength with notable gaps in feasibility, alignment, or clarity.
300–349	Weak	Significant concerns about feasibility, impact, or alignment with goals.
Below 300	Very Weak	Unlikely to be feasible or aligned with funder priorities.

Two reviewers independently assessed the proposals and then met to determine final scoring, along with QA Notes relative to components and an Overall Review Statement. The QA Notes are intended to provide insight into the stated score. In contrast, the Overall Review Statement provided comments for both Texas Health and the collaborative itself on how things could have been improved or what was well noted about the proposal.



Recommendations

QA's Collaborative Recommendations for Phase Two Funding

Based on observation of their collaborative, demonstration of collaboration, and the quality and thoroughness of their 10-PP, the thoroughness of their plans, the QA recommendations for Phase Two funding are:

- **Erath County: *Community Connect Cohorts***. This collaborative consistently demonstrated the meaning of *collaboration* in its planning, products, and its unique ability to care for its collaborative members. The group consistently asked for and used feedback from the QA, while also staying ahead of deliverable deadlines. Of particular note, this collaborative pivoted their program design because of data generated by and for the community, demonstrating a heartfelt commitment to meeting an existing need.
- **Johnson County: *Together We Grow***. This collaborative learned from each other in the use of data to generate their program design, even when data collection took them far into the planning period. They clearly had developed a working relationship that drove productive use of their time and resources, helping them to produce a strong proposal with vested community partnerships.



Collaborative Feedback

The QA conducted debriefs with each of the collaboratives (grantees) after submitting the final report to Texas Health. Feedback indicated that the planning grant served as a valuable exercise in collaboration and capacity building for each of the collaboratives. Some highlights to note:

Regarding the Orientation:

“It was helpful to hear about other ideas when in the planning grant and [see] what THCI [Texas Health Community Impact]’s focus was on – what worked in other counties may not work here, but it helps give some ideas and concepts.” *

Regarding the work with the Quality Assessor:

“The QA helped make it feel like we had a shot, helped us grow, helped support us and gave us the confidence to reach out to try other things that I’ve never done before.” *

Regarding the Collaboration Planning Tool:

“I felt like the CPT was helpful in establishing the collaboration practices for partners who had never worked together. It taught us how to work together as a collaboration on other things. THCI [Texas Health Community Impact] is one of the only people giving funds that is focusing on collaboration instead of competition.” *

Regarding the 10-PP Package:

“It was really good – it defined everything that was needed and expected. In the process of completing it, we had to rethink what we were doing and make sure that what we were saying was what we were capable of. The 10-PP layout forced us to answer the questions and know what we were doing with the money.” *

Regarding Partner Growth:

“We all learned many things – [collaborative partner] was a ‘baby’ in this - so this experience has broadened her horizons and opened her up for new things.” *

Throughout the planning period and in the debriefs, collaboratives members shared that the planning grant gave them the opportunity to build on their resources and capabilities, supporting the long-term sustainability of their organizations overall, not just for this grant. For example, many collaboratives have plans to work together again in the future, as they have learned the value of each organization’s services. They also noted feeling confident enough to apply for future grants because of working through this project, with some reporting during the debrief that they were already in the application process for other grants.

“[The collaborative meetings] had challenges every month – everyone’s schedule was difficult, but when it happened, there was true honesty and we were able to get on the same page. I was skeptical at the beginning, but it has helped for future work together.” *

“We had to figure out how to not create new things, but impact in greater ways and not burn ourselves into the ground. We were thankful to have the time to think through and figure out not only what would help the community, but what we have the capacity to handle. Overall, my biggest lessons learned is that it takes all of us in to get this done and done well.” **

Collaborative members expressed genuine appreciation for the opportunity but also surfaced important areas for improvement. With clearer guidance, structured supports, and phased engagement, Texas Health Community Impact can significantly enhance the effectiveness and grantee experience of future Planning Grants.

**THCI Southern Region 2025-2026 Grantee, Collaborative Feedback Debrief Session, June 2025*

***THCI Southern Region 2025-2026 Grantee, CATH Follow Up Discussion, May 2025*



Quality Assessor Note

As this quality assessment concludes, Elite Research would like to extend our sincere gratitude to Texas Health Community Impact for the opportunity to support this thoughtful and meaningful planning grant initiative. It has been a privilege to serve as the Quality Assessor during this critical phase, providing technical assistance and assisting the development of each grantee's planning process.

We are especially appreciative of the Texas Health Community Impact planning team with whom we worked closely. Their approach was marked by flexibility, humility, and a deep commitment to supporting each grantee equitably. They were consistently communicative, timely, and responsive, ensuring that all groups received high-quality guidance. Their ability to offer clear, constructive, and unbiased input, while remaining fully engaged in the work, demonstrates a genuine dedication to the goals of this initiative and to the communities these efforts aim to serve.

It has been an honor to witness the collaborative spirit and integrity with which this planning process was carried out. Thank you again for the opportunity to contribute to this impactful work.

Elite Research, LLC



Quality Assessor Overview

Elite Research, LLC.

Elite Research, LLC is an Irving, Texas-based market research, process optimization, evaluation, and statistical consulting firm. They are certified as a WBENC Women Business Enterprise (WBE), a Historically Underutilized Business (HUB), and an SBA Women-Owned Small Business (WOSB).

As a global provider of research and statistical consulting, they provide expert support to academic researchers, government entities, nonprofits, researchers in the private sector, and corporations in all facets of the research process, including sampling, design, collection, analysis, reporting, implementation, and optimization of findings. Over thirty consultants and staff provide expertise in research design, programming, analysis, data management, survey development, sampling methodologies, web-based surveys, data collection plans, technical writing, and statistical analysis.

Phone. (972) 538-1374

Email. info@eliteresearch.com

Website. www.eliteresearch.com

Address. 9901 Valley Ranch Pkwy. E., Ste. 2035, Irving, TX 75063

