COVID - 19 Wraparound Support Program Evaluation Report

A Joint Venture of
The Food Justice Network – Cultivate Charlottesville
and
The Equity Center – University of Virginia

NOVEMBER 2020

Photo credits: Zack Wajsgras.

Acknowledgements

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List of Acronyms

BRHD – Blue Ridge Health District

CDC - Centers for Disease Control

COVID - 19 – Coronavirus Disease 19

CVS - Consumer Value Stores

DSS - Department of Social Services

Personal Protective Equipment – PPE

PSPP - (There is no official acronym expansion)

SPSS- Statistical Program for the Social Sciences

University of Virginia – UVA

UFE - Utilization-Focused Evaluation

FJN - Food Justice Network

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Executive Summary

Executive Summary

Background

The Food Justice Network (FJN) at Cultivate Cville and The Equity Center at the University of Virginia (UVA) conducted a program evaluation on the COVID-19 Wraparound Services Program in Charlottesville, Virginia. The evaluation aims to:

1. Inform decision making aimed at improvement of the program by evaluating current practices
2. Inform decision making aimed at selection, continuation, or termination by identifying the monetary value of the program
3. Advocate for the continuation of the program by means of justifying expenditure and demonstrating achievements
4. Contribute to the broader evidence base in order to inform future policy and practice by others outside the organization.

Methodology

Data included both internal and external documents and databases. These were along with other pertinent information. Five Key Evaluation Questions were decided upon by evaluation team. These questions will provide focus and structure for the evaluation process. The questions are as follows:

1. Were the inputs for the COVID19 Wraparound Program sufficient and timely?
2. Were the features of the COVID19 Wraparound Program worth the time and money spent to plan and implement the program?
3. Was the program effective in providing for the immediate needs of patients who tested positive for COVID19, and reached out for wraparound support?
4. Did the rate of testing in target communities increase as a result of the program?
5. Has the rate of events where wraparound support is offered increased as a result of the program?

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Highlights of Findings and Conclusion by Key Evaluation Question

1. Were the inputs for the COVID19 Wraparound Program sufficient and timely?

The evaluation team was able to determine that the inputs for the wraparound program were sufficient and timely. Participants in the program had their needs met as at 100% with the exception of financial assistance. At the beginning of program implementation The Equity Center at UVA was meeting 100% of requested need for assistance. As more cases came in, this number was reduced to a standard rate of $500 and finally to $250. Financial assistance was also the area in which people had to wait the longest to have their needs met. This was especially true when working through as the transition started to occur. During the transition phase of the program the team was able to help COVID-19 positive families to tap into existing financial assistance programs in both Charlottesville City and Albemarle County, eliminating the need for funding through The Equity Center. All requests for boxed food, hot meals, medicine for existing medical needs, and other needs were met in a timely manner.

2. Were the features of the COVID19 Wraparound Program worth the time and money spent to plan and implement the program?

The evaluation team sought to measure the amount of time and money spent to implement the program in order to quantify the program's worth. It was determined that the time and money spent to plan and implement the program was well beneath the potential community costs. According to data from Fair Health (2020) a three-day COVID - 19 hospital stay costs $73,300 or $38,221 for those who are able to stay at a hospital in-network with insurance. These figures were used in comparison with the per person costs gleaned from the overall program budget.

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3. Was the program effective in providing for the immediate needs of patients who tested positive for COVID19, and reached out for wraparound support?

✅   The data shows that cases consistently had 100% of their needs met in the early stages of the program. Financial needs were not met as quickly, or at 100% of requested need as the program began to transition from the Equity Center (UVA) to the Blue Ridge Health District as they have a longer process for obtaining support.

It is important to note that eventually all cases requesting financial assistance had this need met, but not at 100%. The funding sources in both Charlottesville City and Albemarle County have different limitations and guidelines for meeting financial need.

4. Did the rate of testing in target communities increase as a result of the program?

✅   In order to see if the rate of testing in focus communities increased above and beyond that of the rest of the state the number of testing events and persons tested were examined. In May there were two testing events in focus communities and in August this number increased exponentially to 15, this is above and beyond the 10 events that one would have looked to see if the events followed the same pattern as the rest of the state.

5. Has the rate of events where wraparound support is offered increased as a result of the program?

✅   In order to gather evidence for this question the number of testing dates where wraparound services were offered was examined. The data looked at the months of May, June, July, and August. Dates for September were not included as the total number of dates could not be determined in time for this report. While May and June had two testing dates, July increased significantly to six, and August saw an even greater increase with a total of 15 distinct testing dates.

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Conclusions and Recommendations

1. Were the inputs for the COVID19 Wraparound Program sufficient and timely?

   ✅ The evaluation team was able to determine that the inputs for the wraparound program were sufficient and timely. Participants in the program had their needs met as at 100% with the exception of financial assistance. At the beginning of program implementation The Equity Center at UVA was meeting 100% of requested need for assistance. As more cases came in, this number was reduced to a standard rate of $500 and finally to $250. Financial assistance was also the area in which people had to wait the longest to have their needs met. This was especially true when working through as the transition started to occur. During the transition phase of the program the team was able to help COVID-19 positive families to tap into existing financial assistance programs in both Charlottesville City and Albemarle County, eliminating the need for funding through The Equity Center. All requests for boxed food, hot meals, medicine for existing medical needs, and other needs were met in a timely manner.

2. Were the features of the COVID19 Wraparound Program worth the time and money spent to plan and implement the program?

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Recommendations

Recommendations for the program

1. Bridge Financial Assistance Gaps
   - In order to provide sufficient and timely resource dispatch to positive cases, addressing the financial gaps should be of interest to the program team. There were reports and findings from the evaluation that finances were a cause of inconsistency in the dispatch sufficiency and timeliness. Due to the limitation of funds and inefficiencies in the distribution of funds. One recommendation is to consider seeking phone support with the intake process to wrap around services and extended support for completing the financial assistance application. Further tracking of financial dispersion timelines is recommended to ensure that finances are acquired in a timely manner. This tracking should also be used to ensure that the financial assistance tasks do not exceed the capacity of assigned staff.

   - Additionally, stakeholders involved in refining the wrap around program are recommended to find a more consistent financial assistance approach that can deliver sufficient funds in a timely manner with transparency about limitations in the intake call to positive cases. If the patient is aware of the resources available, as well as the limitations, there will be a clearer understanding of what will be delivered upon.

Recommendations 2-3

2. **Address Future Resource Partner Capacity**
   - To provide for the immediate needs of patients who test positive for COVID-19 and reach out for support, stakeholders are recommended to understand the status of each Wrap Around partners' ability to scale up and maximum number of cases' worth of resources per week and/or in total. Each partner has reported their abilities to support wrap around services, but plans continue to be in flux.
   - The second recommendation is to support the onboarding of another restaurant to provide prepared meals for the wrap around program for stability and expansion purposes. Our goal is to onboard a Black or Brown owned restaurant in order to best serve COVID wrap around cases who are Black and Brown, such as by ensuring that the program provides culturally appropriate food options and that the program funding is spent equitably.

3. **Establish and Secure Dedicated Program Staff Roles**
   - The Wrap Around Services program is a demanding responsibility, with time sensitive tasks that impact the effectiveness of services provided to each case. At each stage, from case intake to resource dispatch, a prioritization of the program's operational tasks is required by the program coordinators.
   - In order to operate the program at full capacity with a steady caseload, it would run most effectively with dedicated staff time for each of the two key processes - intake and resource activation. Considerations should be focused on geographical limits, compensation, language access.

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Program Description

Introduction

The Centers for Disease Control (CDC) explains the concept of health equity as when everyone regardless of race, space, or other factors has the opportunity to be as healthy as possible (CDC, July 2020). According to the CDC, COVID-19, also known as the novel coronavirus is a previously unidentified strain of virus. First identified in Wuhan, China, the virus causes upper-respiratory illness and a myriad of other symptoms including but not limited to fever, headache, and body aches, though many carriers are asymptomatic.

It is the current reality that communities of color and low-income environments are contracting COVID - 19, getting sick and dying at higher rates than their counterparts.

The CDC cites systemic, long-standing social and health inequities as the reasons that people of racial and ethnic minorities are at an increased risk of getting sick and dying from the virus (2020). This statistic holds true across the country and the city of Charlottesville, Virginia is not an anomaly. In this region, inclusive of Albemarle County, people who belong to racial and ethnic minority groups are also more likely to be classified as poor or middle-class (Hanes, 2018). "Income inequality is measured using a Gini index, with a score of zero being the least unequal and a score of one being the most. Charlottesville has a Gini index of .512, higher than both the Virginia index of .471 and the national index of .415." (Hanes, 2018). Therefore people of color in the region are especially hard hit by social inequity.

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Structure

This evaluation is meant to be both a teaching and learning tool. Processes have been explained in an extensive manner so that they might easily be replicated and tailored in the future. The evaluation covers an introduction, purpose and intended use, evaluation background, and a clear project description to help the reader create a clear frame of reference. The report then moves to the evaluation itself covering the areas of methods and results, findings, conclusions, recommendations and finally ideas for consideration.

Intended Audience

Primary intended users include community partners, governmental decision makers (Charlottesville City, County of Albemarle and other governments in the BRHD), and community members both those who have tested positive for the virus, their family members and the community at large.

Figure 1

Key Partnerships

Table 2
Community Partners

Community Partners
April Oliver, Westhaven Nursing Clinic
Alice Washington – Crescent Halls Resident
Christina Rivera - Cville Community Cares
Dawn Niles - University of Virginia Health
Dr. Amy Salerno - University of Virginia Health System
Dr. B. Cameron Webb - University of Virginia (Medical and Equity Center)
Dr. Ben Allen – The Equity Center: University of Virginia (UVA)
Dr. Denise Bonds – Blue Ridge Health District
Dr. Jeanita Richardson - UVA Public Health Sciences
Dr. Max Luna - University of Virginia Health System
Dr. Reverend Alvin Edwards, Mount Zion First African Baptist Church
Dr. Reverend Lehman Bates, Ebenezer Baptist Church
Don Gathers - Public Housing Association of Residents
Elizabeth Beasley - University of Virginia Health
Gabby Levet - Cultivate Charlottesville, Food Justice Network
Gabriel Rody-Ramazani – Blue Ridge Health District
Harriet Carter Crescent Halls Resident
Ian Nicoll - World Central Kitchen / Frontline Foods
Irtefa Binte-Farid - County of Albemarle, Office of Equity and Inclusion
Jackie Martin - Sentara Martha Jefferson Hospital
James Walsh - World Central Kitchen / Frontline Foods
Jeanette Abi-Nader - Cultivate Charlottesville/FJN
Jen Fleisher – Blue Ridge Health District
Jessica Silver - Blue Ridge Health District
Joe Kreiter - Blue Ridge Area Food Bank
John Kluge - World Central Kitchen / Frontline Foods
Jordy Yager - Support Cville
Joy Johnson - Public Housing Association of Residents
Judy Sandridge – Crescent Halls Resident
Kaki Dimock - City of Charlottesville Department of Human Services
Kathleen Glen-Matthews - Charlottesville Redevelopment Housing Authority
Kathryn Laughon - Cville Community Cares
Kim Wells - Salvation Army
Lisa Draine - Cville Community Cares
Mackenzie Morgan - Cultivate Charlottesville/FJN
Major Strong - Salvation Army
Mark Hahn - Harvest Moon Catering
Mary Stebbins - County of Albemarle, Department of Social Services
Mayor Nikuyah Walker - City Council
Putnam Ivey de Cortez - Blue Ridge Health District
Rebecca Schmidt - Blue Ridge Health District
Sara Tansey - Cville Community Cares
Shantell Bingham - Cultivate Charlottesville, Food Justice Network
Shayla Givens - City of Charlottesville, Department of Human Services
Siri Russell - County of Albemarle Office of Equity & Inclusion
Sue Moffett - City of Charlottesville Department of Social Services
Tamara Wright - Cultivate Charlottesville/FJN
Veronica Espinoza - Navigator
Victoria McCullough- Sin Barreras (Without Borders)
Wes Bellamy - Former Vice Mayor and Community Leader
Willie Mae Gray - Blue Ridge Health District

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Background

As local COVID-19 prevalence rates have increased, data illustrating disproportionate impact faced by African-American and Hispanic households in comparison to white households have not only highlighted disparities in exposure but also in recovery and mortality. Though the population of the Blue Ridge Health District (BRHD) is just under 14% African American (1), Black residents compose over 18% of COVID-19 cases, about 40% of COVID-19 hospitalizations and 25% of COVID-19 fatalities. The Hispanic community is just under 5% of the BRHD population (2), yet accounts for almost 29% of cases, about 17% of hospitalizations and 4.5% of fatalities. Put simply, Black and Brown residents in the Blue Ridge Health District make up a smaller share of the population yet carry a substantial share of disease burden, recovery complications, and death.

While the Blue Ridge Health District is home to some of the top hospitals in Virginia, UVA Medical Center and Sentara Martha Jefferson Hospital, systemic barriers to accessing health care continue to thrive in our community drawing stark lines across race and class. Put simply, like other communities across the nation, there's a pressing need for innovative approaches and partnerships to redress inequities during the COVID-19 pandemic. In an effort to close access gaps in COVID-19 testing, address misinformation about the spread, as well as manage stigma, a cross-sectoral collaboration emerged.

Figure 2

Blue Ridge Health District

# Partnerships Underpinning the Program Development

In order to increase access to COVID-19 testing, address misinformation, and tackle stigma related to COVID-19 within low-wealth, predominately African American and Hispanic communities, faith leaders and public health officials collaborated to offer free, focused testing events.

As the wraparound services aim to serve the community, the voices of residents were centered in the decision-making process to select Crescent Halls, the first community receiving free testing. Alongside community leaders, representatives from the Public Housing Association of Residents (PHAR), Charlottesville Redevelopment Housing Authority (CRHA), Mt Zion First African Baptist Church, Ebenezer Baptist Church, Church of Incarnation, City Councilors, UVA Public Health Sciences, UVA Health System, Sentara Martha Jefferson Hospital, Blue Ridge Health District, and the Food Justice Network, testing partners selected Crescent Halls as the first site for free testing.

Once selected, design conversations with Crescent Hall residents were pursued under the coordination of Dr. Jeanita Richardson from UVA Public Health Sciences, PHAR, CRHA and the Crescent Hall Resident Advisory Board. These conversations driven by resident leaders alongside community centered public health professionals, highlighted the necessity for culturally sensitive awareness raising to combat misinformation and stigma of COVID-19 testing, as well as ethical obligations to support residents through recovery. Put simply, the known social determinants of health outlining the decision to focus on Crescent Halls residents for testing laid bare moral obligations to city leadership and CRHA management to ensure residents that are disproportionately impacted may fare better with wrap around support. In addition, the group hypothesized that if residents were aware that community support to recover would be free and readily available, people would feel more comfortable in getting tested and hopeful about recovering.

From the beginning a major, long-term goal of the program was to scale to a district-wide level, beyond the City of Charlottesville and County of Albemarle to include the counties of Fluvanna, Nelson, Greene, and Louisa the other localities that comprise the Blue Ridge Health District. COVID - 19 Wraparound Support partners included the Blue Ridge Area Food Bank (food boxes, infant formula), Cultivate Charlottesville - Food Justice Network (services design, coordination, and produce), Frontline Foods/World Central Kitchen, Harvest Moon Catering (prepared meals), UVA Health (PPE/sanitation), Cville Community Cares (medications), UVA Equity Center (strategic support; finances; additional needs), Dept of Human Services (housing), and Salvation Army (warehouse and resource aggregation), Blue Ridge Health District (delivery, strategic support and transition partners), City of Charlottesville DHS, DSS (delivery and transition partners) and County of Albemarle DSS, Office of Equity and Inclusion (delivery and transition partners).

Two days a week, Tuesdays, and Fridays, wrap around resources are aggregated and dispatched across Charlottesville and Albemarle to COVID-positive households through the delivery support of Dept of Human Services and Blue Ridge Health District Medical Reserve Corps.


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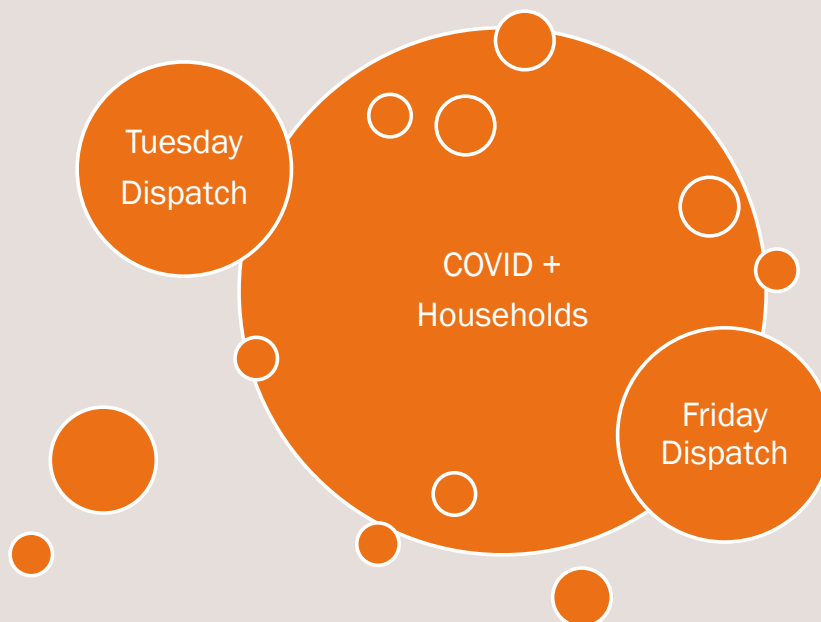
In preparation for the first focused test day at Crescent Halls set for May 1, 2020, UVA Public Health Sciences, PHAR, CRHA, Sentara Martha Jefferson, Blue Ridge Health District, and representatives from a startup initiative called Support Cville, set out to design culturally sensitive resident information sessions for COVID-19 Testing, flyers, and Coronavirus information packets. In addition, as coordinators of the City's Food Equity Initiative, Cultivate Charlottesville's Food Justice Network (FJN), a coalition of 30 nonprofit organizations, was tasked with designing wrap around services. The Food Justice Network had been a centralizing stakeholder in the immediate food security response to the Covid-19 Pandemic, working with Frontline Foods and World Central Kitchen to launch community meal programs, design short-term emergency food security communications structures and conduct emergency operational assessments of food access programs during the pandemic.

While the initiative began in preparation for the first COVID - 19 community testing event at Crescent Halls on May 1, 2020, zero community members tested positive. The first enactment of wrap around services took place after the May 23, 2020 joint UVA Health -Sentara Martha Jefferson Test day at Mount Zion First African Baptist Church and The Jefferson School. The services delivered, built off the foundation of Crescent Halls Wrap Around Services and represented the collective strategy setting of UVA Equity Center, Health Equity, Law, and Policy Research (HELPR) Lab. Since then, wraparound services have been provided through a partnership for any positive cases where there is expressed need for support through community testing events. As of September 2020, the Wraparound Services program was working to transition from coordination by Cultivate Charlottesville and UVA Equity Center/ Health Equity, Law and Policy Research Lab holding operations to a combination of the City of Charlottesville Dept of Human Services, Albemarle County Office of Equity and Inclusion, Blue Ridge Health District and Medical Reserve Corps, City and County Department of Social Services holding the bulk of operations and Cultivate Charlottesville and UVA Equity Center providing strategic support. This change is necessary to ensure that a quality scale up can occur.

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Figure 2
COVID-19 Testing Initiative as of May 2020
(Shantell Bingham and Gabby Levet)

COVID-19 Testing Initiative, as of May 2020
Community Testing and Wrap Around Services Collaboration
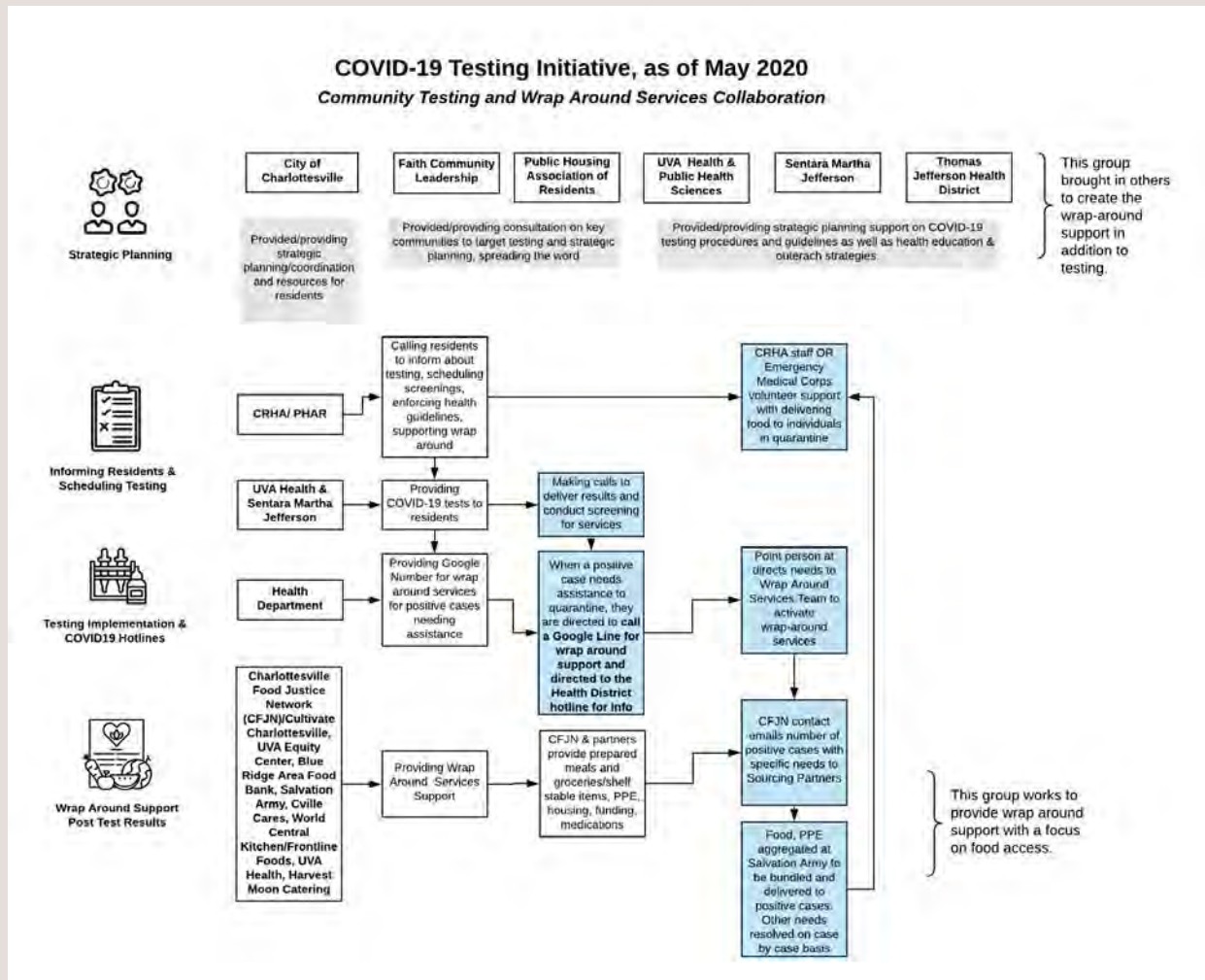
In the short term, the main aim of the COVID - 19 Wraparound Program was to provide food (shelf stable, produce, and prepared meals), PPE/sanitation (masks, gloves, disinfectant, soap, toilet paper, paper towels, water, etc.), medications, finances, and housing to community members and their families who tested positive for COVID - 19. This is to ensure that they would have the resources necessary to isolate/quarantine for a period of fourteen days, as recommended by the CDC (Centers for Disease Control, September 2020). According to BRHD Isolation period for positive cases is 10 days; quarantine period for those exposed is 14 days. The wraparound services program was been oriented around the 14 day period for the first iteration of the program.

Goals and Objectives

Testing

Testing Initiative: Increase the prevalence of testing in focus communities of people of color and low income (Black, Latinx, public and subsidized housing residents, and low wealth communities)

Increase

Increase the number of testing events in the Charlottesville/Albemarle community where wraparound services are offered

Provide

Provide wraparound support for community members who tests positive for the COVID -19 virus and expresses social and financial needs support

Create

Create a scalable model for a community response to a public health crisis.

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Important Internal Roles & Program Design

Important Internal Roles and Program Design

To ensure the success of the wraparound program, many roles must be fulfilled. There are diverse ways in which these roles can be shared in the implementation of wrap-around services. The program operates two main processes - case intake and resource activation - which define the program's coordination roles. At the outset of the program, there were two main roles coordinating the COVID wrap around program implementation a) Case Intaker and b) Resource Activator. While viewed as separate roles, these members work in partnership to oversee care resource coordination, for each COVID positive case household. Other roles include Navigators and the Core Team Members.

Key Roles include:

1. The Case Intaker
2. The Resource Activator
3. Navigators
4. The Core Wraparound Team

The Case Intaker ensures cases are properly informed and enrolled into COVID Wrap Around Support by communicating with Community testing physicians and resulting teams to notify COVID positive cases of services and managing a Team of bilingual Navigators receiving calls from COVID positive cases (in English or Spanish) requesting support to isolate or quarantine. Navigators complete the intake form and the Case Intaker conducts quality control to ensure case details are complete and free of duplication. Case information is then de-identified and and shared with the Resource Activator .

The Resource Activator takes case information and assesses it for household size, requested support, and specifics on dietary or medications needs. The Resource Activator is responsible for determining the resources members will receive including the amount of prepared meals each case will receive based on program parameters, amount of shelf stable food based on household size, bundles of PPE, medication support, as well as capacity to fill any additional needs. These resources are aggregated into dispatch summaries and shared with Wrap Around Partners to fulfill case requests for food, PPE (Personal Protective Equipment), Medications, Housing, Finances, and additional needs. Resource Activator communicates with all Wrap Around Partners to ensure effective coordination for dispatch of resources two times per week.

Navigators receive calls from positively tested community members and conduct Social Needs Intake survey to identify each household's specific needs for wrap around services. Navigators document information during the intake call to communicate with the rest of the Core team *(see below).*

The Core Wrap Around Team includes the joint Care Resource Coordinators (Case Intaker and Resource Activator) and Strategic Advisors who drive the development and sustainability of the Wrap Around program. Because the program is made possible in part by non-profit partners donating in-kind resources, continuity of the program depends upon steady funding streams. Together, the Core Team is responsible for guiding the protocols, values and practices embedded into the operations and ethos of the program.

Both key roles could be considered under one umbrella term as Care-Resource Coordinator, a shared term informed by COVID response efforts across the United States (Wallace-Wells Can Coronavirus Contact Tracing Survive Reopening?). Overarchingly, the Care-Resource Coordinator is the problem-solver and resource activator that responds to positive COVID-19 positive cases that are seeking support for food, medications, finances, housing, PPE/sanitation, and mental health services. As cited in the New Yorker, the Care-Resource Coordinator is one of the key positions that supports slowing the spread of COVID - 19, alongside the Contact Tracers and Case Investigators (Wallace-Wells Can Coronavirus Contact Tracing Survive Reopening?).

As our program has begun transitioning responsibilities to Blue Ridge Health District and institutional partners, the Intaker and Resource Activator role has been combined into one shared Care-Resource Coordinator position. In addition to the two main roles, there is a team of bilingual Navigators that support the intake process for Spanish-speaking cases. Though the program is flexible in allowing support roles for the intake process and the resource activation process, our program has ensured that only one person holds the overarching responsibilities of communicating with resource partners as a united program. This has been key to building, nurturing and maintaining strong relationships with our community partners. Lastly, there have been supporting roles that ensure efficiency and effectiveness of program implementation, these roles include phone support and email drafting. Depending on the caseload and program staff capacity, the roles outlined above are malleable and the responsibilities are transferable.

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Role of Partner Organizations During the Implementation

Figure 3
Testing Initiative May – October 2020
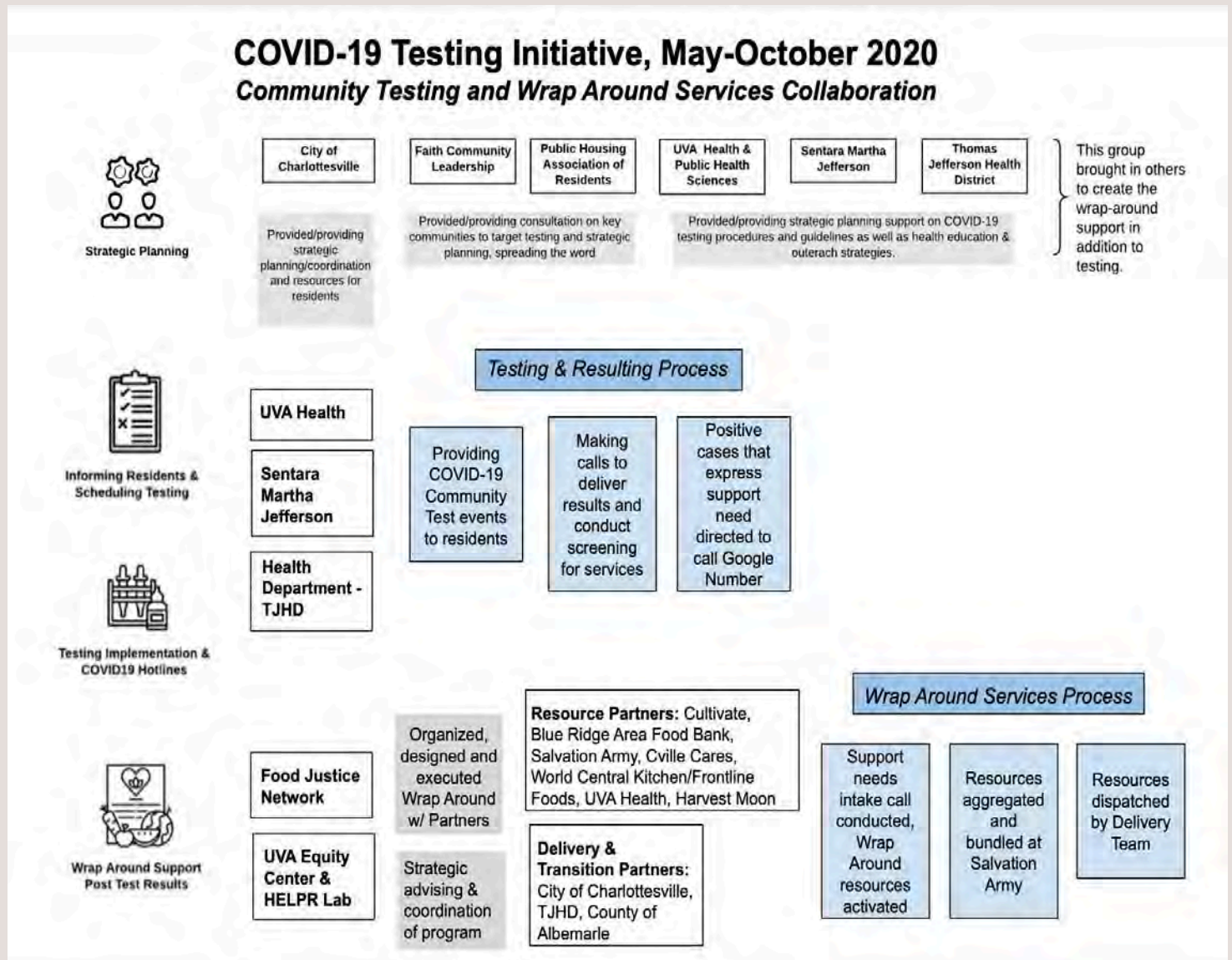
Table 2
Strategic Planning Partners for Initial Launch

Strategic Planning Partners for Initial Launch	
Charlottesville Redevelopment Housing Authority	Provided consultation on strategic planning
Community Leaders, Mayor Walker and Former Vice-Mayor Wes Bellamy, City of Charlottesville	Initiative Launch & Strategic Plan Advisor
University of Virginia (UVA) Equity Center	Initiative Launch & Strategic Plan Advisor
University of Virginia (UVA) Health System	Initiative Launch & Strategic Plan Advisor
University of Virginia (UVA) Public Health Sciences	Supplied Health education materials and information sessions prior to testing. Developed strategic plan resources and evaluation process by working with Ben Allen.
Public Housing Association of Residents (PHAR)	Provided consultation on strategic planning
Blue Ridge Health District (BRHD)	Initiative Launch & Strategic Plan Advisor
City of Charlottesville and County of Albemarle Department of Human Services	Initiative Launch & Strategic Plan Advisor
City of Charlottesville and County of Albemarle Department of Social Services	Initiative Launch & Strategic Plan Advisor
Faith leaders, Dr. Reverend Alvin Edwards and Dr. Reverend Lehman Bates	Provided consultation on strategic planning

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Table 3
Wraparound Resource Partners

Wrap Around Resource Partners	
Cultivate Charlottesville - Food Justice Network	Leading the Wrap Around Partners team in coordinating wrap around services and donating produce; Supporting the creation and transition of wrap around services program; Strategic and technical advising; Supporting program evaluation
University of Virginia Equity Center; University of Virginia (UVA) Health Equity, Law, and Policy Research Lab	Leading and expanding wrap around services program; Coordinating financial support for wrap around program; Strategic and technical advising; Leading program evaluation
Cville Community Cares Prescription Team; Grocery Team	Supporting prescription medication requests -- financial and/or enrollment support; Donated specific item requests of water/diapers/toilet paper
Blue Ridge Area Food Bank	Supplying shelf stable food boxes and infant formula to stockpile
Salvation Army	Supplying space and staff support to store and package dispatches; Sources food boxes as a food pantry partner under Blue Ridge Area Food Bank.
World Central Kitchen / Frontline Foods	Transporting and funding prepared meals for wrap around cases.
Harvest Moon Catering	Preparing meals for wrap around cases.
University of Virginia (UVA) Health System	Supplying PPE and sanitation supplies to stockpile at Salvation Army
Blue Ridge Health District (TJHD)	Leading and expanding wrap around services program; Medical Reserve Corps volunteers providing delivery support
City of Charlottesville and County of Albemarle Department of Human Services (DHS)	DHS City and County staff providing delivery support
City of Charlottesville and County of Albemarle Department of Social Services (DSS)	DHS City and County staff providing delivery support
Congregate Cville	Supporting the disbursement of finances
Navigators	Conducting case intake for Spanish-speaking positive cases
Charlottesville Redevelopment Housing Authority	Routing COVID positive individuals to wrap around program
Public Housing Association of Residents (PHAR)	Routing COVID positive individuals to wrap around program
Sin Barreras	Routing COVID positive individuals to wrap around program
Westhaven Nursing Clinic	Routing COVID positive individuals to wrap around program

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Context

The logic by which the COVID - 19 Wraparound Program operated included the following assumptions:

1. **The program will allow for a decrease in the spread of COVID - 19 throughout the Charlottesville community with a particular impact on focus communities**

2. **There will be a need for social and financial services in focus communities when patients test positive and need to isolate**

3. **Some populations who are being tested may need support accessing health care, taking leave from work and meeting basic needs necessary for fulfilling the full fourteen-day self-isolation requirement.**

Community members who tested positive used the hotline and this allowed for contact by program navigators assess need. Family members/household members of those who test positive receive support services too. Not only do the wraparound services help patients and their families, but businesses benefited as well. In this manner the wraparound services assisted companies in making the shift to navigate and recover from the effects of the current pandemic.

Intended Beneficiaries

The community partners are the intended beneficiaries of this program evaluation. Additionally, the community members of the COVID - 19 Wraparound Program are those who test positive for COVID - 19 in the Charlottesville/Albemarle Area and the people with whom they live. This program evaluation will be available to community members as requested and through other modes of communication. These other modalities will focus on accessibility for people with considerable time constraints, those with low levels of literacy, and those for whom English is a second or other language.

Current State of Affairs

At the time of this evaluation report, the program is in a state of transition. The transition from the initial implementation partners to the BRHD and other community partners is set to conclude during the months of October and November. The initial implementation partners at Cultivate Cville - Food Justice Network are taking the transition slowly so as not to have a significant decrease in the quality of services provided. This transition began over the summer with discussion with the intention of making a material transfer during the month of October. As aforementioned, the main aim of the transition is to scale services in order to serve people who test positive across the Blue Ridge Health District in order to garner a government commitment and support of the program through integration into current and future pandemic response.

Evaluation

Background

Evaluation Background

Purpose and Intended Use

This program evaluation report was created for primary use by strategic and transition partners. While there are many purposes for a program evaluation, the purposes of this evaluation have been narrowed to four that are listed in perceived order of relevance.

1. Inform decision making aimed at improvement: changing or confirming policies and practices

2. Inform decision making aimed at selection, continuation, or termination: identifying best value for money

3. Lobby and advocate: justify expenditure and demonstrate achievements

4. Contribute to broader evidence base: inform future policy and practice by others outside the organization. (Better Evaluation, n.d.)

Scope

This evaluation is limited in scope as the COVID - 19 Wraparound Program began in May and the program evaluator did not begin working with the evaluation team until August 2020. However, even before the program evaluator became involved Morenike Oyebade (UVA) and Ben Allen (UVA) were working with measurement and evaluation in mind and therefore many of the documents and data needed to carry out a successful evaluation had already been created, organized and stored in a secure location. The COVID - 19 pandemic necessitated a quick start in order to try and flatten the curve of spread in the Charlottesville/Albemarle region and beyond. Therefore, a logic model was not created prior to initial planning and implementation.

Precaution must be taken in the application of knowledge gleaned to any other localities or contexts. Additionally, as with all evaluations, the focus is clear and meant to address the key evaluation questions identified by the evaluation team. This means that some questions will go unanswered and may go unaddressed or be addressed through subsequent evaluation.

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Ethics and Responsiveness to Culture

To ensure an ethical and quality evaluation, the five standards used by the American Evaluation Association were used as guidelines, they are as follows:

1. Systematic Inquiry: Evaluators conduct systematic, data-based inquiries about whatever is being evaluated.

2. Cultural Competence: Evaluators provide competent performance to stakeholders.

3. Integrity/Honesty: Evaluators ensure the honesty and integrity of the entire evaluation process.

4. Respect for People: Evaluators respect the security, dignity and self-worth of the respondents, program participants, clients, and other stakeholders with whom they interact.

5. Responsibilities for General and Public Welfare: Evaluators articulate and consider the diversity of interests and values that may be related to the general and public welfare.

*In keeping with the aims of the UVA Equity Center the competence standard was modified to ensure that cultural competence was central to all ethical, quality evaluations.

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Contextual Limitations and Challenges

Significant challenges and limitations related to contextual factors existed with regards to program implementation. These included but were not limited to:

1. The fact there were significant sources of community confusion with regards to the COVID - 19 virus. This includes ideas about how the virus is contracted, transmitted, and treated. Some sources of this confusion include misinformation and language barriers. This evaluation is a source of information to clear up confusion.

2. Contextually, it is important to note that the income gap between people of color and white people in the Charlottesville community is one of the largest in the state of Virginia. While this is a phenomenon in many college communities, the gap is especially prevalent in Charlottesville (Grady, 2017). This evaluation will allow for the opportunity to assess the ways in which this gap was mitigated by the COVID - 19 wraparound program to assist low-income residents to self-isolate after a positive diagnosis.

3. The University of Virginia, like many colleges, has a strained relationship with the local community. The UVA Equity Center was created in 2018 to meet this issue head on and try to redress the past. One of the goals of the center is to "reduce the inequitable distribution of decision-making power, access to data and access to educational resources for underrepresented youth in Charlottesville and surrounding counties" (The Equity Center, 2020). It is clear from this statement that historically decision-making power has been one-sided. This is a consideration that contextualizes the program implementation.

Stakeholder Engagement and Evaluation Team Composition

The UVA Equity Center aims to ensure that capacity for monitoring and evaluation is built throughout the community such that citizens are better equipped to carry out evaluative processes on their own. Therefore, intentional ways to build and share knowledge were woven into the evaluation process. These included employing a community of practice and giving evaluation team members access to a digital evaluation library for current and future use.

The evaluation was led by Sherica Jones-Lewis of the UVA Equity Center with support for the evaluation team and data scientist, Michele Claibourn. For the purpose of this evaluation, Sherica was considered an internal evaluator.

Evaluation Budget and Resources

A variety of resources were needed in order to complete the evaluation. Of these, the most substantial was time. It took a time period of approximately eight weeks from the beginning of the evaluation until the final report was complete. In addition, the final review of the report was completed by an outside agency and carried a cost of approximately $800. Additionally, the final presentation of the report required photographs that were purchased from a professional photographer for the price of approximately $200.

Participant time was also a factor in the completion of the evaluation with a time commitment of evaluation team members of two hours per week, and a time commitment of 10 hours per week from the program evaluator. The evaluation was conducted as part of the job activities for the Director of Community Research at The Equity Center, UVA and therefore there is no additional cost for evaluation services was incurred by the stakeholders.

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Evaluation Methods

Approach

In terms of an evaluation approach the evaluation team chose to use a Utilization-Focused Evaluation and Empowerment Evaluation. According to Better Evaluation (2020) "Utilization-Focused Evaluation (UFE), developed by Michael Quinn Patton, is an approach based on the principle that an evaluation should be judged on its usefulness to its intended users". This type of evaluation is carefully planned and conducted to increase the likelihood that both the findings and process of the evaluation will be used in future decision-making and to improve the performance of those most intricately involved. In the case of this evaluation Shantell Bingham and Gabby Levet of Cultivate Charlottesville were beneficiaries of monitoring and evaluation training and direct beneficiaries of the process.

Though there are some similarities, Empowerment Evaluation differs from Utilization-Focused Evaluation in that its main aims are to foster sustainability and self-determination. Often Empowerment Evaluation is used in community or place-based initiatives and was therefore appropriate for the study of the COVID - 19 Wraparound Program in the Charlottesville/Albemarle area. This approach was especially useful as the program began to scale up to include the other localities in the Blue Ridge Health District.

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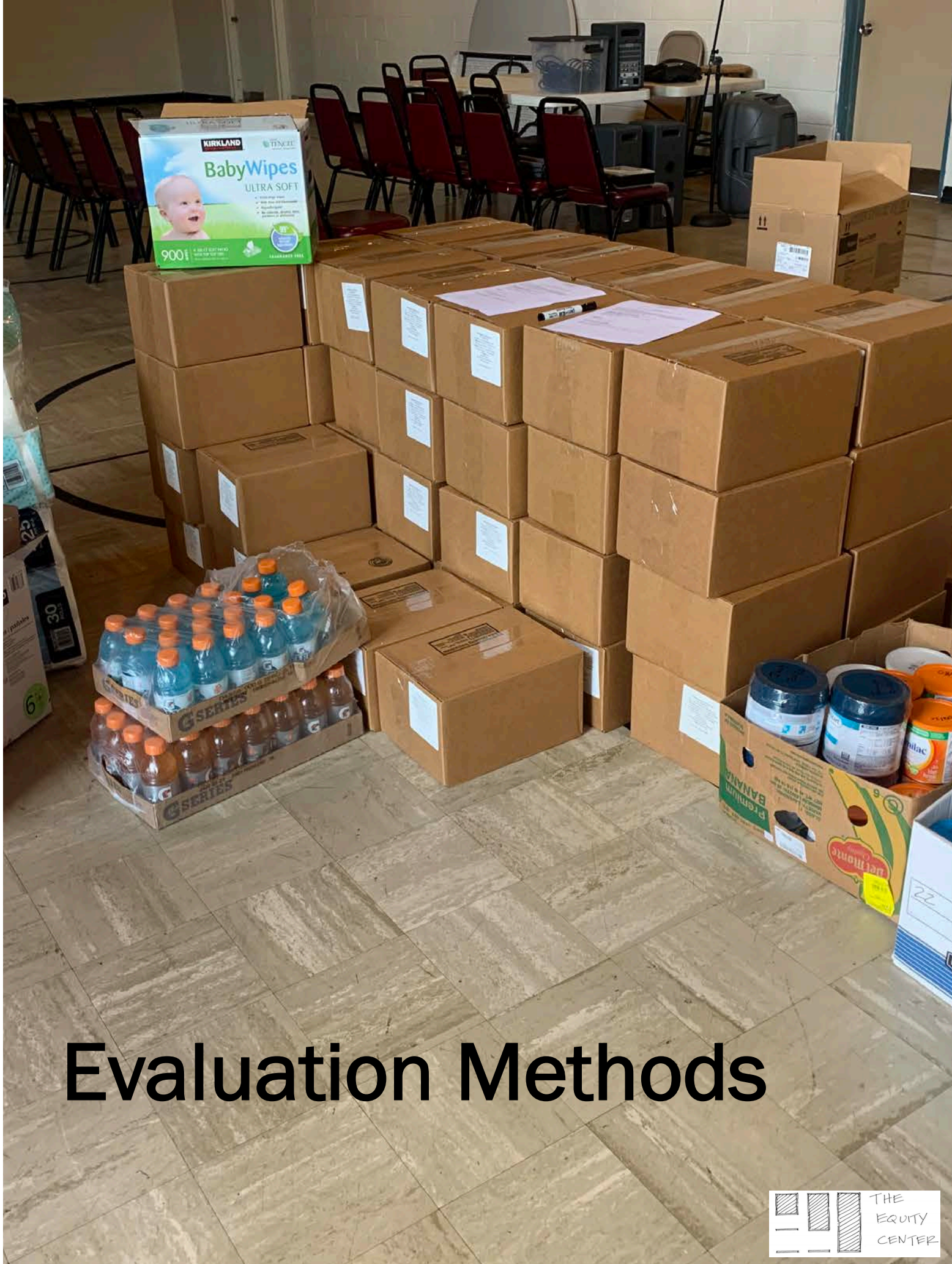
Evaluation Methods

Key Evaluation Questions

Five Key Evaluation Questions were decided upon by the group. These questions provided focus and structure for the evaluation process. The questions are as follows:

1. Were the inputs for the COVID - 19 Wraparound Program sufficient and timely?

2. Were the features of the COVID - 19 Wraparound Program worth the time and money spent to plan and implement the program?

3. Was the program effective in providing for the immediate needs of patients who tested positive for COVID - 19, and reached out for wraparound support?

4. Did the rate of testing in focus communities increase because of the program?

5. Has the rate of events where wraparound support been offered increased because of the program?

Two evaluation questions were not considered key but will be addressed in the Program Evaluation Report. They speak to the scalability and transferring of lessons learned. They are:

1. Should the program continue in its present form, undergo modification, or be replaced by another program?

2. Were community partners able to create a model for responding to a public health crisis?

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Identify Potential Unintended Results

Some unintended negative results may become known because of the COVID - 19 Wraparound program and the accompanying program evaluation. One such negative result could be related to the sustainability of in-kind services - during the implementation phases all wraparound services provided were in kind and the sustainability of providing this level of services as the program is scaled up seems improbable. This is especially true of the prepared meals that are valued at $10 per meal.

The evaluation may show that there is an increased number of testing events, and testing accessibility with regards to focus populations. However, it must be noted that many of the people in the focus groups work low-wage, hourly jobs, and a positive test result means that they will need to self-isolate for 14 days. This puts them at risk to lose wages, and employment for the purpose of slowing community spread of COVID - 19.

Evaluation Criteria and Indicators

The evaluation team worked to define the characteristics and qualities by which to judge the performance of the program relative to each evaluation question. That criteria are outlined in Table 4.

Table 4

Key Evaluation Questions and Success Criteria

Evaluation Questions	Success Criteria
Were the inputs for the COVID - 19 Wraparound Program sufficient and timely?	The inputs for the COVID - 19 Wraparound Program were deemed sufficient and timely if they were delivered within four days of initial requests and in a quantity that allows patients to self-isolate for a full fourteen-day period. Note: The decision to self-isolate/quarantine or not is a personal one, therefore this is not something that was explicitly monitored.
Were the features of the COVID - 19 Wraparound Program worth the time and money spent to plan and implement the program?	The features of the COVID - 19 Wraparound Program were considered worth the time and money spent to plan and implement the program if the money spent per household was less than or equal to $73,300 (the average cost of a COVID - 19 3 day hospital stay) Note: "The average estimated in-network amount per privately insured patient is lower: $38,221" (Fair Health, 2020).
Was the program effective in providing for the immediate needs of patients who tested positive for COVID - 19, and reached out for wraparound support?	The program was deemed effective in providing for the immediate needs of patients who tested positive for COVID - 19 and reached out for support when the percent of identified immediate needs met was greater than or equal to 75%. Note: The evaluation team acknowledges that the inability and or failure to meet even one need may have had a negative impact on families attempting to isolate/quarantine.
Did the rate of testing in focus communities increase because of the program?	The rate of testing in focus communities was thought to have increased because of the program when there was an increase in testing in the communities that demonstrated a statistical increase beyond that of the larger Charlottesville community.
Has the rate of events where wraparound support has been offered increased because of the program?	The rate of events where wraparound services were offered was thought to have increased because of the program when there was an increase in wraparound services in comparison to what was offered before the Wraparound Services program was enacted.

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Data Sources and Source Selection

For each key evaluation question multiple data sources were identified. The sources were selected in order to ensure that data could be checked and or triangulated with the use of three or more sources of data using a democratic process *(see Table 5).* The evaluation team selected sources of data using a democratic process. Since evaluation and measurement has been an aim of the program from the onset, many of the data sources were already in existence while others were pulled from databases.

When choosing data sources, the main driver was patient anonymity. Though contact information for all the COVID - 19 patients who received wraparound services had been collected. The information used for this evaluation was sourced from confidential documents which used case numbers, disassociated from identifying information.

Key Evaluation Questions and Data Sources

1. Were the inputs for the COVID – 19 Wraparound Program sufficient and timely?

o Budget -(Collection of Information from multiple databases)
o Documentation of Additional Fulfillment Institutional Database)
o Documentation of Housing/Hotels (Institutional Database)
o Count of Prepared Meals (Institutional Database)
o Documentation from BRAFB (Institutional Database)
o Documentation of Medicine Costs (Institutional Database)
o PPE and Sanitation costs from UVA Health (Institutional Database)

2. Were the features of the COVID - 19 Wraparound Program worth the time and money spent to plan and implement the program?

o Budget (Collection of Information from multiple databases)
o Allocation of Time (Internal Documentation)
o #'s and Types of Underlying Health (Institutional Database)
o Conditions from Intake Survey (Institutional Database)
o Cost of a COVID - 19 Hospital Stay (External Data)

3. Was the program effective in providing for the immediate needs of patients who tested positive for COVID - 19, and reached out for wraparound support?

o Intake Survey (Institutional Database)
o Financial Support Documentation (Individual from Database)
o Dispatch Documents Distributed to Partners (Institutional Database)

4 Did the rate of testing in focus communities increase because of the program?

o Dispatch Documents Distributed to Partners (Institutional Database)
o List of Testing Sites with Dates (Individual from Database)
o Number of People Tested at Each Event
(from Institutional Database)

5 Has the rate of events where wraparound support been offered increased because of the program?

o Dispatch Documents Distributed to Partners (Institutional Database)
o List of Testing Sites with Dates (Individual from Database)
o Number of People Tested at Each Event (Individual from Database)

Sample Size and Description

Non-probability, convenience sampling was used as there was a focus on testing in focus communities. Therefore, the population of patients is largely made up of people of color, public/subsidized housing residents, and low-wealth residents. Additionally, participants had to test positive and then make a call to the COVID - 19 wraparound support hotline in order to activate services. It is likely that there are more patients who tested positive and that some of them did not need or express the need for additional support.

Patients in the sample include those from four different testing events. Some patients took longer to activate services and others tested in alternative locations therefore the term event is fluid. The sample consists of patients and patient families with varied needs from the following monthly testing events. See Appendix E.

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Data Collection Methods, Procedure, and Instruments

Data was collected from participants using the intake survey. The survey was given in Spanish or English depending on the preferred language of the patient. To reiterate, the intake survey was not given to every patient who tested positive for COVID - 19, rather the patients had to test positive and then call the hotline. Then a program Navigator answered the hotline or called the patient back in order to conduct the evaluation and activate wraparound services.

In addition to the data garnered through the intake survey, this evaluation involved a great deal of document review. The quantitative data gathered through the review of items like the budget and the percentages of needs described and met were combined with qualitative data in a mixed methods approach.

Bilingual Navigators were trained to conduct the intake process. Additionally, the following training module was developed by the Core Team for onboarding government staff for the transition. The training module was developed by the Core Team. This training included a focus on five different areas.

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1. Test-Day Planning - Care-Resource Coordination Team coordinates with testing partners to ensure all resources and processes for Wrap Around activation are communicated across teams and to patients effectively.
2. Intake Process - Intaker/Care-Resource Coordinator oversees a Team of Navigators that receives calls from COVID positive cases (in English or Spanish) that need support to isolate/quarantine. Navigators submit intake form and Intaker/Care-Resource Coordinator conducts quality control to ensure case details are complete, consolidates information and shares with the Care-Resource Coordination Team, depending on case needs, location, etc.
3. Resource Activation - Activator/Care-Resource Coordinator shares out with Wrap Around Partners to activate case requests for food, PPE, Medications, Housing, Finances, Mental Health Services, etc. Activator/Care-Resource Coordinator communicates with all Wrap Around Partners to ensure effective logistics for dispatch of resources two times per week.
4. Documentation & Reporting - Care-Resource Coordinator/Intaker/Activator document lessons learned and outcomes from dispatches every few weeks.
5. Evaluation - Care-Resource Coordinator/Intaker/Activator seeks feedback from all partners on process and potential for improvement.

As training was consistent throughout the implementation phase of the program Navigators were reasonably calibrated. Some of the program navigators were bi-lingual (Spanish and English speaking). This allowed the intake process in either language as many program participants were Spanish speaking. The bilingual program Navigators were integral in ensuring that community members were best served which ensured program efficiency.

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Data Collection Timeline

Data collection began at the onset of the COVID - 19 Wraparound Program. The timeline by which data was collected and retrieved as well as managed, combined, and further analyzed is illustrated within the overall Program Evaluation Timeline. See Appendix F.

Data Management

Respect for privacy and the responsible use of data were paramount throughout the program implementation and evaluation processes. A secure, online system was used in order to collect data and ensure the privacy of patient respondents and community partners. For the purposes of evaluation, data was cleaned of names and other identifiers before it was shared with the evaluation team. The team worked to think of unintended negative consequences of the evaluation and considered the fact that data collection in the form of an intake survey meant that patients had their names, addresses and other personal information collected, there is always a potential risk involved when this data is collected, but all steps to mitigate this risk were taken.

In addition to the unintended result above, it is important to note that as cases were found in certain communities, others may develop a stigma towards persons who live in said communities. The rise in positive cases may be attributed to the increase in testing in these focus communities, where testing in other parts of the community are still not as prevalent.

Findings and Conclusions

Findings and Conclusions

Key Evaluation Question # 1 ✅

Were the inputs for the COVID - 19 Wraparound Program sufficient and timely?

A great deal of data was needed in order to address the first key evaluation question. This included an overall budget. The budget consisted of both the in-kind donations and other funds donated by community partners as well as expenses. There were costs for financial assistance, housing, food, PPE, medication needs for the patients as well as overhead costs for staff. This information was gathered from a variety of institutional databases and internal documents.

Dispatch summary data and timestamping were used in order to determine whether the program inputs were timely. Each intake survey was automatically timestamped. This gave all of those involved a clear picture of when requests came in. Subsequently these time stamps were compared to the weekly distributions which occurred on Tuesdays and Fridays. Financial tracking data for the COVID - 19 Wraparound Program was collected throughout the implementation phase. This data was both holistic program data, as well as case by case data. In order to protect the privacy of patients, case numbers were used and the names and addresses of correlating patients were kept in a separate, secure location that was not shared with the program evaluator.

Figure 4

Sample Financial Data

Financial Support Requested	Funds Provided
$ 1,350.00	$ 1,350.00
$ -	$ -
$ 1,250.00	$ 1,250.00
$ 420.00	$ 420.00
$ 700.00	$ 700.00
$ 600.00	$ 600.00
$ 2,500.00	$ 500.00
$ 500.00	$ 250.00
$ 900.00	$ 250.00

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For the purposes of this evaluation data was entered into a secure online database and then shared with the program evaluator. The data was then cleaned and uploaded into PSPP. PSPP is touted by many as an open-source alternative to IBMs SPSS. While PSPP does not have all of the power and capability of SPSS, it does work well for simple statistical analysis including parsing descriptives, doing regression, finding correlations and comparing means. One can even perform t-tests, ANCOVAs and more (Ruedin, 2017). In this case, PSPP was used instead of SPSS because it is open source and therefore more accessible to community partners who may conduct their own analyses.

Figure 5
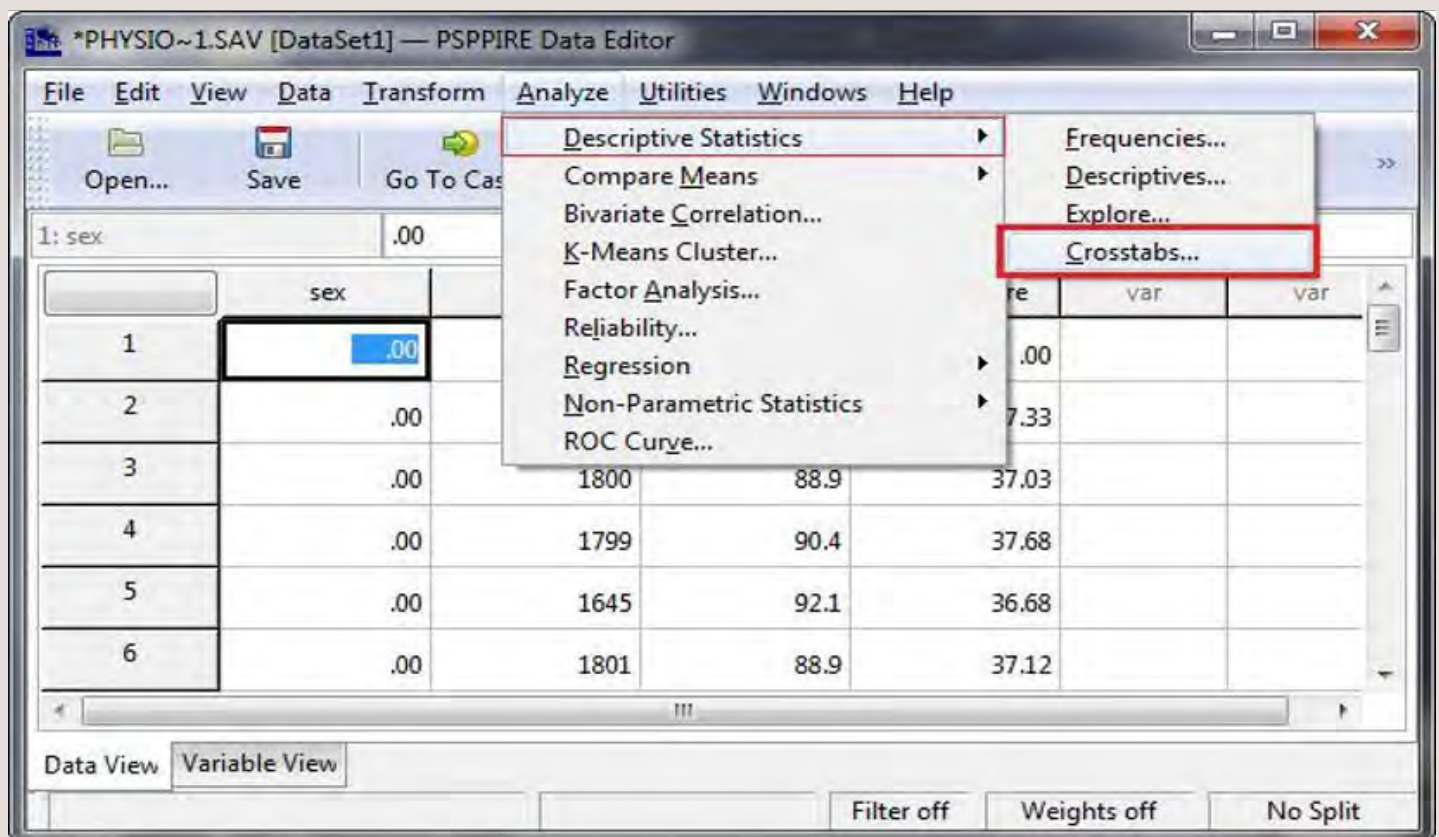
PSPP from NC State PSPP Tutorial

Figure 5 shows summary statistics for the case data. It is important to note that generally a case is representative of one household where there was a COVID - 19 positive patient receiving support in the form of wraparound services, however there were rare incidents where more than one person in the home tested positive and because of the cohabitation of families this represented another distinct family unit. In these incidents the cases were split into two in order to provide support based on family as opposed to household.

The descriptive statistics below provide a snapshot of data including the mean (or arithmetic average) and the standard deviation. The standard deviation describes the way in which the rest of the data is related to the mean. Minimums and maximums have also been included to give the reader a clear picture of the full range of dispersion.

Figure 6

Descriptive Statistics for COVID - 19 Wraparound Program Cases

Descriptive Statistics

	N	Mean	Std Dev	Minimum	Maximum
# of People in the Household	33	4.00	1.71	1	8
Finances Requested	33	905.27	584.01	$.00	$2500.0
Funds	33	268.79	338.18	$.00	$1350.0
PPE Cost Per Case	33	18.18	11.03	$.00	$40.00
# of Hot Meals	33	81.55	52.85	0	168
Total Spent on Hot Meals	33	815.45	528.49	$.00	$1680.0
Food Boxes	33	4.24	.66	4	6
Total Spent on Food Boxes	33	127.27	19.89	$120.00	$180.00
Produce Cost	33	30.09	23.73	$0	81
Hotel Cost	33	103.06	362.63	$.00	$1795.0
Case Total Cost	33	1344.67	639.68	$120.00	$2505.0
Cost Per Person	33	409.46	290.62	$30.00	$1240.0
Valid N (listwise)	33				
Missing N (listwise)	0				

Key Evaluation Question # 2 ✅

Were the features of the COVID - 19 Wraparound Program worth the time and money spent to plan and implement the program?

In order to fully answer this question three different types of data were needed. The first directly correlates with the budget data collected for question number one. Therefore PSPP was used to determine both the amount that it cost to provide services per case and per person. This data was then used in conjunction with data from Fair Health (2020) which indicates that a three-day COVID - 19 hospital stay costs $73,300 or $38,221 for those who are able to stay at a hospital in-network with insurance. These two numbers represent data that did not have to be transformed, cleaned or otherwise analyzed. The other data used to examine question two was the amount of time spent on the program, and the speed with which wraparound support was delivered to patients and families.

The amount of time spent on the program was included and quantified within the overall program budget as the Equity Center (UVA) bought out time for two workers with Cultivate Cville - Food Justice Network in order to have them focus on wraparound services. In terms of timeliness of services provided, dispatches occurred on Tuesdays and Fridays per the dispatch summaries and case level reports.

Figure 7

By the Numbers

COVID19 Wraparound Services Program
By the Numbers
Average cost of a 3 day hospital stay for COVID19
73,300
Average cost of a 3 day COVID19 stay in network
38,100
Average cost for a wraparound services (per person)
$409

Key Evaluation Question # 3 ✅

Was the program effective in providing for the immediate needs of patients who tested positive for COVID - 19, and reached out for wraparound support? The immediate needs of patients were gathered through the results of the intake survey given by program navigators. These results were then compared with the dispatch summaries distributed to partners. In a very simplistic way the intake survey acted as the source of input needed or requested and the dispatch summaries acted as the source of output. Additionally, the budget was analyzed in order to determine requested financial support and the amount of financial support that was given. This was done on a case by cases basis and is reflected in the data, but it was not included in the dispatch summaries. Sources of data included the aforementioned budget, intake surveys and dispatch summaries.

The data shows that cases consistently had 100% of their needs met in the early stages of the program. Financial needs were not met as quickly, or at 100% of requested need as the program began to transition from the Equity Center (UVA) to the Blue Ridge Health District as they have a longer process for obtaining support.

Figure 8

COVID - 19 Wraparound Support Needs Met

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With this said, finances is only one area of need that the program addressed and therefore the threshold of meeting needs at 75% was met with ease, with 100% of needs being met for early cases. This moved to some financial assistance being provided in 21 out of 29 cases where patients/families requested support. Equity Center, Cultivate Charlottesville, and BRHD personnel met on 9/24/2020 in order to reactivate financial resources from the Equity Center as well as problem solve around wait times for financial assistance from Charlottesville City and Albemarle County. An outlier case is a patient who tested positive who lives outside of both Charlottesville City and Albemarle County. Program personnel worked with this patient to find them the assistance that they needed in their locality.

Figure 9

Funds Provided versus Financial Support Requested

Funds Provided vs. Financial Support Requested
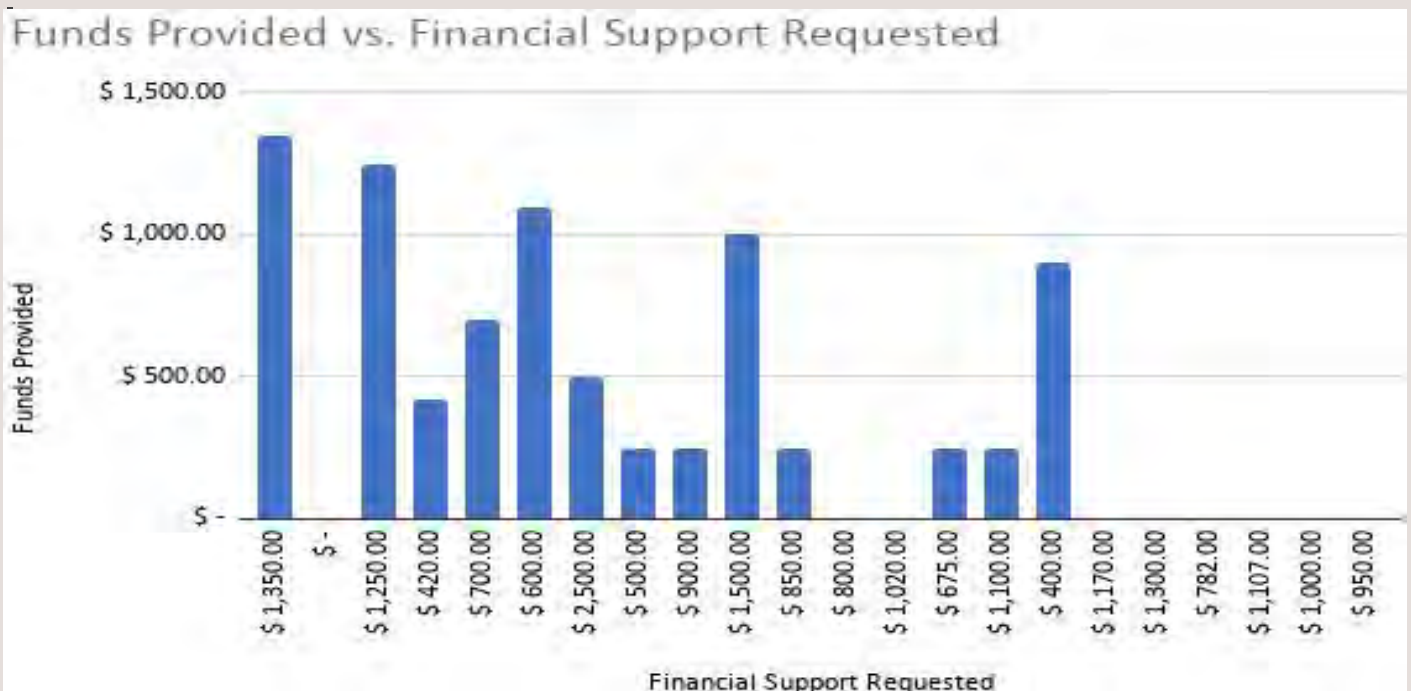
Key Evaluation Question ✅

Did the rate of testing in focus communities increase because of the program?

In order to see if the rate of testing in the focus communities increased because of the program evaluation looked at testing trends in the state.

Figure 10 – Table
COVID-19 Day Average Positivity Rate, Positives, and Daily Testing April – September

The blue line on the graph shows a 7 day, moving average of percentage positive tests. This is not to be confused with the yellow bars that show the number of daily tests. In May there were approximately 4,000 tests per day in the state and this quintupled in order to reach August number of daily testing as high as 20,000.

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In order to see if the rate of testing in focus communities increased above and beyond that of the rest of the state the number of testing events and persons tested were examined. In May there were two testing events in focus communities and in August this number increased exponentially to 15, this is above and beyond the 10 events that one would have looked to see if the events followed the same pattern as the rest of the state.

During the first few months of the program, Sentara Martha Jefferson Hospital was crucial in the initiation of testing occurrences. They served as leaders and our partners in two May testing occurrences and four more during the month of July.

Additionally the Blue Ridge Health District and the University of Virginia have been key key partners in scaling up testing in focus communities. According to a Daily Progress newspaper article from August 2020, "The health district has run drive-thru testing clinics for months, steadily increasing the number of PCR tests it can administer. Meanwhile, the UVa Medical Center has created its own test, which it processes in-house, and rolled out a plan to provide several testing clinics a week in underserved communities" (Knott & Warbel, 2020).

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Key Evaluation Question # 5

Has the rate of events where wraparound support is offered increased because of the program?

In order to gather evidence for this question the number of testing dates where wraparound services were offered was examined. The data looked at the months of May, June, July, and August. Dates for September were not included as the total number of dates could not be determined in time for this report. While May and June had two testing dates, July increased significantly to six, and August saw an even greater increase with a total of 15 distinct testing dates.

Figure 11

Number of Testing Dates by Month

Number of Testing Dates by Month

Recommendations

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Recommendations

Recommendation Development Process

Recommendations were generated by the evaluation team through qualitative feedback from strategic, expansion and regional planning meetings and email communications.

Recommendations for the program

1. **Bridge Financial Assistance Gaps**
   - In order to provide sufficient and timely resource dispatch to positive cases, addressing the financial gaps should be of interest to the program team. There were reports and findings from the evaluation that finances were a cause of inconsistency in the dispatch sufficiency and timeliness. Due to the limitation of funds and inefficiencies in the distribution of funds. One recommendation is to consider seeking phone support with the intake process to wrap around services and extended support for completing the financial assistance application. Further tracking of financial dispersion timelines is recommended to ensure that finances are acquired in a timely manner. This tracking should also be used to ensure that the financial assistance tasks do not exceed the capacity of assigned staff.

   - Additionally, stakeholders involved in refining the wrap around program are recommended to find a more consistent financial assistance approach that can deliver sufficient funds in a timely manner with transparency about limitations in the intake call to positive cases. If the patient is aware of the resources available, as well as the limitations, there will be a clearer understanding of what will be delivered upon.

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Recommendations 2-3

2. **Address Future Resource Partner Capacity**
    - To provide for the immediate needs of patients who test positive for COVID-19 and reach out for support, stakeholders are recommended to understand the status of each Wrap Around partners' ability to scale up and maximum number of cases' worth of resources per week and/or in total. Each partner has reported their abilities to support wrap around services, but plans continue to be in flux.
    - The second recommendation is to support the onboarding of another restaurant to provide prepared meals for the wrap around program for stability and expansion purposes. Our goal is to onboard a Black or Brown owned restaurant in order to best serve COVID wrap around cases who are Black and Brown, such as by ensuring that the program provides culturally appropriate food options and that the program funding is spent equitably.

3. **Establish and Secure Dedicated Program Staff Roles**
    - The Wrap Around Services program is a demanding responsibility, with time sensitive tasks that impact the effectiveness of services provided to each case. At each stage, from case intake to resource dispatch, a prioritization of the program's operational tasks is required by the program coordinators.
    - In order to operate the program at full capacity with a steady caseload, it would run most effectively with dedicated staff time for each of the two key processes - intake and resource activation. Considerations should be focused on geographical limits, compensation, language access.

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Specific Recommendations for a Sustainable Staffing Approach

1. At least one full time paid employee to lead the Intake process and one full time paid employee to lead the Resource Activation process.

2. A team of paid bilingual Navigators and other phone intake/activation supports and/or a full- time paid employee dedicated to operating a Spanish hotline.

3. A team of advisors providing strategic support of wrap around program alongside program coordinators.

4. For expansion efforts, at least one full time employee to organize intake and resource activation in surrounding localities, with committed partner/volunteer supports in each locality.

5. Further explore staff capacity and tailor staffing to meet community and partner needs.

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Secondary Evaluation Questions

There were two evaluation questions considered secondary by the program evaluation team. While they were not included in the main evaluation focus, they were addressed in the program evaluation report. The questions spoke to scalability and the transferring of lessons learned.

The first of these questions was should the program continue in its present form, undergo modification, or be replaced by another program?

- In terms of data tracking for future evaluations, it is recommended to keep track of 1) impacts (positive and/or negative) to their business/organization from program 2) current inventories/limitations on resources to quantify availability and to ensure sustainability. Additionally, it is recommended to continue conducting the Dispatch Summaries per month to quantify impact, to ensure process documentation and to encourage program improvement.

- As mentioned in Program Recommendations above, it is recommended to further explore the accessibility issues occurring among the Black and Latinx population, which might necessitate future evaluation.

Transition Partners	
Cultivate Charlottesville - Food Justice Network	Leading onboarding trainings; Coordinating staff support; Supporting systems design via regional planning; Strategic and technical advising; Supporting program evaluation
University of Virginia (UVA) Equity Center	Supporting systems design via regional planning; Strategic and technical advising; Leading program evaluation
Blue Ridge Health District	Guiding transition with collaborators; Enforcing public health guidelines and protocols; Providing operations and implementation program staff support; Marketing support and systems design
City of Charlottesville Department of Human Services	Contributing 30 hours/week of staff time to support the integration of services and to take over program operations and implementation; Providing delivery support 1x/week (since beginning)
City of Charlottesville & County of Albemarle Department of Social Services	Providing delivery support; Offered staff support for wrap around program tasks
UVA Health System	Partnering on weekly Community Testing events, providing PPE/Sanitation Supplies.
Albemarle County Office of Equity and Inclusion	Providing staff support for wrap around program tasks.

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References and

Appendices

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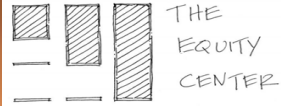
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Appendices

A– Rainbow Evaluation

B - Logic Model

C – Intake Survey Questions (English and Spanish)

D – List of Testing Dates and Sites

E – Number of People Served at Each Testing Event

F – Evaluation Timeline

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Appendix A

Rainbow Evaluation – Page 1

Using the BetterEvaluation Rainbow Framework

The BetterEvaluation Rainbow Framework prompts you to think about a series of key questions. It is important to consider all these issues, including reporting, at the beginning of an evaluation. The Framework can be used to plan an evaluation or to locate information about particular types of methods. An expanded version of the framework showing options or methods for each question can be downloaded from our website: http://betterevaluation.org/plan.

1. MANAGE an evaluation or evaluation system

Manage an evaluation (or a series of evaluations), including deciding who will conduct the evaluation and who will make decisions about it.

Understand and engage stakeholders: Who needs to be involved in the evaluation? How can they be identified and engaged?

Establish decision making processes: Who will have the authority to make what type of decisions about the evaluation? Who will provide advice or make recommendations about the evaluation? What processes will be used for making decisions?

Decide who will conduct the evaluation: Who will actually undertake the evaluation?

Determine and secure resources: What resources (time, money, and expertise) will be needed for the evaluation and how can they be obtained? Consider both internal (e.g. staff time) and external (e.g. previous participants' time) resources.

Define ethical and quality evaluation standards: What will be considered a high quality and ethical evaluation? How should ethical issues be addressed?

Document management processes and agreements: How will the evaluation's management processes and agreements be documented?

Develop planning documents for the evaluation: What needs to be done to design, plan and implement the evaluation? What planning documents need to be created (evaluation framework, evaluation plan, evaluation design, evaluation work plan)?

Review evaluation (do meta-evaluation): How will the evaluation itself be evaluated including the plan, process, and report?

Develop evaluation capacity: How can the ability of individuals, groups and organisations to conduct and use evaluations be strengthened?

2. DEFINE what is to be evaluated

Develop a description (or access an existing version) of what is to be evaluated and how it is understood to work.

Develop initial description: What exactly is being evaluated?

Develop programme theory / logic model: How is the intervention understood to work (program theory, theory of change, logic model)?

Identify potential unintended results: What are possible unintended results (both positive and negative) that will be important to address in the evaluation?

3. FRAME the boundaries for an evaluation

Set the parameters of the evaluation – its purposes, key evaluation questions and the criteria and standards to be used.

Identify primary intended users: Who are the primary intended users of this evaluation?

Decide purpose: What are the primary purposes and intended uses of the evaluation?

Specify the key evaluation questions: What are the high level questions the evaluation will seek to answer? How can these be developed?

Determine what 'success' looks like: What should be the criteria and standards for judging performance? Whose criteria and standards matter? What process should be used to develop agreement about these?

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Appendix A

Rainbow Evaluation – Page 2

BetterEvaluation - Planning an Evaluation: Using the Rainbow Framework

4. DESCRIBE activities, outcomes, impacts and context

Collect and retrieve data to answer descriptive questions about the activities of the project/program/policy, the various results it has had, and the context in which it has been implemented.

DESCRIBE

Sample: What sampling strategies will you use for collecting data?

Use measures, indicators or metrics: What measures or indicators will be used? Are there existing ones that should be used or will you need to develop new measures and indicators?

Collect and/ or retrieve data: How will you collect and/ or retrieve data about activities, results, context and other factors?

Manage data: How will you organise and store data and ensure its quality?

Combine qualitative and quantitative data: How will you combine qualitative and quantitative data?

Analyse data: How will you investigate patterns in the numeric or textual data?

Visualise data: How will you display data visually?

5. UNDERSTAND CAUSES of outcomes and impacts

Collect and analyse data to answer causal questions about what has produced outcomes and impacts that have been observed.

UNDERSTAND CAUSES

Check the results support causal attribution: How will you assess whether the results are consistent with the theory that the intervention produced them?

Compare results to the counterfactual: How will you compare the factual with the counterfactual - what would have happened without the intervention?

Investigate possible alternative explanations: How will you investigate alternative explanations?

6. SYNTHESISE data from one or more evaluations

Combine data to form an overall assessment of the merit or worth of the intervention, or to summarise evidence across several evaluations.

SYNTHESISE

Synthesise data from a single evaluation: How will you synthesise data from a single evaluation?

Synthesise data across evaluations: Do you need to synthesise data across evaluations? If so, how should this be done?

Generalise findings: How can the findings from this evaluation be generalised to the future, to other sites and to other programmes?

7. REPORT AND SUPPORT USE of findings

Develop and present findings in ways that are useful for the intended users of the evaluation, and support them to make use of them.

REPORT AND SUPPORT USE

Identify reporting requirements: What timeframe and format is required for reporting?

Develop reporting media: What types of reporting formats will be appropriate for the intended users?

Ensure accessibility: How can the report be easy to access and use for different users?

Develop recommendations: Will the evaluation include recommendations? How will these be developed and by whom?

Support use: In addition to engaging intended users in the evaluation process, how will you support the use of evaluation findings?

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Appendix B

Logic Model

COVID19 Wrap Around Logic Model: UVA Equity Center
Cultivate Charlottesville | Food Justice Network

PROGRAM GOALS
1. Testing Initiative: Increase the prevalence of testing in focus communities of people of color and low income (Black, Latinx, public and subsidized income, and low wealth).
2. Increase the number of testing events in the Charlottesville/Albemarle community where wraparound services are offered to 100%.
3. Provide support for anyone who tests positive for the COVID19 virus and expresses need for support.
4. Create a scalable model for a community response to a public health crisis.

INPUTS

PARTNERS –Charlottesville Food Justice Network
- Cultivate Charlottesville- Food Justice Network
- Frontline Foods/ World Central Kitchen
- Blue Ridge Area Foodbank
- Salvation Army
- Thomas Jefferson Health District
- City of Charlottesville- Department of Human Services
- Cville Community Cares
- UVA Equity Center
- Sentara Martha Jefferson
- UVA Health

RESOURCES
- 400 Sq Ft storage space for stockpiling supplies
- Commercial Refrigerator mass storage of prepared meals
- Community Testing Partners
- COVID Wrap around phone line & Database
- 10 organizational partners committing time and resources
- 6 knowledgeable and skilled staff (intake ,coordination, and evaluation)
- Translation services & bi-lingual partners
- Vehicle & PPE for safe transportation of supplies
- Matching in-kind support from diverse sources

VALUES IN ACTION: Equity, Collaboration, Healing

ASSUMPTIONS
- The COVID19 Wraparound program will allow for containing the spread of COVID throughout the Charlottesville/Community, with a particular impact on target communities (minority and low-income)
- There will be a need for social and financial services in target communities.
- Some populations who are being tested may need support in accessing health care, taking leave from work, and meeting basic needs necessary during a 14-day quarantine period.

ACTIVITIES
I. Focused Community COIVD19 Testing
   - Notification of positive test results
II. Wrap Around Resource Activation
   - Case surveys completed, resources consolidated and dispatched
   - Follow-up on future needs
III. Strategic planning and refining of model
   - Scaling up and effective transition of services to government and health department partners
IV. Program Evaluation

OUTPUTS
- 120+ low wealth COVID positive residents supported in recovering
- 5,000+ prepared meals delivered to COVID cases
- $30,000 in cash funds distributed to pay bills during self-quarantine recovery from COVID
- 2,000 COVID test competed in focused communities
- 350 boxes of shelf stable food distributed
- 30+ Households receive PPE & Sanitation to shelter in place
- 10 organizations strengthen emergency pandemic response

COMMUNITY IMPACTED
- Community members who have tested positive, used the hot-line, and demonstrated need
- Family members of those who have tested positive, used the hot-line, and demonstrated need
- Businesses who needed to adapt to the COVID19 pandemic in order to stay build, sustain, or replace income lost.
- Minority led businesses who have been disproportionately impacted by the pandemic.

OUTCOMES - *SHORT-TERM*
- Provides for immediate needs of individuals and households where there is a positive test
- Enable individuals who tested positive to follow the CDC guidelines to quarantine for 14 days
- A collective response to meeting community needs has been established and is being refined in order to be more effective
- Flatten the curve of spread within the target vulnerable communities
- Flatten the curve of spread within the Charlottesville Community
- Create a collective way to serve the Charlottesville Community and scale it to meet the needs of the Thomas Jefferson Health District
- Keep local businesses engaged in meeting the needs of the community.
- Support minority led businesses in building connections and adapting

OUTCOMES - *LONG-TERM*
- Provide for at least one testing event 100% of target communities.
- Offer wraparound support at 100% of testing events.
- Be able to provide wraparound support for anyone in the community who tests positive and expresses need for support.
- Transition from a grassroots effort to an embedded, comprehensive public health crisis response led by government and public health institutions (Thomas Jefferson Health District)

EXTERNAL FACTORS
- Extreme gap in resources and quality of life for Charlottesville's under-resourced neighborhoods
- Wide divergence of health, education, and economic outcomes, largely based on race and class in Cville

Social Needs Intake Form/Formulario de Admisión de Necesidades Sociales

This form is specific to the deployment of wrap around of the COVID-19 testing initiative.

IMPORTANT NOTE - We are dealing with sensitive information here. The information that residents provide is confidential. It will only be utilized to connect residents with wrap around services.

Overview of the resources and support being offered (PLEASE NOTE: All resources are limited):
- Food
- Medication
- Housing – hotel accommodations
- Financial Assistance
- Personal Protective Equipment (PPE), Hand Sanitizers and Bleach Disinfectant

---

Formulario de Admisión de Necesidades Sociales
Este formulario es específico para el despliegue de la Iniciativa de Prueba COVID-19

NOTA IMPORTANTE: aquí tratamos información confidencial. La información que proporcionan los residentes es confidencial. Solo se utilizará para conectar a los residentes con servicios envolventes.

Descripción general de los recursos y el apoyo que se ofrecen (TENGA EN CUENTA: Todos los recursos son limitados):
- comida
- Medicamento
- Alojamiento - alojamiento en hotel
- Asistencia financiera
- Equipo de protección personal (PPE), desinfectantes para manos y desinfectante con lejía

* Required

1. Name of Person Administering Intake/ Nombre de la persona que administra la encuesta: *

COVID-19 POSITIVE INFORMATION /COVID-19 INFORMACIÓN POSITIVA

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Intake Survey Page 2

Navigator: "Hello. Thank you so much for calling. We know this may be a scary time but we're here for you. We'd like to ask some questions to better support you while you shelter in place or self-isolate. We want to make sure you have the food, medicine, housing accommodation and personal protection equipment to stay well and uplifted. We would like to ask you a few questions to determine how we can best help you.

_____Navegador

: "Hola. Muchas gracias por llamar. Sabemos que puede ser un momento difícil, pero estamos aquí para ayudarlo. Nos gustaría hacerle algunas preguntas para apoyarlo mejor mientras se refugia en un solo lugar o se autoaísla. Queremos asegurarnos de que tenga los alimentos, las medicinas, el alojamiento y el equipo de protección personal para mantenerse sano y animado. Nos gustaría hacerle algunas preguntas para determinar cómo podemos ayudarlo mejor."

2. Case Number (Shayla will fill in the case number at a later
    date)_____
    _Número de caso (Shayla completará el número de caso en una fecha posterior)

    _____

3. Last Name/Apellido

    _____

4. Testing Site Location/Ubicación del sitio de prueba:

    _____

5. Address/Dirección *

    _____
    _____
    _____
    _____
    _____

6. Primary Language Spoken at Home:/ Idioma Principal Hablado en Casa:

_____

7. Phone Number/Número de Teléfono *

_____

8. Number of Children/ Número de Niños

_____

9. Age of Children (if applicable): / Edad de los Niños (si corresponde):

_____

10. Number of Adults/ Número de Adultos

_____

FINANCIAL NEEDS/ NECESIDADES DE FINANCIERO

11. Will the diagnosis of COVID-19 impact your source of income or job? (Housing/Finance) --->>>¿El diagnóstico de COVID-19 afectará su fuente de ingresos o trabajo? (Vivienda/ Finanzas)

Mark only one oval.

◯ Yes

◯ No

12. How much money would be helpful to support your financial responsibilities (i.e. bills, rent)? (ONLY ASK IF they answered yes to previous question) (Housing/Finance)-----> ¿Cuánto dinero sería útil para respaldar sus responsabilidades financieras (es decir, facturas, alquiler)? (SOLO PREGUNTE SI respondieron sí a la pregunta anterior) (Vivienda/Finanzas)

_____

_____

13. What method do you use to pay your bills (online, check, cash)? If online, do you prefer Venmo or PayPal? (Please indicate screen name for Venmo or PayPal) (Housing/Finance) --->>¿Qué método utiliza para pagar sus facturas (en línea, cheque, efectivo)? (Vivienda / Finanzas)

_____

HOUSING NEEDS/NECESIDADES DE VIVIENDA

14. Do you have enough space to safely self-isolate at home? Variation of this question: Ask if they would prefer to stay at home.(Housing/Finance) ------->
¿Tiene suficiente espacio para aislarse de forma segura en su hogar? (Vivienda/ Finanzas)

   Mark only one oval.

   ⬭ Yes

   ⬭ No (Instructions: We can provide hotel accommodations for those in the household that tested negative)

Personal Protective Equipment (PPE)/ EQUIPO DE PROTECCIÓN PERSONAL

15. Do you have 2-weeks' worth (14 day) of Personal Protective Equipment (PPE), hand sanitizers and bleach disinfectant to manage while sheltering in place? (PPE and Sanitation) -------------> ¿Tiene artículos por 2 semanas (14 días) de equipo de protección personal (EPP), desinfectantes para manos y desinfectante con cloro para usar mientras se aísla en su casa? (PPE y saneamiento)

Mark only one oval.

◯ Yes

◯ No (Instructions: If no, send answers to Elizabeth Beasley/Salvation Army)

MEDICATION NEEDS/NECESIDADES DE VIVIENDA

16. Do you have any prescription medication needs? ----------->>>¿Tiene alguna necesidad de medicamentos recetados?

_____

17. Do you (or anyone in your family) take any prescription medications that you need help paying for right now? (if they have insurance that can cover the cost or if they can afford it then they do not need assistance)-----> ¿Usted (o alguien de su familia) toma algún medicamento recetado que necesita ayuda para pagar en este momento?

Mark only one oval.

◯ Yes

◯ No

18. Do you need support/help picking up your prescription? ---> ¿Necesita ayuda / ayuda para recoger su receta?

   Mark only one oval.

   ◯ Yes

   ◯ No

NAVIGATOR: "If you are unable to prepare, cook or purchase meals during this time due to symptoms or ability, we can have a number of prepared meals delivered. " ----->>>NAVEGADOR: "Si no puede preparar, cocinar o comprar comidas durante este tiempo debido a síntomas o falta de capacidad, podemos entregarle comidas preparadas."

19. Do you have enough food in your apartment to shelter in place for two weeks (14 days)? (Food and Medication) ---->>>¿Tiene suficiente comida en su apartamento para aislarse durante dos semanas (14 días)? (Comida y medicación)

   Mark only one oval.

   ◯ Yes

   ◯ No

20. Are you able to prepare meals during this time for yourself and family? (Food and Medication)---->>>¿Puede preparar comidas durante este tiempo para usted y su familia? (Comida y medicación)

   Mark only one oval.

   ◯ Yes

   ◯ No

21. Do you have space to store prepared meals in your refrigerator or freezer? ----->>>¿Tiene espacio para almacenar comidas preparadas en su refrigerador o congelador?

    Mark only one oval.

    ◯ Yes
    ◯ No

22. How many meals can you store in your fridge for a week? ------>¿Cuántas comidas puedes guardar en tu refrigerador durante una semana?

    _____

23. Do you have any dietary restrictions? If yes, what are they? (i.e. no red meat or pork, vegetarian. allergies, etc.) ---> ¿Tiene usted algunas restricciones en su dieta? Si es así, ¿qué son? (es decir, sin carne roja ni carne de cerdo, vegetariana, [alergias] etc.)

    _____
    _____
    _____
    _____
    _____

24. What are some of your favorite foods or snacks? ---->¿Cuáles son algunas de sus comidas o bocadillos favoritos?

    _____
    _____
    _____
    _____
    _____

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25. Do you have any underlying health conditions we should be aware of such as (ex. Crohn's, diabetes, heart-disease, kidney issues)? If yes, what are they? -------->>> ¿Tiene alguna condición de salud que deberíamos tener en cuenta, como (por ejemplo, enfermedad de Crohn, diabetes, enfermedades cardíacas, problemas renales)? Si es así, ¿cuáles son?

_____

_____

_____

_____

_____

26. Do you have any physical disabilities? ---> ¿Tienes alguna discapacidad física?

Mark only one oval.

◯ Yes
◯ No

27. Do you have a caregiver? ----->¿Tiene a alguien que cuide de usted?

Mark only one oval.

◯ Yes
◯ No

28. If you have a caregiver, could you provide the name and contact information for them. We will be providing your caregiver with resources to shelter in place too! NAME, ADDRESS, PHONE NUMBER, EMAIL ---------------->>>> Si tiene un cuidador, ¿podría proporcionarme el nombre y la información de contacto? ¡También le proporcionaremos a su cuidador recursos para aislarse también! NOMBRE, DIRECCIÓN, NÚMERO DE TELÉFONO, CORREO ELECTRÓNICO

_____

_____

_____

_____

29. NAVIGATOR: List any additional resources that may be helpful to this resident that you observed during the call (i.e. toilet paper, water) ----->NAVEGADOR: enumere cualquier recurso adicional que pueda ser útil para este residente que observó durante la llamada (es decir, papel higiénico, agua)

_____

30. Questions raised by Community Member/ Preguntas planteadas por el Miembro de la Comunidad:

_____

_____

_____

NAVIGATOR: Remember, you can always call this number if your symptoms develop and you need more support. Thank you Mr./ Ms. _____ for taking the time to talk with me today. We will set up resources and support to meet your needs. You should receive a delivery with these resources within 3 days to 5 days. We hope that these resources are helpful to you (if applicable). Have a good day! ---->>> NAVEGADOR: Recuerde, siempre puede llamar a este número si sus síntomas se desarrollan y necesita más apoyo. Gracias Sr./Sra. _____ por tomarse el tiempo de hablar conmigo hoy. Estableceremos recursos y apoyo para satisfacer sus necesidades. Debería recibir una entrega con estos recursos dentro de 3 a 5 días. Esperamos que estos recursos sean útiles para usted (si corresponde). ¡Tenga un buen día!

31. NAVIGATOR - What are the needs of this resident? *

Check all that apply.

[ ] Food, Nutrition and Medication/ Alimentos, nutrición y medicación
[ ] PPE, Hand Sanitizer and Bleach Disinfectant/ PPE, desinfectante de manos y desinfectante con lejía
[ ] Housing and Financial Support/ Vivienda y apoyo financiero

32. NAVIGATOR: MANDATORY REPORTING: If you have reason to suspect that a community member (adult/child) is being abused, please report the matter below and notify Morenike. Morenike will notify the allocated member on the team who will take the proper precaution (IF APPLICABLE). ---->>> NAVEGADOR: INFORMES OBLIGATORIOS: Si tiene razones para sospechar que se está abusando de un miembro de la comunidad (adulto / niño), informe el asunto a continuación y notifique a Morenike. Morenike notificará al miembro asignado en el equipo que tomará las precauciones adecuadas (SI ES APLICABLE).

_____
_____
_____
_____
_____

Survey Complete

INSTRUCTIONS:
- Responses that indicate a particular need should activate the wrap around services related to that need.
- Food Justice Network, PPE and Sanitation Contact and the Housing and Finance Contact will need: the answers to the relevant questions and the contact information section.

INSTRUCCIONES:
- Las respuestas que indican una necesidad particular deben activar los servicios de envoltura relacionados con esa necesidad.
- La Red de Justicia Alimentaria, el PPE y el Contacto de Saneamiento y el Contacto de Vivienda y Finanzas necesitarán: las respuestas a las preguntas relevantes y la sección de información de contacto.

Friday, May 1st -- Crescent Halls by Sentara Martha Jefferson, BRHD

Saturday, May 23rd -- The Jefferson School and Mt. Zion First African Baptist Church by UVA Health, Sentara Martha Jefferson Hospital and BRHD

Thursday, June 4th - Church of Incarnation by UVA Health, Sin Barreras, and BRHD

Tuesday, June 30th -- Southwood Community Testing by UVA Health and BRHD

Thursday, July 2nd -- Washington Park by Sentara Martha Jefferson Hospital

Thursday, July 9th -- Washington Park by Sentara Martha Jefferson Hospital

Thursday, July 16th -- Washington Park by Sentara Martha Jefferson Hospital

Saturday, July 18th -- Buford Middle School by UVA Health, Sentara MJH & Blue Ridge Health District

Thursday, July 23rd -- Washington Park by Sentara MJH

Wednesday, July 29th -- Southwood by UVA Health and BRHD

Saturday, August 1st -- Friendship Court by UVA Health and BRHD

Monday, August 3rd -- Church of Incarnation by UVA Health and BRHD: rained out

Tuesday, August 4th -- Mt Zion First African Baptist Church by UVA Health and BRHD

Thursday, August 6th -- Southwood by UVA Health and BRHD

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Lost of Test Dates and Sites – Page 2

Monday, August 10th -- Church of Incarnation by UVA Health and BRHD

Tuesday, August 11th -- Mt Zion First African Baptist Church by UVA Health and BRHD

Wednesday, August 12th - Westhaven Nursing Clinic by UVA Health and BRHD

Thursday, August 13th -- Southwood by UVA Health and BRHD

Monday, August 17th -- Church of Incarnation by UVA Health and BRHD

Tuesday, August 18th -- Mt Zion First African Baptist Church by UVA Health and BRHD

Wednesday, August 19th -- Southwood by UVA Health & BRHD

Thursday, August 20th -- Tonsler Park by UVA Health and BRHD

Monday, August 24th -- Church of Incarnation by UVA Health and BRHD

Tuesday, August 25th -- Mt Zion First African Baptist Church by UVA Health and BRHD

Monday, August 31st -- Church of Incarnation by UVA Health and BRHD

Tuesday, September 1st -- Mt Zion First African Baptist Church by UVA Health and BRHD

Thursday Sept 3 – Albemarle High School by UVA Health and BRHD: Testing 5pm-8pm

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Tuesday Sept 8 – Mt Zion First African Baptist Church by UVA Health and BRHD: Testing 5:30pm-7:30pm

Wednesday Sept 9 – Westhaven Nursing Clinic by UVA Health and BRHD: Testing 5:30pm-7:30pm

Thursday Sept 10 – Southwood Community Center by UVA Health and BRHD: Testing 5:30pm-7:30pm

Monday Sept 14 – Church of the Incarnation by UVA Health and BRHD: Testing 6:00pm-7:30pm

Tuesday Sept 15 – Mt Zion First African Baptist Church by UVA Health and BRHD: Testing 5:30pm-7:30pm

Wednesday Sept 16 – Westhaven Nursing Clinic by UVA Health and BRHD: Testing 5:30pm-7:30pm

Thursday Sept 17 – Location TBD by UVA Health and BRHD: Testing 5:30pm-7:30pm

Monday Sept 21 – Church of the Incarnation by UVA Health and BRHD: Testing 6:00pm-7:30pm

Tuesday Sept 22 – Mt Zion First African Baptist Church by UVA Health and BRHD: Testing 5:30pm-7:30pm

Wednesday Sept 23 – Location TBD by UVA Health and BRHD: Testing 5:30pm-7:30pm

Thursday Sept 24 – Location TBD by UVA Health and BRHD: Testing 5:30pm-7:30pm

Number of People Served at Each Event

The following document represents the locations and population served by the wraparound services during the period of May 23, 2020 to August 26, 2020. Wraparound services were offered at 23 separate testing events as of August 25, 2020. The document below reflects that wraparound services were provided to individuals representing various locations. As of August 26th, a total of 126 people have been served (49 children; 77 adults).

May 2020
Overarching Event - May 23rd -- The Thomas Jefferson School and Mt. Zion First African Baptist Church by UVA Health and TJHD

1. May 23rd Mt Zion and Thomas Jefferson - 9 people (4 children, 5 adults)
2. May 23rd (Presumably Sentara) Clinic near Walmart - 7 people (3 children, 4 adults)

June 2020
Overarching Testing Event - June 4th - Church of Incarnation by UVA Health, Sin Barreras, and TJHD

1. June 4th Church of Incarnation - 27 people (9 children, 18 adults)
2. June 4th - UVA primary care riverside clinic - 5 people (3 children, 3 adults)
3. June 4th - (Presumably Sentara) Clinic near Walmart - 4 people (4 adults)
4. June 4tth - UVA/UVA Hospital - 17 people (8 children, 9 adults)

Overarching Testing Event - Tuesday, June 30th -- Southwood Community Testing by UVA Health and Thomas Jefferson Health District (TJHD)
1. June 30th - Southwood Trailer Homes - 5 people (3 children, 2 adults)
2. June 30th - UVA Primary Care Riverside, Charlottesville, VA - 9 people (4 children, 5 adults)
3. June 30th - UVA Hospital - 4 people (1 child, 3 adults)
4. June 30th - (Presumably Sentara) Clinic near Walmart - 4 people (1 child, 3 adults)

July 2020
Overarching Testing Event - Saturday, July 18th -- Buford Middle School by UVA Health, Sentara & Thomas Jefferson Health District
1. Buford Middle School - 7 people (4 children, 3 adults)

August 2020
1. UVA Hospital (ER) - 3 people (1 child, 2 adults)
2. UVA/Martha Jefferson Hospital - 2 people (1 child, 1 adult)

Overarching Testing Event - Tuesday, August 4th -- Mt Zion First African Baptist Church by UVA Health & Thomas Jefferson Health District

    3.   Mt. Zion - 5 people (1 child, 4 adults)

Overarching Testing Event - Monday, August 10th -- Church of Incarnation by UVA Health and TJHD

    4.   Church of Incarnation - 4 people (1 child, 3 adults)

Overarching Testing Event - Wednesday, August 12th - Westhaven Nursing Clinic by UVA Health and TJHD

    5.   MedExpress (Charlottesville) & Westhaven - 5 people (2 children, 3 adults)
    6.   Westhaven - 4 people (3 children, 1 adult)
    7.   MedExpress - 1 person (1 adult)

Overarching Testing Event - Thursday, August 20th -- Tonsler Park by UVA Health and TJHD

    8.   Tonsler Park - 2 people (2 adults)
    9.   Location Not Collected on Intake Form (Shayla Givens may provide clarification) - 3 people (3 adults)

Appendix F

Program Evaluation Timeline

PROJECT TITLE	Program Evaluation - COVID19 Wraparound Program	**COMPANY NAME** Cultivate Cville - UVA Equity Center
PROJECT MANAGER	Dr. Sherica D. Jones-Lewis	**DATES** 8/3/20 - 10/3/2020
EVALUATION TEAM	Ben Allen, Shantell Bingham, Gabby Levet, Morenike Oyedabe	

PHASE		DETAILS	August				September				October - November	
			Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4		
1	Manage	- Understand/Engage Stakeholders - Decision Making Process - Choose an evaluator - Determine/secure resources - Define standards - Document process/agreements -Develop planning documents - Meta Evaluation - Develop Capacity	Decision Making Choose an Evaluator	Resources Define Standards Document Process and Agreements Develop Planning Documents	Meta-Evaluation	Understand and Engage Stakeholders			Develop Capacity			P R O J E C T E N D D A T E F R I D A Y O C T O B E R 3 r d
2	Project Definition and Planning	- Description - Logic Model -Potential Unintended Results			Description Logic Model Unintended Results						
3	Frame	Identify Primary Users - Decide the purpose Specify Key Evaluation Questions - Success Criteria			Primary Users Decide Purpose Key Evaluation Questions	Success Criteria					
4	Describe	- Determine metrics - Collect or retrieve data - Manage data - Combine types of data - Analyze data -Visualize data					Determine Metrics	Collect or Retrieve Data Manage Data Analyze Data Visualize Data	Combine Data Types		
5	Understand Causes	- Causal attribution - Counterfactual - Alternative Explanations								Causal Attribution Counterfactual Alternative Explanations	
6	Synthesize	- Synthesis data from eval - Synthesis data across evals - Extrapolate Findings					N/A			Synthesize Data from the Eval Extrapolate Findings	
7	Report and Support Use	- Identify reporting requirements - Develop reporting media - Ensure accessibility - Develop recommendations - Support Use					Reporting Requirements	Insure Accessibility	Develop Reporting Media Develop Recommendations	Insure Accessibility	Support Use

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