OMB No.: 0915-0285. Expiration Date: XX/XX/20XX

| **DEPARTMENT OF HEALTH AND HUMAN SERVICES  Health Resources and Services Administration**  **PROGRAM NARRATIVE UPDATE** | **FOR HRSA USE ONLY** | |
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| **Grant Number** | **Progress Report Tracking Number** |
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| **Note(s):** Describe the progress made from the beginning of the FY 2016 budget period until the date of BPR submission; the expected progress for the remainder of the budget period; and any projected changes for the FY 2017 budget period. | | |

| **Environment** | |
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| Discuss changes in the region, state, and/or community over the past year that have directly impacted/affected the project’s progress (e.g., changing service area demographics/shifting target population needs, changes in major health care providers in the service area, changes in key program partnerships, changes in insurance coverage, including Medicaid, Medicare and Children’s Health Insurance Program (CHIP)). | 3,000 character limit (Approximately 2 pages) |
| **Organizational Capacity** | |
| Discuss changes in the organization’s capacity over the past year that have impacted or may impact the implementation of the funded project, including changes in:   * Staffing, including staff composition and/or key staff vacancies * Operations * Systems, including financial, clinical, and/or practice management systems * Financial status | 3,000 character limit (Approximately 2 pages) |

| **Patient Capacity** | | | | | | | | | | | | | |
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| **Referencing the % Change 2013-2015 Trend, % Change 2014-2015, and % Progress Toward Goal columns:**   * Discuss the trend in unduplicated patients served and report progress in reaching the projected number of patients to be served in the identified categories. * Explain key factors driving significant changes in patient numbers and any downward trends or limited progress towards the projected patient goals. | | | | | | | | | | | | | |
|  | **2013 Patient**  **Number** | | **2014 Patient Number** | | **2015**  **Patient Number** | | **% Change 2013-2015 Trend** | | **% Change 2014-2015** | | **% Progress Toward Goal** | **Projected Number of Patients** | **Patient Capacity Narrative** |
| **Project Period: (Pre-populated from most recent Notice of Award)** | | | | | | | | | | | | | |
| **Total Unduplicated Patients** | | Pre-populated from 2013 UDS | | Pre-populated from 2014 UDS | | Pre-populated from 2015 UDS | | Pre-populated calculation | | Pre-populated calculation | Pre-populated calculation | Pre-populated from the Patient Target communicated via email. | 3,000 character limit |
| **Total Migratory and Seasonal Agricultural Worker Patients** | | Pre-populated from 2013 UDS | | Pre-populated from 2014 UDS | | Pre-populated from 2015 UDS | | Pre-populated calculation | | Pre-populated calculation | Pre-populated calculation | Pre-populated | 3,000 character limit |
| **Total People Experiencing Homelessness Patients** | | Pre-populated from 2013 UDS | | Pre-populated from 2014 UDS | | Pre-populated from 2015 UDS | | Pre-populated calculation | | Pre-populated calculation | Pre-populated calculation | Pre-populated | 3,000 character limit |
| **Total Public Housing Resident Patients** | | Pre-populated from 2013 BPR, if available | | Pre-populated from 2014 UDS | | Pre-populated from 2015 UDS | | Pre-populated calculation | | Pre-populated calculation | Pre-populated calculation | Pre-populated | 3,000 character limit |

| **Supplemental Awards** |
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| * Discuss progress made in implementing recent supplemental Health Center Program awards. For each applicable supplement, provide current data on progress in the Numeric Progress Toward Goal column. In the Supplemental Award Narrative column, describe the following as they relate to the data reported:   + Progress toward goals;   + Key contributing and restricting factors impacting/affecting progress toward goals; and   + Plans for sustaining progress and/or overcoming barriers to ensure goal achievement. |

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| **Type of Supplemental Award** | **Programmatic Goal** | **Numeric Goal** | **Numeric Progress Toward Goal** | **Supplemental**  **Award Narrative** |
| **FY 2014 NAP Satellite Grant** | Achieve operational status, and increase number of patients | Pre-populated with end of project period patient projection | As applicable | 3,000 character limit |
| **FY 2015 NAP Satellite Grant** | Achieve operational status, and increase number of patients | Pre-populated with December 31, 2016 patient projection | As applicable | 3,000 character limit |
| **FY 2014 Behavioral Health Integration (BHI) Supplemental** | Increase the number of patients with access to integrated behavioral health care | Pre-populated with the number of new patients to receive integrated behavioral health care | As applicable | 3,000 character limit |
| **FY 2015 BHI Supplemental** | Increase the number of patients with access to integrated behavioral health care | Pre-populated with the number of new patients to receive integrated behavioral health care | As applicable | 3,000 character limit |
| **FY 2014 Expanded Services (ES) Supplemental** | Increase the number of patients and expand availability of services | Pre-populated with the number of new patients to receive expanded services (*new Expanded Medical Capacity patients*) | As applicable | 3,000 character limit |
| **FY 2015 ES Supplemental** | Increase the number of patients and expand services | Pre-populated with the number of new patients to receive expanded services (*across all services proposed for expansion*) | As applicable | 3,000 character limit |
| **FY 2016 Substance Abuse Expansion** | Increase the number of patients receiving substance abuse services, including Medication-Assisted Treatment (MAT) | Pre-populated with the number of new patients to receive integrated substance abuse services by December 31, 2017 | As applicable | 3,000 character limit |
| **FY 2016 Oral Health Expansion** | Increase the percentage of health center patients receiving integrated dental services at the health center | Pre-populated with the projected percentage of health center patients to receive integrated dental health services at the health center | As applicable | 3,000 character limit |

| **One-Time Funding Awards** |
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| For assistance with completing the One-Time Funding Awards section, visit the [BPR TA webpage](http://bphc.hrsa.gov/programopportunities/fundingopportunities/continuation/continuation.html) for a list of recipients for each noted one-time award. Use the Activities column to describe how funding will be or was already spent for all one-time awards received and the impact on the organization. “Not applicable” may be listed in the Activities column for any awards that were not received. |

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| **Type of One-Time Funding** | **Allowable Activities** | **Activities** |
| **FY 2015 Quality Improvement Assistance (December 2014)** | Developing and improving health center quality improvement (QI) systems and infrastructure:   * training staff * developing policies and procedures * enhancing health information technology, certified electronic health record, and data systems * data analysis * implementing targeted QI activities (including hiring consultants)   Developing and improving care delivery systems:   * supplies to support care coordination, case management, and medication management * developing contracts and formal agreements with other providers * laboratory reporting and tracking * training and workflow redesign to support team-based care * clinical integration of behavioral health, oral health, HIV care, and other services * patient engagement activities | 3,000 character limit |
| **FY 2015 Quality Improvement Assistance (August 2015)** | Developing and improving health center QI systems and infrastructure:   * training staff * developing policies and procedures * enhancing health information technology, certified electronic health record, and data systems * data analysis * implementing targeted QI activities (including hiring consultants)   Developing and improving care delivery systems:   * supplies to support care coordination, case management and medication management * developing contracts and formal agreements with other providers * laboratory reporting and tracking * training and workflow redesign to support team-based care * clinical integration of behavioral health, oral health, HIV care, and other services * patient engagement activities | 3,000 character limit |

| **Clinical and Financial Performance Measures** |
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| **Referencing the % Change 2013-2015 Trend, % Change 2014-2015, and % Progress Toward Goal columns:**   * Discuss the trends in clinical and financial performance measures. Maintenance or improvement in performance is expected; downward trends or limited progress towards the projected goals must be explained. * In the Clinical/Financial Performance Measures Narrative column, describe the following as they relate to the data reported:   + Progress toward goals;   + Key contributing and restricting factors impacting/affecting progress toward goals; and   + Plans for sustaining progress and/or overcoming barriers to ensure goal achievement. |

|  | **2013 Measure** | **2014 Measure** | **2015 Measure** | **% Change 2013-2015 Trend** | **% Change 2014-2015** | **% Progress Toward Goal** | **Measure Goal** | **Measure Narrative** |
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| **Perinatal Health** | | | | | | | | |
| **Access to prenatal care in 1st trimester** | Pre-populated from 2013 UDS (if available) | Pre-populated from 2014 UDS (if available) | Pre-populated from 2015 UDS (if available) | Pre-populated calculation | Pre-populated calculation | Pre-populated calculation | Pre-populated from the application that initiated the current budget period | 3,000 character limit |
| **Low birth weight (< 2500 grams)** | Pre-populated from 2013 UDS (if available) | Pre-populated from 2014 UDS (if available) | Pre-populated from 2015 UDS (if available) | Pre-populated calculation | Pre-populated calculation | Pre-populated calculation | Pre-populated from the application that initiated the current budget period |
| **Preventive Health Screenings and Services** | | | | | | | | |
| **Oral health -sealants** | No data available | No data available | Award recipient to provide data | No data available | No data available | Pre-populated calculation if 2015 data and a Measure Goal are provided | Pre-populated if a goal was provided in the FY 2016 SAC or BPR | 3,000 character limit |
| **Weight assessment and counseling for children and adolescents** | Pre-populated from 2013 UDS (if available) | Pre-populated from 2014 UDS (if available) | Pre-populated from 2015 UDS (if available) | Pre-populated calculation | Pre-populated calculation | Pre-populated calculation | Pre-populated from the application that initiated the current budget period |
| **Adult weight screening and follow up** | Pre-populated from 2013 UDS (if available) | Pre-populated from 2014 UDS (if available) | Pre-populated from 2015 UDS (if available) | Pre-populated calculation | Pre-populated calculation | Pre-populated calculation | Pre-populated from the application that initiated the current budget period |
| **Tobacco use screening and cessation** | No data available | Pre-populated from 2014 UDS (if available) | Pre-populated from 2015 UDS (if available) | No data available | Pre-populated calculation | Pre-populated calculation | Pre-populated from the application that initiated the current budget period |
| **Colorectal cancer screening** | Pre-populated from 2013 UDS (if available) | Pre-populated from 2014 UDS (if available) | Pre-populated from 2015 UDS (if available) | Pre-populated calculation | Pre-populated calculation | Pre-populated calculation | Pre-populated from the application that initiated the current budget period |
| **Cervical cancer screening** | Pre-populated from 2013 UDS (if available) | Pre-populated from 2014 UDS (if available) | Pre-populated from 2015 UDS (if available) | Pre-populated calculation | Pre-populated calculation | Pre-populated calculation | Pre-populated from the application that initiated the current budget period |
| **Childhood immunizations by 3rd birthday** | Pre-populated from 2013 UDS (if available) | Pre-populated from 2014 UDS (if available) | Pre-populated from 2015 UDS (if available) | Pre-populated calculation | Pre-populated calculation | Pre-populated calculation | Pre-populated from the application that initiated the current budget period |
| **Chronic Disease Management** | | | | | | | | |
| **Asthma treatment – pharmacologic therapy** | Pre-populated from 2013 UDS (if available) | Pre-populated from 2014 UDS (if available) | Pre-populated from 2015 UDS (if available) | Pre-populated calculation | Pre-populated calculation | Pre-populated calculation | Pre-populated from the application that initiated the current budget period | 3,000 character limit |
| **Coronary artery disease (CAD) and lipid-lowering therapy** | Pre-populated from 2013 UDS (if available) | Pre-populated from 2014 UDS (if available) | Pre-populated from 2015 UDS (if available) | Pre-populated calculation | Pre-populated calculation | Pre-populated calculation | Pre-populated from the application that initiated the current budget period |
| **Ischemic Vascular Disease (IVD) and aspirin or other anti-thrombotic therapy** | Pre-populated from 2013 UDS (if available) | Pre-populated from 2014 UDS (if available) | Pre-populated from 2015 UDS (if available) | Pre-populated calculation | Pre-populated calculation | Pre-populated calculation | Pre-populated from the application that initiated the current budget period |
| **Blood pressure control** | Pre-populated from 2013 UDS (if available) | Pre-populated from 2014 UDS (if available) | Pre-populated from 2015 UDS (if available) | Pre-populated calculation | Pre-populated calculation | Pre-populated calculation | Pre-populated from the application that initiated the current budget period |
| **Diabetes control** | Pre-populated from 2013 UDS (if available) | Pre-populated from 2014 UDS (if available) | Pre-populated from 2015 UDS (if available) | Pre-populated calculation | Pre-populated calculation | Pre-populated calculation | Pre-populated from the application that initiated the current budget period |
| **HIV linkage to care** | No data available | Pre-populated from 2014 UDS (if available) | Pre-populated from 2015 UDS (if available) | No data available | Pre-populated calculation | Pre-populated calculation | Pre-populated from the application that initiated the current budget period |
| **Depression screening and follow up** | No data available | Pre-populated from 2014 UDS | Pre-populated from 2015 UDS (if available) | No data available | Pre-populated calculation | Pre-populated calculation | Pre-populated from the application that initiated the current budget period |
| **Financial Measures** | | | | | | | | |
| **Total cost per patient** | Pre-populated from 2013 UDS (if available) | Pre-populated from 2014 UDS (if available) | Pre-populated from 2015 UDS (if available) | Pre-populated calculation | Pre-populated calculation | Pre-populated calculation | Pre-populated from the application that initiated the current budget period | 3,000 character limit |
| **Medical cost per medical visit** | Pre-populated from 2013 UDS (if available) | Pre-populated from 2014 UDS (if available) | Pre-populated from 2015 UDS (if available) | Pre-populated calculation | Pre-populated calculation | Pre-populated calculation | Pre-populated from the application that initiated the current budget period |
| **Health Center Program grant cost per patient** | No data available | Pre- populated from 2014 UDS (if available) | Pre-populated from 2015 UDS (if available) | No data available | Pre-populated calculation | Pre-populated calculation after goal is established | Pre-populated from the application that initiated the current budget period |
| **Additional Measures** | | | | | | | | |
| **Additional Measures (if applicable)** | Provide data if available | Provide data if available | Provide data if available | Pre-populated calculation (if data are provided) | Pre-populated calculation (if data are provided) | Pre-populated calculation (if data are provided) | Pre-populated from the application that initiated the current budget period |  |

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857.