DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PROJECT NARRATIVE UPDATE	FOR HRSA USE ONLY	
	Grant Number	**Progress Report Tracking Number**

Describe the progress made from the beginning of a grantee's FY 2019 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 2020 budget period.

Environment

Discuss current major community, state, and/or regional changes, since the last budget period, that have directly impacted and/or have the potential to impact the progress of the funded project, including changes in: • Service area demographics and shifting patient population needs; • Major health care providers in the service area; • Key community partnerships and collaborations; and • Changes in insurance coverage, including Medicaid, Medicare and the Children's Health Insurance Program (CHIP).	**2,000 character with spaces (Approximately 1 page)**

Organizational Capacity

Discuss current major changes, since the last budget period, in the organization's capacity that have impacted or may impact the progress of the funded project, including changes in: • Staffing, including key vacancies; • Board membership changes; • Operations, including changes in policies and procedures since the last operational site visit; • Systems, including financial, clinical, and/or practice management systems; and • Financial status, including the most current audit findings, as applicable. •	**2,000 character with spaces (Approximately 1 page)**

Environment	
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This document provides a preview of information to be reported on your BPR submission in the HRSA Electronic Handbooks (EHBs). All final Project Narrative Updates are to be completed in the EHBs.

Telehealth	
Describe how you use telehealth[1] to: • **Communicate with patients at other clinical locations;** • **Communicate with providers and staff at other clinical locations;** • **Receive or perform clinical consultations;** • **Send and receive health care information from mobile devices to remotely monitor patients (i.e., mobile health, mHealth[2]); and** • **Provide virtual health care services (list all services that are provided via telehealth).**	2,000 character with spaces (Approximately 1 page)

Note: [1]Telehealth is defined as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

[2]**http://www.telehealthtechnology.org/toolkits/mhealth.ormation, see** For more inf

Patient Capacity

Referencing the % Change 2016- 2018 Trend, % Change 2017 – 2018 Trend, and % Progress Toward Goal columns:

D trends or limited progress toward the projected patient goals.negative in unduplicated patients served and report progress in reaching the projected number of patients. In the Patient Capacity Narrative column, explain any siscuss trend

Notes:
- **2016-2018 Patient Number data are pre-populated from Table 3a in the UDS Report.**
- **The Projected Number of Patients value is pre-populated from the Patient Target noted in the Patient Target Management Module in HRSA EHBs. If you have questions related to your Patient Target, contact the Patient Target Response Team at BPHCPatientTargets@hrsa.gov. To formally request a change in your Patient Target, you must submit a request via the Patient Target Management Module in HRSA EHBs.**

	201 Patient6 Number	2017 Patient Number	2018 Patient Number	% Change 2016-2018 Trend	% Change 2017-2018 Trend	% 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 2016 UDS	Pre-populated from 2017 UDS	Pre-populated from 2018 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated (see note for explanation)	2,000 character limit

Notes:
- 2016-2018 Patient Number data are pre-populated from Table 4 in the UDS Report.
- The Projected Number of Patients values is pre-populated from the patient projections in the submission that initiated your current project period (Service Area Competition (SAC)) plus the patient projections from selected supplemental funding awarded after the start of the current project period. See the frequently asked questions on the BPR TA webpage for details on the selected supplemental funding patient projections included.
- The Projected Number of Patients values cannot be edited during the BPR submission. If these values are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.

	2016 Patient Number	2017 Patient Number	2018 Patient Number	% Change 2016-2018 Trend	% Change 2017-2018 Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative
Project Period: (Pre-populated from most recent Notice of Award)								
Total Migratory and Seasonal Agricultural Worker Patients	Pre-populated from 2016 UDS	Pre-populated from 2017 UDS	Pre-populated from 2018 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated (see note for explanation)	2,000 character limit
Total People Experiencing Homelessness Patients	Pre-populated from 2016 UDS	Pre-populated from 2017 UDS	Pre-populated from 2018 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated (see note for explanation)	2,000 character limit
Total Public Housing Resident Patients	Pre-populated from 2016 UDS	Pre-populated from 2017 UDS	Pre-populated from 2018 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated (see note for explanation)	2,000 character limit

Notes:
- 2016-2018 Patient Number data are pre-populated from Table 5 in the UDS Report.
- The Projected Number of Patients column is pre-populated from the patient projections in the submission that initiated your current project period (SAC) plus the patient projections from selected supplemental funding awarded after the start of the current project period. See the frequently asked questions on the BPR TA webpage for details on the selected supplemental funding patient projections included.
- The Projected Number of Patients values cannot be edited during the BPR submission. If these values are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.

	2016 Patient Number	2017 Patient Number	2018 Patient Number	% Change 2016-2018 Trend	% Change 2017-2018 Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative
Project Period: (Pre-populated from most recent Notice of Award)								
Total Medical Services Patients	Pre-populated from 2016 UDS	Pre-populated from 2017 UDS	Pre-populated from 2018 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated (see note for explanation)	2,000 character limit
Total Dental Services Patients	Pre-populated from 2016 UDS	Pre-populated from 2017 UDS	Pre-populated from 2018 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated (see note for explanation)	2,000 character limit
Total Mental Health Services Patients	Pre-populated from 2016 UDS	Pre-populated from 2017 UDS	Pre-populated from 2018 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated (see note for explanation)	2,000 character limit
Total Substance Use Disorder Services Patients	Pre-populated from 2016 UDS	Pre-populated from 2017 UDS	Pre-populated from 2018 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated (see note for explanation)	2,000 character limit
Total Enabling Services Patients	Pre-populated from 2016 UDS	Pre-populated from 2017 UDS	Pre-populated from 2018 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated (see note for explanation)	2,000 character limit

Supplemental Awards

In the Supplemental Award Narrative column, describe the following:
- Implementation status and pgoals;achieving rogress toward
- Key factors impacting progress toward goals; andachieving
- **Plans for sustaining progress and/or overcoming barriers to ensure goal achievement.**

Notes:
- **If you did not receive a Supplemental Award, the system will not require narrative in the Supplemental Award Narrative column.**
- **Supplemental awards released late in FY 2019 or early in FY 2020 will be included in the FY 2021 BPR.**
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  SUD-MH recipients should report on the number of patients accessing SUD and/or mental health services, and, if you requested additional MAT funding, the number of patients receiving MAT for opioid use disorder (OUD).
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Type of Supplemental Award	Programmatic Goal	Supplemental Award Narrative	
FY 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS)	**Increase the number of patients with access to mental health services, and substance use disorder services focusing on the treatment, prevention, and awareness of opioid abuse by December 31, 2018**	2,000 character limit	

FY 2017 New Access Points (NAP) Satellite	Achieve operational status and increase the number of patients by December 31, 2018	2,000 character limit
FY 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH)	Increase patients receiving substance use disorder and/or mental health services by December 31, 2019*	2,000 character limit

One-Time Funding Awards
In the Activities column, discuss activities for which one-time funds were used and the impact on your organization.   **Notes:**   • **If you did not receive a One-Time Funding Award, the system will not require narrative in the Activities column.**   • **One-time awards released late in FY 2019 or early in FY 2020 will be included in the FY 2021 BPR.**

Type of One-Time Funding	Allowable Activities	Activities
FY 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS)	Implementing health information technology (health IT) and/or training investments to: • Expand mental health services, and substance use disorder services focusing on the treatment, prevention, and awareness of opioid abuse • Integrate expanded services into primary care Funding must be used for health IT and/or training investments in one or more of the following Activity Categories: • Medication Assisted Treatment • Telehealth • Prescription Drug Monitoring Program • Clinical Decision Support • EHR Interoperability • Quality Improvement • Cybersecurity • Other Training Other IT •	2,000 character limit

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FY 201 7Quality Improvement Assistance (August 2017)	Developing and improving health center systems and infrastructure:)QI(quality improvement • Training staff • Purchasing medically accessible clinical equipment • E health information technology, certified electronic health record, and data systemsingnhanc • Data analysis • Implementing targeted QI activities (including hiring consultants)	
FY 2018 Quality Improvement Assistance (August 2018)	Developing and improving care delivery systems: • Purchasing s and medication management,upplies to support care coordination, case management • Laboratory reporting and tracking • Training and workflow redesign to support team-based care Cealth, HIV care, and other serviceshlinical integration of behavioral health, oral • • • • • • • • • •	2,000 character limit
FY 2018 Enhancing Behavioral Health	**Increase access to quality opioid use disorder (OUD) and other substance use disorder (SUD) treatment by increasing the number of professionals and paraprofessionals**	2,000 character limit

Workforce	trained to deliver behavioral health and primary care services as part of integrated, interprofessional team. Funds must be used to fulfill the following requirements throughout the 2 year funding period: • **Provide mental health and SUD services either directly or through formal or written agreement for which the health center pays.** • **Have physicians, certified nurse practitioners, and/or physician assistants, on-site or with whom the health center has contracts, who have obtained a Drug Addiction Treatment Act (DATA) of 2000 waiver to treat OUD with medications specifically approved by the U.S. Food and Drug Administration (FDA) for that indication.** • **Have patients who receive medication-assisted treatment (MAT) for OUD from a physician, certified nurse practitioner, or physician assistant with a DATA 2000 waiver working on behalf of the health center.** • **Develop, host in academic years 2018-2019 and 2019-2020, and evaluate at least annually, experiential rotations for individuals preparing to become social workers, psychologists, counselors, addiction counselors, paraprofessionals, community workers, or other approved professionals that will teach integrated behavioral health and primary care services, and OUD and other SUD treatment, including MAT.**	

FY 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH)	Implementation of evidence-based SUD-MH integration and expansion strategies to:
	• **Expand access to quality integrated SUD prevention and treatment services, including those addressing OUD and other emerging SUD issues.**
	• **Expand access to quality integrated mental health services, with a focus on conditions that increase risk for, or co-occur with SUD, including OUD.**
	
	Funding may be used for infrastructure enhancements that support the expansion of SUD and/or mental health services, which may include:
	    • **equipment,**
	    • **minor alternation and renovations (A/R), and**
	    • **other one-time costs.**
		2,000 character limit

Clinical and Financial Performance Measures

Referencing the % Change 2016-2018 Trend, % Change 2017-2018 Trend, and % Progress Toward Goal columns, discuss the trends for:
- HRSA Priority Clinical and Financial Performance Measures:
  o Diabetes: Hemoglobin A1c Poor Control
  o Health Center Program Grant Cost Per Patient (Grant Costs)
- The measures for which you. have experienced a negative trend of 5 percent or greater

When discussing trends, include:
a. Key contributing and restricting factors affecting progress toward achieving goals; and
b. Plans for progress and/or overcoming barriers to ensure goal achievement.improving

If you have no measures for which you have experienced a negative trend of 5 percent or greater, state this in the Measure Narrative field for the relevant measure(s).
- **Use the % Change 2017-2018 Trend data to determine if narrative is required for each measure other than the priority measures.**
- **Narrative regarding performance trend is required for the two priority measures (Diabetes and Grant Cost per Patient) regardless of trend data.**

Notes:
- **2016 – 2018 Measure fields will prepopulate from UDS, if available.**
- **Performance measure goals cannot be edited during the BPR submission. If pre-populated performance measure goals are not accurate, provide an adjusted goal and explanation in the appropriate Measure Narrative field (e.g., goal for the low birth weight measure has decreased based on improved patient tracking via a new EHR).**
- **If you were previously a look-alike, your look-alike UDS data will not pre-populate.**
- **(*) If there are measures, within this section, that have not experienced a negative trend of 5 percent or greater, state this in the appropriate Measure Narrative field.**
- **(**) Due to the fact that Cervical Cancer and IVD goals were set and reported in UDS based on different measure definitions, data will not display for some fields.**
- (***) If you receive funds to serve special populations (i.e., migratory and seasonal agricultural workers, people experiencing homelessness, and/or residents of public housing), you must ensure that at least one additional clinical performance measure that addresses the health care needs of each funded special population is included, as established in your most recent SAC application.

	2016 Measure	2017 Measure	2018 Measure	% Change Trend2018-2016	% Change2018-2017 Trend	% Progress Toward Goal	Measure Goal	Measure Narrative
HRSA Priority Clinical and Financial Performance Measures								
Clinical Measure								
Diabetes: Hemoglobin A1c Poor Control	Pre-populated from 2016 UDS	Pre-populated from 2017 UDS	Pre-populated from 2018 UDS	Pre-populated calculation	Pre-populated calculation	Pre-population calculation	Pre-populated from the application that initiated the current project period	1,000 character limit
Financial Measure								
Health Center Program Grant Cost Per Patient (Grant Costs)	Pre-populated from 2016 UDS	Pre-populated from 2017 UDS	Pre-populated from 2018 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated from the application that initiated the current project period	1,000 character limit
Perinatal*								
Early Entry into Prenatal Care	Pre-populated from 2016 UDS	Pre-populated from 2017 UDS	Pre-populated from 2018 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated from the application that initiated the current project period	1,000 character limit

		2016 Measure	2017 Measure	2018 Measure	% Change Trend2018-2016	% Change2018-2017 Trend	% Progress Toward Goal	Measure Goal	Measure Narrative
Low Birth Weight		Pre-populated from 2016 UDS	Pre-populated from 2017 UDS	Pre-populated from 2018 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated from the application that initiated the current project period	1,000 character limit
Preventive Health Screenings and Services*									
Dental Sealants for Children between 6 – 9 Years		Pre-populated from 2016 UDS	Pre-populated from 2017 UDS	Pre-populated from 2018 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated from the application that initiated the current project period	1,000 character limit
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents		Pre-populated from 2016 UDS	Pre-populated from 2017 UDS	Pre-populated from 2018 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated from the application that initiated the current project period	1,000 character limit
Body Mass Index (BMI) Screening and Follow-Up Plan		Pre-populated from 2016 UDS	Pre-populated from 2017 UDS	Pre-populated from 2018 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated from the application that initiated the current project period	1,000 character limit

	2016 Measure	2017 Measure	2018 Measure	% Change Trend2018-2016	% Change2018-2017 Trend	% Progress Toward Goal	Measure Goal	Measure Narrative
Tobacco Use: Screening and Cessation Intervention	Pre-populated from 2016 UDS	Pre-populated from 2017 UDS	Pre-populated from 2018 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated from the application that initiated the current project period	1,000 character limit
Colorectal Cancer Screening	Pre-populated from 2016 UDS	Pre-populated from 2017 UDS	Pre-populated from 2018 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated from the application that initiated the current project period	1,000 character limit
Cervical Cancer Screening**	Data not available	Pre-populated from 2017 UDS	Pre-populated from 2018 UDS	Data not available	Pre-populated calculation	Pre-populated calculation	Pre-populated from the application that initiated the current project period	1,000 character limit
Childhood Immunization Status (CIS)	Pre-populated from 2016 UDS	Pre-populated from 2017 UDS	Pre-populated from 2018 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated from the application that initiated the current project period	1,000 character limit
Chronic Disease Management**								
Use of	Pre-	Pre-	Pre-	Pre-populated	Pre-populated	Pre-	Pre-	1,000

	2016 Measure	2017 Measure	2018 Measure	% Change Trend 2018-2016	% Change 2018-2017 Trend	% Progress Toward Goal	Measure Goal	Measure Narrative
Appropriate Medications for Asthma	populated from 2016 UDS	populated from 2017 UDS	populated from 2018 UDS	calculation	calculation	populated calculation	populated from the application that initiated the current project period	character limit
Coronary Artery Disease (CAD): Lipid Therapy	Pre-populated from 2016 UDS	Pre-populated from 2017 UDS	Pre-populated from 2018 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated from the application that initiated the current project period	1,000 character limit
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet**	Data not available	Pre-populated from 2017 UDS	Pre-populated from 2018 UDS	Data not available	Pre-populated calculation	Pre-populated calculation	Pre-populated from the application that initiated the current project period	1,000 character limit
Controlling High Blood Pressure	Pre-populated from 2016 UDS	Pre-populated from 2017 UDS	Pre-populated from 2018 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated from the application that initiated the current project period	1,000 character limit
HIV Linkage to Care	Pre-populated from 2016	Pre-populated from 2017	Pre-populated from 2018	Pre-populated calculation	Pre-populated calculation	Pre-populated	Pre-populated from the application	1,000 character

	2016 Measure	2017 Measure	2018 Measure	% Change Trend 2018-2016	% Change 2018-2017 Trend	% Progress Toward Goal	Measure Goal	Measure Narrative
	UDS	UDS	UDS			calculation	that initiated the current project period	limit
Screening for Depression and Follow-Up Plan	Pre-populated from 2016 UDS	Pre-populated from 2017 UDS	Pre-populated from 2018 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated from the application that initiated the current project period	1,000 character limit
Financial Measures*								
Total Cost Per Patient (Costs)	Pre-populated from 2016 UDS	Pre-populated from 2017 UDS	Pre-populated from 2018 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated from the application that initiated the current project period	1,000 character limit

	2016 Measure	2017 Measure	2018 Measure	% Change Trend2018-2016	% Change2018-2017 Trend	% Progress Toward Goal	Measure Goal	Measure Narrative
Medical Cost Per Medical Visit (Costs)	**Pre-populated from 2016 UDS**	**Pre-populated from 2017 UDS**	**Pre-populated from 2018 UDS**	**Pre-populated calculation**	**Pre-populated calculation**	**Pre-populated calculation**	**Pre-populated from the application that initiated the current project period**	**1,000 character limit**
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	