

**Rural Health Network Development Planning Program  
Performance Improvement and Management System (PIMS) Measures**

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**Table 1: Network Infrastructure**

**Table Instructions:** Please provide information about the network members and network operations. Network members are defined as members who have signed a Memorandum of Understanding or Memorandum of Agreement or have a letter of commitment to participate in the network.

<b>Identify the types and number of organizations in the consortium or network for your project:</b>			
		<b>Type of Member Organizations in the Consortium/Network</b>	<b>Number</b>
	Non-Profit Organization	Area Health Education Center	
		Behavioral/Mental Health Organization	
		Community College	
		Community Health Center	
		Critical Access Hospital	
		Emergency Medical Services	
		Federally Qualified Health Center	
		Faith-based Organization	
		Free Clinic	
		Government	
		Health Department	
		Hospice	
		Hospital – Critical Access Hospital	
		Hospital- Other than a Critical Access Hospital	
		Law Enforcement	
		Migrant Health Center	
		Private Practice/Physician's Clinic	
		Public Health	
		Rural Health Clinic	
		School District/System	
		Social Services Organization/Agency	
		University	
		Other – Specify type	
		TOTAL for non-profit organization	(Automatically

			calculated by system)	
	For-Profit Organization	Critical Access Hospital		
		Hospice		
		Private Practice		
		Rural Health Clinic		
		Other – Specify Type		
		TOTAL for-profit organization	(Automatically calculated by system)	
2	Total number of <b>NEW</b> member organizations that joined the consortium/network during this project period (after the start date of the grant):			<b>Number</b>
3	<b>Indicate the total number of full-member (all members that signed MOU, MOA, or letters of commitment) network meetings conducted during the reported budget year by meeting type:</b>			
	<b>Meeting Type</b>			<b>Number</b>
	Meeting conducted face-to-face			
	Meeting conducted via teleconference			
	Meeting conducted via webinar			
	Meetings conducted with combination of face-to-face and teleconference/webinar			
	Meeting conducted in a manner not listed above (please specify type)			
4	<b>From the beginning of this budget year, assess the following overall Network activities (check one answer for each type of network activity):</b>			
	<b>Type of Network Activity</b>	<b>Increased</b>	<b>No Change</b>	<b>Reduced</b>
	Financial Cost Savings			
	Access to Educational Opportunities			
	Access to Equipment			
	Access to Subject Matter Experts			
	Understanding of Community Health Needs			
	Staffing Capacity			
	Other (Please Specify):			
5	<b>What area(s) was the network focusing on for this project period? (Check all that apply)</b>			
	Behavioral Health – Both Mental Illness and Substance Use			
	Cardiovascular disease			
	Care Coordination			
	Children/Adolescent Health			
	Chronic Disease – Asthma Specific			

	Chronic Disease –Chronic Obstructive Pulmonary Disease Specific	
	Chronic Disease – Diabetes Specific	
	Chronic Disease - Other	
	Elderly/Geriatric/Older Adult Health	
	Emergency Medical Services	
	Health Education	
	Health Information Technology	
	Hospital Closure/Alleviating Loss of Services	
	Mental Health/Mental Illness	
	Network Organization/Infrastructure Development	
	Obesity- Adult	
	Obesity – Child/Adolescent	
	Palliative Care	
	Population Health/Social Determinants of Health	
	Primary Care	
	Reimbursement for Health Services	
	School-based Health Services	
	Substance Use	
	Substance Use – Opioid Specific	
	Telehealth/Telemedicine	
	Workforce Development	
	Other – Specify type	

**Table 2: Network Collaboration**

**Table Instructions:** Please provide information about collaboration and/or integration among the network members. Refer to the activities listed in the project work plan for this project period.

<b>6</b>	<b>How many activities from the project work plan were <u>initiated</u> by at least two or more network members?</b>	<i>Number</i>
<b>7</b>	<b>How many activities from the project work plan were <u>completed</u> by at least two or more network members?</b>	<i>Number</i>
<b>8</b>	<b>Did the network develop the following (this does not include a needs assessment)?</b>	
	Strategic Plan	<i>(Y/N)</i>
	Business Plan	<i>(Y/N)</i>
	Sustainability Plan	<i>(Y/N)</i>
	Other (please specify)	
<b>9</b>	<b>What type of Network Planning activities were done during the project period (check all that apply):</b>	
	Conduct community engagement activities	

	Conduct needs assessment	
	Develop incorporation document(s)	
	Develop network bylaws	
	Develop network charter	
	Develop network mission statement	
	Develop network partner Memorandum of Understanding (MOU) and/or Memorandum of Agreement (MOA)	
	Develop network governance structure	
	File/Submit incorporation document(s)	
	Other (please specify)	

**Table 3: Sustainability**

Table instructions: Please provide information about the contribution by network members and the network's sustainability efforts.

<b>10</b>	<b>Annual Program award</b>  Please provide the annual program award based on box 12a ( <i>Authorized Financial Assistance</i> ) of your Notice of Award	
<b>11</b>	<b>Additional funding secured to assist in sustaining the network</b> Please provide the amount of additional funding that has already been secured during this current project period to sustain the program or network, as a result of leveraging the grant.	
<b>12</b>	<b>Estimated amount of cost savings due to participation in the network during this current project period</b>	
<b>13</b>	<b>Sources of Revenue (check all that apply)</b>	
	Network revenue	
	In-kind contributions	
	Member fees	
	Fundraising	
	Providing contractual services	
	Other – specify type	
<b>14</b>	<b>How many of the network members have provided the following in-kind services:</b>	
	Goods (ex: equipment, food)	Number
	Services (ex: meeting space)	Number
	Staff support	Number
	Expertise (ex: legal, business, website/marketing development)	Number
	Other (please specify)	
<b>15</b>	<b>How many network policies or procedures were created</b>	Number

	<b>during this budget period:</b>	
<b>16</b>	<b>How many network policies or procedures were amended during this budget period:</b>	Number
<b>17</b>	<b>How many network policies or procedures were implemented during this budget period:</b>	Number
<b>18</b>	<b>As a result of being part of the network, how many network member organizations were able to integrate joint policies/procedures within their respective organizations during this budget period?</b>	Number
<b>19</b>	<b>Will the activities of the Network/Consortium continue to operate after the Federal grant funding period?</b>	Y/N

**Table 4: Network Assessment**

Table instructions: Please provide information regarding the network's assessment during this project period.

<b>20</b>	<b>Does the network have a process or tool to assess effectiveness of network performance after the Federal grant funding period?</b>	Y/N
<b>21</b>	<b>If yes, how will the network performance assessed?</b>	open-ended response
<b>22</b>	<b>Does the network include a process or tool to assess effectiveness of network director (or the person tasked with leading the network)?</b>	Y/N
<b>23</b>	<b>If yes, how is the network director (or the person tasked with leading the network) assessed?</b>	open-ended response
<b>24</b>	<b>Did the network meet its program objectives outlined in the Network Planning grant work plan?</b>	Y/N