

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

Public Burden Statement: This data collection will collect information for the Network Planning Program. The purpose of this data collection is to provide HRSA with information on how well each grantee is meeting the needs of implementing network planning and development activities in a rural setting. 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 0915-0384 and it is valid until 4/30/2026. Public reporting burden for this collection of information is estimated to average 1 hour 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 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

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.

Identify the types and number of organizations in the consortium or network for your project:			
		Type of Member Organizations in the Consortium/Network	Number
	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	
		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 NEW member organizations that joined the consortium/network during this project period (after the start date of the grant):		Number
3	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:		
	Meeting Type	Number	
	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	From the beginning of this budget year, assess the following overall Network activities (check one answer for each type of network activity):		
	Type of Network Activity	Increased	No Change
	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	What area(s) was the network focusing on for this project period? (Check all that apply)		
	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	
	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.

6	How many activities from the project work plan were <u>initiated</u> by at least two or more network members?	<i>Number</i>
7	How many activities from the project work plan were <u>completed</u> by at least two or more network members?	<i>Number</i>
8	Did the network develop the following (this does not include a needs assessment)?	
	Strategic Plan	<i>(Y/N)</i>
	Business Plan	<i>(Y/N)</i>
	Sustainability Plan	<i>(Y/N)</i>
	Other (please specify)	

9	What type of Network Planning activities were done during the project period (check all that apply):	
	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.

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

	development)	
	Other (please specify)	
15	How many network policies or procedures were created during this budget period:	Number
16	How many network policies or procedures were amended during this budget period:	Number
17	How many network policies or procedures were implemented during this budget period:	Number
18	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?	Number
19	Will the activities of the Network/Consortium continue to operate after the Federal grant funding period?	Y/N

Table 4: Network Assessment

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

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