**Project Narrative Section**

**Instructions for Submitting Project Narrative Sections:** The Community Need and Patient Population, Project Description, and Improved Access to Care, Collaboration and Community Engagement, and the Project Evaluation and Return on Investment Sections of the on-line application will be submitted by downloading a Word document supplied in the on-line application. Applicants will enter their responses in the Word document that has been supplied and then upload the single document containing all Project Narrative Sections to the on-line application.

**Please note that points will be deducted if you do not follow all instructions listed above.**

Formatting and Page Maximums: Each section must be formatted as follows: Arial, 12-point font, single or double spaced with 1-inch margins. There will be one-page allotted for citations. Tables provided in the document are excluded from the 12-point font requirement.

* Community Need and Patient Population Section – Three Pages, including Patient Population Table
* Project Description and Improved Access to Care Section - Two Pages
* Collaboration and Community Engagement Section – Three Pages, including Patient Race and Ethnicity Table
* Project Evaluation and Return on Investment Section – One Page (Note: Mandatory Performance Measures will be submitted by direct input into tables/questions provided in the on-line application and should not be included in the Narrative Word Document)

***Community Need and Patient Population \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20 Points***

**Community Need**

* Describe the population served by this grant proposal. Include the population’s healthcare needs, information on the incidence of poverty in the area served and/or uninsured or medically indigent rates, chronic disease rates, and other pertinent demographic data that support the necessity for grant funding in the targeted community. (Up to 5 points)
* Provide citations/reference sources for the incidence of poverty in the area served and other community demographics and health-status data. (Up to 2.5 points)
* Describe how this project will align with the most recent Community Needs Assessment. (Up to 2.5 points)

**Patient Population**

**METHODOLOGY FOR COUNTING PATIENTS.** Patients are defined as individuals who have at least one visit during the reporting period.  At the onset of each contract, grantees are asked to report on their current (or baseline) number of unduplicated patients.  This baseline number of patients is meant to capture the grantee’s current capacity and will be compared to their twelve-month cumulative count of unduplicated patients.  Each grantee will report a cumulative total of patients at three (3), six (6), nine (9), and twelve (12) months which will represent an unduplicated count of patients (not encounters).

Grantees are asked to identify which patient population is being utilized for the patient insurance and patient race/ethnicity tables their quarterly report includes by selecting one option below:

* Sub-Population:  The data reported would include data from a specific group of patients supported by the grant.  Examples include School-Based Health Centers, Dental Clinics, Maternal Care patients, and other special projects. Also, those grantees that are on the encounter-based reimbursement track (track A) would only report from the pool of patients seen for those encounters.
* One-Site Population:  The data reported would include only those patients seen at a specific site location.
* Multi-Site Population:  The data reported would include patients from more than one site location within that health care organization.

Patient Insurance Status in your Organization Table:Enter the number of unduplicated patients, by category, who are *projected* to be served during the project period at the site(s) where the grant will be utilized. Enter a projected baseline value as of July 1, 2024, in Column A; an *estimated* target value for the total number of patients who will be served by June 30, 2025, in Column B; and the projected net additional patients served in Column C for each insurance

type. (5 points)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Column A  Projected Baseline Served  as of  07/01/2024 | Column B  Projected Target Served  as of  06/30/2025 | Column C  Projected Net Additional Patients  Served  Column B minus Column A |
| 1. No Insurance/Uninsured Patients |  |  |  |
| 1. Medicaid |  |  |  |
| 1. Children’s Health Insurance Program (CHIP) |  |  |  |
| 1. Medicare (including duals) |  |  |  |
| 1. Other Public Insurance (e.g., Tricare) |  |  |  |
| 1. Private Insurance (e.g., BCBS) |  |  |  |
| Total Unduplicated Patients Served (sum of above rows) |  |  |  |

* Describe how your organization plans to achieve the patient population goals with emphasis on care for uninsured and medically indigent patients. (5 points)

***Project Description and Improved Access to Care\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20 Points***

* Describe the purpose of the grant proposal and how funds will be used. (Up to 5 points)
* Include proposed activities, timelines to implement activities, and anticipated outcomes. (Up to 5 points)
* The project description should directly align with the community need and patient population described in the Community Need and Patient Population Section. (Up to 5 points)
* Describe your organization’s arrangements for after-hours care. (Up to 5 points)

***Collaboration and Community Engagement*  \_\_\_\_\_\_ \_\_\_ *20 Points***

* Describe how your organization currently collaborates with community hospitals or other safety net organizations or will collaborate with partners in the future. Partners can include other safety net organizations, primary care providers, allied health organizations, health departments, or agencies that address social determinants (transportation, food insecurity, personal safety, and/or housing). (Up to 10 points)
  + Describe, *using a specific example*, how your organization has (or will) build collaborative partnerships with other safety net organizations in the community. The example(s) should include:
    - Name(s) of each partner organization
    - Purpose of the collaboration
    - Outcome of the collaboration
    - Document the collaborative roles among the partners in your example, specifying the distinct function of each organization and the designated fiscal contribution.
    - Describe any unique or innovative community partnerships.
    - Detail any barriers to collaboration.
    - What plans does your organization have to develop future partnerships to address community health needs? Include proposed partners, the purpose of the collaboration, and anticipated outcomes of the partnership. Include any barriers to collaborating with community partners and potential ways to address those barriers.
* Describe your organization’s activities and/or plans to address health equity by creating an environment that is welcoming, respectful, inclusive, and is patient-centered to improve health. (Up to 5 points)
* Provide the number of unduplicated patients served at the sites where grant funds will be utilized in the table below.

Patients by Race and Ethnicity Table: Enter the number of unduplicated patients by Race and Latino Ethnicity that your organization currently serves (a baseline value as of your organization’s most recent 12-month data collection period). Only include patients at the site(s) where the grant will be utilized. Please use row ‘g’ if race is not reported. Use Column C if race is reported but ethnicity is not.

|  |  |  |  |
| --- | --- | --- | --- |
| Organization’s Baseline Period Start Date:  Organization’s Baseline Period End Date: | | | |
| Race | Column A  Hispanic/ Latino/a, or Spanish Origin\* | Column B  Non-Hispanic/ Latino/a, or Spanish Origin\* | Column C  Unreported/ Refused to Report Ethnicity |
| * 1. American Indian / Alaska Native |  |  |  |
| * 1. Asian (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese) |  |  |  |
| * 1. Black/African American |  |  |  |
| * 1. Native Hawaiian / Other Pacific Islander (Guamanian or Chamorro, Samoan) |  |  |  |
| * 1. White |  |  |  |
| * 1. More than one race |  |  |  |
| * 1. Unreported / Refused to report race |  |  |  |

**\* Includes: Hispanic/Latino, Mexican, Mexican American, Chicano/a, Puerto Rican, Cuban**

* In the Patients by Race and Ethnicity Table, is the number of unduplicated patients served reflective of the community? If the current patient population is not reflective of the community, describe plans to increase services to underserved populations. (Up to 5 points)

***Project Evaluation and Return on Investment \_ \_ 20 Points***

* Document your organization’s overall budget and explain why the project is a good use of State funds. (Up to 5 points)
* Complete the mandatory Program Performance Measure Tables. (Up to 5 points)
* Describe how your organization will use the mandatory Performance Measures to improve patient health outcomes. Discuss potential factors that could negatively affect your organization’s ability to reach its performance measure targets and describe how these factors might be mitigated. (Up to 10 points)