**2020-2021 FQHC Community Clinical Linkages Template**

**Replication of Lancaster Impact Project**

**Purpose of Template:** This template is to assist in identifying, planning and monitoring major activities in implementing a collaborative impact project around breast and cervical navigation. Use this tool for oversight of the project and to help guide implementation. Entries must be meaningful and concise.

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| Name of Organization: |  | Date of Submission:  | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | Amount of Request:  | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Non-acceptable expenditures would include equipment or meeting logistics (i.e. food/room)* |
| **Overall Goal of Project:***(need to include navigating women to screening and follow-up care as appropriate)* |  |
| **Target Audience of Project:***(define audience; integrative approach must include priority populations and navigating women to screening and follow-up care as appropriate)* |  |
| **Narrative Description of Project: *(Include navigation workflow/pathway to care)***  |  |
| **Activity Description** | **Expected Outcomes and Due Dates** | **Collaboration/Partnership Opportunities***(priority populations, providers, etc.)* | **Person(s) Responsible** | **Actual Time an Dollars Spent** | **Data Systems, Information and Resources Identified***(integrative approaches need to include Med-IT or Encounter Registry data collection systems(s)* |
| ***EXAMPLE ONLY*** | *Offer extended hours one evening a week (Tuesdays 5-8pm) to accommodate patients that need evening/after work hours* | *10 patients will be able to schedule mammogram each Tuesdays for a total of 40 patients in May 2019**Mammography screening rates will increase by \_\_% (baseline \_\_) by July 2019* | ***Build Relationship with:****-Radiology/Hospital Admin/Directors****Promote through:****-Local businesses that employ-Media/Marketing department-Local churches/Cultural Center* | *Radiology Staff/Hospital Administration/Clinic Directors**HUB Staff**Marketing Department* | *$537 by all partners* | *-Med-It – enter information on clients -Encounter Registry - If non EWM client, enter information-Message created for flyers bulletins, newsletters, email* |
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| **Key Partners / Collaborators:** | **Partners** | **Funding** | **Work** |
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| **EVALUATIONReach & Impact Report: *(due 30 days after completion of project)******The narrative report needs to include:*** * *Number of Nebraskans reached as a result of the project*
* *Demographics of population served*
* *Collaborative efforts enhanced by the project; how will you retain partners*
* *Sustainable activities that are planned to continue as a result of the project*
* *Budget Expenditures – sufficient to carry out project/unexpected costs*

❑Success Story submitted |  |
| **Date Narrative Submitted:** | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | **Narrative Submitted by:**  |  |

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| **Signatures** | **Agency** | **Date** |
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| **DHHS Approval** | **DHHS Response to Project Worksheet:**  |
| **Worksheet Approved:** ❑**Yes** ❑**No** | **Reason:** |
| **DHHS Signature:** | **Date of Signature:** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
|  |
| **DHHS Response to Evaluation Reach & Impact Report:**  |
| **Submitted on Time:** ❑**Yes** ❑**No** | **Report Approved:** ❑**Yes** ❑**No** | **Reason:** |
| **DHHS Signature:** | **Date of Signature:** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |

**Checklist for Reimbursement:** *Version: 01/2020*

❑ Complete and Submit Community Clinical Linkages Template *HSCMile 8*

❑ Workflow/Patient Pathway Received

❑ DHHS Approval of Community Clinical Linkages Template

❑ Evaluation Reach & Impact Narrative Report (due 30 days after completion of the project)

❑ Patient Workflow submitted

❑ Submit copy of products created and/or used

❑ Invoice