­**Regional Partnership Catalyst Program**

**Behavioral Health Funding Stream**

**CY 2021 Narrative Report**

The Health Services Cost Review Commission (HSCRC) requires the following narrative for CY 2021 Regional Partnership Catalyst Program participants. The narrative report and budget spreadsheet will be used to measure your Regional Partnership’s progress under the Regional Partnership Catalyst Program.

This report is due March 1, 2022. Please submit to hscrc.grants@maryland.gov.

**Regional Partnership Information**

|  |  |
| --- | --- |
| **Regional Partnership (RP) Name** |  |
| **RP Hospitals** |  |
| **RP Point of Contact (Name, Email)** |  |
| **Total Budget in CY 2021** | CY 2021 Award:CY 2021 Actual Expenditures (from budget template): |
| **Number of Program Partners in CY 2021** |  |

**Appendices to include with report**

1. A Gantt chart demonstrating progress against initial implementation plan. *(Mandatory)*
2. Community Partner Collaboration
	1. A list of all community-based organizations or provider groups, contractors, and/or foundations that have been program partners in CY 2021. Please include the organization type with each name (e.g., faith-based organization, non-profit, academic institution, etc.) *(Mandatory – Template Provided)*
	2. An organization or decision flow charts that illustrates community partners’ role in the Regional Partnership. *(Optional)*

# **1.0 Overall Summary of Regional Partnership Activities in CY 2021**

Please provide a high-level summary of your Regional Partnership’s activities.

*Narrative Response: 2-3 paragraphs*

# **2.0 Implementation Plan Progress**

Please describe your Regional Partnership’s progress against the implementation plan submitted in your proposal. Attach a Gantt chart demonstrating progress as an appendix to this report.

*Narrative Response: 2-3 paragraphs*

# **3.0 Scale Target Performance**

Please share information on successes and challenges that helped you meet or prevented you from meeting the below scale targets (from Request for Proposals).

## 3.1 Scale Target: 5-Year Development and Business Plan for RP Crisis Services

## 3.2 Scale Target: MOUs with Community Partners, Member Hospitals and local emergency services (if indicated partners in business plan)

## 3.3 Scale Target: Crisis Protocols for Services indicated in application/award letter

# **4.0 Goals and Milestones**

Please share any goals and milestones that your Regional Partnership is using to track progress or impact.

*Narrative Response: 2-3 paragraphs*

# **5.0 Community Partner Collaboration**

*To include as appendices:*

1. *A list of all community-based organizations or provider groups, contractors, and/or foundations that have been program partners in CY 2021. Please include the organization type with each name (e.g., faith-based organization, non-profit, academic institution.)*
2. *If available, an organization or decision flow charts that illustrates community partners’ role in the Regional Partnership.*

## **5.1 Summary**

What is your total number of community partners? \_\_\_\_\_\_\_\_\_\_\_\_

Please share information on collaborative activities with community partners.

*Narrative Response: 2-3 paragraphs*

## **5.2 Financial Support and Resource Sharing**

Please share information on financial support and resource sharing arrangements that exist with community partners.

**Direct Financial Support**

How many community partners received direct financial support from your Regional Partnership? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the total value of the direct financial support? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What services were funded through this support?

*Narrative Response: 1 paragraph*

**In-Kind Financial Support**

How many community partners received in-kind financial support from your Regional Partnership? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the total value of the in-kind financial support? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What services were funded through this support?

*Narrative Response: 1 paragraph*

**Resource Sharing**

How many community partners participated in resource sharing with your Regional Partnership?

What kinds of resources were shared through this partnership?

*Narrative Response: 1 paragraph*

# **6. Budget Narrative**

Please complete the Excel budget template provided and show approved budget and actual expenditures. **All spending must be aggregated into a single table that shows combined Regional Partnership spending activities**. Depending on your Regional Partnership’s approach to managing financials, Regional Partnerships may include a separate spreadsheet for each hospital, *in addition to the combined budget report*. These reports will be used for HSCRC staff audit purposes.

## **6.1 Financial Management Arrangement**

Briefly describe your Regional Partnership’s approach to managing funds (i.e., did each partner hospital manage separate budgets or was funding pooled and managed by a single entity).

*Narrative response: 1 paragraph*

## **6.2. COVID-19 CY 2021 Funding Extension**

*If applicable*, how much funding was approved by HSCRC to be carried over from CY 2021 to CY 2022?

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **6.3 Expenditure Narrative**

Please provide any additional information on expenditures for each category.

*Narrative response: 1 paragraph each*

### 6.3.1 Workforce/Type of Staff

### 6.3.3 IT/Technologies

### 6.3.4 Wrap-Around Services

### 6.3.6 Other Implementation Activities

### 6.3.6 Indirect Costs

# **7. Health Equity**

Please share how your Regional Partnership has worked to address health equity in your activities.

*Narrative response, 1-3 paragraphs.*

# **8. Impact of COVID-19 on Activities – (Optional)**

Please include information on the impact of COVID-19 on your activities, if any.

*Narrative response, 1-3 paragraphs.*

# **9. Lessons Learned - (Optional)**

Please include a brief summary of the obstacles encountered during the year and best practices that have emerged out of program implementation.

*Narrative Response, 1-3 paragraphs.*

# **10. Other - (Optional)**

Please share any additional information that you believe would help the HSCRC enhance program administration activities.