**Application Narrative for** **NC Farmworker Health Program Funding**

**Behavioral Health Services**

**Section I: Services and Integration**

1. Briefly describe your agency’s proposed approach to providing behavioral health services, including how this approach enhances access to quality services for farmworker patients of NCFHP service delivery sites.

Click or tap here to enter text.

1. Describe your agency’s approach and experience providing behavioral health services that are linguistically and culturally appropriate for farmworkers.

Click or tap here to enter text.

1. Describe how your agency would ensure communication with primary care providers and staff of the service delivery sites.

Click or tap here to enter text.

1. Provide a brief biography of existing behavioral health providers and their capacity to serve farmworkers in a culturally and linguistically appropriate manner. If your proposal depends upon new hires, provide information on your hiring process, including timeline and position requirements.

Click or tap here to enter text.

1. *Currently funded agencies only*: Describe any achievements or successes associated with this initiative during the last year.

Click or tap here to enter text.

1. *Currently funded agencies only*: Describe any challenges you encountered with this initiative during the last year and your plans to respond to these challenges.

Click or tap here to enter text.

**Section II: Training and Collaboration**

1. Describe your proposed partnership with NCFHP service delivery sites, including how you plan to submit documentation of patient encounters; communicate availability; and coordinate any needed case management and additional referrals.

Click or tap here to enter text.

1. Describe how your agency will deliver training of any processes (i.e. new patient intake, scheduling) needed to be handled by the referring NCFHP service delivery site.

Click or tap here to enter text.

**Section III: Quality**

1. Describe what clinical patient outcomes you will monitor, how you will measure them, and how you will use the findings for quality improvement.

Click or tap here to enter text.

1. Describe how your agency plans to incorporate patient and service delivery sites’ feedback in program planning and quality improvement activities.

Click or tap here to enter text.

1. *Currently funded agencies only:* Please attach summaries of the 2024 clinical quality outcomes and patient feedback you proposed to collect and monitor in your 2024-2025 funding application.

**Section IV: Access to Health Services**

Please complete the following table with your hours of operation. Specify which evening or weekend hours will be available for farmworkers to help ensure access, especially during peak agricultural season. **Strong preference will be given to applicants with at least 12 evening or weekend hours available per week.**

|  |  |  |
| --- | --- | --- |
| **Regular service hours:** | | |
| Day(s): Click or tap here to enter text. | Time: Click or tap here to enter text. | |
| **Evening and/or weekend hours available to farmworkers:**  ***Example:***  *Day****: Thursday*** *Time:* ***6-10 pm*** *Months:* ***April-October*** | | |
| Day: Click or tap here to enter text. | Time: Click or tap here to enter text. | Months: Click or tap here to enter text. |
| Day: Click or tap here to enter text. | Time: Click or tap here to enter text. | Months: Click or tap here to enter text. |
| Day: Click or tap here to enter text. | Time: Click or tap here to enter text. | Months: Click or tap here to enter text. |

**Section V. 2024 Performance**

***Currently funded applicants only***

Please report on outcomes for **calendar year 2024** (January 1, 2024-December 31, 2024) in the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Measure** | **2024**  **Goal** | **2024**  **Actual** | **If you did not meet your goal, what challenges did you face? If you met your goal, what contributed to your success?** |
| Unduplicated patients | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Behavioral health encounters | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Section VI. 2025 Goals**

Please complete the following table with your goals for the **2025 calendar year** (January 1, 2025-December 31, 2025).

|  |  |
| --- | --- |
| **2025 Goals** | |
| Total Patients | Click or tap here to enter text. |
| Total Encounters | Click or tap here to enter text. |